



Regular Public Meeting

April 2023



**community health
center board**

Multnomah County

Public Meeting Agenda April 10, 2023 6:00-8:00 PM Gladys McCoy 8th Floor Room 850

Health Center Mission: Bringing services to individuals, families, and communities that improve health and wellness while advancing health equity and eliminating health disparities.

Board Members:

Harold Odhiambo – Chair

Tamia Deary – Vice Chair

Pedro Sandoval Prieto – Secretary

Darrell Wade - Treasurer

Kerry Hoeschen – Member-at-Large

Bee Velasquez – Member-at-Large

Susana Mendoza - Board Member

Fabiola Arreola - Board Member

Patricia Patron - Board Member

Alina Stircu - Board Member

Adrienne Daniels - Interim Executive Director, Community Health Center (ICS)

Our Meeting Process Focuses on the Governance of the Health Center

- Meetings are open to the public
- There is no public comment period
- Guests are welcome to observe/listen
- All guests will be muted upon entering the Zoom

Please email questions/comments to **the CHCB Liaison at CHCB.Liaison@multco.us**. Responses will be addressed within 48 hours after the meeting

Time	Topic/Presenter	Process/Desired Outcome
6:00-6:05 (5 min)	Call to Order / Welcome Harold Odhiambo, CHCB Chair	Call to order Review processes
6:05-6:10 (5 min)	Minutes Review -VOTE REQUIRED March 13 Public Meeting Minutes	Board reviews and votes receipt of documents
6:10-6:25 (15 min)	Student Health Funding Opportunities - VOTES REQUIRED 2023-2025 YAC Funding OHA Telehealth HRSA School-Based Service Expansion Alexandra Lowell, Student Health Centers Manager	Board reviews and votes
6:25-6:35 (10 min)	Mobile Health Clinic - Change of Scope - VOTE REQUIRED Alexander Lehr O'Connell, Senior Grants Management Specialist Debbie Powers, Interim Health Center Operations Officer	Board reviews and votes
6:35-6:45 (10 min)	Grant- Seeding Justice Reproductive Health - VOTE REQUIRED Charlene Maxwell, Medical Director	Board reviews and votes
6:45-6:55 (10 min)	Policy- ICS.01.45 Community Health Center New and Established Patients Service Area Criteria - VOTE REQUIRED Bernadette Thomas, Health Center Clinical Officer	Board reviews and votes



6:55-7:05 (10 min)	Preview- eReferrals Bernadette Thomas, Health Center Clinical Officer	Board receives updates
7:05-7:15	10 Minute Break	
7:15-7:25 (10 min)	Policies - VOTES REQUIRED FIS.01.06 Write-offs for Uncollectibles Patient Accounts FIS.01.16 Patient Credits Accounts Jeff Perry, Chief Financial Officer	Board reviews and votes
7:25-7:40 (15 min)	Monthly Budget and Financial Reports Jeff Perry, Chief Financial Officer Adrienne Daniels, Interim Executive Director	Board receives updates and provides feedback
7:40-7:45 (5 min)	Committee Updates Finance Committee: Darrell Wade, Fiance Chair Quality Committee: Tamia Deary, Quality Chair Bylaws Committee: Tamia Deary, Bylaws Chair Executive Committee: Harold Odhiambo, Board Chair Nominating Committee: Committee member	Board receives updates
7:45-7:55 (10 min)	Executive Director's Strategic Updates Adrienne Daniels, Interim Executive Director	Board receives updates
7:55-8:15 (20 min)	Labor Relations Updates & CHCB Legal Support Adrienne Daniels, Interim Executive Director <i>Bargaining and Negotiation Updates (Closed Executive Session)</i>	Board receives updates in an executive session and has discussion
8:15	Meeting Adjourns	Thank you for your participation



CHCB Public Meeting Meeting Minutes March 13, 2023 6:00-8:00 PM (via Zoom)

Health Center Mission: Bringing services to individuals, families, and communities that improve health and wellness while advancing health equity and eliminating health disparities.

Board Members:

Harold Odhiambo – Chair

Tamia Deary - Vice-Chair

Pedro Sandoval Prieto – Secretary

Darrell Wade – Treasurer

Brandi Velasquez - Member-at-Large

Kerry Hoeschen – Member-at-Large- (Absent)

Fabiola Arreola – Board Member (Absent)

Susana Mendoza -Board Member

Adrienne Daniels - Interim Executive Director, Community Health Center (ICS)

Board Members Excused/Absent: Fabiola Arreola, Kerry Hoeschen

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
Call to Order / Welcome Harold Odhiambo, CHCB Chair	Meeting begins 6:07 PM We <u>do have a quorum</u> with 6 members present. Victor and Rosie were present as Spanish Interpreters			
Minutes Review -VOTE REQUIRED Review Public Meeting minutes	Reviewed February 13, 2023 Public Meeting Minutes Minutes approved but will need to make some revision and bring the minutes to be reapproved.	Motion to approve: Darrell Second: Bee Yays: 6 Nays: Abstain: Decision: Approved	Tamia will need to follow up with proposed revisions.	
HRSA H8F ARPA grant-Budget Revision- VOTE REQUIRED Alex Lehr O'Connell, Senior	Alex provided an overview of how HRSA H8F ARPA funds were used in response with COVID-19 and planned to be used. The request for this budget revision is due to the fact that equipment	Motion to approve: Tamia Second: Bee	CHCB Staff: Follow up with budget question Ryan White Part D	

<p>Grants Management Specialist</p>	<p>cost was allocated in a different grant that Multnomach county received. The equipment needs : wall mounted monitors and mobile unit costs.</p> <p>Due to supply chain issues we did not receive the equipment after the County grant had expired.</p> <p>Therefore, we are hoping to move those costs for wall mountaineer and mobile units cost into this grant which has plenty of room for it with the approval of the board and HRSA. We have about \$4.5 million dollars left out of the \$11 million dollars.</p> <p>We need CHCB approval and then HRSA approval before 3/31/23.</p> <p>Alex acknowledges a short turn due to HRSA guidance to hold off on request for guidance in January/February and those guidance were not released until a couple of weeks ago.</p> <p>“Yes” vote - Will immediately seek approval from HRSA to rebudget to cover equipment cost for mobile units and cover cost of wall monitor units.</p> <p>“No” vote - Will not submit budget revision to HRSA and will need to find alternative funds to cover equipment cost and will not be able to spend the whole \$11 million dollars that Congress has given.</p> <p>Question: What type of materials do we need to approve? What is the equipment that needs to be approved?</p> <p>Answer:</p> <ul style="list-style-type: none"> • Wall mounting monitors (Vital signs readings) • Mobile Van (Medical and Dental suites) • Pediatric Oxygen Monitor • Scan medical equipment and scan medication in health 	<p>Yays: 6</p> <p>Nays:</p> <p>Abstain:</p> <p>Decision:</p> <p>Approved</p>	<p>and report back to CHCB members</p>	
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	centers			
<p>HRSA H8F ARPA grant- Request for an Extension Without Funds until 12/31/2023 - VOTE REQUIRED</p> <p>Alex Lehr O'Connell, Senior Grants Management Specialist</p>	<p>Alex provided an overview of how HRSA H8F ARPA funds requesting for an extension without funds.</p> <p>Alex addressed the choice to be conservative in spending funds as there were other grants that expired before HRSA H8F ARPA funds. Additionally, they used funds for hiring and it was a challenge in hiring as a result spend down did not occur as quickly. As noted in the previous presentation due to chain supply with equipment unable to spend funds as quickly.</p> <p>Ask - To extend the grant until the end of the calendar year to spend down money, allowing for additional time after the end of the year (12/31/23). This is allowed by HRSA with the approval of the CHC Board. If the CHCB and HRSA does not approve then we would lose the \$4.5 million dollars by 3/31.23.</p> <p>"Yes" vote - We would submit the request to HRSA to extend the grant until 12/31/23</p> <p>"No" vote - We would need to find funds to cover the cost of expenses and we would lose some of the \$11 million dollars as the grant would expire at the end of March (3/31/23).</p> <p>Question: If the board approves, will you be able to come back to the board and provide an explanation of how the \$4 million was spent?</p> <p>Answer:</p> <p>A: Yes, HRSA ask that we provide a spending plan every 4 months</p> <p>Question: How do you plan to use the money and a list of how you</p>	<p>Motion to approve: Tamia Second: Darrell</p> <p>Yays: 6 Nays: Abstain:</p> <p>Decision: Approved</p>		



	<p>plan to use the money.</p> <p>Answer:</p> <p>The money will be used to carry the staffing forward (temporary staff and permanent staffing) and to cover the approved equipment in the agenda item before (HRSA H8F ARPA grant- Budget Revision).</p> <p>We can provide specific updates in the financial reports how this specific grant is being spent, if needed.</p>			
<p>Ryan White Part D - VOTE REQUIRED</p> <p>Nick Tipton, Regional Manager Senior</p>	<p>Submit a continuation of Ryan White Part D grant . Last year we requested a competitive HRSA Ryan White Part D for a 5 year cycle and every year thereafter we needed to submit a noncompetitive continuation of the grant. We received Ryan White Part A B C D F for the HSC. This money is primarily used to service women and some youth. This will continue our funding from August 2023 - July 2024 our second year of the grant.</p> <p>We received this to fund mostly to serve women and some youth.</p> <p>“Yes” vote - MCHD will submit the Ryan White Part D Non-Competitive Continuation renewal which will continue HHSC services at current levels .</p> <p>“No” vote - HHSC will not renew the Ryan White Part D grant, resulting in a loss of funding which would necessitate reductions in staffing and services.</p> <p>Question/Comment: Example of how the funds have helped women and youth.</p>	<p>Motion to approve: Tamia</p> <p>Second: Bee</p> <p>Yays: 4</p> <p>Nays: 2</p> <p>Abstain:</p> <p>Decision:</p> <p>Approved</p>	<p>Grace will follow up with Nays to provide more information regarding grants to clarify presentation/in formation.</p>	



Part D is used for clinical services for women and youth. Funding of staffing our medical staff (doctors, medical assistant, nurse practitioners), case management teams, and patient navigating. Small amount is used for quality insurance pieces.

Question: This kind of resource is something that is implemented in all county clinics?

- Exclusively for folks with HSC for folks that are HIV positive therefore at HSC clinic. Patients may be seen at other county clinics for their primary care but will receive their HIV care at HSC. Particularly women and children with HIV positive.

Followup Question: If I need help and I am not part of the county clinic you will not be able to cover those services?

Clarifying questions: If Part D will be able to cover those services?

Follow up Questions: This part d need to be used at all county clinics are are they not part of all county clinic

Answer: We can use these funds at any county clinic but they would need to be used specifically for individuals that are HIV positive folks. In large, we could use these services at FQHC.

Question: Looking at the budget that you would be providing an updated budget by the next Public meeting?

Answer: Not sure what budget. I can answer questions about the budget.

Comment: I would like to compare budgets from year to year and when approving funding that we can have information especially if we



	<p>have requested.</p> <p>After ongoing conversation it appears that no changes from the draft budget have been made.</p> <p>Question: Why do you need our vote if these are going to be used outside the County?</p> <p>Answer: These funds will be used within the County Health Center.</p>		CHCB Liaison: Follow up with Regional Manager for updated budget and share with CHCB.	
<p>Auditor report from Moss Adams- annual 330 grant audit</p> <p>Ashley Osten, Auditor</p>	<p>Ashley Osten, Partner with Moss Adams. Provide an overview of the audit process and results.</p> <p>Auditor Role:</p> <ul style="list-style-type: none"> • Independent auditor to express the opinion on Multnomah County financial statement as a whole which includes the 330 grant with the FQHC. • Plan and perform the audit to obtain reasonable, not absolute, assurance • Consider internal controls over financial reporting as a basis for designing audit procedures. • Communication findings that are relevant to your responsibility • Remain independent of management and unbiased <p>Audit Process:</p> <p>Come early Summer - June</p> <ul style="list-style-type: none"> • Internal Controls <ul style="list-style-type: none"> ○ Payroll, cash disbursement, revenue, property taxes, grant revenue/disbursement. 			



- Analytical Procedure
 - Analyzing revenues and expenses, asking questions when expectations are not aligning
- Substantive Procedures
 - Confirming account balances with banks, supporting invoices documentation, examine objective evidence

Auditor's Opinion and Report:

- Report of Independent Auditors
 - Unmodified opinion - clean opinion
 - Financial statement are presented fairly in accordance with US GAAP - what we want to hear
- Report of Independent Auditor Required by Oregon State Regulation
 - No Control findings
 - No Compliance findings
 - Follow procurement laws - how budgets are adopted, insurance, cash held in accounts, if cash is pulled if its reported appropriately.

Single Audit Procedures (include the 330 Grant)

- Gagas Report on Internal Control Over Ginancil REport and on Compliance Over Financial REporting and on Compliance and other Matters
 - No control findings
 - No compliance finding
- Report on Compliance with Requirements that could have a Direct and Material Effect on the Major Federal Program and on Internal Control Over Compliance in accordance with the



	<p>Uniform Guidance for Federal Awards (2 CFR Part 200)</p> <ul style="list-style-type: none"> ○ No control finding with respect to the 330 grant ○ No complicate finding with respect to the 330 grant <p>Comment: Asked Ashley to provide yearly basis.</p>			
<p>Call for agenda Amendment/Change Harold Odhiambo, CHCB Chair</p>	<p>A call for an agenda amendment to add a voting item.</p> <p>Voting item added to agenda:</p> <p>I am asking for the board to approve an agenda change so that we may discuss and vote to appoint alternative candidate DJ Rhodes as our incoming executive director.</p>	<p>Motion to amendment/change agenda: Tamia Second: Darrell Yays: 5 Nays: Abstain: 1 Decision: Approved</p>		
<p>Executive Director Appointment - VOTE REQUIRED Harold Odhiambo, CHCB Chair</p>	<p>The board voted to appoint DJ Rodes as incoming Executive Director with a start date of April 11.</p>	<p>Motion to approve: Tamia Second: Bee Yays: 5 Nays: Abstain: 1 Decision: Approved</p>		
10 min break	7:08- 7:18 PM			
FY24 Budget approval- VOTE REQUIRED	<p>Jeff provided a timeline summary slide of our budget process and where we currently stand.</p>	<p>Motion to approve: Tamia</p>		



<p>Jeff Perry, Chief Financial Officer Adrienne Daniels, Interim Executive Director</p>	<p>Summary \$175 million dollars with a 5% increase from last fiscal year.</p> <p>We used an equity center approach, investment and an expansion in equity and access to care.</p> <p>Funding our mobile van to access our houseless and farmworkers.</p> <p>Moving away from fee for services as the state is moving us away from this type of payment.</p> <p>Budget has no County general funds with minimal impact on FTE.</p> <p>Proposed FY24 is all residing in all FQHC enterprises.</p> <p>Clinical Services recover continues for FY23:</p> <ul style="list-style-type: none"> • Dental growth to be conservative • Primary growth to be conservative • Pharmacy growth to be conservative • Student health growth to be maintained • Fund staffing for mobile van <p>“Yes” vote - The FY24 Budget is approved by the CHCB and is adopted into the Multnomah County budget, fully funding all proposed services as presented.</p> <p>“No” vote - No services will be provided in FY24 until an approved budget is received.</p> <p>Questions: Van to purchase will it be in the budget or aligned in the previous budget this year? A: The van will be purchased this year FY23 but staffed with the FY24 budget.</p>	<p>Second: Bee</p> <p>Yays: 6</p> <p>Nays:</p> <p>Abstain:</p> <p>Decision: Approved</p>		
<p>Q4 Patient Experience Surveys</p>	<p>Linda presented a trends summary of the Quarter 4 Patient Surveys</p>			



Linda Niksich, Program Specialist Senior, Quality Team	<p>that was presented to the Quality Committee</p> <p>Primary Care -</p> <p>Russian and Chinese Cantonese speakers report less satisfaction of their visits</p> <p>Referral intentions - No meeting benchmarks</p> <ul style="list-style-type: none">• English, Chinese, Russian Speaking are less likely to make referrals of intention overtime and trending down.• Asian populations have lower intentions overtime and trending down <p>Experience Questions - perception of the care that they receive</p> <ul style="list-style-type: none">• Q4 some improvement and exceeded benchmark <p>Takeaways</p> <ul style="list-style-type: none">• Lowers satisfaction in patients who speak language other than English in the last 4 quarters (especially Chinese, Russian, and Somalis speakers (added Q3).<ul style="list-style-type: none">○ Overall Satisfaction○ Loyalty/referral intentions○ See slides for additions details <p>BIPOC communities (especially Asisna populations)are reporting lower satisfaction and experience than other races/ethnicities.</p> <p>Positive feedback in surveys (see slides for positive feedback comments).</p> <p>Behavioral health - Q4 did meet overall satisfaction benchmarks</p> <p>Referral intention-Some improvement but not meeting benchmark</p> <p>Experience Question - Some inconsistency as our behavior health</p>			
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	<p>population is much smaller which could create a greater variance.</p> <p>Signs of disparities between English and Spanish speakers but will need to be monitored over time as numbers are not statistically significant.</p> <p>Positive feedback in surveys (see slides for positive feedback comments).</p> <p>Behavioral Health & Primary Health Call Center - Phone Access Scores</p> <ul style="list-style-type: none">• Slight improvement from Q3 to Q4• Rating courtesy higher than wait time <p>Pharmacy-</p> <p>Crossroads will start doing surveys for pharmacy for Q1 FY 243</p> <p>4.3% decrease from Q3 to Q4 (209 patient surveyed)</p> <p>97.6% satisfaction no significant change (-.04%)</p> <p>Top barriers to getting medication over the last year:</p> <ul style="list-style-type: none">• Transportation• Hours• Difficulty getting pain meds <p>Positive feedback (see slides for comments)</p> <p>Dental -</p> <p>Survey completed by Crossroad</p> <p>201 survey completed dental satisfaction decreased by 14%</p> <p>Trends:</p>			
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	<ul style="list-style-type: none"> • Due to appointment access • Hearing back within 2 business day when calling with questions <p>Positive feedback (see slides for comments)</p> <p>Questions: What can we do for our Asian communities or those groups that are not participating in those services to get their attention to participate in the surveys?</p> <p>A: Capacity when doing in house surveys, now that we have increased capacity with contracts with crossroads we hope to reach more individuals. Crossroads have individuals that speak the language and are familiar with the culture when surveying individuals.</p> <p>We are also working on recruiting more staffing to increase our staffing to improve client satisfaction.</p>			
<p>Confirm new board members: Alina Stircu VOTE REQUIRED Grace Savina, Community Engagement Strategist</p>	<p>Grace presented on prospective board members.</p> <p>Alina Stircu</p> <p>Background Information:</p> <ul style="list-style-type: none"> • Community member applicant • Attended 3 public meetings • Completed interview- full endorsement of Nominating Committee • Applying to law school, interested in medical law • Excited for opportunity to be on the board <p>Interested In:</p> <ul style="list-style-type: none"> • Access to health care • Public policy & government • Maternal and child health 	<p>Motion to approve: Bee Second: Darrell Yays: 5 Nays: 1 Abstain: Decision: Approved</p>		



	<p>In her own words: “I am a first generation American, my parents are from Romania. I am a medical interpreter. I have spent a lot of time in FQHCs both as a patient and as an interpreter. I am interested in healthcare access, quality of care, and decreasing language barriers for patients. I am currently applying for law school and am interested in medical law.”</p> <p>* Correction provided by Alina, only her mother is Romanian.</p>			
<p>Confirm new board members: Patricia Patron- VOTE REQUIRED Grace Savina, Community Engagement Strategist</p>	<p>Patricia Patron</p> <p>Background Information:</p> <ul style="list-style-type: none"> • Community member applicant • Attended 3 public meetings • Completed interview- full endorsement of Nominating Committee • Previous board experience • Fundraising experience <p>Interested In:</p> <ul style="list-style-type: none"> • Access to health care • Nutrition/access to food • Health equity <p>In her own words: “I have lived through the journey of becoming a legal resident in this country. I currently work with the Latino community which includes many undocumented folks. I am committed to working and improving health care access to people</p>	<p>Motion to approve: Bee Second: Susana Yays: 5 Nays: 1 Abstain: Decision: Approved</p>		



	<p>who are undocumented, or who might not speak English.”</p> <p>Comment:</p> <p>Concerns regarding lack of equity and transparency in the process leading to these two candidates being presented and I hope that in the future we have a fair, equitable, and completely transparent process that ensures that every person has an opportunity to begin their board service in a positive circumstances.</p>			
<p>Labor Relations Updates Adrienne Daniels, Interim Executive Director</p>	<p><i>Bargaining and Negotiation Updates (Closed Executive Session)</i></p> <p><i>CHCB to receive confidential report in separate Zoom</i></p> <p>Board moved to confidential session at : 7:53pm</p> <p>Board returned: 8:02pm</p>	<p><i>Motion to Move to Executive Session:Bee</i></p> <p><i>Second: Darrell</i></p> <p>Yays: 6</p> <p>Nays:</p> <p>Abstain:</p> <p>Decision:</p> <p>Approved</p>		
<p>Monthly Budget and Financial Reports Jeff Perry, Chief Financial Officer Adrienne Daniels, Interim Executive Director</p>	<p>Jeff reviewed CHC budget current budget</p> <p>Seven months into the fiscal year 58.3% complete.</p> <p>Year to date revenue \$103.4 million dollars tracking at 62% of the budget</p> <p>Expenses are at \$85.5 dollars at 51% of budget.</p> <p>Reviewed January numbers as we are missing a slide</p> <p>Programs:</p> <ul style="list-style-type: none"> Dental - losses have narrowed due to incentive payment from 	<p>Will follow up once data is reviewed</p>		



- CareOregon
- Pharmacy - \$2.4 surplus
 - Primary Care - \$18.9 million dollars surplus
 - Student Health Center & HIV - \$221,629 dollars surplus

Program income:

\$11.4 million dollars, 73% of revenue. Year-to-date program 80.9 million dollars or 78.6% revenue.

Indirect expenses the FQHC that we pay the county for the indirect expenses that we pay the county. Year-to-date \$15.4 million dollars which is slightly below budgeted target.

Missing data due to system errors.

Vacancy:

Currently 133 vacancies including duplicated and non duplicated vacancy.

Non duplicated vacancy 115 currently actively in recruitment.

Increase in roles that have been posted and a decrease of positions that are in the interview and hiring stage.

Most of our work is in the posting stage with engagement and recruiting.

Average vacancy length is high but has decreased since last month. Approximately 240 days, average which has mainly been pushed due to positions that have had long vacancies.

Average time to fill = average time when a recruitment is posted to the final offer stage.

Average time to fill: 84 days



	<p>National average 69-75 days for clinical roles for comparison</p> <p>Financial impact from vacancy</p> <ul style="list-style-type: none">• No change in direct service roles• Small increase in lost revenue• Small increase in the number of duplicated in inactive<ul style="list-style-type: none">○ Roles that are vacant but position are filled by agency staff or work out of class positions <p>1 current position that is a duplicated vacancy position that is not being filled because it is currently being filled by an agency staff or a work out of class position.</p> <p>Questions: No questions</p>			
Meeting Adjourns	Meeting adjourns 8:13 PM			Next public meeting scheduled on 4/10/23 at McCoy

Signed: _____ Date: _____

Pedro Prieto Sandoval, Secretary

Signed: _____ Date: _____

Harold Odhiambo, Board Chair

Scribe name/email:

Reyna Martinez-Martinez

reyna.martinez-martinez@multco.us

Grant Approval Request Summary

Community Health Center Board (CHCB) Authority and Responsibility

As the governing board of the Multnomah County Health Center, the CHCB is responsible for revising and approving changes in the health centers scope; availability of services, site locations, and hours of operations; and operating budget. Reviewing and approving the submission of continuation, supplemental, and competitive grant applications is part of this review and approval process.

An approval to submit a grant application will allow for budget revisions during the application development process within and between approved budget categories up to 25 percent without CHCB approval. All budget revisions that exceed the cumulative 25% budget revision cap will be presented to the CHCB for a vote prior to grant submission. Upon Notice of Award, the budget approved by the funder will be presented to the CHCB for a final approval.

Grant Title	Oregon Health Authority (OHA) Mental Health Expansion Grant (MHEG): Youth-Led Projects		
This funding will support: <i>Please add an "X" in the category that applies.</i>			
Current Operations	Expanded Services or Capacity	New Services	
X			
Date of Presentation:	April 10, 2023	Program / Area:	Health Center Program / Student Health Centers
Presenters:	Alexandra Lowell, Student Health Centers Manager		
Project Title and Brief Description:			
<ul style="list-style-type: none"> • Oregon Health Authority (OHA) Mental Health Expansion Grant (MHEG): Youth-Led Projects • The Health Center Program Student Health Centers were awarded these funds last State biennium. This renewal application will allow for Youth-Led Projects to continue being supported over the next two years. • Projects are implemented by Youth Advisory Councils (YACs) at Cleveland, Jefferson, Franklin, and Roosevelt. Example projects include inviting therapy dogs to a school during lunch, SHC open houses, hosting a Wellness Week focused on mental health, a Youth Participatory Action Research survey, and 20 episodes of a mental health podcast "All in My Head: Real Teens, Real Talk." 			



- YACs promote health equity by providing culturally responsive projects that are coordinated with Black and Asian/Pacific Islanders Student Unions, Gay-Straight Alliances, and Movimiento Estudiantil Chicano de Aztlán
- Grant funds support a project manager, interns, and food and supplies.

What need is this addressing?:

Student Health Centers will use these funds to address needs related to empowering and supporting youth to advocate for their own and their peer's mental health.

What is the expected impact of this project? (#of patients, visits, staff, health outcomes, etc.)

Grant funds will enable the Health Center Program Student Health Centers to work with YACs to implement a number of projects that have a positive impact on youth mental health and well-being.

What is the total amount requested:

Please see attached budget

\$137,000

Expected Award Date and project/funding period:

The funding period is from 07/1/2023 - 6/3/2025.

Briefly describe the outcome of a "YES" vote by the Board:

(Please be sure to also note any financial outcomes)

A "yes" vote means the Health Center program can accept funds from OHA to continue supporting youth-led projects.

Briefly describe the outcome of a "NO" vote or inaction by the Board:

(Please be sure to also note any financial outcomes)

A "no" vote means the Health Center will not accept funds to continue the work. This would mean that the Student Health Centers would need to find alternate resources to support youth-led projects.

Current Student Health Center staffing would be affected, as these funds are budgeted to support a project manager who works with the YACs

Related Change in Scopes Requests:



(only applicable in cases in which project will represent a change in the scope of health center services, sites, hours or target population)

Not applicable.

Proposed Budget (when applicable)

This is a two-year budget. Therefore, costs may vary over the project period. For example, more funds may be spent on personnel in year one than year two, depending on need.

	Cost per unit	FY 2023-24	FY 2024-25	Total
Project Manager YR 1 .40 FTE, YR .2 This position leads all youth engagement and empowerment programming and activities in SHC	\$96,540	\$38,616	20,273	\$ 58,889
Fringe Benefits		\$25,032	26,284	\$ 51,316
Total Personnel		\$63,648	46,557	\$ 110,205
Indirect Costs	13.97%	8,892	6,504	\$ 15,396
Personnel + Indirect		\$73,083	53,061	\$ 126,144
Interns- 200 hrs/yr 1. 250 hrs/yr 2	\$20	\$4,000	\$5,000	\$9,000
Food and Supplies Supplies include outreach and engagement supplies for youth engagement and those required to implement events, etc.		\$800	\$1,056	\$1,856
Grand Total		\$77,883	\$59,117	\$137,000

Grant Approval Request Summary

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Grant Title	Oregon Health Authority (OHA) School-Based Health Center (SBHC) State Program Office (SPO) Telehealth Pilot		
This funding will support: <i>Please add an "X" in the category that applies.</i>			
Current Operations	Expanded Services or Capacity	New Services	
X	X		
Date of Presentation:	April 10, 2023	Program / Area:	Health Center Program / Student Health Centers
Presenters:	Alexandra Lowell, Student Health Centers Manager		
Project Title and Brief Description:			
<ul style="list-style-type: none"> Oregon Health Authority (OHA) School-Based Health Center (SBHC) State Program Office (SPO) Telehealth Pilot The Health Center Program Student Health Center (SHC) Program was awarded these funds last State biennium. The project focused on linking SHC providers with Multnomah Education Service District (MESD) School Nurses based at the site where the patient is located, to expand access to physical and mental health services and culturally specific health education and outreach services. This renewal application will allow for telehealth work to continue to be funded. Project activities for 2023-2025 will expand the telehealth project to one additional school in the participating school districts: Reynolds and Portland Public. The SHC program is communicating 			



with the school districts and planning with school administration, counselors, and the MESD RN to select the school.

- Telehealth services will continue to include medical and integrated behavioral health services.
- Grant funds support a SHC nurse, contract with MESD for a nurse, and local travel.

What need is this addressing?:

The proposed projects support 1) expanded access to mental and physical health services for school-aged youth, particularly those who do not attend schools with embedded SHCs and 2) culturally specific nursing support, including health education.

What is the expected impact of this project? (*#of patients, visits, staff, health outcomes, etc.*)

Grant funds will enable the SHC program to provide increased access for school-aged youth who do not attend schools with embedded SHCs. Hours of access are anticipated to be 5 days per week.

What is the total amount requested:

Please see attached budget

\$300,000

Expected Award Date and project/funding period:

The funding period is from 07/1/2023 - 6/30/2025.

Briefly describe the outcome of a “YES” vote by the Board:

(Please be sure to also note any financial outcomes)

A “yes” vote means the Health Center program can accept funds from OHA to continue supporting telehealth projects in partnership with MESD.

Briefly describe the outcome of a “NO” vote or inaction by the Board:

(Please be sure to also note any financial outcomes)

A “no” vote means the SHC Program will not accept funds to continue the work. This would mean that the SHC Program would need to find alternate resources to telehealth projects.

Current SHC and MESD staffing would be affected, as these funds are budgeted to support nurses.

Related Change in Scopes Requests:

(only applicable in cases in which project will represent a change in the scope of health center services, sites, hours or target population)



Not applicable.

Proposed Budget (when applicable)

				Yr 1 July 23-June 24	Yr 2 July 24-June 25	TOTAL
PERSONNEL	Annual Salary w/ benefits, insurance	FTE				
MESD -Subcontract						
RN Loaded salary -4 hours/wk	150,000	0.10		\$15,000	15,750	\$ 30,750
MESD Total Personnel Cost				\$15,000	\$15,750	\$ 30,750
SHC						
RN (clinical support and project manager)	\$178,290	0.67		\$119,454	\$116,067	\$ 235,521
Indirect Costs			13.97%	\$ 16,688	\$ 16,215	\$ 32,902
SHC Total Personnel Cost				\$ 136,142	\$ 132,281	\$ 268,423
Local Travel				427	400	827
TOTAL				\$151,569	\$148,431	\$300,000

Grant Approval Request Summary

Community Health Center Board (CHCB) Authority and Responsibility

As the governing board of the Multnomah County Health Center, the CHCB is responsible for revising and approving changes in the health centers scope; availability of services, site locations, and hours of operations; and operating budget. Reviewing and approving the submission of continuation, supplemental, and competitive grant applications is part of this review and approval process.

An approval to submit a grant application will allow for budget revisions during the application development process within and between approved budget categories up to 25 percent without CHCB approval. All budget revisions that exceed the cumulative 25% budget revision cap will be presented to the CHCB for a vote prior to grant submission. Upon Notice of Award, the budget approved by the funder will be presented to the CHCB for a final approval.

Grant Title	Health Resources & Services Administration Health Center Program School-Based Service Expansion		
This funding will support: <i>Please add an "X" in the category that applies.</i>			
Current Operations	Expanded Services or Capacity	New Services	
X			
Date of Presentation:	April 10, 2023	Program / Area:	Health Center Program / Student Health Centers
Presenters:	Alexandra Lowell, Student Health Centers Manager		
Project Title and Brief Description:			
<ul style="list-style-type: none"> Health Resources & Services Administration Health Center Program School-Based Service Expansion The Health Center Program Student Health Center Program (SHC) currently provides behavioral health services through on-site Behavioral Health Providers (BHPs). BHPs improve population health outcomes by ensuring that primary care patients 5-18 years of age have access to behavioral health expertise as a usual part of primary care. They function as a clinical member of the primary care home team. BHPs may address mental health and substance abuse conditions, health behaviors (including their contribution to chronic medical illnesses), life stressors and crises, stress-related physical symptoms, and ineffective patterns of health care utilization. 			



- The Student Health Center program operates 9 SHCs in coordination with five school districts: David Douglas, Parkrose, Centennial, Reynolds, and Portland Public Schools. BHP services are provided at all SHC sites.
- Grant funds will enable the SHC Program to hire one culturally specific BHP to provide direct clinic services 4 days per week and one BH program supervisor to provide leadership infrastructure and supervision for the fast growing BH services within SHCs and direct clinic services 2 days per week. These positions will increase capacity at the following sites: David Douglas, Reynolds, and Roosevelt. The grant will also fund materials/supplies and training.

What need is this addressing?:

Mental health and substance abuse conditions, health-impacting behaviors, life stressors and crises, stress-related physical symptoms, and ineffective patterns of health care utilization have always been a major factor in adolescent health and wellbeing. Additionally, these factors were exacerbated by the COVID-19 pandemic and BIPOC youth can be even more impacted by them. BHPs can provide critical, culturally specific support to improve health and wellbeing for adolescents at an important developmental stage in their lives.

What is the expected impact of this project? (#of patients, visits, staff, health outcomes, etc.)

Grant funds will enable the SHC Program to hire one BHP to provide clinic services 4 days/week and one BH program supervisor to provide leadership, supervision, direct clinic services 2 days/week. These staff will add new capacity to serve a total of 360 clients with 975 visits over a 12 month period. BHPs will improve health outcomes related to mental health, substance use, health care utilization, and overall physical health.

What is the total amount requested:

Please see attached budget

\$250,000 per year for two years. A 12 month budget is included.

Expected Award Date and project/funding period:

The funding period is from September 1, 2023-August 31, 2025.

Briefly describe the outcome of a “YES” vote by the Board:

(Please be sure to also note any financial outcomes)

A “yes” vote means the SHC program will apply for funds to hire one new BHP and one BH Program Supervisor

**Briefly describe the outcome of a “NO” vote or inaction by the Board:***(Please be sure to also note any financial outcomes)*

A “no” vote means the SHC program will not apply for funds to expand BHP capacity. This would mean that the SHC program would continue to operate at its current behavioral health capacity.

Current SHC staffing would not be affected, as the project is an expansion and not currently budgeted.

Related Change in Scopes Requests:*(only applicable in cases in which project will represent a change in the scope of health center services, sites, hours or target population)*

Not applicable.

Proposed Budget (when applicable)

Project Name:		Start/End Date:	
	Budgeted Amount	Comments (Note any supplemental or matching funds)	Total Budget
A. Personnel, Salaries and Fringe			
Behavioral Health Providers (BHP)			
1 BHP @ 0.67 FTE (4 days/week, during school year operations)	56,698		56,698
Behavioral Health Program Supervisor			
.75 FTE: .40 FTE to provide supervision and program leadership, .35 FTE to provide direct service	72,944		72,944
Fringe Benefits			
County percentage-based and flat-rate fringe benefits.	81,701		81,701
Total Salaries, Wages and Fringe	211,343		211,343
B. Supplies			
Education, outreach, and clinical supplies	4,132		4,132
Total Supplies	4,132		4,132

**C. Contract Costs**

Contract description			
Total Contractual			

D. Other Costs

Training for staff	5,000		5,000
Total Other	5,000		5,000
Total Direct Costs (A+B+C+D)	219,356		219,356

Indirect Costs

The FY 2024 Multnomah County Cost Allocation Plan has set the Health Department's indirect rate at 13.97% of Personnel Expenses (Salary and Fringe Benefits).

Total Indirect Costs (13.97% of A)	29,525		29,525
Total Project Costs (Direct + Indirect)	250,000		250,000

Grant Approval Request Summary

Community Health Center Board (CHCB) Authority and Responsibility

As the governing board of the Multnomah County Health Center, the CHCB is responsible for revising and approving changes in the health centers scope; availability of services, site locations, and hours of operations; and operating budget. Reviewing and approving the submission of continuation, supplemental, and competitive grant applications is part of this review and approval process.

An approval to submit a grant application will allow for budget revisions during the application development process within and between approved budget categories up to 25 percent without CHCB approval. All budget revisions that exceed the cumulative 25% budget revision cap will be presented to the CHCB for a vote prior to grant submission. Upon Notice of Award, the budget approved by the funder will be presented to the CHCB for a final approval.

Please type or copy/paste your content in the white spaces below. When complete, please return/share the document with **Board Liaison, CHCB.Liaison@multco.us**

Grant Title	Mobile Van - Change of Scope		
This funding will support: Please add an "X" in the category that applies.			
Current Operations	Expanded Services or Capacity	New Services	
	X		
Date of Presentation:	3/27/2023 & 4/10/23	Program / Area:	ICS Operations
Presenters:	Alexander Lehr O'Connell		
Project Title and Brief Description:			
Mobile Clinic - Change in Scope to add new mobile clinic site.			
What need is this addressing?:			
Currently ICS does not offer any mobile clinical services to our community. Clients access services on provider schedules at the health centers. Those for whom planning appointments is not feasible or are unable to engage in resources available to provide transportation, may not be engaging in services. For community members experiencing homelessness, the right care at the right time is hard to come by.			



A mobile clinic van would allow clinical services to meet people where they are at by providing opportunities for low barrier care out in the community.

We have continued developing the plan for this mobile clinic since it was presented to CHCB on 10/11/2021, and are in the final phases of rolling out the project. A vote to approve is required from CHCB in order to allow us to add the mobile unit to our HRSA FQHC scope.

What is the expected impact of this project? (*#of patients, visits, staff, health outcomes, etc.*)

Improved access to care for individuals to access services at additional community sites. Current sites being developed include:

- JOIN
- Impact NW
- El Programa Hispano Catolico
- Future Generations Collaborative
- Rose Haven
- Behavioral Health Resource Center
- Eastside Imago Dei Community Church
- Our Just Future

The site will operate 24 hours per week, throughout the year.

What is the total amount requested: *Please see attached budget*

N/A

Expected Award Date and project/funding period:

The site is expected to be open starting May 15, 2023

Briefly describe the outcome of a “YES” vote by the Board:

(Please be sure to also note any financial outcomes)

a “yes” vote would allow us to submit a Change in Scope request to HRSA to add the mobile unit to our scope of sites. This will formalize the mobile clinic as part of our FQHC, allowing the service to operate under the requirements and benefits of FQHC status.

Briefly describe the outcome of a “NO” vote or inaction by the Board:

(Please be sure to also note any financial outcomes)



A “no” vote would keep the mobile unit outside of our FQHC scope, severely inhibiting our ability to operate the clinic in a sustainable way.

Related Change in Scopes Requests:

(only applicable in cases in which project will represent a change in the scope of health center services, sites, hours or target population)

See above. With a yes vote we will submit a Change in Scope request to HRSA to add the mobile clinic to our FQHC scope.

Proposed Budget (when applicable)

Project Name:		Start/End Date:	
	Budgeted Amount	Comments (Note any supplemental or matching funds)	Total Budget
A. Personnel, Salaries and Fringe			
Position Title			
Position Description			
Position Title			
Position Description			
Total Salaries, Wages and Fringe			
B. Supplies			
Description of supplies			
Total Supplies			
C. Contract Costs			
Contract description			
Total Contractual			
D. Other Costs			
Description of training and other costs			
Total Other			



Total Direct Costs (A+B+C+D)			
Indirect Costs			
<i>The FY 2018 Multnomah County Cost Allocation Plan has set the Health Department's indirect rate at 12.16% of Personnel Expenses (Salary and Fringe Benefits). The rate includes 2.69% for Central Services and 9.47% for Departmental. The Cost Allocation Plan is federally-approved.</i>			
Total Indirect Costs (12.16% of A)			
Total Project Costs (Direct + Indirect)			

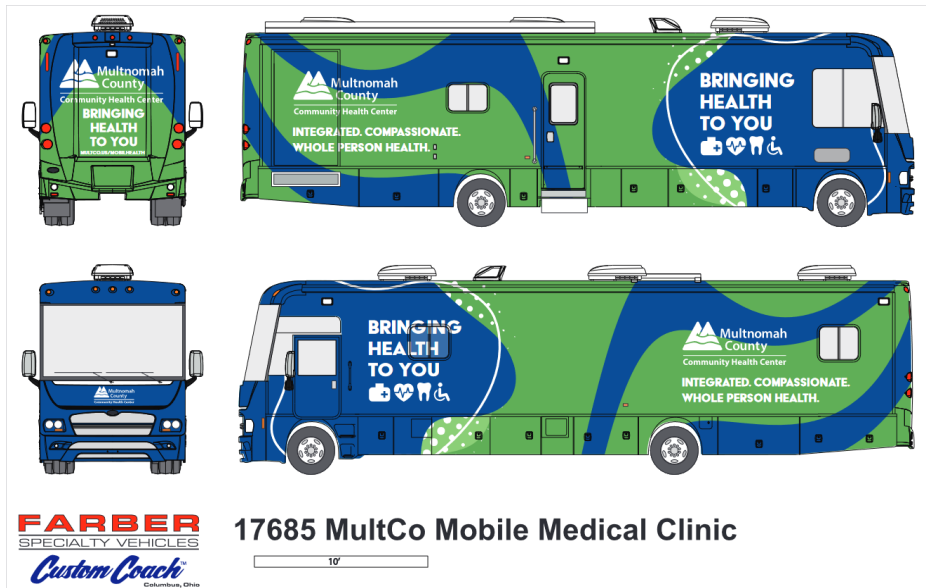
	Revenue	Comments (Note any special conditions)	Total Revenue
E. Direct Care Services and Visits			
Medicare			
Description of service, # of visits			
Medicaid			
Description of service, # of visits			
Self Pay			
Description of service, # of visits			
Other Third Party Payments			
Description of Service, # of visits			
Total Direct Care Revenue			
F. Indirect and Incentive Awards			
Description of special funding awards, quality payments or related indirect revenue sources			
Description of special funding awards, quality payments or related indirect revenue sources			
Total Indirect Care and Incentive Revenue			
Total Anticipated Project Revenue (E+F)			

Mobile Clinic - Fact Sheet

For CHCB Public Meeting, April 2023

What is the Mobile Clinic?

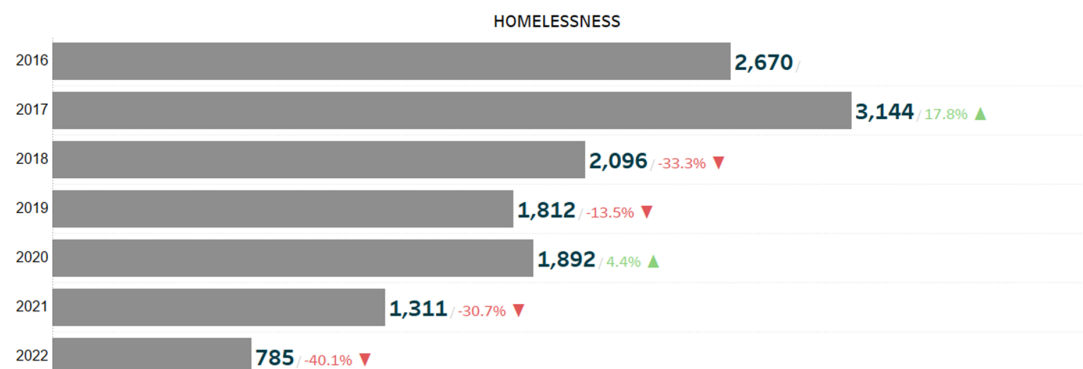
The Mobile Clinic is a new van that will provide primary care, dental hygiene, lab tests, medication dispensing, and referrals for behavioral health services at a variety of locations to approximately 2,500 clients per year who struggle to access services at our traditional sites.



What need will it address?

As a Health Care for the Homeless grantee, we develop strategies to ensure access to care for those with unstable housing. Recent years have demonstrated that unhoused individuals increasingly struggle to access services. Our total of homeless clients served has declined, even as the overall homeless population in the area has increased 30% from 2019-2022.

Homeless Patients Served by Multnomah County Community Health Center by Year (UDS Data):



Note that some of the decreases in homeless patients served in the past two years is likely due to issues with data collection during the COVID-19 pandemic.

In addition to specifically targeting homeless residents, the mobile unit will be available to community members overall. UDS data from CY2021 demonstrates significant need among vulnerable populations within the zip codes where the mobile clinic will be deployed:

Total Low Income Residents not using an FQHC (2021)	Total Medicaid Residents not using an FQHC (2021)	Total Uninsured Residents not using an FQHC (2021)
44,837	29,048	13,680

Where will the Mobile Clinic be stationed?

The Mobile Clinic will operate a total of 24 hours per week, rotating among the following locations, which were chosen as they serve a significant number of clients with unstable housing:

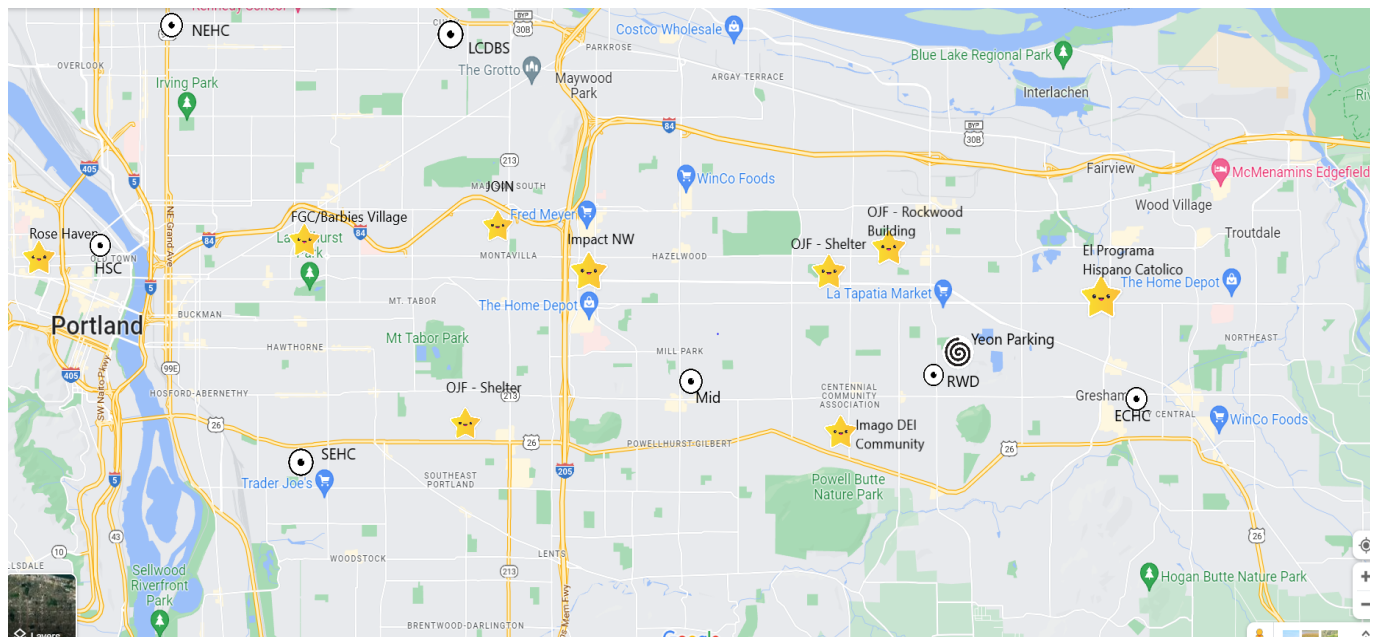
Late Start			Early Start		
	Monday	Tuesday		Wednesday	Thursday
12:00pm - 3:00pm	Our Just Future	Impact NW	9:00am - 12:00pm	Imago DEI/ Cultivate Initiatives	Rose Haven
4:30pm - 7:30pm	Our Just Future	Barbie's Village/El Programa Hispano Catolico	1:30pm - 4:30pm	JOIN	BHRC

The schedule may be adjusted in the future in response to demand, possibly to increase hours of operation and/or to include weekend hours.

Rose Haven
1740 NW Glisan St, Portland, OR 97209 Women, children, non-binary folks
El Programa Hispano Catolico
333 SE 223rd Ave #100, Gresham, OR 97030 Latinx Community
Barbie's Village: FGC/NAYA/NWI
935 NE 33rd Ave, Portland, OR 97232 Native American Community - Focus on women and children
JOIN
1435 NE 81st Ave #100, Portland, OR 97213

Houseless Community
Impact NW
10055 E Burnside St, Portland, OR 97216 Houseless Community
Our Just Future.
124 NE 181st Ave Suite 109, Portland, OR 97233 Low Income Housing Complex
SE 77th and SE Powell 97206 Temporary Living - Families
SE 162nd and SE Burnside 97233 Gresham Women's Shelter
Behavioral Health Resource Center
333 SW Park Ave, Portland, OR 97205 Houseless Community
Imago Dei Community Church/Cultivate Initiatives
1302 SE Ankeny St, Portland, OR 97214 Houseless Community
REACH TBD

The following map shows the sites where the clinic will be deployed (stars) as well as existing regular Multnomah County Community Health Center clinics:



When will the Mobile Clinic begin services?

Our goal is to begin services on May 15, 2023 .

Grant Approval Request Summary

Community Health Center Board (CHCB) Authority and Responsibility

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Please type or copy/paste your content in the white spaces below. When complete, please return/share the document with **Board Liaison, CHCB.Liaison@multco.us**

Grant Title	Seeding Justice Rapid Response Grant- APC Fellowship Support and Capital Expenses		
This funding will support: <i>Please add an "X" in the category that applies.</i>			
	Current Operations	Expanded Services or Capacity	New Services
	x		
Date of Presentation:	3/27/23	Program / Area:	ICS
Presenters:	Charlene Maxwell		
Project Title and Brief Description:			
Seeding Justice Grant to support the sustainability of reproductive health services.			
We have submitted an application for the following:			
<ol style="list-style-type: none"> 1. Workforce sustainability- 500K funding to support the APC Fellowship Program in FY24 2. Equipment- replace exam tables and speculum lights 			
What need is this addressing?:			



1. Workforce Sustainability- In 2022 as part of an initiative to address poor retention and recruitment, the Multnomah County Community Health Center utilized time limited COVID relief funding to create an Advanced Practice Clinician Fellowship program. This program was intended to provide an extended training and onboarding to new graduate Nurse Practitioners and Physician Assistants to learn and gain experience in the PCP role in the FQHC setting. The program includes support to existing staff and providers to help reduce their overburden and burden, and also create additional access points for clients to receive care. APC Fellows also have weekly didactic sessions dedicated to clinical topics, of which reproductive health care, reproductive justice, contraceptive management and counseling and STD screening and management are among the topics (not an exhaustive list) related to reproductive health.
2. Equipment- We are seeking funding to replace old, broken exam tables and pap lights. We have struggled to maintain our exam tables and many tables are 20+ year old manual tables. This creates a rough experience for clients as adjusting the tables are difficult and have a tendency to jolt patients around, which can be particularly difficult to navigate during a sensitive exam like a GYN exam. Recently, our clinical staff received reproductive justice training which also included a review of how to perform a GYN exam in the most trauma-informed way using different patient positioning techniques and patient-led speculum insertion. Notably, use of these techniques are limited by the exam tables we have currently.

What is the expected impact of this project? (*#of patients, visits, staff, health outcomes, etc.*)

1. Workforce Sustainability- By offering this training program we hope to not only train new PCPs to feel confident and capable in providing care to our vulnerable population, but to also attract more providers outside of the Portland Metro area who may more likely identify as BIPOC as we are recruiting in more diverse areas of the country. This also provides with a pipeline of highly trained, competent and passionate individuals who are ready to take on the PCP role, and also provides additional professional development for existing experienced clinicians who want to be involved in teaching and mentorship.
2. Equipment- We want our clients to know they are receiving the highest quality care possible, however the tables are of mediocre quality and are a big part of the client's experience as it is fundamental to the physical exam. With these funds we will upgrade our tables to the Midmark 225 Ritter, a powered base to enhance patient access allowing the table to go lower to the floor and recline smoothly for reproductive health visits and procedures such as IUD placements. These new tables will be used by the approximately 400 reproductive health patients we see per month among our 7 primary care health centers.

What is the total amount requested: \$ 500K each, total 1 M

Please see attached budget



Expected Award Date and project/funding period: April 2023 - March 31, 2024

Briefly describe the outcome of a “YES” vote by the Board:

(Please be sure to also note any financial outcomes)

Secures funding for the continuation of the Advanced Practice Clinician Fellowship program, a program that has been included in the FY24 budget, this grant funding would cover 50% of the total cost of the program.

Allows the health center to replace exam tables providing a better client experience during sensitive examinations and procedures related to reproductive health care.

Briefly describe the outcome of a “NO” vote or inaction by the Board:

(Please be sure to also note any financial outcomes)

APC Fellowship program would need to be funded through visit driven revenue and APC, which could be allocated to other programs.

Health center exam tables are not updated, no change to current client experience.

Related Change in Scopes Requests:

(only applicable in cases in which project will represent a change in the scope of health center services, sites, hours or target population)

none

Proposed Budget (when applicable)

Project Name:		Start/End Date:	
	Budgeted Amount	Comments (Note any supplemental or matching funds)	Total Budget
A. Personnel, Salaries and Fringe			
Position Title	Advanced Practice Clinician Fellow x 5		



Position Description	Fully licensed and credentialed independent practitioner who engages in a supported training program at the health centers to increase client access and increase support for existing staff.		
Total Salaries, Wages and Fringe	500,000		
B. Supplies			
Description of supplies	78 Midmark Exam Tables \$6283 = \$490,074 29 PAP Lights * \$290 = \$8410		
Total Supplies	\$498,484		
C. Contract Costs			
Contract description			
Total Contractual			
D. Other Costs			
Description of training and other costs			
Total Other			
Total Direct Costs (A+B+C+D)			
Indirect Costs			
<i>The FY 2018 Multnomah County Cost Allocation Plan has set the Health Department's indirect rate at 12.16% of Personnel Expenses (Salary and Fringe Benefits). The rate includes 2.69% for Central Services and 9.47% for Departmental. The Cost Allocation Plan is federally-approved.</i>			
Total Indirect Costs (12.16% of A)			
Total Project Costs (Direct + Indirect)	\$998,484		

	Revenue	Comments (Note any special conditions)	Total Revenue
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E. Direct Care Services and Visits			
Medicare			
Description of service, # of visits			
Medicaid			
Description of service, # of visits			
Self Pay			
Description of service, # of visits			
Other Third Party Payments			
Description of Service, # of visits			
Total Direct Care Revenue	298 projected visits/ annually- variable		
F. Indirect and Incentive Awards			
Description of special funding awards, quality payments or related indirect revenue sources	none		
Description of special funding awards, quality payments or related indirect revenue sources	none		
Total Indirect Care and Incentive Revenue			
Total Anticipated Project Revenue (E+F)			

Policy Review Presentation Summary

Please type or copy/paste your content in the white spaces below.

Presentation Title	ICS.01.45 Community Health Center New and Established Patients Service Area Criteria				
Type of Presentation: Please add an “X” in the categories that apply.					
	Inform Only	Annual / Scheduled Process	New Proposal	Review & Input	Inform & Vote
Date of Presentation:		Program / Area:			
Presenters:	Bernadette Thomas, Health Center Clinical Officer				
Policy Title and Brief Description:					
ICS.01.45 Community Health Center New and Established Patients Service Area Criteria					
Describe the current situation:					
Our existing policy does not address how we review our service area annually as required by HRSA operational manual. Our existing policy restricts care to residents of Multnomah County, only.					
Briefly describe the history of the project so far (Please indicate any actions taken to address needs and cultures of diverse clients or steps taken to ensure fair representation in review and planning):					
Using a lens of racial equity, diversity, and inclusion, the community health center seeks to respect the autonomy of persons who seek to receive care in our setting. Furthermore, the existing policy does not describe how we analyze zip code data to determine the need for new access points and changing demographics.					
List any limits or parameters for the Board’s scope of influence and decision-making:					



The CHCB provides approval for policies related to the service area locations and how clients can access care.

Briefly describe the outcome of a “YES” vote by the Board
(Please be sure to also note any financial outcomes):

Persons seeking to continue care when they move outside of Multnomah County, and new clients who live outside of the County may receive care at the community health center after reviewing the risks and benefits with their health care team.

Briefly describe the outcome of a “NO” vote or inaction by the Board
(Please be sure to also note any financial outcomes):

We would remain status quo.

Which specific stakeholders or representative groups have been involved so far?

Community health center clinical and operational leadership.

Who are the area or subject matter experts for this project?
(Please provide a brief description of qualifications)

[Alexander Lehr O'Connell](#), Senior Grant Specialist

Brieshon D'Agostini, Quality and Compliance Officer

Bernadette Thomas, Clinical Officer

Debbie Power, Interim Operations Officer

What have been the recommendations so far?

Acknowledge client autonomy, and ongoing evaluation of demand for services for clients. Assure that any person who is seeking health care services is not restricted from accessing care.

How was this material, project, process, or system selected from all the possible options?

Review of existing policy implementation barriers, review of current service area requirements



If approved, is this policy ready to be implemented? If not, what is the process and timeline for implementation?

Yes - the policy would be communicated immediately to our patient access center and operational staff at all clinic locations.

Board Notes:

Title:	Community Health Center New and Established Patients Service Area Criteria		
Policy #:	ICS.01.45		
Section:	Integrated Clinical Services	Chapter:	Clinical
Approval Date:	xx/xx/xxxx	Approved by:	ICS Director CHCB Chair
Related Procedure(s):	Attached		
Related Standing Order(s):	Not applicable		
Applies to:	All Community Health Center (Integrated Clinical Services) programs and clients		

PURPOSE

The Community Health Center (CHC) welcomes all clients. This policy provides information regarding how the community health center annually reviews its service area in accordance with the HRSA Compliance Manual, Chapter 3: “Needs Assessment,” how community health center staff can assist clients who move outside of our service area, and new clients who would like to establish care at the health center and may live outside of our service area.

DEFINITIONS

Term	Definition
N/A	

POLICY STATEMENT

The community health center identifies, and annually reviews, its service area based on where current or proposed client populations reside as documented by the ZIP codes reported on the community health center’s Form 5B: Service Sites and Service Area, as documented in the Service Area Competition grant application. The community health center also respects the rights of patients to receive care in the setting of their choice.

New clients who live outside of Multnomah County

The health center offers services to all patients residing in Multnomah County. When a client wishes to establish care at the health center and lives outside of Multnomah County the care team will provide the client with the risks and benefits of receiving services that are not geographically close to their residence. Some barriers may include transportation and the referral network. Client perceived benefits may include access to linguistically and culturally appropriate care. If, after receiving information from the care team, a client chooses to seek

care closer to their residence, the health center will provide the client with the contact information of other community health centers that may suit the client's needs.

Established clients that move outside of Multnomah County

When a client moves outside of Multnomah County, the care team will review the risks and benefits of receiving ongoing care from a provider no longer geographically close to their residence as outlined above. If the care team determines that it is unsafe to provide care given the distance, or if the patient moves out of state, the health center shall assist the patient with transitioning their care to a closer provider and a 90-day supply of medication refills, as appropriate.

Service Area Identification and Annual Review

Annually, the community health center shall evaluate client zip codes against its current proposed population.

- For clients who are still active (seen within the past 3 years) and have not been seen in the past 12 months, the health center shall attempt outreach and engagement.
- If the health center recognizes that >100 clients are seeking services from a zip code outside of our service area, it shall embark on a needs assessment to understand how services and delivery may be modified to better meet the needs of clients in their communities.

REFERENCES AND STANDARDS

N/A

PROCEDURES AND STANDING ORDERS

Attached

RELATED DOCUMENTS

Name	
ICS.01.19 Primary Care Provider Assignment and Selection Policy	
ICS.01.29 Patient Discharge from Clinical Services	
Attachment A: Walk-in Patient Workflow	

POLICY REVIEW INFORMATION

Point of Contact:	Debbie Powers, Interim COO
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	Brieshon D'Agostini, Quality Officer
Supersedes:	N/A

Title:	<u>Community Health Centers</u> Center New Patient & and Established Patients Service Area Criteria		
Policy #:	ICS.01.45		
Section:	Integrated Clinical Services	Chapter:	Clinical
Approval Date:	11/04/2019 xx/xx/xxxx	Approved by:	Vanetta Abdellatif /s/, ICS Director Tara Marshall /s/, CHC <u>CHCB</u> Chair
Related Procedure(s):		Attached	
Related Standing Order(s):		Not applicable	
Applies to:		Primary Care and Dental <u>All Community Health Centers (excludes HIV Health Service Center, Student Health Centers, and Reproductive Health (Integrated Clinical Services program) programs and clients }</u>	

PURPOSE

The Community Health Center (CHC) welcomes all clients. This policy provides information regarding how the community health center annually reviews its service area ~~for in accordance with the ICS health centers, excluding HHSC-HRSA Compliance Manual, Chapter 3: "Needs Assessment," how community health center staff can assist clients who move outside of our service area, and SHC, and provides direction regarding how patients will be managed if they seek new clients who would like to establish care while living outside of at the service area, move health center and may live outside of the our service area after they establish care, have a change in insurance after establishing care, or walk into an ICS Health Center.~~

DEFINITIONS

Term	Definition
New Patient <u>N/A</u>	<p>Primary Care: A new Primary Care patient is defined as someone who HAS NOT had an ICS <u>primary care</u> health center visit* within the last 3 years.</p> <p>Dental: A new Dental patient is defined as someone who HAS NOT had a visit* in an ICS <u>dental</u> clinic within the last 3 years.</p> <p>* Includes nurse, immi, flu, etc visits. A Corrections Health visit does not count as a Primary Care or Dental visit</p>

Established Patient	<p>A patient's status with Primary Care and Dental are completely independent of each other.</p> <p>Primary Care: An established Primary Care patient is defined as someone who HAS had an ICS <u>primary care</u> health center visit within the last 3 years. This includes Refugee Screening visits with a provider.</p> <p>Dental: An established Dental patient is defined as someone who HAS had a comprehensive dental exam visit in an ICS <u>dental</u> clinic within the last 3 years.</p>
Tri-County Area	Multnomah County, Clackamas County, and Washington County
Family Member	Family member is defined in AGN.10.03 Community Health Center Services Fee Policy

POLICY STATEMENT

MCHD is committed to a patient-centered approach that has a mission of providing medical and dental care services for the residents of Multnomah County. Services may be provided to patients that live outside of Multnomah County, but these situations will be managed and handled according to the requirements outlined below.

Residency requirement for NEW patients:

Patients must meet one of the following criteria:

- Patient lives within Multnomah County
- Patient lives within the Tri-County area AND is assigned to the Multnomah County clinic by their insurance CCO (for Primary Care) or DCO (for Dental).
- Site leadership can approve special circumstances, which includes homelessness or urgent medical conditions. *These should be rare occurrences and documented as a Priority Message.*
- Patient is seeking Family Planning Services that qualify for Reproductive Health program visit.

The community health center identifies, and annually reviews, its service area based on where current or proposed client populations reside as documented by the ZIP codes reported on the community health center's Form 5B: Service Sites and Service Area, as documented in the Service Area Competition grant application. The community health center also respects the rights of patients to receive care in the setting of their choice.

New clients who live outside of Multnomah County

The health center offers services to all patients residing in Multnomah County. When a client wishes to establish care at the health center and lives outside of Multnomah County the care

team will provide the client with the risks and benefits of receiving services that are not geographically close to their residence. Some barriers may include transportation and the referral network. Client perceived benefits may include access to linguistically and culturally appropriate care. If, after receiving information from the care team, a client chooses to seek care closer to their residence, the health center will provide the client with the contact information of other community health centers that may suit the client's needs.

Established ~~patients~~clients that move outside of Multnomah County:-

~~When a patient moves outside of Multnomah County and had an appointment in the last 12 months, the patient should be scheduled and seen as usual.~~

When a ~~patient~~client moves outside of Multnomah County ~~and hasn't been seen in at least 12 months, clinic leadership, the care team will need to evaluate whether the patient may continue their care with MCHD using review the residency requirement criteria~~risks and benefits of receiving ongoing care from a provider no longer geographically close to their residence as outlined above. If approved, and the care team determines that it is unsafe to provide care given the distance, or if the patient has been seen within 3 years, they should be scheduled as an established patient. Clinic leadership will enter a Priority Message directing if the patient is continuing care at the clinic, moves out of state, the health center shall assist the patient with transitioning their care to a closer provider and a 90-day supply of medication refills, as appropriate.

~~Any staff at PAC or the clinics who identify that an established patient has moved outside of the service area should report to the clinic leadership via Epic inbasket message to the clinic's Admin Pool. The patient will be scheduled as an established patient until a Priority Message has been entered with a decision.~~

Patients Returning to Care at MCHD after establishing elsewhere:-

Patient has been Service Area Identification and Annual Review

Annually, the community health center shall evaluate client zip codes against its current proposed population.

- ~~● For clients who are still active (seen within the past 3 years at MCHD: Schedule as an "established" patient with MCHD. (We are not able to bill a New Patient visit until after 36 months from the patient's last billed appointment with MCHD.)~~
- Patient has) and have not been seen for at least 3 years: Scheduled as a New Patient (reference New Patient criteria above). in the past 12 months, the health center shall attempt outreach and engagement.

Unestablished Walk-In Patients:-

~~When an unestablished patient (does not fit the criteria for "established" patient definition above) walks into the clinic to obtain medical or dental care:~~

- ~~Primary Care: the person should be seen by a clinic nurse-~~
- ~~Dental: a dental staff member will determine the urgency of their condition~~

~~—Patient has a condition that is urgent, requiring immediate treatment:—~~

- ~~Patient will be seen as appropriate for the condition. *Being seen establishes them as a patient of the clinic, and the visit should be processed as a new patient appointment.*~~
- ~~After the initial assessment and/or visit, if the individual does not meet the residency requirements, then they should be:~~
 - ~~Directed to resources in their local community~~
 - ~~Provided contact information for their insurance carrier that can help them identify a clinic that accepts their plan~~

~~—Patient's condition is not urgent:~~

- ~~The staff member should determine if the person meets the above residency requirements to become an established patient.~~
- ~~If the person does meet the residency requirements, then they should be offered a new patient appointment:~~
 - ~~Schedule the new patient appointment while the patient is in clinic~~
 - ~~If no available appointment works for the patient, they should be directed to call the Patient Access Center to schedule a new patient appointment at their convenience~~
- ~~If the individual does not meet the residency requirements, then the person should be:~~
 - ~~Directed to resources in their local community~~
 - ~~Provided contact information for their insurance carrier that can help them identify a clinic that accepts their plan~~
- If the health center recognizes that >100 clients are seeking services from a zip code outside of our service area, it shall embark on a needs assessment to understand how services and delivery may be modified to better meet the needs of clients in their communities.

REFERENCES AND STANDARDS

N/A

PROCEDURES AND STANDING ORDERS

Attached

RELATED DOCUMENTS

Name	
ICS.01.19 Primary Care Provider Assignment and Selection Policy	
ICS.01.29 Patient Discharge from Clinical Services	
Attachment A: Walk-in Patient Workflow	

POLICY REVIEW INFORMATION

Point of Contact:	<u>Debbie Powers, Interim COO</u> Brieshon D'Agostini, Primary Care Strategy and Innovation Manager Christine Palermo, Dental Operations Manager <u>Quality Officer</u>
Supersedes:	N/A

Board Presentation Summary

Please type or copy/paste your content in the white spaces below.

Presentation Title	eReferrals												
Type of Presentation: Please add an “X” in the categories that apply. <table border="1"> <tr> <th>Inform Only</th> <th>Annual / Scheduled Process</th> <th>New Proposal</th> <th>Review & Input</th> <th>Inform & Vote</th> </tr> <tr> <td></td> <td></td> <td></td> <td>x</td> <td></td> </tr> </table>				Inform Only	Annual / Scheduled Process	New Proposal	Review & Input	Inform & Vote				x	
Inform Only	Annual / Scheduled Process	New Proposal	Review & Input	Inform & Vote									
			x										
Date of Presentation:	03/27/2023	Program / Area:	Primary Care, SHC, Integrated Behavioral Health, Pharmacy										
Presenters:	Bernadette Thomas , Health Center Clinical Officer												
Project Title and Brief Description:													
eReferrals													
Describe the current situation:													
<p>Our clients face numerous barriers to accessing specialty care, including transportation and access to linguistically and culturally competent care. Additionally, wait times for community specialty care can span weeks to months. Internally, our own operational challenges compound delays in care, including referral coordinator vacancies, urgent referrals taking precedence over the routine, and delays in receiving consultation notes from specialty providers.</p>													
Why is this project, process, system being implemented now?													
<p>To ensure all clients of the health center receive equitable and timely access to specialty care, in a linguistically and culturally competent setting.</p>													
Briefly describe the history of the project so far (Please indicate any actions taken to address needs and cultures of diverse clients or steps taken to ensure fair representation in review and planning):													



The health center invested significant dollars into temporary staffing to help address delays in referral processing times and closed loops referral.

List any limits or parameters for the Board's scope of influence and decision-making:

Inform

**Briefly describe the outcome of a "YES" vote by the Board
(Please be sure to also note any financial outcomes):**

N/A

**Briefly describe the outcome of a "NO" vote or inaction by the Board
(Please be sure to also note any financial outcomes):**

N/A

Which specific stakeholders or representative groups have been involved so far?

Referral Coordinators, health center managers and providers, CareOregon

**Who are the area or subject matter experts for this project?
(Please provide a brief description of qualifications)**

[Bernadette Thomas](#), [Tony Gaines](#), [Demi Frazier](#), [Pamela Zaragoza](#)

What have been the recommendations so far?

Implement eReferrals and continue to work on process improvement with our referral coordinators.

How was this material, project, process, or system selected from all the possible options?

Vendor selected because it offers integration with OCHIN Epic, FQHC pricing and experience, and a robust referral network.

Board Notes:

Title:	Credit-Balance Policy		
Policy #:	FIS.01.16		
Section:	Fiscal and Ordering	Chapter:	Fiscal
Approval Date:	03/13/2023	Approved by:	Adrienne Daniels, MPH Community Health Center Interim Executive Director
		Approved by:	H. Odhiambo /s/ Chair, Community Health Center Board
Related Procedure(s):		Not applicable	
Related Standing Order(s):		Not applicable	
Applies to:		All Multnomah County Community Health Center programs	

PURPOSE

This policy describes how the Community Health Center will handle accounts with a credit balance.

DEFINITIONS

Term	Definition
Credit Balance	A credit balance results when the total of the credits posted to a client's account (e.g., payments, etc.) exceeds the total of the charges applied or applicable to the account.
Credit balance eligible for a refund	A credit balance eligible for a refund is one where all the applicable charges and credits have been posted to the account and the refund has been reviewed and adjusted based on the application of current eligibility criteria or any other applicable conditions.

POLICY STATEMENT

Maintaining client balances for protracted periods of time tends to create a barrier to care for clients without resources to pay. It is the Community Health Center's policy to resolve credit balances on client accounts as promptly as possible and in compliance with all applicable regulations by issuing eligible refunds to the client or third party.

The Community Health Center adheres to generally accepted accounting practices and handles accounts with a credit balance in a timely and accurate manner.

Credit balances on accounts may occur for a number of reasons including but not limited to the following:

- Payment for provider, supplier or physician services after benefits have been exhausted, or where the individual was not entitled to benefits.
- Incorrect application of the deductible or coinsurance.
- Payment for non-covered items and services, including medically unnecessary services or custodial care furnished an individual.
- Payment based on a charge that exceeds the reasonable charge.
- Duplicate processing of charges/claims.
- Payment to a billable provider on a non-assigned claim or to a beneficiary on an assigned claim. (Payment made to wrong payee.)
- Primary payment for items or services for which another entity is the primary payer
- Payment for items or services rendered during a period of non-entitlement.
- Payments or adjustments posted incorrectly

Upon verification, the overpayments process will be initiated within 60 days of being identified.

The accounts receivable team will make a diligent effort to refund credit balances directly to the client or third-party. In cases in which the client or third-party are unreachable, accounts receivable will follow the required submission process for remitting unclaimed property to the Department of State Lands.

The Accounts Receivable month end process will include the review of the Credit Balance Report and properly addressing credit balances.

REFERENCES AND STANDARDS

- HRSA's Health Center Compliance Manual, [Chapter 16: Billing and Collections](#)
- Oregon's Department of State Lands, Division Rules, [Chapter 141, Division 45, Administration of Unclaimed Property](#)

PROCEDURES AND STANDING ORDERS

Not applicable

RELATED DOCUMENTS

Name

N/A

POLICY REVIEW INFORMATION

Point of Contact: **A. Daniels – Interim Executive Director**

Supersedes: N/A



Monthly Financial Packet

April 2023



**community health
center board**

Multnomah County

A stylized graphic on the left side of the slide. It features two dark green mountain peaks with rounded tops. Below the mountains is a dark green wavy line representing a shoreline or a body of water. At the bottom of the graphic is a blue wavy line representing water. The entire graphic is set against a white background.

Multnomah County Federally Qualified Health Center

Monthly Financial Reporting Package

February FY 2023

Updated 3/27/2023

Prepared by: Financial and Business Management Division



**Multnomah County Health Department
Community Health Center Board - Financial Statement**

For Period Ending February 28, 2023
Prepared using the Modified Accrual Basis of Accounting
Percentage of Year Complete: 66.7%
[A Pro Forma Financial Statement]

Community Health Center - Monthly Highlights

Financial Statement:

For period 8 in Fiscal Year 2023 (July 2022 - June 2023)

	<u>YTD Actuals</u>	<u>Budget</u>	<u>Difference</u>	<u>% of Budget</u> <u>YTD</u>
<u>Revenue:</u>	\$ 118,454,078	\$ 166,686,730	\$ 48,232,652	71%
<u>Expenditures:</u>	\$ 98,605,722	\$ 166,686,730	\$ 68,081,008	59%
<u>Net Income/(Loss)</u>	\$ 19,848,356			

Budget Modifications:

<u>Period added</u>	<u>Budmod #</u>	<u>Description</u>	<u>Budget Change Amount</u>
05 November	Budmod-HD-012-23	Appropriation of \$250k Local Admin of CO VID-19 Treatments in Primary Care	\$ 250,000





Multnomah County Health Department Community Health Center Board - Financial Statement

For Period Ending February 28, 2023
Prepared using the Modified Accrual Basis of Accounting
Percentage of Year Complete: 66.7%
[A Pro Forma Financial Statement]

Community Health Center

	Adopted Budget	Revised Budget	Budget Change	01 July	02 Aug	03 Sept	04 Oct	05 Nov	06 Dec	Year to Date Total	% YTD	FY22 YE Actuals
Revenue												
Miscellaneous Revenue	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0%	\$ 2,042
Grants - PC 330 (BPHC)	\$ 9,809,191	\$ 9,809,191	\$ -	\$ -	\$ 88,674	\$ 1,419,429	\$ 766,120	\$ 700,468	\$ 1,482,753	\$ 5,381,399	55%	\$ 8,880,564
Grants - COVID-19	\$ -	\$ 250,000	\$ 250,000	\$ -	\$ 1,121	\$ 17,629	\$ 114,237	\$ 6,250	\$ 21,264	\$ 178,857	72%	\$ 7,437,487
Grants - ARPA	\$ 8,075,272	\$ 8,075,272	\$ -	\$ -	\$ -	\$ 1,724,643	\$ 937,567	\$ 597,887	\$ 672,706	\$ 5,005,636	62%	\$ -
Grants - All Other	\$ 4,774,390	\$ 4,774,390	\$ -	\$ -	\$ 25,838	\$ 641,076	\$ 1,189,357	\$ 321,717	\$ 153,499	\$ 2,889,647	61%	\$ 4,008,471
Grant Revenue Accrual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 937,333	0%	\$ -
Quality & Incentives Payments	\$ 7,671,495	\$ 7,671,495	\$ -	\$ 156,788	\$ 892,752	\$ 813,774	\$ 977,193	\$ 1,283,737	\$ 188,834	\$ 9,409,044	123%	\$ 9,910,993
Health Center Fees	\$ 131,217,155	\$ 131,217,155	\$ -	\$ 9,796,157	\$ 11,737,344	\$ 10,823,733	\$ 11,148,285	\$ 13,871,576	\$ 11,811,070	\$ 91,753,845	70%	\$ 132,854,683
Self Pay Client Fees	\$ 1,089,227	\$ 1,089,227	\$ -	\$ 53,184	\$ 49,810	\$ 46,366	\$ 44,871	\$ 47,158	\$ 40,177	\$ 364,984	34%	\$ 680,758
Beginning Working Capital	\$ 3,800,000	\$ 3,800,000	\$ -	\$ 316,667	\$ 316,667	\$ 316,667	\$ 316,667	\$ 316,667	\$ 316,667	\$ 2,533,333	67%	\$ 3,298,126
Total	\$ 166,436,730	\$ 166,686,730	\$ 250,000	\$ 10,322,795	\$ 13,112,204	\$ 15,803,318	\$ 15,494,297	\$ 17,145,460	\$ 14,686,969	\$ 118,454,078	71%	\$ 167,073,124
Expense												
Personnel	\$ 106,322,509	\$ 106,513,081	\$ 190,572	\$ 6,727,729	\$ 6,954,872	\$ 6,894,286	\$ 6,912,956	\$ 7,118,838	\$ 6,858,663	\$ 57,476,500	54%	\$ 82,144,356
Contracts	\$ 3,518,134	\$ 3,523,137	\$ 5,003	\$ 238,764	\$ 385,592	\$ 497,003	\$ 808,107	\$ 734,457	\$ 1,034,801	\$ 4,924,228	140%	\$ 5,571,994
Materials and Services	\$ 25,949,574	\$ 25,978,387	\$ 28,813	\$ 3,012,870	\$ 1,840,086	\$ 2,281,493	\$ 885,330	\$ 1,807,593	\$ 2,339,337	\$ 16,374,226	63%	\$ 20,538,983
Internal Services	\$ 30,296,513	\$ 30,322,125	\$ 25,612	\$ 1,232,325	\$ 2,916,645	\$ 2,155,437	\$ 2,394,463	\$ 2,174,961	\$ 1,937,596	\$ 17,953,263	59%	\$ 26,603,582
Capital Outlay	\$ 350,000	\$ 350,000	\$ -	\$ -	\$ -	\$ 741,207	\$ 1,053,380	\$ -	\$ -	\$ 1,877,506	536%	\$ 94,279
Total	\$ 166,436,730	\$ 166,686,730	\$ 250,000	\$ 11,211,688	\$ 12,097,194	\$ 12,569,426	\$ 12,054,237	\$ 11,835,850	\$ 12,170,396	\$ 98,605,722	59%	\$ 134,953,193
Net Income/(Loss)	\$ -	\$ -	\$ -	\$ (888,892)	\$ 1,015,010	\$ 3,233,892	\$ 3,440,060	\$ 5,309,610	\$ 2,516,573	\$ 19,848,356		\$ 32,119,931





Multnomah County Health Department Community Health Center Board - Financial Statement

For Period Ending February 28, 2023
Prepared using the Modified Accrual Basis of Accounting
Percentage of Year Complete: 66.7%
[A Pro Forma Financial Statement]

Community Health Center

	Adopted Budget	Revised Budget	Budget Change	07 Jan	08 Feb	Year to Date Total	% YTD	FY22 YE Actuals
Revenue								
Miscellaneous Revenue	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0%	\$ 2,042
Grants- PC 330 (BPHC)	\$ 9,809,191	\$ 9,809,191	\$ -	\$ 923,955	\$ -	\$ 5,381,399	55%	\$ 8,880,564
Grants- COVID-19	\$ -	\$ 250,000	\$ 250,000	\$ 12,106	\$ 6,250	\$ 178,857	72%	\$ 7,437,487
Grants- ARPA	\$ 8,075,272	\$ 8,075,272	\$ -	\$ 608,829	\$ 464,004	\$ 5,005,636	62%	\$ -
Grants- All Other	\$ 4,774,390	\$ 4,774,390	\$ -	\$ 45,485	\$ 512,676	\$ 2,889,647	61%	\$ 4,008,471
Grant Revenue Accrual	\$ -	\$ -	\$ -	\$ -	\$ 937,333	\$ 937,333	0%	\$ -
Quality & Incentives Payments	\$ 7,671,495	\$ 7,671,495	\$ -	\$ 2,396,921	\$ 2,699,045	\$ 9,409,044	123%	\$ 9,910,993
Health Center Fees	\$ 131,217,155	\$ 131,217,155	\$ -	\$ 11,403,338	\$ 11,162,341	\$ 91,753,845	70%	\$ 132,854,683
Self Pay Client Fees	\$ 1,089,227	\$ 1,089,227	\$ -	\$ 48,634	\$ 34,784	\$ 364,984	34%	\$ 680,758
Beginning Working Capital	\$ 3,800,000	\$ 3,800,000	\$ -	\$ 316,667	\$ 316,667	\$ 2,533,333	67%	\$ 3,298,126
Total	\$ 166,436,730	\$ 166,686,730	\$ 250,000	\$ 15,755,935	\$ 16,133,100	\$ 118,454,078	71%	\$ 167,073,124
Expense								
Personnel	\$ 106,322,509	\$ 106,513,081	\$ 190,572	\$ 8,056,182	\$ 7,952,974	\$ 57,476,500	54%	\$ 82,144,356
Contracts	\$ 3,518,134	\$ 3,523,137	\$ 5,003	\$ 711,553	\$ 513,950	\$ 4,924,228	140%	\$ 5,571,994
Materials and Services	\$ 25,949,574	\$ 25,978,387	\$ 28,813	\$ 2,128,284	\$ 2,079,234	\$ 16,374,226	63%	\$ 20,538,983
Internal Services	\$ 30,296,513	\$ 30,322,125	\$ 25,612	\$ 2,617,029	\$ 2,524,807	\$ 17,953,263	59%	\$ 26,603,582
Capital Outlay	\$ 350,000	\$ 350,000	\$ -	\$ -	\$ 82,919	\$ 1,877,506	536%	\$ 94,279
Total	\$ 166,436,730	\$ 166,686,730	\$ 250,000	\$ 13,513,048	\$ 13,153,884	\$ 98,605,722	59%	\$ 134,953,193
Net Income/(Loss)	\$ -	\$ -	\$ -	\$ 2,242,887	\$ 2,979,217	\$ 19,848,356		\$ 32,119,931





Multnomah County Health Department
Community Health Center Board
 FY 2023 YTD Actual Revenues & Expenses by Program Group
 Prepared using the Modified Accrual Basis of Accounting
 For Period Ending February 28, 2023
 Percentage of Year Complete: 66.7%
 [A Pro Forma Financial Statement]

	Category	Description	Admin	Dental	Pharmacy	Primary Care Clinics	Quality & Compliance	Student Health Centers
Revenues	Miscellaneous Revenue		-	-	-	-	-	-
	Grants - PC 330 (BPHC)		1,421,100	127,027	-	3,622,704	-	187,240
	Grants - COVID-19		120,028	-	-	-	-	58,829
	Grants - ARPA		4,960,798	-	-	44,838	-	-
	Grants - All Other		53,505	711,620	-	-	-	685,314
	Grant Revenue Accrual		543,463	-	-	-	-	84,675
	Quality & Incentives Payments		6,865,203	1,241,364	-	-	1,302,476	-
	Health Center Fees		3,697,211	12,804,970	23,943,029	44,787,005	15,971	3,930,787
	Self Pay Client Fees		-	40,590	152,182	170,574	-	-
	Beginning Working Capital		2,200,000	-	-	-	333,333	-
Revenues Total			19,861,308	14,925,572	24,095,212	48,625,121	1,651,781	4,946,844
Expenditures	Personnel Total		12,075,496	11,427,690	5,825,454	20,033,283	1,340,416	3,211,827
	Contractual Services Total		3,404,857	223,907	23,586	965,042	48,517	153,667
	Internal Services Total		3,321,158	3,372,301	2,088,409	6,397,130	483,561	1,001,587
	Materials & Supplies Total		996,611	668,347	13,240,583	990,626	41,469	188,266
	Capital Outlay Total		1,429,625	65,131	382,750	-	-	-
Expenditures Total			21,227,747	15,757,377	21,560,782	28,386,081	1,913,963	4,555,348
Net Income/(Loss)			(1,366,439)	(831,806)	2,534,430	20,239,040	(262,182)	391,497
Total BWC from Prior Years			36,941,462	-	-	15,850	500,000	-





Multnomah County Health Department
Community Health Center Board
FY 2023 YTD Actual Revenues & Expenses by Program Group
Prepared using the Modified Accrual Basis of Accounting
For Period Ending February 28, 2023
Percentage of Year Complete: 66.7%
[A Pro Forma Financial Statement]

	Category	Description	HIV Clinic	Lab	Y-T-D Actual	Y-T-D Budget	Revised Budget	% of Budget	FY22 YE Actuals
Revenues	Miscellaneous Revenue		-	-	-	-	-	0%	2,042
	Grants- PC 330 (BPHC)		23,328	-	5,381,399	6,539,461	9,809,191	55%	8,880,564
	Grants- COVID-19		-	-	178,857	166,667	250,000	72%	7,437,487
	Grants- ARPA		-	-	5,005,636	5,383,515	8,075,272	62%	-
	Grants- All Other		1,439,209	-	2,889,647	3,182,927	4,774,390	61%	4,008,471
	Grant Revenue Accrual		309,195	-	937,333	-	-	0%	-
	Quality & Incentives Payments		-	-	9,409,044	5,114,330	7,671,495	123%	9,910,993
	Health Center Fees		2,574,871	-	91,753,845	87,478,103	131,217,155	70%	132,854,683
	Self Pay Client Fees		1,638	-	364,984	726,151	1,089,227	34%	680,758
	Beginning Working Capital		-	-	2,533,333	2,533,333	3,800,000	67%	3,298,126
Revenues Total			4,348,242	-	118,454,078	111,124,487	166,686,730	71%	167,073,124
Expenditures	Personnel Total		2,534,308	1,028,025	57,476,500	71,008,721	106,513,081	54%	82,144,356
	Contractual Services Total		90,678	13,974	4,924,228	2,348,758	3,523,137	140%	5,571,994
	Internal Services Total		909,071	380,045	17,953,263	20,214,750	30,322,125	59%	26,603,582
	Materials & Supplies Total		143,472	104,851	16,374,226	17,318,925	25,978,387	63%	20,538,983
	Capital Outlay Total		-	-	1,877,506	233,333	350,000	536%	94,279
Expenditures Total			3,677,530	1,526,895	98,605,722	111,124,487	166,686,730	59%	134,953,194
Net Income/(Loss)			670,712	(1,526,895)	19,848,356	-	-		32,119,930
Total BWC from Prior Years			896,489	-	38,353,801				





Multnomah County Health Department

Community Health Center Board
 FY 2023 Program Revenue by Fiscal Period
 For Period Ending February 28, 2023
 Percentage of Year Complete: 66.7%

Revenue Category	01 July	02 August	03 September	04 October	05 November	06 December	07 January	08 February	Grand Total
Health Center Fees									
Program Income	9,794,115	11,732,097	10,819,553	11,048,144	13,850,936	11,808,996	11,403,338	11,160,669	91,617,849
Other	2,042	5,247	4,180	100,141	20,640	2,074	-	1,672	135,996
Health Center Fees Total	9,796,157	11,737,344	10,823,733	11,148,285	13,871,576	11,811,070	11,403,338	11,162,341	91,753,845
SelfPay Client Fees									
Program Income	53,184	49,810	46,366	44,871	47,158	40,177	48,634	34,784	364,984
Other	-	-	-	-	-	-	-	-	-
SelfPay Client Fees Total	53,184	49,810	46,366	44,871	47,158	40,177	48,634	34,784	364,984
Grand Total	9,849,341	11,787,154	10,870,100	11,193,156	13,918,734	11,851,248	11,451,972	11,197,126	92,118,830





Multnomah County Health Department
Community Health Center Board
 FY 2023 YTD Internal Services Expenditures by Program Group
 For Period Ending February 28, 2023
 Percentage of Year Complete: 66.7%

Category	Administrative	Dental	HIV Clinic	Lab	Pharmacy	Primary Care Clinics	Quality and Compliance	Student Health Centers	Grand Total
Indirect Expense	1,617,043	1,535,882	282,562	138,167	782,941	2,692,472	180,152	405,183	7,634,401
Internal Service Data Processing	857,675	893,415	437,101	105,673	931,112	2,060,881	191,688	387,293	5,864,838
Internal Service Distribution	33,104	72,742	740	20,735	17,265	67,911	5,540	146,184	364,221
Internal Service Enhanced Building Services	109,758	142,302	28,805	19,139	53,478	228,222	16,626	-	598,331
Internal Service Facilities & Property Management	472,892	613,091	124,108	82,460	230,408	983,280	71,634	-	2,577,873
Internal Service Facilities Service Requests	73,802	32,836	4,666	-	15,501	150,992	4,234	23,882	305,912
Internal Service Fleet Services	-	12,646	-	-	-	-	-	-	12,646
Internal Service Motor Pool	511	125	86	-	76	39	381	517	1,735
Internal Service Other	83,216	12,695	2,576	564	20,013	48,460	1,680	3,458	172,662
Internal Service Records	240	7,512	6,137	6,123	19,912	15,916	(0)	323	56,163
Internal Service Telecommunications	72,916	49,054	22,290	7,184	17,703	148,957	11,628	34,748	364,480
Grand Total	3,321,158	3,372,301	909,071	380,045	2,088,409	6,397,130	483,561	1,001,587	17,953,263





Multnomah County Health Department
Community Health Center Board
 FY 2023 Internal Services Expenditures by Fiscal Period
 For Period Ending February 28, 2023
 Percentage of Year Complete: 66.7%

Category	01 July	02 August	03 September	04 October	05 November	06 December	07 January	08 February	Grand Total	Total Budget	YTD % of Budget
Indirect Expense	886,125	907,452	895,759	916,707	932,258	897,243	1,064,545	1,134,313	7,634,401	13,253,745	57.6%
Internal Service Data Processing	256,531	1,221,206	665,914	883,971	713,350	587,445	837,751	698,671	5,864,838	10,020,693	58.5%
Internal Service Distribution	43,781	45,109	44,036	44,776	46,172	44,404	45,302	50,642	364,221	525,575	69.3%
Internal Service Enhanced Building Services	-	3,100	-	170,770	70,563	7,476	167,231	179,190	598,331	1,164,363	51.4%
Internal Service Facilities & Property Management	-	614,488	331,392	322,118	323,143	320,528	327,113	339,091	2,577,873	4,043,263	63.8%
Internal Service Facilities Service Requests	37,021	24,554	46,000	85,064	23,459	26,985	35,746	27,082	305,912	336,434	90.9%
Internal Service Fleet Services	115	2,614	946	1,780	1,853	1,780	1,780	1,780	12,646	22,019	57.4%
Internal Service Motor Pool	217	217	217	217	217	217	217	217	1,735	5,123	33.9%
Internal Service Other	2,090	7,528	33,833	12,377	13,280	15,751	59,975	27,828	172,662	-	0.0%
Internal Service Records	6,445	6,445	102,423	(89,533)	9,614	6,445	7,882	6,445	56,163	104,143	53.9%
Internal Service Reimbursement	-	-	-	-	-	-	-	-	-	-	0.0%
Internal Service Telecommunications	-	83,931	34,918	46,217	41,052	29,323	69,489	59,550	364,480	846,767	43.0%
Grand Total	1,232,325	2,916,645	2,155,437	2,394,463	2,174,961	1,937,596	2,617,029	2,524,807	17,953,263	30,322,125	





Multnomah County Health Department
Community Health Center Board - Notes & Definitions
For Period Ending February 28, 2023
Percentage of Year Complete: 66.7%

Community Health Center - Footnotes

Internal Services- Enhanced Building Services & Facilities posted typically one month in arrears

Capital Outlay costs are primarily for Pharmacy and Lab programs, amounts include software upgrades and new lab equipment.

The Revised Budget differs from the Adopted Budget due to budget modifications, see those listed on the budget adjustments page.

All non-ICS Service Programs were removed from the health center scope effective June 30th, 2021.

Administrative Programs include the following: ICS Administration, ICS Health Center Operations, ICS Primary Care Admin & Support





Multnomah County Health Department
Community Health Center Board - Notes & Definitions
For Period Ending February 28, 2023
Percentage of Year Complete: 66.7%

Community Health Center - Definitions

Budget Adopted budget is the financial plan adopted by the Board of County Commissioners for the current fiscal year. Revised Budget is the Adopted budget plus any changes made through budget modifications as of the current period.

Revenue: are tax and non-tax generated resources that are used to pay for services.

General Fund 1000: The primary sources of revenue are property taxes, business income taxes, motor vehicle rental taxes, service charges, intergovernmental revenue, fees and permits and interest income.

Miscellaneous Revenue: Revenues from services provided from Pharmacy related activities, including: refunds for outdated/recalled medications and reimbursements from the state for TB and STD medications.

Grants – PC 330 (BPHC): Federal funding from the Bureau of Primary Care (BPHC) at the Health Resources and Services Administration (HRSA). Funding is awarded to federally qualified health centers (FQHC) to support services to un-/under-insured clients. This grant is awarded on a calendar year, January to December. Sometimes called the 330 grant, the H80 grant or the HRSA grant. Invoicing typically occurs one month after the close of the period because this is a cost reimbursement grant.

Grants - COVID-19, Fund 1515: Accounts for revenues and expenditures associated with the County's COVID-19 public health emergency response. Expenditures are restricted to public health services, medical services, human services, and measures taken to facilitate COVID-19 public health measures (e.g., care for homeless population). Revenues are primarily from federal, state and local sources directed at COVID relief.

Grants – All Other, Federal/State Fund 1505: Accounts for the majority of grant restricted revenues and expenditures related to funding received from federal, state and local programs. The fund also includes some non-restricted operational revenues in the form of fees and licenses.

Quality & Incentives Payments (formerly Grants – Incentives): Payments received for serving Medicaid clients and achieving specific quality metrics and health outcomes.

Grant Revenue Accrual: Accrual amounts for current and prior periods.

Health Center Fees: Revenue from services provided in the clinics that are payable by insurance companies.

Self Pay Client Fees: Revenue from services provided in the clinics that are payable by our clients.

Beginning working capital: Funding that has been earned in a previous period but unspent. It is then carried over into the next fiscal year to cover expenses in the current period if needed. Current balances have been earned over multiple years.

Write-offs: A write-off is a cancellation from an account of a bad debt. The health department cancels bad debt when it has determined that it is uncollectible.





Multnomah County Health Department Community Health Center Board - Notes & Definitions For Period Ending February 28, 2023 Percentage of Year Complete: 66.7%

Community Health Centers - Definitions cont.

Expenses are what the County spends to provide services to the community. Expenditure categories include personnel, materials and supplies, internal services, contracted services and capital.

Personnel: Costs of salaries and benefits. Includes the cost of temporary employees.

Contracts: professional services that are provided by non County employees; e.g., lab and x-ray services, interpretation services, etc.

Materials and Services: non personnel expenses the program needs to perform its mission; e.g., medical and dental supplies, repairs & maintenance, supplies, etc.

Internal Services

Facilities/Building Mgmt

IT/Data Processing

Department Indirect

Central Indirect

Telecommunications

Mail/Distribution

Records

Motor Pool

Allocation Method

FTE Count Allocation

PC Inventory, Multco Align

FTE Count (Health HR, Health Business Ops)

FTE Count (HR, Legal, Central Accounting)

Telephone Inventory

Active Mail Stops Frequency, Volume

Items Archived and Items Retrieved

Actual Usage

Capital Outlay: Capital Expenditures - purchase of capital items that cost \$5,000 or more that have an expected useful life of more than one fiscal year; e.g., medical and dental equipment.

Unearned revenue is generated when the County receives payment in advance for a particular grant or program. The funding is generally restricted to a specific purpose, and the revenue will be earned and recorded when certain criteria are met (spending the funds on the specified program, meeting benchmarks, etc.) The unearned revenue balance is considered a liability because the County has an obligation to spend the funds in a particular manner or meet certain programmatic goals. If these obligations are not met, the funder may require repayment of these funds.

Modified Accrual Basis of Accounting: The County accounts for certain expenditures of the enterprise funds for budgetary purposes on the modified accrual basis of accounting. For financial reporting purposes, the accrual basis of accounting is used. The difference in the accounting basis used relates primarily to the methods of accounting for depreciation and capital outlay. Revenues are recognized when they are both measurable and available. Expenditures, however, are recorded on a full accrual basis because they are always measurable when they are incurred.

Pro Forma Financial Statement: A pro forma financial statement leverages hypothetical data or assumptions about future values to project performance over a period that hasn't yet occurred.





Multnomah County Health Department
Community Health Center Board - Budget Adjustments
 For Period Ending February 28, 2023
 Percentage of Year Complete: 66.7%

Community Health Centers

	Original Adopted Budget	Budmod-HD- 012-23		Revised Budget	Budget Modifications
Revenue					
Grants- PC 330 (BPHC)	\$ 9,809,191	\$ -	\$ -	\$ 9,809,191	\$ -
Grants- COVID-19	\$ -	\$ 250,000	\$ -	\$ 250,000	\$ 250,000
Grants- ARPA	\$ 8,075,272	\$ -	\$ -	\$ 8,075,272	\$ -
Grants- All Other	\$ 4,774,390	\$ -	\$ -	\$ 4,774,390	\$ -
Medicaid Quality & Incentives	\$ 7,671,495	\$ -	\$ -	\$ 7,671,495	\$ -
Health Center Fees	\$ 131,217,155	\$ -	\$ -	\$ 131,217,155	\$ -
Self Pay Client Fees	\$ 1,089,227	\$ -	\$ -	\$ 1,089,227	\$ -
Beginning Working Capital	\$ 3,800,000	\$ -	\$ -	\$ 3,800,000	\$ -
Total	\$ 166,436,730	\$ 250,000	\$ -	\$ 166,686,730	\$ 250,000
Expense					
Personnel	\$ 106,322,509	\$ 189,614	\$ -	\$ 106,513,081	\$ 189,614
Contracts	\$ 3,518,134	\$ 5,003	\$ -	\$ 3,523,137	\$ 5,003
Materials and Services	\$ 25,949,574	\$ 29,899	\$ -	\$ 25,978,387	\$ 29,899
Internal Services	\$ 30,296,513	\$ 25,484	\$ -	\$ 30,322,125	\$ 25,484
Capital Outlay	\$ 350,000	\$ -	\$ -	\$ 350,000	\$ -
Total	\$ 166,436,730	\$ 250,000	\$ -	\$ 166,686,730	\$ 250,000

Notes

The Revised Budget differs from the Adopted Budget due to the following budget modifications:

Budget Modification #

Budmod-HD-012-23

Budget Modification Description

Appropriation of \$250k COVID-19 Local Administration of COVID-19 Treatments in Primary Care



3. Balance Sheet (incl Trial Balance)

Balance Sheet (Full Accrual) As of February 28, 2023

	February	January	\$ Change	% Change
ASSETS				
10000:Cash	\$ 144,328,504	\$ 136,058,346	\$ 8,270,158	6 %
10100:Undeposited Payments	727	28,468	(27,741)	(97)%
10450:Investments - Local Government Investment Pool (LGIP)	1,195,647	1,169,705	25,943	2 %
10600:Interfund Cash Clearing	(103,577,639)	(96,504,454)	(7,073,185)	7 %
Cash & Cash Equivalents	\$ 41,947,239	\$ 40,752,064	\$ 1,195,175	3 %
CURRENT ASSETS				
72100:Accounts Receivable, General	\$ 18,859,268	\$ 18,865,977	\$ (6,709)	(0)%
20345:Allowance for Discounts & Returns	(1,982,008)	(2,253,617)	271,610	(12)%
Accounts Receivable, Net	16,877,260	16,612,360	264,900	2 %
20602:Prepaid Other Expenses	-	-	-	
Total Current Assets	\$ 58,824,499	\$ 57,364,425	\$ 1,460,075	3 %
NON-CURRENT ASSETS				
21186:Net OPEB Asset - Retirement Health Insurance Account (RHIA)	\$ 729,127	\$ 729,127	\$ -	0 %
40070:Buildings - Asset	1,714,606	1,714,606	-	0 %
40090:Machinery & Equipment - Asset	2,048,667	2,048,667	-	0 %
41070:Accumulated Depreciation - Buildings	(370,822)	(367,250)	(3,572)	1 %
41090:Accumulated Depreciation - Machinery & Equipment	(1,564,597)	(1,553,030)	(11,567)	1 %
Total Non-Current Assets	\$ 2,556,981	\$ 2,572,120	\$ (15,139)	(1)%
Total Assets	\$ 61,381,481	\$ 59,936,545	\$ 1,444,936	2 %
DEFERRED OUTFLOW OF RESOURCES				
28005:Deferred Outflows, OPEB - County Plan	\$ 1,023,161	\$ 1,023,161	\$ -	0 %
28006:Deferred Outflows, OPEB - Retirement Health Insurance Account (RHIA)	956,099	956,099	-	0 %
28000:Deferred Outflows, Pension	19,652,740	19,652,740	-	0 %
Total Deferred Outflow of Resources	\$ 21,632,000	\$ 21,632,000	\$ -	0 %
LIABILITIES AND NET POSITION				
CURRENT LIABILITIES				
70000:Accounts Payable, General	\$ 794,352	\$ 728,433	\$ (65,920)	9 %
30090:Payroll Payable	1,441,366	1,953,971	512,605	(26)%
30705:Compensated Absences, Current	720,255	720,255	-	0 %
30805:Accrued Payables	-	-	-	
30830:Procurement Cards Payable	368,653	359,680	(8,972)	2 %
30831:MMP-Card Clearing	(509)	(509)	-	0 %
30905:Unearned Revenue, Health Department	334,117	334,117	-	0 %
Total Current Liabilities	\$ 3,658,234	\$ 4,095,948	\$ 437,714	(11)%
NON-CURRENT LIABILITIES				
30700:Compensated Absences, Noncurrent	\$ 2,872,279	\$ 2,872,279	\$ -	0 %
31180:Net Pension Liability	32,172,161	32,172,161	-	0 %
31185:Net OPEB Liability - County Plan	10,268,514	10,268,514	-	0 %
Total Non-Current Liabilities	\$ 45,312,954	\$ 45,312,954	\$ -	0 %
Total Liabilities	\$ 48,971,188	\$ 49,408,902	\$ 437,714	(1)%
DEFERRED INFLOW OF RESOURCES				
38005:Deferred Inflows, OPEB - County Plan	\$ 1,564,045	\$ 1,564,045	\$ -	0 %
38006:Deferred Inflows, OPEB - Retirement Health Insurance Account (RHIA)	594,448	594,448	-	0 %
38000:Deferred Inflows, Pension	25,353,909	25,353,909	-	0 %
Total Deferred Inflow of Resources	\$ 27,512,402	\$ 27,512,402	\$ -	0 %
NET POSITION	\$ 6,529,890	\$ 4,647,241	\$ 1,882,649	41 %

7. Modified Balance Sheet (incl Trial Balance)

Balance Sheet (Modified - Operational) As of February 28, 2023

	February	January	\$ Change	% Change
ASSETS				
10000:Cash	\$ 144,328,504	\$ 136,058,346	\$ 8,270,158	6 %
10100:Undeposited Payments	727	28,468	(27,741)	(97)%
10450:Investments - Local Government Investment Pool (LGIP)	1,195,647	1,169,705	25,943	2 %
10600:Interfund Cash Clearing	(103,577,639)	(96,504,454)	(7,073,185)	7 %
Cash & Cash Equivalents	\$ 41,947,239	\$ 40,752,064	\$ 1,195,175	3 %
CURRENT ASSETS				
72100:Accounts Receivable, General	\$ 18,859,268	\$ 18,865,977	\$ (6,709)	(0)%
20345:Allowance for Discounts & Returns	(1,982,008)	(2,253,617)	271,610	(12)%
Accounts Receivable, Net	16,877,260	16,612,360	264,900	2 %
20602:Prepaid Other Expenses	-	-	-	
Current Assets	\$ 58,824,499	\$ 57,364,425	\$ 1,460,075	3 %
Total Assets	58,824,499	57,364,425	1,460,075	3 %
LIABILITIES AND NET ASSETS				
CURRENT LIABILITIES				
70000:Accounts Payable, General	\$ 794,352	\$ 728,433	\$ (65,920)	9 %
30090:Payroll Payable	1,441,366	1,953,971	512,605	(26)%
30805:Accrued Payables	-	-	-	
30830:Procurement Cards Payable	368,653	359,680	(8,972)	2 %
30831:MMP-Card Clearing	(509)	(509)	-	0 %
30905:Unearned Revenue, Health Department	334,117	334,117	-	0 %
Current Liabilities	\$ 2,937,979	\$ 3,375,693	\$ 437,714	(13)%
Total Liabilities	\$ 2,937,979	\$ 3,375,693	\$ 437,714	(13)%
Net Position	\$ 55,886,520	\$ 53,988,732	\$ 1,022,361	4 %
Total Liabilities & Net Position	\$ 58,824,499	\$ 57,364,425	\$ 1,460,075	3 %

Updated: April 2023

Total vacancies by position (includes duplication)

Red box indicates a direct revenue vacancy that is inactive or is about to be filled.

Program Group	Job Title	FY22 Budgeted FTE	Vacant Since	Days Vacant	Estimated Financial Impact to date	Notes
HD FQHC ICS Administration	Clinical Psychologist	1	7/13/2022	261	\$107,260.27	Non duplicated: Interview or final hire stage
HD FQHC ICS Administration	Clinical Services Specialist	1	7/22/2022	252	\$103,561.64	Non duplicated: Posted for recruitment
HD FQHC ICS Administration	Clinical Services Specialist	1	7/22/2022	252	\$103,561.64	Non duplicated: Interview or final hire stage
HD FQHC ICS Administration	Clinical Services Specialist	0.5	7/1/2022	273	\$56,095.89	Non duplicated: Not posted
HD FQHC HIV Clinic	Community Health Nurse	0.8	2/2/2023	57	\$24,986.30	Non duplicated: Interview or final hire stage
HD FQHC Quality and Compliance	Community Health Nurse	1	4/23/2022	342	\$187,397.26	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Community Health Nurse	0.5	7/1/2022	273	\$74,794.52	Non duplicated: Not posted
HD FQHC HIV Clinic	Community Health Specialist 2	1	3/28/2023	3	\$108.49	Non duplicated: Posted for recruitment
HD FQHC Primary Care Administration and Support	Community Health Specialist 2	1	10/1/2021	546	\$19,745.75	Non duplicated: Interview or final hire stage
HD FQHC Primary Care Administration and Support	Community Health Specialist 2	1	9/29/2022	183	\$6,618.08	Non duplicated: Interview or final hire stage
HD FQHC Primary Care Administration and Support	Community Health Specialist 2	1	2/27/2023	32	\$1,157.26	Non duplicated: Interview or final hire stage
HD FQHC Primary Care Clinics	Community Health Specialist 2	1	3/16/2022	380	\$13,742.47	Total duplicated, inactive vacancies
HD FQHC Dental	Dental Assistant (EFDA)	0.75	8/12/2022	231		Non duplicated: Interview or final hire stage
HD FQHC Dental	Dental Assistant (EFDA)	1	8/1/2022	242		Non duplicated: Interview or final hire stage
HD FQHC Dental	Dental Assistant (EFDA)	1	2/21/2023	38		Non duplicated: Posted for recruitment
HD FQHC Dental	Dental Assistant (EFDA)	1	2/16/2023	43		Non duplicated: Interview or final hire stage
HD FQHC Dental	Dental Assistant (EFDA)	1	2/21/2023	38		Non duplicated: Interview or final hire stage
HD FQHC Dental	Dental Assistant (EFDA)	1	12/23/2022	98		Non duplicated: Not posted
HD FQHC Dental	Dental Assistant (EFDA)	0.75	2/15/2023	44		Non duplicated: Posted for recruitment
HD FQHC Dental	Dental Assistant (EFDA)	0.75	2/16/2023	43		Non duplicated: Interview or final hire stage
HD FQHC Dental	Dental Assistant (EFDA)	0.75	12/5/2022	116		Total duplicated, inactive vacancies
HD FQHC Dental	Dental Assistant (EFDA)	0.75	2/16/2023	43		Non duplicated: Posted for recruitment
HD FQHC Dental	Dental Assistant (EFDA)	0.75	1/7/2023	83		Non duplicated: Posted for recruitment
HD FQHC Dental	Dental Assistant (EFDA)	1	5/3/2021	697		Non duplicated: Not posted
HD FQHC Dental	Dental Assistant (EFDA)	1	12/6/2022	115		Non duplicated: Posted for recruitment
HD FQHC Dental	Dental Hygienist	1	7/21/2022	253	\$263,397.26	Non duplicated: Posted for recruitment
HD FQHC Dental	Dentist Represented	0.5	9/2/2021	575	\$551,369.86	Non duplicated: Not posted
HD FQHC ICS Administration	Development Analyst	1	7/1/2022	273		Total duplicated, inactive vacancies
HD FQHC Primary Care Administration and Support	Division Director 1	1	1/30/2023	60		Total duplicated, inactive vacancies
HD FQHC Health Center Operations	Eligibility Specialist	1	8/23/2022	220		Total duplicated, inactive vacancies
HD FQHC ICS Administration	Finance Specialist 1	1	3/14/2023	17		Non duplicated: Posted for recruitment
HD FQHC ICS Administration	Finance Specialist 1	1	3/2/2023	29		Non duplicated: Interview or final hire stage
HD FQHC ICS Administration	Finance Specialist Senior	1	8/5/2021	603		Non duplicated: Not posted
HD FQHC ICS Administration	Finance Specialist Senior	1	8/5/2021	603		Non duplicated: Not posted
HD FQHC ICS Administration	Finance Supervisor	1	8/13/2021	595		Non duplicated: Interview or final hire stage
HD FQHC Dental	Health Assistant 2	1	2/13/2023	46		Non duplicated: Posted for recruitment
HD FQHC Dental	Health Assistant 2	0.75	7/25/2022	249		Non duplicated: Not posted
HD FQHC Dental	Health Assistant 2	1	7/28/2022	246		Non duplicated: Not posted
HD FQHC Dental	Health Assistant 2	1	7/28/2022	246		Non duplicated: Not posted
HD FQHC Primary Care Administration and Support	Health Centers Division Operations	1	2/2/2023	57		Total duplicated, inactive vacancies
HD FQHC ICS Administration	Integrated Clinical Services Director	1	2/12/2022	412		Total duplicated, inactive vacancies
HD FQHC ICS Administration	IT Manager	1	5/16/2022	319		Total duplicated, inactive vacancies
HD FQHC Primary Care Clinics	Licensed Community Practical Nurse	1	11/19/2022	132		Non duplicated: Posted for recruitment
HD FQHC Health Center Operations	Manager 1	1	1/18/2023	72		Non duplicated: Not posted
HD FQHC HIV Clinic	Medical Assistant	1	9/2/2022	210		Non duplicated: Interview or final hire stage
HD FQHC HIV Clinic	Medical Assistant	1	9/2/2022	210		Non duplicated: Interview or final hire stage
HD FQHC HIV Clinic	Medical Assistant	1	8/15/2022	228		Non duplicated: Interview or final hire stage
HD FQHC Primary Care Clinics	Medical Assistant	1	10/26/2022	156		Non duplicated: Interview or final hire stage
HD FQHC Primary Care Clinics	Medical Assistant	1	11/23/2022	128		Non duplicated: Interview or final hire stage
HD FQHC Primary Care Clinics	Medical Assistant	1	2/1/2023	58		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	1	12/28/2022	93		Non duplicated: Interview or final hire stage

HD FQHC Primary Care Clinics	Medical Assistant		1	3/6/2023	25		Non duplicated: Not posted
HD FQHC Primary Care Clinics	Medical Assistant		1	9/28/2022	184		Non duplicated: Interview or final hire stage
HD FQHC Primary Care Clinics	Medical Assistant		1	1/23/2023	67		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant		0.8	3/6/2023	25		Non duplicated: Not posted
HD FQHC Primary Care Clinics	Medical Assistant		1	12/19/2022	102		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant		1	3/3/2022	393		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant		1	4/30/2022	335		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant		1	3/14/2023	17		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant		1	3/9/2023	22		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant		1	3/20/2023	11		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant		1	2/6/2023	53		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Nurse Practitioner		0.8	11/29/2022	122	\$86,904.11	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Nurse Practitioner		0.8	3/3/2023	28	\$19,945.21	Non duplicated: Not posted
HD FQHC Primary Care Clinics	Nurse Practitioner		0.8	10/31/2020	881	\$627,561.64	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Nurse Practitioner		0.8	10/12/2021	535	\$381,095.89	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Nurse Practitioner		0.5	4/11/2022	354	\$157,602.74	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Nurse Practitioner		0.8	7/15/2022	259	\$184,493.15	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Nurse Practitioner		0.8	12/30/2021	456	\$324,821.92	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Nurse Practitioner		0.8	5/21/2022	314	\$223,671.23	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Nurse Practitioner		0.8	2/4/2023	55	\$39,178.08	Non duplicated: Not posted
HD FQHC Primary Care Clinics	Nurse Practitioner		0.8	12/2/2022	119	\$84,767.12	Non duplicated: Posted for recruitment
HD FQHC Primary Care Administration and Support	Nursing Development Consultant		1	3/20/2023	11		Non duplicated: Not posted
HD FQHC Dental	Office Assistant 2		1	3/23/2023	8		Non duplicated: Interview or final hire stage
HD FQHC Dental	Office Assistant 2		1	2/6/2023	53		Total duplicated, inactive vacancies
HD FQHC Dental	Office Assistant 2		1	2/21/2023	38		Non duplicated: Interview or final hire stage
HD FQHC Health Center Operations	Office Assistant 2		1	4/1/2022	364		Total duplicated, inactive vacancies
HD FQHC Health Center Operations	Office Assistant 2		1	5/28/2022	307		Non duplicated: Posted for recruitment
HD FQHC Health Center Operations	Office Assistant 2		1	2/8/2023	51		Non duplicated: Not posted
HD FQHC Health Center Operations	Office Assistant 2		1	2/13/2023	46		Total duplicated, inactive vacancies
HD FQHC Health Center Operations	Office Assistant 2		1	3/24/2023	7		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Office Assistant 2		1	10/17/2022	165		Total duplicated, inactive vacancies
HD FQHC Primary Care Clinics	Office Assistant 2		1	10/1/2022	181		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Office Assistant 2		1	1/23/2023	67		Total duplicated, inactive vacancies
HD FQHC Primary Care Clinics	Office Assistant 2		1	11/17/2022	134		Total duplicated, inactive vacancies
HD FQHC Primary Care Clinics	Office Assistant 2		1	3/16/2023	15		Non duplicated: Interview or final hire stage
HD FQHC Dental	Office Assistant Senior		1	2/1/2023	58		Non duplicated: Not posted
HD FQHC Health Center Operations	Office Assistant Senior		1	4/5/2022	360		Non duplicated: Not posted
HD FQHC Health Center Operations	Operations Supervisor		1	10/4/2022	178		Total duplicated, inactive vacancies
HD FQHC Pharmacy	Pharmacist		1	4/28/2022	337	\$276,986.30	Non duplicated: Not posted
HD FQHC Pharmacy	Pharmacist		1	4/28/2022	337	\$276,986.30	Non duplicated: Not posted
HD FQHC Pharmacy	Pharmacy Technician		1	10/15/2022	167		Non duplicated: Posted for recruitment
HD FQHC Pharmacy	Pharmacy Technician		1	7/16/2020	988		Non duplicated: Not posted
HD FQHC Pharmacy	Pharmacy Technician		1	2/20/2023	39		Non duplicated: Posted for recruitment
HD FQHC Pharmacy	Pharmacy Technician		1	2/22/2023	37		Non duplicated: Posted for recruitment
HD FQHC Pharmacy	Pharmacy Technician		1	2/22/2023	37		Non duplicated: Posted for recruitment
HD FQHC Pharmacy	Pharmacy Technician		1	3/8/2023	23		Non duplicated: Interview or final hire stage
HD FQHC Pharmacy	Pharmacy Technician		1	2/13/2023	46		Non duplicated: Not posted
HD FQHC Primary Care Clinics	Physician		0.6	7/1/2022	273	\$187,360.27	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Physician		1	10/1/2021	546	\$624,534.25	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Physician		0.5	9/7/2022	205	\$117,243.15	Non duplicated: Not posted
HD FQHC Primary Care Clinics	Physician Assistant		0.9	8/18/2022	225	\$194,732.88	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Physician Assistant		0.6	2/8/2023	51	\$29,426.30	Non duplicated: Posted for recruitment
HD FQHC Primary Care Administration and Support	Program Specialist		1	5/26/2020	1039		Non duplicated: Not posted
HD FQHC Quality and Compliance	Program Specialist		1	2/26/2021	763		Non duplicated: Not posted
HD FQHC Dental	Program Supervisor		1	9/12/2022	200		Total duplicated, inactive vacancies

HD FQHC Health Center Operations	Program Supervisor	1	8/16/2022	227		Total duplicated, inactive vacancies
HD FQHC ICS Administration	Project Manager Represented	1	3/3/2023	28		Non duplicated: Posted for recruitment
HD FQHC ICS Administration	Project Manager Represented	1	10/18/2021	529		Non duplicated: Not posted
HD FQHC ICS Administration	Quality Manager	1	11/1/2020	880		Total duplicated, inactive vacancies

ICS CASH FLOW PROJECTION TEMPLATE FY2023

	July	August	SEPTEMBER	Quarter TOTAL	October	November	December	Quarter TOTAL	January	February	March	Quarter TOTAL	April	May	June	Quarter TOTAL	July
BEGINNING BALANCE - CASH ON HAND	\$ 29,110,276.00	\$ 26,665,768.00	\$ 25,543,309.00	\$ 81,319,353.00	\$ 31,370,245.11	\$ 33,776,702.11	\$ 37,371,831.49	\$ 102,518,778.91	\$ 43,771,865.31	\$ 43,922,790.31	\$ 44,617,041.31	\$ 132,311,656.93	\$ 47,559,473.25	\$ 50,240,994.65	\$ 48,200,278.77	\$ 146,002,748.67	\$ 462,361,705.55
(+) CASH RECEIPTS																	
(+) CHARGES																	
HESA FC-303 Health Center Cluster	\$ -	\$ -	\$ 88,674.00	\$ 1,419,409.00	\$ 1,508,103.00	\$ 766,120.00	\$ 700,468.00	\$ 1,402,733.00	\$ 2,949,341.00	\$ -	\$ 923,555.00	\$ -	\$ -	\$ 881,294.00	\$ 1,805,349.00	\$ 764,343.00	\$ 6,714,958.00
HESA Ryan White Part A	\$ -	\$ 8,130.00	\$ 176,468.00	\$ 184,598.00	\$ 81,571.00	\$ 81,571.00	\$ 84,460.00	\$ 19,262.00	\$ 264,333.00	\$ -	\$ -	\$ 211,715.00	\$ 129,648.00	\$ 133,798.00	\$ 118,165.00	\$ 344,945.00	\$ 1,291,963.00
HESA Ryan White Part C	\$ -	\$ 7,501.00	\$ 156,779.00	\$ 164,280.00	\$ 75,213.00	\$ 75,213.00	\$ 70,028.00	\$ 23,240.00	\$ 155,447.00	\$ 270.00	\$ -	\$ 48,627.00	\$ 48,627.00	\$ 39,636.00	\$ 42,827.00	\$ 196,925.00	\$ 579,900.00
HESA Ryan White Part B	\$ -	\$ 1,828.00	\$ -	\$ 1,828.00	\$ 103,901.00	\$ 24,147.00	\$ -	\$ -	\$ 128,048.00	\$ -	\$ 71,492.00	\$ -	\$ 103,441.00	\$ 3,939.45	\$ 29,120.11	\$ 88,870.00	\$ 307,345.00
CHA School Board Health Centers	\$ -	\$ 531.00	\$ 245,400.00	\$ 245,931.00	\$ 80,810.00	\$ 80,810.00	\$ -	\$ 161,620.00	\$ 107,661.00	\$ -	\$ 282,042.00	\$ -	\$ 88,401.09	\$ 107,661.00	\$ 92,851.13	\$ 282,883.30	\$ 949,884.76
All other Non-COVID	\$ -	\$ 7,797.00	\$ 91,286.00	\$ 99,083.00	\$ 846,867.00	\$ -	\$ 45,988.00	\$ 953,122.00	\$ 433,131.00	\$ 48,301.00	\$ -	\$ 102,753.91	\$ 192,753.91	\$ -	\$ 102,753.91	\$ 88,922.62	\$ 281,929.40
Other / Misc - All Other Non-COVID	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Intergovernmental - Other COVID-19 Funding	\$ -	\$ 1,121.00	\$ 1,743,393.00	\$ 1,744,514.00	\$ 1,031,854.00	\$ 654,157.00	\$ 693,570.00	\$ 2,348,911.00	\$ 420,194.00	\$ 620,934.00	\$ 725,512.00	\$ 1,767,639.00	\$ 630,880.63	\$ -	\$ 662,426.66	\$ 2,018,818.00	\$ 8,060,612.42
HSJ CARES Act Provider Relief	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(+) FEES AND MISCELLANEOUS																	
Misc. Miscellaneous Revenue	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 50.00	\$ 50.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 50.00
Misc. Medicaid Equity & Incentive Payments	\$ 156,780.00	\$ 892,752.00	\$ 813,740.00	\$ 1,863,314.00	\$ 977,193.00	\$ 1,283,750.00	\$ 188,043.00	\$ 2,449,764.00	\$ 2,396,910.00	\$ 2,499,045.00	\$ 689,255.88	\$ 5,780,870.88	\$ 599,335.55	\$ 689,255.88	\$ 429,302.00	\$ 1,917,875.75	\$ 12,016,153.63
Other / Misc - Medical Fees	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
APM - Service Charges	\$ 4,484,708.00	\$ 4,954,137.00	\$ 4,875,586.00	\$ 14,288,431.00	\$ 4,999,302.00	\$ 4,843,222.00	\$ 4,897,011.00	\$ 14,729,515.00	\$ 5,192,427.00	\$ 5,291,723.00	\$ 3,692,480.28	\$ 14,177,282.00	\$ 5,291,126.33	\$ 3,692,480.28	\$ 3,371,577.44	\$ 10,275,284.25	\$ 53,917,000.00
APM - Front Charge In-Scope	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical Service Charges	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Self Pay Charge (Service Charges)	\$ 3,970,260.00	\$ 5,103,458.00	\$ 4,521,630.00	\$ 13,595,352.00	\$ 4,388,644.00	\$ 7,638,190.00	\$ 5,484,474.00	\$ 13,511,300.00	\$ 4,453,390.00	\$ 4,689,200.00	\$ 3,637,046.56	\$ 15,301,443.56	\$ 5,545,260.31	\$ 3,637,046.56	\$ 8,922,223.20	\$ 27,143,833.00	\$ 64,519,707.00
Self Pay Charge (Other)	\$ 23,584.00	\$ 39,346.00	\$ 46,320.00	\$ 109,250.00	\$ 49,853.00	\$ 47,158.00	\$ 47,158.00	\$ 94,316.00	\$ 34,764.00	\$ 34,764.00	\$ 24,764.00	\$ 84,292.00	\$ 24,764.00	\$ 24,764.00	\$ 19,260.00	\$ 73,306.00	\$ 253,358.00
Wash. State COVID-19 Fund	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Wash. State COVID-19 Fund	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Wash. State COVID-19 Fund	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Wash. State COVID-19 Fund	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Wash. State COVID-19 Fund	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Wash. State COVID-19 Fund	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Wash. State COVID-19 Fund	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Wash. State COVID-19 Fund	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Wash. State COVID-19 Fund	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Wash. State COVID-19 Fund	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Wash. State COVID-19 Fund	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Wash. State COVID-19 Fund	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Wash. State COVID-19 Fund	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Wash. State COVID-19 Fund	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Wash. State COVID-19 Fund	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Wash. State COVID-19 Fund	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Wash. State COVID-19 Fund	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Wash. State COVID-19 Fund	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Wash. State COVID-19 Fund	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Wash. State COVID-19 Fund	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Wash. State COVID-19 Fund	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Wash. State COVID-19 Fund	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Wash. State COVID-19 Fund	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Wash. State COVID-19 Fund	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Wash. State COVID-19 Fund	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Wash. State COVID-19 Fund	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Wash. State COVID-19 Fund	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Wash. State COVID-19 Fund	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Wash. State COVID-19 Fund	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Wash. State COVID-19 Fund	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Wash. State COVID-19 Fund</																	

1. Itemized General Journal Entries Pivot Table

<i>Fund</i>	<i>Journal</i>	<i>DR/CR</i>	<i>Ledger Acc</i>	<i>Sum of Amount</i>
01000 General Fund	JRNL.001016400	DR	60370:Inter	80.02
		DR Total		80.02
	JRNL.001016400 - 1000 Multnomah Coun			80.02
	JRNL.001016407	DR	60370:Inter	14.00
		DR Total		14.00
	JRNL.001016407 - 1000 Multnomah Coun			14.00
	JRNL.001025489	DR	60370:Inter	80.02
		DR Total		80.02
	JRNL.001025489 - 1000 Multnomah Coun			80.02
	JRNL.001025494	DR	60370:Inter	14.00
		DR Total		14.00
	JRNL.001025494 - 1000 Multnomah Coun			14.00
01000 General Fund Total				188.04
01505 Federal/State Program Fund	JRNL.001016414	DR	60411:Inter	115.39
		DR Total		115.39
	JRNL.001016414 - 1000 Multnomah Coun			115.39
	JRNL.001025539	DR	60461:Inter	2.33
		DR Total		2.33
	JRNL.001025539 - 1000 Multnomah Coun			2.33
01505 Federal/State Program Fund Total				117.72
03003 Health Department FQHC Fund	JRNL.000991971	DR	60461:Inter	1,400.73
		DR Total		1,400.73
	JRNL.000991971 - 1000 Multnomah Coun			1,400.73
	JRNL.001016396	CR	60370:Inter	(97.18)
		CR Total		(97.18)
		DR	60370:Inter	11,879.13
		DR Total		11,879.13
	JRNL.001016396 - 1000 Multnomah Count			11,781.95
	JRNL.001016403	DR	60370:Inter	1,855.00
		DR Total		1,855.00
	JRNL.001016403 - 1000 Multnomah Count			1,855.00
	JRNL.001016410	DR	60240:Supl	159.71
		DR Total		159.71
	JRNL.001016410 - 1000 Multnomah Count			159.71
	JRNL.001016411	DR	60412:Inter	9.99
		DR Total		9.99
	JRNL.001016411 - 1000 Multnomah Count			9.99
	JRNL.001016415	DR	60411:Inter	776.00

	DR Total	776.00
JRNL.001016415 - 1000 Multnomah Count		776.00
JRNL.001016416 - DR	60411:Inter	54.32
	DR Total	54.32
JRNL.001016416 - 1000 Multnomah Count		54.32
JRNL.001016417 - DR	60411:Inter	834.00
	DR Total	834.00
JRNL.001016417 - 1000 Multnomah Count		834.00
JRNL.001016587 - DR	60380:Inter	2,274.57
	DR Total	2,274.57
JRNL.001016587 - 1000 Multnomah Count		2,274.57
JRNL.001016588 - DR	60370:Inter	573.48
	DR Total	573.48
JRNL.001016588 - 1000 Multnomah Count		573.48
JRNL.001016609 - DR	60370:Inter	46.56
	DR Total	46.56
JRNL.001016609 - 1000 Multnomah Count		46.56
JRNL.001016610 - DR	60370:Inter	14.00
	DR Total	14.00
JRNL.001016610 - 1000 Multnomah Count		14.00
JRNL.001025485 - CR	60370:Inter	(248.90)
	CR Total	(248.90)
	DR	60370:Inter 12,283.76
	DR Total	12,283.76
JRNL.001025485 - 1000 Multnomah Count		12,034.86
JRNL.001025490 - DR	60370:Inter	1,897.00
	DR Total	1,897.00
JRNL.001025490 - 1000 Multnomah Count		1,897.00
JRNL.001025509 - DR	60440:Inter	8,808.87
	DR Total	8,808.87
JRNL.001025509 - 1000 Multnomah Count		8,808.87
JRNL.001025512 - DR	60461:Inter	34,901.76
	DR Total	34,901.76
JRNL.001025512 - 1000 Multnomah Count		34,901.76
JRNL.001025539 - DR	60461:Inter	5,382.64
	DR Total	5,382.64
JRNL.001025539 - 1000 Multnomah Count		5,382.64
JRNL.001025543 - DR	60461:Inter	88.93
	DR Total	88.93
JRNL.001025543 - 1000 Multnomah Count		88.93
JRNL.001025545 - DR	60461:Inter	1,320.00

	DR Total	1,320.00
JRNL.001025545 - 1000 Multnomah Count		1,320.00
JRNL.001025548 - DR	60440:Inter	75.00
	DR Total	75.00
JRNL.001025548 - 1000 Multnomah Count		75.00
JRNL.001025549 - DR	60440:Inter	225.00
	DR Total	225.00
JRNL.001025549 - 1000 Multnomah Count		225.00
JRNL.001025816 - DR	60461:Inter	3,341.10
	DR Total	3,341.10
JRNL.001025816 - 1000 Multnomah Count		3,341.10
JRNL.001025842 - DR	60461:Inter	1,232.50
	DR Total	1,232.50
JRNL.001025842 - 1000 Multnomah Count		1,232.50
JRNL.001025865 - CR	60000:Pern	(396.10)
	60120:Pren	(22.57)
	60130:Sala	(119.76)
	60140:Insu	(28.36)
	CR Total	(566.79)
	DR	60000:Pern 419.75
		60110:Over 0.31
		60120:Pren 35.33
		60130:Sala 170.18
		60140:Insu 87.38
	DR Total	712.95
JRNL.001025865 - 1000 Multnomah Count		146.16
JRNL.001025866 - CR	60000:Pern	(910.19)
	60130:Sala	(326.06)
	60140:Insu	(157.55)
	CR Total	(1,393.80)
	DR	60000:Pern 81.64
		60110:Over 4.76
		60130:Sala 32.29
		60140:Insu 16.90
	DR Total	135.59
JRNL.001025866 - 1000 Multnomah Count		(1,258.21)
JRNL.001025867 - CR	60000:Pern	(2,878.77)
	60110:Over	(302.38)
	60120:Pren	(122.77)
	60130:Sala	(1,278.45)
	60140:Insu	(1,006.07)

	CR Total	(5,588.44)
	DR	60000:Pern 3,133.54
		60110:Over 290.83
		60120:Pren 133.62
		60130:Sala 1,331.27
		60140:Insur 977.47
	DR Total	5,866.73
JRNL.001025867 - 1000 Multnomah Count		278.29
JRNL.001025868 - CR	60000:Pern	(3,501.63)
	60110:Over	(2.50)
	60130:Sala	(1,440.65)
	60140:Insur	(890.19)
	CR Total	(5,834.97)
	DR	60000:Pern 3,484.51
		60110:Over 2.10
		60130:Sala 1,436.75
		60140:Insur 892.76
	DR Total	5,816.12
JRNL.001025868 - 1000 Multnomah Count		(18.85)
JRNL.001025869 - CR	60000:Pern	(872.56)
	60130:Sala	(432.08)
	60140:Insur	(846.54)
	CR Total	(2,151.18)
	DR	60000:Pern 762.51
		60130:Sala 284.49
		60140:Insur 338.72
	DR Total	1,385.72
JRNL.001025869 - 1000 Multnomah Count		(765.46)
JRNL.001025870 - CR	60000:Pern	(785.41)
	60130:Sala	(316.37)
	60140:Insur	(196.36)
	CR Total	(1,298.14)
	DR	60000:Pern 144.26
		60110:Over 1.10
		60120:Pren 0.17
		60130:Sala 54.47
		60140:Insur 29.89
	DR Total	229.89
JRNL.001025870 - 1000 Multnomah Count		(1,068.25)
JRNL.001025871 - CR	60000:Pern	(2,171.13)
	60120:Pren	(104.92)

		60130:Sala	(1,068.32)
		60140:Insu	(776.09)
		60270:Loca	(400.00)
	CR Total		(4,520.46)
	DR	60000:Pern	201.87
		60110:Over	0.48
		60120:Pren	10.06
		60130:Sala	87.18
		60140:Insu	56.01
		60270:Loca	20.90
	DR Total		376.50
JRNL.001025871 - 1000 Multnomah Count			(4,143.96)
JRNL.001025893 - CR		60440:Inter	(300.00)
	CR Total		(300.00)
JRNL.001025893 - 1000 Multnomah Count			(300.00)
JRNL.001030606 - DR		50400:Retu	378.01
	DR Total		378.01
JRNL.001030606 - 1000 Multnomah Count			378.01
JRNL.001030608 - CR		60000:Pern	(494.88)
		60110:Over	(3.80)
		60120:Pren	(340.87)
		60130:Sala	(307.43)
		60140:Insu	(131.86)
	CR Total		(1,278.84)
	DR	60000:Pern	356.87
		60110:Over	32.24
		60120:Pren	220.53
		60130:Sala	239.74
		60140:Insu	101.74
	DR Total		951.12
JRNL.001030608 - 1000 Multnomah Count			(327.72)
JRNL.001032186 - DR		60440:Inter	982.10
	DR Total		982.10
JRNL.001032186 - 1000 Multnomah Count			982.10
JRNL.001032197 - CR		60141:Insu	(8,251.95)
	CR Total		(8,251.95)
	DR	60141:Insu	700.10
	DR Total		700.10
JRNL.001032197 - 1000 Multnomah Count			(7,551.85)
JRNL.001032282 - DR		50170:Inter	40,955.24
	DR Total		40,955.24

JRNL.001032282 - 1000 Multnomah Count	40,955.24
JRNL.001032285 - CR	60000:Pern (26,706.42)
	60100:Tem (13,466.28)
	60110:Over (38.64)
	60120:Pren (1,136.60)
	60130:Sala (10,134.05)
	60135:Non (7,422.19)
	60140:Insu (8,300.53)
	60145:Non (260.73)
	60350:Indir (4,852.24)
	CR Total (72,317.68)
JRNL.001032285 - 1000 Multnomah Count	(72,317.68)

03003 Health Department FQHC Fund Total

19067 ARPA Federal Multco American Rescue Plan Act

	44,075.79
JRNL.001025509 - DR	60440:Inter 16,993.45
	DR Total 16,993.45
JRNL.001025509 - 1000 Multnomah Count	16,993.45
JRNL.001025823 - CR	60435:Inter (10.33)
	CR Total (10.33)
JRNL.001025823 - 1000 Multnomah Count	(10.33)
JRNL.001025824 - CR	60435:Inter (6.03)
	CR Total (6.03)
JRNL.001025824 - 1000 Multnomah Count	(6.03)
JRNL.001025825 - CR	60435:Inter (22.59)
	CR Total (22.59)
JRNL.001025825 - 1000 Multnomah Count	(22.59)
JRNL.001025830 - CR	60435:Inter (22.44)
	CR Total (22.44)
JRNL.001025830 - 1000 Multnomah Count	(22.44)
JRNL.001025831 - CR	60435:Inter (18.16)
	CR Total (18.16)
JRNL.001025831 - 1000 Multnomah Count	(18.16)
JRNL.001025832 - CR	60435:Inter (22.49)
	CR Total (22.49)
JRNL.001025832 - 1000 Multnomah Count	(22.49)
JRNL.001025833 - CR	60435:Inter (37.58)
	CR Total (37.58)
JRNL.001025833 - 1000 Multnomah Count	(37.58)
JRNL.001025834 - CR	60435:Inter (42.63)
	CR Total (42.63)
JRNL.001025834 - 1000 Multnomah Count	(42.63)
JRNL.001025836 - CR	60435:Inter (7.43)

	CR Total	(7.43)
JRNL.001025836 - 1000 Multnomah Count		(7.43)
JRNL.001025837 - CR	60435:Inter	(19.50)
	CR Total	(19.50)
JRNL.001025837 - 1000 Multnomah Count		(19.50)
JRNL.001025839 - CR	60435:Inter	(11.37)
	CR Total	(11.37)
JRNL.001025839 - 1000 Multnomah Count		(11.37)
JRNL.001025840 - CR	60435:Inter	(42.33)
	CR Total	(42.33)
JRNL.001025840 - 1000 Multnomah Count		(42.33)
JRNL.001025853 - CR	60435:Inter	(34.26)
	CR Total	(34.26)
JRNL.001025853 - 1000 Multnomah Count		(34.26)
JRNL.001025854 - CR	60435:Inter	(42.44)
	CR Total	(42.44)
JRNL.001025854 - 1000 Multnomah Count		(42.44)
JRNL.001025855 - CR	60435:Inter	(850.00)
	CR Total	(850.00)
JRNL.001025855 - 1000 Multnomah Count		(850.00)
JRNL.001025856 - CR	60435:Inter	(39.56)
	CR Total	(39.56)
JRNL.001025856 - 1000 Multnomah Count		(39.56)
JRNL.001025857 - CR	60435:Inter	(35.58)
	CR Total	(35.58)
JRNL.001025857 - 1000 Multnomah Count		(35.58)
JRNL.001025875 - CR	60370:Inter	(30.02)
	CR Total	(30.02)
JRNL.001025875 - 1000 Multnomah Count		(30.02)
JRNL.001025876 - CR	60370:Inter	(7.00)
	CR Total	(7.00)
JRNL.001025876 - 1000 Multnomah Count		(7.00)
JRNL.001032285 - CR	60435:Inter	(23.86)
	60440:Inter	(32,933.44)
	CR Total	(32,957.30)
JRNL.001032285 - 1000 Multnomah Count		(32,957.30)
19067 ARPA Federal Multco American Rescue Plan Act Total		(17,265.59)
19077 ARPA Federal Community Health Centers 93.224	JRNL.001016399 - CR	60370:Inter (77.38)
	CR Total	(77.38)
	JRNL.001016399 - 1000 Multnomah Count	(77.38)
	JRNL.001016406 - DR	60370:Inter 77.00

	DR Total	77.00
JRNL.001016406 - 1000 Multnomah Count		77.00
JRNL.001025488 - CR	60370:Inter	(161.50)
	CR Total	(161.50)
JRNL.001025488 - 1000 Multnomah Count		(161.50)
JRNL.001025493 - DR	60370:Inter	7.00
	DR Total	7.00
JRNL.001025493 - 1000 Multnomah Count		7.00
JRNL.001025510 - CR	60440:Inter	(15,939.99)
	CR Total	(15,939.99)
	DR	60440:Inter 15,939.99
	DR Total	15,939.99
JRNL.001025510 - 1000 Multnomah Count		0.00
JRNL.001025511 - CR	60440:Inter	(16,993.45)
	CR Total	(16,993.45)
	DR	60440:Inter 16,993.45
	DR Total	16,993.45
JRNL.001025511 - 1000 Multnomah Count		0.00
JRNL.001025537 - DR	60350:Indir	6,157.52
	DR Total	6,157.52
JRNL.001025537 - 1000 Multnomah Count		6,157.52
JRNL.001025822 - CR	60435:Inter	(19.92)
	CR Total	(19.92)
	DR	60435:Inter 19.92
	DR Total	19.92
JRNL.001025822 - 1000 Multnomah Count		0.00
JRNL.001025823 - DR	60435:Inter	10.33
	DR Total	10.33
JRNL.001025823 - 1000 Multnomah Count		10.33
JRNL.001025824 - DR	60435:Inter	6.03
	DR Total	6.03
JRNL.001025824 - 1000 Multnomah Count		6.03
JRNL.001025825 - DR	60435:Inter	22.59
	DR Total	22.59
JRNL.001025825 - 1000 Multnomah Count		22.59
JRNL.001025828 - DR	60350:Indir	12,798.80
	DR Total	12,798.80
JRNL.001025828 - 1000 Multnomah Count		12,798.80
JRNL.001025829 - CR	60435:Inter	(3.94)
	CR Total	(3.94)
	DR	60435:Inter 3.94

	DR Total	3.94
JRNL.001025829 - 1000 Multnomah Count		0.00
JRNL.001025830 - DR	60435:Inter	22.44
	DR Total	22.44
JRNL.001025830 - 1000 Multnomah Count		22.44
JRNL.001025831 - DR	60435:Inter	18.16
	DR Total	18.16
JRNL.001025831 - 1000 Multnomah Count		18.16
JRNL.001025832 - DR	60435:Inter	22.49
	DR Total	22.49
JRNL.001025832 - 1000 Multnomah Count		22.49
JRNL.001025833 - DR	60435:Inter	37.58
	DR Total	37.58
JRNL.001025833 - 1000 Multnomah Count		37.58
JRNL.001025834 - DR	60435:Inter	42.63
	DR Total	42.63
JRNL.001025834 - 1000 Multnomah Count		42.63
JRNL.001025836 - DR	60435:Inter	7.43
	DR Total	7.43
JRNL.001025836 - 1000 Multnomah Count		7.43
JRNL.001025837 - DR	60435:Inter	19.50
	DR Total	19.50
JRNL.001025837 - 1000 Multnomah Count		19.50
JRNL.001025839 - DR	60435:Inter	11.37
	DR Total	11.37
JRNL.001025839 - 1000 Multnomah Count		11.37
JRNL.001025840 - DR	60435:Inter	42.33
	DR Total	42.33
JRNL.001025840 - 1000 Multnomah Count		42.33
JRNL.001025853 - DR	60435:Inter	34.26
	DR Total	34.26
JRNL.001025853 - 1000 Multnomah Count		34.26
JRNL.001025854 - DR	60435:Inter	42.44
	DR Total	42.44
JRNL.001025854 - 1000 Multnomah Count		42.44
JRNL.001025855 - DR	60435:Inter	850.00
	DR Total	850.00
JRNL.001025855 - 1000 Multnomah Count		850.00
JRNL.001025856 - DR	60435:Inter	39.56
	DR Total	39.56
JRNL.001025856 - 1000 Multnomah Count		39.56

JRNL.001025857 - DR	60435:Inter	35.58
DR Total		35.58
JRNL.001025857 - 1000 Multnomah Count		35.58
JRNL.001025858 - DR	60350:Indir	15,128.23
DR Total		15,128.23
JRNL.001025858 - 1000 Multnomah Count		15,128.23
JRNL.001025859 - DR	60350:Indir	14,129.66
DR Total		14,129.66
JRNL.001025859 - 1000 Multnomah Count		14,129.66
JRNL.001025862 - DR	60350:Indir	10,520.34
DR Total		10,520.34
JRNL.001025862 - 1000 Multnomah Count		10,520.34
JRNL.001025863 - DR	60350:Indir	12,445.74
DR Total		12,445.74
JRNL.001025863 - 1000 Multnomah Count		12,445.74
JRNL.001025864 - DR	60350:Indir	10,699.92
DR Total		10,699.92
JRNL.001025864 - 1000 Multnomah Count		10,699.92
JRNL.001025868 - CR	60000:Pern	(0.66)
	60130:Sala	(0.22)
	60140:Insu	(0.03)
CR Total		(0.91)
DR	60000:Pern	0.84
	60130:Sala	0.35
	60140:Insu	0.22
DR Total		1.41
JRNL.001025868 - 1000 Multnomah Count		0.50
JRNL.001025875 - DR	60370:Inter	30.02
DR Total		30.02
JRNL.001025875 - 1000 Multnomah Count		30.02
JRNL.001025876 - DR	60370:Inter	7.00
DR Total		7.00
JRNL.001025876 - 1000 Multnomah Count		7.00
JRNL.001032285 - DR	60435:Inter	23.86
	60440:Inter	32,933.44
DR Total		32,957.30
JRNL.001032285 - 1000 Multnomah Count		32,957.30

19077 ARPA Federal Community Health Centers 93.224 Total

115,984.87

19088 ARPA Federal Health Center Infrastructure Support 93.526

JRNL.001025509 - DR	60440:Inter	1,043.68
DR Total		1,043.68
JRNL.001025509 - 1000 Multnomah Count		1,043.68

19088 ARPA Federal Health Center Infrastructure Support 93.526 Total			1,043.68
30001 Fee for Services (FFS) - FQHC Medicaid Wraparound	JRNL.001016411 - DR	60412:Inter	4.26
	DR Total		4.26
	JRNL.001016411 - 1000 Multnomah Count		4.26
	JRNL.001016587 - DR	60380:Inter	116,602.27
	DR Total		116,602.27
	JRNL.001016587 - 1000 Multnomah Count		116,602.27
	JRNL.001016588 - DR	60370:Inter	8,446.10
	DR Total		8,446.10
	JRNL.001016588 - 1000 Multnomah Count		8,446.10
	JRNL.001016603 - DR	60462:Inter	801.92
	DR Total		801.92
	JRNL.001016603 - 1000 Multnomah Count		801.92
	JRNL.001030600 - CR	50400:Retu	(342.04)
	CR Total		(342.04)
	DR	50400:Retu	49,574.63
	DR Total		49,574.63
	JRNL.001030600 - 1000 Multnomah Count		49,232.59
	JRNL.001032180 - DR	60430:Inter	46,219.21
	DR Total		46,219.21
	JRNL.001032180 - 1000 Multnomah Count		46,219.21
	JRNL.001032181 - DR	60430:Inter	26,524.09
	DR Total		26,524.09
	JRNL.001032181 - 1000 Multnomah Count		26,524.09
	JRNL.001032182 - DR	60430:Inter	26,147.13
	DR Total		26,147.13
	JRNL.001032182 - 1000 Multnomah Count		26,147.13
	JRNL.001032183 - DR	60430:Inter	11,295.40
	DR Total		11,295.40
	JRNL.001032183 - 1000 Multnomah Count		11,295.40
	JRNL.001032184 - DR	60430:Inter	1,556.16
	DR Total		1,556.16
	JRNL.001032184 - 1000 Multnomah Count		1,556.16
	JRNL.001032185 - DR	60430:Inter	4,923.73
	DR Total		4,923.73
	JRNL.001032185 - 1000 Multnomah Count		4,923.73
	JRNL.001032187 - DR	60432:Inter	37,370.05
	DR Total		37,370.05
	JRNL.001032187 - 1000 Multnomah Count		37,370.05
	JRNL.001032197 - CR	60141:Insu	(226.55)
	CR Total		(226.55)

	JRNL.001032197 - 1000 Multnomah Count	(226.55)
	JRNL.001032285 - CR	60100:Tem (169.71)
		60135:Non (46.35)
		60145:Non (2.62)
		60350:Indir (29.39)
		60411:Inter (39.62)
		60435:Inter (205.97)
		60461:Inter (1.41)
	CR Total	(495.07)
	DR	60100:Tem 169.71
		60135:Non 46.35
		60145:Non 2.62
		60350:Indir 29.39
		60411:Inter 39.62
		60435:Inter 205.97
		60461:Inter 1.41
	DR Total	495.07
	JRNL.001032285 - 1000 Multnomah Count	(0.00)
30001 Fee for Services (FFS) - FQHC Medicaid Wraparound Total		328,896.36
30002 Other - Medicaid Quality and Incentives	JRNL.001016400 - DR	60370:Inter 337.49
	DR Total	337.49
	JRNL.001016400 - 1000 Multnomah Count	337.49
	JRNL.001016407 - DR	60370:Inter 56.00
	DR Total	56.00
	JRNL.001016407 - 1000 Multnomah Count	56.00
	JRNL.001016411 - DR	60412:Inter 110.51
	DR Total	110.51
	JRNL.001016411 - 1000 Multnomah Count	110.51
	JRNL.001016587 - DR	60380:Inter 83,105.44
	DR Total	83,105.44
	JRNL.001016587 - 1000 Multnomah Count	83,105.44
	JRNL.001016588 - DR	60370:Inter 4,188.51
	DR Total	4,188.51
	JRNL.001016588 - 1000 Multnomah Count	4,188.51
	JRNL.001016603 - DR	60462:Inter 3.77
	DR Total	3.77
	JRNL.001016603 - 1000 Multnomah Count	3.77
	JRNL.001025489 - DR	60370:Inter 337.25
	DR Total	337.25
	JRNL.001025489 - 1000 Multnomah Count	337.25
	JRNL.001025494 - DR	60370:Inter 56.00

	DR Total	56.00
JRNL.001025494 - 1000 Multnomah Count		56.00
JRNL.001025539 - DR	60461:Inter	446.04
	DR Total	446.04
JRNL.001025539 - 1000 Multnomah Count		446.04
JRNL.001025871 - CR	60000:Pern	(742.53)
	60110:Over	(1.84)
	60120:Pren	(40.12)
	60130:Sala	(258.96)
	60140:Insu	(121.67)
	CR Total	(1,165.12)
	DR	60000:Pern 1,563.25
		60110:Over 3.72
		60120:Pren 77.88
		60130:Sala 675.08
		60140:Insu 433.72
		60270:Loca 161.87
	DR Total	2,915.52
JRNL.001025871 - 1000 Multnomah Count		1,750.40
JRNL.001032180 - DR	60430:Inter	17,153.35
	DR Total	17,153.35
JRNL.001032180 - 1000 Multnomah Count		17,153.35
JRNL.001032181 - DR	60430:Inter	9,843.90
	DR Total	9,843.90
JRNL.001032181 - 1000 Multnomah Count		9,843.90
JRNL.001032182 - DR	60430:Inter	9,703.99
	DR Total	9,703.99
JRNL.001032182 - 1000 Multnomah Count		9,703.99
JRNL.001032183 - DR	60430:Inter	4,192.08
	DR Total	4,192.08
JRNL.001032183 - 1000 Multnomah Count		4,192.08
JRNL.001032184 - DR	60430:Inter	577.54
	DR Total	577.54
JRNL.001032184 - 1000 Multnomah Count		577.54
JRNL.001032185 - DR	60430:Inter	1,827.34
	DR Total	1,827.34
JRNL.001032185 - 1000 Multnomah Count		1,827.34
JRNL.001032187 - DR	60432:Inter	19,662.25
	DR Total	19,662.25
JRNL.001032187 - 1000 Multnomah Count		19,662.25
JRNL.001032285 - CR	60100:Tem	(191.38)

			60135:Non	(52.26)
			60145:Non	(2.97)
			60350:Indir	(33.14)
			60411:Inter	(50.33)
		CR Total		(330.08)
		DR	60100:Tem	191.38
			60135:Non	52.26
			60145:Non	2.97
			60350:Indir	33.14
			60411:Inter	50.33
		DR Total		330.08
	JRNL.001032285 - 1000 Multnomah Count			0.00
30002 Other - Medicaid Quality and Incentives Total				153,351.86
30003 Federal - Ryan White Part C - Early Intervention to HIV - 93.918	JRNL.001030608 - CR		60120:Pren	(19.76)
			60130:Sala	(156.44)
			60140:Insu	(1.28)
		CR Total		(177.48)
	JRNL.001030608 - 1000 Multnomah Count			(177.48)
30003 Federal - Ryan White Part C - Early Intervention to HIV - 93.918 Total				(177.48)
30004 Federal - Primary Care (PC) 330 - 93.224	JRNL.001025867 - CR		60000:Pern	(279.91)
			60120:Pren	(11.82)
			60130:Sala	(83.38)
			60140:Insu	(20.16)
		CR Total		(395.27)
	JRNL.001025867 - 1000 Multnomah Count			(395.27)
	JRNL.001032197 - CR		60141:Insu	(125.03)
		CR Total		(125.03)
	JRNL.001032197 - 1000 Multnomah Count			(125.03)
	JRNL.001032282 - CR		50170:Inter	(40,955.24)
		CR Total		(40,955.24)
	JRNL.001032282 - 1000 Multnomah Count			(40,955.24)
	JRNL.001032285 - CR		60120:Pren	(11.00)
			60135:Non	(2.91)
			60145:Non	(0.20)
			60350:Indir	(1.89)
		CR Total		(16.00)
	DR		60000:Pern	8,241.61
			60100:Tem	13,466.28
			60110:Over	38.64
			60120:Pren	864.51
			60130:Sala	3,038.90

		60135:Non	7,425.10
		60140:Insu	2,781.13
		60145:Non	260.93
		60350:Indir	4,854.13
		DR Total	40,971.23
	JRNL.001032285 - 1000 Multnomah Count		40,955.23
30004 Federal - Primary Care (PC) 330 - 93.224 Total			(520.31)
30007 Federal - Homeless General - 93.224	JRNL.001032197 - CR	60141:Insu	(250.03)
		CR Total	(250.03)
	JRNL.001032197 - 1000 Multnomah Count		(250.03)
30007 Federal - Homeless General - 93.224 Total			(250.03)
30008 Federal - OHSU Russell Street HIV - 93.924	JRNL.001025869 - CR	60000:Pern	(47.76)
		60130:Sala	(13.64)
		60140:Insu	(3.36)
		CR Total	(64.76)
	DR	60000:Pern	70.68
		60130:Sala	26.37
		60140:Insu	31.40
		DR Total	128.45
	JRNL.001025869 - 1000 Multnomah Count		63.69
30008 Federal - OHSU Russell Street HIV - 93.924 Total			63.69
30010 Federal - Ryan White Part A - HIV Emergency - 93.914	JRNL.001025865 - CR	60000:Pern	(3,290.16)
		60120:Pren	(280.37)
		60130:Sala	(1,367.29)
		60140:Insu	(731.75)
		CR Total	(5,669.57)
	DR	60000:Pern	3,499.46
		60110:Over	2.61
		60120:Pren	294.52
		60130:Sala	1,418.77
		60140:Insu	728.51
		DR Total	5,943.87
	JRNL.001025865 - 1000 Multnomah Count		274.30
	JRNL.001025866 - CR	60000:Pern	(2,539.72)
		60110:Over	(43.65)
		60130:Sala	(967.64)
		60140:Insu	(509.00)
		CR Total	(4,060.01)
	DR	60000:Pern	2,938.04
		60110:Over	171.49
		60130:Sala	1,161.94

	60140:Insu	608.40
	DR Total	4,879.87
JRNL.001025866 - 1000 Multnomah Count		819.86
JRNL.001025868 - CR	60000:Pern	(145.53)
	60130:Sala	(47.20)
	60140:Insu	(9.96)
	CR Total	(202.69)
	DR	60000:Pern 186.19
		60110:Over 0.11
		60130:Sala 76.77
		60140:Insu 47.70
	DR Total	310.77
JRNL.001025868 - 1000 Multnomah Count		108.08
JRNL.001025869 - CR	60000:Pern	(656.19)
	60130:Sala	(187.78)
	60140:Insu	(44.92)
	CR Total	(888.89)
	DR	60000:Pern 971.04
		60130:Sala 362.30
		60140:Insu 431.36
	DR Total	1,764.70
JRNL.001025869 - 1000 Multnomah Count		875.81
JRNL.001025870 - CR	60000:Pern	(2,568.69)
	60110:Over	(6.62)
	60130:Sala	(960.77)
	60140:Insu	(524.62)
	CR Total	(4,060.70)
	DR	60000:Pern 2,994.31
		60110:Over 22.92
		60120:Pren 3.45
		60130:Sala 1,130.67
		60140:Insu 620.46
	DR Total	4,771.81
JRNL.001025870 - 1000 Multnomah Count		711.11
JRNL.001025871 - CR	60000:Pern	(314.11)
	60110:Over	(7.36)
	60120:Pren	(15.87)
	60130:Sala	(127.64)
	60140:Insu	(84.16)
	CR Total	(549.14)
	DR	60000:Pern 967.12

		60110:Over	2.30
		60120:Pren	48.18
		60130:Sala	417.65
		60140:Insur	268.32
		60270:Loca	100.14
		DR Total	1,803.71
	JRNL.001025871 - 1000 Multnomah Count		1,254.57
	JRNL.001030608 - CR	60000:Pern	(3,433.23)
		60110:Over	(328.87)
		60120:Pren	(2,010.10)
		60130:Sala	(2,177.15)
		60140:Insur	(977.37)
		CR Total	(8,926.72)
		DR	60000:Pern 3,607.99
			60110:Over 325.90
			60120:Pren 2,229.50
			60130:Sala 2,423.87
			60140:Insur 1,028.53
		DR Total	9,615.79
	JRNL.001030608 - 1000 Multnomah Count		689.07
	JRNL.001032197 - CR	60141:Insur	(7.18)
		CR Total	(7.18)
	JRNL.001032197 - 1000 Multnomah Count		(7.18)
30010 Federal - Ryan White Part A - HIV Emergency - 93.914 Total			4,725.62
30012 State - School Based Health Clinics (SBHC)	JRNL.001016399 - DR	60370:Inter	653.13
		DR Total	653.13
	JRNL.001016399 - 1000 Multnomah Count		653.13
	JRNL.001016406 - DR	60370:Inter	7.00
		DR Total	7.00
	JRNL.001016406 - 1000 Multnomah Count		7.00
	JRNL.001016411 - DR	60412:Inter	52.29
		DR Total	52.29
	JRNL.001016411 - 1000 Multnomah Count		52.29
	JRNL.001016587 - DR	60380:Inter	2,113.23
		DR Total	2,113.23
	JRNL.001016587 - 1000 Multnomah Count		2,113.23
	JRNL.001016588 - DR	60370:Inter	395.79
		DR Total	395.79
	JRNL.001016588 - 1000 Multnomah Count		395.79
	JRNL.001016603 - DR	60462:Inter	8.54
		DR Total	8.54

	JRNL.001016603 - 1000 Multnomah Count	8.54
	JRNL.001025488 - DR 60370:Inter	694.50
	DR Total	694.50
	JRNL.001025488 - 1000 Multnomah Count	694.50
	JRNL.001025493 - DR 60370:Inter	14.00
	DR Total	14.00
	JRNL.001025493 - 1000 Multnomah Count	14.00
	JRNL.001025512 - DR 60461:Inter	2,525.58
	DR Total	2,525.58
	JRNL.001025512 - 1000 Multnomah Count	2,525.58
30012 State - School Based Health Clinics (SBHC) Total		6,464.06
30013 Fee for Services (FFS) - Medicaid - Care Oregon	JRNL.001016411 - DR 60412:Inter	20.30
	DR Total	20.30
	JRNL.001016411 - 1000 Multnomah Count	20.30
	JRNL.001016587 - DR 60380:Inter	154,268.89
	DR Total	154,268.89
	JRNL.001016587 - 1000 Multnomah Count	154,268.89
	JRNL.001016588 - DR 60370:Inter	6,277.53
	DR Total	6,277.53
	JRNL.001016588 - 1000 Multnomah Count	6,277.53
	JRNL.001016603 - DR 60462:Inter	1,543.46
	DR Total	1,543.46
	JRNL.001016603 - 1000 Multnomah Count	1,543.46
	JRNL.001030604 - CR 50400:Retu	(462.27)
	CR Total	(462.27)
	DR 50400:Retu	881,763.87
	DR Total	881,763.87
	JRNL.001030604 - 1000 Multnomah Count	881,301.60
	JRNL.001030605 - DR 50400:Retu	655,057.62
	DR Total	655,057.62
	JRNL.001030605 - 1000 Multnomah Count	655,057.62
	JRNL.001032180 - DR 60430:Inter	24,927.00
	DR Total	24,927.00
	JRNL.001032180 - 1000 Multnomah Count	24,927.00
	JRNL.001032181 - DR 60430:Inter	14,304.99
	DR Total	14,304.99
	JRNL.001032181 - 1000 Multnomah Count	14,304.99
	JRNL.001032182 - DR 60430:Inter	14,101.70
	DR Total	14,101.70
	JRNL.001032182 - 1000 Multnomah Count	14,101.70
	JRNL.001032183 - DR 60430:Inter	6,091.84

	DR Total	6,091.84
JRNL.001032183 - 1000 Multnomah Count		6,091.84
JRNL.001032184 - DR	60430:Inter	839.26
	DR Total	839.26
JRNL.001032184 - 1000 Multnomah Count		839.26
JRNL.001032185 - DR	60430:Inter	2,655.49
	DR Total	2,655.49
JRNL.001032185 - 1000 Multnomah Count		2,655.49
JRNL.001032187 - DR	60432:Inter	44,192.70
	DR Total	44,192.70
JRNL.001032187 - 1000 Multnomah Count		44,192.70
JRNL.001032285 - CR	60435:Inter	(46.11)
	60461:Inter	(0.38)
	CR Total	(46.49)
	DR	60435:Inter 46.11
		60461:Inter 0.38
	DR Total	46.49
JRNL.001032285 - 1000 Multnomah Count		(0.00)
30013 Fee for Services (FFS) - Medicaid - Care Oregon Total		1,805,582.3
30014 Fee for Services (FFS) - Medicaid		
JRNL.001016411 - DR	60412:Inter	19.48
	DR Total	19.48
JRNL.001016411 - 1000 Multnomah Count		19.48
JRNL.001016587 - DR	60380:Inter	93,660.99
	DR Total	93,660.99
JRNL.001016587 - 1000 Multnomah Count		93,660.99
JRNL.001016588 - DR	60370:Inter	5,910.78
	DR Total	5,910.78
JRNL.001016588 - 1000 Multnomah Count		5,910.78
JRNL.001016603 - DR	60462:Inter	1,335.04
	DR Total	1,335.04
JRNL.001016603 - 1000 Multnomah Count		1,335.04
JRNL.001030607 - CR	50400:Retu	(91.38)
	CR Total	(91.38)
	DR	50400:Retu 290,409.69
	DR Total	290,409.69
JRNL.001030607 - 1000 Multnomah Count		290,318.31
JRNL.001032180 - DR	60430:Inter	32,117.42
	DR Total	32,117.42
JRNL.001032180 - 1000 Multnomah Count		32,117.42
JRNL.001032181 - DR	60430:Inter	18,431.42
	DR Total	18,431.42

JRNL.001032181 - 1000 Multnomah Count	18,431.42
JRNL.001032182 - DR 60430:Inter	18,169.45
DR Total	18,169.45
JRNL.001032182 - 1000 Multnomah Count	18,169.45
JRNL.001032183 - DR 60430:Inter	7,849.10
DR Total	7,849.10
JRNL.001032183 - 1000 Multnomah Count	7,849.10
JRNL.001032184 - DR 60430:Inter	1,081.37
DR Total	1,081.37
JRNL.001032184 - 1000 Multnomah Count	1,081.37
JRNL.001032185 - DR 60430:Inter	3,421.47
DR Total	3,421.47
JRNL.001032185 - 1000 Multnomah Count	3,421.47
JRNL.001032187 - DR 60432:Inter	60,619.62
DR Total	60,619.62
JRNL.001032187 - 1000 Multnomah Count	60,619.62
JRNL.001032285 - CR 60411:Inter	(16.28)
60435:Inter	(30.74)
60461:Inter	(0.17)
CR Total	(47.19)
DR 60411:Inter	16.28
60435:Inter	30.74
60461:Inter	0.17
DR Total	47.19
JRNL.001032285 - 1000 Multnomah Count	0.00

30014 Fee for Services (FFS) - Medicaid Total

532,934.45

30015 Fee for Services (FFS) - Medicare

JRNL.001016587 - DR 60380:Inter	191,300.32
DR Total	191,300.32
JRNL.001016587 - 1000 Multnomah Count	191,300.32
JRNL.001016588 - DR 60370:Inter	2,836.55
DR Total	2,836.55
JRNL.001016588 - 1000 Multnomah Count	2,836.55
JRNL.001016603 - DR 60462:Inter	2,609.26
DR Total	2,609.26
JRNL.001016603 - 1000 Multnomah Count	2,609.26
JRNL.001030606 - CR 50400:Retu	(157.50)
CR Total	(157.50)
DR 50400:Retu	193,905.18
DR Total	193,905.18
JRNL.001030606 - 1000 Multnomah Count	193,747.68
JRNL.001032180 - DR 60430:Inter	7,730.03

	DR Total	7,730.03		
JRNL.001032180 - 1000 Multnomah Count		7,730.03		
JRNL.001032181 - DR	60430:Inter	4,436.09		
	DR Total	4,436.09		
JRNL.001032181 - 1000 Multnomah Count		4,436.09		
JRNL.001032182 - DR	60430:Inter	4,373.03		
	DR Total	4,373.03		
JRNL.001032182 - 1000 Multnomah Count		4,373.03		
JRNL.001032183 - DR	60430:Inter	1,889.13		
	DR Total	1,889.13		
JRNL.001032183 - 1000 Multnomah Count		1,889.13		
JRNL.001032184 - DR	60430:Inter	260.26		
	DR Total	260.26		
JRNL.001032184 - 1000 Multnomah Count		260.26		
JRNL.001032185 - DR	60430:Inter	823.49		
	DR Total	823.49		
JRNL.001032185 - 1000 Multnomah Count		823.49		
JRNL.001032187 - DR	60432:Inter	10,909.63		
	DR Total	10,909.63		
JRNL.001032187 - 1000 Multnomah Count		10,909.63		
JRNL.001032285 - CR	60435:Inter	(18.45)		
	CR Total	(18.45)		
	DR	60435:Inter	18.45	
	DR Total	18.45		
JRNL.001032285 - 1000 Multnomah Count		0.00		
30015 Fee for Services (FFS) - Medicare Total		420,915.47		
30017 Fee for Services (FFS) - Oregon ContraceptiveCare (CCare)	JRNL.001016587 - DR	60380:Inter	655.81	
		DR Total	655.81	
	JRNL.001016587 - 1000 Multnomah Count		655.81	
	JRNL.001016588 - DR	60370:Inter	148.84	
		DR Total	148.84	
	JRNL.001016588 - 1000 Multnomah Count		148.84	
	JRNL.001016603 - DR	60462:Inter	27.23	
		DR Total	27.23	
	JRNL.001016603 - 1000 Multnomah Count		27.23	
	JRNL.001032285 - CR	60461:Inter	(0.17)	
		CR Total	(0.17)	
		DR	60461:Inter	0.17
		DR Total	0.17	
	JRNL.001032285 - 1000 Multnomah Count		0.00	
30017 Fee for Services (FFS) - Oregon ContraceptiveCare (CCare) Total			831.88	

30018 Fee for Services (FFS) - Medicaid Pharmacy	JRNL.001016587 - DR	60380:Inter	4,005.50
	DR Total		4,005.50
	JRNL.001016587 - 1000 Multnomah Count		4,005.50
	JRNL.001016588 - DR	60370:Inter	120.68
	DR Total		120.68
	JRNL.001016588 - 1000 Multnomah Count		120.68
30018 Fee for Services (FFS) - Medicaid Pharmacy Total			4,126.18
30021 Federal - Ryan White Title IV - 93.153	JRNL.001025865 - CR	60000:Pern	(677.67)
		60110:Over	(2.86)
		60120:Pren	(56.52)
		60130:Sala	(272.02)
		60140:Insur	(136.69)
		CR Total	(1,145.76)
		DR	60000:Pern
		60110:Over	0.51
		60120:Pren	57.10
		60130:Sala	275.06
		60140:Insur	141.24
		DR Total	1,152.36
	JRNL.001025865 - 1000 Multnomah Count		6.60
	JRNL.001025866 - CR	60000:Pern	(627.98)
		60130:Sala	(240.22)
		60140:Insur	(131.00)
		CR Total	(999.20)
		DR	60000:Pern
		60110:Over	39.49
		60130:Sala	267.55
		60140:Insur	140.09
		DR Total	1,123.64
	JRNL.001025866 - 1000 Multnomah Count		124.44
	JRNL.001025868 - CR	60000:Pern	(64.35)
		60130:Sala	(20.88)
		60140:Insur	(4.50)
		CR Total	(89.73)
		JRNL.001025868 - 1000 Multnomah Count	(89.73)
		DR	60000:Pern
		60130:Sala	(48.54)
		60140:Insur	(11.75)
		CR Total	(230.14)
		DR	60000:Pern
		60130:Sala	14.65

	60140:Insu	17.44
	DR Total	71.35
JRNL.001025869 - 1000 Multnomah Count		(158.79)
JRNL.001025870 - CR	60000:Pern	(304.14)
	60130:Sala	(117.51)
	60140:Insu	(68.34)
	CR Total	(489.99)
	DR	60000:Pern 350.28
		60110:Over 2.68
		60120:Pren 0.40
		60130:Sala 132.27
		60140:Insu 72.58
	DR Total	558.21
JRNL.001025870 - 1000 Multnomah Count		68.22
JRNL.001025871 - CR	60000:Pern	(138.75)
	60120:Pren	(6.90)
	60130:Sala	(50.32)
	60140:Insu	(27.09)
	CR Total	(223.06)
	DR	60000:Pern 288.21
		60110:Over 0.69
		60120:Pren 14.36
		60130:Sala 124.46
		60140:Insu 79.96
		60270:Loca 29.84
	DR Total	537.52
JRNL.001025871 - 1000 Multnomah Count		314.46
JRNL.001030608 - CR	60000:Pern	(896.97)
	60110:Over	(103.16)
	60120:Pren	(610.85)
	60130:Sala	(600.49)
	60140:Insu	(264.98)
	CR Total	(2,476.45)
	DR	60000:Pern 860.22
		60110:Over 77.69
		60120:Pren 531.56
		60130:Sala 577.89
		60140:Insu 245.22
	DR Total	2,292.58
JRNL.001030608 - 1000 Multnomah Count		(183.87)

30021 Federal - Ryan White Title IV - 93.153 Total

81.33

30030 State - Oregon Health Authority (OHA) HIV Care

JRNL.001025865 - CR	60000:Pern	(409.11)
	60120:Pren	(40.12)
	60130:Sala	(162.25)
	60140:Insur	(78.28)
CR Total		(689.76)
DR	60000:Pern	281.25
	60110:Over	0.21
	60120:Pren	23.67
	60130:Sala	114.03
	60140:Insur	58.55
DR Total		477.71
JRNL.001025865 - 1000 Multnomah Count		(212.05)
JRNL.001025866 - CR	60000:Pern	(95.16)
	60130:Sala	(27.22)
	60140:Insur	(6.47)
CR Total		(128.85)
DR	60000:Pern	59.17
	60110:Over	3.45
	60130:Sala	23.40
	60140:Insur	12.25
DR Total		98.27
JRNL.001025866 - 1000 Multnomah Count		(30.58)
JRNL.001025869 - CR	60000:Pern	(144.64)
	60130:Sala	(41.32)
	60140:Insur	(9.92)
CR Total		(195.88)
DR	60000:Pern	3.92
	60130:Sala	1.46
	60140:Insur	1.74
DR Total		7.12
JRNL.001025869 - 1000 Multnomah Count		(188.76)
JRNL.001025870 - CR	60000:Pern	(912.42)
	60130:Sala	(352.70)
	60140:Insur	(204.92)
CR Total		(1,470.04)
DR	60000:Pern	936.95
	60110:Over	7.17
	60120:Pren	1.08
	60130:Sala	353.80
	60140:Insur	194.14
DR Total		1,493.14

	JRNL.001025870 - 1000 Multnomah Count	23.10
	JRNL.001032285 - DR	60000:Pern 18,464.81
		60120:Pren 283.09
		60130:Sala 7,095.15
		60140:Insur 5,519.40
	DR Total	31,362.45
	JRNL.001032285 - 1000 Multnomah Count	31,362.45
30030 State - Oregon Health Authority (OHA) HIV Care Total		30,954.16
30031 State - Oregon Health Authority (OHA) Ryan White	JRNL.001025866 - CR	60000:Pern (1,527.72)
		60130:Sala (580.96)
		60140:Insur (313.58)
	CR Total	(2,422.26)
	DR	60000:Pern 1,689.67
		60110:Over 98.63
		60130:Sala 668.23
		60140:Insur 349.90
	DR Total	2,806.43
	JRNL.001025866 - 1000 Multnomah Count	384.17
	JRNL.001025867 - CR	60000:Pern (172.63)
		60120:Pren (7.28)
		60130:Sala (51.46)
		60140:Insur (12.49)
	CR Total	(243.86)
	DR	60000:Pern 191.62
		60110:Over 17.78
		60120:Pren 8.17
		60130:Sala 81.41
		60140:Insur 59.78
	DR Total	358.76
	JRNL.001025867 - 1000 Multnomah Count	114.90
	JRNL.001025869 - CR	60000:Pern (130.04)
		60130:Sala (37.11)
		60140:Insur (9.05)
	CR Total	(176.20)
	DR	60000:Pern 192.43
		60130:Sala 71.80
		60140:Insur 85.48
	DR Total	349.71
	JRNL.001025869 - 1000 Multnomah Count	173.51
	JRNL.001025870 - CR	60000:Pern (615.35)
		60110:Over (2.65)

		60130:Sala	(237.89)
		60140:Insur	(137.29)
		CR Total	(993.18)
	DR	60000:Pern	726.17
		60110:Over	5.56
		60120:Pren	0.84
		60130:Sala	274.21
		60140:Insur	150.47
		DR Total	1,157.25
	JRNL.001025870 - 1000 Multnomah Count		164.07
	JRNL.001025871 - CR	60000:Pern	(432.29)
		60120:Pren	(24.64)
		60130:Sala	(144.60)
		60140:Insur	(58.58)
		CR Total	(660.11)
	DR	60000:Pern	796.03
		60110:Over	1.90
		60120:Pren	39.66
		60130:Sala	343.76
		60140:Insur	220.86
		60270:Loca	82.43
		DR Total	1,484.64
	JRNL.001025871 - 1000 Multnomah Count		824.53
	JRNL.001032197 - CR	60141:Insur	(24.00)
		CR Total	(24.00)
	JRNL.001032197 - 1000 Multnomah Count		(24.00)
30031 State - Oregon Health Authority (OHA) Ryan White Total			1,637.18
30044 Federal - Rapid Start - Special Projects - 93.928	JRNL.001025865 - CR	60000:Pern	(1,023.16)
		60110:Over	(1.46)
		60120:Pren	(88.23)
		60130:Sala	(428.61)
		60140:Insur	(231.56)
		CR Total	(1,773.02)
	DR	60000:Pern	917.28
		60110:Over	0.68
		60120:Pren	77.20
		60130:Sala	371.89
		60140:Insur	190.96
		DR Total	1,558.01
	JRNL.001025865 - 1000 Multnomah Count		(215.01)
	JRNL.001032197 - CR	60141:Insur	(242.84)

	CR Total	(242.84)
JRNL.001032197 - 1000 Multnomah Count		(242.84)
30044 Federal - Rapid Start - Special Projects - 93.928 Total		(457.85)
30049 Fee for Services (FFS) - Patient Fees 3rd Party	JRNL.001016587 - DR 60380:Inter	48,784.27
	DR Total	48,784.27
	JRNL.001016587 - 1000 Multnomah Count	48,784.27
	JRNL.001016588 - DR 60370:Inter	834.08
	DR Total	834.08
	JRNL.001016588 - 1000 Multnomah Count	834.08
	JRNL.001030603 - CR 50400:Retu	(2,076.90)
	CR Total	(2,076.90)
	DR 50400:Retu	54,300.10
	DR Total	54,300.10
	JRNL.001030603 - 1000 Multnomah Count	52,223.20
	JRNL.001032180 - DR 60430:Inter	5,577.62
	DR Total	5,577.62
	JRNL.001032180 - 1000 Multnomah Count	5,577.62
	JRNL.001032181 - DR 60430:Inter	3,200.86
	DR Total	3,200.86
	JRNL.001032181 - 1000 Multnomah Count	3,200.86
	JRNL.001032182 - DR 60430:Inter	3,155.37
	DR Total	3,155.37
	JRNL.001032182 - 1000 Multnomah Count	3,155.37
	JRNL.001032183 - DR 60430:Inter	1,363.10
	DR Total	1,363.10
	JRNL.001032183 - 1000 Multnomah Count	1,363.10
	JRNL.001032184 - DR 60430:Inter	187.80
	DR Total	187.80
	JRNL.001032184 - 1000 Multnomah Count	187.80
	JRNL.001032185 - DR 60430:Inter	594.18
	DR Total	594.18
	JRNL.001032185 - 1000 Multnomah Count	594.18
	JRNL.001032187 - DR 60432:Inter	3,135.31
	DR Total	3,135.31
	JRNL.001032187 - 1000 Multnomah Count	3,135.31
	JRNL.001032285 - CR 60411:Inter	(9.16)
	60435:Inter	(3.07)
	60461:Inter	(0.20)
	CR Total	(12.43)
	DR 60411:Inter	9.16
	60435:Inter	3.07

		60461:Inter	0.20	
		DR Total	12.43	
	JRNL.001032285 - 1000 Multnomah Count		0.00	
30049 Fee for Services (FFS) - Patient Fees 3rd Party Total			119,055.79	
30050 Fee for Services (FFS) - Patient Fees	JRNL.001016587 - DR	60380:Inter	1,899.25	
		DR Total	1,899.25	
	JRNL.001016587 - 1000 Multnomah Count		1,899.25	
	JRNL.001016603 - DR	60462:Inter	115.35	
		DR Total	115.35	
	JRNL.001016603 - 1000 Multnomah Count		115.35	
	JRNL.001032180 - DR	60430:Inter	612.13	
		DR Total	612.13	
	JRNL.001032180 - 1000 Multnomah Count		612.13	
	JRNL.001032181 - DR	60430:Inter	351.29	
		DR Total	351.29	
	JRNL.001032181 - 1000 Multnomah Count		351.29	
	JRNL.001032182 - DR	60430:Inter	346.30	
		DR Total	346.30	
	JRNL.001032182 - 1000 Multnomah Count		346.30	
	JRNL.001032183 - DR	60430:Inter	149.60	
		DR Total	149.60	
	JRNL.001032183 - 1000 Multnomah Count		149.60	
	JRNL.001032184 - DR	60430:Inter	20.61	
		DR Total	20.61	
	JRNL.001032184 - 1000 Multnomah Count		20.61	
	JRNL.001032185 - DR	60430:Inter	65.21	
		DR Total	65.21	
	JRNL.001032185 - 1000 Multnomah Count		65.21	
	JRNL.001032187 - DR	60432:Inter	3,300.28	
		DR Total	3,300.28	
	JRNL.001032187 - 1000 Multnomah Count		3,300.28	
	JRNL.001032285 - CR	60435:Inter	(3.07)	
		CR Total	(3.07)	
		DR	60435:Inter	3.07
		DR Total	3.07	
	JRNL.001032285 - 1000 Multnomah Count		0.00	
30050 Fee for Services (FFS) - Patient Fees Total			6,860.02	
Grand Total			3,559,219.2	