



Regular Public Meeting

May 2023



**community health
center board**

Multnomah County

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AGENDA



**community health
center board**

Multnomah County



Public Meeting Agenda
May 8, 2023
6:00-8:00 PM
Virtual 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

Darrell Wade - Treasurer

Susana Mendoza - Board Member

Tamia Deary – Vice Chair

Kerry Hoeschen – Member-at-Large

Fabiola Arreola - Board Member

Pedro Sandoval Prieto – Secretary

Bee Velasquez – Member-at-Large

Patricia Patron - Board Member

Alina Stircu - Board Member

DJ Rhodes - Executive Director - Community Health Center (ICS) **Adrienne Daniels - Deputy Director**

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 April 10 Public Meeting Minutes	Board reviews and votes
6:10-6:20 (10 min)	Procedure: Community Health Center Board Reimbursement- VOTE REQUIRED Grace Savina, Community Engagement Strategist	Board reviews and votes
6:20-6:30 (10 min)	UDS Report Alex Lehr O’Connell, Senior Grants Management Specialist	Committee hears presentation and has discussion
6:30-6:35 (5 min)	Provider Update Bernadette Thomas, Health Center Clinical Officer	Board receives updates
6:35-6:40 (5 min)	Ribbon Cutting for Mobile Van Reyna Martinez-Martinez, CHCB Liaison	Committee hears presentation and has discussion
6:40-6:45 (5 min)	National Association of Community Health Center Policy and Issues Conference Overview Harold Odhiambo, CHCB Chair	Board receives updates



6:45-6:55	10 Minute Break	
6:55-7:10 (15 min)	Monthly Budget and Financial Reports Jeff Perry, Chief Financial Officer Adrienne Daniels, Deputy Director	Board receives updates and provides feedback
7:10-7:15 (5 min)	Committee Updates Finance Committee: Darrell Wade, Finance Chair Quality Committee: Tamia Deary, Quality Chair Bylaws Committee: Tamia Deary, Bylaws Chair Executive Committee: Harold Odhiambo, Board Chair	Board receives updates
7:15-7:30 (15 min)	Executive Director’s Strategic Updates DJ Rhodes, Executive Director & Adrienne Daniels, Deputy Director	Board receives updates
7:30-7:40 (10 min)	Legal Support Harold Odhiambo, Chair	Committee discusses next steps on legal support
7:40-7:50 (10 min)	Labor Relations Updates DJ Rhodes, Executive Director & Adrienne Daniels, Deputy Director <i>Bargaining and Negotiation Updates (Closed Executive Session)</i>	Board receives updates in an executive session and has discussion
7:50	Meeting Adjourns	Thank you for your participation



PUBLIC MEETING MINUTES



**community health
center board**

Multnomah County



**CHCB Public Meeting Minutes
April 10, 2023
6:00-8:00 PM at Gladys McCoy**

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 **Darrell Wade** – Treasurer **Patricia Patron** - Board Member
Tamia Deary - Vice-Chair **Brandi Velasquez** - Member-at-Large (Virtual) **Alina Stircu**- Board Member
Pedro Sandoval Prieto – Secretary **Kerry Hoeschen** – Member-at-Large (Virtual)

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

Board Members Excused/Absent: **Fabiola Arreola** – Board Member, **Susana Mendoza** -Board Member

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 7 members present. (1 board member joined late after the initial roll call was taken, bringing the total number of board members present to 8 starting at 6:20 pm.) Reyna was present as Spanish Interpreter			
Minutes Review -VOTE REQUIRED Review Public Meeting minutes	Reviewed March 10 Public Meeting Minutes. No comments or questions.	Motion to approve: Patricia Second: Bee Yays: 6 Nays: Abstain:1 Decision: Approved		
Student Health Funding Opportunities - VOTES	2023-2025 YAC Funding Received funding since 2015, funds the FTE for project manager	Motion to approve		6



<p>REQUIRED 2023-2025 YAC Funding OHA Telehealth HRSA School-Based Service Expansion Alexandra Lowell, Student Health Centers Manager</p>	<p>that oversees work.</p> <p>Action councils at all 8 of the student health centers and they are made up of students that attend that school, and they opt in to participate on this Council because they're interested in working on health issues and promoting a healthy school climate.</p> <p>Funds will go to support these projects we get a total of 137,000 for FY 2024 and 2025. That's the total amount we get so it doesn't fully fund the program, but it's an important portion of funding.</p> <p>Funds will pay for some of the FTE of our project manager, interns, and some food and supplies for students.</p> <p>A “Yes” vote, means that Student Health Center can accept the funds from OHA To continue supporting our supporting our use led projects.</p> <p>A “No” vote means that we will not be accepting those funds. We would need to find alternate resources to support youth student lead projects. Current Student Health Center staff would be impacted.</p> <p>Comment: Provide an example of the Youth Led Projects Response: Nick Daniel School Health Center produced a podcast called it's all in my head. They planned, recorded, and went live. Wrote the scripts, learned how to do a podcast, and then broadcasted once a month. Touched on items such as, mental health, wellbeing, and LGBTQ issues, had speakers, how</p>	<p>2023-2025 YAC Funding: Pedro Second: Tamia Yays: 8 Nays: Abstain: Decision: Approved</p> <p>Motion to approve OHA Telehealth Funding: Pedro Second: Darrell Yays: 8 Nays: Abstain: Decision: Approved</p> <p>Motion to approve HRSA School-Based Service Expansion Funding: Tamia Second: Alina Yays: 8 Nays:</p>		
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	<p>to make more social connections, and lots of other important issues that they tackled in that podcast.</p> <p>Another example is the David Douglas School Health Center. Worked on a friend dating speed, to help connect people. It was like speed dating, but it was good for or to make new friends. The Roosevelt School Health Center worked on a sleep Zeen. Zeen is a little pamphlet that is sort of more accessible with illustrations. They focused on good sleep hygiene, and how to get better sleep and different skills building around.</p> <p>Questions: Budget question regarding fringe benefits higher than salary in fiscal year 2025? Answer: Will need to follow up on why fringe benefits are higher in year two vs year one.</p> <p>OHA Telehealth</p> <p>Grant is the telehealth pilot. We received funding in FY 22 and started the planning and implementation this fiscal year. This pilot expands our health impact and access to our services via telehealth and what we're doing is partnering at with MESD(Multnomah Education Services District). MESD provides the nurse across the school districts in the county. Partners link students with telehealth services, our clinicians are located at our health centers and provide remote care. We're currently piloting this in 2 schools. It's Lane Middle School, which is in PPS, and then HB Lee Middle School, which is in Reynolds district. For next year, the next 2 years of funding, we will add one additional site. This is a total of \$300,000 for FY 2024 and 2025. Funding is for FTE for the RN project manager and MESD overhead.</p>	<p>Abstain:</p> <p>Decision:</p> <p>Approved</p>	<p>Alexandra Lowell: Fringe benefit question regarding year one vs. year two.</p>	
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A “yes” vote means we can accept these funds and continue with our pilot to see if this is a viable model to expand access and work with MESD.

A “no” vote means we stop the pilot. We don't accept these funds, or we need to find funding elsewhere. Current Shc and MESD staffing would be impacted. As these funds are budgeted to support nurses on both sides.

HRSA School-Based Service Expansion

This is a new grant opportunity for us. It's with health resources and services, administration person, and it is focused on expanding our behavioral health access. Expanding at David Douglas, Reynolds and Roosevelt High School. Where we're experiencing the large behavioral health services we would be hiring for 2 positions. Culturally specific behavioral health provider to provide direct clinic services 4 days a week during the school year. The second one would be to hire a BH program supervisor and in addition they would do 2 days a week of in clinic direct services. We would get \$250,000 per year for 2 years of staffing, starting September 2023 23. Staff will be onsite.

A “yes” vote means we'll apply for these funds to hire one new BHP, and then one BHP Program Supervisor.

A “No” vote means we will not apply for the funds to expand our BHP. capacity. This would mean we would keep our current behavioral health capacity and will not have staff impacted because this is new, new funding for us.

Question: Will providers be traveling between sites or use telehealth services?

Answer: They will be on site providing service but could also provide telehealth services if needed.



<p>Mobile Health Clinic - Change of Scope - VOTE REQUIRED Alexander Lehr O’Connell, Senior Grants Management Specialist Debbie Powers, Interim Health Center Operations Officer</p>	<p>Currently have a mobile clinic or its way to take our services to those that would need those services. We are asking for the mobile clinic to be moved into the scope. Our mobile clinic will target the services needed for our community members that are experiencing unstable housing.</p> <p>A “Yes” vote would allow us to submit a change of scope, requesting to add our 39 foot mobile clinic, mobile units to scope for as a site, this becomes its own site, and this will formalize the mobile clinic as a part of the FQHC. Allowing the services to operate under their requirements and the benefits of the FQHC status..</p> <p>A “No” vote means we would keep the mobile clinic outside of the FQHC Scope, and this really inhibits our ability to operate the clinic in a sustainable way.</p> <p>Question: Will you be able to use the mobile clinic when our health centers are over scheduled?</p> <p>Answer:Program is targeted to provide service differently. As these locations there will have open scheduling versus scheduled appointments at our health centers</p> <p>Questions: Will there be weekend hours?</p> <p>Answer: Two nights a week with late hours until 7:30pm. We plan to extend hours in the evening.</p> <p>Questions: Specific places where the mobile clinics are located.</p> <p>Answer: Fact sheet provides a list of locations. We will continue to assess where locations are needed.</p>	<p>Motion to approve Mobile Health Clinic Change of Scope : Tamia Second: Pedro Yays: 8 Nays: Abstain: Decision: Approved</p>		
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	<p>Question: The behavioral center is the Multnomah County [Behavioral Center]?</p> <p>Answer: Yes</p> <p>Question: How are you going to get people signed up with clinic providers or OHP eligibility?</p> <p>Answer: A case manager will be on the bus, and all of the staff will be trained to kind of do that warm hand off. For folks that need a little bit more will be working with our case manager, they'll be set up to schedule, Follow up appointments, help with transportation, etc.</p> <p>Question: Have you secured staffing for the mobile clinic?</p> <p>Answer: We've got a medical clinic and a dental clinic. So for the dental clinic. We're going to have a dental hygienist. A nurse practitioner that will manage all the medical needs, 2 medical assistance that will help with both of those services, a case manager and possibly behavioral health services.</p> <p>We have the support in place in primary care to ensure that the people that are working on the man still get all the training and all the updates that are provided to our health center staff to ensure that they stay current in their practice.</p> <p>We are still recruiting for these positions and the people that will be working on these vans will need to learn to drive it. They will also have to learn to cross cover for each other as long as it's within scope.</p>			
<p>Grant- Seeding Justice Reproductive Health - VOTE REQUIRED Charlene Maxwell, Medical</p>	<p>Funding through Seeding Justice, which is in part funded by State dollars to promote and sustain reproductive health equity.</p> <p>Historical context provided about the Seeding Justice Organization.</p>	<p><i>Motion to approve Grant - Seeding Justice Reproductive</i></p>		



<p>Director</p>	<p>Applying to fund 2 projects:</p> <ol style="list-style-type: none"> Advanced Practice Clinician fellowship <p>In an effort to make sure that reproductive health access is expanded and sustained, fellowship helps to promote this.</p> <p>This impacts the access for reproductive health services for all communities. One of the ways that we are working to sustain our programs is by helping to support the onboarding and the retention of our new practice.</p> <p>We have a class right now, of 5 clinicians, embedded in our health centers. So far it seems very excited to apply for a permanent position when they're eligible at the end of their program, and if, as long as we're able to continue to sustain the program hopefully, this will be a cycle that will replicate itself and be a really strong workforce pipeline for us in the long term.</p> <ol style="list-style-type: none"> Replace exam tables and purchase additional speculum lights. <p>Applying for funding will replace 78 outdated exam tables. Manual exam tables that are used in reproductive exams, and also purchase 22 pap lights. So pap light is a special flashlight device that fits inside of a plastic instrument that's used during a gynecological exam.</p> <p>While we currently do have exam tables. Many of them are manual, which is really challenging for all bodies and all individuals to manipulate as well adjusting the tables.</p> <p>In September our staff received reproductive justice training from one of our student health care providers who specialize in and some doctoral studies on on the topic, and they also learned how to perform</p>	<p>Health : Patricia Second: Alina Yays: 8 Nays: Abstain: Decision: Approved</p>		
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	<p>a gynecological exam in a trauma-informed way, using different patient positioning techniques which is much more difficult to do with the manual table, so as in an effort to make sure that we're sustaining our reproductive health services and and creating the best experience for our patients and the most trauma informed and patient centered experience.</p> <p>Secondly, with the pap lights, these really help us to be more patient-centered, be really sensitive to our patients' experiences, and it allows for just a better experience overall.</p> <p>A “yes vote” would be continuing to support the advanced practice clinician fellowship. This would help sustain our pipeline of highly trained primary providers who are committed to our communities and in addition are trained in reproductive health services.</p> <p>A “no” vote means the APC fellowship would be funded wholly by the clinic cost centers in fiscal year 2024. This may be a financial burden on the individual clinics. The clinics would not seek to replace the old exam tables or purchase new pap lights.</p> <p>\$500,000 grant will support the fellowship. This would cover 50% of the entire program.</p> <p>Question: This grant has already been submitted?</p> <p>Answer: Yes, due to the short timeline it was presented at the Executive Committee and at the Commissioners Board.</p> <p>Question: This is a rapid response, will you be applying for the capacity building as well to continue the fellowship program.</p> <p>Answer: That is a possibility if we are not successful with the rapid</p>			
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<p>response funding.</p> <p>Question: In addition too (Seeding Justice Grant)?</p> <p>Answer: Specification has not been released but if eligible we will apply any additional funding to continue the program.</p> <p>Question: Is there other practice clinician fellowship center around reproductive health or is it primary care and reproductive health a portion of what it covers?</p> <p>Answer: The fellowship is in primary care. Reproductive health, however, is a very important part of primary care, and it's a major part of the scope. Advanced Practice Clinician fellowships do get additional training and reproductive health. The advanced practice clinician fellows spend 4 h doing a didactic portion together outside of their regular fellow duties, and being in the clinic and we have topics on patient-centered contraceptive care. You know abnormal gynecological issues that often come up within the scope of primary care. They receive extra training in patient-centered pregnancy, counseling as well as prenatal care, and also STIs and those that's just a sample of some of the reproductive health related topics that they receive extra training.</p> <p>Statement: Our primary care provides reproductive care exams as part of their primary care.</p> <p>Question: What about patients seeking abortions?</p> <p>Answer: Due to some of the Federal restrictions that we have on our on our acceptance of our 330 grant abortion care, termination is one aspect of reproductive health care that we are not able to directly provide as part of our patient-centered patient or patient-centered</p>			
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	<p>pregnancy counseling we can discuss all options, including abortion, care, and we can provide information on where clients can receive abortion care if that is their desire in the community. But we are not able to prescribe medication to terminate a pregnancy, or provide any procedures that would result in a terminated pregnancy and our staff are trained. That's outlined in the Height Amendment, which is the law that prohibits us from providing abortion care as an FQHC.</p> <p>Question: IUD placement is an emergency contraceptive at the health center?</p> <p>Answer:Yes, IUD placement is able to happen as it is used. We are able to provide Plan B and IUDs post coital. We wouldn't be able to insert an IUD if there was a confirmed pregnancy.</p> <p>Comment: Board member, disclosed that they have joined The Seeding Justice board, but the board does not approve grants. No conflict of interest.</p>			
<p>Policy- ICS.01.45 Community Health Center New and Established Patients Service Area Criteria - VOTE REQUIRED Bernadette Thomas, Health Center Clinical Officer</p>	<p>Policy determines who is a new and established patient in the service area, and previously this policy stated that only patients who lived in Multnomah County could receive services at the Health Center. Our proposed changes to this policy include language around having an informed consent discussion with patients about the risks and the benefits of continuing to receive care at the health center when a patient moves outside of the county, or if a new patient is attempting to establish care at the health center and does not live within the county.</p> <p>The other change to this policy is the health centers intend to review where our patients live each year. We would like to review this data</p>	<p><i>Motion to approve Policy- ICS.01.45 Community Health Center New and Established Patients Service Area Criteria : Pedro Second: Alina Yays: 8</i></p>		



	<p>every year and share it back with you all so that you have knowledge of where in the county or outside of the county our patients come from to help us make informed decisions about where and how we're providing services to our clients.</p> <p>Question: Who will provide follow up for patients if they have moved outside of the service area?</p> <p>Answer: That will be provided by the primary care provider or someone from the care team who helps the patient understand the risk and the benefits of continuing care if they move outside of the service area versus the benefits.</p>	<p>Nays: Abstain: Decision: Approved</p>		
<p>Preview- eReferrals Bernadette Thomas, Health Center Clinical Officer</p>	<p>This new service for Health Center clients, to reduce numerous internal and external barriers to accessing specialty care, including transportation access to linguistically culturally competent care, and decrease waiting time.</p> <p>February referrals</p> <ul style="list-style-type: none"> ● 5,000 referrals ● 75% of those were considered routine ● 9% were urgent ● 1% were considered that or scheduled these right away. <p>Status of those referrals were in March</p> <ul style="list-style-type: none"> ● 26% closed ● others still in a processing status <p>Linguistic diversity of our referrals:</p> <ul style="list-style-type: none"> ● English is the largest, at 57% 			



- Spanish is about 30%
- 2%, each Russian, Chinese or Cantonese, Somali, and Arabic.

eReferrals provides a large network of specialty providers and a nurse navigator to help build the referral that it's less work for our primary care providers.

We get results from the specialists within 4 to 24 hours and we get those results attached to the referral. This enables our team to really focus on the work that requires urgent referrals.

Overview of the services provided by Arista, Md.

- Over 70 specialty areas and more than 60 of the specialists have academic affiliations.
- Providers are able to rate the specialists

Hoping to implement what's called an eReferrals first model.

Encouraging our providers to refer to the eReferral platform first to lower barriers and enabling patients to get that consultation more quickly without having to arrange for transportation or linguistic services.

Exceptions That cannot be done through telemedicine, for example, diagnostic imaging. pulmonary function, test, physical therapy, speech therapy.

Our clients will not be billed for these services, and all of the Health Center clients are eligible for these services.

Questions: Are these referrals done at the time they see a provider or at a later time?

Answer: Referrals can be done at the time of visit but can also be done



	<p>after a visit if needed based on laboratory results.</p> <p>Questions: How is it for patients to access technology?</p> <p>Answer: The provider submitted the referrals and patients do not need to access technology. Once we receive results we will communicate with the referral results with patients based on their preferred communication.</p> <p>Questions: Do you have a tracking system for how many/type of referrals?</p> <p>Answer: We are able to track and report on both based on health records. Arsta MD also provides monthly referral which include which provider referred, type of speciality, and rating of specialist.</p>			
10 min break	7: 35- 7: 45PM			
<p>Policies - VOTES REQUIRED FIS.01.06 Write-offs for Uncollectibles Patient Accounts FIS.01.16 Patient Credits Accounts Jeff Perry, Chief Financial Officer</p>	<p>FIS.01.06 Write-offs for Uncollectibles Patient Accounts</p> <p>Uncollectable patients accounts policy describes circumstances the Community Health Center will waive on collectable fees or payments that are due to a client's inability to pay.</p> <p>We will treat our patients regardless of their ability to pay, sometimes there are circumstances where balances are uncollectible.</p> <p>Update variable to reflect Community Health Center versus Health Center</p> <p>FIS.01.16 Patient Credits Accounts</p>	<p><i>Motion to approve Policy- FIS.01.06 Write-offs for Uncollectibles Patient Accounts: Tami</i> <i>Second: Darrell</i> Yays: 8 Nays: Abstain: Decision: Approved</p>		



	<p>Refresh some of the verbage at the community health center. The policy walks us through what happens if there is a credit balance on an account. This might occur where there is a credit balance that's sitting out there due to paying twice or a duplicate payment.</p>	<p>Motion to approve Policy-FIS.01.016 Patient Credits Accounts : Darrell Second: Patricia Yays: 8 Nays: Abstain: Decision: Approved</p>		
<p>Monthly Budget and Financial Reports -Jeff Perry, Chief Financial Officer, ICS -Adrienne Daniels, Interim Executive Director</p>	<p>Monthly highlights</p> <ul style="list-style-type: none"> ● Period 8 this is through February, and we're about 67% through the year. ● FQHC \$118.5 million dollars in revenue on 98.5 million dollars in revenue on \$98.6 million dollars of expense. ● Year to date net income for the health center of about 19.8 million dollars. <p>Month of February</p> <ul style="list-style-type: none"> ● \$16.1 million dollars of revenue on \$13.1 million dollars worth of expenses. ● Net of close to \$3 million dollars <p>Programmatic Level</p> <ul style="list-style-type: none"> ● Dental at a loss of about \$832,000 year to date. ● Pharmacy is showing about a \$2.5 million dollar gain ● Primary care is showing a \$20.2 million dollar gain ● Student health centers a \$390,000 dollar gain 			



- HIV is about \$670,000 of income.

Program income

We're showing for a year to date at the end of February about \$92.1 million dollars with the program income. About 80% of our total revenue.

Indirect Cost

The amount of money we pay externally well for services to the Health Department and the county year to date. It's showing right now we've paid about almost \$18 million dollars for our indirect services, and this is by this is my program.

Budget Adjustment

This chart where we started out from our adopted budget of \$166.4 million dollars and as we go through the year. As the Board continues to approve grants we will see more changes to this.

Currently only one amount of \$250,000.

Average Billable Visits per day by month per Service Area

- Student Health Center 53 billable visits per day for the month of March.
 - Short compared to the target visit of 74
 - Last year 81 visits per day.
- Dental for the month of March had about 234 visits per day
 - Short of the target 322 visits per day
- Primary care had 435 billable visits per day
 - Below the target of 711 and still a little bit side, or we're at a rack keeping pace last year at 478.

Question: Why such a dip in visits at the student health center in July 2022?

Answer: Summertime and school health center are closed.



Percentage of Uninsured Visits by Quarter

- Primary Care
 - Tracking a little bit below the target of about 12.4% at about 10.8%.
- Dental
 - Is running somewhere around 4% target is at about 8%.

Payer Mix for ICS Primary Care Health Center

- Care Oregon accounts for about 68% of our payments.
- All other Medicaid at 6%
- DMAP Open Care at 3%
- Trillium at 4%
- Medicare at 5%
- Self pay at 10%
- Commercial at 4%

Number of OHP Clients Assigned by CCO

- Care Oregon at 46,000 a slight increase over the prior month.
- Trillium is still showing decreases in Trillium patients. We've talked to Trillium regarding the ongoing decrease.

Vacancy Report

- Approximately 108 vacant positions.
- Non duplicated vacancies 90, which is a decrease from last month. .
- 24 are in an interview going to reference checks or a final offer.
- Increase in the average vacancy length.
- Increase in our time to fill from 84 days from 70 days.
- Direct revenue vacancies (physicians, nurse practitioners, dentist, community health workers). Between March and April we have seen an increase of about half million dollars up from 4.7 to 5.3 million.



	<ul style="list-style-type: none"> • 18 what we call duplicate inactive. Positions that we are not recruiting for because they are being filled by temporary staff, they're under operational review, or they're being held for work out of class assignment. • We have one current provider position that we call a duplicate vacancy filled by agency staff. • <p>Question: When speaking of vacancy are they for all locations or specific sites? Answer: We are speaking of all vacancies in the health center.</p>			
<p>Committee Updates -Finance Committee: Darrell Wade, Treasurer -Quality Committee: Tamia Deary, Quality Chair -Executive Committee: Harold Odhiambo, Board Chair -Nominating Committee: Harold Odhiambo, Board Chair</p>	<p>Tamia Deary, Quality Committee :</p> <ul style="list-style-type: none"> • The Quality Committee is meeting tomorrow reviewing patient access, quality plans. Last month we reviewed a new quality plan. Quality plan is being updated to show five key areas: Safety, Compliance, Client Experience, System and Staff, and Clinical Quality. The plan will align with the joint commission and key performance indicators. • Complaint policy that we approved in December is not fully implemented. Received monthly updates on the process. • February we reviewed the data and policy that we have been working on since the breach. <p>Tamia Wade, Bylaws Committee :</p> <ul style="list-style-type: none"> • Continuing with Bylaws updates <p>Darrell Deary, Finance Committee :</p> <ul style="list-style-type: none"> • Fiance community met on Thursday, March 16th. Committee review board request, discussed committee update, reviewed action, drafted policy recommendations, and updates about sheets. Scheduled to meet Thursday, April 20th. 			



	<p>Harold Odhiambo, Executive Committee :</p> <ul style="list-style-type: none"> ● Plan to welcome our new ED DJ Rhodes on April 25, 2023. ● We plan to have an introduction of ED- DJ Rhodes at the board of county commissioners. ● Ribbon cutting ceremony for mobile van on May 26, 2023 at 10:30-11:30am at Impact NW (10055 E Burnside St, Portland, OR) <p>Harol Odhiambo, Nominating Committee:</p> <ul style="list-style-type: none"> ● Scheduling an interview with one other candidate . ● One candidate has withdrawn their application. ● We continue to do outreach at events such as baby days. ● We are in the process of receiving updated flyers and brochures for marketing. 			
<p>Executive Director’s Strategic Updates Adrienne Daniels, Interim Executive Director</p>	<p>Patient and Community Determined: Leveraging the collective voices of the people we serve</p> <ul style="list-style-type: none"> ● Focus groups and additional surveys implemented for our La Clinica clients to inform and shape the expansion work with Portland Community College - top areas of feedback include assuring ongoing transportation access as well as excitement about incorporating pharmacy on site ● Supporting patient outreach and education about Medicaid redetermination this month - new patient flyers and help to re-enroll in Medicaid ● Working with schools to offer same day access to Narcan and piloting a new screening to help students who may be best positioned to support overdose responses <p>Supporting Fiscally Sound and Accountable practices which advance health equity and center on racial equity</p>			



	<ul style="list-style-type: none"> • La Clinica expansion planning to continue following lease agreement • Continuing our finalist recruitment for a Chief Operating Officer; finalists will tour the health center and complete interviews in May • Introduced new staff support this month at NEHC - will expand to other locations as requested: Dove Lewis offers trained Canine Therapy Teams to respond to crisis events <p>Equitable treatment that assures all people receive high quality, safe, and meaningful care</p> <ul style="list-style-type: none"> • Final stages of negotiating our comprehensive “Shared Accountability Model” with Care Oregon. This will place the health center further into value based care and create pathways for risk based payments. • Partnering with Bureau of Primary Health Care Behavioral Health Technical Assistance Program on expansion of Tobacco Cessation programs to address racial disparities in health outcomes <p>Engaged, Expert, Diverse Workforce which reflects the communities we serve</p>			
	<ul style="list-style-type: none"> • Partnered with County Health Department programs to celebrate and recognize Public Health Week - highlighted the accomplishments of our pharmacy program on community access to Naloxone • Exploration of expanding network and services with Lifeworks NW in progress - potential to offer primary care services and behavioral health support • Kudos to Harold and Suzanna for representing the CHCB in Washington, D.C. last month and meeting with all Oregon 			



	elected representatives about the power of Community Health Center			
Executive Director Update <i>(Closed Session)</i> <i>CHCB Board Members to discuss in a confidential separate Zoom</i>	Board moved to confidential session at : x:xx pm	Motion to approve: Tamia Second: Darrell Yays: 8 Nays: Abstain: Decision: Approved		
Meeting Adjourns	Meeting adjourns PM			Next public meeting scheduled on 5/8/23

Signed: _____ Date: _____
Pedro Prieto Sandoval, Secretary

Signed: _____ Date: _____
Harold Odhiambo, Board Chair

Scribe name/email:
Reyna Martinez-Martinez
reyna.martinez-martinez@multco.us



SUMMARIES



**community health
center board**

Multnomah County

Board Presentation Summary

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

Presentation Title	UDS Report Summary			
Type of Presentation: Please add an “X” in the categories that apply.				
Inform Only	Annual / Scheduled Process	New Proposal	Review & Input	Inform & Vote
X				
Date of Presentation:	4.24.2023	Program / Area:	ICS/All FQHC	
Presenters:	Alex Lehr O’Connell, Senior Grants Management Specialist			
Project Title and Brief Description:				
As a HRSA FQHC, we are required to submit a comprehensive report annually on services provided, clinical quality measures, patient demographics, costs, revenues, and other key information. This is the Uniform Data System (UDS) Report, and the information required is dictated by HRSA, with minor changes each year. This information is shared with the CHCB to provide key context for strategic planning and helps guide decision making.				
Describe the current situation:				
Our most recent UDS report, submitted to HRSA in February 2023, is under review by HRSA, and covers CY2022.				
Why is this project, process, system being implemented now?				
We share UDS data with the CHCB to inform about changes in who we serve, how we serve them, and what services we provide, in order to help guide strategic decision making.				
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):				



Presentations such as this have been done annually for several years, and presentation materials have been adapted each year as best as possible in response to CHCB feedback, which is welcomed again in this session.

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

The UDS Report does not require CHCB vote for approval; however it encompasses all costs/revenues/services/staff of the FQHC scope, which is defined by CHCB.

**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?

Alex Lehr O’Connell, the presenter, is the project manager for UDS, and has worked with SLICS as well as the ICS Business Intelligence team to ensure accurate, on time submission of data to HRSA.

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

Alex Lehr O’Connell, Senior Grants Management Specialist, has worked with FQHCs for 20 years, and has managed the UDS reporting process for ICS since 2018.

What have been the recommendations so far?

N/A

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

UDS Reporting is one of HRSA’s requirements annually to maintain FQHC compliance.

Board Notes:



SUPPORTING DOCUMENTS



**community health
center board**

Multnomah County

Procedure	Community Health Center Board (CHCB) Stipend-Reimbursement
Procedure ID	
Program	Community Health Center
Policy	
Contact	CHCB Board Liaison or Coordinator Community Engagement Strategist
Approver	Adrienne Daniels, Interim Health Center Executive Director
Location	
Updated	May 23, 2022 April 2023
Next Review	Annually, Next Review: May 2023 May 2024

Overview

- HRSA allows Community Health Center Board Members to receive a ~~stipend~~ **reimbursement** to offset the costs (e.g. typically child care and parking) of participation on the Board.
- *Per HRSA compliance manual: While no board member may be an employee of the health center, 42 CFR 51c.107 permits the health center to use federal award funds to reimburse board members for these limited purposes: 1) reasonable expenses actually incurred by reason of their participation in board activities (for example, transportation to board meetings, childcare during board meetings); or 2) wages lost by reason of participation in the activities of such board members if the member is from a family with an annual family income less than \$10,000 or if the member is a single person with an annual income less than \$7,000.*
- ~~The stipend amount is \$35 per meeting.~~
- **The reimbursement amount will vary per board member based on their personal reasonable expenses incurred.**
- Eligible meetings are; CHCB Public Meeting, Executive Committee, Nominating Committee, Finance Committee, Quality Committee and Ad Hoc or Emergency Public meetings.
- All CHCB Members are eligible for the ~~stipend~~ **reimbursement**; meeting attendance is required to be eligible for a ~~stipend~~ **reimbursement**.
- Each CHCB Member can choose how to receive the ~~stipend~~ **reimbursement**; paper check, ~~prepaid debit card~~ or direct deposit.
- CHCB Members shall receive no other expense reimbursement for CHC meeting attendance.
- This document outlines the details of the documentation required from the CHCB

Members; the responsibilities of the CHCB Members and the CHCB ~~Coordinator~~ **Board Liaison** in regards to the ~~stipend~~ **reimbursement**; and the process for delivering the reimbursement to the CHCB members. **The attestation form template is attached as well.**

Documents Required from CHCB Members

- W-9
- Request for reimbursement Payment Form (one for each meeting attended)
- Independent Contractor Certificate
- ~~Prepaid Debit Card Enrollment Application and Authorization Form (optional)~~
- Direct Deposit Form (optional)
- **Voided check or a voided deposit slip or a letter from the bank stating the account and routing number, the name on the account, type of account and contact at the bank (optional)**

CHCB Members Responsibilities

- **Members submit a once a year attestation to the reimbursement required for them to be active participants on the board. This will determine the monthly reimbursement for each member.**
- CHCB Members must attend the meeting in order to receive the ~~stipend~~ **reimbursement** payment for the meeting.
- ~~CHCB Members must complete the required documents to receive the reimbursement; the Request for reimbursement Form must be turned in within 30 days to receive the reimbursement payment.~~
- CHCB Members must decide how they want to receive the ~~stipend~~ **reimbursement** and complete the corresponding documentation.

CHCB ~~Coordinator~~ Board Liaison Responsibilities

- ~~It is the responsibility of the CHCB Coordinator to provide the documents needed to the CHCB members each month and to turn the documents into the Health Department Accounts Payable Department on the CHCB Member's behalf.~~
- The CHCB **Board Liaison** ~~Coordinator~~ verifies **meeting** attendance.
- The CHCB **Board Liaison** ~~Coordinator~~ ~~approves~~ **sends** the request for ~~stipend~~ payment forms ~~and sends~~ to the Health Department Accounts Payable Department **on behalf of board members.**

Tax Implications and Opting Out

- A Federal Tax Form 1099 will be issued to the CHCB Member if the total of all ~~stipends~~ **reimbursements** received from Multnomah County is more than \$600 per calendar year.
- The CHCB Member can opt out at any time during the calendar year, ~~simply by not turning in a Request for reimbursement Payment Form.~~ **by contacting the Board Liaison**
- It is the responsibility of the CHCB Member to track ~~stipend~~ **reimbursement** income. CHCB Members can request verification of how many ~~stipends~~ **reimbursements** they have received during the calendar year. The CHCB **Board Liaison** ~~Coordinator~~ can access and provide this information to the CHCB Member upon request.
- The CHCB member may opt out if they choose not to participate in the ~~stipend~~

reimbursement procedure; no other expense reimbursement will be offered in lieu of the stipend reimbursement.

CHCB Board Member Reimbursement Yearly Attestation

I, _____, incur the following personal reasonable expenses by reason of my participation in Community Health Center Board activities for this year:

Recurring Monthly Expenses		
Expense	Cost	Please check all that apply
Internet	\$60	<input type="checkbox"/>
Cell phone	\$50	<input type="checkbox"/>

Additional Per Meeting Expenses		
Expense	Cost	Please check all that apply
Food (virtual meetings only):	\$18- lunch \$34- dinner (Lunch: 11am-1pm Dinner: 5pm-7pm)	<input type="checkbox"/>
Childcare:	\$18 per hour	<input type="checkbox"/>
Mileage (in-person meetings only):	65.5¢ per mile (Calculated based on distance between residence and meeting location)	<input type="checkbox"/>

Signature: _____

Date: _____

Mobile Health Center

Ribbon Cutting Run of Show



Event Name: Mobile Community Health Center Ribbon Cutting
Date/Time/Duration: May 26, 2023 / 10:30-11:15 / 45 minutes
Location or Virtual Link: Impact NW, 10055 E Burnside St, Portland, OR 97216

Event purpose:

Celebrate the opening of our newest mobile health center and share with the community where and how the mobile health center will provide primary care, dental, pharmacy, and lab services.

Audience:

Press
Organizational leaders
Clinic leaders
Partner leaders
CHCB members

Run of Show

Speakers will not introduce each other – they will hand off the podium and each speaker will introduce themselves

10:00 AM	Call time for media, comms teams
10:30 AM	Press conference started by Adrienne Daniels
10:35 AM	DJ Rhodes, Health Center Executive Director
10:40 AM	Valdez Bravo, Health Department Director
10:45 AM	Impact NW Executive Director
10:50 AM	Multnomah County Chair Vega Pederson
10:55 AM	Harold Odhiambo, CHCB Chair
11:00 AM	Ribbon cutting (all speakers at the same time)
11-11:15 AM	Mingling, pictures, interviews, cake

Messaging highlines

- Multnomah County Community Health Center is excited to announce the opening of our new Mobile Health Clinic in May 2023.
- The Mobile Health Clinic will provide medical, dental and laboratory services at rotating locations in the community.
- By partnering with shelters and community based organizations to bring health services where they are most needed, the Mobile Clinic will help reduce barriers people face when

accessing care due to lack of transportation, inability to take time off work, or not knowing where care is available.

Key Services Include:

- Comprehensive medical care for all ages
 - Chronic disease diagnosis and management
 - Maternal health
 - Reproductive health
 - Behavioral health referrals
 - Vaccinations
- Dental cleanings
- Lab testing and services
 - UAs, Pregnancy Tests , Hemoglobin, A1C , Rapid Strep, Glucose
- Limited prescription dispensing

Community Partners include:

- Behavioral Health Resource Center 333 SW Park Ave, Portland, OR 97205
- Eastside Imago Dei Community 3130 SE 148th Ave, Portland, OR 97236
- El Programa Hispano Catolico 333 SE 223rd Ave #100, Gresham, OR 97030
- Future Generations Collaborative 935 NE 33rd Ave, Portland, OR 97232
- Impact NW 10055 E Burnside St, Portland, OR 97216
- JOIN 1435 NE 81st Ave #100, Portland, OR 97213
- Our Just Future ? SE 77th and SE Powell 97206 and SE 162nd and SE Burnside 97233
- Rose Haven 1740 NW Glisan St, Portland, OR 97209



PRESENTATIONS



**community health
center board**

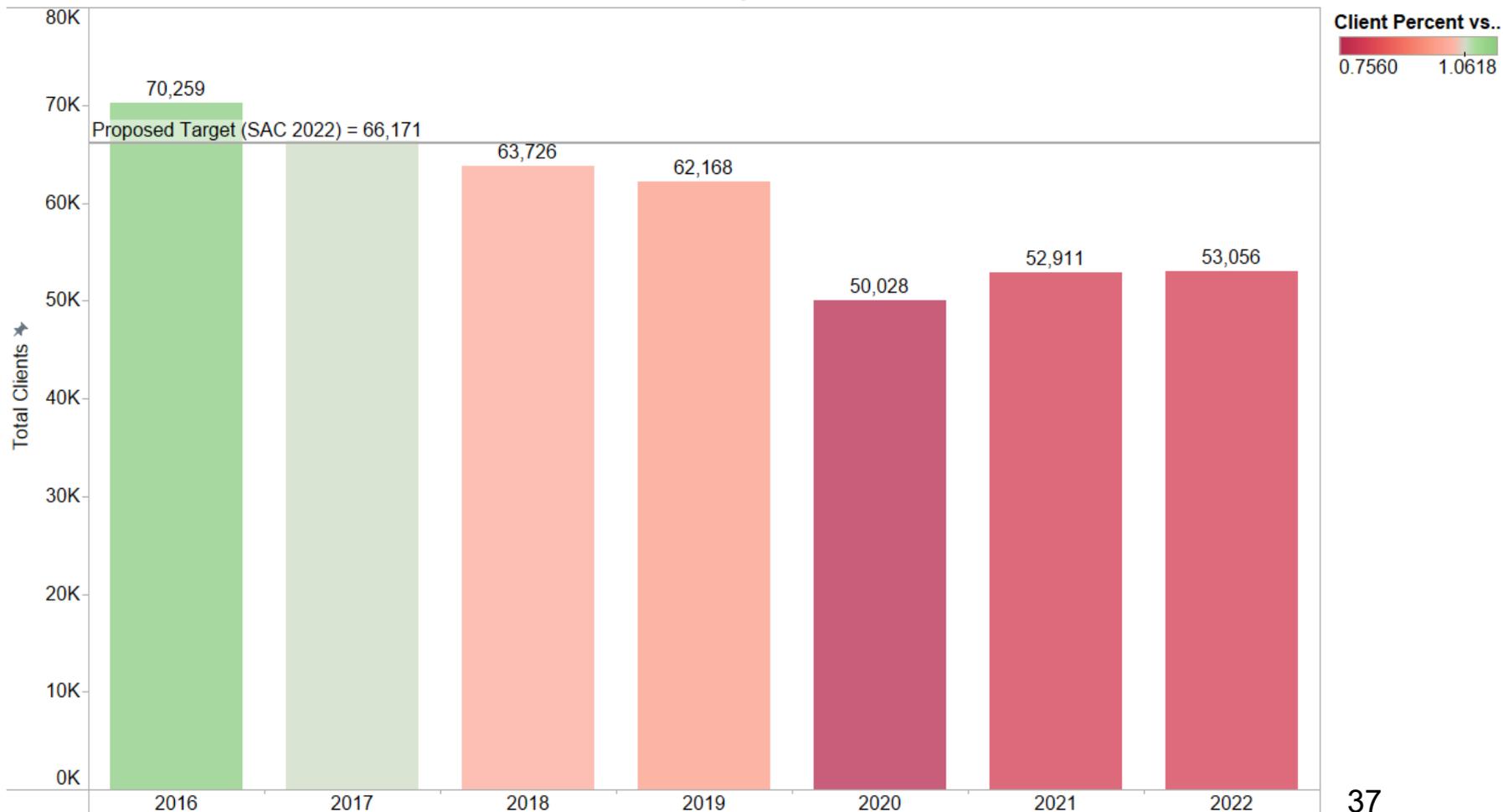
Multnomah County

Total Patients Served

Total Unique Patients with a UDS Visit	CY2022	CY2021	Difference
Total Patients	53056	52911	0.27%

HRSA Patient Target = 69,652 by end of CY2024 to ensure level funding.

Total HC Patients by Year



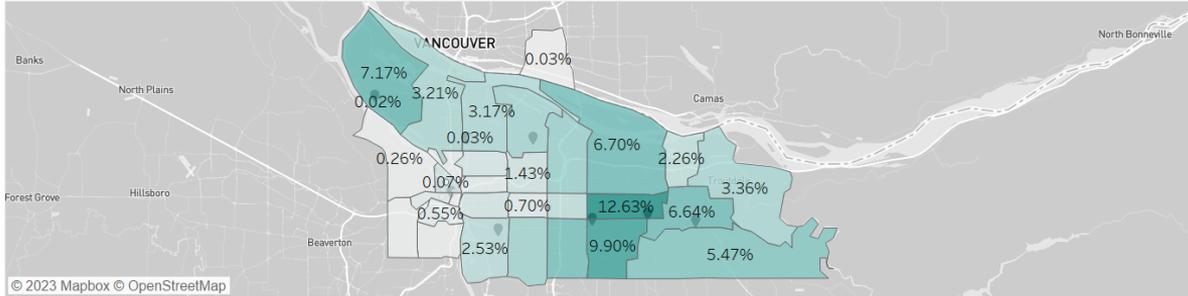
Sum of Total Clients for each Year. Color shows sum of Client Percent vs Proposed SAC 2022 Target (copy).

UNIQUE PATIENTS
53,056

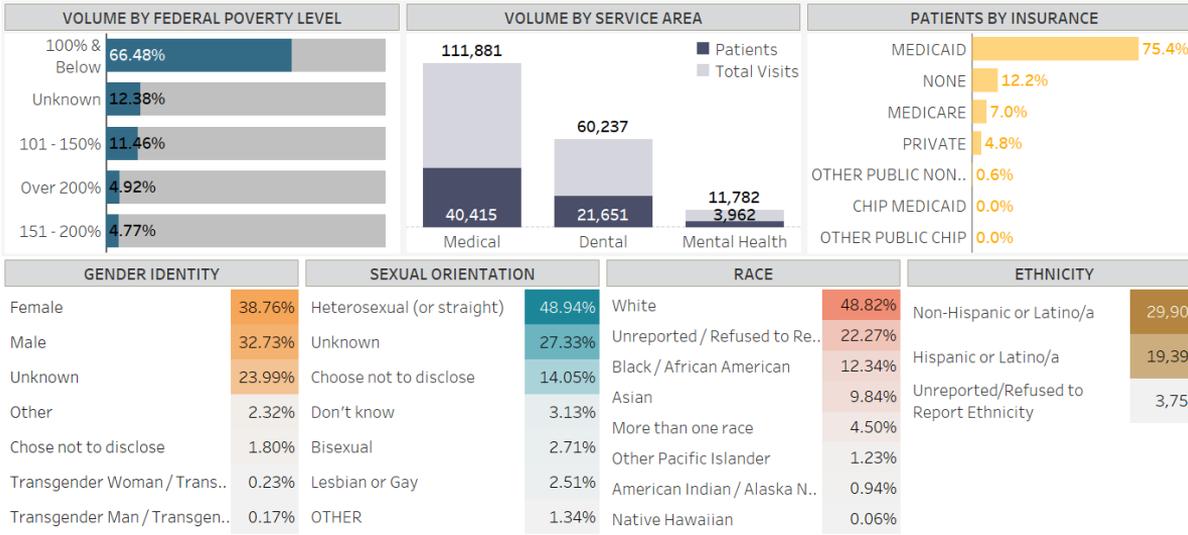
VETERANS
493

STUDENT HEALTH CENTER
5,122

HOMELESSNESS
785



Total clients needing an interpreter was 23,216 in CY2022, a similar proportion as in recent years.



NOTE: This data represents patients receiving at least one UDS-countable visit during the calendar year selected. . .

HOMELESSNESS



Note: Homeless patients continue a steep decline first observed in 2021.

We believe the 2021 and 2022 reductions are due to intake challenges (not collecting household form consistently), and are investigating the data currently.

Patients by Race and Ethnicity, 2022 v 2021

Race	2022	2021	DIFF	DIFF%
Asian	5221	4739	482	10.17%
Native Hawaiian	33	31	2	6.45%
Other Pacific Islander	651	594	57	9.60%
Total Native Hawaiian/Other Pacific Islander (Sum Lines 2a + 2b)	684	625	59	9.44%
Black/African American	6547	6611	-64	-0.97%
American Indian/Alaska Native	501	540	-39	-7.22%
White	25903	27285	-1382	-5.07%
More than one race	2386	2015	371	18.41%
Unreported/Refused to report race	11814	11113	701	6.31%
Total Patients (Sum of Lines 1 + 2 + 3 to 7)	53056	52911	145	0.27%
	2022	2021	DIFF	DIFF%
Total Latinx	19396	18941	455	2.40%

Clinical Quality Measures

Quality Measures Performance, 2021 v 2020

Measure	2022	2021	Difference (2021-2022)
Early Entry Into Prenatal Care	74.5%	71.5%	3.0%
Breast Cancer Screening	44.8%	37.1%	7.7%
Childhood Immunization Status	23.1%	27.6%	-4.5%
Cervical Cancer Screening	61.4%	64.6%	-3.2%

Quality Measures Performance, 2021 v 2020

Measure	2022	2021	Difference (2021-2022)
Weight Assessment And Counseling For Nutrition And Physical Activity Of Children And Adolescents	48.6%	53.6%	-5.0%
Preventive Care And Screening: Body Mass Index (BMI) Screening And Follow-Up Plan	25.8%	29.0%	-3.2%
Preventive Care And Screening: Tobacco Use: Screening And Cessation Intervention	87.9%	88.6%	-0.7%
Ischemic Vascular Disease (IVD): Use Of Aspirin Or Another Antiplatelet	79.7%	79.9%	-0.2%

Quality Measures Performance, 2021 v 2020

Measure	2022	2021	Difference (2021-2022)
Colorectal Cancer Screening	49.3%	51.4%	-2.1%
HIV Linkage To Care	82.9%	82.1%	0.8%
HIV Screening	68.1%	64.6%	3.5%
Depression Remission at 12 Months	3.7%	2.5%	1.2%

Quality Measures Performance, 2021 v 2020

Measure	2022	2021	Difference (2021-2022)
Preventive Care And Screening: Screening For Depression And Follow-Up Plan	63.2%	57.2%	6.0%
Dental Sealants For Children Between 6-9 Years	46.8%	51.6%	-4.8%
Deliveries and Low Birth Weight (negative measure)	6.1%	4.0%	2.1%
Controlling High Blood Pressure	59.8%	64.3%	-4.5%

Quality Measures Performance, 2021 v 2020

Measure	2022	2021	Difference (2021-2022)
Diabetes: Hemoglobin A1c Poor Control (negative measure)	30.1%	31.9%	-1.8%
Statin Therapy	82.6%	80.1%	2.5%



Multnomah County
Integrated Clinical Services

New Provider Report

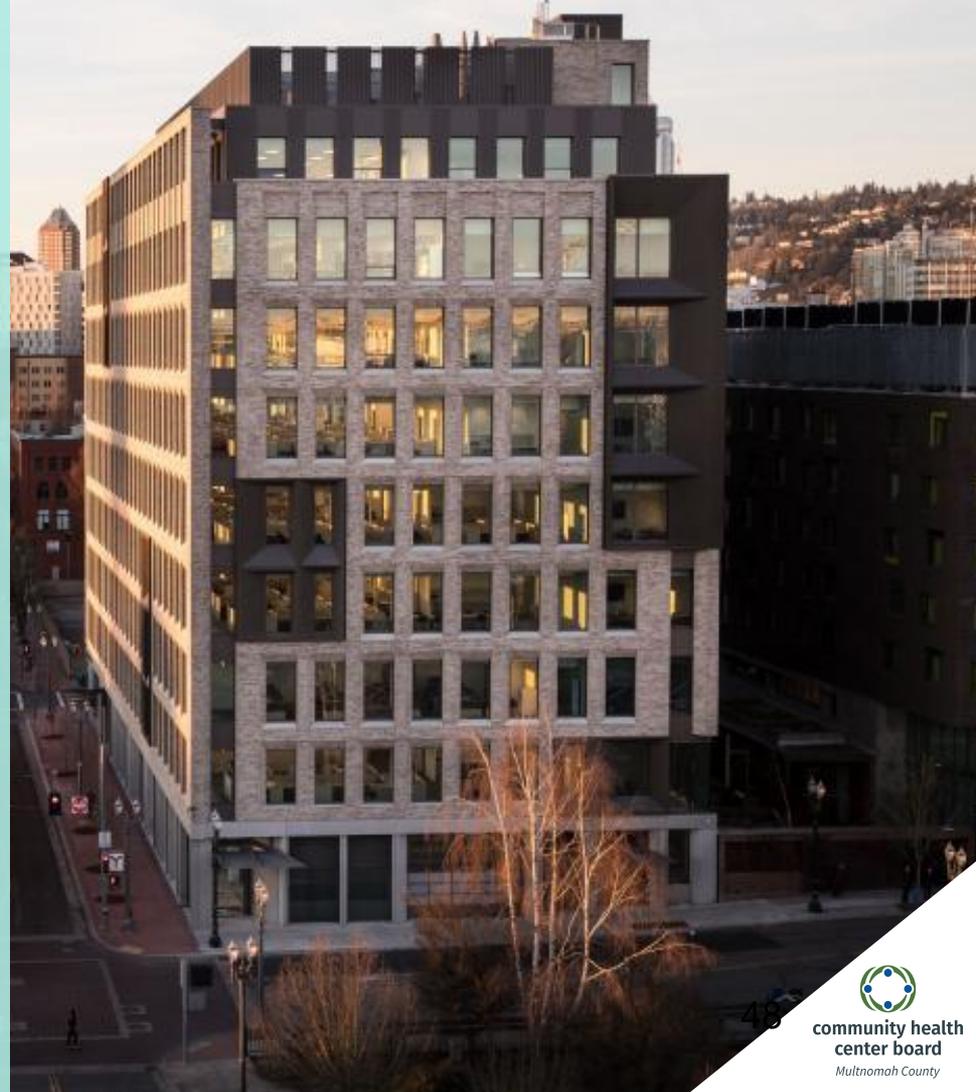
May 8, 2023



**community health
center board**
47
Multnomah County

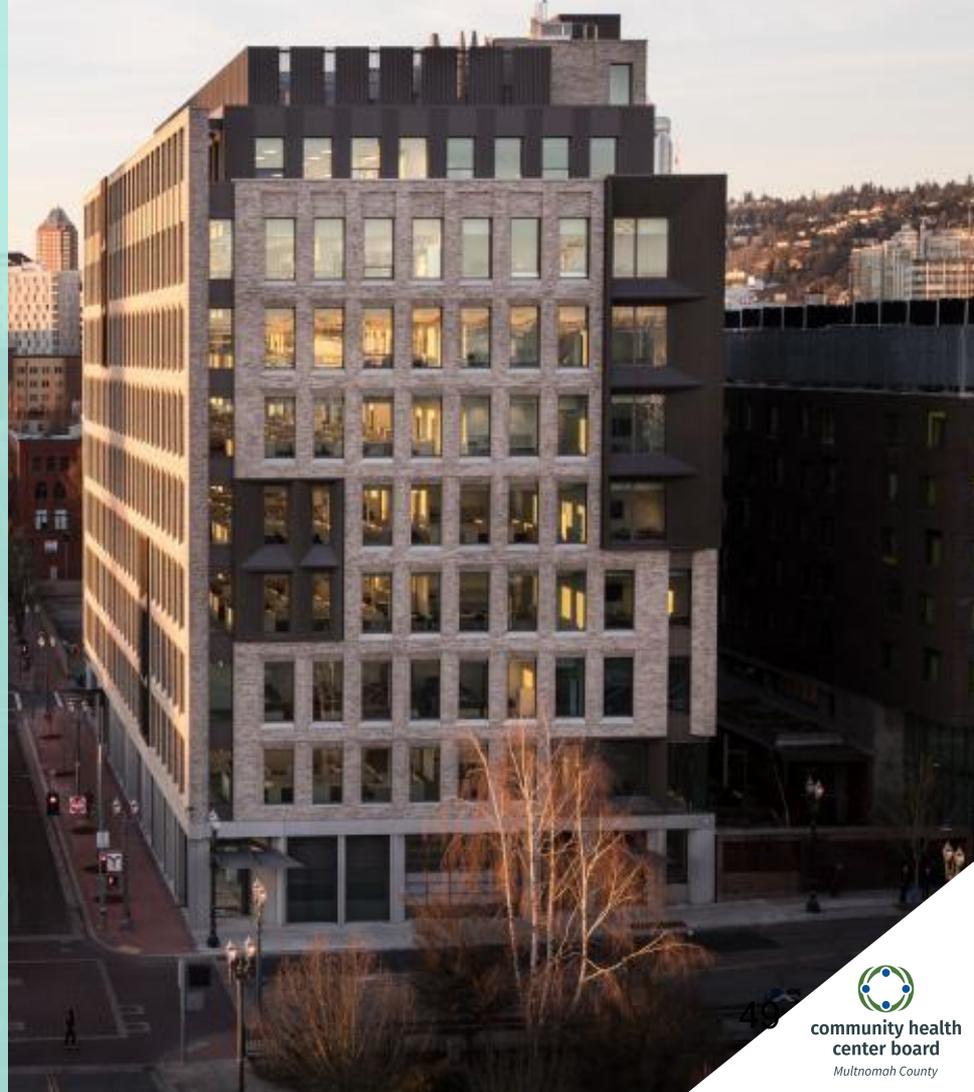
September 1, 2022 - March 31, 2023

MEDICAL	15
BEHAVIORAL HEALTH	
DENTAL	
PHARMACY	2



New Providers

January 1, 2023 - March 31, 2023



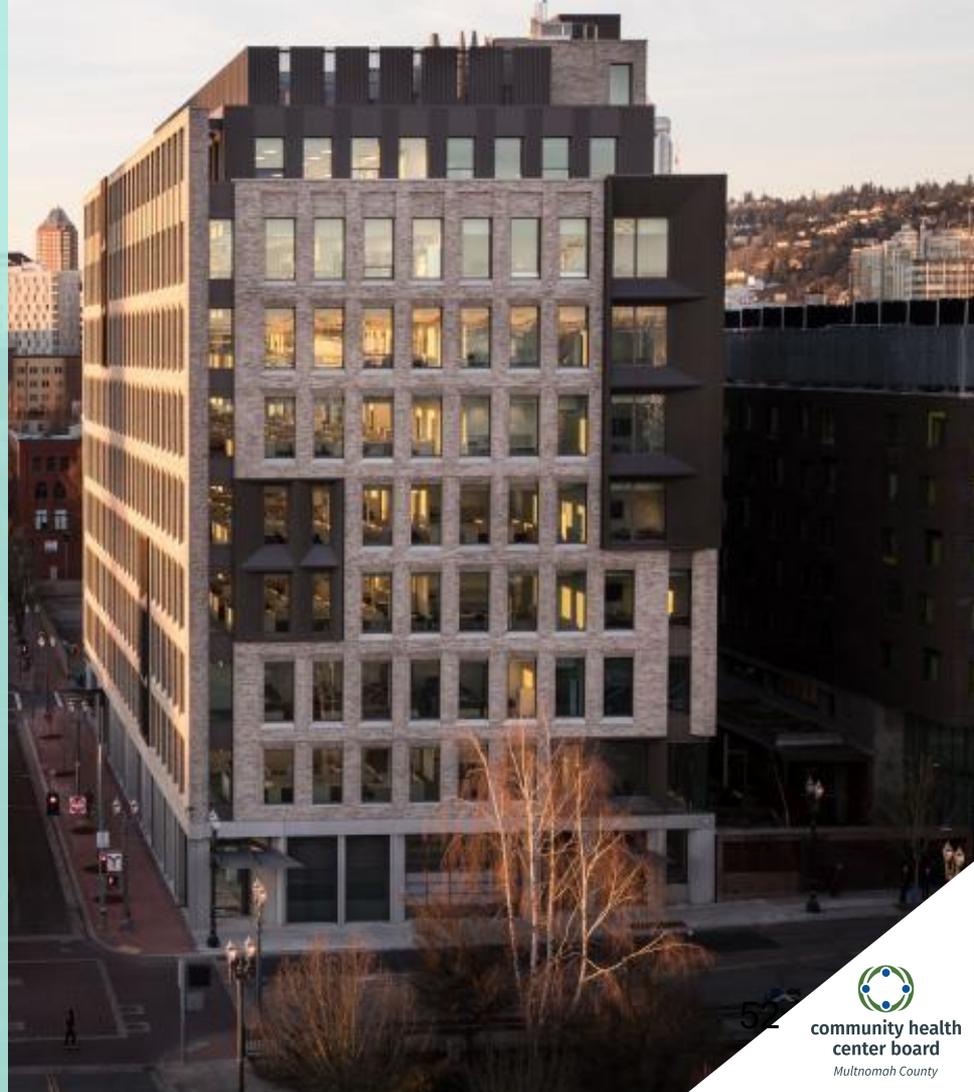
Fernando Estrada, PharmD, BCPS, BCIDP, Clinical Pharmacist @ HSC

- I am passionate about being able to apply infectious disease expertise and work as part of an interdisciplinary team to serve the diverse and vulnerable citizens of Multnomah County.
- My goal is to continue to bring down the barriers that prevent vulnerable citizens from receiving equitable healthcare.

**Kennedie
Boehm, Nurse
Practitioner
Fellow
(she/her)
East County
Health Center**

- I studied at Rocky Mountain University of Health Professions. Provo, Utah
- My passion for providing personalized, innovative healthcare is cohesive with the goals and mission of Multnomah County.

**“RECAP” OF
LAST QUARTER’S NEW
PROVIDERS
September 1, 2022 -
January 3, 2023**



Jon Froyd (he/his) Physician at North Portland Health Center

What to know about Me.

- **I trained at the UCSF Family Medicine Residency - Martinez CA and A.T. Still School of Osteopathic Medicine**
- **I am certified by the American Board of Family Medicine**
- **I am bilingual (English and Spanish)**
- **I choose to work at CHC because of the location, population and benefits.**



Robyn Phan (she/her/hers)

Nurse Practitioner at North
Portland Health Center

What to know about Me.

- I studied at Vanderbilt University, am Board Certified, and speak Nepali.
- I chose to work at CHC because during my clinicals at NPHC, I fell in love with the patients, work, and team. I found that my core values and passions aligned with the work at CHC.

**Lidija
Stjepanovic
(she/her/hers)
Nurse
Practitioner
Mid County
Health Center**

What to know about Me.

- I am a certified nurse practitioner and speak Bosnian/Serbian/Croatian
- I chose to work at CHC because I like work with refugees

Vivian Tsang
(she/her/hers)
Nurse
Practitioner
Fellow
Mid County
Health Center



What to know about Me.

- I studied at the Emory University School of Nursing and speak Mandarin Chinese
- I chose to work at CHC in order to be part of a team and purpose that strives to provide attentive care to diverse patient populations, and alleviate some of the burdens that come with navigating a complex healthcare system. And to continue learning and growing as a clinician.

Monique Barte (she/her/hers) Nurse Practitioner Mid County Health Center

What to know about Me.

- I studied at Oregon Health and Science University
- I chose to work at CHC because it was important for me to work with diverse patient population. As a minority myself, I understand a lot of the common struggles many immigrants encounter when navigating a country that is not familiar to them. CHC allows me to work with people from all over the world to integrate culturally-competent care that aligns with their health goals.

Natasha Malik (she/her/hers) Clinical Pharmacist East County Health Center

What to know about Me.

- I studied at Oregon State University and Oregon Health and Science University, am Residency trained in ambulatory care pharmacy, and speak Arabic
- I chose to work at CHC because this is my dream job!

Kimberly Bradley (she/her/hers) Nurse Practitioner Northeast Health Center

What to know about Me.

- I studied at from Purdue University Global and have an AANP certification

Zach Krush (he/him/his) Nurse Practitioner Fellow Southeast Health Center

What to know about Me.

- I studied at Rocky Mountain University of Health Professions. Provo, Utah
- I chose to work at CHC to be a part of something bigger than myself and be a part of positive change. The opportunity to be heavily involved in the lives of patients and make a significant impact on their health

Additional new team members included:

- ★ Whitney Thomas, Nurse Practitioner Fellow, Mid County Health Center
- ★ Monique Reina Reagan, Nurse Practitioner Fellow, East County Health Center
- ★ Nancy Heisel, Physician, Rockwood Community Health Center
- ★ Laura Rogers, Physician Assistant, East County Health Center
- ★ Natasha Avalon Gardner, Psychiatric Mental Health Nurse Practitioner, HIV Health Services Center and Southeast Health Center



Monthly Financial Packet

May 2023



**community health
center board**

Multnomah County

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Financial Reporting Package May 2023



**community health
center board**

Multnomah County



Multnomah County Federally Qualified Health Center

Monthly Financial Reporting Package

March FY 2023

Updated 4/20/2023

Prepared by: Financial and Business Management Division



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

For Period Ending March 31, 2023
Prepared using the Modified Accrual Basis of Accounting
Percentage of Year Complete: 75.0%
[A Pro Forma Financial Statement]

Community Health Center - Monthly Highlights

Financial Statement: For period 9 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>
Revenue:	\$ 144,031,561	\$ 166,686,730	\$ 22,655,169	86%
Expenditures:	\$ 112,237,860	\$ 166,686,730	\$ 54,448,870	67%
Net Income/(Loss)	<u>\$ 31,793,701</u>			

Budget Modifications:

<u>Period added</u>	<u>Bud mod #</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 March 31, 2023

Prepared using the Modified Accrual Basis of Accounting

Percentage of Year Complete: 75.0%

[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	\$ 675,990	\$ 1,466,468	\$ 7,108,084	72%	\$ 8,880,564
Grants- COVID-19	\$ -	\$ 250,000	\$ 250,000	\$ -	\$ 1,121	\$ 17,629	\$ 114,237	\$ 6,250	\$ 21,264	\$ 180,083	72%	\$ 7,437,487
Grants- ARPA	\$ 8,075,272	\$ 8,075,272	\$ -	\$ -	\$ -	\$ 1,724,643	\$ 937,567	\$ 597,887	\$ 672,706	\$ 5,558,669	69%	\$ -
Grants- All Other	\$ 4,774,390	\$ 4,774,390	\$ -	\$ -	\$ 25,838	\$ 641,076	\$ 1,189,357	\$ 321,717	\$ 153,499	\$ 4,872,028	102%	\$ 4,008,471
Grant Revenue Accrual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,936,594	0%	\$ -
Quality & Incentives Payments	\$ 7,671,495	\$ 7,671,495	\$ -	\$ 156,788	\$ 892,752	\$ 813,774	\$ 977,193	\$ 1,283,737	\$ 188,834	\$ 10,231,618	133%	\$ 9,910,993
Health Center Fees	\$ 131,217,155	\$ 131,217,155	\$ -	\$ 9,796,157	\$ 11,737,344	\$ 10,823,733	\$ 11,148,285	\$ 13,896,054	\$ 11,827,355	\$ 110,869,790	84%	\$ 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	\$ 424,695	39%	\$ 680,758
Beginning Working Capital	\$ 3,800,000	\$ 3,800,000	\$ -	\$ 316,667	\$ 316,667	\$ 316,667	\$ 316,667	\$ 316,667	\$ 316,667	\$ 2,850,000	75%	\$ 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	\$ 144,031,561	86%	\$ 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	\$ 65,255,655	61%	\$ 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	\$ 5,696,132	162%	\$ 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	\$ 19,213,492	74%	\$ 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	\$ 20,195,074	67%	\$ 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	\$ 112,237,860	67%	\$ 134,953,193
Net Income/(Loss)	\$ -	\$ -	\$ -	\$ (888,892)	\$ 1,015,010	\$ 3,233,892	\$ 3,440,060	\$ 5,309,610	\$ 2,516,573	\$ 31,793,701		\$ 32,119,931





Multnomah County Health Department Community Health Center Board - Financial Statement

For Period Ending March 31, 2023

Prepared using the Modified Accrual Basis of Accounting

Percentage of Year Complete: 75.0%

[A Pro Forma Financial Statement]

Community Health Center

	Adopted Budget	Revised Budget	Budget Change	07 Jan	08 Feb	09 Mar	Year to Date Total	% YTD	FY22 YE Actuals
Revenue									
Miscellaneous Revenue	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0%	\$ 2,042
Grants - PC 330 (BPHC)	\$ 9,809,191	\$ 9,809,191	\$ -	\$ 923,762	\$ -	\$ 1,767,641	\$ 7,108,084	72%	\$ 8,880,564
Grants - COVID-19	\$ -	\$ 250,000	\$ 250,000	\$ 12,106	\$ 6,250	\$ 1,225	\$ 180,083	72%	\$ 7,437,487
Grants - ARPA	\$ 8,075,272	\$ 8,075,272	\$ -	\$ 608,829	\$ 464,004	\$ 553,033	\$ 5,558,669	69%	\$ -
Grants - All Other	\$ 4,774,390	\$ 4,774,390	\$ -	\$ 45,485	\$ 512,676	\$ 1,982,381	\$ 4,872,028	102%	\$ 4,008,471
Grant Revenue Accrual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,936,594	\$ 1,936,594	0%	\$ -
Quality & Incentives Payments	\$ 7,671,495	\$ 7,671,495	\$ -	\$ 2,396,921	\$ 2,699,045	\$ 822,574	\$ 10,231,618	133%	\$ 9,910,993
Health Center Fees	\$ 131,217,155	\$ 131,217,155	\$ -	\$ 11,403,531	\$ 11,162,341	\$ 19,074,990	\$ 110,869,790	84%	\$ 132,854,683
Self Pay Client Fees	\$ 1,089,227	\$ 1,089,227	\$ -	\$ 48,634	\$ 34,784	\$ 59,711	\$ 424,695	39%	\$ 680,758
Beginning Working Capital	\$ 3,800,000	\$ 3,800,000	\$ -	\$ 316,667	\$ 316,667	\$ 316,667	\$ 2,850,000	75%	\$ 3,298,126
Total	\$ 166,436,730	\$ 166,686,730	\$ 250,000	\$ 15,755,935	\$ 15,195,768	\$ 26,514,815	\$ 144,031,561	86%	\$ 167,073,124
Expense									
Personnel	\$ 106,322,509	\$ 106,513,081	\$ 190,572	\$ 8,056,182	\$ 7,952,974	\$ 7,779,156	\$ 65,255,655	61%	\$ 82,144,356
Contracts	\$ 3,518,134	\$ 3,523,137	\$ 5,003	\$ 711,553	\$ 513,950	\$ 771,905	\$ 5,696,132	162%	\$ 5,571,994
Materials and Services	\$ 25,949,574	\$ 25,978,387	\$ 28,813	\$ 2,128,284	\$ 2,079,234	\$ 2,839,266	\$ 19,213,492	74%	\$ 20,538,983
Internal Services	\$ 30,296,513	\$ 30,322,125	\$ 25,612	\$ 2,617,029	\$ 2,524,807	\$ 2,241,811	\$ 20,195,074	67%	\$ 26,603,582
Capital Outlay	\$ 350,000	\$ 350,000	\$ -	\$ -	\$ 82,919	\$ 0	\$ 1,877,506	536%	\$ 94,279
Total	\$ 166,436,730	\$ 166,686,730	\$ 250,000	\$ 13,513,048	\$ 13,153,884	\$ 13,632,138	\$ 112,237,860	67%	\$ 134,953,193
Net Income/(Loss)	\$ -	\$ -	\$ -	\$ 2,242,887	\$ 2,041,884	\$ 12,882,678	\$ 31,793,701		\$ 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 March 31, 2023
 Percentage of Year Complete: 75.0%
 [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)		1,775,418	157,670	-	4,892,614	-	252,313
	Grants - COVID-19		121,254	-	-	-	-	58,829
	Grants - ARPA		5,512,787	-	-	45,881	-	-
	Grants - All Other		963,206	1,520,744	-	-	-	746,980
	Grant Revenue Accrual		804,472	-	-	638,349	-	127,748
	Quality & Incentives Payments		7,369,011	1,390,854	-	-	1,471,752	-
	Health Center Fees		11,099,777	14,616,028	27,219,508	50,473,394	19,405	4,546,946
	Self Pay Client Fees		-	45,811	176,891	200,210	-	-
	Beginning Working Capital		2,475,000	-	-	-	375,000	-
Revenues Total			30,120,926	17,731,108	27,396,399	56,250,449	1,866,157	5,732,816
Expenditures	Personnel Total		13,714,980	12,907,516	6,569,233	22,823,896	1,517,603	3,677,448
	Contractual Services Total		3,947,696	238,439	24,125	1,114,063	49,033	190,454
	Internal Services Total		3,739,404	3,779,051	2,327,745	7,226,284	540,151	1,134,275
	Materials & Supplies Total		1,250,252	758,078	15,604,576	1,065,855	44,704	205,927
	Capital Outlay Total		1,494,756	(0)	382,750	-	-	-
Expenditures Total			24,147,088	17,683,085	24,908,429	32,230,098	2,151,492	5,208,104
Net Income/(Loss)			5,973,838	48,023	2,487,970	24,020,351	(285,334)	524,712
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 March 31, 2023

Percentage of Year Complete: 75.0%

[A Pro Forma Financial Statement]

		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)	30,069	-	7,108,084	7,356,893	9,809,191	72%	8,880,564
	Grants- COVID-19	-	-	180,083	187,500	250,000	72%	7,437,487
	Grants- ARPA	-	-	5,558,669	6,056,454	8,075,272	69%	-
	Grants- All Other	1,641,098	-	4,872,028	3,580,793	4,774,390	102%	4,008,471
	Grant Revenue Accrual	366,024	-	1,936,594	-	-	0%	-
	Quality & Incentives Payments	-	-	10,231,618	5,753,621	7,671,495	133%	9,910,993
	Health Center Fees	2,894,731	-	110,869,790	98,412,866	131,217,155	84%	132,854,683
	Self Pay Client Fees	1,783	-	424,695	816,920	1,089,227	39%	680,758
	Beginning Working Capital	-	-	2,850,000	2,850,000	3,800,000	75%	3,298,126
Revenues Total		4,933,706	-	144,031,561	125,015,048	166,686,730	86%	167,073,124
Expenditures	Personnel Total	2,887,411	1,157,568	65,255,655	79,884,811	106,513,081	61%	82,144,356
	Contractual Services Total	114,018	18,303	5,696,132	2,642,353	3,523,137	162%	5,571,994
	Internal Services Total	1,023,505	424,659	20,195,074	22,741,594	30,322,125	67%	26,603,582
	Materials & Supplies Total	150,535	133,566	19,213,492	19,483,790	25,978,387	74%	20,538,983
	Capital Outlay Total	-	-	1,877,506	262,500	350,000	536%	94,279
Expenditures Total		4,175,469	1,734,096	112,237,860	125,015,048	166,686,730	67%	134,953,194
Net Income/(Loss)		758,238	(1,734,096)	31,793,701	-	-		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 March 31, 2023
 Percentage of Year Complete: 75.0%

Revenue Category	01 July	02 August	03 September	04 October	05 November	06 December	07 January	08 February	09 March	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	19,069,990	110,687,839
Other	2,042	5,247	4,180	100,141	45,117	18,359	193	1,672	5,000	181,951
Health Center Fees Total	9,796,157	11,737,344	10,823,733	11,148,285	13,896,054	11,827,355	11,403,531	11,162,341	19,074,990	110,869,790
Self Pay Client Fees										
Program Income	53,184	49,810	46,366	44,871	47,158	40,177	48,634	34,784	59,711	424,695
Other	-	-	-	-	-	-	-	-	-	-
Self Pay Client Fees Total	53,184	49,810	46,366	44,871	47,158	40,177	48,634	34,784	59,711	424,695
Grand Total	9,849,341	11,787,154	10,870,100	11,193,156	13,943,211	11,867,532	11,452,165	11,197,126	19,134,701	111,294,485





Multnomah County Health Department
 Community Health Center Board
 FY 2023 YTD Internal Services Expenditures by Program Group
 For Period Ending March 31, 2023
 Percentage of Year Complete: 75.0%

Category	Administrative	Dental	HIV Clinic	Lab	Pharmacy	Primary Care Clinics	Quality and Compliance	Student Health Centers	Grand Total
Indirect Expense	1,837,442	1,734,771	325,972	155,577	882,905	3,067,532	203,966	466,235	8,674,400
Internal Service Data Processing	944,848	984,221	481,527	116,413	1,025,749	2,270,347	211,171	426,657	6,460,934
Internal Service Distribution	40,786	82,734	833	23,327	19,423	77,057	6,250	164,434	414,843
Internal Service Enhanced Building Services	117,707	152,608	30,892	20,525	57,351	244,749	17,830	-	641,661
Internal Service Facilities & Property Management	530,224	687,420	139,154	92,457	258,342	1,102,490	80,319	-	2,890,406
Internal Service Facilities Service Requests	75,078	39,154	6,472	-	16,070	207,497	4,234	27,097	375,600
Internal Service Fleet Services	-	14,426	-	-	-	-	-	-	14,426
Internal Service Motor Pool	574	141	97	-	85	44	428	581	1,951
Internal Service Other	105,436	17,202	5,182	801	24,257	62,060	2,312	4,891	222,142
Internal Service Records	275	8,583	7,012	6,996	22,752	18,186	(0)	369	64,172
Internal Service Telecommunications	87,034	57,791	26,363	8,562	20,811	176,323	13,642	44,011	434,538
Grand Total	3,739,404	3,779,051	1,023,505	424,659	2,327,745	7,226,284	540,151	1,134,275	20,195,074





Multnomah County Health Department
Community Health Center Board
 FY 2023 Internal Services Expenditures by Fiscal Period
 For Period Ending March 31, 2023
 Percentage of Year Complete: 75.0%

Category	01 July	02 August	03 September	04 October	05 November	06 December	07 January	08 February	09 March	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	1,039,998	8,674,400	13,253,745	65.4%
Internal Service Data Processing	256,531	1,221,206	665,914	883,971	713,350	587,445	837,751	698,671	596,096	6,460,934	10,020,693	64.5%
Internal Service Distribution	43,781	45,109	44,036	44,776	46,172	44,404	45,302	50,642	50,622	414,843	525,575	78.9%
Internal Service Enhanced Building Services	-	3,100	-	170,770	70,563	7,476	167,231	179,190	43,331	641,661	1,164,363	55.1%
Internal Service Facilities & Property Management	-	614,488	331,392	322,118	323,143	320,528	327,113	339,091	312,533	2,890,406	4,043,263	71.5%
Internal Service Facilities Service Requests	37,021	24,554	46,000	85,064	23,459	26,985	35,746	27,082	69,688	375,600	336,434	111.6%
Internal Service Fleet Services	115	2,614	946	1,780	1,853	1,780	1,780	1,780	1,780	14,426	22,019	65.5%
Internal Service Motor Pool	217	217	217	217	217	217	217	217	217	1,951	5,123	38.1%
Internal Service Other	2,090	7,528	33,833	12,377	13,280	15,751	59,975	27,828	49,480	222,142	-	0.0%
Internal Service Records	6,445	6,445	102,423	(89,533)	9,614	6,445	7,882	6,445	8,009	64,172	104,143	61.6%
Internal Service Telecommunications	-	83,931	34,918	46,217	41,052	29,323	69,489	59,550	70,058	434,538	846,767	51.3%
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	2,241,811	20,195,074	30,322,125	66.6%





Multnomah County Health Department Community Health Center Board - Notes & Definitions

For Period Ending March 31, 2023

Percentage of Year Complete: 75.0%

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 March 31, 2023

Percentage of Year Complete: 75.0%

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 HBO 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 March 31, 2023

Percentage of Year Complete: 75.0%

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 March 31, 2023
 Percentage of Year Complete: 75.0%

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





CHC Dashboard May 2023



**community health
center board**

Multnomah County

Month

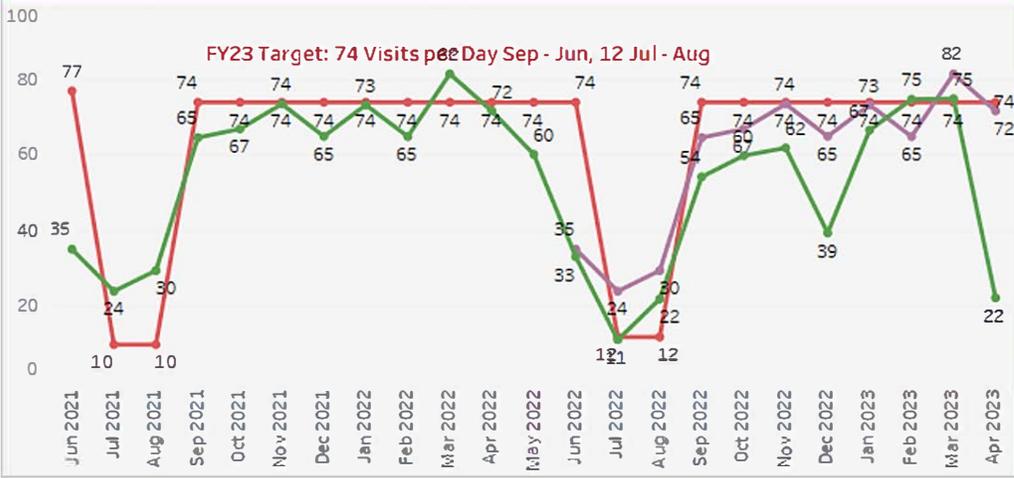
May 2023

Monthly Dashboard

Prepared By

ICS BI

Student Health Center Average Billable Visits Per Workday



Explanation

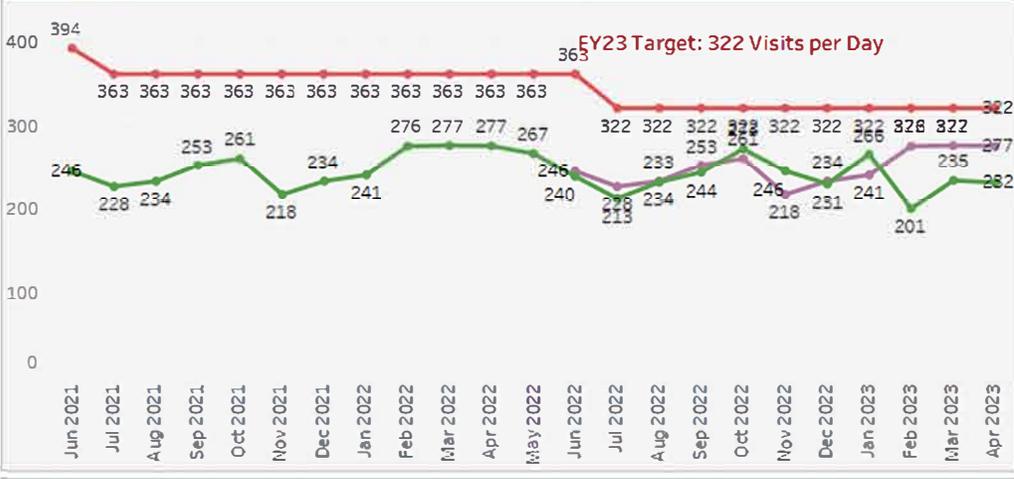
This report takes the total number of billable visits for a month and divides it by total number of work days for an Average Billable Visits per work day, and compares to a Target based on the total # of provider FTE. Good performance = the green "actual average" line at or above the red "target" line

Definitions:

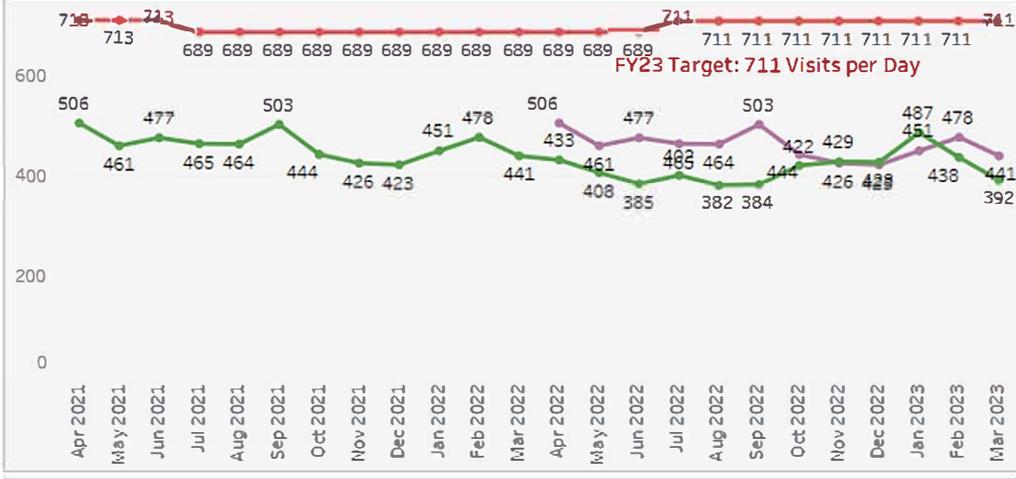
Billable: Visit encounters that have been completed and meet the criteria to be billed. Some visits may not yet have been billed due to errors that need correction. Some visits that are billed may not be paid, or not paid at the full billed amount, due to missing or incorrect documentation or coding, exceeding timely filing, or what is included in the insurance plan's benefits.

Work Days: PC and Dental are based on number of days actually worked. SHC are based on days the clinics are open and school is in session.

Dental Average Billable Visits Per Workday



Primary Care Average Billable Visits Per Workday



Primary Care and Dental visit counts are based on an average of days worked. School Based Health Clinic visit counts are based on average days clinics are open and school is in session.

■ Billable Visits Per Workday
 ■ Target
 ■ Previous Year Billable Visits Per Workday

Percentage of Uninsured Visits by Quarter

Explanation

This report shows the average percentage of 'Self Pay' visits per month.
Good performance = the blue 'Actual' line is around or below the red 'Target' line

Definitions:

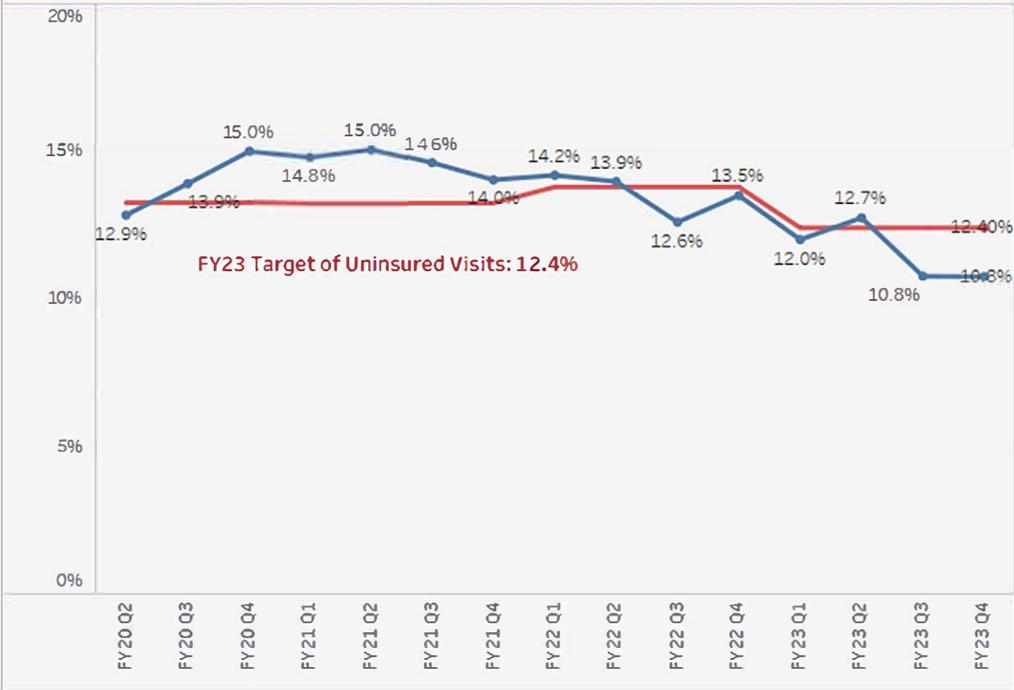
Self Pay visits: Visits checked in under a 'Self Pay' account

Most 'Self Pay' visits are for uninsured clients

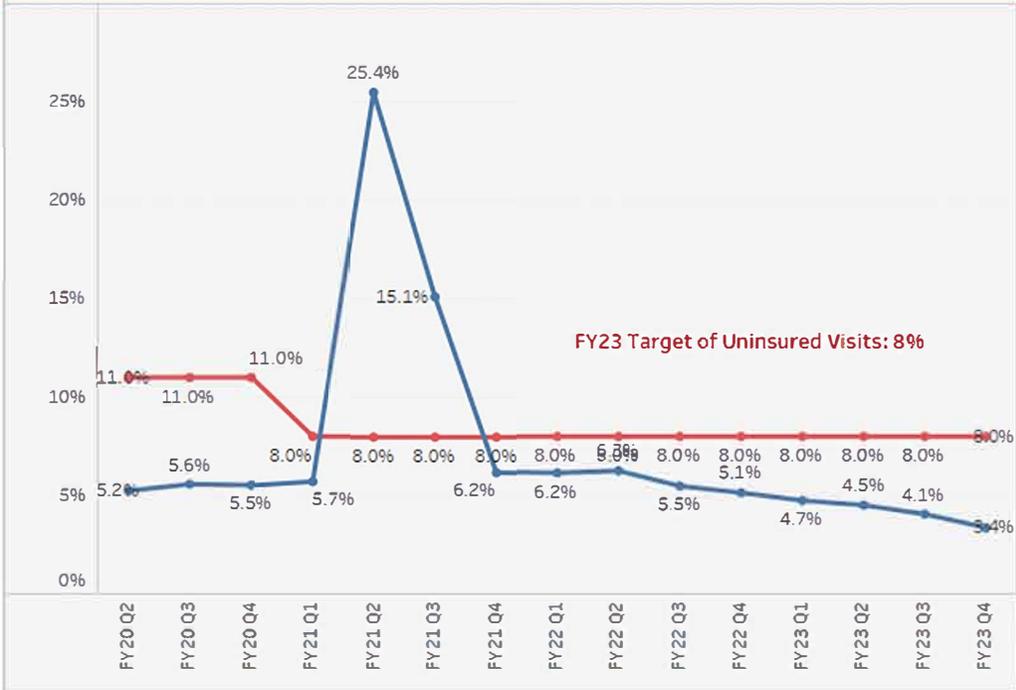
Most 'Self Pay' visits are for clients who qualify for a Sliding Fee Discount tier

A small percentage may be for patients who have insurance, but for various reasons have chosen not to bill the visit to insurance (confidential services, etc)

Percentage of Uninsured Visits in Primary Care



Percentage of Uninsured Visits in ICS Dental



Primary Care Target % of Uninsured Visits for FY18: 16% | FY19: 13.25% | FY20: 13.27% | FY21: 13.23% | FY22: 13.77% | FY23: 12.40%
Dental Target % of Uninsured Visits for FY18: 12% | FY19: 14.85% | FY20: 11.00% | FY21: 08.00% | FY22: 08.00% | FY23: 08.00%

Payer Mix for ICS Primary Care Health Center

Month
May 2023

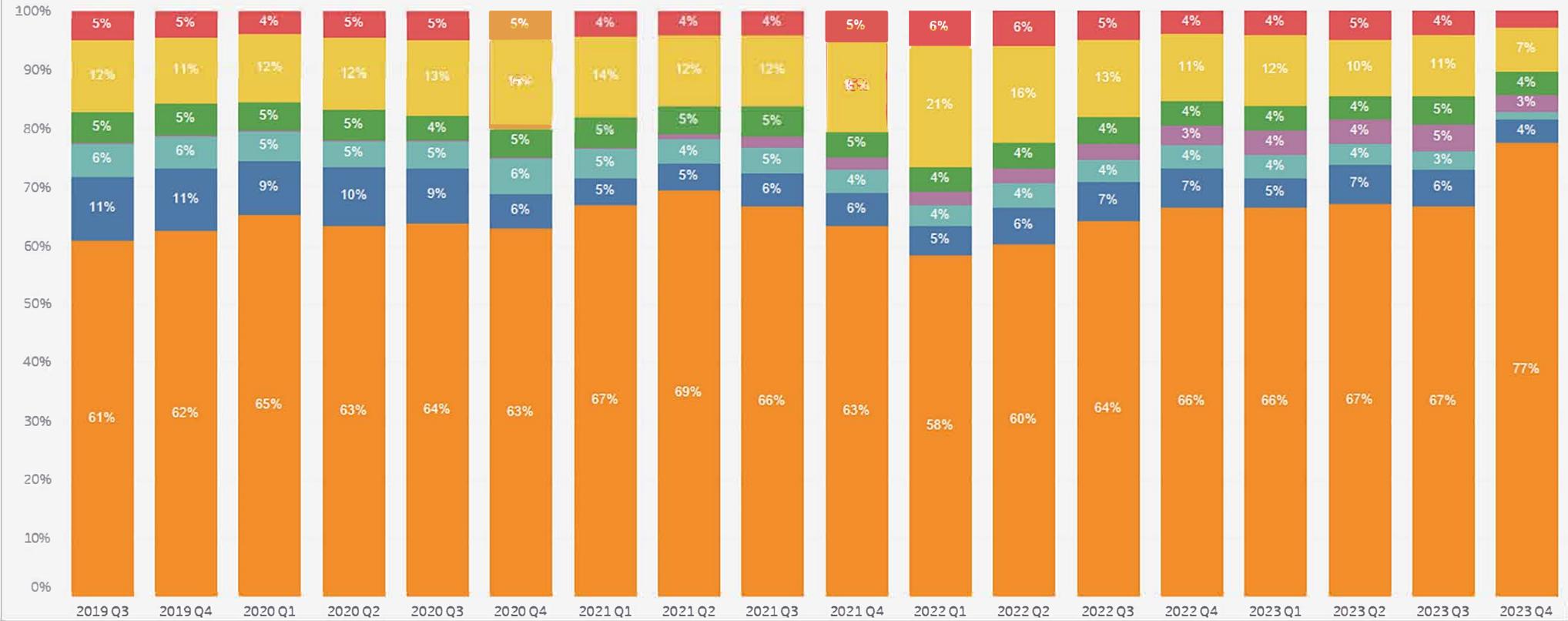
Explanation

This report shows the percentage of total visits checked in to each payer for Primary Care (excludes SHC and HHSC).

This slide is not meant to assess "good performance," but to understand the changes in payer mix. Deviations (such as closure of a Medicaid plan or changes in plan preferred providers) may mean changes in revenue and should be reviewed and explained.

Payer (Definition): Who will be billed/charged for the visit, based on the account that the visit was checked in under.

- Commercial
- Self Pay
- Medicare
- Trillium
- DMAP Open Card
- All Other Medicaid
- Care Oregon



Family Care ceased operations FY18 2nd Quarter
Payer Mix for Primary Care Health Service Center shows the percentage of Patient Visits per Payer and per Quarter

Number of OHP Clients Assigned by CCO

Explanation

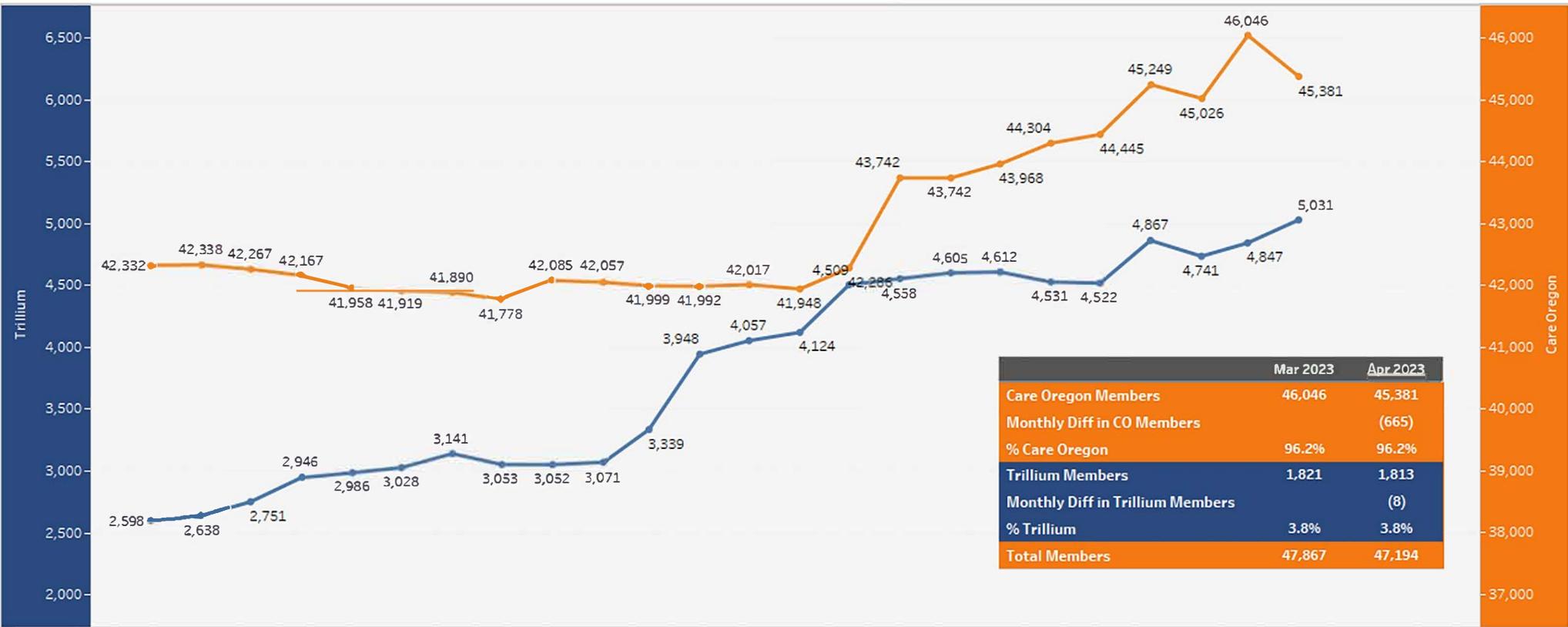
This report shows the total number of patients OHP has assigned to the Multnomah County Health Center Primary Care clinics.
 Note: Not all of these patients have established care.

Good performance = increased number of assigned patients, suggesting higher potential APCM revenue

Definition

APCM: Alternative Payment and Care Model (aka APM: Alternative Payment Methodology). In addition to billing for services, APCM payers also pay health centers a PMPM rate.

PMPM: Per-Member-Per-Month. PMPM ranges around \$50-70/month, depending on payer. This is only received if the patient is assigned to us by their OHP health plan AND meets criteria for being established and engaged in care (has a qualifying visit or care step)



	Mar 2023	Apr 2023
Care Oregon Members	46,046	45,381
Monthly Diff in CO Members		(665)
% Care Oregon	96.2%	96.2%
Trillium Members	1,821	1,813
Monthly Diff in Trillium Members		(8)
% Trillium	3.8%	3.8%
Total Members	47,867	47,194

Trillium FY23 Avg: 2,142

Care Oregon FY23 Avg: 43,748



Vacancy Report May 2023



**community health
center board**

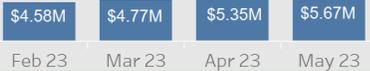
Multnomah County

Vacancy Report

Total Vacant Positions

Represents Vacancies as of May 2023

131

Metric	#/Days/\$	Explanation	Change
Vacant Positions without Duplication			
Total Non Duplicated Vacancies	111	These are the total number of positions which are vacant and planned for recruitment.	Increase 
Non Duplicated: Not posted	34	Of the total number of planned recruitments this represents the number of positions which have not been posted or started the recruitment process. It is measured by total budgeted roles. This includes new positions created for FY23.	Increase 
Non Duplicated: Posted for Recruitment	62	Total non duplicated roles which are in active recruitment. Active recruitment is measured by: posted on internal and / or external platforms for candidates to apply to or are in a review stage by HR or managers to evaluate qualifications for the role.	Increase 
Non Duplicated: Interview or Final Hire Stage	15	Total non duplicated roles which are in the final stages of recruitment. Final stage is measured by completing reference checks, issuing an offer letter, or completed offers with a future hire date.	Decrease 
Non Duplicated Vacancy Data			
Average Vacancy Length (Days)	193	This represents the average time to fill a vacancy for all planned recruitments. The average time measures all time that a budgeted position is not filled, which means it includes vacancies not in current recruitment.	Decrease 
Average Time to Fill (Days)	84	Average time to fill represents the time to complete a recruitment once posted through the final offer. It is an average of total active open positions it takes recruiting department and managers to fill a posted vacancy. The national average for healthcare organizations for the time to fill for registered nurses averages 89 days based on a recent report from the Organization of Nurse Leaders. Other organizations report an average of 132 days, approximately three times as long compared to pre-COVID19 operations.	Increase 
Financial Impact of Non Duplicated Vacancies			
Total FTE Associated with Direct Revenue Vacancies	30.25	This is the approximate number of vacancies which can directly bill for their services. Roles include: physicians, nurse practitioners, physician assistants, pharmacists, clinical pharmacists, registered nurses, community health workers and clinical specialists, denists, and dental hygenists.	Increase 
Estimated Sum of Lost Revenue	\$5,670,800	Estimation of lost revenue is calculated by the total days of a direct revenue vacancy compared to budgeted revenue from each position for the entire year.	Increase 
			
Duplicate, Inactive Vacancies			
Total Duplicated, Inactive Vacancies	20	This represents the number of vacancies which are recorded within our health center but are duplicated due to work out of class assignments, filled by temp staff, or under review based on operational need of the program. These positions are not currently considered active recruitments.	Increase 
Financial Impact of duplicated, Inactive Vacancies			
Total FTE Associated with Direct Revenue, Inactive Vacancies	1	This is the approximate number of vacancies which can directly bill for their services but are inactive. Roles include: physicians, nurse practitioners, physician assistants, pharmacists, clinical pharmacists, registered nurses, community health workers and clinical specialists, denists, and dental hygenists.	No Change 
Estimated Sum of Lost Revenue	\$14,755	Estimation of lost revenue is calculated by the total days of a direct revenue vacancy compared to budgeted revenue from each position for the entire year.	Increase 

Updated: May 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 (total annual revenue x days vacant)	Notes
HD FQHC ICS Administration	Business Process Consultant	1.00	6/27/2022	305		Total duplicated, inactive vacancies
HD FQHC ICS Administration	Business Process Consultant	1.00	7/1/2022	301		Total duplicated, inactive vacancies
HD FQHC ICS Administration	Clinical Services Specialist	1.00	7/1/2022	301	123,698.63	Non duplicated: Not posted
HD FQHC HIV Clinic	Clinical Services Specialist	0.90	3/25/2023	34	12,575.34	Non duplicated: Posted for recruitment
HD FQHC ICS Administration	Clinical Services Specialist	0.80	4/1/2023	27	8,876.71	Non duplicated: Posted for recruitment
HD FQHC ICS Administration	Clinical Services Specialist	1.00	7/22/2022	280	115,068.49	Non duplicated: Posted for recruitment
HD FQHC ICS Administration	Clinical Services Specialist	1.00	7/22/2022	280	115,068.49	Non duplicated: Posted for recruitment
HD FQHC Health Center Operation	Community Health Nurse	0.75	3/10/2023	49	20,136.99	Non duplicated: Interview or final hire stage
HD FQHC HIV Clinic	Community Health Nurse	0.80	2/2/2023	85	37,260.27	Non duplicated: Interview or final hire stage
HD FQHC Quality and Compliance	Community Health Nurse	0.75	4/23/2022	370	152,054.79	Non duplicated: Not posted
HD FQHC Primary Care Clinics	Community Health Nurse	0.50	7/1/2022	301	82,465.75	Non duplicated: Not posted
HD FQHC Primary Care Clinics	Community Health Specialist 2	1.00	9/29/2022	211	7,630.68	Non duplicated: Not posted
HD FQHC HIV Clinic	Community Health Specialist 2	1.00	4/18/2023	10	361.64	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Community Health Specialist 2	1.00	4/17/2023	11	397.81	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Community Health Specialist 2	1.00	3/16/2022	408	14,755.07	Total duplicated, inactive vacancies
HD FQHC Dental	Dental Assistant (EFDA)	0.77	2/21/2023	66		Non duplicated: Posted for recruitment
HD FQHC Dental	Dental Assistant (EFDA)	0.75	12/6/2022	143		Non duplicated: Posted for recruitment
HD FQHC Dental	Dental Assistant (EFDA)	0.57	2/16/2023	71		Non duplicated: Posted for recruitment
HD FQHC Dental	Dental Assistant (EFDA)	0.75	2/16/2023	71		Non duplicated: Posted for recruitment
HD FQHC Dental	Dental Assistant (EFDA)	1.00	4/3/2023	25		Non duplicated: Posted for recruitment
HD FQHC Dental	Dental Assistant (EFDA)	0.37	12/5/2022	144		Non duplicated: Posted for recruitment
HD FQHC Dental	Dental Assistant (EFDA)	0.55	8/12/2022	259		Non duplicated: Posted for recruitment
HD FQHC Dental	Dental Assistant (EFDA)	0.58	5/3/2021	725		Non duplicated: Posted for recruitment
HD FQHC Dental	Dental Assistant (EFDA)	0.75	12/23/2022	126		Non duplicated: Posted for recruitment
HD FQHC Dental	Dental Assistant (EFDA)	0.75	2/21/2023	66		Non duplicated: Posted for recruitment
HD FQHC Dental	Dental Assistant (EFDA)	1.00	4/10/2023	18		Non duplicated: Posted for recruitment
HD FQHC Dental	Dental Assistant (EFDA)	0.75	1/7/2023	111		Non duplicated: Posted for recruitment
HD FQHC Dental	Dental Hygienist	0.75	7/21/2022	281	219,410.96	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Dental Hygienist	1.00	9/30/2022	210	218,630.14	Non duplicated: Posted for recruitment
HD FQHC ICS Administration	Development Analyst	1.00	7/1/2022	301		Total duplicated, inactive vacancies
HD FQHC Primary Care Administration	Division Director 1	1.00	1/30/2023	88		Total duplicated, inactive vacancies
HD FQHC Health Center Operation	Eligibility Specialist	1.00	8/23/2022	248		Total duplicated, inactive vacancies
HD FQHC ICS Administration	Finance Specialist 1	1.00	3/2/2023	57		Non duplicated: Interview or final hire stage

HD FQHC ICS Administration	Finance Specialist 1	1.00	3/14/2023	45		Non duplicated: Posted for recruitment
HD FQHC ICS Administration	Finance Specialist Senior	1.00	8/5/2021	631		Non duplicated: Not posted
HD FQHC ICS Administration	Finance Specialist Senior	1.00	8/5/2021	631		Non duplicated: Not posted
HD FQHC ICS Administration	Finance Supervisor	1.00	8/13/2021	623		Non duplicated: Not posted
HD FQHC Dental	Health Assistant 2	1.00	2/11/2023	76		Non duplicated: Interview or final hire stage
HD FQHC Primary Care Administration	Health Centers Division Operations Director	1.00	2/2/2023	85		Total duplicated, inactive vacancies
HD FQHC ICS Administration	IT Manager 1	1.00	5/16/2022	347		Total duplicated, inactive vacancies
HD FQHC Primary Care Clinics	Licensed Community Practical Nurse	1.00	11/19/2022	160		Non duplicated: Interview or final hire stage
HD FQHC ICS Administration	Manager 1	1.00	3/6/2023	53		Non duplicated: Not posted
HD FQHC Health Center Operations	Manager 1	1.00	7/13/2022	289		Non duplicated: Not posted
HD FQHC Primary Care Clinics	Medical Assistant	1.00	2/6/2023	81		Non duplicated: Interview or final hire stage
HD FQHC Primary Care Clinics	Medical Assistant	1.00	3/6/2023	53		Non duplicated: Interview or final hire stage
HD FQHC Primary Care Clinics	Medical Assistant	1.00	9/30/2022	210		Non duplicated: Interview or final hire stage
HD FQHC Primary Care Clinics	Medical Assistant	1.00	4/1/2023	27		Non duplicated: Not posted
HD FQHC Primary Care Clinics	Medical Assistant	0.80	3/6/2023	53		Non duplicated: Not posted
HD FQHC HIV Clinic	Medical Assistant	1.00	4/26/2023	2		Non duplicated: Not posted
HD FQHC Pharmacy	Medical Assistant	1.00	7/1/2022	301		Non duplicated: Not posted
HD FQHC Lab	Medical Assistant	1.00	7/1/2022	301		Non duplicated: Not posted
HD FQHC Primary Care Clinics	Medical Assistant	0.75	2/24/2023	63		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	0.75	4/24/2023	4		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	0.75	4/24/2023	4		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	1.00	1/23/2023	95		Non duplicated: Posted for recruitment
HD FQHC HIV Clinic	Medical Assistant	1.00	8/30/2022	241		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	0.75	9/28/2022	212		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	0.75	3/3/2022	421		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	1.00	3/27/2023	32		Non duplicated: Posted for recruitment
HD FQHC HIV Clinic	Medical Assistant	1.00	8/15/2022	256		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	0.75	11/23/2022	156		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	0.75	12/28/2022	121		Non duplicated: Posted for recruitment
HD FQHC HIV Clinic	Medical Assistant	1.00	9/2/2022	238		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	1.00	2/1/2023	86		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	0.75	3/6/2023	53		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	0.75	10/26/2022	184		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	0.75	4/30/2022	363		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	1.00	3/9/2023	50		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	0.75	3/20/2023	39		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	1.00	12/19/2022	130		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	0.75	3/14/2023	45		Non duplicated: Posted for recruitment
HD FQHC Primary Care Administration	Medical Assistant	1.00	4/19/2023	9		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Nurse Practitioner	1.00	9/30/2022	210	186,986.30	Non duplicated: Interview or final hire stage
HD FQHC Primary Care Clinics	Nurse Practitioner	0.80	2/4/2023	83	59,123.29	Non duplicated: Not posted
HD FQHC Primary Care Clinics	Nurse Practitioner	0.80	3/3/2023	56	39,890.41	Non duplicated: Not posted
HD FQHC Primary Care Clinics	Nurse Practitioner	1.00	3/28/2023	31	27,602.74	Non duplicated: Not posted

HD FQHC Primary Care Clinics	Nurse Practitioner	0.80	7/15/2022	287	204,438.36	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Nurse Practitioner	0.80	10/31/2020	909	647,506.85	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Nurse Practitioner	0.50	4/11/2022	382	170,068.49	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Nurse Practitioner	1.00	12/2/2022	147	130,890.41	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Nurse Practitioner	0.80	10/12/2021	563	401,041.10	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Nurse Practitioner	0.80	11/29/2022	150	106,849.32	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Nurse Practitioner	0.80	12/30/2021	484	344,767.12	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Nurse Practitioner	0.80	5/21/2022	342	243,616.44	Non duplicated: Posted for recruitment
HD FQHC Primary Care Administration	Nursing Development Consultant	1.00	3/20/2023	39		Non duplicated: Not posted
HD FQHC Quality and Compliance	Nursing Director	1.00	2/26/2021	791		Non duplicated: Not posted
HD FQHC Health Center Operations	Office Assistant 2	0.75	5/28/2022	335		Non duplicated: Interview or final hire stage
HD FQHC Primary Care Clinics	Office Assistant 2	1.00	3/16/2023	43		Non duplicated: Interview or final hire stage
HD FQHC Primary Care Clinics	Office Assistant 2	0.75	10/1/2022	209		Non duplicated: Interview or final hire stage
HD FQHC Health Center Operations	Office Assistant 2	1.00	2/13/2023	74		Non duplicated: Not posted
HD FQHC Primary Care Clinics	Office Assistant 2	0.60	4/27/2023	1		Non duplicated: Not posted
HD FQHC Health Center Operations	Office Assistant 2	1.00	4/4/2023	24		Non duplicated: Not posted
HD FQHC Dental	Office Assistant 2	1.00	4/17/2023	11		Non duplicated: Not posted
HD FQHC Health Center Operations	Office Assistant 2	1.00	2/8/2023	79		Non duplicated: Not posted
HD FQHC Health Center Operations	Office Assistant 2	1.00	4/3/2023	25		Non duplicated: Not posted
HD FQHC Health Center Operations	Office Assistant 2	1.00	3/24/2023	35		Non duplicated: Posted for recruitment
HD FQHC Dental	Office Assistant 2	0.75	3/23/2023	36		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Office Assistant 2	0.75	1/23/2023	95		Total duplicated, inactive vacancies
HD FQHC Primary Care Clinics	Office Assistant 2	1.00	10/17/2022	193		Total duplicated, inactive vacancies
HD FQHC Dental	Office Assistant 2	1.00	2/6/2023	81		Total duplicated, inactive vacancies
HD FQHC Primary Care Clinics	Office Assistant 2	0.75	11/17/2022	162		Total duplicated, inactive vacancies
HD FQHC Primary Care Clinics	Office Assistant 2	1.00	3/17/2023	42		Total duplicated, inactive vacancies
HD FQHC Dental	Office Assistant Senior	1.00	2/1/2023	86		Non duplicated: Not posted
HD FQHC Health Center Operations	Office Assistant Senior	0.75	4/5/2022	388		Total duplicated, inactive vacancies
HD FQHC ICS Administration	Operations Process Specialist	1.00	3/24/2023	35		Non duplicated: Posted for recruitment
HD FQHC ICS Administration	Operations Process Specialist	1.00	7/18/2022	284		Total duplicated, inactive vacancies
HD FQHC ICS Administration	Operations Process Specialist	1.00	7/18/2022	284		Total duplicated, inactive vacancies
HD FQHC Health Center Operations	Operations Supervisor	1.00	10/4/2022	206		Total duplicated, inactive vacancies
HD FQHC Pharmacy	Pharmacist	1.00	4/6/2023	22	18,082.19	Non duplicated: Interview or final hire stage
HD FQHC Pharmacy	Pharmacist	1.00	4/28/2022	365	300,000.00	Non duplicated: Not posted
HD FQHC Pharmacy	Pharmacist	1.00	4/28/2022	365	300,000.00	Non duplicated: Not posted
HD FQHC Pharmacy	Pharmacy Technician	1.00	4/17/2023	11		Non duplicated: Interview or final hire stage
HD FQHC Pharmacy	Pharmacy Technician	1.00	2/13/2023	74		Non duplicated: Not posted
HD FQHC Pharmacy	Pharmacy Technician	1.00	7/16/2020	1016		Non duplicated: Not posted
HD FQHC Pharmacy	Pharmacy Technician	1.00	1/21/2022	462		Non duplicated: Not posted
HD FQHC Pharmacy	Pharmacy Technician	1.00	4/19/2023	9		Non duplicated: Posted for recruitment
HD FQHC Pharmacy	Pharmacy Technician	1.00	2/22/2023	65		Non duplicated: Posted for recruitment
HD FQHC Pharmacy	Pharmacy Technician	1.00	2/22/2023	65		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Physician	0.60	9/7/2022	233	159,908.22	Non duplicated: Not posted

HD FQHC Primary Care Clinics	Physician	0.70	7/1/2022	301	241,006.16	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Physician	1.00	10/1/2021	574	656,561.64	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Physician Assistant	0.80	2/8/2023	79	60,775.89	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Physician Assistant	1.00	8/18/2022	253	243,295.89	Non duplicated: Posted for recruitment
HD FQHC Primary Care Administration	Program Specialist	1.00	5/26/2020	1067		Non duplicated: Not posted
HD FQHC ICS Administration	Program Specialist Senior	1.00	9/23/2022	217		Total duplicated, inactive vacancies
HD FQHC ICS Administration	Program Supervisor	0.50	3/21/2023	38		Non duplicated: Posted for recruitment
HD FQHC Health Center Operation	Program Supervisor	1.00	8/16/2022	255		Total duplicated, inactive vacancies
HD FQHC ICS Administration	Project Manager Represented	1.00	3/3/2023	56		Non duplicated: Interview or final hire stage
HD FQHC ICS Administration	Project Manager Represented	1.00	10/21/2022	189		Non duplicated: Not posted
HD FQHC ICS Administration	Project Manager Represented	1.00	4/5/2023	23		Non duplicated: Posted for recruitment
HD FQHC ICS Administration	Quality Manager	1.00	11/1/2020	908		Total duplicated, inactive vacancies



Balance Sheets

May 2023



**community health
center board**

Multnomah County

3. Balance Sheet (incl Trial Balance)

**Balance Sheet (Full Accrual)
As of March 31, 2023**

ASSETS	March	February	\$ Change	% Change
10000:Cash	\$ 158,608,164	\$ 144,328,504	\$ 14,279,661	10 %
10100:Undeposited Payments	14,994	727	14,268	1963 %
10450:Investments - Local Government Investment Pool (LGIP)	1,484,841	1,195,647	289,194	24 %
10600:Interfund Cash Clearing	(110,263,686)	(103,577,639)	(6,686,047)	6 %
Cash & Cash Equivalents	\$ 49,844,314	\$ 41,947,239	\$ 7,897,075	19 %
CURRENT ASSETS				
72100:Accounts Receivable, General	\$ 22,130,561	\$ 18,859,268	\$ 3,271,293	17 %
20345:Allowance for Discounts & Returns	(1,943,091)	(1,982,008)	38,916	(2)%
Accounts Receivable, Net	20,187,470	16,877,260	3,310,210	20 %
20602:Prepaid Other Expenses	-	-	-	
Total Current Assets	\$ 70,031,784	\$ 58,824,499	\$ 11,207,285	19 %
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	(374,394)	(370,822)	(3,572)	1 %
41090:Accumulated Depreciation - Machinery & Equipment	(1,576,164)	(1,564,597)	(11,567)	1 %
Total Non-Current Assets	\$ 2,541,842	\$ 2,556,981	\$ (15,139)	(1)%
Total Assets	\$ 72,573,627	\$ 61,381,481	\$ 11,192,146	18 %
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	\$ 720,086	\$ 794,352	\$ 74,266	(9)%
30090:Payroll Payable	1,627,795	1,441,366	(186,429)	13 %
30705:Compensated Absences, Current	720,255	720,255	-	0 %
30805:Accrued Payables	-	-	-	
30830:Procurement Cards Payable	402,038	368,653	(33,386)	9 %
30831:MMP-Card Clearing	(509)	(509)	-	0 %
30905:Unearned Revenue, Health Department	334,117	334,117	-	0 %
Total Current Liabilities	\$ 3,803,783	\$ 3,658,234	\$ (145,549)	4 %
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	\$ 49,116,737	\$ 48,971,188	\$ (145,549)	0 %
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	\$ 17,576,487	\$ 6,529,890	\$ 11,046,597	169 %

7. Modified Balance Sheet (incl Trial Balance)

**Balance Sheet (Modified - Operational)
As of March 31, 2023**

	March	February	\$ Change	% Change
ASSETS				
10000:Cash	\$ 158,608,164	\$ 144,328,504	\$ 14,279,661	10 %
10100:Undeposited Payments	14,994	727	14,268	1963 %
10450:Investments - Local Government Investment Pool (LGIP)	1,484,841	1,195,647	289,194	24 %
10600:Interfund Cash Clearing	(110,263,686)	(103,577,639)	(6,686,047)	6 %
Cash & Cash Equivalents	\$ 49,844,314	\$ 41,947,239	\$ 7,897,075	19 %
CURRENT ASSETS				
72100:Accounts Receivable, General	\$ 22,130,561	\$ 18,859,268	\$ 3,271,293	17 %
20345:Allowance for Discounts & Returns	(1,943,091)	(1,982,008)	38,916	(2)%
Accounts Receivable, Net	20,187,470	16,877,260	3,310,210	20 %
20602:Prepaid Other Expenses	-	-	-	
Current Assets	\$ 70,031,784	\$ 58,824,499	\$ 11,207,285	19 %
Total Assets	70,031,784	58,824,499	11,207,285	19 %
LIABILITIES AND NET ASSETS				
CURRENT LIABILITIES				
70000:Accounts Payable, General	\$ 720,086	\$ 794,352	\$ 74,266	(9)%
30090:Payroll Payable	1,627,795	1,441,366	(186,429)	13 %
30805:Accrued Payables	-	-	-	
30830:Procurement Cards Payable	402,038	368,653	(33,386)	9 %
30831:MMP-Card Clearing	(509)	(509)	-	0 %
30905:Unearned Revenue, Health Department	334,117	334,117	-	0 %
Current Liabilities	\$ 3,083,528	\$ 2,937,979	\$ (145,549)	5 %
Total Liabilities	\$ 3,083,528	\$ 2,937,979	\$ (145,549)	5 %
Net Position	\$ 66,948,256	\$ 55,886,520	\$ 11,352,834	20 %
Total Liabilities & Net Position	\$ 70,031,784	\$ 58,824,499	\$ 11,207,285	19 %

1. Itemized General Journal Entries Pivot Table

Row Labels	Sum of Amount
01000 General Fund	(187.97)
01505 Federal/State Program Fund	(3,533.39)
03003 Health Department FQHC Fund	94,606.95
19067 ARPA Federal Multco American Rescue Plan Act	(29.50)
19077 ARPA Federal Community Health Centers 93.224	14,894.33
19088 ARPA Federal Health Center Infrastructure Support 93.526	1,739.22
19093 COVID-19 State PE44 School Based Health and Recovery	(125.01)
19100 COVID-19 Local Administration of COVID-19 Treatments in Primary Care	-
30001 Fee for Services (FFS) - FQHC Medicaid Wraparound	303,093.49
30002 Other - Medicaid Quality and Incentives	123,881.47
30003 Federal - Ryan White Part C - Early Intervention to HIV - 93.918	(0.61)
30004 Federal - Primary Care (PC) 330 - 93.224	(119.10)
30005 Other Roots & Wings Strong Start for Kids	254.18
30007 Federal - Homeless General - 93.224	(1,086.53)
30012 State - School Based Health Clinics (SBHC)	9,685.49
30013 Fee for Services (FFS) - Medicaid - Care Oregon	2,020,312.84
30014 Fee for Services (FFS) - Medicaid	506,916.46
30015 Fee for Services (FFS) - Medicare	405,745.82
30017 Fee for Services (FFS) - Oregon ContraceptiveCare (CCare)	854.92
30018 Fee for Services (FFS) - Medicaid Pharmacy	3,629.50
30021 Federal - Ryan White Title IV - 93.153	45.30
30030 State - Oregon Health Authority (OHA) HIV Care	2,200.89
30031 State - Oregon Health Authority (OHA) Ryan White	(23.74)
30044 Federal - Rapid Start - Special Projects - 93.928	(51.63)
30049 Fee for Services (FFS) - Patient Fees 3rd Party	131,858.75
30050 Fee for Services (FFS) - Patient Fees	3,986.46
Grand Total	3,618,548.59

Item No.	Description	Unit	Quantity	Rate	Amount	Remarks
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Item No.	Description	Unit	Quantity	Rate	Amount	Remarks
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<p>1. Introduction</p> <p>2. Background</p> <p>3. Methodology</p> <p>4. Results</p> <p>5. Discussion</p> <p>6. Conclusion</p>	<p>7. References</p> <p>8. Appendix</p> <p>9. Tables</p> <p>10. Figures</p> <p>11. Footnotes</p> <p>12. Index</p> <p>13. Glossary</p> <p>14. Abbreviations</p> <p>15. Acronyms</p> <p>16. Key Terms</p> <p>17. Summary</p> <p>18. Abstract</p> <p>19. Keywords</p> <p>20. Subject Headings</p>	<p>21. Tables</p> <p>22. Figures</p> <p>23. Equations</p> <p>24. Formulas</p> <p>25. Diagrams</p> <p>26. Flowcharts</p> <p>27. Maps</p> <p>28. Charts</p> <p>29. Graphs</p> <p>30. Plots</p> <p>31. Tables</p> <p>32. Figures</p> <p>33. Equations</p> <p>34. Formulas</p> <p>35. Diagrams</p> <p>36. Flowcharts</p> <p>37. Maps</p> <p>38. Charts</p> <p>39. Graphs</p> <p>40. Plots</p>	<p>41. Tables</p> <p>42. Figures</p> <p>43. Equations</p> <p>44. Formulas</p> <p>45. Diagrams</p> <p>46. Flowcharts</p> <p>47. Maps</p> <p>48. Charts</p> <p>49. Graphs</p> <p>50. Plots</p> <p>51. Tables</p> <p>52. Figures</p> <p>53. Equations</p> <p>54. Formulas</p> <p>55. Diagrams</p> <p>56. Flowcharts</p> <p>57. Maps</p> <p>58. Charts</p> <p>59. Graphs</p> <p>60. Plots</p>	<p>61. Tables</p> <p>62. Figures</p> <p>63. Equations</p> <p>64. Formulas</p> <p>65. Diagrams</p> <p>66. Flowcharts</p> <p>67. Maps</p> <p>68. Charts</p> <p>69. Graphs</p> <p>70. Plots</p> <p>71. Tables</p> <p>72. Figures</p> <p>73. Equations</p> <p>74. Formulas</p> <p>75. Diagrams</p> <p>76. Flowcharts</p> <p>77. Maps</p> <p>78. Charts</p> <p>79. Graphs</p> <p>80. Plots</p>	<p>81. Tables</p> <p>82. Figures</p> <p>83. Equations</p> <p>84. Formulas</p> <p>85. Diagrams</p> <p>86. Flowcharts</p> <p>87. Maps</p> <p>88. Charts</p> <p>89. Graphs</p> <p>90. Plots</p> <p>91. Tables</p> <p>92. Figures</p> <p>93. Equations</p> <p>94. Formulas</p> <p>95. Diagrams</p> <p>96. Flowcharts</p> <p>97. Maps</p> <p>98. Charts</p> <p>99. Graphs</p> <p>100. Plots</p>
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Item No.	Description	Unit	Quantity	Rate	Amount	Remarks
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Year	Month	Day	Time	Location	Activity	Notes	Signature	Date
2023	01	01	08:00	Room 101	Meeting	Initial meeting with team	[Signature]	2023-01-01
2023	01	02	09:00	Room 101	Meeting	Review progress	[Signature]	2023-01-02
2023	01	03	10:00	Room 101	Meeting	Discuss budget	[Signature]	2023-01-03
2023	01	04	11:00	Room 101	Meeting	Review reports	[Signature]	2023-01-04
2023	01	05	12:00	Room 101	Meeting	Final review	[Signature]	2023-01-05
2023	01	06	13:00	Room 101	Meeting	Review progress	[Signature]	2023-01-06
2023	01	07	14:00	Room 101	Meeting	Discuss budget	[Signature]	2023-01-07
2023	01	08	15:00	Room 101	Meeting	Review reports	[Signature]	2023-01-08
2023	01	09	16:00	Room 101	Meeting	Final review	[Signature]	2023-01-09
2023	01	10	17:00	Room 101	Meeting	Review progress	[Signature]	2023-01-10
2023	01	11	18:00	Room 101	Meeting	Discuss budget	[Signature]	2023-01-11
2023	01	12	19:00	Room 101	Meeting	Review reports	[Signature]	2023-01-12
2023	01	13	20:00	Room 101	Meeting	Final review	[Signature]	2023-01-13
2023	01	14	21:00	Room 101	Meeting	Review progress	[Signature]	2023-01-14
2023	01	15	22:00	Room 101	Meeting	Discuss budget	[Signature]	2023-01-15
2023	01	16	23:00	Room 101	Meeting	Review reports	[Signature]	2023-01-16
2023	01	17	00:00	Room 101	Meeting	Final review	[Signature]	2023-01-17
2023	01	18	01:00	Room 101	Meeting	Review progress	[Signature]	2023-01-18
2023	01	19	02:00	Room 101	Meeting	Discuss budget	[Signature]	2023-01-19
2023	01	20	03:00	Room 101	Meeting	Review reports	[Signature]	2023-01-20
2023	01	21	04:00	Room 101	Meeting	Final review	[Signature]	2023-01-21
2023	01	22	05:00	Room 101	Meeting	Review progress	[Signature]	2023-01-22
2023	01	23	06:00	Room 101	Meeting	Discuss budget	[Signature]	2023-01-23
2023	01	24	07:00	Room 101	Meeting	Review reports	[Signature]	2023-01-24
2023	01	25	08:00	Room 101	Meeting	Final review	[Signature]	2023-01-25
2023	01	26	09:00	Room 101	Meeting	Review progress	[Signature]	2023-01-26
2023	01	27	10:00	Room 101	Meeting	Discuss budget	[Signature]	2023-01-27
2023	01	28	11:00	Room 101	Meeting	Review reports	[Signature]	2023-01-28
2023	01	29	12:00	Room 101	Meeting	Final review	[Signature]	2023-01-29
2023	01	30	13:00	Room 101	Meeting	Review progress	[Signature]	2023-01-30
2023	01	31	14:00	Room 101	Meeting	Discuss budget	[Signature]	2023-01-31

Year	Month	Day	Time	Location	Activity	Notes	Signature	Date
2023	01	01	08:00	Room 101	Meeting	Initial meeting with team	[Signature]	2023-01-01
2023	01	02	09:00	Room 101	Meeting	Review progress	[Signature]	2023-01-02
2023	01	03	10:00	Room 101	Meeting	Discuss strategy	[Signature]	2023-01-03
2023	01	04	11:00	Room 101	Meeting	Update on tasks	[Signature]	2023-01-04
2023	01	05	12:00	Room 101	Meeting	Final review	[Signature]	2023-01-05
2023	01	06	13:00	Room 101	Meeting	Open house	[Signature]	2023-01-06
2023	01	07	14:00	Room 101	Meeting	Guest presentation	[Signature]	2023-01-07
2023	01	08	15:00	Room 101	Meeting	Networking	[Signature]	2023-01-08
2023	01	09	16:00	Room 101	Meeting	Feedback session	[Signature]	2023-01-09
2023	01	10	17:00	Room 101	Meeting	Wrap up	[Signature]	2023-01-10
2023	01	11	18:00	Room 101	Meeting	Post-event analysis	[Signature]	2023-01-11
2023	01	12	19:00	Room 101	Meeting	Report preparation	[Signature]	2023-01-12
2023	01	13	20:00	Room 101	Meeting	Final report	[Signature]	2023-01-13
2023	01	14	21:00	Room 101	Meeting	Archive files	[Signature]	2023-01-14
2023	01	15	22:00	Room 101	Meeting	Event summary	[Signature]	2023-01-15
2023	01	16	23:00	Room 101	Meeting	Thank you notes	[Signature]	2023-01-16
2023	01	17	00:00	Room 101	Meeting	Event closure	[Signature]	2023-01-17
2023	01	18	01:00	Room 101	Meeting	Post-mortem	[Signature]	2023-01-18
2023	01	19	02:00	Room 101	Meeting	Lessons learned	[Signature]	2023-01-19
2023	01	20	03:00	Room 101	Meeting	Future plans	[Signature]	2023-01-20
2023	01	21	04:00	Room 101	Meeting	Next steps	[Signature]	2023-01-21
2023	01	22	05:00	Room 101	Meeting	Final check	[Signature]	2023-01-22
2023	01	23	06:00	Room 101	Meeting	Event success	[Signature]	2023-01-23
2023	01	24	07:00	Room 101	Meeting	Thank you	[Signature]	2023-01-24
2023	01	25	08:00	Room 101	Meeting	Event end	[Signature]	2023-01-25
2023	01	26	09:00	Room 101	Meeting	Post-event	[Signature]	2023-01-26
2023	01	27	10:00	Room 101	Meeting	Final report	[Signature]	2023-01-27
2023	01	28	11:00	Room 101	Meeting	Event success	[Signature]	2023-01-28
2023	01	29	12:00	Room 101	Meeting	Thank you	[Signature]	2023-01-29
2023	01	30	13:00	Room 101	Meeting	Event end	[Signature]	2023-01-30
2023	01	31	14:00	Room 101	Meeting	Post-event	[Signature]	2023-01-31

Year	Month	Day	Time	Location	Activity	Notes	Signature	Date
2023	01	01	08:00	Room 101	Meeting	Initial meeting	[Signature]	2023-01-01
2023	01	02	09:00	Room 101	Meeting	Follow-up meeting	[Signature]	2023-01-02
2023	01	03	10:00	Room 101	Meeting	Review meeting	[Signature]	2023-01-03
2023	01	04	11:00	Room 101	Meeting	Discussion meeting	[Signature]	2023-01-04
2023	01	05	12:00	Room 101	Meeting	Final meeting	[Signature]	2023-01-05
2023	01	06	13:00	Room 101	Meeting	Review meeting	[Signature]	2023-01-06
2023	01	07	14:00	Room 101	Meeting	Discussion meeting	[Signature]	2023-01-07
2023	01	08	15:00	Room 101	Meeting	Review meeting	[Signature]	2023-01-08
2023	01	09	16:00	Room 101	Meeting	Discussion meeting	[Signature]	2023-01-09
2023	01	10	17:00	Room 101	Meeting	Review meeting	[Signature]	2023-01-10
2023	01	11	18:00	Room 101	Meeting	Discussion meeting	[Signature]	2023-01-11
2023	01	12	19:00	Room 101	Meeting	Review meeting	[Signature]	2023-01-12
2023	01	13	20:00	Room 101	Meeting	Discussion meeting	[Signature]	2023-01-13
2023	01	14	21:00	Room 101	Meeting	Review meeting	[Signature]	2023-01-14
2023	01	15	22:00	Room 101	Meeting	Discussion meeting	[Signature]	2023-01-15
2023	01	16	23:00	Room 101	Meeting	Review meeting	[Signature]	2023-01-16
2023	01	17	00:00	Room 101	Meeting	Discussion meeting	[Signature]	2023-01-17
2023	01	18	01:00	Room 101	Meeting	Review meeting	[Signature]	2023-01-18
2023	01	19	02:00	Room 101	Meeting	Discussion meeting	[Signature]	2023-01-19
2023	01	20	03:00	Room 101	Meeting	Review meeting	[Signature]	2023-01-20
2023	01	21	04:00	Room 101	Meeting	Discussion meeting	[Signature]	2023-01-21
2023	01	22	05:00	Room 101	Meeting	Review meeting	[Signature]	2023-01-22
2023	01	23	06:00	Room 101	Meeting	Discussion meeting	[Signature]	2023-01-23
2023	01	24	07:00	Room 101	Meeting	Review meeting	[Signature]	2023-01-24
2023	01	25	08:00	Room 101	Meeting	Discussion meeting	[Signature]	2023-01-25
2023	01	26	09:00	Room 101	Meeting	Review meeting	[Signature]	2023-01-26
2023	01	27	10:00	Room 101	Meeting	Discussion meeting	[Signature]	2023-01-27
2023	01	28	11:00	Room 101	Meeting	Review meeting	[Signature]	2023-01-28
2023	01	29	12:00	Room 101	Meeting	Discussion meeting	[Signature]	2023-01-29
2023	01	30	13:00	Room 101	Meeting	Review meeting	[Signature]	2023-01-30
2023	01	31	14:00	Room 101	Meeting	Discussion meeting	[Signature]	2023-01-31

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Year	Month	Day	Time	Location	Activity	Remarks
2018	12	31	12:00
2018	12	30	12:00
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2018	12	1	12:00

