Regular Public Meeting

June 2023

community health center board

Multnomah County

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AGENDA

community health
center board

Multnomah County

Public Meeting Agenda
June 12, 2023
6:00-8:15 PM
Virtual Zoom

community health center board
Multnomah County

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

Board Members:

Harold Odhiambo – Chair

Tamia Deary – Vice Chair

Pedro Sandoval Prieto – Secretary

Darrell Wade - Treasurer

Kerry Hoeschen – Member-at-Large

Bee Velasquez – Member-at-Large

Susana Mendoza - Board Member

Fabiola Arreola - Board Member

Patricia Patron - Board Member

Alina Stircu - Board Member

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
- Guests are welcome to observe/listen
- There is no public comment period
- 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** May 8th Public Meeting Minutes	Board reviews and votes
6:10-6:25 (15 min)	**Annual Quality Plan** - **VOTE REQUIRED** Brieshon D'Agostin, Quality and Compliance Officer	Board reviews and votes
6:25-6:40 (15 min)	**Mid-County Updates: Dental Remodel & Dental Hours** Daniel Martinez Tovar, Dental Senior Manager	Committee hears presentation and has discussion
6:40-6:55 (15 min)	**Q1 Patient Experience Surveys** Linda Niksich, Program Specialist Senior, Quality Team	Board hears presentation and has discussion
6:55-7:05	**10 Minute Break**	
7:05-7:20 (15 min)	**Q1 Complaints and Incidents** Kimmy Hicks, Project Manager, Quality Team	Board hears presentation and has discussion
7:20-7:35 (15 min)	**Monthly Budget and Financial Reports** Jeff Perry, Chief Financial Officer Adrienne Daniels, Deputy Director	Board receives updates and provides feedback

7:35-7:40 (5 min)	**Committee Updates** Finance Committee: Harold Odhiambo, Finance Chair Quality Committee: Tamia Deary, Quality Chair Bylaws Committee: Tamia Deary, Bylaws Chair Executive Committee: Harold Odhiambo, Board Chair	Board receives updates
7:40-7:55 (15 min)	**Executive Director's Strategic Updates** DJ Rhodes, Executive Director	Board receives updates
7:55-8:05 (10 min)	**Legal Support** Harold Odhiambo, Chair	Committee discusses next steps on legal support
8:05-8:15 (10 min)	**Labor Relations Updates** DJ Rhodes, Executive Director ***Bargaining and Negotiation Updates (Closed Executive Session)***	Board receives updates in an executive session and has discussion
8:15	**Meeting Adjourns**	Thank you for your participation

PUBLIC MEETING MINUTES

community health
center board

Multnomah County

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	**Susan Mendoza** - Board Member
Tamia Deary - Vice-Chair	**Brandi Velasquez** - Member-at-Large	**Alina Stircu**- Board Member
Pedro Sandoval Prieto – Secretary	**Kerry Hoeschen –** Member-at-Large	

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

Board Members Excused/Absent: Fabiola Arreola – Board Member, **Patricia Patron** -Board Member

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
Call to Order / Welcome Harold Odhiambo, CHCB Chair	Meeting begins 6:04 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 6:09pm.) Rosie and Victor interpreters			
Minutes Review -VOTE REQUIRED Review Public Meeting minutes	Reviewed April 10 Public Meeting Minutes. No changes or omissions.	*Motion to approve April 10th public meeting minutes: Tamia Second: Kerry* Yays: 8 Nays: Abstain: **Decision:**		

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		Approved		
Procedure: Community Health Center Board Reimbursement- VOTE REQUIRED Grace Savina, Community Engagement Strategist	Background regarding the process and timeline. Address HRSA requirements and need to update policy. June 2022: CHCB Board asked for research into changing/raising stipend/reimbursement. October 2022: Presented to the Executive Committee and shared with the board. April 2023: Update Policy provided May 2023: Policy due for renewal What's Changing: ● Reimbursement amount will vary based board member on personal reasonable expenses ● Members submit yearly attestation - no receipts required. What's Staying the same: ● Received reimbursement in preferred method ● Board Liaison to submit reimbursement requests Reviewed with board the recurring monthly expenses, and additional per meeting expenses. **Questions:** Language around increasing amounts due to inflation rates and are rates still current? **Answer:** We could add language regarding updating rates at the yearly renewal. Rates are current with the addition of parking that has been updated.	*Motion to approve Procedure: Community Health Center Board Reimbursement:* ***Bee*** ***Second: Alina*** Yays: 7 Nays: Abstain:1 **Decision:** **Approved**		

	Question: Would we be submitting attestation monthly as special events arise? **Answer:** We can look at doing quarterly attestation if needed. CHCB staff will keep track of special events and make necessary reimbursement for CHCB members. **Question:** Add wording about yearly attestation and make a form available to update as changes occur throughout the year. **Answer:** Great feedback, language will be added. **Questions:** If a board member misses a meeting, CHCB staff will monitor and reflect on the reimbursement. **Answer:** Yes, you will continue to receive reimbursement on a monthly basis not yearly. Additionally, you will continue to receive the other reimbursement (internet and phone) as long as you're still completing board related activities. **Comment:** Propose that recommended changes are made before the board votes. **Comment:** Vote with proposed changes to be made to procedure.			
UDS Report Alex Lehr O'Connell, Senior Grants Management Specialist	Data from calendar 2022, UDS is that every federally qualified Health Center submits the same array of data every year. We submit it in February for the prior calendar year. I do want to note that HIRSA is still reviewing our report, data is still officially preliminary. Increase in total patients served.			

Serviced 53, 056 patients last year

- It doesn't capture the full scale of everyone who comes into our clinics. For example, if someone comes in just to get their flu shot or a Covid test or a basic health screening.

New patient target is 66,171

Reviewed data on slide related to Federally Qualified Health Center

Highlights

- Very high proportion of clients who need an interpreter.
- We serve an incredibly high proportion of patients who are low income.
- Majority of our patients are Medicaid insured.

Decrease in our UDS report in the number of clients that report being unstably housed.

- Still investigating exactly what the root cause of decline
- Possible data collection error
- Not a HIRSA compliance number, but need to improve collection of data to reflect this population.

Race and Ethnicity

- Increase in non-white patients, serving more BIPOC patients
- Race and Ethnicity categories are changing with HIRSA, which will allow us to identify the communities that we serve.

Clinical Quality Measure (Green have improved and red have deceased)

	- Breast Cancer screening - has increased due to active quality improvement. - Child Immunization - continues to not perform well due to requirement and Oregon as a whole struggles with childhood immunization. - Improvement in screening for depression - Controlling High Blood pressure - has seen a drop but it is related to a measure change - Diabetes - significant improvements Around August numbers, for all of the health centers in the country become public at that time we can compare our performance to our peers across the country across the State.			
Provider Update Bernadette Thomas, Health Center Clinical Officer	Bernadette Thomas, introduced Chirstopher Bogan, Provider Support Specialist, who will be focusing on providing a recruitment for the Health Center. **September 1, 2022- March 31, 2023** - Medical -15 - Pharmacy - 2 **New Provider from January 1, 2023 to March 31, 2023** - Fernando Estrada, PharmD, BCPS, BCIDP, Clinical Pharmacist at HSC - Kennedie Boehm, Nurse Practitioner Fellow, East County Health Center Most of our (Nurse Practitioner) fellow have expressed interest in applying to the County for permanent positions.			

	Question: Future meeting, would you like to see the previous quarter or just the new providers? **Answer:** Good to know all the providers.			
Ribbon Cutting for Mobile Van Reyna Martinez-Martinez, CHCB Liaison	Provided information about upcoming Ribbon Cutting for Mobile Van. Location: Impact NW 10055 E Burnside St, Portland, OR 97216 When: viernes, 26 de may 2023 at 10:30-11:30 Draft of agenda in board book Continue to provide updates to board members as the date approaches. Comment: Opportunity for the Community Health Center to let people know what we are doing in the community and services provided. Comment: Good to receive more coverage of the services that we offer on the bus. Would like more information regarding the publicity around the event. Answer: The invite went beyond Health Center staff but will follow up with communication teams. Make sure that the venus did not have any specific restriction.	Debbie Powers: Will communicate with the team regarding marketing and venue restriction of spreading the word in the community of the ribbon ceremony. CHCB Staff: Will forward on communication to board.		
National Association of Community Health Center Policy and Issues Conference Overview Harold Odhiambo, CHCB Chair	Reyna on behalf of Susana Mendoza. ● Highlight was seeing other delegates, such as a group of delegates from Puerto Rico. ● Wanted to provide feedback on the lack of interpretation at the conference and lack of equity and accessibility. Shared with Adrienne and Adrienne provided feedback to the			

	Vice-President of NACHCP. Harold Odhiambo ● Hill visit allows for Senator and Congress to hear about the work that is happening at the health centers. ● Able to ask legislators for support in areas such as the 340B. ● Provided to connect with other individuals that work in health centers nationwide.			
10 min break	**7:06- 7: 16PM**			
Monthly Budget and Financial Reports -Jeff Perry, Chief Financial Officer, ICS -Adrienne Daniels, Interim Executive Director	**Monthly highlights** ● 9 months into our fiscal year as of March, and we're about 75% through the year. ● Revenue at $144 million, 86% of budget ● Expenditures at $112 million, 67% of budget ● $32 million surplus **Month of March** ● $26.5 million dollars of revenue on $13.6 million dollars worth of expenses. ● Surplus of $12.9 million dollars. **Programmatic Level** ● Dental almost breaking even, due to incentive dollars from CareOregon ● Pharmacy is showing about a $2.5 million dollar gain ● Primary care is showing a $24 million dollar gain ● Student health centers a $525,000 dollars gain ● HIV is about $758,000 of income. **Program income** March was $19.1 million dollars with the program income, or 72% of			

our total revenue.

Program income to date is $11.3 million dollars, approximately 77% of revenue.

Indirect Cost
The amount of money we pay externally for services to the Health Department and the county year to date. $20.2 million dollars year to date, which is 67% below the 75% target.

Budget Adjustment
No change in the last few months.

Average Billable Visits per day by month per Service Area
- Student Health Center 75 billable visits per day for the month of March.
  - Short compared to the target visit of 74
  - Last year 82 visits per day.
- Dental for the month of March had about 235 visits per day
  - Short of the target 322 visits per day
- Primary care had 492 billable visits per day
  - Below the target of 711

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 3.4% target is at about 8%.

Payer Mix for ICS Primary Care Health Center
Need to review slides and data due to significant increase.

Number of OHP Clients Assigned by CCO

- Care Oregon at 46,000 a slight decrease from March to April.
- There was data that was missing showing a decrease the last couple of months but with correction Trillium is still showing an increase.

Question: What are the contracted services?

Answer: Example is that we work with experts in value based care for the alternative payment methodology to help us with our contract negotiations with coordinated care organizations. Smaller contracts where we might bring in for coaching, for specialty developmental areas, staff short term projects, interpretation services.

Question: Payer Mix - for 2023 quarter, 3 and 4 being shown so as curious as to what the process is for collecting that data and having it available like how we have that when it yet it hasn't happened.

Answer: Collected data from April therefore we see some data for Q4.

Vacancy Report
- 131 vacant positions.
  - Result of our ARPA transitioning in funds that were used for staff. staffing rules which have been filled by agency staff or specific on call contractors. Those positions are ending. But that does mean, though, that we replace those with those permanent roles Again, which is why we see an increase in the number of total vacancies, because we are now posting those positions for recruitment.
- Non duplicated vacancies 111, which is an increase in those positions as staff and managers work at posting those positions.
- Decrease in final interview and final hire stage.
- Decrease in the average vacancy length.

	• Increase in our time to fill. • Direct revenue vacancies (physicians, nurse practitioners, dentist, community health workers). Increase due to those ARPA fund positions. • 20 what we call duplicate inactive. • We have one current provider position that we call a duplicate vacancy filled by agency staff. We've been working really closely as well with the Health Department, human resources exploring an automated dashboard that actually removes quite a lot of the person to person effort and generating those numbers. Hoping by the summer to have a fully automated system, which will allow us to get more information more quickly, the better vacancy numbers and trending.			
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	Tamia Deary, Quality Committee : • Continue to work on Annual Quality Plan. • Working on fathering surveys, compliance, and incidents to present at the next public meeting. Tamia Deary, Bylaws Committee : • Continuing working on updating Bylaws. Darrell Wade, Finance Committee : • The Finance Committee met on May 4th, working on our fiscal year Budget testimony to present to them the Board of County Commissioners scheduled to take place May 23, 2023. • Scheduled to meet again on June 1st. Harold Odhiambo, Executive Committee :			

	● Working on recruiting new lawyer.
	Harold Odhiambo, Nominating Committee:
	● No updates from nominating committee
Executive Director's Strategic Updates Adrienne Daniels, Deputy Director	DJ addressed the board as the executive director. **Patient and Community Determined: Leveraging the collective voices of the people we serve** ● Student Health center Youth Action council brought baby goats to support student mental health. ● Client Advisory Committees are back in action, and meeting monthly. **Supporting Fiscally Sound and Accountable practices which advance health equity and center on racial equity** ● HIV Health Service Center was featured on the OHA for the Ryan White Care Act Special Project of Nation Significance Grant. ● Dental working multiple workforce recruitment. ● All staff recognition starts next month. **Equitable treatment that assures all people receive high quality, safe, and meaningful care** ● Rolling out HRSA/UDS and Epic Race & Ethnicity Changes. ● Medication redetermination work starts this month. **Engaged, Expert, Diverse Workforce which reflects the communities we serve** ● The refugee program welcomed 866 refugees in the month of March and 59 in April

	- PrimaryCare and Dental Staff are refining workflows to complete an oral health screenings with patients with diabete and making connection to dental referrals. - Implementation of "advanced access" rolled out in April to all locations. Works adds more options for same day and next day appointments for clients.			
Executive Director Update *(Closed Session)* *CHCB Board Members to discuss in a confidential separate Zoom*	Board moved to confidential session at : 7:50pm	*Motion to move to a closed session: Bee* *Second: Kerry* Yays: 7 Nays: Abstain: **Decision:** **Approved**		
Meeting Adjourns	Meeting adjourns 8:07 PM			Next public meeting scheduled on 6/12/23

Signed:_____ Date:_____
      Pedro Prieto Sandoval, Secretary

Signed:_____ Date:_____
      Harold Odhiambo, Board Chair

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

SUPPORTING DOCUMENTS

community health
center board

Multnomah County

Quality Management Plan

Fiscal Year 2024: July 2023-June 2024

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Purpose of this document:

The Quality Management Plan supports our goal of high quality, equitable, safe care by providing the framework and guidance for the Health Center to:
- Communicate Health Center quality goals
- Inform Health Center strategic priorities, allocating resources, and monitoring progress
- Support quality assurance and improvement for services
- Meet quality management compliance requirements
- Provide the framework for quality metrics and reporting

The Quality Management Plan is required by multiple regulatory organizations, such as:
- HRSA Health Center Compliance Manual
- FTCA Risk Management
- The Joint Commission accreditation
- Oregon Reproductive Health Program
- State Licensing Boards

Health Center Overview

Organizational Overview

The Multnomah County Community Health Center is a Federally Qualified Health Center (FQHC) housed within the Health Department's Integrated Clinical Services Division.

The Community Health Center:

Provides primary care, dental, integrated behavioral health, and pharmacy services

Welcomes all persons, regardless of insurance status, ability to pay, demographics, or documentation status

Prioritizes culturally and linguistically appropriate care, supporting clients in a way that works for them

Mission, Vision, Values

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

Health Center Vision: Integrated. Compassionate. Whole person health.

Health Center Values:

- Equitable care that assures all people receive high quality, safe, and meaningful care
- Patient and community determined: leveraging the collective voices of the people we serve
- Supporting fiscally sound and accountable practices which advance health equity and center on racial equity
- Engaged, expert, diverse workforce which reflect the communities we serve

The Health Center's Quality Approach

The critical components of delivering the high quality, equitable, safe care that our clients deserve, are to have a strong system of **policies, procedures, and tools**; **a robust staffing model with clear expectations and training**; a way to **monitor quality**; and **effective improvement activities** for when that foundation needs adjustment.
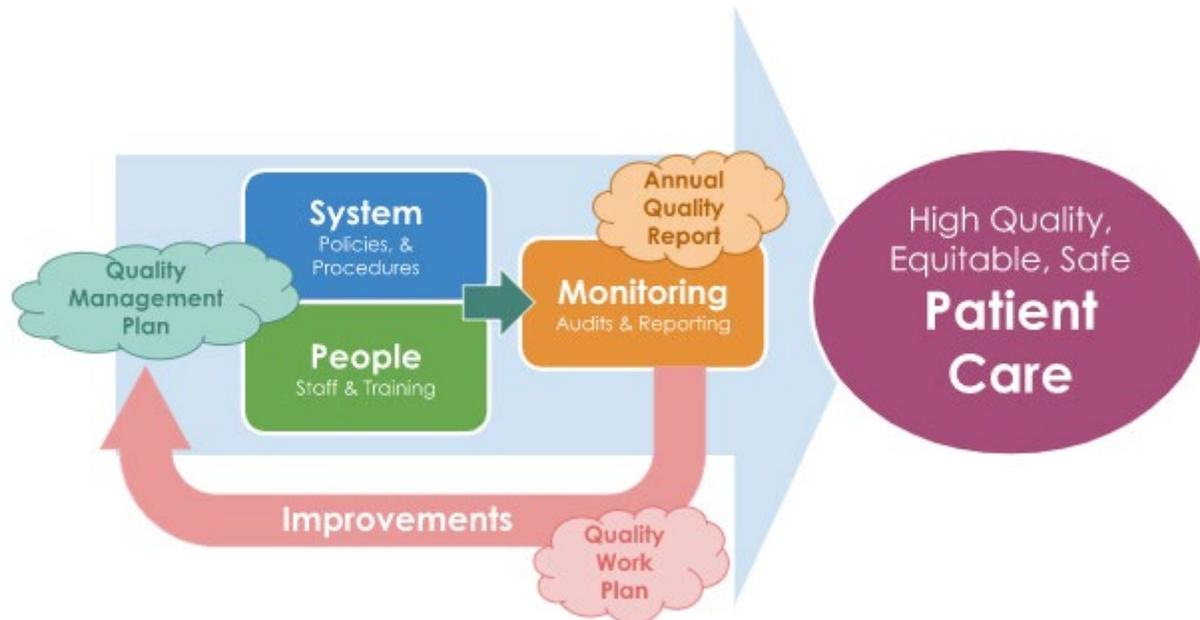
To support this approach to Quality, there are three primary components:

This **Quality Management Plan** defines the vision, framework, and roles for the Health Center (System and People). The Annual Quality Management Plan is approved by the Community Health Center Board.

The **Annual Quality Report** illustrates quality performance and helps to identify improvement opportunities (Monitoring). Additional reporting quarterly and throughout the year supplements the annual report.

The **Quality Work Plan** includes projects to impact performance (Improvements). The Quality Work Plan is operationalized and managed by Community Health Center staff.

Governance and Structure

Co-Applicant Agreement

The Community Health Center Board (CHCB) is the governing board for the Community Health Center, and delegates some accountability to the Board of County Commissioners (BCC). This arrangement is outlined in a co-applicant governance arrangement between the CHCB and the BCC, called the Co-Applicant Agreement*. Quality management and this annual Quality Management Plan must be approved by the CHCB as part of their governing authority.

see the Co-Applicant Board Agreement for additional information

Community Health Center Board Quality Governance

The Health Center's consumer-majority governing board is mandated by HRSA to provide oversight of the Health Center, including governance of the Quality activities such as:		
Quality Management Plan The CHCB reviews and approves each fiscal year.	**QA/QI Activities** Quality Assurance/Improvement activities are presented to the CHCB on an ad hoc basis, and may be included in the Annual Quality Report as specified in this plan. This includes activities such as internal audits, reviews, and exercises.	**Accreditation/certification reports:** The CHCB receives reports of regulatory activities, such as The Joint Commission (TJC) accreditation, recognition with other federal and state programs.
External program and financial audit reports Program and financial performance reviews from grant organizations, federal programs, and accreditation agencies are shared with the CHCB as part of regular compliance monitoring. Multnomah County is also required to perform an annual independent financial audit of government services. All County related audits are available at the Multnomah County Auditor website, and when the audit includes Health Center services, it is reported to the CHCB and to the Federal Government.		**Patient surveys** Patient surveys are a program requirement and an important component of a QA/QI program, and are reported to the CHCB.
Adverse incident reports Adverse incidents affecting patient satisfaction, staff satisfaction, safety, possible professional and general liability insurance claims, and the quality of clinical and management services are regularly reported to the CHCB.	**Policies** Some Community Health Center policies are approved by the CHCB, such as patient feedback, surveys, and data governance.	**HRSA/BPHC required Clinical and Financial Performance** HRSA/BPHC performance measures are reported at least annually. UDS data manual and tables are available on the HRSA/UDS website. Other internally designated measures may be assessed and reported more frequently. Some may be incorporated into reports reviewed by the CHCB.

CHCB Quality Committee

The CHCB Quality Committee is responsible for defining, prioritizing, overseeing, and monitoring the Health Center's performance improvement activities, including client and environmental safety. This includes partnering with the Community Health Center's Chief Quality and Compliance Officer and other leadership to:

- Meet at least quarterly and as needed
- Analyze aggregate quality performance data
- Assure that the activities in the Quality Management Plan are followed
- Review policies related to quality improvement as needed
- Review the Health Center's Standards of Care and/or Protocols
- Help ensure programs, services, and hours are client-centered and meet client needs
- Evaluate client satisfaction

Membership in the CHCB Quality Committee* includes up to four (4) CHCB Board Members including at least one (1) actual or potential consumer. Committees may also consist of additional persons from the community who are not board members, but are selected based on their knowledge and/or concern about a specific issue, field, or endeavor.

*CHCB Bylaws are the final authority on all CHCB committee structure and membership.

Community Health Center Leadership Structure

Community Health Center Senior Leadership

The Senior Leadership for Integrated Clinical Services (SLICS) team sets the direction and assures leadership alignment to achieve the vision and mission for the Community Health Center. Clinical and operational leaders from each service area are represented on this team. SLICS is led by the Community Health Center's Executive Director, whose working title is Integrated Clinical Services Director.

SLICS responsibilities include:
- Accountability for the safety and quality of care, treatment, and services provided in the scope of the Community Health Center
- Strategic planning and implementation of operational policies
- Assuring alignment and progress toward accomplishing strategic goals
- Providing quality and safety oversight for the Community Health Center
- Development, review, and response to operational, clinical, and financial measures.
- Working with the Community Health Center Executive Director to provide comprehensive and timely reports to the Community Health Center Board

SLICS Meeting Frequency:
- Twice per month and as needed
- Retreats twice per year and as needed

SLICS Membership:
- ICS Director/Chief Executive Officer
- Health Center Chief Strategy and Population Health Officer
- Health Center Chief Clinical Services Officer
- Health Center Chief Operations Officer
- Health Center Chief Quality and Compliance Officer
- Health Center Chief Financial Officer
- Health Center Chief Information Officer
- Primary Care Medical Directors
- Pharmacy Director
- Pharmacy Deputy Director
- Dental Director
- Dental Deputy Director
- Deputy Operations Director
- Health Equity Development Director
- Executive Support Manager

Health Center Clinic/Program Leadership

The next level of leadership after SLICS includes subsets of managers and supervisors who oversee programs and clinics. This leadership group is critical to both informing the development of initiatives as well as implementing those initiatives and changes throughout the system.

Program Leadership: All Community Health Center programs and services include a variety of managers, supervisors, and leads to support the critical work that enables the Health Center to deliver services to our clients. These include both direct and support services that enable the provision of care to clients.

Primary Care Clinics: Primary Care, including Student Health Centers (SHC) and the HIV

Health Services Center (HSC) follows a regional model, with each region including multiple sites. Each region has both regional and site-specific managers and supervisors supporting and overseeing services. The structure for each region varies slightly depending on the needs of those clinics, and generally includes a combination of:

Role	Oversight
Regional Clinic Manager	*All clinic operations and functions*
Regional Nurse Managers or site Nurse Supervisor	*Nursing and clinic support functions*
Program Supervisors (clinical support)	*Clinical support functions*
Clinic Supervisors	*Day-to-day clinic operations*
Site Medical Directors	*Providers*

Dental Clinics: The Dental Clinics have a combination of central and site-specific leadership, including:

Role	Oversight
Senior Dental Manager	*All program operations and functions*
Dental Operations Manager	*Clinic operations and functions*
Program Supervisors	*Day-to-day clinic operations for each site*

Pharmacies: The Pharmacy Program has a combination of central leadership and site leads:

Role	Oversight
Pharmacy Director	*All program operations and functions*
Pharmacy Deputy Director	*All program operations and functions*
Pharmacy Operations Managers	*Pharmacy site and program operations*
Pharmacists in Charge (PICs)	*Day-to-day operations for each site*

Program/Clinic Leadership Groups: To best support our clients, services, and staff, program leadership includes subgroups with responsibilities for specific role groups or service lines. These include:

- Cross-Service Operations Huddle
- Primary Care Leadership Team (PCLT)
- Dental Care Leadership Team (DCLT)
- Integrated Clinical Operations Meeting (ICOM)
- Pharmacy Leadership + Pharmacists in Charge (PICs)

Health Center Committees (Quality)

Committee	Membership	Frequency	Responsibilities
Health Center Quality Leadership Team (QLT)	Led by CQCO and CCO Quality Team and key program and clinic leadership/ staff	At least 3x/year	• Coordinated decision-making and implementation of quality work across the Health Center • Review quality metric data and trends • Identify quality improvement opportunities • Plan and develop improvement activities • Communicating changes and activities to staff and stakeholders
Interdisciplinary Review Committee	Key Senior Leadership, IBH Manager, Quality Team	At least monthly and ad hoc	• Review unique or challenging client situations • Decision-making for dismissal, transfer, or other actions to best support client and Health Center
Incident Review Committee	Key Senior Leadership, IBH Manager, Quality Team	At least monthly	• Review reported client safety incidents • Identify concerns and trends • Determine follow up needed (investigations, Root Cause Analyses, training/coaching, process improvements, etc)
Pharmacy and Therapeutics Committee	Key leadership and stakeholders	At least quarterly	• Oversee Joint Commission medication management chapter

Committee	Membership	Frequency	Responsibilities
			• Related Quality and Process Improvement
340B Oversight Committee	Key pharmacy staff and senior leadership	At least quarterly	• Oversee and guide 340B program policies and procedures, training, and compliance
RE.D.I. (Race/Ethnicity, Diversity, Inclusion) Committee	Senior Leadership Health Equity Team Cross-functional program/clinic leadership and staff	Varies	• Eliminate racial inequities in policies, procedures, and practices • Develop clinical practices centered on racial and health equity using public health and population health strategies and decolonizing data • Establish training and development opportunities focused on racial equity for employees and management • Build infrastructure to support racial equity • Develop sustainable health center culture centered on racial equity
Site Sustainability Teams	Site leadership and representation from role groups	At least monthly	• Sustain quality improvements • Review local workflows • Initiate quality improvement projects at the local level (such as PDSAs)
Site Safety Committees	Site leadership and representation from all building programs	At least monthly	• Conduct quarterly Building Safety Inspections • Identify and report building safety concerns • Implement safety improvement activities
Client Advisory Committee (CAC)	Clients, coordination staff, key leadership, and stakeholders	At least quarterly	• Provide feedback and insight regarding Community Health Center quality and operations • Collaborate with leadership to identify areas of improvement
Other committees as needed			

Quality and Compliance Program

To support the Health Center's responsibility of providing high quality, safe, equitable care, the Quality and Compliance Program provides critical resources and subject matter expertise on compliance, quality assurance, and quality improvement activities.
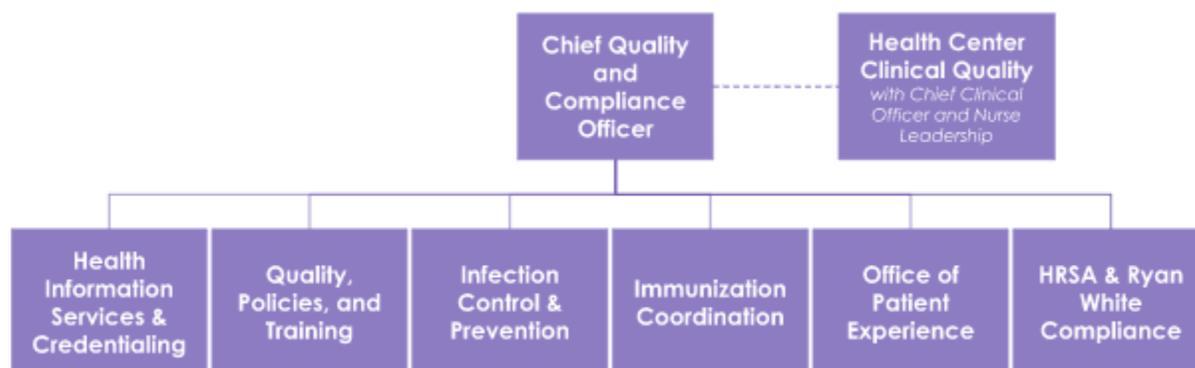
The core functions of the Quality and Compliance Program include:

Core function	Primary functions
Oversight of Health Center Quality and Compliance	• Collaborate across Health Center and with other Departments and Divisions to develop and implement policy and processes to improve and ensure quality of services
HIPAA/Privacy and medical records	• Develop and maintain privacy policies • Investigate HIPAA privacy incidents, breaches, and complaints • Respond to medical records requests • Scan and index documents into the medical record • Provide subject matter expertise in protecting privacy and the ethical use of health information
Client surveys	• Work with vendor to conduct client surveys for all service lines • Analyze and present data, trends, and opportunities
Client complaint management	• Coordinate receipt of and responses to complaints and grievances from clients • Analyze and present data, trends, and opportunities
Client safety incident management	• Coordinate interdisciplinary review of client safety incidents • Analyze and present data, trends, and opportunities
Credentialing and privileging	• Complete credentialing, privileging, and enrollment of Licenced Independent Practitioners (LIPs) • Collaborate with Health HR on licensing and certification for all clinical roles
Health Center specific training coordination	• Support development, implementation, and tracking of health center e-training
Policy management	• Coordinate development, revision, and renewal of Health Center policies

Quality improvement, assurance, and compliance	• Coordinate and conduct internal audits and other activities to help ensure quality and compliance • Coordinate and support external surveys and other activities related to quality and compliance • Analyze and present findings, trends, and opportunities
Employee safety	• Collaborate with County and Health Department partner programs to support employee safety, including County Workplace Security, Risk Management, Facilities, and Attorney's Office • Identify and elevate trends and opportunities as needed
Risk assessment and management	• Collaborate with County and Health Department partner programs to assess and analyze risk • Identify and elevate trends and opportunities as needed
EHR management	• Collaborate with Health Center Clinical Systems Information (CSI) to identify and implement improvements related to the Electronic Health Record (EHR) systems
Data and reporting	• Collaborate with Health Center Business Intelligence (BI) to develop data reporting

Community Health Center Quality Metrics

The Health Center has identified a subset of key performance indicators (KPIs) that help illustrate the overall quality of services. Measuring health system quality is incredibly complex and includes regular analysis of many types of data by different roles within the organization. These KPIs are intended to give a high-level overview.

The KPIs are organized into four main categories in alignment with The Joint Commission (TJC) accreditation, though there is some overlap between the categories.

Category	Joint Commission Chapters
Safety & Compliance	- Environment of Care (EC) - Infection Prevention and Control (IC) - Life Safety (LS) - National Patient Safety Goals (NPSG) - Emergency Management (EM)
Client Experience	Rights and Responsibilities of the Individual (RI)
System and Staff	- Leadership (LD) - Human Resources (HR)
Clinical Quality	- Information Management (IM) - Record of Care, Treatment, and Services (RC) - Provision of Care, Treatment, and Services (PC) - Medication Management (MM)
Quality Improvement	Performance Improvement (PI)

KPI Reporting

The Health Center produces an annual report on a Fiscal Year cycle that includes the KPIs, as well as quarterly reporting on a subset of these metrics. These reports are reviewed at the CHCB Quality Committee meetings, provided to the full Board and presented as a summary at public meetings. The KPIs are used to help inform the following year's Quality Work Plan.

Report	Content	Public Meeting Presentation
Annual Health Center Quality Report *Due in August for previous fiscal year*	- Key Performance Indicators - Helpful context on what the data is showing - Important trends and disparities - Quality improvement activities where applicable - Compliance and Risk Management Activities	Highlight 3-5 KPIs Summary of trends and disparities Highlight 3-4 improvement activities from the year
Quarterly Quality data *Due when data is available following the end of a quarter*	- Subset of metrics that includes, at a minimum, client complaints, incidents, and surveys - Important trends and disparities - Improvement activities where applicable	Summary of trends and disparities

Key Performance Indicator Grid

Work Process	What question needs answered?	KPI	Calculation	Examples for Narrative	Category
External Audits	Were external audits passed?	External Audit Summary	Narrative: Summary of audit, findings, and resolutions.	Why is it important to resolve findings? What improvements were implemented?	**Safety & Compliance**
Internal Audits (Open for Business, Environment of Care…)	Does the Health Center maintain a safe environment for staff and clients?	Internal Audit Trends	Number of internal audits completed per site.	What trends were identified? What improvements were implemented?	**Safety & Compliance**
Privacy Incidents	Does the Health Center safeguard client information?	Privacy Incidents	Number of confirmed HIPAA breaches	What trends were identified? What improvements were implemented? What makes an incident a "breach"?	**Safety & Compliance**
Required Trainings	Are staff completing and passing required trainings?	Training Passing Rates	WORKDAY + GOOGLE SHEETS Percentage of staff with all passed trainings	What trainings were required? Why are trainings required?	**Safety & Compliance**
Client Surveys	Are clients satisfied with Health Center services?	Client Satisfaction Surveys	CROSSROADS Overall satisfaction (all services)	What trends were identified? Were there demographic disparities? What improvements were implemented?	**Client Experience**
Client Complaints	How do clients think the Health Center can improve?	Client Complaints	Total complaints (all services)	How many clients were served? What trends were identified? What improvements were implemented?	**Client Experience**
Client Safety Incidents	What is the Health Center's client safety risk?	Client Safety Incidents	Total incidents (all services)	How many clients were served? What trends were identified? What improvements were implemented?	**Safety + Client Experience**

Work Process	What question needs answered?	KPI	Calculation	Examples for Narrative	Category
Client Advisory Committee	Does the Health Center engage clients in improvements?	CAC Engagement	# of CAC meetings # of CAC participants	What does the CAC do? What topics were discussed?	**Client Experience**
Clinical Quality	Is the Health Center meeting health outcome metrics?	UDS Clinical Quality	UDS metrics	What trends were identified? (locations, types of metrics, demographic disparities, etc) What improvements were implemented?	**Clinical Quality**
Clinical Peer Review	Are providers delivering safe and effective services?	Clinical Peer Review	Total reviews completed	What trends were identified? (types of gaps, coaching/training opportunities, etc) What improvements or trainings were implemented?	**Clinical Quality**
Appointment Access/Utilization	Are clients accessing Health Center services	Appointment Access	ACCESS DASHBOARD Wait times Reasons for cancellations	What trends were identified? (types of appts, locations, etc) How are wait times being addressed? How is access being improved?	**Clinical Quality**
Pharmacy Utilization	Are clients using Health Center pharmacies	Pharmacy Utilization	Prescriptions filled at internal pharmacies	What trends were identified? (locations, etc)	**Clinical Quality**
Quality Improvement	Does the Health Center implement improvements?	Quality Work Plan Status	Status update on each project	What projects are on track? What factors impacted these projects?	**Quality Improvement**

Additional KPIs may be scoped/developed for potential inclusion in future Quality Management Plans and Annual Quality Reports.

Quality Work Plan

Each year, the Health Center develops and implements a Quality Work Plan that includes projects and initiatives based on the quality metrics, strategic plan, operational needs, and resources. These activities are coordinated with other Health Center projects and initiatives to best plan resources and help support project success.

The Quality Work Plan represents the **Quality Improvement** category and consists of 5-8 system-level improvement projects, including at least one from each of the other four quality categories:

Safety & Compliance
Client Experience
System and Staff
Clinical Quality

The Quality Work Plan is developed based on the previous year's Quality KPIs and other factors/considerations, such as strategic priorities and available resources, and is presented with or shortly after the Annual Quality Report.

The Quality Work Plan includes, at a minimum:

- Project Name
- Desired Outcome(s)
- Key Deliverables/Timeline
- Program or role leading the work (if known)

Glossary

Business Intelligence	Accurate and ethical data management, reporting, and analysis to facilitate achievement of strategic goals and priorities
Clinical Information Systems	How our Electronic Health Record system supports our services and clients
Compliance	How we ensure we adhere to requirements from our regulatory organizations
Equity	How we dismantle barriers to healthcare access and delivery, in order to improve physical, emotional, and behavioral health outcomes.
Patient/Client Experience	How we support clients to feel welcome, supported, and safe in our care, and ensure equitable and client-centered experiences
Performance Improvement	Activities guided by experiences, events, and data which drive meaningful change at the Health Center
Privacy/HIPAA Compliance	How we ensure the security of our client and system information and comply with HIPAA/Privacy rules, oversight by the Health Center's Health Information Services (HIS) program
HIPAA Privacy Rule	HIPAA standards that address the allowable use and disclosure of protected health information (PHI)
HIPAA Security Rule	HIPAA standards that address a subset of information covered by the Privacy Rule: electronic protected health information (e-PHI)
Quality Assurance	How we maintain our standards of quality of care, including clinical services and operational processes
Quality Improvement	How we improve the quality and equity of healthcare delivery for our clients
Safety	How we prevent incidents, infection, errors, "near misses," and other adverse events by maintaining safe environments, workflows, and education

Acronyms

BCC — [Board of County Commissioners](#)
Elected representatives for each County district, as identified in the [County Charter](#) and [Oregon Administrative Rules](#).

BI — Business Intelligence

BPHC — [Bureau of Primary Health Care](#)
A HRSA program that funds Health Centers in underserved communities, providing access to high quality, family oriented, comprehensive primary and preventive health care for people who are low-income, are uninsured, or face other obstacles to accessing health care.

CHCB — [Community Health Center Board](#)
The client majority board that governs the Community Health Center.

CSI — Clinical Systems Information program

DCLT — [Dental Care Leadership Team](#)

HIPAA — Health Insurance Portability and Accountability Act

HIS — Health Information Services program

HRSA — Health Resources and Services Administration

HVA — Hazard Vulnerability Analysis

ICS — Integrated Clinical Services, a division of MCHD that includes the Community Health Center

IT — Information Technology

MCHD — Multnomah County Health Department

OPX — Office of Patient Experience

OSHA — Occupational Safety and Health Administration

PCLT — [Primary Care Leadership Team](#)

PDSA — Plan-Do-Study-Act: a Lean Quality Improvement tool for continuous improvement

QA — Quality Assurance

QI — Quality Improvement

QLT — Quality Leadership Team

SHC	Student Health Centers
SLICS	Senior Leadership for Integrated Clinical Services
TJC	The Joint Commission

SUMMARIES

**community health
center board**

Multnomah County

Presentation Title	Mid-County Dental Remodel

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:	5/22/2023 & 6/12/23	Program / Area:	ICS Dental

Presenters:	Daniel Martinez Tovar, EPDH, MBA ICS Dental Senior Manager

Project Title and Brief Description: Mid-County Dental Remodel

- Mid-County Dental will be undergoing some remodel changes that will result in the dental clinic closing for about 3 weeks in November 2023. Primary Care and Pharmacy will be open during this time

Describe the current situation:

- The scope includes: flooring, floor access panels, paint, and stainless steel corner guards
- Currently, the floors are not in great condition as they are made up of different floors, held together by tape, and have holes in the floor.
- To maintain access for dental clients Monday- Friday, clients will be re-routed to one of other dental clinics
- To maintain Saturday access for clients, we expect to open at Rockwood Dental Clinics

Why is this project, process, system being implemented now?

The project will be completed in November 2023 because this is the time that we have the most staff time off requests, thus reducing the client impact.

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):*

This project was originally budgeted for flooring replacement only. Once the space was assessed, it was determined that scope should be added to include paint, corner guards, and installing floor panels to access

dental vacuum lines. The original projected start date for May 2023 was delayed to November 2023 to have the lowest impact on staff and clients from the clinic closure.

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

This remodel is due to normal wear and tear of Mid County Dental Clinic as it is one of our busiest dental clinics. The board is not being asked for a budget revision for this work.

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?

ICS Dental Leadership

Mid-County Dental Program Supervisor

Mid-County Primary Care / Pharmacy

ICS Shared Services Operations Manager

Human Resources

Labor Relations

Mid-County Dental Staff

Facilities & Property Management Division

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

Azma Ahmed, DDS,- ICS Dental Director (Clinical oversight)

Maciek Dolata, DDS- ICS Deputy Dental Director (Clinical oversight)

Daniel Martinez Tovar, EPDH, MBA- ICS Dental Senior Manager (Operational oversight)

Christian Thomson, ICS Dental Program Manager (WOC) (Operational oversight)

Serghei Zaharia, Mid-County Dental Program Supervisor (WOC) (Operational oversight)

Ryan Linskey, ICS Shared Services Operations Manager (Operational/logistic oversight)

Martin Feavel, Facilities & Property Management Division Project Manager

Robert Koppa, Dental Equipment Project Manager (Dental Equipment oversight)

Erin Murphy, HR Manager- Employee Relations

Celeste Nudelman , HR Senior Business Partner

What have been the recommendations so far?
Recommendation is to close Mid-County Dental for 3 weeks to allow the necessary repairs. During that time, staff and clients will be directed to other health centers. Rockwood Dental Clinic would be open those closed Saturdays to provide client access to Saturday appointments.
How was this material, project, process, or system selected from all the possible options?
This has been a delayed project for the last 3 years from funding and finding time. The project has finally been budgeted for and contractors have been vetted. The final contract will be drafted over the next few months.

Board Notes:

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

Presentation Title	Mid-County Dental Saturday Hours

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:	5/22/2023 & 6/12/23	Program / Area:	ICS Dental

Presenters:	Daniel Martinez Tovar, EPDH, MBA ICS Dental Senior Manager

Project Title and Brief Description: Mid-County Dental Saturday Hours

Change in the number of Saturdays we are opened per month at Mid-County Dental Clinic

Describe the current situation:

- Historically, Mid-County Dental historically been closed 1 Saturday a month
- This was to allow our Electronic Dental Health Record System to complete its monthly systems update
- Staff would flex their schedule and work another day of the week on the Saturday that we were closed
- In 2019, Dental moved away from Dentrix, to Wisdom via EPIC
- We no longer need to be closed 1 Saturday a month for system updates
- Mid-County Dental Clinic will be opened all Saturdays in the month

Why is this project, process, system being implemented now?

We no longer have a need to have Mid-County Dental closed one Saturday per month now that we have moved to Wisdom/EPIC.

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):*

We have worked with staff to inform them that we would be open all Saturdays at Mid-County Dental and no longer closed one per month. We gave them advance notice of this change. Patients who need Saturday appointments will have more access.

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

None

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?

ICS leadership and Mid-County Dental staff

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

Azma Ahmed, DDS,- ICS Dental Director (Clinical oversight)

Maciek Dolata, DDS- ICS Deputy Dental Director (Clinical oversight)

Daniel Martinez Tovar, EPDH, MBA- ICS Dental Senior Manager (Operational oversight)

Christian Thomson, ICS Dental Program Manager (WOC) (Operational oversight)

What have been the recommendations so far?

To open all Saturdays at Mid-County Dental now that we no longer need to be closed one Saturday per month to allow for Electronic Dental Health Record System update.

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

Wisdom/EPIC was introduced in ICS Dental in 2019 and we no longer have a need to be closed one Saturday per month at Mid-County Dental.

Board Notes:

PRESENTATIONS

community health
center board

*Multnomah County*

Multnomah County Community Health Center
Patient Satisfaction & Experience
CHCB Executive Summary Q1 2023

Introduction

- Random sample of medical, behavioral health, and dental patients seen at Multnomah County Community Health Center either in-person or remotely during the encounter time frame

- **Methodology**: Live-person telephone interview

- **Reporting Period**: Q1 2023

- **Sample Size**: *n* = 1075 completed surveys
  - Medical: *n* = 745
 - Behavioral Health: *n* = 59
  - Dental: *n* = 271

Sample Distributions
Q1 2023

Q1 2023 marks the beginning of the inclusion of Dental Surveys and Pharmacy Surveys by Crossroads, our survey vendor. Dental surveys are conducted in the same manner and with the same questionnaire as Primary Care (medical) and Behavioral Health. The Pharmacy Survey is conducted separately because the questionnaire/service is closer to a retail experience vs a provider visit. Pharmacy scores are in the last section of this handout.

Sample Distribution refers to the percentage and number of respondents in each demographic shown. For example, when looking at the "Sample Distribution By-Gender", 58.9 % (or 612) of the total population surveyed identified as female.

Overall Satisfaction (PC/BH/Dental)
Q1 2023
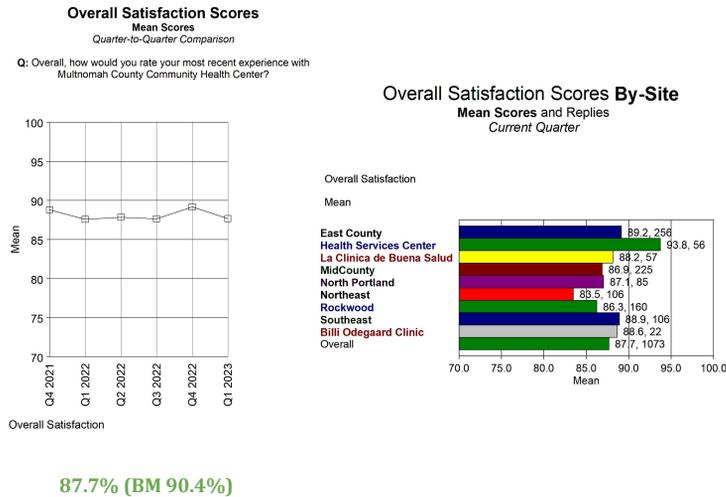
Overall Satisfaction is a specific survey question that asks how satisfied the patient was with the entire visit. The scores on this slide reflect Primary Care/Behavioral Health/Dental combined, as indicated by (PC/BH/Dental).

The overall mean (or average) score for the health center as a whole and trend line over the last year and a half is shown in the graphic on the left.

The mean score and number of patients who answered the question for each individual site is shown in the graphic on the right (along with the overall score for reference).

The Q1 2023 National Benchmark (how we compare to all other FQHCs in the Crossroads database) is shown in green at the bottom of the slide and was 90.4% while our health center as a whole scored 87.7%.

Satisfaction questions use a **Poor/Fair/Good/Excellent** scale

Report References:
- Executive Leadership Report

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Overall Satisfaction/Primary Care
Q1 2023

Overall Satisfaction (Mean Score)

BM 90.3%

This is the trend line for Overall Satisfaction for just Primary Care over the past year and a half. The National Benchmark (in Green at the bottom of Qtr 1) is 90.3%. Our score is 87.5%.

Satisfaction questions use a **Poor/Fair/Good/Excellent** scale

Report References:
- Executive Leadership Report

Overall Satisfaction/Behavioral Health
Q1 2023

Overall Satisfaction (Mean Score)

BM 91.3%

This is the trend line for overall satisfaction for just Behavioral Health. Crossroads started surveying for BH in Q2 2022. The National Benchmark (in Green at the bottom of Qtr1) is 91.3%. Our score is 86.4%.

Satisfaction questions use a **Poor/Fair/Good/Excellent** scale

Report References:
- Executive Leadership Report

Overall Satisfaction/Dental
Q1 2023

Overall Satisfaction (Mean Score)

Sample Size and Score by Year and Quarter

● Sample Size ◆ Score

269

88.4
2023 Qtr 1

BM 90.7%

This is the first quarter that Crossroads has surveyed for Dental. This score is for Dental only. The National Benchmark (in Green at the bottom of the slide) is 90.7%. Our score is 88.4%.

Satisfaction questions use a **Poor/Fair/Good/Excellent** scale

Report References:
- Executive Leadership Report

Overall Satisfaction By-Demographic
## Q1 2023 (PC/BH/Dental)
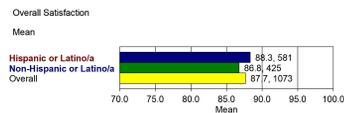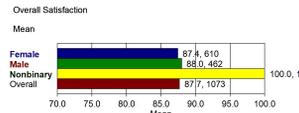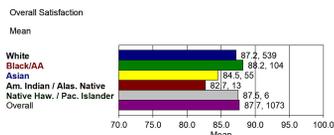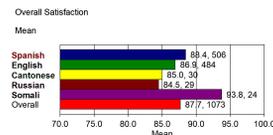
Looking at Overall Satisfaction by Demographic (Race/Ethnicity/Gender/Language), we can get a closer look at which patients are reporting lower satisfaction with their entire appointment.

By Race: Asian populations (reporting slightly lower satisfaction)
By Language: Cantonese and Russian (reporting slightly lower satisfaction than the other top 5 languages spoken in our health center)

Satisfaction questions use a **Poor/Fair/Good/Excellent** scale

Report References:
 - Cross-tabulation Report

Loyalty and Referral Intentions
Q1 2023 (PC/BH/Dental)
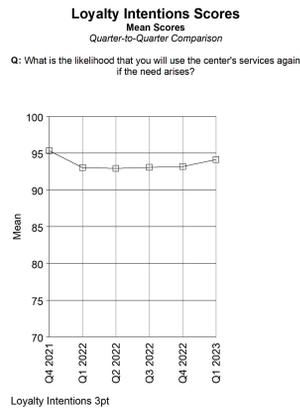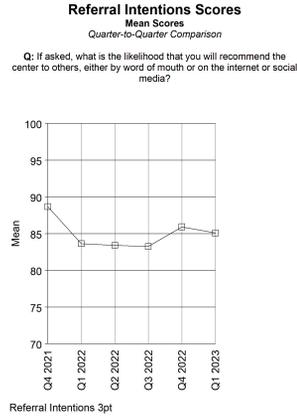
Loyalty Intentions refer to the likelihood that patients will continue to access our health center.

Referral Intentions refer to the likelihood that patients will refer their friends and family to our health center.

This slide shows the trend lines over the past year and a half with our Q1 2023 mean score and (national benchmark) under each measure.

Loyalty and Referral questions use a **Not Likely/Somewhat Likely/Very Likely** scale

Report References:
- Executive Leadership Report

Loyalty Intentions By-Demographic
Q1 2023 (PC/BH/Dental)
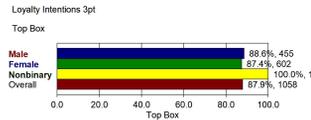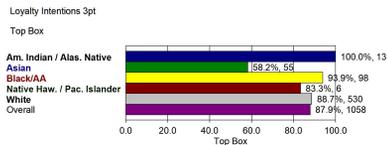
Loyalty Intentions by demographic show some disparities By-Race (Asian populations) and By-Language (Cantonese and Russian).

Loyalty Intentions question uses a **Not Likely/Somewhat Likely/Very Likely** scale

Report References:
- Cross-tabulation Report

Referral Intentions by demographic show some disparities By-Race (Asian populations) and By-Language (Russian and Cantonese) similar to Loyalty Intentions on the previous slide.

Referral Intentions question uses a **Not Likely/Somewhat Likely/Very Likely** scale

Report References:
- Cross-tabulation Report

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Primary Care Scores

Now we will look at Primary Care Scores for the other questions in the survey…they are broken out into two main categories; Satisfaction and Experience.

In brief, patient satisfaction is about the patient's expectations for care, while patient experience is associated with a patient's perception of care.

Satisfaction Score Ranking and Score Change- Primary Care

Q1 2023

Patient Satisfaction Scores Ranking
Mean Scores and Counts
Current Quarter

Q1 2023

MCCHC Core Satisfaction

	Mean, Count
Provider Respect	92.7, 744
Provider Explanation	91.6, 744
Provider Listening	91.4, 745
Provider Asst. Courtesy & Helpfulness	90.5, 604
Portal Satisfaction	89.8, 44
Quality of Care	89.7, 743
Provider Time Spent	88.9, 743
Provider Knowledge of Health History	88.6, 739
Overall Satisfaction	87.5, 745
Reception Staff Courtesy & Respect	87.4, 604
Reception Staff Helpfulness	87.2, 603
Phone Attendant Courtesy & Helpfulness	86.8, 472
Cultural & Language Needs Met	86.5, 413
Provider Wait	86.3, 602
Test Results Communication	85.2, 377
Appointment Wait	80.0, 743
MCCHC Core Satisfaction	88.3, 745

Mean: 70.0 75.0 80.0 85.0 90.0 95.0 100.0

Patient Satisfaction Scores
Net Mean Score Change
Quarter-to-Quarter Comparison

Current Quarter vs Previous Quarter

	Difference in Mean
Overall Satisfaction	-1.5
Phone Attendant Courtesy & Helpfulness	-1.8
Portal Satisfaction	-1.4
Appointment Wait	0.0
Reception Staff Courtesy & Respect	-0.7
Reception Staff Helpfulness	-1.6
Provider Wait	-0.3
Provider Asst. Courtesy & Helpfulness	-0.6
Provider Listening	0.3
Provider Respect	1.1
Provider Explanation	0.4
Quality of Care	-0.2
Provider Knowledge of Health History	-0.3
Provider Time Spent	0.9
Test Results Communication	0.7
Cultural & Language Needs Met	-1.1

Difference in Mean: -4.0 -2.0 0.0 2.0 4.0

† The following score changes are statistically significant at a 68% confidence level:
Overall Satisfaction (-1.5)
Phone Attendant Courtesy & Helpfulness (-1.8)
Reception Staff Helpfulness (-1.6)

On the left you will find the mean scores and number of patients who replied to each satisfaction question in order of highest score to lowest score.

On the right you will find the score changes from the previous quarter and which score changes are statistically significant.

Satisfaction questions use a **Poor/Fair/Good/Excellent** scale

Report Reference:
- Medical Aggregate Report

Experience Score Ranking and Score Change-Primary Care
Q1 2023

On the left you will find the percentage and number of patients who replied "Yes" to each experience question in order of highest score to lowest score.

On the right you will find the score changes from the previous quarter and which score changes are statistically significant.

Experience questions use a **Yes/No** scale

Report Reference:
- Medical Aggregate Report

Behavioral Health Scores

Now we will look at Behavioral Health Scores for the other questions in the survey…they are broken out into two main categories; Satisfaction and Experience.

In brief, patient satisfaction is about the patient's expectations for care, while patient experience is associated with a patient's perception of care.

Satisfaction Score Ranking and Score Change-Behavioral Health
Q1 2023

On the left you will find the mean scores and number of patients who replied to each satisfaction question in order of highest score to lowest score.

On the right you will find the score changes from the previous quarter and which score changes are statistically significant.

Satisfaction questions use a **Poor/Fair/Good/Excellent** scale

Report Reference:
- Behavioral Health Aggregate Report

On the left you will find the percentage and number of patients who replied "Yes" to each experience question in order of highest score to lowest score.

On the right you will find the score changes from the previous quarter and which score changes are statistically significant.
Experience questions use a **Yes/No** scale

Report Reference:
 - Behavioral Health Aggregate Report

Dental Scores

Now we will look at Dental Scores for the other questions in the survey…they are broken out into two main categories; Satisfaction and Experience.

In brief, patient satisfaction is about the patient's expectations for care, while patient experience is associated with a patient's perception of care.

This is the first quarter that Crossroads has conducted Dental Surveys so there are no score changes so show for the previous quarter.

On the left you will find the mean scores and number of patients who replied to each satisfaction question in order of highest score to lowest score.

On the right you will find the percentage and number of patients who replied "Yes" to the experience questions in order of highest to lowest score.

Satisfaction questions use a **Poor/Fair/Good/Excellent** scale

Experience questions use a **Yes/No** scale

Report Reference:
- Dental Aggregate Report

Supplemental Analysis

The Supplemental Analysis shows us patient satisfaction with Reception Staff Courtesy and Respect, Reception Staff Helpfulness, Phone Wait Experience, and Phone Attendant Courtesy and Helpfulness.

This slide shows the trend lines for Reception Staff Courtesy & Respect AND Reception Staff Helpfulness, for our health center as a whole, over the past year and a half with our Q1 2023 mean score and (national benchmark) under each measure.

The middle graphic shows the percentage and number patients who answered "Excellent" for both categories at the clinic level.

Satisfaction questions use a **Poor/Fair/Good/Excellent** scale

Report References:
- Reception Area Report

Phone Access Scores (PC/BH/Dental)
Q1 2023

Phone Wait Experience
Percentages and Replies
Current Quarter

Q: When you called, how long did it take to reach a person who could schedule your appointment?

Q1 2023

Phone Wait Experience

0 Seconds - Instant	2.1, 12
1 - 10 Seconds	1.6, 9
Over 10 Seconds - 1 Minute	8.0, 46
Over 1 Minute - 5 Minutes	29.3, 169
Over 5 Minutes - 10 Minutes	14.8, 85
Over 10 Minutes - 15 Minutes	7.8, 45
Over 15 Minutes	35.8, 206
Call Dropped or Abandoned	0.7, 4

Frequency (%)
0.0 20.0 40.0 60.0 80.0 100.0
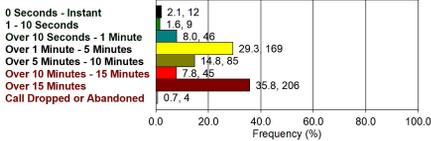
Phone Attendant Courtesy and Helpfulness
Percentages and Replies
Current Quarter

Q: How would you rate the courtesy and helpfulness of the person you spoke with on the phone?

Q1 2023

Phone Attendant Courtesy & Helpfulness

Poor	1.0, 7
Fair	5.3, 36
Good	37.8, 257
Excellent	55.8, 379

Frequency (%)
0.0 20.0 40.0 60.0 80.0 100.0
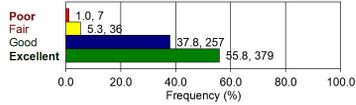
On the left you will see the percentage and number of patients next to how long they reported waiting on the phone to reach someone who could schedule them an appointment.

On the right you will see the percentage and number of patients next to how satisfied they were with the courtesy and helpfulness of the person they spoke with on the phone.

Satisfaction questions use a **Poor/Fair/Good/Excellent** scale

Report References:
- Phone Access Report

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Pharmacy Patient Satisfaction & Experience

CHCB Executive Summary Q1 2023

The Pharmacy Survey has a different set of questions and is scored separately from our other service lines. This is the first quarter that Crossroads has conducted our Pharmacy surveys.

Introduction

- Random sample of pharmacy patients seen at a Multnomah County Community Health Center pharmacy

- **Methodology**: Live-person telephone interview

- **Reporting Period**: Q1 2023

- **Sample Size**: *n* = 305 completed surveys

Sample Distribution **By-Pharmacy**
Percentages and Counts
Current Quarter

Current Quarter

Organization Name

Westside Pharmacy	15.7, 48
East County Pharmacy	15.7, 48
Mid County Pharmacy	15.1, 46
North Portland Pharmacy	15.1, 46
Northeast Pharmacy	15.1, 46
Rockwood Pharmacy	8.2, 25
Southeast Pharamcy	15.1, 46
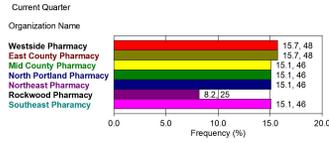
Sample Distribution **By-Ethnicity**
Percentages and Counts
Current Quarter

Current Quarter

Ethnicity

| Hispanic or Latino/a | 54.1, 157 |
| Non-Hispanic or Latino/a | 45.9, 133 |
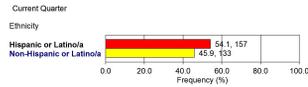
Sample Distribution **By-Race**
Percentages and Counts
Current Quarter
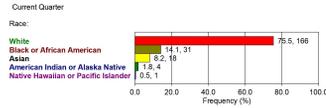
Current Quarter

Race:

White	75.5, 166
Black or African American	14.1, 31
Asian	8.2, 18
American Indian or Alaska Native	1.8, 4
Native Hawaiian or Pacific Islander	0.5, 1

Sample Distribution refers to the percentage and number of respondents in each demographic shown. For example, when looking at the "Sample Distribution By-Pharmacy" we can see that the percentage and number of pharmacy clients surveyed is evenly distributed among all pharmacy sites, with the exception of Rockwood Pharmacy.

Overall Satisfaction

Overall Satisfaction Scores
Percentages, Replies, **Mean Scores**, and Mean Standard Errors
(68% CL)
Quarter-to-Quarter Comparison

Q: How would you rate your overall satisfaction with your
pharmacy experience?

	Rolling 4 Quarters	
	Quarter:	
	Q1 2023	
Overall Satisfaction Pharmacy		
Poor	0.3%	1
Fair	1.6%	5
Good	27.9%	85
Excellent	70.2%	214
Totals	100.0%	305
Mean		92.0
Mean Err(68)*		±0.7

* Note: Mean Err(68) covers 68% of distribution.

Overall Satisfaction Scores By-Pharmacy
Mean Scores and Replies
Current Quarter

Overall Satisfaction Pharmacy	
Mean	

Westside Pharmacy — 97.4, 48
East County Pharmacy — 87.0, 48
Mid County Pharmacy — 88.6, 46
North Portland Pharmacy — 93.5, 46
Northeast Pharmacy — 90.8, 46
Southeast Pharmacy — 95.1, 46
Rockwood Pharmacy — 91.0, 25
Overall — 92.0, 305

70.0   Mean   100.0
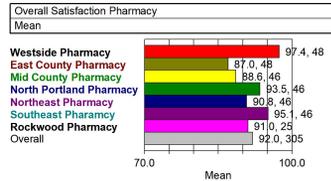
The graphic on the left shows the percentage and number of pharmacy clients next to the rating they gave for their Overall Satisfaction with their entire pharmacy experience. It also shows the Mean (average) score of 92%.

The graphic on the right shows the mean score and number of patients that responded to the question for each pharmacy site.

Report Reference:
 - Executive Leadership Report

67

Loyalty and Referral Intentions

Loyalty and Referral Intentions Scores
Percentages, Replies, **Mean Scores**, and Mean Standard Errors (68% CL)
Quarter-to-Quarter Comparison

Q: What is the likelihood that you will use the Mutlnomah pharmacy again?

Q: If asked, what is the likelihood that you will recommend this pharmacy to others, either by word of mouth or on the internet or social media?

	Rolling 4 Quarters			
	Quarter:		Overall	
	Q1 2023			
Loyalty Intentions Pharmacy				
Not likely	0.7%	2	0.7%	2
Somewhat likely	6.6%	20	6.6%	20
Very likely	92.8%	282	92.8%	282
Totals	100.0%	304	100.0%	304
Mean		96.4		96.4
Mean Err(68)*		±0.8		±0.8
Referral Intentions Pharmacy				
Not likely	3.3%	10	3.3%	10
Somewhat likely	18.2%	55	18.2%	55
Very likely	78.5%	238	78.5%	238
Totals	100.0%	303	100.0%	303
Mean		88.9		88.9
Mean Err(68)*		±1.3		±1.3

* Note: Mean Err(68) covers 68% of distribution.

Loyalty and Referral Intentions Scores
By-Pharmacy
Percentage "Very Likely" Scores and Replies
Current Quarter

Loyalty and Referral Questions
Loyalty Intentions Pharmacy

Pharmacy	Score
Westside Pharmacy	93.8%, 48
East County Pharmacy	89.6%, 48
Mid County Pharmacy	89.1%, 46
North Portland Pharmacy	95.7%, 46
Northeast Pharmacy	95.6%, 45
Southeast Pharmacy	95.7%, 46
Rockwood Pharmacy	88.0%, 25
Overall	92.8%, 304

Loyalty and Referral Questions
Referral Intentions Pharmacy

Pharmacy	Score
Westside Pharmacy	77.1%, 48
East County Pharmacy	76.6%, 47
Mid County Pharmacy	67.4%, 46
North Portland Pharmacy	89.1%, 46
Northeast Pharmacy	86.7%, 45
Southeast Pharmacy	71.7%, 46
Rockwood Pharmacy	84.0%, 25
Overall	78.5%, 303

Loyalty Intentions refer to the likelihood that patients will continue to access our pharmacies.

Referral Intentions refer to the likelihood that patients will refer their friends and family to our pharmacies.

Loyalty Intentions for Q1 2023 mean score is 96.4%

Referral Intentions for Q1 2023 mean score is 88.9%

On the right we can see the percentage and number of clients who answered "Very Likely" (highest answer) for each pharmacy site.

Likelihood questions use a **Very Likely/Somewhat Likely/Not Likely** scale

Report Reference:
- Executive Leadership Report

Satisfaction and Experience Scores

Patient Satisfaction Scores
Mean Scores and Replies
Current Quarter

Current Quarter

MCCHC Rx Core Satisfaction

Pharmacy Personnel Helpfulness	93.6, 181
Accuracy of Rx Fill	92.1, 305
Overall Satisfaction Pharmacy	92.0, 305
Explanation of Prescription	91.9, 298
Pharmacy Staff Friendliness & Professionalism	91.7, 305
Overall Quality of Communication	90.9, 181
Ease of Prescription Refill	90.6, 298
Cost of Rx	90.5, 294
Privacy of Health Info	89.5, 305
Rx Pick-up Wait Satisfaction	88.0, 289
MCCHC Rx Core Satisfaction	90.9, 305

70.0 75.0 80.0 85.0 90.0 95.0 100.0
Mean

Patient Experience Scores
Percentage "Yes" Scores and Replies
Current Quarter

Current Quarter

MCCHC Rx Core Experience

Comfort While Waiting at Pharmacy	97.6%, 295
Rx Ready Within Timeframe Expected?	96.8%, 247
Patient Told When Rx Would be Ready?	83.2%, 298
Spoke With Pharmacy Personnel About Rx	59.9%, 302

40.0 50.0 60.0 70.0 80.0 90.0 100.0
Top Box
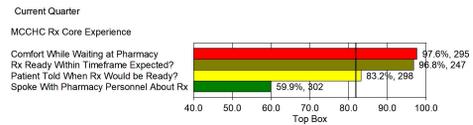
This is the first quarter that Crossroads has conducted Pharmacy Surveys so there are no score changes so show for the previous quarter.

On the left you will find the mean scores and number of patients who replied to each satisfaction question in order of highest score to lowest score.

On the right you will find the "Yes" scores and number of patients who replied to the experience questions in order of highest to lowest score.

Satisfaction questions use a **Poor/Fair/Good/Excellent** scale
Experience questions use a **Yes/No** scale

Report Reference:
 - Aggregate Report

69

Supplemental Analysis

Q1 2023

The Pharmacy Supplemental Analysis tells us about the client's prescription pick-up wait time and satisfaction as well as their interest in additional services.

Rx Pick-Up Satisfaction and Experience

Rx Pick-Up Wait
Percentages and Counts
Current Quarter

Q: When you went to pick up *your/your child's* prescription, about how long did you wait, from the time that you got to the pharmacy until you received the prescription?

Current Quarter

Rx Pick-up Wait Experience

0 - 1 minute	18.7, 54
Over 1 minute - 15 minutes	60.6, 175
Over 15 minutes - 20 minutes	8.7, 25
Over 20 minutes - 30 minutes	9.0, 26
Over 30 minutes - 1 hour	3.1, 9
Over 1 hour	0.0, 0

0.0   20.0   40.0   60.0   80.0   100.0
Frequency (%)
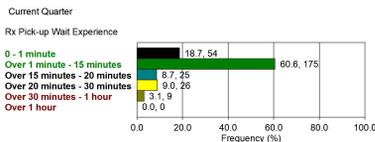
Rx Pick-Up Wait Satisfaction **By-Pharmacy**
Mean Scores and Counts
Current Quarter

Q: How would you rate your satisfaction with this wait experience?

Rx Pick-up Wait Satisfaction

Mean

Westside Pharmacy	88.2, 38
East County Pharmacy	84.0, 47
Mid County Pharmacy	83.3, 45
North Portland Pharmacy	88.6, 44
Northeast Pharmacy	87.0, 46
Southeast Pharamcy	94.9, 44
Rockwood Pharmacy	92.0, 25
Overall	88.0, 289

0.0   20.0 40.0 60.0 80.0 100.0
Mean
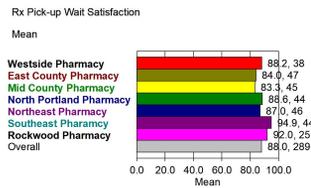
On the left we can see the percentage and number of clients next to the time they reported waiting for their prescription when they went to pick it up.

On the right we can see the mean score and number of clients that responded to how satisfied they were with their wait time for each pharmacy site.
Satisfaction questions use a **Poor/Fair/Good/Excellent** scale
Experience questions use a **Yes/No** scale

Report Reference:
- Supplemental Analysis Report

71

Interest in Additional Services

Home Delivery Interest
Percentage and Counts
Current Quarter

Q: How much interest would you have in using a home delivery service for your prescription(s)?

Current Quarter
Rx Home Delivery Interest

Not Very Interested	31.6, 94
Somewhat Interested	22.9, 68
Very Interested	45.5, 135

0.0 20.0 40.0 60.0 80.0 100.0
Frequency (%)
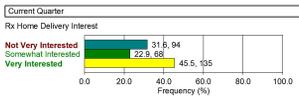
Med Sync Interest
Percentages and Counts
Current Quarter

Q: How much interest would you have in using the pharmacy's Med Sync service?

Current Quarter
Rx Med Sync Interest

Not Very Interested	23.2, 69
Somewhat Interested	32.0, 95
Very Interested	44.8, 133

0.0 20.0 40.0 60.0 80.0 100.0
Frequency (%)
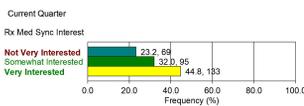
Adherence Packing Interest
Percentage and Counts
Current Quarter

Q: How much interest would you have in using the pharmacy's daily dose packaging service?

Current Quarter
Rx Adherence Packing Interest

Not Very Interested	41.2, 124
Somewhat Interested	28.9, 87
Very Interested	29.9, 90

0.0 20.0 40.0 60.0 80.0 100.0
Frequency (%)
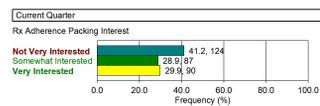
Pharmacy clients are also surveyed about their interest in additional services that the pharmacies provide (or are considering providing).

Report Reference:
- Awareness and Interest Report

72

Q1 2023 Complaints and Incidents

Kimmy Hicks,
Project Manager, ICS Quality Program

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community health center board
Multnomah County

Q1 2023 Complaints By Location

Q1 2023 Complaints By Type

Complaints Report

Reported Complaints | Complaint by Type

Complaints by Type

Type	Number of Complaints
Customer Service	6
Clinical Care	4
Referral Issue	4
Concern with quality of service	3
Scheduling Appt	2
Wait Time	2
Medication Problem	1
Provider Interaction	1
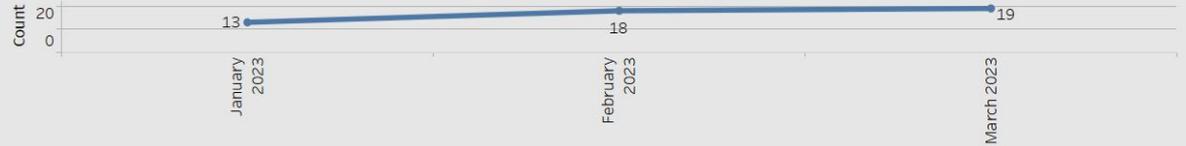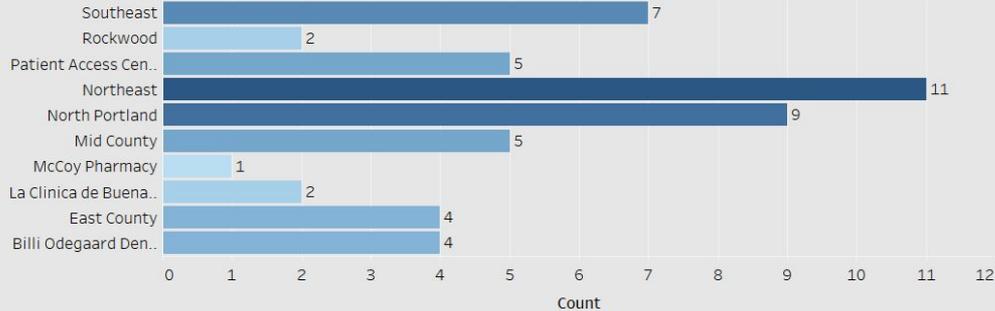
Number of Complaints
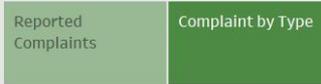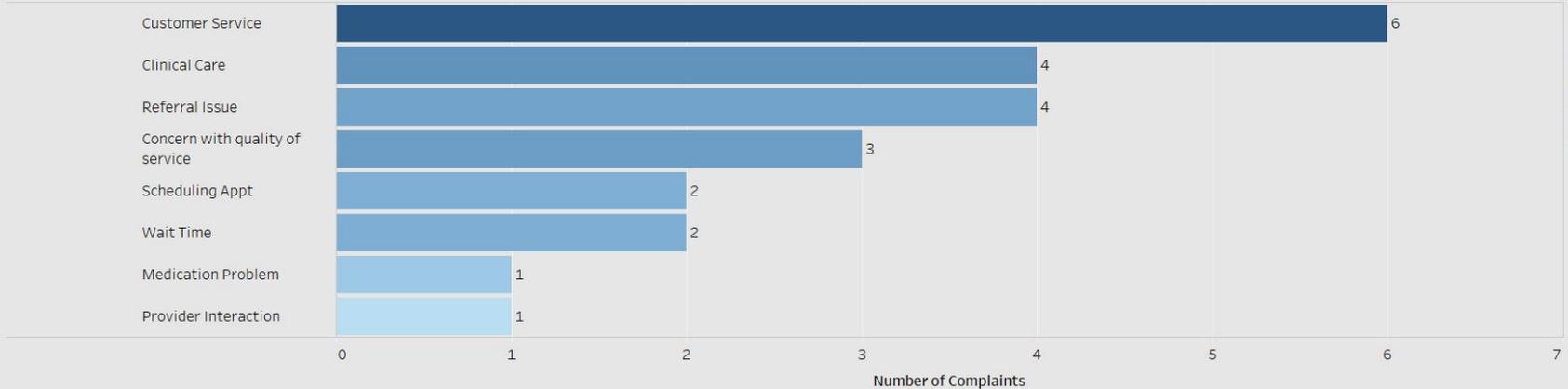
By Service Area
Medical

Clinic Site
All

By Quarter
2023 Q1

Clinic Comparison:
None

community health
center board
Multnomah County

Q1 2023 Complaint By Location & Language

Please you the filters below to select the Date Range, Service Area, and Complaint Category to analyze.

Select the most dominant category that matches the complaint
All

Quarter of .. 2023 Q1

Service Area All

Location All

Location and Language Analysis

Location

Patient Access
Center (PAC)   1

0   1   2

Count of Language Issues Group
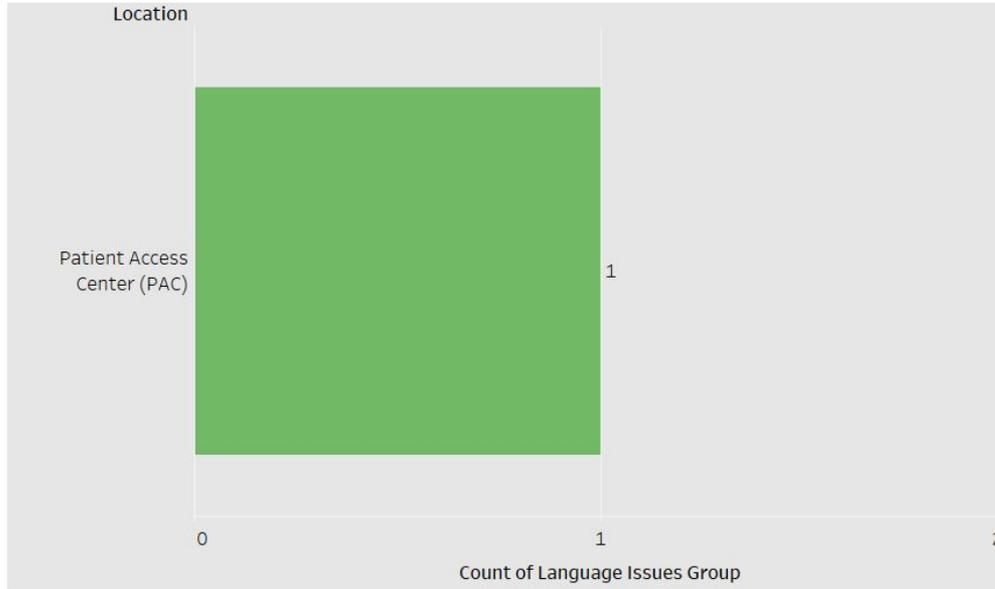
Language Issue List

Language Issues Group	Date compl..	What happened?
Interpreter	3/22/2023	The patient complaint they waited to long for someone to answer. The agent who took the ca

center board
Multnomah County

Q1 2023 Complaint By Location & Race

Please you the filters below to select the Date Range, Service Area, and Complaint Category to analyze.

Select the ...	All
By Quarter	2023 Q1
By Service Area	All

Location and Race Analysis
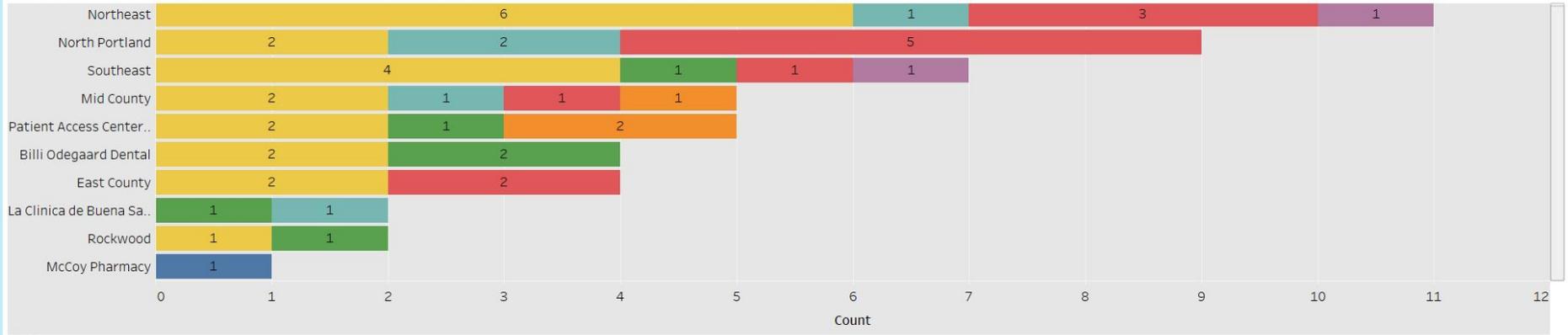
RACE
- White
- Unknown
- Patient Refused
- Black/African American
- Asian
- American Indian
- Null

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Q1 2023 Incidents By Location

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Q1 2023 Incidents By Type

Essential
Financial Packet

June 2023

community health center board

Multnomah County

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Financial Reporting Package
June 2023

**community health
center board**

Multnomah County

Multnomah County
Federally Qualified Health Center

Monthly Financial Reporting Package

April FY 2023

Updated 5/18/2023

Prepared by: Financial and Business Management Division

Multnomah County Health Department
Community Health Center Board - Financial Statement
For Period Ending April 30, 2023
Prepared using the Modified Accrual Basis of Accounting
Percentage of Year Complete: 83.3%
[A Pro Forma Financial Statement]

Community Health Center - Monthly Highlights

Financial Statement: For period 10 in Fiscal Year 2023 (July 2022 - June 2023)

	YTD Actuals	Budget	Difference	% of Budget YTD
Revenue:	$ 159,598,534	$ 166,902,496	$ 7,303,962	96%
Expenditures:	$ 124,504,759	$ 166,902,496	$ 42,397,737	75%
Net Income/(Loss)	$ 35,093,775			

Budget Modifications:

Period added	Budmod #	Description	Budget Change Amount
05 November	Budmod-HD-012-23	Appropriation of $250k Local Admin of COVID-19 Treatments in Primary Care	$ 250,000
10 April	Budmod-HD-019-23	Appropriation of $215,766 Strategic Oral Health Investment	$ 215,766
			$ 465,766

Multnomah County Health Department
Community Health Center Board - Financial Statement
For Period Ending April 30, 2023
Prepared using the Modified Accrual Basis of Accounting
Percentage of Year Complete: 83.3%
[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	$ 8,148,711	83%	$ 8,880,564
Grants - COVID-19	$ -	$ 250,000	$ 250,000	$ -	$ 1,121	$ 17,629	$ 114,237	$ 6,250	$ 21,264	$ 195,812	78%	$ 7,437,487
Grants - ARPA	$ 8,075,272	$ 8,075,272	$ -	$ -	$ -	$ 1,724,643	$ 937,567	$ 597,887	$ 672,706	$ 5,582,715	69%	$ -
Grants - All Other	$ 4,774,390	$ 4,990,156	$ 215,766	$ -	$ 25,838	$ 641,076	$ 1,189,357	$ 321,717	$ 153,499	$ 6,372,941	128%	$ 4,008,471
Grant Revenue Accrual	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,985,861	0%	$ -
Quality & Incentives Payments	$ 7,671,495	$ 7,671,495	$ -	$ 156,788	$ 892,752	$ 813,774	$ 977,193	$ 1,283,737	$ 188,834	$ 11,064,530	144%	$ 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	$ 122,601,376	93%	$ 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	$ 479,920	44%	$ 680,758
Beginning Working Capital	$ 3,800,000	$ 3,800,000	$ -	$ 316,667	$ 316,667	$ 316,667	$ 316,667	$ 316,667	$ 316,667	$ 3,166,667	83%	$ 3,298,126
Total	$ 166,436,730	$ 166,902,496	$ 465,766	$ 10,322,795	$ 13,112,204	$ 15,803,318	$ 15,494,297	$ 17,145,460	$ 14,686,969	$ 159,598,534	96%	$ 167,073,124
Expense												
Personnel	$ 106,322,509	$ 106,691,397	$ 368,888	$ 6,727,729	$ 6,954,872	$ 6,894,286	$ 6,912,956	$ 7,118,838	$ 6,858,663	$ 72,566,396	68%	$ 82,144,356
Contracts	$ 3,518,134	$ 3,534,297	$ 16,163	$ 238,764	$ 385,592	$ 497,003	$ 808,107	$ 734,457	$ 1,034,801	$ 6,400,386	181%	$ 5,571,994
Materials and Services	$ 25,949,574	$ 25,988,601	$ 39,027	$ 3,012,870	$ 1,840,086	$ 2,281,493	$ 885,330	$ 1,807,593	$ 2,339,337	$ 20,956,931	81%	$ 20,538,983
Internal Services	$ 30,296,513	$ 30,338,201	$ 41,688	$ 1,232,325	$ 2,916,645	$ 2,155,437	$ 2,394,463	$ 2,174,961	$ 1,937,596	$ 22,676,421	75%	$ 26,603,582
Capital Outlay	$ 350,000	$ 350,000	$ -	$ -	$ -	$ 741,207	$ 1,053,380	$ -	$ -	$ 1,904,626	544%	$ 94,279
Total	$ 166,436,730	$ 166,902,496	$ 465,766	$ 11,211,688	$ 12,097,194	$ 12,569,426	$ 12,054,237	$ 11,835,850	$ 12,170,396	$ 124,504,759	75%	$ 134,953,193
Net Income/(Loss)	$ -	$ -	$ -	$ (888,892)	$ 1,015,010	$ 3,233,892	$ 3,440,060	$ 5,309,610	$ 2,516,573	$ 35,093,775		$ 32,119,931

Multnomah County Health Department
Community Health Center Board - Financial Statement
For Period Ending April 30, 2023
Prepared using the Modified Accrual Basis of Accounting
Percentage of Year Complete: 83.3%
[A Pro Forma Financial Statement]

Community Health Center

	Adopted Budget	Revised Budget	Budget Change	07 Jan	08 Feb	09 Mar	10 Apr	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	$ 40,955	$ 1,767,641	$ 999,672	$ 8,148,711	83%	$ 8,880,564
Grants- COVID-19	$ -	$ 250,000	$ 250,000	$ 12,106	$ 6,250	$ 1,225	$ 15,729	$ 195,812	78%	$ 7,437,487
Grants- ARPA	$ 8,075,272	$ 8,075,272	$ -	$ 608,829	$ 464,004	$ 553,033	$ 24,047	$ 5,582,715	69%	$ -
Grants- All Other	$ 4,774,390	$ 4,990,156	$ 215,766	$ 45,485	$ 512,676	$ 1,982,381	$ 1,500,913	$ 6,372,941	128%	$ 4,008,471
Grant Revenue Accrual	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,985,861	$ 1,985,861	0%	$ -
Quality & Incentives Payments	$ 7,671,495	$ 7,671,495	$ -	$ 2,396,921	$ 2,699,045	$ 822,574	$ 832,913	$ 11,064,530	144%	$ 9,910,993
Health Center Fees	$ 131,217,155	$ 131,217,155	$ -	$ 11,403,531	$ 11,121,386	$ 19,074,990	$ 11,772,541	$ 122,601,376	93%	$ 132,854,683
Self Pay Client Fees	$ 1,089,227	$ 1,089,227	$ -	$ 48,634	$ 34,784	$ 59,711	$ 55,225	$ 479,920	44%	$ 680,758
Beginning Working Capital	$ 3,800,000	$ 3,800,000	$ -	$ 316,667	$ 316,667	$ 316,667	$ 316,667	$ 3,166,667	83%	$ 3,298,126
Total	$ 166,436,730	$ 166,902,496	$ 465,766	$ 15,755,935	$ 15,195,768	$ 24,578,221	$ 17,503,567	$ 159,598,534	96%	$ 167,073,124
Expense										
Personnel	$ 106,322,509	$ 106,691,397	$ 368,888	$ 8,056,182	$ 7,952,974	$ 7,779,156	$ 7,310,740	$ 72,566,396	68%	$ 82,144,356
Contracts	$ 3,518,134	$ 3,534,297	$ 16,163	$ 711,553	$ 513,950	$ 771,905	$ 704,254	$ 6,400,386	181%	$ 5,571,994
Materials and Services	$ 25,949,574	$ 25,988,601	$ 39,027	$ 2,128,284	$ 2,079,234	$ 2,839,266	$ 1,743,438	$ 20,956,931	81%	$ 20,538,983
Internal Services	$ 30,296,513	$ 30,338,201	$ 41,688	$ 2,617,029	$ 2,524,807	$ 2,241,811	$ 2,481,348	$ 22,676,421	75%	$ 26,603,582
Capital Outlay	$ 350,000	$ 350,000	$ -	$ -	$ 82,919	$ 0	$ 27,120	$ 1,904,626	544%	$ 94,279
Total	$ 166,436,730	$ 166,902,496	$ 465,766	$ 13,513,048	$ 13,153,884	$ 13,632,138	$ 12,266,899	$ 124,504,759	75%	$ 134,953,193
Net Income/(Loss)	$ -	$ -	$ -	$ 2,242,887	$ 2,041,884	$ 10,946,084	$ 5,236,667	$ 35,093,775		$ 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 April 30, 2023
Percentage of Year Complete: 83.3%

[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)	2,049,198	176,750	-	5,620,529	-	267,231
	Grants - COVID-19	122,629	-	-	-	-	73,183
	Grants - ARPA	5,536,834	-	-	45,881	-	-
	Grants - All Other	1,863,447	1,520,823	-	-	-	915,332
	Grant Revenue Accrual	1,268,037	-	-	532,631	-	-
	Quality & Incentives Payments	8,026,614	1,390,854	-	-	1,647,062	-
	Health Center Fees	11,554,237	16,227,531	30,296,481	56,026,017	21,097	5,173,420
	Self Pay Client Fees	-	51,296	204,431	222,273	-	-
	Beginning Working Capital	2,750,000	-	-	-	416,667	-
Revenues Total		33,170,995	19,367,254	30,500,912	62,447,332	2,084,826	6,429,166
Expenditures	Personnel Total	15,251,350	14,308,095	7,281,640	25,411,211	1,683,714	4,126,911
	Contractual Services Total	4,359,967	262,003	51,462	1,271,739	67,411	214,549
	Internal Services Total	4,175,160	4,233,295	2,615,324	8,110,892	605,350	1,308,873
	Materials & Supplies Total	1,300,219	877,977	16,779,039	1,272,292	47,869	278,300
	Capital Outlay Total	1,521,876	(0)	382,750	-	-	-
Expenditures Total		26,608,572	19,681,370	27,110,215	36,066,133	2,404,344	5,928,632
Net Income/(Loss)		6,562,424	(314,117)	3,390,697	26,381,198	(319,518)	500,533
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 April 30, 2023
Percentage of Year Complete: 83.3%

[A Pro Forma Financial Statement]

	Category Description	HIV Clinic	Lab	Y-T-D Actual	Y-T-D Budget	Revised Budget	% of Budget	FY22 YE Actuals
Revenues	Miscellaneous Revenue	-	-	-	-	-	0%	2,042
	Grants - PC 330 (BPHC)	35,004	-	8,148,711	8,174,326	9,809,191	83%	8,880,564
	Grants - COVID-19	-	-	195,812	208,333	250,000	78%	7,437,487
	Grants - ARPA	-	-	5,582,715	6,729,393	8,075,272	69%	-
	Grants - All Other	2,073,339	-	6,372,941	4,158,463	4,990,156	128%	4,008,471
	Grant Revenue Accrual	185,193	-	1,985,861	-	-	0%	-
	Quality & Incentives Payments	-	-	11,064,530	6,392,913	7,671,495	144%	9,910,993
	Health Center Fees	3,302,593	-	122,601,376	109,347,629	131,217,155	93%	132,854,683
	Self Pay Client Fees	1,920	-	479,920	907,689	1,089,227	44%	680,758
	Beginning Working Capital	-	-	3,166,667	3,166,667	3,800,000	83%	3,298,126
Revenues Total		5,598,049	-	159,598,534	139,085,413	166,902,496	96%	167,073,124
Expenditures	Personnel Total	3,223,233	1,280,241	72,566,396	88,909,498	106,691,397	68%	82,144,356
	Contractual Services Total	153,821	19,434	6,400,386	2,945,248	3,534,297	181%	5,571,994
	Internal Services Total	1,153,694	473,833	22,676,421	25,281,834	30,338,201	75%	26,603,582
	Materials & Supplies Total	256,798	144,437	20,956,931	21,657,168	25,988,601	81%	20,538,983
	Capital Outlay Total	-	-	1,904,626	291,667	350,000	544%	94,279
Expenditures Total		4,787,546	1,917,946	124,504,759	139,085,413	166,902,496	75%	134,953,194
Net Income/(Loss)		810,503	(1,917,946)	35,093,775	-	-		32,119,930
Total BWC from Prior Years		896,489	-	38,353,801				

Revenue Category	01 July	02 August	03 September	04 October	05 November	06 December	07 January	08 February	09 March	10 April	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	11,770,141	122,457,980
Other	2,042	5,247	4,180	100,141	45,117	18,359	193	(39,283)	5,000	2,400	143,396
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	11,121,386	19,074,990	11,772,541	122,601,376
Self Pay Client Fees											
Program Income	53,184	49,810	46,366	44,871	47,158	40,177	48,634	34,784	59,711	55,225	479,920
Other	-	-	-	-	-	-	-	-	-	-	-
Self Pay Client Fees Total	53,184	49,810	46,366	44,871	47,158	40,177	48,634	34,784	59,711	55,225	479,920
Grand Total	9,849,341	11,787,154	10,870,100	11,193,156	13,943,211	11,867,532	11,452,165	11,156,171	19,134,701	11,827,766	123,081,296

Multnomah County Health Department
Community Health Center Board
FY 2023 YTD Internal Services Expenditures by Program Group
For Period Ending April 30, 2023
Percentage of Year Complete: 83.3%

Category	Administrative	Dental	HIV Clinic	Lab	Pharmacy	Primary Care Clinics	Quality and Compliance	Student Health Centers	Grand Total
Indirect Expense	2,043,839	1,923,009	364,322	172,064	978,652	3,415,266	226,291	554,058	9,677,502
Internal Service Data Processing	1,081,948	1,127,034	551,398	133,305	1,174,588	2,599,779	241,812	488,566	7,398,429
Internal Service Distribution	43,435	92,964	925	25,919	21,581	85,579	6,963	182,680	460,045
Internal Service Enhanced Building Services	123,199	159,728	32,333	21,482	60,027	256,169	18,662	-	671,600
Internal Service Facilities & Property Management	590,269	765,267	154,913	102,927	287,598	1,227,341	89,414	-	3,217,729
Internal Service Facilities Service Requests	76,341	57,718	7,811	155	16,194	246,283	4,234	29,498	438,233
Internal Service Fleet Services	-	16,206	-	-	-	-	-	-	16,206
Internal Service Motor Pool	638	157	108	-	95	49	476	646	2,168
Internal Service Other	118,285	18,326	5,182	801	28,755	66,039	2,312	4,891	244,592
Internal Service Records	302	9,445	7,717	7,699	25,037	20,012	(0)	406	70,617
Internal Service Telecommunications	96,904	63,442	28,986	9,480	22,799	194,376	15,185	48,128	479,300
Grand Total	4,175,160	4,233,295	1,153,694	473,833	2,615,324	8,110,892	605,350	1,308,873	22,676,421

Multnomah County Health Department
Community Health Center Board
FY 2023 Internal Services Expenditures by Fiscal Period
For Period Ending April 30, 2023
Percentage of Year Complete: 83.3%

Category	01 July	02 August	03 September	04 October	05 November	06 December	07 January	08 February	09 March	10 April	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	1,003,102	9,677,502	13,269,821	72.9%
Internal Service Data Processing	256,531	1,221,206	665,914	883,971	713,350	587,445	837,751	698,671	596,096	937,495	7,398,429	10,020,693	73.8%
Internal Service Distribution	43,781	45,109	44,036	44,776	46,172	44,404	45,302	50,642	50,622	45,202	460,045	525,575	87.5%
Internal Service Enhanced Building Services	-	3,100	-	170,770	70,563	7,476	167,231	179,190	43,331	29,939	671,600	1,164,363	57.7%
Internal Service Facilities & Property Manageme	-	614,488	331,392	322,118	323,143	320,528	327,113	339,091	312,533	327,324	3,217,729	4,043,263	79.6%
Internal Service Facilities Service Requests	37,021	24,554	46,000	85,064	23,459	26,985	35,746	27,082	69,688	62,633	438,233	336,434	130.3%
Internal Service Fleet Services	115	2,614	946	1,780	1,853	1,780	1,780	1,780	1,780	1,780	16,206	22,019	73.6%
Internal Service Motor Pool	217	217	217	217	217	217	217	217	217	217	2,168	5,123	42.3%
Internal Service Other	2,090	7,528	33,833	12,377	13,280	15,751	59,975	27,828	49,480	22,450	244,592	-	0.0%
Internal Service Records	6,445	6,445	102,423	(89,533)	9,614	6,445	7,882	6,445	8,009	6,445	70,617	104,143	67.8%
Internal Service Telecommunications	-	83,931	34,918	46,217	41,052	29,323	69,489	59,550	70,058	44,762	479,300	846,767	56.6%
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	2,481,348	22,676,421	30,338,201	74.7%

Community Health Center - Footnotes:

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

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

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

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

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

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 fro outdated/recalled medications and reimbursements from the state for TB and STD medications.

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

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

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

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

Grant Revenue Accrual: Accrual amounts for current and prior periods

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

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

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

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

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	Allocation Method
Facilities/Building Mgmt	FTE Count Allocation
IT/Data Processing	PC Inventory, Multco Align
Department Indirect	FTE Count (Health HR, Health Business Ops)
Central Indirect	FTE Count (HR, Legal, Central Accounting)
Telecommunications	Telephone Inventory
Mail/Distribution	Active Mail Stops Frequency, Volume
Records	Items Archived and Items Retrieved
Motor Pool	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.

Community Health Centers

	Original Adopted Budget	Budmod-HD-012-23	Budmod-HD-019-23	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	$ -	$ 215,766	$ 4,990,156	$ 215,766
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	$ 215,766	$ 166,902,496	$ 465,766
Expense					
Personnel	$ 106,322,509	$ 189,614	$ 177,705	$ 106,691,397	$ 367,319
Contracts	$ 3,518,134	$ 5,003	$ 11,160	$ 3,534,297	$ 16,163
Materials and Services	$ 25,949,574	$ 29,899	$ 10,907	$ 25,988,601	$ 40,806
Internal Services	$ 30,296,513	$ 25,484	$ 15,994	$ 30,338,201	$ 41,478
Capital Outlay	$ 350,000	$ -	$ -	$ 350,000	$ -
Total	$ 166,436,730	$ 250,000	$ 215,766	$ 166,902,496	$ 465,766

Notes:

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

Budget Modification #	Budget Modification Description
Budmod-HD-012-23	Appropriation of $250k COVID-19 Local Administration of COVID-19 Treatments in Primary Care
Budmod-HD-019-23	ICS Dental program requests the appropriation of $215,766 to the FQHC dental program

CHC Dashboard June 2023

community health
center board

Multnomah County

Pending

CHCB Dashboard

Vacancy Report
June 2023

**community health
center board**

Multnomah County

Vacancy Report
Represents Vacancies as of June 2023

Total Vacant Positions

113

Metric	#/Days/$	Explanation	Change	
Vacant Positions without Duplication				
Total Non Duplicated Vacancies	97	These are the total number of positions which are vacant and planned for recruitment.	Decrease	⬇
Non Duplicated: Not posted	36	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	46	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.	Decrease	⬇
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.	No Change	🟡
Non Duplicated Vacancy Data				
Average Vacancy Length (Days)	213	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.	Increase	⬆
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	28.15	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.	Decrease	⬇
Estimated Sum of Lost Revenue $4.76M $5.34M $5.66M $4.91M Mar 23 Apr 23 May 23 Jun 23	$4,911,550	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.	Decrease	⬇
Duplicate, Inactive Vacancies				
Total Duplicated, Inactive Vacancies	16	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.	Decrease	⬇
Financial Impact of duplicated, Inactive Vacancies				
Total FTE Associated with Direct Revenue, Inactive Vacancies	2.75	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.	Increase	⬆
Estimated Sum of Lost Revenue	$501,577	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	⬆
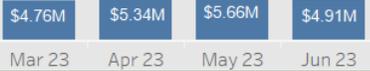
19

Updated: June 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 HIV Clinic	Clinical Services Specialist	0.90	3/25/2023	68	25,150.68	Non duplicated: Not posted
HD FQHC ICS Administration	Clinical Services Specialist	0.80	4/1/2023	61	20,054.79	Non duplicated: Interview or final hire stage
HD FQHC ICS Administration	Clinical Services Specialist	1.00	7/22/2022	314	129,041.10	Non duplicated: Posted for recruitment
HD FQHC ICS Administration	Clinical Services Specialist	1.00	7/22/2022	314	129,041.10	Non duplicated: Posted for recruitment
HD FQHC ICS Administration	Clinical Services Specialist	1.00	7/1/2022	335	137,671.23	Non duplicated: Not posted
HD FQHC Quality and Compliance	Community Health Nurse	0.75	4/23/2022	404	166,027.40	Non duplicated: Not posted
HD FQHC Health Center Operation	Community Health Nurse	0.75	3/10/2023	83	34,109.59	Non duplicated: Not posted
HD FQHC Primary Care Clinics	Community Health Nurse	0.50	7/1/2022	335	91,780.82	Non duplicated: Not posted
HD FQHC HIV Clinic	Community Health Specialist 2	1.00	4/18/2023	44	1,591.23	Non duplicated: Not posted
HD FQHC Primary Care Clinics	Community Health Specialist 2	1.00	9/29/2022	245	8,860.27	Non duplicated: Not posted
HD FQHC Primary Care Clinics	Community Health Specialist 2	1.00	4/17/2023	45	1,627.40	Non duplicated: Interview or final hire stage
HD FQHC Dental	Dental Assistant (EFDA)	0.77	2/21/2023	100		Non duplicated: Posted for recruitment
HD FQHC Dental	Dental Assistant (EFDA)	0.55	8/12/2022	293		Non duplicated: Posted for recruitment
HD FQHC Dental	Dental Assistant (EFDA)	0.75	2/16/2023	105		Non duplicated: Posted for recruitment
HD FQHC Dental	Dental Assistant (EFDA)	0.75	5/4/2023	28		Non duplicated: Posted for recruitment
HD FQHC Dental	Dental Assistant (EFDA)	0.75	2/21/2023	100		Non duplicated: Posted for recruitment
HD FQHC Dental	Dental Assistant (EFDA)	0.57	6/1/2023	0		Non duplicated: Posted for recruitment
HD FQHC Dental	Dental Assistant (EFDA)	0.37	12/5/2022	178		Non duplicated: Not posted
HD FQHC Dental	Dental Assistant (EFDA)	0.58	5/3/2021	759		Non duplicated: Not posted
HD FQHC Dental	Dental Assistant (EFDA)	0.75	1/7/2023	145		Non duplicated: Posted for recruitment
HD FQHC Dental	Dental Assistant (EFDA)	0.75	5/5/2023	27		Non duplicated: Not posted
HD FQHC Dental	Dental Assistant (EFDA)	1.00	5/16/2023	16		Non duplicated: Posted for recruitment
HD FQHC Dental	Dental Assistant (EFDA)	1.00	4/10/2023	52		Non duplicated: Posted for recruitment
HD FQHC Dental	Dental Hygienist	0.75	7/21/2022	315	245,958.90	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Dental Hygienist	1.00	9/30/2022	244	254,027.40	Non duplicated: Posted for recruitment
HD FQHC Dental	Dentist	0.50	9/2/2021	637		Non duplicated: Not posted
HD FQHC ICS Administration	Finance Specialist 1	1.00	3/14/2023	79		Non duplicated: Interview or final hire stage
HD FQHC ICS Administration	Finance Specialist Senior	1.00	8/5/2021	665		Non duplicated: Not posted
HD FQHC ICS Administration	Finance Specialist Senior	1.00	8/5/2021	665		Non duplicated: Not posted
HD FQHC ICS Administration	Finance Supervisor	1.00	8/13/2021	657		Non duplicated: Not posted
HD FQHC Primary Care Administra	Health Centers Division Operations Director	1.00	2/2/2023	119		Non duplicated: Not posted
HD FQHC ICS Administration	IT Manager 1	1.00	5/16/2022	381		Non duplicated: Not posted
HD FQHC Primary Care Clinics	Licensed Community Practical Nurse	1.00	5/31/2023	1		Non duplicated: Interview or final hire stage

HD FQHC ICS Administration	Manager 1	1.00	3/6/2023	87		Non duplicated: Not posted
HD FQHC Health Center Operation	Manager 1	1.00	7/13/2022	323		Non duplicated: Not posted
HD FQHC HIV Clinic	Medical Assistant	1.00	8/15/2022	290		Non duplicated: Posted for recruitment
HD FQHC HIV Clinic	Medical Assistant	1.00	9/2/2022	272		Non duplicated: Posted for recruitment
HD FQHC HIV Clinic	Medical Assistant	1.00	4/26/2023	36		Non duplicated: Posted for recruitment
HD FQHC Primary Care Administra	Medical Assistant	1.00	4/19/2023	43		Non duplicated: Not posted
HD FQHC Primary Care Clinics	Medical Assistant	0.75	11/23/2022	190		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	0.75	12/28/2022	155		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	1.00	2/1/2023	120		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	0.75	3/6/2023	87		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	0.75	10/26/2022	218		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	1.00	1/23/2023	129		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	0.80	3/6/2023	87		Non duplicated: Not posted
HD FQHC Primary Care Clinics	Medical Assistant	0.75	5/17/2023	15		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	0.75	2/24/2023	97		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	1.00	3/27/2023	66		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	1.00	12/19/2022	164		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	0.75	3/3/2022	455		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	0.75	4/30/2022	397		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	0.75	3/14/2023	79		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	1.00	5/16/2023	16		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	1.00	3/9/2023	84		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	0.75	3/20/2023	73		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	0.75	4/24/2023	38		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	0.75	4/24/2023	38		Non duplicated: Interview or final hire stage
HD FQHC Primary Care Clinics	Medical Assistant	1.00	3/6/2023	87		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	1.00	9/30/2022	244		Non duplicated: Posted for recruitment
HD FQHC Pharmacy	Medical Assistant	1.00	7/1/2022	335		Non duplicated: Not posted
HD FQHC Lab	Medical Assistant	1.00	7/1/2022	335		Non duplicated: Not posted
HD FQHC Primary Care Clinics	Nurse Practitioner	0.80	3/3/2023	90	64,109.59	Non duplicated: Not posted
HD FQHC Primary Care Clinics	Nurse Practitioner	0.80	11/29/2022	184	131,068.49	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Nurse Practitioner	0.80	7/15/2022	321	228,657.53	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Nurse Practitioner	0.80	10/31/2020	943	671,726.03	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Nurse Practitioner	0.50	4/11/2022	416	185,205.48	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Nurse Practitioner	0.80	10/12/2021	597	425,260.27	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Nurse Practitioner	1.00	3/28/2023	65	57,876.71	Non duplicated: Not posted
HD FQHC Primary Care Clinics	Nurse Practitioner	0.80	2/4/2023	117	83,342.47	Non duplicated: Not posted
HD FQHC Primary Care Clinics	Nurse Practitioner	0.80	5/21/2022	376	267,835.62	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Nurse Practitioner	0.50	5/31/2023	1	445.21	Non duplicated: Not posted
HD FQHC Primary Care Clinics	Nurse Practitioner	1.00	5/11/2023	21	18,698.63	Non duplicated: Not posted
HD FQHC Primary Care Clinics	Nurse Practitioner	1.00	9/30/2022	244	217,260.27	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Nurse Practitioner	1.00	12/2/2022	181	161,164.38	Non duplicated: Posted for recruitment
HD FQHC Primary Care Administra	Nursing Development Consultant	1.00	3/20/2023	73		Non duplicated: Not posted

HD FQHC Quality and Compliance	Nursing Director	1.00	2/26/2021	825		Non duplicated: Not posted
HD FQHC Dental	Office Assistant 2	0.75	3/23/2023	70		Non duplicated: Interview or final hire stage
HD FQHC Dental	Office Assistant 2	0.75	5/1/2023	31		Non duplicated: Interview or final hire stage
HD FQHC Health Center Operation	Office Assistant 2	1.00	3/24/2023	69		Non duplicated: Posted for recruitment
HD FQHC Health Center Operation	Office Assistant 2	0.75	5/28/2022	369		Non duplicated: Interview or final hire stage
HD FQHC Health Center Operation	Office Assistant 2	1.00	4/4/2023	58		Non duplicated: Not posted
HD FQHC Health Center Operation	Office Assistant 2	1.00	2/8/2023	113		Non duplicated: Not posted
HD FQHC Health Center Operation	Office Assistant 2	1.00	4/3/2023	59		Non duplicated: Not posted
HD FQHC Primary Care Clinics	Office Assistant 2	0.75	5/12/2023	20		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Office Assistant 2	0.60	4/27/2023	35		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Office Assistant 2	0.75	10/1/2022	243		Non duplicated: Interview or final hire stage
HD FQHC Primary Care Clinics	Office Assistant 2	0.75	5/25/2023	7		Non duplicated: Not posted
HD FQHC Primary Care Clinics	Office Assistant 2	1.00	3/16/2023	77		Non duplicated: Interview or final hire stage
HD FQHC Dental	Office Assistant Senior	1.00	2/1/2023	120		Non duplicated: Not posted
HD FQHC ICS Administration	Operations Process Specialist	1.00	3/24/2023	69		Non duplicated: Interview or final hire stage
HD FQHC Pharmacy	Pharmacist	1.00	4/28/2022	399	327,945.21	Non duplicated: Not posted
HD FQHC Pharmacy	Pharmacist	1.00	4/28/2022	399	327,945.21	Non duplicated: Not posted
HD FQHC Pharmacy	Pharmacy Technician	1.00	5/23/2023	9		Non duplicated: Interview or final hire stage
HD FQHC Pharmacy	Pharmacy Technician	1.00	7/16/2020	1050		Non duplicated: Not posted
HD FQHC Pharmacy	Pharmacy Technician	1.00	2/22/2023	99		Non duplicated: Posted for recruitment
HD FQHC Pharmacy	Pharmacy Technician	1.00	2/22/2023	99		Non duplicated: Posted for recruitment
HD FQHC Pharmacy	Pharmacy Technician	1.00	1/21/2022	496		Non duplicated: Not posted
HD FQHC Pharmacy	Pharmacy Technician	1.00	2/13/2023	108		Non duplicated: Not posted
HD FQHC Pharmacy	Pharmacy Technician	1.00	3/7/2023	86		Non duplicated: Interview or final hire stage
HD FQHC Primary Care Clinics	Physician	0.70	7/1/2022	335	268,229.45	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Physician	1.00	10/1/2021	608	695,452.05	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Physician	0.60	6/1/2023	0	-	Non duplicated: Interview or final hire stage
HD FQHC Primary Care Clinics	Physician Assistant	0.80	5/19/2023	13	10,001.10	Non duplicated: Interview or final hire stage
HD FQHC Primary Care Clinics	Physician Assistant	1.00	5/5/2023	27	25,964.38	Non duplicated: Posted for recruitment
HD FQHC Primary Care Administra	Program Specialist	1.00	5/26/2020	1101		Non duplicated: Not posted
HD FQHC ICS Administration	Program Specialist Senior	1.00	9/23/2022	251		Non duplicated: Not posted
HD FQHC ICS Administration	Program Specialist Senior	1.00	5/22/2023	10		Non duplicated: Not posted
HD FQHC ICS Administration	Program Supervisor	0.50	3/21/2023	72		Non duplicated: Interview or final hire stage
HD FQHC Health Center Operation	Program Supervisor	1.00	8/16/2022	289		Non duplicated: Not posted
HD FQHC ICS Administration	Project Manager Represented	1.00	4/5/2023	57		Non duplicated: Posted for recruitment
HD FQHC ICS Administration	Project Manager Represented	1.00	10/21/2022	223		Non duplicated: Not posted
HD FQHC ICS Administration	Quality Manager	1.00	11/1/2020	942		Non duplicated: Not posted

Balance Sheets
June 2023

community health
center board

Multnomah County

3. Balance Sheet (Full Accrual)

Balance Sheet (Full Accrual)
As of April 30, 2023

	April	March	$ Change	% Change
ASSETS				
10000:Cash	$ 166,407,111	$ 158,608,164	$ 7,798,946	5 %
10100:Undeposited Payments	6,523	14,994	(8,471)	(56)%
10450:Investments - Local Government Investment Pool (LGIP)	1,598,286	1,484,841	113,445	8 %
10600:Interfund Cash Clearing	(116,637,530)	(110,263,686)	(6,373,844)	6 %
Cash & Cash Equivalents	$ 51,374,390	$ 49,844,314	$ 1,530,076	3 %
CURRENT ASSETS				
72100:Accounts Receivable, General	$ 24,453,317	$ 22,130,561	$ 2,322,755	10 %
20345:Allowance for Discounts & Returns	(2,141,363)	(1,943,091)	(198,271)	10 %
Accounts Receivable, Net	22,311,954	20,187,470	2,124,484	11 %
20602:Prepaid Other Expenses	-	-	-	
Total Current Assets	$ 73,686,344	$ 70,031,784	$ 3,654,560	5 %
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	(377,966)	(374,394)	(3,572)	1 %
41090:Accumulated Depreciation - Machinery & Equipment	(1,587,731)	(1,576,164)	(11,567)	1 %
Total Non-Current Assets	$ 2,526,703	$ 2,541,842	$ (15,139)	(1)%
Total Assets	$ 76,213,047	$ 72,573,627	$ 3,639,421	5 %
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	$ 922,328	$ 720,086	$ (202,241)	28 %
30090:Payroll Payable	1,493,171	1,627,795	134,624	(8)%
30705:Compensated Absences, Current	720,255	720,255	-	0 %
30805:Accrued Payables	-	-	-	
30830:Procurement Cards Payable	414,065	402,038	(12,026)	3 %
30831:MMP-Card Clearing	(509)	(509)	-	0 %
30905:Unearned Revenue, Health Department	334,117	334,117	-	0 %
Total Current Liabilities	$ 3,883,427	$ 3,803,783	$ (79,644)	2 %
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	$ 49,196,381	$ 49,116,737	$ (79,644)	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	$ 21,136,264	$ 17,576,487	$ 3,559,777	20 %

7. Modified Balance Sheet (Operational)

Balance Sheet (Modified - Operational)
As of April 30, 2023

	April		March		$ Change		% Change
ASSETS							
10000:Cash	$	166,407,111	$	158,608,164	$	7,798,946	5 %
10100:Undeposited Payments		6,523		14,994		(8,471)	(56)%
10450:Investments - Local Government Investment Pool (LGIP)		1,598,286		1,484,841		113,445	8 %
10600:Interfund Cash Clearing		(116,637,530)		(110,263,686)		(6,373,844)	6 %
Cash & Cash Equivalents	$	**51,374,390**	$	**49,844,314**	$	**1,530,076**	**3 %**
CURRENT ASSETS							
72100:Accounts Receivable, General	$	24,453,317	$	22,130,561	$	2,322,755	10 %
20345:Allowance for Discounts & Returns		(2,141,363)		(1,943,091)		(198,271)	10 %
Accounts Receivable, Net		22,311,954		20,187,470		2,124,484	11 %
20602:Prepaid Other Expenses		-		-		-	
Current Assets	$	**73,686,344**	$	**70,031,784**	$	**3,654,560**	**5 %**
Total Assets		**73,686,344**		**70,031,784**		**3,654,560**	**5 %**
LIABILITIES AND NET ASSETS							
CURRENT LIABILITIES							
70000:Accounts Payable, General	$	922,328	$	720,086	$	(202,241)	28 %
30090:Payroll Payable		1,493,171		1,627,795		134,624	(8)%
30805:Accrued Payables		-		-		-	
30830:Procurement Cards Payable		414,065		402,038		(12,026)	3 %
30831:MMP-Card Clearing		(509)		(509)		-	0 %
30905:Unearned Revenue, Health Department		334,117		334,117		-	0 %
Current Liabilities	$	**3,163,172**	$	**3,083,528**	$	**(79,644)**	**3 %**
Total Liabilities	$	**3,163,172**	$	**3,083,528**	$	**(79,644)**	**3 %**
Net Position	$	**70,523,172**	$	**66,948,256**	$	**3,734,204**	**5 %**
Total Liabilities & Net Position	$	**73,686,344**	$	**70,031,784**	$	**3,654,560**	**5 %**

1. Itemized General Journal Entries Pivot Table

Row Labels	Sum of Amount
01000 General Fund	94.02
01505 Federal/State Program Fund	144.48
03003 Health Department FQHC Fund	30,336.74
19037 COVID-19 Federal 1515 Expanded Capacity Testing 93.224	(462.54)
19067 ARPA Federal Multco American Rescue Plan Act	-
19077 ARPA Federal Community Health Centers 93.224	(10,872.28)
19088 ARPA Federal Health Center Infrastructure Support 93.526	1,857.76
19093 COVID-19 State PE44 School Based Health and Recovery	(2,104.05)
19100 COVID-19 Local Administration of COVID-19 Treatments in Primary Care	(1,348.07)
30001 Fee for Services (FFS) - FQHC Medicaid Wraparound	347,087.95
30002 Other - Medicaid Quality and Incentives	161,719.75
30003 Federal - Ryan White Part C - Early Intervention to HIV - 93.918	(5,859.94)
30004 Federal - Primary Care (PC) 330 - 93.224	(65,851.74)
30005 Other Roots & Wings Strong Start for Kids	(1,267.07)
30007 Federal - Homeless General - 93.224	(26,238.19)
30009 Federal - AIDS Education and Training Centers - University of Washington - 93.145	(130.93)
30010 Federal - Ryan White Part A - HIV Emergency - 93.914	(7,021.01)
30012 State - School Based Health Clinics (SBHC)	28,719.49
30013 Fee for Services (FFS) - Medicaid - Care Oregon	1,912,580.81
30014 Fee for Services (FFS) - Medicaid	474,216.89
30015 Fee for Services (FFS) - Medicare	478,464.39
30017 Fee for Services (FFS) - Oregon ContraceptiveCare (CCare)	1,054.86
30018 Fee for Services (FFS) - Medicaid Pharmacy	5,494.40
30021 Federal - Ryan White Title IV - 93.153	(2,579.87)
30022 Federal & State - Family Planning - 93.217	(241.01)
30030 State - Oregon Health Authority (OHA) HIV Care	(323.27)
30031 State - Oregon Health Authority (OHA) Ryan White	(2,027.10)
30037 Other - Dental Primary Care Coordination	(78.66)
30044 Federal - Rapid Start - Special Projects - 93.928	(1,929.80)
30049 Fee for Services (FFS) - Patient Fees 3rd Party	150,100.90
30050 Fee for Services (FFS) - Patient Fees	4,706.75
Grand Total	**3,468,243.66**

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