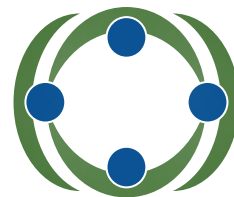




# Regular Public Meeting

July 10, 2023



**community health  
center board**

*Multnomah County*

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# AGENDA



**community health  
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*Multnomah County*

## Public Meeting Agenda

**July 10, 2023**  
**6:00-8:00 PM**  
**Gladys McCoy Room 805**

*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)

### Our Meeting Process Focuses on the Governance of the Health Center

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

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

Time	Topic/Presenter	Process/Desired Outcome
6:00-6:05 (5 min)	<b>Call to Order / Welcome</b> Harold Odhiambo, CHCB Chair	Call to order Review processes
6:05-6:10 (5 min)	<b>Minutes Review - VOTE REQUIRED</b> June 12th Public Meeting Minutes	Board reviews and votes
6:10-6:20 (10 min)	<b>Annual Quality Plan - VOTE REQUIRED</b> Brieshon D'Agostini, Quality and Compliance Officer	Board reviews and votes
6:20-6:30 (10 min)	<b>Policy: ICS.01.50 Data Governance - VOTE REQUIRED</b> Brieshon D'Agostini, Quality and Compliance Officer	Board reviews and votes
6:30-6:45 (15 min)	<b>Oregon School Based Health Alliance ACTION Grant - VOTE REQUIRED</b> Alexandra Lowell, Student Health Center Manager	Board reviews and votes
6:45-6:55	<b>10 Minute Break</b>	
6:55-7:10 (15 min)	<b>Monthly Budget and Financial Reports</b> Jeff Perry, Chief Financial Officer DJ Rhodes, Executive Director	Board receives updates and provides feedback



7:10-7:15 (5 min)	<b>Committee Updates</b> Finance Committee: Darrell Wade, Finance Chair Quality Committee: Tamia Deary, Quality Chair Bylaws Committee: Tamia Deary, Bylaws Chair Executive Committee: Harold Odhiambo, Board Chair	Board receives updates
7:15-7:20 (5 min)	<b>NWRPCA Spring Summit Update</b> Harold Odhiambo, CHCB Chair Bee Velasquez, Member-at-Large Alina Stircu, Board member	Board receives updates
7:20-7:25 (5 min)	<b>Legal Support</b> Harold Odhiambo, Chair	Committee discusses next steps on legal support
7:25-7:35 (10 min)	<b>Labor Relations Updates</b> DJ Rhodes, Executive Director <i><b>Bargaining and Negotiation Updates (Closed Executive Session)</b></i>	Board receives updates in an executive session and has discussion
7:35	<b>Meeting Adjourns</b>	Thank you for your participation



# PUBLIC MEETING MINUTES



**community health  
center board**

*Multnomah County*



## CHCB Public Meeting Minutes June 12, 2023 6:00-8:00 PM via Zoom

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

### Board Members:

**Harold Odhiambo** – Chair

**Tamia Deary** - Vice-Chair

**Pedro Sandoval Prieto** – Secretary

**Brandi Velasquez** - Member-at-Large

**Kerry Hoeschen** – Member-at-Large

**Susan Mendoza** - Board Member

**Alina Stircu**- Board Member

**Patricia Patron** -Board Member

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

**Board Members Excused/Absent:** **Fabiola Arreola** – Board Member, **Darrell Wade** – Treasurer

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
<b>Call to Order / Welcome</b> Harold Odhiambo, CHCB Chair	Meeting begins 6:02 PM  We <u>do have a quorum</u> with 6 members present.  Pedro joined at 6:12pm  Kerry joined at 6:20pm  Carolina and Victor interpreters			
<b>Minutes Review -VOTE REQUIRED</b> Review Public Meeting minutes	Reviewed May 8th Public Meeting Minutes.  Pg. 4 Correct HRSA spelling Pg. 10“Father surveys” to “gathering surveys”	<b>Motion to approve May 8th public meeting minutes: Tamia</b> <b>Second: Bee</b> Yays: 5 Nays: Abstain: 1 <b>Decision: Approved</b>	CHCB Staff: Will make suggested corrections to minutes.	



<p><b>Annual Quality Plan -</b> <b>VOTE REQUIRED</b> Brieshon D'Agostin, Quality and Compliance Officer</p>	<p>Provided background on Quality Plan. Required to meet several regulatory requirements and provides guidance for our health center's approach to implement quality activities. Regular refresh to update and clarify strategic objectives, update regulation, updated structure.</p> <p>New plan received a formatting update and language updated for clarity.</p> <p>Document has been reviewed by several people and brought to the quality committee twice.</p> <p><b>New - Quality Approach</b> High level overview of quality (See Image for structure and flow) and provide an explanation on how those structures work together and within the health center.</p> <p><b>New- Annually Quality Report</b> Annual quality report will include metrics and information to give a high level overview of how the previous years looked. They will include Key Performance Indicators (KPIs).<ul style="list-style-type: none"><li>Reviewed current and newly added KPIs</li></ul></p> <p><b>Quality Work Plan</b><ul style="list-style-type: none"><li>Based on quality metric, operational needs, and resources</li><li>Collaboration with all areas of the Health Center and County Health Department</li></ul></p> <p><b>FY 24 Quality Management Plan Timeline</b></p>	<p><b>Motion to</b> <b>approve Annual</b> <b>Quality Plan:</b> <b>Kerry</b> <b>Second: Patricia</b> Yays: 4 Nays: 2 Abstain: 2 <b>Decision: Does</b> <b>not carry</b></p>		
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	<p>June: Quality Management Plan presented at Public Meeting July/August: Quality Work Plan &amp; Annual Quality Report</p> <p><b>Question:</b> Why do we not have a report on a 3 month or 6 month report versus yearly?</p> <p><b>Answer:</b> We report out on a quarterly basis and the rest need to be developed. This next year we would like to make sure we've got the right data and context to be accurate with it. So we might be able to transition to a quarterly report for all metrics and future year. We also have to develop the metric to have them available for the future. <i>(connection unstable, information incomplete)...</i>if we can transition to a quarterly for all metrics.</p> <p><b>Question/Comment:</b> Why would you want to have them both now if we don't have the result from last year? How do we know if it 's working? It would be nice to have it monthly like the financial report or every 3 months. It does not make sense to me to vote at this time as I am not sure what we are changing if we don't know what we are failing on. <b><i>(Presenters connection unstable, Tamia steps in for comments and address previous question)</i></b></p> <p><b>Answer:</b> Tamia Deary, Chair of Quality Committee provided following input</p> <p>Added more metrics moving forward to be able to start a new metrics system we need to name what those need to be. What is being presented is the beginning of the process that will continue to evolve. Without your support we can't do the work that is detailed throughout the plan and is very clearly listed in</p>			
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	<p>the spreadsheet version of this or spreadsheet portion of this plan. We will continue to bring more of these metrics but they take time to develop. Such as the incident and complaints in patient surveys and compliances.</p> <p><b>Returned to Brieshon for Q &amp; A</b></p> <p>Supporting comments that Tamia addressed.</p> <p><b>Question:</b> Is there a possibility that we can also have a monthly report, similar to the finance report?</p> <p><b>Answer:</b> It could be. Some of the metrics are already shared. Survey metrics are received on a quarterly basis by our vendor, we would need to work on how to present those on a monthly basis. Certain metrics we could provide a monthly metric, for a future year.</p> <p>Uncertainty shared by board members and would like to have further conversations outside of the board meeting.</p> <p><b>Comment:</b> Additional board members expressed uncertainties about the metrics and reporting. Shared interests of having data on individual clinics.</p> <p>Brieshon provided clarity between the report and plan. Make sure that our Quality Plan can support the metrics that we will be reporting on. The plan is to develop that out this next year. This first year will develop our KPIs and we hope to learn how to measure and analyze the information to continue to adjust our reporting in future years.</p>		<p>CHCB Leadership and Chair to discuss matters regarding votes.</p>	<p>Motion did not carry due to insufficient votes. Current CHCB Bylaws does not address if quorum is need to pass motion.</p>
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	<b>Side discussion regarding if based on votes if Annual Quality Plan does not carry.</b>			
<b>Mid-County Updates: Dental Remodel &amp; Dental Hours</b> Daniel Martinez Tovar, Dental Senior Manager	<p>Main focus if remodel on the flooring, floor access panels, paint, and stainless steel corner guards.</p> <p>Clinic will be closed for 3 weeks in November 2023</p> <p>Cost \$139,000 with a capital funded project, not a client funded project, which means that costs are not charged to the community health center and no budget approval is required.</p> <p>Patient Impacts</p> <ul style="list-style-type: none"><li>• Patients will be redirected to East County, Rockwood Dental or Southeast Dental.</li><li>• Saturday Clinic will discontinue at Mid-County but expanded Saturday clinic hours at Rockwood Dental.</li></ul> <p>Staff Impacts</p> <ul style="list-style-type: none"><li>• Staff is aware of the reassignment process.</li><li>• Worked with staff regarding preferences of reassignments.</li><li>• Staff will be reassigned East County Dental, Rockwood County Dental, Southwest and Northeast dental.</li></ul> <p>Shared images related to necessary remodeling needs.</p> <p>We scheduled the remodel in November to minimize staff impact, as staff usually request time off during the month of November.</p>			



	<p><b>Question:</b> Did we approve this last year to make this improvement in the clinic?</p> <p><b>Answer:</b> This was scheduled to be completed earlier in the year. We chose to move it to November, to minimize the staff and client impacts, as there is a high number of staff that are out due on vacation and holidays. This was budgeted previously.</p> <p><b>Question:</b> Is this normal tear and wear of the dental clinic?</p> <p><b>Answer:</b> This is from normal wear and tear. Facilities will notify programs when such updates are needed.</p> <p><b>Comment:</b> Issues with infectious control were addressed. Possible to address these issues at an earlier stage.</p> <p><b>Question:</b> How do staff feel about moving services to Rockwood temporarily?</p> <p><b>Answer:</b> Staff will be off and we will use the same staff from Mid County Dental to staff Saturday clinics at Rockwood during remodel. It will not affect staff at Rockwood.</p>			
<p><b>Q1 Patient Experience Surveys</b> Linda Niksich, Program Specialist Senior, Quality Team</p>	<p>Reviewed continuing trends that I've been reporting about and any current or upcoming activities that are happening in the clinics that can turn these trends around.</p> <p><b>Common Trends Across PC/Dental/IBH</b></p> <ul style="list-style-type: none"> <li>● Overall satisfaction scores are under “benchmark”</li> <li>● Referral intentions</li> <li>● Cultural and Language needs being met</li> </ul>			



	<ul style="list-style-type: none"><li>• Disparities in scores for specific demographics (Asian, Cantonese language speakers, Russian language speakers)</li></ul> <p><b>Primary Care</b></p> <ul style="list-style-type: none"><li>• Appointment wait time</li><li>• Test results communication</li><li>• Asked about difficulties in caring for health, and cause of worries/stress</li></ul> <p><b>Dental</b></p> <ul style="list-style-type: none"><li>• Appointment wait time</li><li>• Provider wait</li><li>• Provider time spent</li></ul> <p><b>Behavioral Health</b></p> <ul style="list-style-type: none"><li>• Appointment wait time</li><li>• Provider wait</li><li>• Provider time spent</li></ul> <p><b>Pharmacy (No benchmark available yet)</b></p> <ul style="list-style-type: none"><li>• Pickup wait time</li><li>• Being told when prescription should be ready</li></ul> <p><b>Addressing Trends</b></p> <p>Appointment wait time:</p> <ul style="list-style-type: none"><li>• Advanced Access Project, MyChart Self scheduling, staffing, dental staff recruitment.</li><li>• Asked about difficulties caring for health and causes of worry/stress: Collecting social driver of health</li><li>• Test Results Fast Enough: MyChar signup efforts, MyChart optimization, Team based care work.</li><li>• Race/Language: Engagement with community members themselves about health care needs and preferences.</li></ul> <p><b>Comment:</b> Received positive feedback from board members.</p>			
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<b>Mid-County Updates: Dental Hours</b> Daniel Martinez Tovar, Dental Senior Manager	<p>Historically, Mid-County would close 1 Saturday a month due to the system updates..</p> <p>We have since updated our dental system, with this new update we no longer need to close 1 Saturday a month.</p> <p>Staff Impacts</p> <ul style="list-style-type: none"><li>• Staff have historically had to flex their schedules to accommodate their work hours and will no longer need to flex.</li><li>• Our EHR no longer requires this system update that was previously needed.</li><li>• We no longer need to be closed 1 Saturday a month for system updates</li></ul> <p><b>Question:</b> Has this been communicated with patients that all Saturdays are open at Mid County Dental.</p> <p><b>Answer:</b> We have been offering all Saturday appointments to patients but have not made a formal announcement.</p>			
<b>10 min break</b>	<b>7:12- 7: 22PM</b>			
<b>Q1 Complaints and Incidents</b> Kimmy Hicks, Project Manager, Quality Team	<p>Reviewed complaints by location (Medical, Dental, PAC, and Pharmacy).</p> <p>Complaints are pretty even in all departments</p> <p><b>Complaint by Type</b></p>			



- Customer Service Complaints
  - Service has declined since COVID
  - Front desk was slow

**Complaints by Language**

- Pharmacy - interpreter did not communicate everything correctly

**Complaints by Location & Race**

- Complaints between white and non-white patients are consistent

**Incident By Location**

- Most of our complaints form Medical and Dental

**Incident by Type**

- Lab related has the highest complaints

**Sample of incidents and results**

Incident: Specimen was collected in the wrong tube

Results: Staff was coached to double check the order and focus on the patient in front of them

Incident: Sample was not labeled

Results: Staff members received coaching and a performance improvement plan was placed.

Incident: Abnormal lab, result was not communicated to provider after hours.

Results: Followed up with vendor and vendor staff received coaching and seeked other vendors that may do procurement.

**Question:** What was the cause for the interpreter to cause an error?

**Answer:** Provider had changed the medicine and then the pharmacy questioned the change. Client felt confused about what had happened and the interpreter had contributed to the confusion.



**Monthly Budget and Financial Reports**

-Jeff Perry, Chief Financial Officer, ICS  
-DJ Rhodes, Executive Director

**Monthly highlights**

- 10 months in fiscal year, 83.3% completed
- YTD revenue at 59.6 million dollars, expense at 24.5 million dollars
- 35.1 surplus YTD

**Month of April**

- Revenue for the month of April is 17.5 1 million dollars on expenses 12.3 million dollars for the month of April.
- Surplus about 5.2 million dollars.

**Programmatic Level**

- Dental has a \$314,000 loss.
- Pharmacy is showing a 3.4 million dollar gain
- Primary care 26.4 million gain
- Student health 500,000 gain
- HIV 810,000 gain

**Program income**

- 11.8 million dollar or 75% of the revenue YTD
- **Program income is about 23.1 million dollars. Around 78% of revenue.**

**Indirect Cost Expense that FQHC pays to the health department and County.**

- Paid about 22.7 million dollars for services representing about 75. Below the current target, the target of 83.3% of the budget.

**Budget Adjustment**

- No changes this month.



	<p><b>Percentage of Uninsured Visits by Quarter</b></p> <ul style="list-style-type: none"> <li>Primary Care at 10.7% versus a 12.7% target</li> <li>Dental at 3.4% versus a 8% dental</li> </ul> <p><b>Payer Mix for ICS Primary Care Health Center</b></p> <ul style="list-style-type: none"> <li>CareOregon payer mix has increased from 67% last quarter to 72% for this quarter.</li> </ul> <p><b>Number of OHP Clients Assigned by CCO</b></p> <ul style="list-style-type: none"> <li>Both payers, CareOregon and Tritium are showing an increase.</li> </ul> <p><b>Vacancy Report</b></p> <p>We are seeing movement on some of the vacancies, we are working with human resources to recruit better and find some provider recruiters to fill vacancies.</p> <p>Human Resources has multiple offers but has not filled those positions. Will continue to work with HR to improve recruitments.</p> <p><b>No questions or comments regarding monthly financial reports.</b></p>			
<p><b>Committee Updates</b></p> <p>-Quality Committee: Tamia Deary, Quality Chair</p> <p>-Executive Committee: Harold Odhiambo, Board Chair</p>	<p>Tamia Deary, Quality Committee :</p> <ul style="list-style-type: none"> <li>The Quality committee has been working on the Quality Plan, reviewing patient satisfaction surveys based on language trends presented tonight.</li> <li>Meet with Tony (Gaines) from the call center</li> </ul> <p>Tamia Deary, Bylaws Committee :</p>			



	<ul style="list-style-type: none"> <li>Continuing working on updating Bylaws. Had some questions at the bylaws about updating based on technology needs and uses.</li> </ul> <p>Harold Odhiambo, Executive Committee :</p> <ul style="list-style-type: none"> <li>Working on our legal support, will provide more information in a later presentation.</li> </ul> <p>Harold Odhiambo, Nominating Committee &amp; Finance Committee:</p> <ul style="list-style-type: none"> <li>No updates from nominating and finance committee</li> </ul> <p>No questions or comments for Committee updates.</p>			
<b>Executive Director's Strategic Updates</b> DJ Rhodes, Executive Director	<p><b>Patient and Community Determined: Leveraging the collective voices of the people we serve</b></p> <ul style="list-style-type: none"> <li>Implementation of Narcan Prescribing at Student Health Center</li> <li>We are analyzing the data from a patient survey regarding La Clinic and addressing the client's concerns.</li> </ul> <p><b>Supporting Fiscally Sound and Accountable practices which advance health equity and center on racial equity</b></p> <ul style="list-style-type: none"> <li>CMAs, LPNs, and RNs received training on using standard tools to assess suicidal ideation and updates suicide prevention process.</li> <li>Developing a strategy to attract and train client's from our community we serve to gain healthcare-related experiences.</li> </ul>			



	<p><b>Equitable treatment that assures all people receive high quality, safe, and meaningful care</b></p> <ul style="list-style-type: none"><li>• Participated in outreach event with the Guatemalan consulate to support participants apply for OHP</li><li>• Primary Care completed Epic Referrer at Ground Rounds</li></ul> <p><b>Engaged, Expert, Diverse Workforce which reflects the communities we serve</b></p> <ul style="list-style-type: none"><li>• PAC RN's are expanding their workload and working collaboratively with PaCE agents to reduce in-basket messages</li><li>• Primary Care Leadership and Dental Staff have finalized a new strategy to provide a warm handoff to support patients with diabetes and other high risk dental populations.</li></ul> <p><b>ICS Executive Director Strategic Updates</b></p> <ul style="list-style-type: none"><li>• <b>Legal Counsel Contract</b><ul style="list-style-type: none"><li>○ Hear more in the upcoming agenda item</li></ul></li><li>• <b>ICS Department Analysis</b><ul style="list-style-type: none"><li>○ Information gathering for analysis of staff, costs, and additional infrastructure in progress</li></ul></li></ul> <p><b>Question:</b> How are people going to participate in the restructuring? Is this County level? Or board level?</p> <p><b>Answer:</b> At County level. We are trying to identify which policies are under board governance and which are not under board governance. Creating more clarity in which policies are independent from the health department and which we work</p>			
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	collaboratively.			
<b>Legal Support</b> Harold Odhiambo, Chair	<p>We had a follow up meeting with Steve Burgon with Ogden Murphy Wallace P.L.L.C for a potential contract to meet our board needs.</p> <p>On June 8, 2023, CHCB Vice-Chair, Executive Director, and myself met to learn more about their experience working with FQHCs and board work.</p> <p>We are still looking at receiving more information and determining if we will hire them.</p> <p>Law firm has multiple staff available to support our board needs.</p> <p>Once an agreement is completed we will invite them to present at a public board meeting for all of you to meet them.</p> <p><b>Comment:</b> Board members expressed the need to have people (representation) that have the knowledge on how to advise the board.</p>			
<b>Executive Director Update</b> <i>(Closed Session)</i>  <i>CHCB Board Members to discuss in a confidential separate Zoom</i>	Board moved to confidential session at: 8:03pm	<b>Motion to move to a closed session: Patricia</b> <b>Second: Tamia</b> Yays: 8 Nays: Abstain: <b>Decision:</b> <b>Approved</b>		



Meeting Adjourns	Meeting adjourns 8:15 PM			Next public meeting scheduled on 7/10/23
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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.

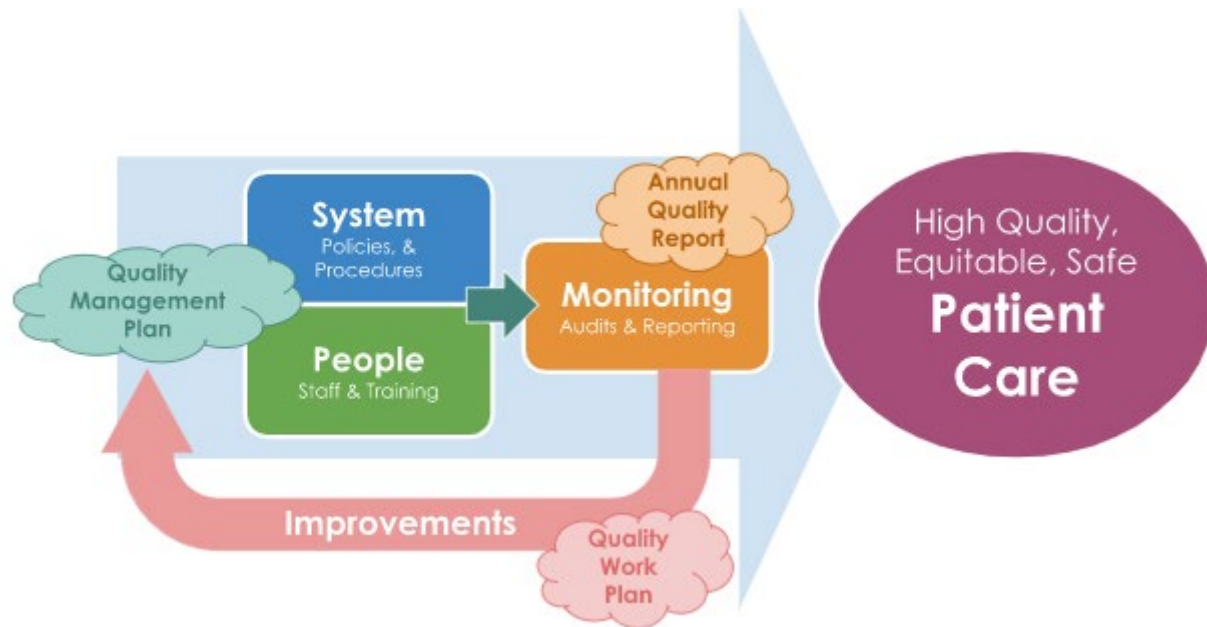
**Health Center Vision:** Integrated. Compassionate. Whole person health.

### 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:

<b><u>Quality Management Plan</u></b>  The CHCB reviews and approves each fiscal year.	<b><u>QA/QI Activities</u></b>  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.	<b><u>Accreditation/certification reports:</u></b>  The CHCB receives reports of regulatory activities, such as The Joint Commission (TJC) accreditation, recognition with other federal and state programs.
<b><u>External program and financial audit reports</u></b>  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.		<b><u>Patient surveys</u></b>  Patient surveys are a program requirement and an important component of a QA/QI program, and are reported to the CHCB.
<b><u>Adverse incident reports</u></b>  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.	<b><u>Policies</u></b>  Some Community Health Center policies are approved by the CHCB, such as patient feedback, surveys, and data governance.	<b><u>HRSA/BPHC required Clinical and Financial Performance</u></b>  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
<b>Pharmacy Director</b>	<i>All program operations and functions</i>
<b>Pharmacy Deputy Director</b>	<i>All program operations and functions</i>
<b>Pharmacy Operations Managers</b>	<i>Pharmacy site and program operations</i>
<b>Pharmacists in Charge (PICs)</b>	<i>Day-to-day operations for each site</i>

**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
<b>Health Center Quality Leadership Team (QLT)</b>	Led by CQCO and CCO  Quality Team and key program and clinic leadership/ staff	At least 3x/year	<ul style="list-style-type: none"> <li>• Coordinated decision-making and implementation of quality work across the Health Center</li> <li>• Review quality metric data and trends</li> <li>• Identify quality improvement opportunities</li> <li>• Plan and develop improvement activities</li> <li>• Communicating changes and activities to staff and stakeholders</li> </ul>
<b>Interdisciplinary Review Committee</b>	Key Senior Leadership, IBH Manager, Quality Team	At least monthly and ad hoc	<ul style="list-style-type: none"> <li>• Review unique or challenging client situations</li> <li>• Decision-making for dismissal, transfer, or other actions to best support client and Health Center</li> </ul>
<b>Incident Review Committee</b>	Key Senior Leadership, IBH Manager, Quality Team	At least monthly	<ul style="list-style-type: none"> <li>• Review reported client safety incidents</li> <li>• Identify concerns and trends</li> <li>• Determine follow up needed (investigations, Root Cause Analyses, training/coaching, process improvements, etc)</li> </ul>
<b>Pharmacy and Therapeutics Committee</b>	Key leadership and stakeholders	At least quarterly	<ul style="list-style-type: none"> <li>• Oversee Joint Commission medication management chapter</li> </ul>

Committee	Membership	Frequency	Responsibilities
			<ul style="list-style-type: none"> <li>Related Quality and Process Improvement</li> </ul>
<b>340B Oversight Committee</b>	Key pharmacy staff and senior leadership	At least quarterly	<ul style="list-style-type: none"> <li>Oversee and guide 340B program policies and procedures, training, and compliance</li> </ul>
<b>RE.D.I. (Race/Ethnicity, Diversity, Inclusion) Committee</b>	Senior Leadership  Health Equity Team  Cross-functional program/clinic leadership and staff	Varies	<ul style="list-style-type: none"> <li>Eliminate racial inequities in policies, procedures, and practices</li> <li>Develop clinical practices centered on racial and health equity using public health and population health strategies and decolonizing data</li> <li>Establish training and development opportunities focused on racial equity for employees and management</li> <li>Build infrastructure to support racial equity</li> <li>Develop sustainable health center culture centered on racial equity</li> </ul>
<b>Site Sustainability Teams</b>	Site leadership and representation from role groups	At least monthly	<ul style="list-style-type: none"> <li>Sustain quality improvements</li> <li>Review local workflows</li> <li>Initiate quality improvement projects at the local level (such as PDSAs)</li> </ul>
<b>Site Safety Committees</b>	Site leadership and representation from all building programs	At least monthly	<ul style="list-style-type: none"> <li>Conduct quarterly Building Safety Inspections</li> <li>Identify and report building safety concerns</li> <li>Implement safety improvement activities</li> </ul>
<b>Client Advisory Committee (CAC)</b>	Clients, coordination staff, key leadership, and stakeholders	At least quarterly	<ul style="list-style-type: none"> <li>Provide feedback and insight regarding Community Health Center quality and operations</li> <li>Collaborate with leadership to identify areas of improvement</li> </ul>
<b><i>Other committees as needed</i></b>			

## 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	<ul style="list-style-type: none"> <li>Collaborate across Health Center and with other Departments and Divisions to develop and implement policy and processes to improve and ensure quality of services</li> </ul>
HIPAA/Privacy and medical records	<ul style="list-style-type: none"> <li>Develop and maintain privacy policies</li> <li>Investigate HIPAA privacy incidents, breaches, and complaints</li> <li>Respond to medical records requests</li> <li>Scan and index documents into the medical record</li> <li>Provide subject matter expertise in protecting privacy and the ethical use of health information</li> </ul>
Client surveys	<ul style="list-style-type: none"> <li>Work with vendor to conduct client surveys for all service lines</li> <li>Analyze and present data, trends, and opportunities</li> </ul>
Client complaint management	<ul style="list-style-type: none"> <li>Coordinate receipt of and responses to complaints and grievances from clients</li> <li>Analyze and present data, trends, and opportunities</li> </ul>
Client safety incident management	<ul style="list-style-type: none"> <li>Coordinate interdisciplinary review of client safety incidents</li> <li>Analyze and present data, trends, and opportunities</li> </ul>
Credentialing and privileging	<ul style="list-style-type: none"> <li>Complete credentialing, privileging, and enrollment of Licensed Independent Practitioners (LIPs)</li> <li>Collaborate with Health HR on licensing and certification for all clinical roles</li> </ul>
Health Center specific training coordination	<ul style="list-style-type: none"> <li>Support development, implementation, and tracking of health center e-training</li> </ul>
Policy management	<ul style="list-style-type: none"> <li>Coordinate development, revision, and renewal of Health Center policies</li> </ul>

Quality improvement, assurance, and compliance	<ul style="list-style-type: none"> <li>• Coordinate and conduct internal audits and other activities to help ensure quality and compliance</li> <li>• Coordinate and support external surveys and other activities related to quality and compliance</li> <li>• Analyze and present findings, trends, and opportunities</li> </ul>
Employee safety	<ul style="list-style-type: none"> <li>• Collaborate with County and Health Department partner programs to support employee safety, including County Workplace Security, Risk Management, Facilities, and Attorney's Office</li> <li>• Identify and elevate trends and opportunities as needed</li> </ul>
Risk assessment and management	<ul style="list-style-type: none"> <li>• Collaborate with County and Health Department partner programs to assess and analyze risk</li> <li>• Identify and elevate trends and opportunities as needed</li> </ul>
EHR management	<ul style="list-style-type: none"> <li>• Collaborate with Health Center Clinical Systems Information (CSI) to identify and implement improvements related to the Electronic Health Record (EHR) systems</li> </ul>
Data and reporting	<ul style="list-style-type: none"> <li>• Collaborate with Health Center Business Intelligence (BI) to develop data reporting</li> </ul>

# 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
<b>Safety &amp; Compliance</b>	<ul style="list-style-type: none"> <li>Environment of Care (EC)</li> <li>Infection Prevention and Control (IC)</li> <li>Life Safety (LS)</li> <li>National Patient Safety Goals (NPSG)</li> <li>Emergency Management (EM)</li> </ul>
<b>Client Experience</b>	<ul style="list-style-type: none"> <li>Rights and Responsibilities of the Individual (RI)</li> </ul>
<b>System and Staff</b>	<ul style="list-style-type: none"> <li>Leadership (LD)</li> <li>Human Resources (HR)</li> </ul>
<b>Clinical Quality</b>	<ul style="list-style-type: none"> <li>Information Management (IM)</li> <li>Record of Care, Treatment, and Services (RC)</li> <li>Provision of Care, Treatment, and Services (PC)</li> <li>Medication Management (MM)</li> </ul>
<b>Quality Improvement</b>	<ul style="list-style-type: none"> <li>Performance Improvement (PI)</li> </ul>

## 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
<b>Annual Health Center Quality Report</b>  <i>Due in August for previous fiscal year</i>	<ul style="list-style-type: none"> <li>Key Performance Indicators</li> <li>Helpful context on what the data is showing</li> <li>Important trends and disparities</li> <li>Quality improvement activities where applicable</li> <li>Compliance and Risk Management Activities</li> </ul>	Highlight 3-5 KPIs Summary of trends and disparities Highlight 3-4 improvement activities from the year
<b>Quarterly Quality data</b>  <i>Due when data is available following the end of a quarter</i>	<ul style="list-style-type: none"> <li>Subset of metrics that includes, at a minimum, client complaints, incidents, and surveys</li> <li>Important trends and disparities</li> <li>Improvement activities where applicable</li> </ul>	Summary of trends and disparities

## Key Performance Indicator Grid

Work Process	What question needs answered?	KPI	Calculation	Examples for Narrative	Category
<b>External Audits</b>	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?	<b>Safety &amp; Compliance</b>
<b>Internal Audits</b> (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?	<b>Safety &amp; Compliance</b>
<b>Privacy Incidents</b>	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"?	<b>Safety &amp; Compliance</b>
<b>Required Trainings</b>	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?	<b>Safety &amp; Compliance</b>
<b>Client Surveys</b>	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?	<b>Client Experience</b>
<b>Client Complaints</b>	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?	<b>Client Experience</b>
<b>Client Safety Incidents</b>	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?	<b>Safety + Client Experience</b>

Work Process	What question needs answered?	KPI	Calculation	Examples for Narrative	Category
<b>Client Advisory Committee</b>	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?	<b>Client Experience</b>
<b>Clinical Quality</b>	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?	<b>Clinical Quality</b>
<b>Clinical Peer Review</b>	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?	<b>Clinical Quality</b>
<b>Appointment Access/Utilization</b>	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?	<b>Clinical Quality</b>
<b>Pharmacy Utilization</b>	Are clients using Health Center pharmacies	Pharmacy Utilization	Prescriptions filled at internal pharmacies	What trends were identified? (locations, etc)	<b>Clinical Quality</b>
<b>Quality Improvement</b>	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?	<b>Quality Improvement</b>

*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:



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	<a href="#">Board of County Commissioners</a> Elected representatives for each County district, as identified in the <a href="#">County Charter</a> and <a href="#">Oregon Administrative Rules</a> .
BI	Business Intelligence
BPHC	<a href="#">Bureau of Primary Health Care</a> 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	<a href="#">Community Health Center Board</a> The client majority board that governs the Community Health Center.
CSI	Clinical Systems Information program
DCLT	<a href="#">Dental Care Leadership Team</a>
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	<a href="#">Primary Care Leadership Team</a>
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

FY24	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul FY25	Aug FY23
Quality Plan Approval														
Develop monthly reporting for current quarterly Quality Metrics: - Complaints - Incidents - Patient Surveys														
Begin monthly/quarterly Snapshot report on available metrics					1st MonthlyReport									
Develop monthly and quarterly reporting for new Quality Metrics - Privacy - Client Advisory Committee (CAC) Engagement - External Audits - Internal Audits - Training Completion - Clinical Peer Review - Appointment Access - Pharmacy Utilization								ExpandedMonthlyReport						
Expand monthly/quarterly Snapshot to include additional available metrics														
Develop quarterly or monthly Clinical Quality Metrics reporting (currently annual UDS)														
Develop comprehensive Annual Quality Report														
Present comprehensive Annual Quality Report														FirstAnnualReport
Fully implemened Quality Snapshot report														Full Snapshot Report

KPI	Description		Frequency	Jul	Aug	Sept	FY Q1	Oct	Nov	Dec	FY Q2	Jan	Feb	Mar	FY Q3	Apr	May	Jun	FY Q4
External Audits																			
	Narrative	Highlights	Quarterly																
Internal Audits	Quantitative	% of sites with internal audits completed	Monthly																
ICS Privacy Incidents	Narrative	Highlights	Quarterly																
	Quantitative	# of privacy incidents submitted	Monthly																
Training Completion																			
	Quantitative	% of trainings completed/passed	Quarterly																
Client Satisfaction Surveys																			
	Narrative	Highlights	Quarterly																
Client Complaints	Quantitative	# of complaints received	Monthly																
Client Safety Incidents	Narrative	Highlights	Quarterly																
	Quantitative	# of safety incidents submitted	Monthly																
CAC Engagement																			
	Narrative	Highlights	Quarterly																
Clinical Peer Review	Quantitative	# of completed peer reviews	Monthly																
Appointment Access	Narrative	Highlights	Quarterly																
	Quantitative	TBD	Monthly																
Pharmacy Utilization																			
	Quantitative	% of prescriptions filled at internal pharmacy	TBD																
Quality Work Plan Status																			
	Narrative	Status update	Quarterly																
UDS Clinical Quality	Quantitative	UDS Report (separate report)	Annual																
	Narrative	Trends + QI Activities (separate report)	Annual																

Work Process	answered?	KPI	Calculation	Examples for Narrative	Category	Monthly Status Report	Quarterly Report	Annual Quality Report
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	Narrative: External Audits that month	n/a	Combination of monthly narratives + related QI activities/plans
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	# of sites with completed internal audits	n/a	Combination of monthly narratives + related QI activities/plans
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	# of privacy incidents opened that month	n/a	Total privacy reports with % of non-incident, incident, and breach Trends and QI activities
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	n/a (trainings on quarterly cycle)	% of completed trainings by quarter's end	% completed trainings over previous 4 quarters Narrative: Challenges and QI activities
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	# of surveys completed each month	Trends and QI activities	Rollup of 4 quarters Narrative: trends and QI activities
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	# of complaints received each month	Trends and QI activities	Rollup of 4 quarters Narrative: trends and QI activities
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	# of client safety incidents each month	Trends and QI activities	Rollup of 4 quarters Narrative: trends and QI activities
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	n/a (meetings are less frequent than monthly)	# of meetings and participants	# of meetings and participants for 4 quarters Narrative: topics and improvements
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	n/a until UDS reporting is available more frequently	n/a until UDS reporting is available more frequently	Annual UDS report
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	# of clinical peer reviews competed	n/a	Rollup of 4 quarters Narrative: trends and QI activities
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	Appointment wait times? No Show?	n/a	Metrics for full year Narrative: QI activities
Pharmacy Utilization	Are clients using Health Center pharmacies	Pharmacy Utilization	Prescriptions filled at internal pharmacies	What trends were identified? (locations, etc)	Clinical Quality	% of prescriptions filled at MCHD pharmacy?	n/a	Metrics for full year
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	n/a	Status update changes	Final status update for each project

<b>Title:</b>	<b><u>Community Health Center</u> Data Governance Policy</b>		
<b>Policy #:</b>	<b>ICS.01.50</b>		
Section:	Integrated Clinical Services	Chapter:	General
Approval Date:	<del>06/08/2020</del> <u>06/08/2020</u>	Approved by:	<del>Tasha Wheatt-Delancy</del> <u>DJ Rhodes</u> /s/ <del>Interim</del> ICS Director  Harold Odhiambo /s/ Community Health <u>Council Center Board</u> Chair
Related Procedure(s):	<ul style="list-style-type: none"> <li><del>Not applicable</del> <u>PII-1: Collecting, Safeguarding and Disposing of Personally Identifiable Information:</u></li> <li><u>PII-2 Breach Notification Requirements for Unauthorized Acquisition of PII</u></li> <li><u>HIPAA-2: Security of Electronic Protected Health Information (ePHI)</u></li> <li><u>HIPAA-6: Training</u></li> <li><u>HIPAA-7: Minimum Necessary Standard</u></li> </ul>		
Related Standing Order(s):	Not applicable		
Applies to:	<del>All Integrated Clinical Services programs and data generated by and related to those programs</del> <u>Programs and roles with access to or requesting Health Center data</u>		

## PURPOSE

This policy establishes standards to assure the quality and integrity of data generated by and related to ~~Integrated Clinical Services~~ Community Health Center programs, including:

- Defining roles and responsibilities ~~of ICS staff and its agents in relation to data related to~~ access, use, retrieval, storage, destruction, and backup of Community Health Center data to ensure sound practices concerning the protection and management of data, and compliance with applicable laws regulations, and standards ~~proper management and protection of data~~;
- Developing best practices for effective data management and protection;
- ~~Protect ICS~~ Safeguarding and mitigating internal and external risk (e.g. breach of privacy and confidentiality) for Community Health Center data ~~against internal and external risk (e.g. breach of privacy and confidentiality)~~

- ~~Ensure ICS data management is in compliance with applicable laws, regulations, and standards; and~~
- ~~Ensure~~ Ensuring that a data trail is effectively documented within the processes associated with accessing, using, retrieving, reporting, managing, and storing of data.

~~This policy applies to all proprietary data used in the administration of ICS and all of its lines of services, except data used for the purpose of academic research or UDS.~~ This policy covers, but is not limited to, proprietary Health Center data in any form, including print, electronic, audio-visual, and backup and archived data. Data for research must be approved by the Health Center Chief Quality and Compliance Officer and Chief Clinical Officer, and must follow Institutional Review Board (IRB) protocols as applicable.

## DEFINITIONS

Term	Definition
<del>Health Center Data or Proprietary Data</del>	<p><del>A general term used to refer to i</del>information, resources, and administrative records, which can generally be assigned to one of four categories:</p> <ul style="list-style-type: none"> <li>• Public access data: data that is openly available to <del>all staff and</del> the general public;</li> <li>• Internal general data: data used for <del>ICS Health Center</del> administration activities and not for external distribution unless otherwise authorized <u>per this policy</u>;</li> <li>• Internal protected data: data that is only available to staff with the required access in order to perform their assigned duties;</li> <li>• Internal restricted data: data that is of a sensitive or confidential nature and is restricted from general <u>use</u>. Special authorization must be approved before access or limited access is granted.</li> </ul>
Data Trustee	A member or designee of the Senior Leadership <del>Team</del> of ICS ( <u>SLICS</u> ) with planning and decision-making authority for <del>ICS Health Center</del> data. Data Trustees are responsible for overseeing the continuous improvement of data governance and management.
Data Steward	A member or designee of the Senior Leadership <del>Team</del> of ICS ( <u>SLICS</u> ) who oversees the capture, maintenance, and dissemination of data for a particular program. Data Stewards are responsible for assuring the requirements of the Data Governance Policy and Procedures are followed within their program.
Data Manager	Has the <u>Health Center</u> operational responsibilities in assisting Data

	Stewards with day-to-day data administration activities including, but not limited to, developing, maintaining, distributing, and securing data. Data managers are expected to have high-level knowledge and expertise in the content of data within their responsible area.
Data User	Any staff or authorized agent who access, inputs, amends, deletes, extracts, and analyzes data in order to carry out their day-to-day duties. Data Users are not generally involved in the governance process, but are responsible for the quality assurance of data.

## POLICY STATEMENT

### Quality and Integrity:

- Data Trustees, Stewards, Managers, and Users must ensure appropriate procedures are followed to uphold the quality and integrity of the data they access. To support this, the Health Center serves as a gatekeeper for access to Health Center data.
- Data records must be kept up-to-date throughout every stage of the business workflow and in an auditable and traceable manner.
- Data should only be collected for legitimate use and to add value to ICS Health Center services or administration. Extraction, manipulation, and reporting of data must be done only in support of to perform ICS Health Center business and/or with approval as described in this policy.
- Data should be analyzed and presented in a manner that endeavors to present an accurate and complete narrative, by data managers and users with a thorough understanding of Health Center services and functions.
- A formal written request must be submitted to the Quality Director Health Center Quality and Compliance Officer to be vettred reviewed with ICS Senior Leadership, and approval given, before any data (other than publicly available data) is used or shared outside ICS of the Health Center, to ensure that the quality, integrity, and security of data will not be compromised. All requests must include:
  - Name, role, and program of requestor(s)
  - Description of data requested, including whether it needs to include PHI/PII
  - The purpose of the project/request, including what question this data is trying to answer, to help ensure the data is provided appropriately

- What authority grants use of the data for this purpose (HIPAA, Local Public Health Authority, etc)
- Who (specific roles or groups) will have access to the provided data, and the purpose of that access
- If data request includes PHI/PII, include:
  - Description of how access to the PHI/PII will be restricted to ensure that the minimum necessary individuals have the minimum necessary access
  - Sustainability plan that includes how access will be monitored, maintained, and removed in a timely manner
- Data shall be retained and disposed of in an appropriate manner in accordance with record retention and recordkeeping policies and requirements, and associated procedures.
- Systems that include PHI/PII must include a process to ensure appropriate access to information, such as: minimum necessary access, as well as a sustainability plan that includes maintenance, removal of access, and auditing for appropriate use.
- For Health Center clients who have a shared medical record with other Health Department services, the patient's demographic information collected by one program may be used for operational and reporting purposes for the other program. Clinical services and documentation should be kept separate and only accessed as allowable under HIPAA.

#### Classification and Security:

- Staff, contractors, consultants and designated agents shall adhere to this policy and related procedures.
- Appropriate data security measures must be adhered to at all times to assure the safety, quality, and integrity of **ICS-Health Center** data.
- Personal use of institutional data, including derived data, in any format and at any location, is prohibited.
- Records stored in an electronic format must be protected by appropriate electronic safeguards and/or physical access controls that restrict access only to authorized user(s).
- This policy applies to records in all formats (paper, digital, audio-visual, etc.) whether registered files, working papers, electronic documents, emails, online transactions, data held in databases or on tape, disks, drives, maps, plans, photographs, sound and video recordings, or other formats.

**REFERENCES AND STANDARDS**

HIPAA (Health Information Portability and Accountability Act) ~~Not applicable~~

**PROCEDURES AND STANDING ORDERS**

Not applicable

**RELATED DOCUMENTS****Name**

Not applicable

**POLICY REVIEW INFORMATION**

Point of Contact: Brieshon D'Agostini, ~~interim Quality Director~~ Chief Quality and Compliance Officer

Supersedes: Not applicable



# SUMMARIES



**community health  
center board**

*Multnomah County*

# Grant Approval Request Summary

## Community Health Center Board (CHCB) Authority and Responsibility

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

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

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

<b>Grant Title</b>	Oregon School Based Health Alliance ACTION Grant		
<b>This funding will support:</b> Please add an "X" in the category that applies.			
<b>Current Operations</b>	<b>Expanded Services or Capacity</b>	<b>New Services</b>	
X			
<b>Date of Presentation:</b>	July 10, 2023	<b>Program / Area:</b>	Student Health Centers
<b>Presenters:</b>	Alexandra Lowell		
<b>Project Title and Brief Description:</b>			
<ul style="list-style-type: none"> <li>• <b>Oregon School Based Health Alliance (OSBHA) ACTION Grant</b></li> <li>• The ACTION grant program assists school-based health centers (SBHCs) as they work with adolescents to develop healthy relationship skills and knowledge, with a specific focus on social and sexual health. The ACTION grant program funds SBHC-based projects that support healthy youth relationships, adolescent sexual health, and SBHC staff skill development relating to youth social and sexual health.</li> <li>• Multnomah County Student Health Center (SHC) Program will use funds will support Youth Action Councils (YACs) at Parkrose and McDaniel high schools (Parkrose School District and Portland Public Schools, respectively) to complete Youth Participatory Action Research (YPAR) projects and healthy relationship-themed campaigns, as well as partnering with in-school affinity groups for youth of color.</li> </ul>			
<b>What need is this addressing?:</b>			



OSBHA, along with the E.C. Brown Foundation, have determined that there is a lack of opportunities for youth to learn about healthy relationships, to develop the skills necessary for participating in healthier relationships, and become advocates for healthy relationships in their communities. The YACs have demonstrated tremendous potential in engaging students and empowering them to advocate for their own health needs. With additional funding, the SHC Program can expand the YACs' reach by conducting outreach activities, organizing sexual/reproduction and social/emotional health campaigns, and facilitating workshops. This will allow YACs to engage a larger number of students, create meaningful impact, and promote healthier lifestyles among the youth. There is also a need for culturally responsiveness in these areas particularly for students of color and LGBTQ+ students. Youth in these communities have been historically excluded from conversations around healthy youth relationships and sexual reproductive health. This includes most images being that of white youth in hetero-presenting relationships.

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

- One YPAR project conducted at each school
- Two healthy relationship-themed campaigns at each school (one per year over two years)
- Increased awareness, skills, and knowledge
- Healthier youth relationships

**What is the total amount requested:**

*Please see attached budget*

\$20,000

**Expected Award Date and project/funding period:**

- Grantees will be notified June 21-23, 2023, with first funds being distributed in September 2023.
- The project period is September 2023 - August 2025.

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

*(Please be sure to also note any financial outcomes)*

The application was due on Monday, June 12, so it had to be submitted prior to the Council voting. A “yes” vote will result in no further action, allowing OSBHA to review the application and potentially award funding.

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

*(Please be sure to also note any financial outcomes)*

A “no” vote will result in the Multnomah County Health Department withdrawing its application from OSBHA and declining funding if it has been offered.

**Related Change in Scopes Requests:**



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

There are no related changes in scope.

### Proposed Budget (when applicable)

<b>Project Name: 2023-2025 OSBHA ACTION Grant</b>		<b>Start/End Date: September 1, 2023 - August 31, 2025</b>	
	<b>Budgeted Amount</b>	<b>Comments</b> (Note any supplemental or matching funds)	<b>Total Budget</b>
<b>A. Personnel, Salaries and Fringe</b>			
<b>YAC Intern</b>	\$10,717		\$10,717
August 2024-June 2025, 540 hours (15 hours/wk x \$18/hr x 36 wks), fringe/insurance (\$997)			
<b>Total Salaries, Wages and Fringe</b>	<b>\$10,717</b>		<b>\$10,717</b>
<b>B. Supplies</b>			
T-shirts for YAC members	\$906		\$906
Food for YAC meetings	\$1,000		\$1,000
Materials for school-wide awareness campaigns and educational activities	\$2,000		\$2,000
<b>Total Supplies</b>	<b>\$3,906</b>		<b>\$3,906</b>
<b>C. Contract Costs</b>			
<b>Total Contractual</b>	<b>\$0</b>		<b>\$0</b>
<b>D. Other Costs</b>			
Stipends for affinity group partnerships and youth	\$1,780		\$1,780
Travel to OSBHA School Health Action Day for youth and staff, Years 1 and 2 (\$1000 to rent one bus x 2 years and Multnomah County Van \$50 x 2 years)	\$2,100		\$2,100
<b>Total Other</b>	<b>\$3,880</b>		<b>\$3,880</b>
<b>Total Direct Costs (A+B+C+D)</b>	<b>\$18,503</b>		<b>\$18,503</b>

**Indirect Costs**

*The FY 2023 Multnomah County Cost Allocation Plan has set the Health Department's indirect rate at 13.97% of Personnel Expenses (Salary and Fringe Benefits). The rate includes 3.58% for Central Services and 10.39% for Departmental. The Cost Allocation Plan is federally-approved.*

<b>Total Indirect Costs (13.97% of A)</b>	<b>\$1,497</b>		<b>\$1,497</b>
<b>Total Project Costs (Direct + Indirect)</b>	<b>\$20,000</b>		<b>\$20,000</b>

There is no revenue associated with this project.

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



# Monthly Financial Essentials

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**July 2023**



**community health  
center board**

*Multnomah County*

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# Financial Reporting Package July 2023



**community health  
center board**

*Multnomah County*

A stylized graphic on the left side of the slide. It features two dark green mountain peaks with rounded tops. Below the mountains is a dark green wavy band representing a forest or a body of land. At the bottom is a blue wavy band representing water. The entire graphic is composed of solid-colored shapes with no outlines.

# Multnomah County Federally Qualified Health Center

## Monthly Financial Reporting Package

**May FY 2023**

Updated 6/21/2023

Prepared by: Financial and Business Management Division



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

For Period Ending May 31, 2023  
Prepared using the Modified Accrual Basis of Accounting  
Percentage of Year Complete: 91.7%  
[A Pro Forma Financial Statement]

**Community Health Center - Monthly Highlights**

**Financial Statement:** For period 11 in Fiscal Year 2023 (July 2022 - June 2023)

	<u>YTD Actuals</u>	<u>Budget</u>	<u>Difference</u>	<u>% of Budget</u> <u>YTD</u>
<b><u>Revenue:</u></b>	\$ 175,479,317	\$ 166,902,496	\$ (8,576,821)	105%
<b><u>Expenditures:</u></b>	\$ 138,047,500	\$ 166,902,496	\$ 28,854,996	83%
<b><u>Net Income/(Loss)</u></b>	<hr/> \$ 37,431,817			

**Budget Modifications:**

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



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

For Period Ending May 31, 2023  
Prepared using the Modified Accrual Basis of Accounting  
Percentage of Year Complete: 91.7%  
[A Pro Forma Financial Statement]

## Community Health Center

	Adopted Budget	Revised Budget	Budget Change	01 July	02 Aug	03 Sept	04 Oct	05 Nov	06 Dec	Year to Date Total	% YTD	FY22 YE Actuals
<b>Revenue</b>												
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	\$ 8,883,368	91%	\$ 8,880,564
Grants - COVID-19	\$ -	\$ 250,000	\$ 250,000	\$ -	\$ 1,121	\$ 17,629	\$ 114,237	\$ 6,250	\$ 21,264	\$ 316,505	127%	\$ 7,437,487
Grants - ARPA	\$ 8,075,272	\$ 8,075,272	\$ -	\$ -	\$ -	\$ 1,724,643	\$ 937,567	\$ 597,887	\$ 672,706	\$ 6,862,335	85%	\$ -
Grants - All Other	\$ 4,774,390	\$ 4,990,156	\$ 215,766	\$ -	\$ 25,838	\$ 641,076	\$ 1,189,357	\$ 321,717	\$ 153,499	\$ 6,655,589	133%	\$ 4,008,471
Grant Revenue Accrual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,066,456	0%	\$ -
Quality & Incentives Payments	\$ 7,671,495	\$ 7,671,495	\$ -	\$ 156,788	\$ 892,752	\$ 813,774	\$ 977,193	\$ 1,283,737	\$ 188,834	\$ 12,096,015	158%	\$ 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	\$ 134,599,214	103%	\$ 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	\$ 516,500	47%	\$ 680,758
Beginning Working Capital	\$ 3,800,000	\$ 3,800,000	\$ -	\$ 316,667	\$ 316,667	\$ 316,667	\$ 316,667	\$ 316,667	\$ 316,667	\$ 3,483,333	92%	\$ 3,298,126
<b>Total</b>	<b>\$ 166,436,730</b>	<b>\$ 166,902,496</b>	<b>\$ 465,766</b>	<b>\$ 10,322,795</b>	<b>\$ 13,112,204</b>	<b>\$ 15,803,318</b>	<b>\$ 15,494,297</b>	<b>\$ 17,145,460</b>	<b>\$ 14,686,969</b>	<b>\$ 175,479,317</b>	<b>105%</b>	<b>\$ 167,073,124</b>
<b>Expense</b>												
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	\$ 80,386,838	75%	\$ 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	\$ 6,989,314	198%	\$ 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	\$ 23,267,880	90%	\$ 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	\$ 25,023,206	82%	\$ 26,603,582
Capital Outlay	\$ 350,000	\$ 350,000	\$ -	\$ -	\$ -	\$ 741,207	\$ 1,053,380	\$ -	\$ -	\$ 2,380,262	680%	\$ 94,279
<b>Total</b>	<b>\$ 166,436,730</b>	<b>\$ 166,902,496</b>	<b>\$ 465,766</b>	<b>\$ 11,211,688</b>	<b>\$ 12,097,194</b>	<b>\$ 12,569,426</b>	<b>\$ 12,054,237</b>	<b>\$ 11,835,850</b>	<b>\$ 12,170,396</b>	<b>\$ 138,047,500</b>	<b>83%</b>	<b>\$ 134,953,193</b>
<b>Net Income/(Loss)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (888,892)</b>	<b>\$ 1,015,010</b>	<b>\$ 3,233,892</b>	<b>\$ 3,440,060</b>	<b>\$ 5,309,610</b>	<b>\$ 2,516,573</b>	<b>\$ 37,431,817</b>		<b>\$ 32,119,931</b>



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

For Period Ending May 31, 2023

Prepared using the Modified Accrual Basis of Accounting

Percentage of Year Complete: 91.7%

[A Pro Forma Financial Statement]

## Community Health Center

	Adopted Budget	Revised Budget	Budget Change	07 Jan	08 Feb	09 Mar	10 Apr	11 May	Year to Date Total	% YTD	FY22 YE Actuals
<b>Revenue</b>											
Miscellaneous Revenue	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0%	\$ 2,042
Grants - PC 330 (BPHC)	\$ 9,809,191	\$ 9,809,191	\$ -	\$ 923,762	\$ 40,955	\$ 1,767,641	\$ 999,672	\$ 734,657	\$ 8,883,368	91%	\$ 8,880,564
Grants - COVID-19	\$ -	\$ 250,000	\$ 250,000	\$ 12,106	\$ 6,250	\$ 1,225	\$ 15,729	\$ 120,693	\$ 316,505	127%	\$ 7,437,487
Grants - ARPA	\$ 8,075,272	\$ 8,075,272	\$ -	\$ 608,829	\$ 464,004	\$ 553,033	\$ 24,047	\$ 1,279,620	\$ 6,862,335	85%	\$ -
Grants - All Other	\$ 4,774,390	\$ 4,990,156	\$ 215,766	\$ 45,485	\$ 512,676	\$ 1,982,381	\$ 1,500,913	\$ 282,647	\$ 6,655,589	133%	\$ 4,008,471
Grant Revenue Accrual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,066,456	\$ 2,066,456	0%	\$ -
Quality & Incentives Payments	\$ 7,671,495	\$ 7,671,495	\$ -	\$ 2,396,921	\$ 2,699,045	\$ 822,574	\$ 832,913	\$ 1,031,485	\$ 12,096,015	158%	\$ 9,910,993
Health Center Fees	\$ 131,217,155	\$ 131,217,155	\$ -	\$ 11,403,531	\$ 11,121,386	\$ 19,074,990	\$ 11,772,541	\$ 11,997,838	\$ 134,599,214	103%	\$ 132,854,683
Self Pay Client Fees	\$ 1,089,227	\$ 1,089,227	\$ -	\$ 48,634	\$ 34,784	\$ 59,711	\$ 55,225	\$ 36,581	\$ 516,500	47%	\$ 680,758
Beginning Working Capital	\$ 3,800,000	\$ 3,800,000	\$ -	\$ 316,667	\$ 316,667	\$ 316,667	\$ 316,667	\$ 316,667	\$ 3,483,333	92%	\$ 3,298,126
<b>Total</b>	<b>\$ 166,436,730</b>	<b>\$ 166,902,496</b>	<b>\$ 465,766</b>	<b>\$ 15,755,935</b>	<b>\$ 15,195,768</b>	<b>\$ 24,578,221</b>	<b>\$ 15,517,706</b>	<b>\$ 17,866,644</b>	<b>\$ 175,479,317</b>	<b>105%</b>	<b>\$ 167,073,124</b>
<b>Expense</b>											
Personnel	\$ 106,322,509	\$ 106,691,397	\$ 368,888	\$ 8,056,182	\$ 7,952,974	\$ 7,779,156	\$ 7,310,740	\$ 7,820,442	\$ 80,386,838	75%	\$ 82,144,356
Contracts	\$ 3,518,134	\$ 3,534,297	\$ 16,163	\$ 711,553	\$ 513,950	\$ 771,905	\$ 704,254	\$ 588,928	\$ 6,989,314	198%	\$ 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	\$ 2,310,949	\$ 23,267,880	90%	\$ 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	\$ 2,346,785	\$ 25,023,206	82%	\$ 26,603,582
Capital Outlay	\$ 350,000	\$ 350,000	\$ -	\$ -	\$ 82,919	\$ 0	\$ 27,120	\$ 475,636	\$ 2,380,262	680%	\$ 94,279
<b>Total</b>	<b>\$ 166,436,730</b>	<b>\$ 166,902,496</b>	<b>\$ 465,766</b>	<b>\$ 13,513,048</b>	<b>\$ 13,153,884</b>	<b>\$ 13,632,138</b>	<b>\$ 12,266,899</b>	<b>\$ 13,542,741</b>	<b>\$ 138,047,500</b>	<b>83%</b>	<b>\$ 134,953,193</b>
<b>Net Income/(Loss)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 2,242,887</b>	<b>\$ 2,041,884</b>	<b>\$ 10,946,084</b>	<b>\$ 3,250,806</b>	<b>\$ 4,323,903</b>	<b>\$ 37,431,817</b>		<b>\$ 32,119,931</b>



**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 May 31, 2023  
 Percentage of Year Complete: 91.7%  
 [A Pro Forma Financial Statement]

	Category	Description	Admin	Dental	Pharmacy	Primary Care Clinics	Quality & Compliance	Student Health Centers
<b>Revenues</b>		Miscellaneous Revenue	-	-	-	-	-	-
		Grants - PC 330 (BPHC)	2,231,866	189,952	-	6,169,010	-	254,019
		Grants - COVID-19	245,176	-	-	-	-	71,329
		Grants - ARPA	6,812,857	-	-	49,478	-	-
		Grants - All Other	1,863,206	1,520,744	-	-	-	998,831
		Grant Revenue Accrual	760,699	-	-	592,495	-	425,809
		Quality & Incentives Payments	8,882,472	1,390,854	-	-	1,822,689	-
		Health Center Fees	11,554,237	18,107,668	33,515,104	61,727,895	22,488	5,956,723
		Self Pay Client Fees	-	56,482	220,549	237,081	-	-
		Beginning Working Capital	3,025,000	-	-	-	458,333	-
<b>Revenues Total</b>			35,375,513	21,265,701	33,735,653	68,775,960	2,303,510	7,706,712
<b>Expenditures</b>		Personnel Total	16,970,556	15,814,782	8,009,596	28,094,504	1,863,761	4,631,351
		Contractual Services Total	4,578,527	308,091	53,045	1,550,232	68,017	239,598
		Internal Services Total	4,648,351	4,672,197	2,862,329	8,941,063	665,451	1,443,819
		Materials & Supplies Total	1,523,480	971,590	18,599,548	1,366,539	52,657	338,785
		Capital Outlay Total	1,967,416	30,096	382,750	-	-	-
<b>Expenditures Total</b>			29,688,330	21,796,756	29,907,269	39,952,338	2,649,886	6,653,552
<b>Net Income/(Loss)</b>			5,687,184	(531,055)	3,828,384	28,823,622	(346,376)	1,053,159
<b>Total BWC from Prior Years</b>			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 May 31, 2023  
 Percentage of Year Complete: 91.7%  
 [A Pro Forma Financial Statement]

		HIV Clinic	Lab	Y-T-D Actual	Y-T-D Budget	Revised Budget	% of Budget	FY22 YE Actuals
Category	Description							
<b>Revenues</b>	Miscellaneous Revenue	-	-	-	-	-	0%	2,042
	Grants - PC 330 (BPHC)	38,520	-	8,883,368	8,991,758	9,809,191	91%	8,880,564
	Grants - COVID-19	-	-	316,505	229,167	250,000	127%	7,437,487
	Grants - ARPA	-	-	6,862,335	7,402,333	8,075,272	85%	-
	Grants - All Other	2,272,807	-	6,655,589	4,574,310	4,990,156	133%	4,008,471
	Grant Revenue Accrual	287,453	-	2,066,456	-	-	0%	-
	Quality & Incentives Payments	-	-	12,096,015	7,032,204	7,671,495	158%	9,910,993
	Health Center Fees	3,715,098	-	134,599,214	120,282,392	131,217,155	103%	132,854,683
	Self Pay Client Fees	2,389	-	516,500	998,458	1,089,227	47%	680,758
	Beginning Working Capital	-	-	3,483,333	3,483,333	3,800,000	92%	3,298,126
<b>Revenues Total</b>		6,316,267	-	175,479,317	152,993,955	166,902,496	105%	167,073,124
<b>Expenditures</b>	Personnel Total	3,603,619	1,398,668	80,386,838	97,800,447	106,691,397	75%	82,144,356
	Contractual Services Total	167,662	24,143	6,989,314	3,239,772	3,534,297	198%	5,571,994
	Internal Services Total	1,269,040	520,956	25,023,206	27,810,018	30,338,201	82%	26,603,582
	Materials & Supplies Total	266,037	149,243	23,267,880	23,822,884	25,988,601	90%	20,538,983
	Capital Outlay Total	-	-	2,380,262	320,833	350,000	680%	94,279
<b>Expenditures Total</b>		5,306,358	2,093,011	138,047,500	152,993,955	166,902,496	83%	134,953,194
<b>Net Income/(Loss)</b>		1,009,909	(2,093,011)	37,431,817	-	-		32,119,930
<b>Total BWC from Prior Years</b>		896,489	-	38,353,801				



**Multnomah County Health Department**  
Community Health Center Board  
FY 2023 Program Revenue by Fiscal Period  
For Period Ending May 31, 2023  
Percentage of Year Complete: 91.7%

Revenue Category	01 July	02 August	03 September	04 October	05 November	06 December	07 January	08 February	09 March	10 April	11 May	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	11,997,838	134,455,818
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	11,997,838	134,599,214
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	36,581	516,500
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	36,581	516,500
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	12,034,419	135,115,715



**Multnomah County Health Department**  
Community Health Center Board  
FY 2023 YTD Internal Services Expenditures by Program Group  
For Period Ending May 31, 2023  
Percentage of Year Complete: 91.7%

Category	Administrative	Dental	HIV Clinic	Lab	Pharmacy	Primary Care Clinics	Quality and Compliance	Student Health Centers	Grand Total
Indirect Expense	2,274,926	2,125,507	406,206	187,981	1,076,490	3,775,901	250,489	619,972	10,717,473
Internal Service Data Processing	1,169,660	1,218,401	596,100	144,112	1,269,811	2,810,541	261,416	528,174	7,998,214
Internal Service Distribution	45,389	104,393	1,018	28,511	23,738	94,644	7,654	200,930	506,279
Internal Service Enhanced Building Services	151,497	196,417	39,760	26,417	73,814	315,010	22,949	-	825,864
Internal Service Facilities & Property Management	648,677	840,992	170,242	113,112	316,057	1,348,789	98,262	-	3,536,131
Internal Service Facilities Service Requests	124,443	63,479	7,954	361	16,847	271,972	4,234	33,310	522,600
Internal Service Fleet Services	-	17,986	-	-	-	-	-	-	17,986
Internal Service Motor Pool	702	172	119	-	104	54	523	710	2,385
Internal Service Other	118,972	20,400	5,182	801	30,985	71,889	2,312	4,891	255,433
Internal Service Records	336	10,491	8,571	8,552	27,809	22,228	(0)	450	78,437
Internal Service Telecommunications	113,747	73,959	33,890	11,109	26,672	230,035	17,612	55,380	562,405
Grand Total	4,648,351	4,672,197	1,269,040	520,956	2,862,329	8,941,063	665,451	1,443,819	25,023,206



**Multnomah County Health Department**  
Community Health Center Board  
FY 2023 Internal Services Expenditures by Fiscal Period  
For Period Ending May 31, 2023  
Percentage of Year Complete: 91.7%

Category	01 July	02 August	03 September	04 October	05 November	06 December	07 January	08 February	09 March	10 April	11 May	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	1,039,972	10,717,473	13,269,821	80.8%
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	599,785	7,998,214	10,020,693	79.8%
Internal Service Distribution	43,781	45,109	44,036	44,776	46,172	44,404	45,302	50,642	50,622	45,202	46,233	506,279	525,575	96.3%
Internal Service Enhanced Building Services	-	3,100	-	170,770	70,563	7,476	167,231	179,190	43,331	29,939	154,263	825,864	1,164,363	70.9%
Internal Service Facilities & Property Management	-	614,488	331,392	322,118	323,143	320,528	327,113	339,091	312,533	327,324	318,401	3,536,131	4,043,263	87.5%
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	84,367	522,600	336,434	155.3%
Internal Service Fleet Services	115	2,614	946	1,780	1,853	1,780	1,780	1,780	1,780	1,780	1,780	17,986	22,019	81.7%
Internal Service Motor Pool	217	217	217	217	217	217	217	217	217	217	217	2,385	5,123	46.6%
Internal Service Other	2,090	7,528	33,833	12,377	13,280	15,751	59,975	27,828	49,480	22,450	10,841	255,433	-	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	7,820	78,437	104,143	75.3%
Internal Service Telecommunications	-	83,931	34,918	46,217	41,052	29,323	69,489	59,550	70,058	44,762	83,106	562,405	846,767	66.4%
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	2,346,785	25,023,206	30,338,201	82.5%



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

For Period Ending May 31, 2023

Percentage of Year Complete: 91.7%

### Community Health Center - Footnotes:

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

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

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

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

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



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

For Period Ending May 31, 2023

Percentage of Year Complete: 91.7%

### Community Health Center - Definitions

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

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

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

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

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

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

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

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

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

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

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

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

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



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

For Period Ending May 31, 2023

Percentage of Year Complete: 91.7%

## Community Health Centers - Definitions cont.

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

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

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

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

### Internal Services

Facilities/Building Mgmt  
IT/Data Processing  
Department Indirect  
Central Indirect  
Telecommunications  
Mail/Distribution  
Records  
Motor Pool

### Allocation Method

FTE Count Allocation  
PC Inventory, Multco Align  
FTE Count (Health HR, Health Business Ops)  
FTE Count (HR, Legal, Central Accounting)  
Telephone Inventory  
Active Mail Stops, Frequency, Volume  
Items Archived and Items Retrieved  
Actual Usage

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

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

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

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



# Multnomah County Health Department

## Community Health Center Board - Budget Adjustments

For Period Ending May 31, 2023  
Percentage of Year Complete: 91.7%

### Community Health Centers

	Original Adopted Budget	Budmod-HD- 012-23	Budmod-HD- 019-23	Revised Budget	Budget Modifications
<b>Revenue</b>					
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	\$ -
<b>Total</b>	<b>\$ 166,436,730</b>	<b>\$ 250,000</b>	<b>\$ 215,766</b>	<b>\$ 166,902,496</b>	<b>\$ 465,766</b>
<b>Expense</b>					
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	\$ -
<b>Total</b>	<b>\$ 166,436,730</b>	<b>\$ 250,000</b>	<b>\$ 215,766</b>	<b>\$ 166,902,496</b>	<b>\$ 465,766</b>

### Notes:

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

#### Budget Modification #

Budmod-HD-012-23  
Budmod-HD-019-23

#### Budget Modification Description

Appropriation of \$250k COVID-19 Local Administration of COVID-19 Treatments in Primary Care  
ICS Dental program requests the appropriation of \$215,766 to the FQHC dental program



# CHC Dashboard July 2023



**community health  
center board**

*Multnomah County*

***PENDING REPORTING***

A photograph of two women standing in a clinical or office setting. The woman on the left is wearing a pink Adidas hoodie and has long dark hair. The woman on the right is wearing a purple and black striped shirt, has a stethoscope around her neck, and is holding a green folder. They are both smiling. The image is partially covered by a large green chevron graphic pointing downwards.

# Vacancy Report July 2023



**community health  
center board**

*Multnomah County*

<b>Updated: June 2023</b>						
<b>Total vacancies by position (includes duplication)</b>						
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 Administration	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 Administration	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 July 2023



**community health  
center board**

*Multnomah County*

### 3. Balance Sheet (incl Trial Balance)

#### Balance Sheet (Full Accrual) As of May 31, 2023

	May	April	\$ Change	% Change
<b>ASSETS</b>				
10000:Cash	\$ 167,507,050	\$ 166,407,111	\$ 1,099,939	1 %
10100:Undeposited Payments	6,538	6,523	15	0 %
10450:Investments - Local Government Investment Pool (LGIP)	1,759,906	1,598,286	161,620	10 %
10600:Interfund Cash Clearing	(123,614,891)	(116,637,530)	(6,977,361)	6 %
<b>Cash &amp; Cash Equivalents</b>	<b>\$ 45,658,603</b>	<b>\$ 51,374,390</b>	<b>\$ (5,715,787)</b>	<b>(11)%</b>
<b>CURRENT ASSETS</b>				
72100:Accounts Receivable, General	\$ 32,426,096	\$ 24,453,317	\$ 7,972,779	33 %
20345:Allowance for Discounts & Returns	(2,593,583)	(2,141,363)	(452,220)	21 %
Accounts Receivable, Net	29,832,513	22,311,954	7,520,559	34 %
20602:Prepaid Other Expenses	13,457	-	13,457	
<b>Total Current Assets</b>	<b>\$ 75,504,573</b>	<b>\$ 73,686,344</b>	<b>\$ 1,818,228</b>	<b>2 %</b>
<b>NON-CURRENT ASSETS</b>				
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	2,078,764	2,048,667	30,096	1 %
41070:Accumulated Depreciation - Buildings	(381,538)	(377,966)	(3,572)	1 %
41090:Accumulated Depreciation - Machinery & Equipment	(1,600,332)	(1,587,731)	(12,601)	1 %
<b>Total Non-Current Assets</b>	<b>\$ 2,540,627</b>	<b>\$ 2,526,703</b>	<b>\$ 13,924</b>	<b>1 %</b>
<b>Total Assets</b>	<b>\$ 78,045,199</b>	<b>\$ 76,213,047</b>	<b>\$ 1,832,152</b>	<b>2 %</b>
<b>DEFERRED OUTFLOW OF RESOURCES</b>				
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 %
<b>LIABILITIES AND NET POSITION</b>				
<b>CURRENT LIABILITIES</b>				
70000:Accounts Payable, General	\$ 1,003,752	\$ 922,328	\$ (81,424)	9 %
30090:Payroll Payable	1,668,566	1,493,171	(175,395)	12 %
30705:Compensated Absences, Current	720,255	720,255	-	0 %
30805:Accrued Payables	-	-	-	
30830:Procurement Cards Payable	458,257	414,065	(44,192)	11 %
30831:MMP-Card Clearing	(509)	(509)	-	0 %
30905:Unearned Revenue, Health Department	334,117	334,117	-	0 %
<b>Total Current Liabilities</b>	<b>\$ 4,184,440</b>	<b>\$ 3,883,427</b>	<b>\$ (301,012)</b>	<b>8 %</b>
<b>NON-CURRENT LIABILITIES</b>				
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 %
<b>Total Non-Current Liabilities</b>	<b>\$ 45,312,954</b>	<b>\$ 45,312,954</b>	<b>\$ -</b>	<b>0 %</b>
<b>Total Liabilities</b>	<b>\$ 49,497,393</b>	<b>\$ 49,196,381</b>	<b>\$ (301,012)</b>	<b>1 %</b>
<b>DEFERRED INFLOW OF RESOURCES</b>				
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 %
<b>NET POSITION</b>	<b>\$ 22,667,404</b>	<b>\$ 21,136,264</b>	<b>\$ 1,531,140</b>	<b>7 %</b>

## 7. Modified Balance Sheet (incl Trial Balance)

### Balance Sheet (Modified - Operational) As of May 31, 2023

	May	April	\$ Change	% Change
<b>ASSETS</b>				
10000:Cash	\$ 167,507,050	\$ 166,407,111	\$ 1,099,939	1 %
10100:Undeposited Payments	6,538	6,523	15	0 %
10450:Investments - Local Government Investment Pool (LGIP)	1,759,906	1,598,286	161,620	10 %
10600:Interfund Cash Clearing	(123,614,891)	(116,637,530)	(6,977,361)	6 %
<b>Cash &amp; Cash Equivalents</b>	<b>\$ 45,658,603</b>	<b>\$ 51,374,390</b>	<b>\$ (5,715,787)</b>	<b>(11)%</b>
<b>CURRENT ASSETS</b>				
72100:Accounts Receivable, General	\$ 32,426,096	\$ 24,453,317	\$ 7,972,779	33 %
20345:Allowance for Discounts & Returns	(2,593,583)	(2,141,363)	(452,220)	21 %
Accounts Receivable, Net	29,832,513	22,311,954	7,520,559	34 %
20602:Prepaid Other Expenses	13,457	-	13,457	
<b>Current Assets</b>	<b>\$ 75,504,573</b>	<b>\$ 73,686,344</b>	<b>\$ 1,818,228</b>	<b>2 %</b>
<b>Total Assets</b>	<b>75,504,573</b>	<b>73,686,344</b>	<b>1,818,228</b>	<b>2 %</b>
<b>LIABILITIES AND NET ASSETS</b>				
<b>CURRENT LIABILITIES</b>				
70000:Accounts Payable, General	\$ 1,003,752	\$ 922,328	\$ (81,424)	9 %
30090:Payroll Payable	1,668,566	1,493,171	(175,395)	12 %
30805:Accrued Payables	-	-	-	
30830:Procurement Cards Payable	458,257	414,065	(44,192)	11 %
30831:MMP-Card Clearing	(509)	(509)	-	0 %
30905:Unearned Revenue, Health Department	334,117	334,117	-	0 %
<b>Current Liabilities</b>	<b>\$ 3,464,184</b>	<b>\$ 3,163,172</b>	<b>\$ (301,012)</b>	<b>10 %</b>
<b>Total Liabilities</b>	<b>\$ 3,464,184</b>	<b>\$ 3,163,172</b>	<b>\$ (301,012)</b>	<b>10 %</b>
<b>Net Position</b>	<b>\$ 72,040,389</b>	<b>\$ 70,523,172</b>	<b>\$ 2,119,241</b>	<b>2 %</b>
<b>Total Liabilities &amp; Net Position</b>	<b>\$ 75,504,573</b>	<b>\$ 73,686,344</b>	<b>\$ 1,818,228</b>	<b>2 %</b>

# 1. Itemized General Journal Entries Pivot Table

Row Labels	Sum of Amount
01000 General Fund	95.62
01505 Federal/State Program Fund	116.33
03003 Health Department FQHC Fund	77,817.49
19037 COVID-19 Federal 1515 Expanded Capacity Testing 93.224	26.98
19067 ARPA Federal Multco American Rescue Plan Act	(162.70)
19077 ARPA Federal Community Health Centers 93.224	25,462.25
19088 ARPA Federal Health Center Infrastructure Support 93.526	4,520.43
19093 COVID-19 State PE44 School Based Health and Recovery	1,603.99
19100 COVID-19 Local Administration of COVID-19 Treatments in Primary Care	1,327.08
30001 Fee for Services (FFS) - FQHC Medicaid Wraparound	335,182.51
30002 Other - Medicaid Quality and Incentives	139,012.64
30003 Federal - Ryan White Part C - Early Intervention to HIV - 93.918	5,859.93
30004 Federal - Primary Care (PC) 330 - 93.224	65,601.72
30005 Other Roots & Wings Strong Start for Kids	1,267.07
30007 Federal - Homeless General - 93.224	25,738.13
30009 Federal - AIDS Education and Training Centers - University of Washington - 93.145	130.93
30010 Federal - Ryan White Part A - HIV Emergency - 93.914	7,010.54
30012 State - School Based Health Clinics (SBHC)	10,819.05
30013 Fee for Services (FFS) - Medicaid - Care Oregon	2,085,368.83
30014 Fee for Services (FFS) - Medicaid	540,827.03
30015 Fee for Services (FFS) - Medicare	433,316.02
30016 Other CareOregon Dental Pediatric Training Assistance Program	65.77
30017 Fee for Services (FFS) - Oregon ContraceptiveCare (CCare)	917.76
30018 Fee for Services (FFS) - Medicaid Pharmacy	3,699.46
30021 Federal - Ryan White Title IV - 93.153	2,505.67
30022 Federal & State - Family Planning - 93.217	241.01
30030 State - Oregon Health Authority (OHA) HIV Care	332.05
30031 State - Oregon Health Authority (OHA) Ryan White	2,034.33
30037 Other - Dental Primary Care Coordination	78.66
30044 Federal - Rapid Start - Special Projects - 93.928	1,659.37
30049 Fee for Services (FFS) - Patient Fees 3rd Party	134,114.40
30050 Fee for Services (FFS) - Patient Fees	6,062.47
<b>Grand Total</b>	<b>3,912,652.82</b>

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