

Community Health Center Board  
Public Meeting Agenda



Monday, May 10, 2021

6:00 - 8:00 pm

Virtual (*Board Members and Staff - See Google Calendar Event for Link*)

Public Access Call: +1-253-215-8782

Meeting ID: 962 1204 3153

Password: 026710

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

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

- Meetings are open to the public
- Guests are welcome to observe/listen**
- Use timekeeper to focus on agenda
- Please email questions/comments to Francisco Garcia at [f.garcia7@multco.us](mailto:f.garcia7@multco.us) to be answered outside of the meeting

**Board Members**

Dave Aguayo (Treasurer); Fabiola Arreola (Vice-Chair); Tamia Deary (Member-at-Large); Iris Hodge; Kerry Hoeschen (Member at Large); Nina McPherson; Susana Mendoza; Harold Odhiambo (Chair); Pedro Sandoval Prieto (Secretary); Darrell Wade

| Item  | Process/Who   | Time                  | Desired Outcome                   |
|---|---|-----------------------|-----------------------------------|
| <b><u>Call to Order/Welcome</u></b>           | <ul style="list-style-type: none"><li>Chair, Harold Odhiambo</li></ul>  | 6:00-6:05<br>(5 min)  | Call to order<br>Review processes |
| <b><u>Minutes</u></b><br><b>VOTE REQUIRED</b> | <ul style="list-style-type: none"><li>Approval for April Public Meeting and Emergency Meeting Minutes</li></ul> | 6:05-6:10<br>(5 min)  | Board votes to approve            |
| <b><u>Monthly Budget Report</u></b>           | <ul style="list-style-type: none"><li>HC CFO, Jeff Perry</li></ul>  | 6:10-6:20<br>(10 min) | Board Discussion and Vote         |

|  |  |                       |                                      |
|--|--|-----------------------|--------------------------------------|
| <u><b>Budget Modification<br/>for \$7.5 million in<br/>Provider Relief Funds</b></u><br><br><b>VOTE REQUIRED</b> | <ul style="list-style-type: none"> <li>• HC CFO, Jeff Perry</li> </ul>   | 6:20-6:35<br>(15 min) | Board Discussion<br>And Vote         |
| <u><b>Date of Removal and<br/>Clarification of SBMH<br/>from Scope</b></u><br><br><b>VOTE REQUIRED</b>           | <ul style="list-style-type: none"> <li>• Health Center Deputy Director, Adrienne Daniels</li> </ul>  | 6:35-6:45<br>(10 min) | Board Discussion<br>and vote         |
| <u><b>1st Qtr Complaints<br/>And<br/>Incidents</b></u>   | <ul style="list-style-type: none"> <li>• Quality Project Manager, Kimmy Hicks</li> </ul>   | 6:45-7:00<br>(15 min) | Board receives<br>report and update  |
| <u><b>BREAK</b></u>  | <ul style="list-style-type: none"> <li>• All</li> </ul>  | 7:00-7:10<br>(10 min) |                                      |
| <u><b>ICS.04.08<br/>No Show Policy<br/>Update</b></u><br><b>VOTE REQUIRED</b>                                    | <ul style="list-style-type: none"> <li>• Dental Manager, Christine Palermo and Operations Innovation &amp; Process Improvement Manager, Tony Gaines</li> </ul> | 7:10-7:25<br>(15 min) | Board and Staff<br>Discussion        |
| <u><b>Change in Hours of<br/>Operations<br/>SEHC Reno</b></u><br><b>VOTE REQUIRED</b>                            | <ul style="list-style-type: none"> <li>• Project Manager, Ryan Francario</li> </ul>  | 7:25-7:35<br>(10 min) | Board Discussion<br>and Vote         |
| <u><b>Change in Hours of<br/>Operations<br/>North Portland Dental</b></u><br><br><b>VOTE REQUIRED</b>            | <ul style="list-style-type: none"> <li>• Dental Manager, Christine Palermo</li> </ul>  | 7:35-7:45<br>(10 min) | Board Discussion<br>and Vote         |
| <u><b>Health Center<br/>Executive Director<br/>Updates</b></u>   | <ul style="list-style-type: none"> <li>• HC Executive Director, Tasha Wheatt-Delancy</li> </ul>  | 7:45-7:55<br>(10 min) | Board receives<br>updates            |
| <u><b>Council Business<br/>Executive Committee<br/>Update</b></u>  | <ul style="list-style-type: none"> <li>• Chair, Harold Odhiambo</li> </ul>   | 7:55-8:00<br>(5 min)  | Board receives<br>updates from Chair |

# Community Health Center Board

## Community Health Council Board Meeting Minutes

**Date:** Monday, April 12, 2021

**Time:** 6:00 PM

**Location:** Zoom

**Approved:**

**Recorded by:** Liz Mitchell

### Attendance:

| Board Members           | Title  | Y/N |
|-------------------------|--|-----|
| David Aguayo            | Treasurer  | Y   |
| Fabiola Arreola         | Vice Chair                                       | Y   |
| Tamia Deary             | Member-at-Large                                  | Y   |
| Iris Hodge              | Board Member                                     | N   |
| Kerry Hoeschen          | Member-at-Large                                  | N   |
| Nina McPhearson         | Board Member                                     | N   |
| Susana Mendoza          | Board Member                                     | Y   |
| Harold Odhiambo         | Chair  | Y   |
| Pedro Sandoval Prieto   | Secretary  | Y   |
| Darrell Wade            | Board Member                                     | Y   |
| Staff/Elected Officials | Title  | Y/N |
| Azma Ahmed              | Health Center Dental Director                    | Y   |
| Hasan Bader             | ICS Finance Project Manager                      | Y   |
| Lucia Cabrejos          | Spanish Interpreter                              | Y   |
| Ebony Clarke            | Interim HD Director                              | Y   |
| Brieshon D'Agostini     | Interim Health Center Quality Director           | Y   |
| Adrienne Daniels        | Health Center Deputy Director                    | Y   |
| Yolanda Gonzalez        | Interim SR Manager BHD/DCS                       | Y   |
| Daniel Halberg          | Spanish Interpreter                              | Y   |
| Amy Henninger           | Interim Health Center Medical Director           | Y   |
| Toni Kempner            | Regional Clinic Manager                          | Y   |
| Michele Koder           | Pharmacy and Lab Services Director               | Y   |
| Charlene Maxwell        | Deputy Nurse Practitioner Director               | Y   |
| Liz Mitchell            | Executive Specialist for Pharm & Lab Director    | Y   |
| Linda Niksich           | Community Health Council Coordinator             | Y   |
| Anirudh Padmala         | HC Business Intelligence and Information Officer | Y   |
| Christine Palermo       | Dental Program Manager                           | N   |
| Jeff Perry              | Health Center CFO                                | Y   |
| Debbie Powers           | Health Center Operations Director                | Y   |
| Katie Thornton          | Regional Clinic Manager                          | Y   |

|                      |                                  |   |
|----------------------|----------------------------------|---|
| Tasha Wheatt-Delancy | Health Center Executive Director | Y |
|----------------------|----------------------------------|---|

**Guests:** Andira Harris, Judy Flynn, Brandi Velasquez

**Action Items:**

- 

**Decisions:**

- Approved the March Public meeting minutes
- Approved ADM.01.04 Mission Vision Values Update
- Approved Removal of SBMH from Scope
- Approved the FY22 Budget

**Reports Received:**

- Monthly Budget Report through Feb 2021

**The meeting was called to order at 6:02pm by Harold Odhiambo.**

**The Meeting Ground Rules (special considerations for online meetings) were presented by Board Chair, Harold Odhiambo.**

**Board attendance was taken by roll-call. Noted that quorum was met.**

**March 8th CHCB Public Meeting Minutes(Vote required)**

*(See Document - March 8th CHCB Public Meeting Minutes)*

*No questions or comments were raised by CHCB members*

***Motion by David to approve the March 2021 Public Meeting Minutes as presented***

***Seconded by Fabiola***

***6 aye; 0 nay; 0 abstain***

***Motion Carries***

**ADM.01.04 Mission Vision Values Update (Vote required)**

*(See Document ADM.01.04 Mission, Vision, Values)*

*Health Center Deputy Director, Adrienne Daniels*

- Adrienne gave an overview of the policy, and what it represents. She

proposed adding the words “treatment” and “inclusion” to better align the policy to fit the health centers strategic plan.

*No questions or comments were raised by CHC members*

***Motion by Pedro to approve the updates to ADM.01.04 as presented  
Seconded by Tamia  
6 aye; 0 nay; 0 abstain  
Motion Carries***

## **Removal of SBMH from Scope (Vote Required)**

*(See Document-Removal of SBMH from Scope)*

*Health Department Director, Ebony Clarke and Interim Senior Manager, Behavioral Health Department Manager Sr. Direct Clinical Services Yolanda Gonzalez*

Yolanda gave a high level overview of the behavior health programs in schools. She explained its importance because it helps to reduce barriers for students to access health care.

Ebony explained that the current SBMH program is listed in the HRSA approved scope of services for the health center. SBMH is not meeting the HRSA requirements because it is not being managed under the direction of the FQHC Executive Director and oversight of CHCB. Ebony explained that a “YES” vote will remove the SBMH from the scope of FQHC and the Health Centers. Which will bring the Health Centers into compliance with HRSA requirements. The SBHM will no longer be eligible for enhanced reimbursement and will have to find alternative funding. This change will not impact clients or the program. A “NO” vote would keep the SBMH in the FQHC scope and management and oversight will transition under the Health Center to be in compliance which will impact funding.

**Question:** *A YES vote has no impact on clients, will a NO vote impact clients or patients?*

**Answer:** *No, there is no impact to patients or clients. There is an impact to the Health Center.*

**Question:** *Do we have the confidence to replace funding? Is there a plan in place?*

**Answer:** Yes, there are plans to replace the funding of \$250,000. It will be replaced with the County General Funds.

**Motion by David to approve the removal of SBMH from the FQHC Scope as presented**  
**Seconded by Fabiola**  
**4 aye; 0 nay; 2 abstain**  
**Motion Carries**

## **Monthly Budget Report- February 2021**

(See Document- Monthly Reporting Package)  
Health Center Chief Financial Officer, Jeff Perry

February 20-21

- Budget \$141.5 million dollars
- Target was 67%
- Month of decrease 9%
- Saving of 19%
- \$1.2 million gain
- Bottom line of \$4.9 million deficit for FQHC
- Number of clients with Care Oregon are down
- Significant increase of Trillium clients
- Dental has narrow losses
- Billable visits

No further discussion questions were raised by CHCB members

## **FY22 Budget Approval (Vote Required)**

(See Documents-FY22 Budget Narrative; Board Budget Deck; 330 Application Forms)

Health Center Executive Director, Tasha Wheatt-Delancy  
Health Center Chief Financial Officer, Jeff Perry

Tasha gave an overview of the services we offer, how our scope of services have expanded, and insight to the patients and communities we serve. There are 24 clinics in 17 locations;

- 7 Primary Care Clinics
- 7 Dental Clinics
- 7 Pharmacies
- 1 Specialty HIV Clinic
- 9 Student Health Centers

Multnomah County Southeast Health Clinic (SEHC) Structural Repair  
Change in Hours of Operation

|  |                                 |   |                   |                              |
|--|---------------------------------|---|-------------------|------------------------------|
| Inform Only  | Annual/<br>Scheduled<br>Process | New Proposal  | Review &<br>Input | <b>Inform &amp;<br/>Vote</b> |
| Date of Presentation: May 10, 2021   |                                 | Program / Area: SEHC Primary Care,<br>Dental and Pharmacy |                   |                              |
| Presenter(s): Ryan Francario   |                                 |   |                   |                              |
| Project Title and Brief Description:<br><br>Multnomah County Southeast Health Clinic (SEHC) Structural Repair Project:<br>Change in hours of operation   |                                 |   |                   |                              |
| Describe the current situation:<br><br>Currently, the site is open 55 hours per week, with slightly varying hours for pharmacy, primary care and dental services. During the renovation period, effective in July 2021 and previously approved by the CHCB, the site's hours of operation will change as follows:<br><br><b>Primary Care:</b> Services on site will cease, and all patients will be relocated to Mid-County, Rockwood, and East County clinic sites.<br><br><b>Dental:</b> Services on site will cease, and all patients will be relocated to North Portland, Mid-County, Rockwood, and East County based on patients' needs.<br><br><b>Pharmacy:</b> Will maintain existing hours of operation, specifically 8:30am - 5:30pm, Monday through Friday, for a total of 44.0 hours of operation per week.<br><br>The new hours of operation for the site will therefore be 44.0 hours per week. |                                 |   |                   |                              |
| Why is this project, process, system being implemented now?  |                                 |   |                   |                              |

# Community Health Center Board

The timeframe for previously approved renovations of the site has been finalized, and plans are in place to relocate patients for primary care and dental services. Pharmacy services will continue with hours unaffected, but total hours of operation of the site will be reduced as primary care and dental services are put on hold at the site until renovations are completed.

Briefly describe the history of the project so far *(be sure to note any actions taken to address diverse client needs and cultures; to ensure fair representation in review and planning)*

The Community Health Council Board previously voted to approve and adopt the temporary closure and relocation of SEHC Primary Care and Dental services and patients to neighboring County clinics at the SEHC for 6 months on May 27, 2020.

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

County building expenses and construction/repair budgets are within the scope of the Board of County Commissioners (BCC); the total cost of the SEHC structural repairs are being funded by an allocation to Facilities and Property Management.

Site hours of operation for the site are within the scope of the Community Health Council Board.

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

For the duration of the planned 6 month renovation period, patients will be routed to alternate sites listed above for primary care and dental services, while pharmacy services and hours will be unaffected. The total weekly hours the site will be open will be reduced from 55 hours/week to 44.0 hours/week. As renovations are completed, a summary will be presented to the CHCB to adjust hours as primary care and dental services return to SEHC in January 2022.



# Community Health Center Board

|  |
|--|
| <p>Briefly describe the outcome of a “NO” vote or inaction by the Council (<i>be sure to also note any financial outcomes</i>)</p> <p>Outcome of a “No” vote would result in the hours of operation of the Southeast Health Center remaining unchanged and pharmacy would have to increase daily hours of operation by 2.2 hours per day, from 9 to 11.2 hours a day.</p> <p>A no vote would require the site to be open 55 hours per week, which is not necessary to fill the need for pharmacy services.</p> |
| <p>Which specific stakeholders or representative groups have been involved so far?</p> <p>Multnomah County Chair<br/>ICS Director and Deputy Director<br/>SEHC Leadership team</p>   |
| <p>Who are the area or subject matter experts for this project? (<i>&amp; brief description of qualifications</i>)</p> <ul style="list-style-type: none"><li>• Multnomah County Department of County Assets, Facility and Property Management Division</li><li>• ICS Director, Deputy Director, Project Manager, and SEHC staff</li></ul>  |
| <p>What have been the recommendations so far?</p> <p>Relocate primary care and dental services, while maintaining existing hours for pharmacy.</p>   |
| <p>How was this material, project, process, or system selected from all the possible options?</p> <p>This plan was recommended to limit service interruption for patients during the renovation. Pharmacy services will continue unaffected, while patients will be assisted to access primary care and dental services through alternate sites.</p>   |

Council Notes:

# Community Health Center Board

# Presentation Summary

## Affirming effective dates for removal of BHD/Mental Health programs from FQHC Scope

|  |   |  |                   |                              |
|--|---|--|-------------------|------------------------------|
| Inform Only  | Annual/<br>Scheduled<br>Process <b>No</b> | New Proposal<br><b>Yes - clarifying<br/>an earlier one</b> | Review &<br>Input | <b>Inform &amp;<br/>Vote</b> |
| Date of Presentation: 5/10/21  |   | Program / Area: Mental/Behavioral Health                   |                   |                              |
| Presenter: Health Center Deputy Director, Adrienne Daniels   |   |  |                   |                              |
| <p>Project Title and Brief Description:</p> <p>Affirming effective dates for removal of BHD/Mental Health programs from FQHC Scope</p>   |   |  |                   |                              |
| <p>Describe the current situation:</p> <p>The CHCB recently approved removing School-Based Mental Health and Child and Family Headstart services from our FQHC scope. That decision, however, did not specify a date at which the change would be effective. This proposed action would determine the date at which those services would no longer be part of our FQHC scope. Specifically, the date those services would be removed from our scope would be 7/1/2021. This coincides with the start of a new fiscal year, which streamlines implementing the change and simplifies financial and service reporting.</p> |   |  |                   |                              |
| <p>Why is this project, process, system being implemented now?</p> <p>HRSA requires the CHCB to set a date at which changes in scope will be effective in order to provide their approval.</p>   |   |  |                   |                              |
| <p>Briefly describe the history of the project so far <i>(be sure to note any actions taken to address diverse client needs and cultures; to ensure fair representation in review and planning)</i>:</p> <p>An analysis and scoping work was done by Health Center leadership working</p>  |   |  |                   |                              |

# Presentation Summary

with the departments and divisions with the program being reviewed. The decision to remove the School Based Mental Health and Child and Family Headstart from the scope of services was made by the CHCB in April 2021.

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

The CHCB has sole authority to determine services provided within the Health Center's scope, including those provided by School-Based Mental Health and Child and Family Headstart.

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

A yes vote will ensure that School-Based Mental Health and Child and Family Headstart are removed from scope as of the effective date of 7/1/2021.

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

With a no vote, the School Based Mental Health and Child and Family Headstart services would be removed effective as of the date of the vote in April.

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

Tasha Wheatt-Delancy, CEO

Adrienne Daniels, Deputy

Deborah Kafoury, Multnomah County Chair

Ebony Clarke, Health Department Interim Director

Wendy Lear, Health Department Deputy Director

Yolanda Gonzalez, Interim Senior Manager, BHD Manager Sr, Direct Clinical Services

Leticia Sainz, Deputy Director, BHD Deputy Director

Who are the area or subject matter experts for this project? *(& brief description of qualifications)*:

# Presentation Summary

Tasha Wheatt-Delancy, CEO  
Adrienne Daniels, Deputy  
Deborah Kafoury, Multnomah County Chair  
Ebony Clarke, Health Department Interim Director  
Wendy Lear, Health Department Deputy Director  
Yolanda Gonzalez, Interim Senior Manager, BHD Manager Sr, Direct Clinical Services  
Leticia Sainz, Deputy Director, BHD Deputy Director

What have been the recommendations so far?

Set the effective date for removal of School Based Mental Health and Child and Family Headstart services as 7/1/2021 to coincide with the start of a new fiscal year, which streamlines implementing the change and simplifies financial and service reporting.

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

It was developed to meet HRSA requirements for the change in scope, and the date was chosen to coincide with the start of a new fiscal year, which streamlines implementing the change and simplifies financial and service reporting.

Board Notes:

# Presentation Summary

## *Change in Hours at North Portland Health Center (Dental)*

|   |   |                            |                   |                              |
|---|---|----------------------------|-------------------|------------------------------|
| Inform Only   | Annual/<br>Scheduled<br>Process <b>No</b> | New Proposal<br><b>Yes</b> | Review &<br>Input | <b>Inform &amp;<br/>Vote</b> |
| Date of Presentation: 5/10/21   |   | Program / Area: Dental     |                   |                              |
| Presenters: Christine Palermo   |   |                            |                   |                              |
| Project Title and Brief Description:<br><br>Change in hours at North Portland Health Center   |   |                            |                   |                              |
| Describe the current situation:<br><br>Currently there is 1 team at North Portland Dental. The dental clinic is currently closed on Wednesdays. With the Southeast renovations starting soon, some of the Southeast dental staff will be moving to North Portland Dental and we will be open on Wednesdays as well, at least throughout the renovation period. This change will increase the total hours of operation at North Portland Health Center to 55 hours per week  |   |                            |                   |                              |
| Why is this project, process, system being implemented now?<br><br>The renovation project at Southeast Health Center is causing us to temporarily move staff to other locations.<br>HRSA requires any change to total hours of operation for any site to be made with CHCB approval.  |   |                            |                   |                              |
| Briefly describe the history of the project so far <i>(be sure to note any actions taken to address diverse client needs and cultures; to ensure fair representation in review and planning)</i> :<br><br>Planning for the Southeast renovations has taken place over several years, with updates provided regularly to the CHCB including approval of the plans by the CHCB. A process has been developed to help patients access dental at alternate sites (including North Portland) throughout the renovation period. |   |                            |                   |                              |

# Presentation Summary

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

The CHCB has sole authority to determine hours of operation of all FQHC sites, including North Portland.

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

A yes vote will increase the hours of operation at North Portland Health Center to 55 hours per week. Hours for other services at North Portland will be unaffected.

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

A no vote would not allow us to move staff from Southeast during renovations to North Portland. Thus, total dental hours across all our sites would be reduced, which could create challenges for some patients to access timely dental care.

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

SLICS, SEHC workgroup.

Who are the area or subject matter experts for this project? (*& brief description of qualifications*):

Dental Program Manager, Christine Palermo, Regional Clinic Manager, Katie Thornton

What have been the recommendations so far?

# Presentation Summary

Increase hours of operation to North Portland Health Center to allow dental to work 5 days per week.

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

It was developed to minimize any interruption of services for patients during the renovation period of Southeast.

Board Notes:



- More than 50 thousand patients.
  - 48.5% of our patients identify as a racial or ethnic minority.
  - 78% are below FPL
  - 16% uninsured
- More than 1,500 vaccines have been administered
  - Starting March 15, 2021 the reimbursement for COVID vaccines will increase to \$40 per dose.
  - COVID testing for more than 5,000 patients
  - Average of 27,600 calls a month for the call center
  - Piloted new winter CSA option for fresh produce
- Legislative updates
  - DHS blocked 2019 rule nationwide and permanently
    - Patients using public benefits programs will not be negatively factored into public charge assessments.
- Health Equity Strategy FY21-FY22
  - Advancing health Equity is a priority for CHCB and Health Center Program
    - Launch regional Center of Excellence model
      - Supported by 4 health equity specialists
        - Elevate community and patient voice to identify health priorities
        - Align health improvements and outcomes
        - Expand and support sustainable interventions for each region to address health disparities and improve health care and health outcomes
- American rescue fund act
  - Will carve out for some funding for large construction projects
  - \$10.9 million allocated to FQHS
    - Mobile sites

Jeff gave an overview of how the expenses break down. Personnel is the largest expense. In 2021 expense for personnel was 65.9%, in 2022 it will decrease slightly to 63.9%.

The FY22 budget for Primary Care Clinics shows a slight decrease from FY21 with patient visits staying relatively the same. The Dental budget has a slight increase from FY21. Pharmacy has an increase from \$28 million to \$34 million. Jeff stated that the key take away for pharmacy is that there is growth every year. Student Health Centers show a slight down tic, while visits are relatively stable.

*No further discussion questions were raised by CHCB members*

*Board member Darrell arrives....*

*Motion by Tamia to approve the FY22 Budget Approval.  
Seconded by David  
7aye; 0 nay; 0 abstain  
Motion carries*

## **Health Center Executive Director Updates**

*Health Center Executive Director, Tasha Wheatt-Delancy*

- **Patient and Community Determined: Leveraging the collective voices of the people we serve**
  - OPCA provided the HC with \$7,000 for community listening sessions
  - Governor Brown has scheduled a visit to one of the clinics 4.22.21
  - New position Office of Patient Experience
    - Getting feedback from patients
    - Focus on quality
    - Announcement: Linda Niksich will be transitioning into this role
- **Engage Expert Diverse Workforce which reflects the communities we serve**
  - Harold and Tasha spoke about telehealth services and the house bill to expand student health centers
  - Azma spoke about dental therapist
- **Equitable treatment that assures all people receive high quality, safe, and meaningful care**
  - Advocacy meetings with legislators
    - Opportunity to showcase equitable care we provide
    - Vaccine strategy
      - 5300 total vaccines given
      - 2045 fully vaccinated patients
      - Total of COVID tests 5218
      - Percentage of patient we serve that are vaccine
      - 16% are un or under insured
      - 24-30% of those patients have received vaccine
  - No one should receive a bill for vaccines
- **Supporting Fiscally Sound and Accountable Practices which advance health equity and inclusion, and center on racial equity**
  - HRSA technical assistance

- Areas that need compliance improvement
- Board governance
- Co-applicant agreement
  - Board has oversight and approval for budget
  - Need to be fully compliant by July

*Chair Harold called for an Executive Session Pursuant to ORS 192.660 Section 2-f and the board members were assigned, along with their designees, to a breakout session in Zoom while the public meeting attendees, staff, and guests waited in the main Zoom session...*

## **Council Business Executive Committee Updates**

### **Nominating Committee Update**

*Nominating Committee Chair and Member at Large, Tamia Deary*

- The Nominating Committee met March 17<sup>th</sup>
  - o Working on updating nominating committee process
    - Friendly reminder that it is a fundamental duty of executive members to recruit new board members
    - Linda can send talking points if you need them again
    - Hoping that with vaccinations it will be easier to recruit
    - Continue to send possible candidates to Linda

### **Executive Committee Update**

*Chair, Harold Odhiambo*

- Executive member met March 22, 2021
  - o Tamia recommended new board member Darrel Wade
    - Darrel was accepted and voted in as board member
  - o Tasha and Jeff gave overview of budget
  - o Provided updates of response to HRSA
  - o Crafted the agenda for tonight's meeting
  - o Previewed each agenda item for this meeting

*No further discussion questions were raised by CHCB members*

**Meeting Adjourned at 7:47 pm.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Pedro Prieto Sandoval, Secretary**

A stylized graphic on the left side of the page. It features two green mountain peaks with rounded tops. Below the mountains is a dark blue wavy line representing water. The bottom of the page has a solid dark blue horizontal bar.

# Multnomah County Federally Qualified Health Center

## Monthly Financial Reporting Package

**March 2021**

V01 Updated 05/05/2021

Prepared by: Financial and Business Management Division

# FQHC Average Billable Visits per day by month per Service Area

## What this slide shows:

This report takes the total number of billable visits for a month and divides it by total number of work days for an Average Billable Visits per work day, and compares to a Target based on the total # of provider FTE.

Good performance = the green "actual average" line at or above the red "target" line

## Definitions:

**Billable:** Visit encounters that have been completed and meet the criteria to be billed.

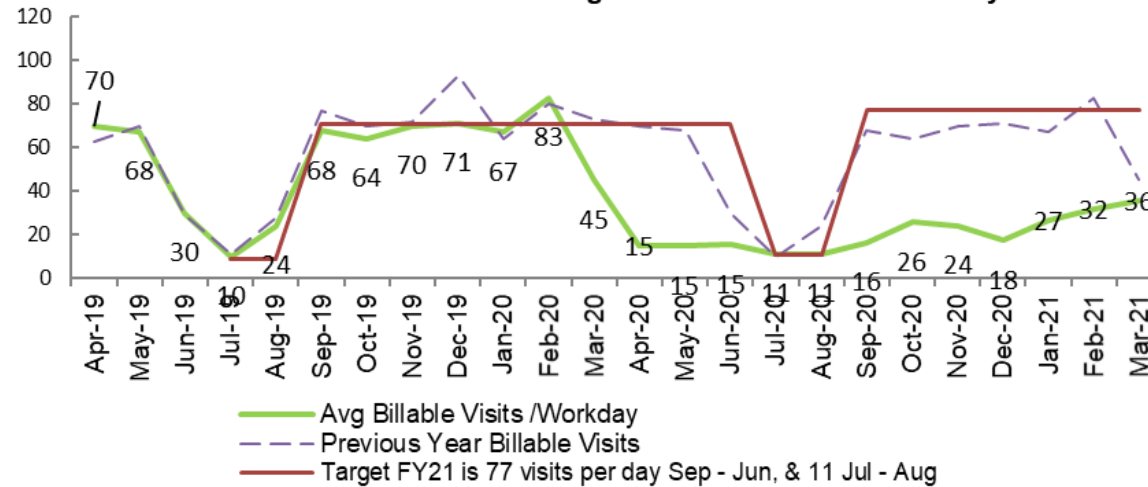
- Some visits may not yet have been billed due to errors that need correction.

- Some visits that are billed

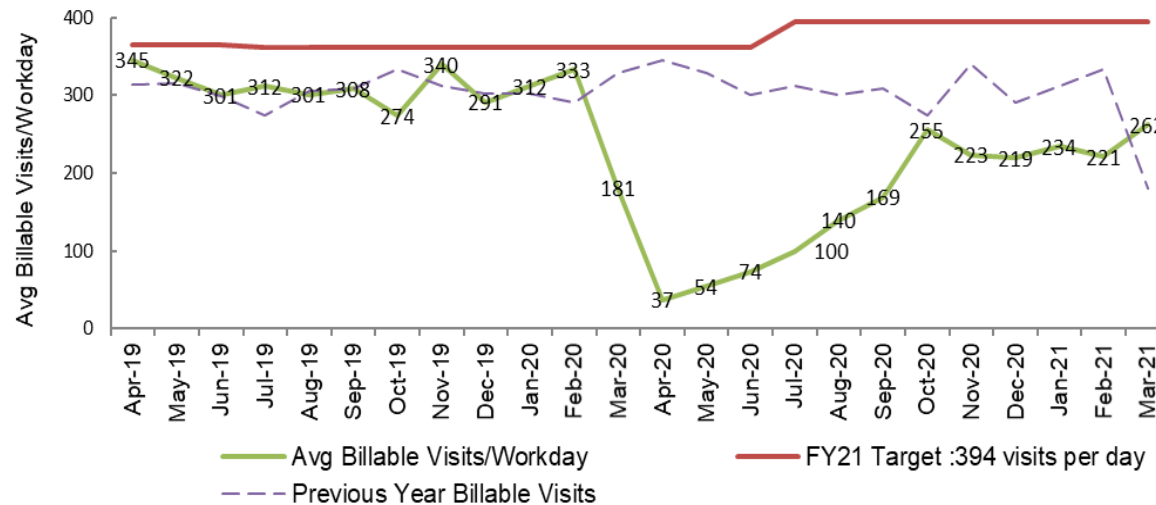
- may not be paid, or not paid at the full billed amount, due to missing or incorrect documentation or coding, exceeding timely filing, or what is included in the insurance plan's benefits.

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

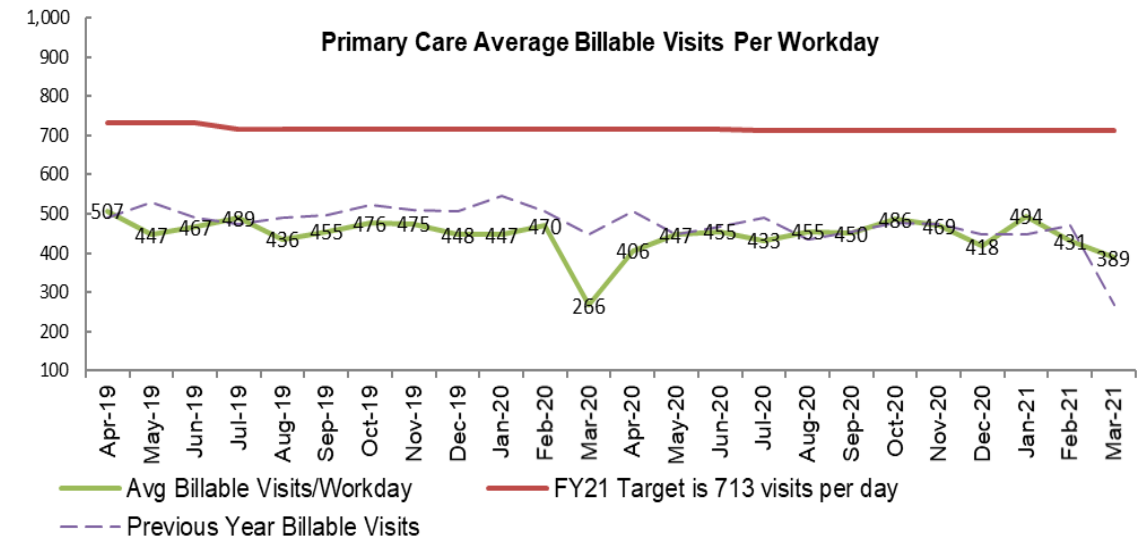
### Student Health Center Average Billable Visits Per Workday



### Dental Average Billable Visits Per Workday



### Primary Care Average Billable Visits Per Workday



Notes: Primary Care and Dental visit counts are based on an average of days worked.

School Based Health Clinic visit counts are based on average days clinics are open and school is in session. Schools closed an additional 7 days in March 2020 due to Covid-19 outbreak

# Percentage of Uninsured Visits by Quarter

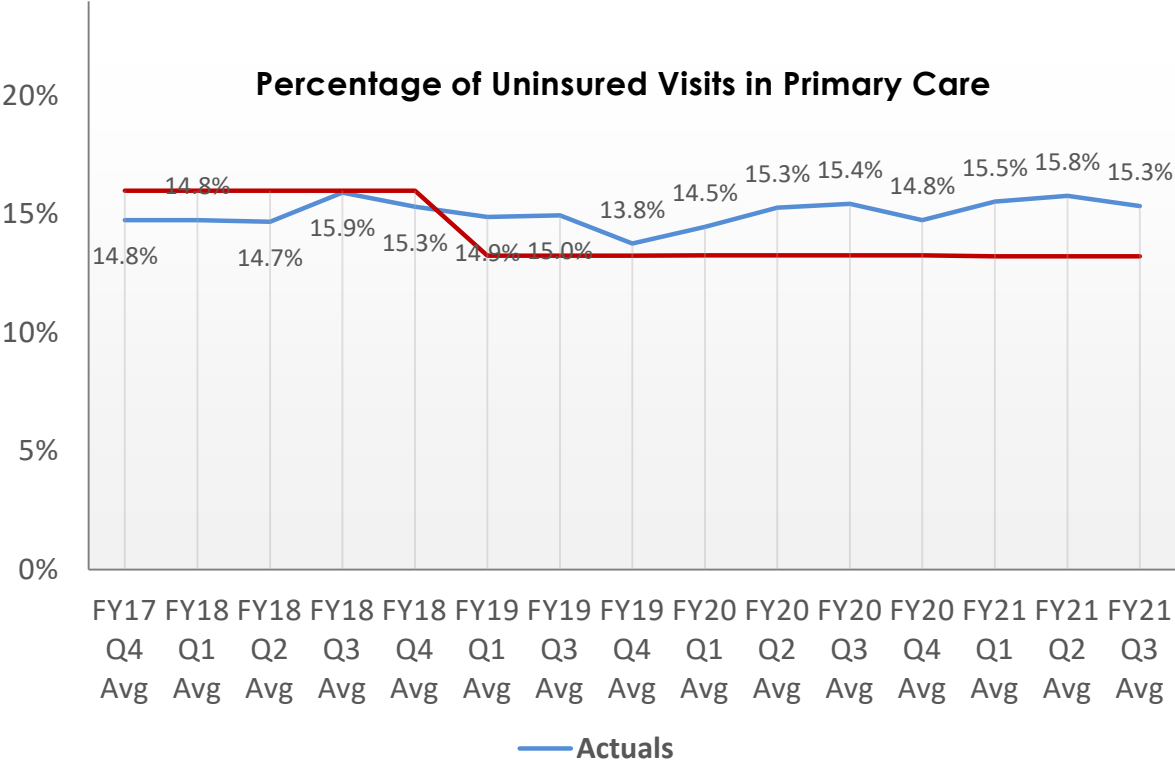
## What this slide shows:

This report shows the average percentage of “self pay” visits per month.

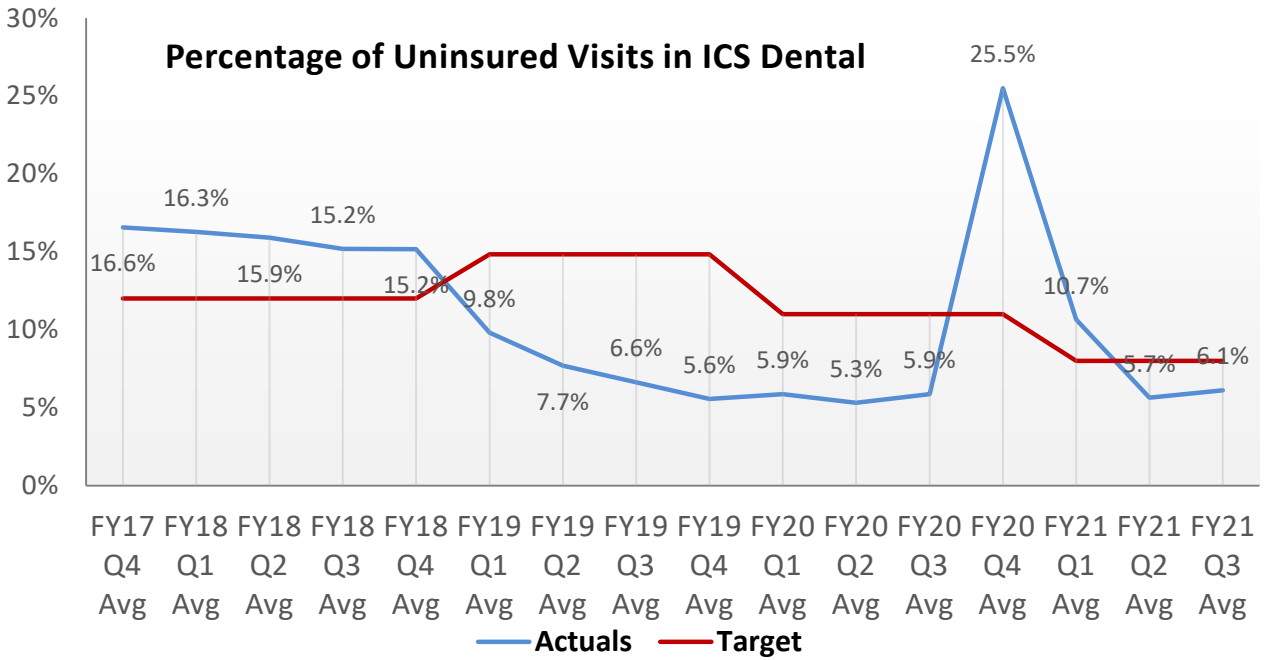
Good performance = the blue “Actual” line is around or below the red “Target” line

## Definitions:

- Self Pay visits:** visits checked in under a “self pay” account
  - Most “self pay” visits are for uninsured clients
  - Most “self pay” visits are for clients who qualify for a Sliding Fee Discount tier
  - A small percentage may be for patients who have insurance, but for various reasons have chosen not to bill the visit to insurance (confidential services, etc)



Primary Care target % of Uninsured Visits for FY18: 16%; for FY19: 13.25%; for FY20 13.27%; FY21 13.23%  
 Dental target % of Uninsured Visits for FY18: 12%; for FY19: 14.85%; for FY20 11.00%; FY21 8%



# Payer Mix for ICS Primary Care Health Center

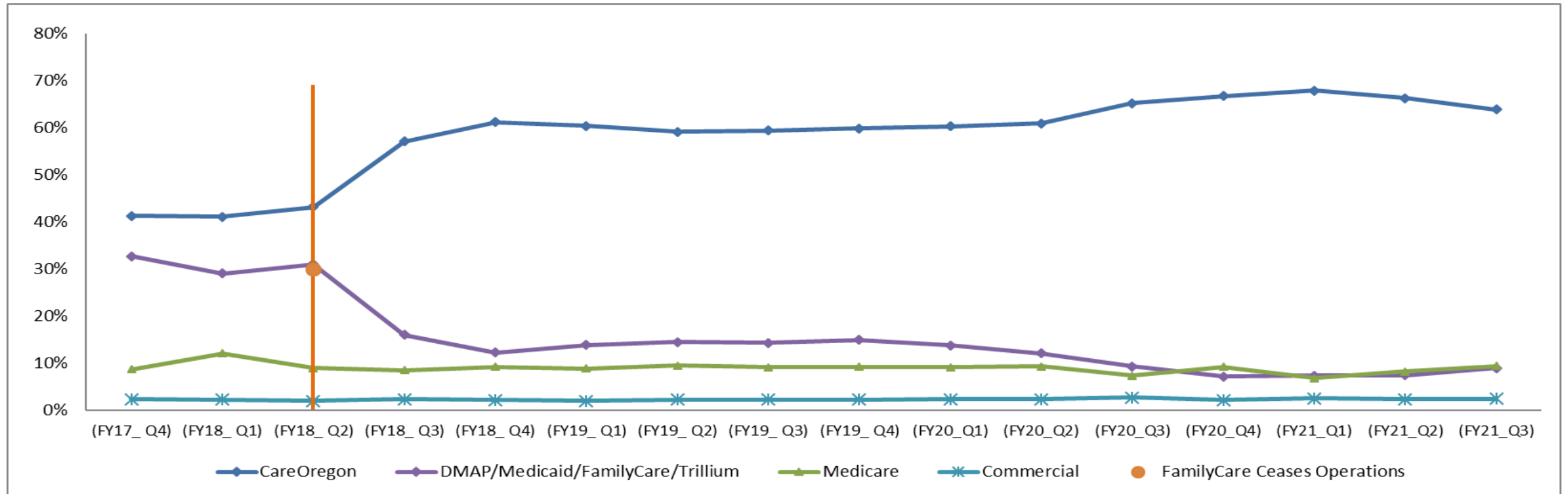
## What this slide shows:

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

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

## Definitions:

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



Notes: Payer Mix for Primary Care Health Service Center shows the percentage of patient visits per payer and per Quarter





# Number of OHP Clients Assigned by CCO

**What this slide shows:**

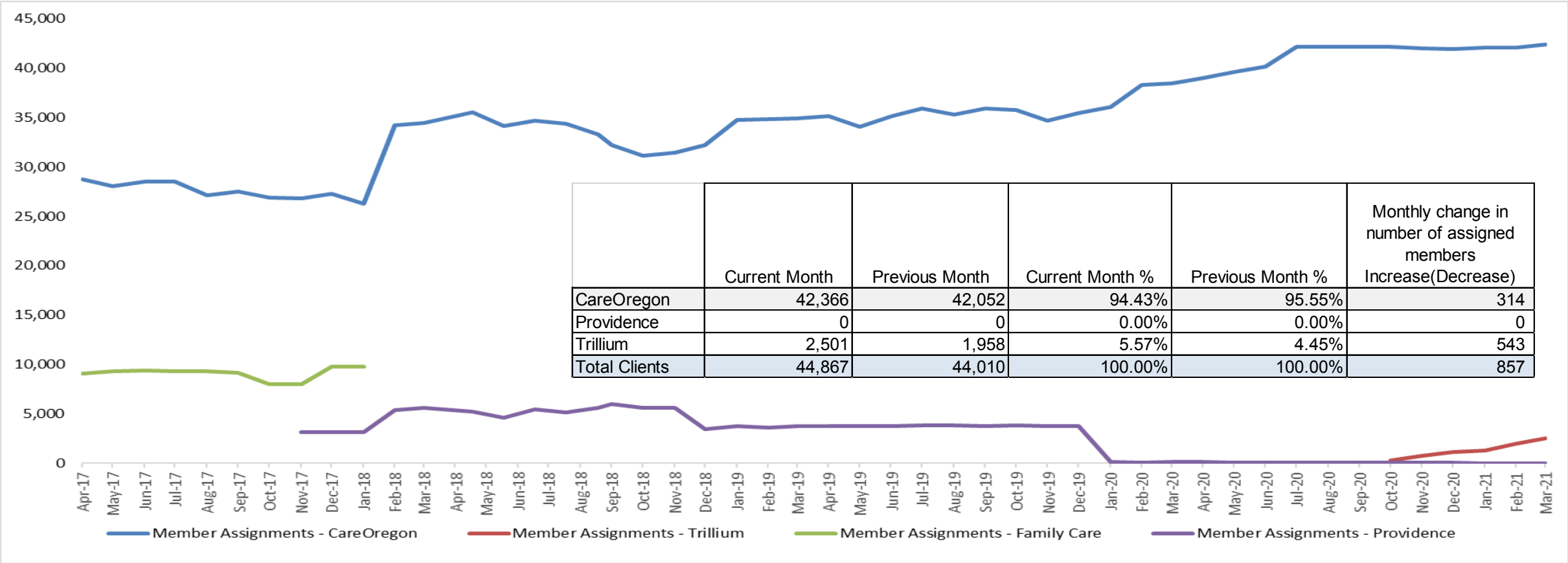
This report shows the total number of patients OHP has assigned to the Multnomah County Health Center Primary Care clinics. *NOTE: Not all of these patients have established care.*

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

**Definitions:**

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

**PMPM:** Per-Member-Per-Month. PMPM ranges around \$40-60/month, depending on payer. This is only received if the patient is assigned to us by their OHP health plan AND meets criteria for being established and engaged in care (has a qualifying visit or care step)



CareOregon FY21 average 42,118 :: Providence FY21 average 29 :: Trillium FY21 average 1,322

- Trillium added October 2020



## ICS Net Collection Rate by Payer Jan'21 – Mar'21 vs Jul'20 – Mar'21 (YTD)

|                     | Jan'21 - Mar'21<br>Payments | YTD<br>Payments     | Jan'21 - Mar'21<br>Net Collection | YTD Net<br>Collection |
|---------------------|-----------------------------|---------------------|-----------------------------------|-----------------------|
| CareOregon Medicaid | 3,109,622                   | 9,392,559           | 99%                               | 99%                   |
| Commercial          | 151,292                     | 484,242             | 76%                               | 82%                   |
| Medicaid            | 295,623                     | 862,840             | 97%                               | 95%                   |
| Medicare            | 417,220                     | 1,467,238           | 97%                               | 98%                   |
| Reproductive Health | 8,057                       | 80,244              | 96%                               | 98%                   |
| Self-Pay            | 177,312                     | 470,315             | 26%                               | 26%                   |
|                     | <b>\$4,159,124</b>          | <b>\$12,757,438</b> |                                   |                       |

### What this slide shows:

This report shows the effectiveness in collecting reimbursements by Payer

The benchmark for Net Collection Rate is 90% - 100%. Over 95% is ideal per HFMA

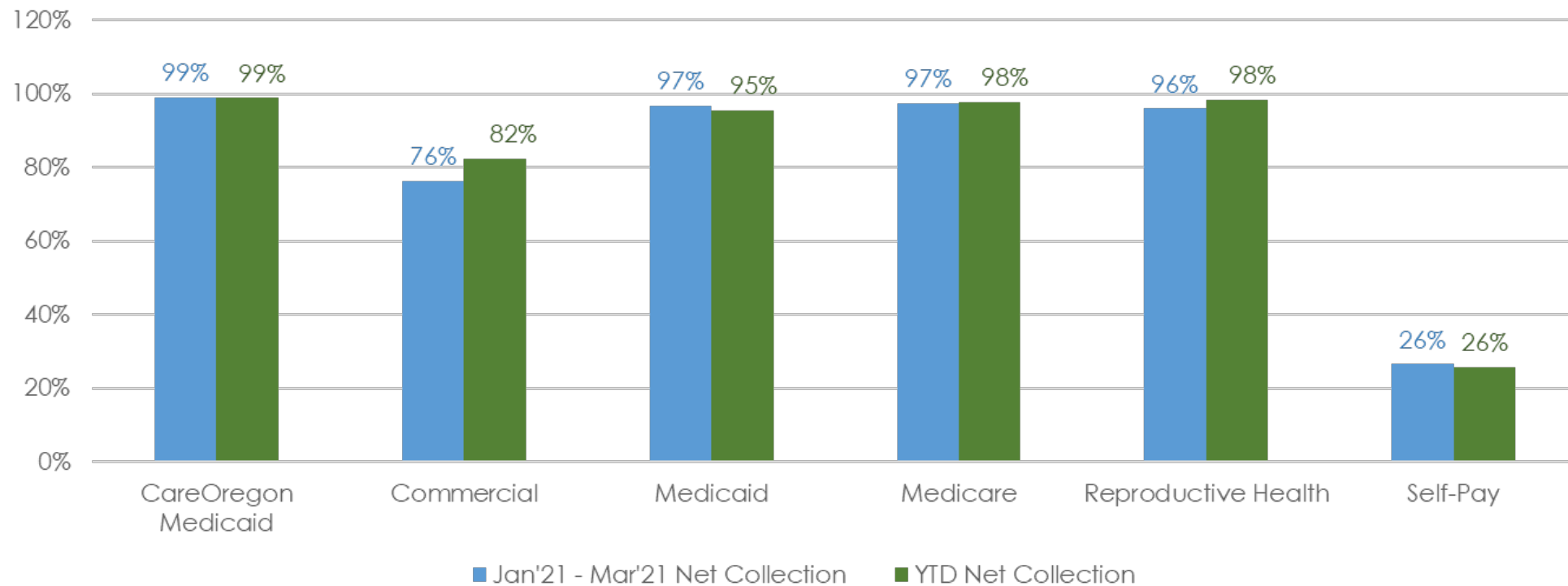
### Definitions:

**Net Collection Rate %** = Payments / Payments + Avoidable

**Avoidable:** Bad Debt, Write-off Past Untimely Filing and DX Not Covered.

**Payments:** What we received from each payer, based on contracted rates (for insurance plans) and Sliding Fee Discount fees (for self pay)

Net Collection Rate by Payer



## ICS Net Collection Rate by Service Group Jan'21 – Mar'21 vs Jul'20 – Mar'21 (YTD)

|                                | Jan'21 - Mar'21<br>Payments | YTD<br>Payments     | Jan'21 - Mar'21<br>Net Collection | YTD Net<br>Collection |
|--------------------------------|-----------------------------|---------------------|-----------------------------------|-----------------------|
| MC Dental                      | \$ 1,532,394                | \$ 3,810,543        | 97%                               | 96%                   |
| MC HSC Health Service Center   | \$ 205,025                  | \$ 696,520          | 94%                               | 93%                   |
| MC Pharmacy - Self Pay Only    | \$ 76,831                   | \$ 200,746          | 35%                               | 37%                   |
| MC Primary Care                | \$ 2,242,177                | \$ 7,727,019        | 85%                               | 88%                   |
| MC School Based Health Centers | \$ 102,698                  | \$ 322,609          | 96%                               | 96%                   |
|                                | <b>\$4,159,124</b>          | <b>\$12,757,438</b> |                                   |                       |

### What this slide shows:

This report shows the effectiveness in collecting reimbursements by Service Group

The benchmark for Net Collection Rate is 90% - 100%. Over 95% is ideal per HFMA

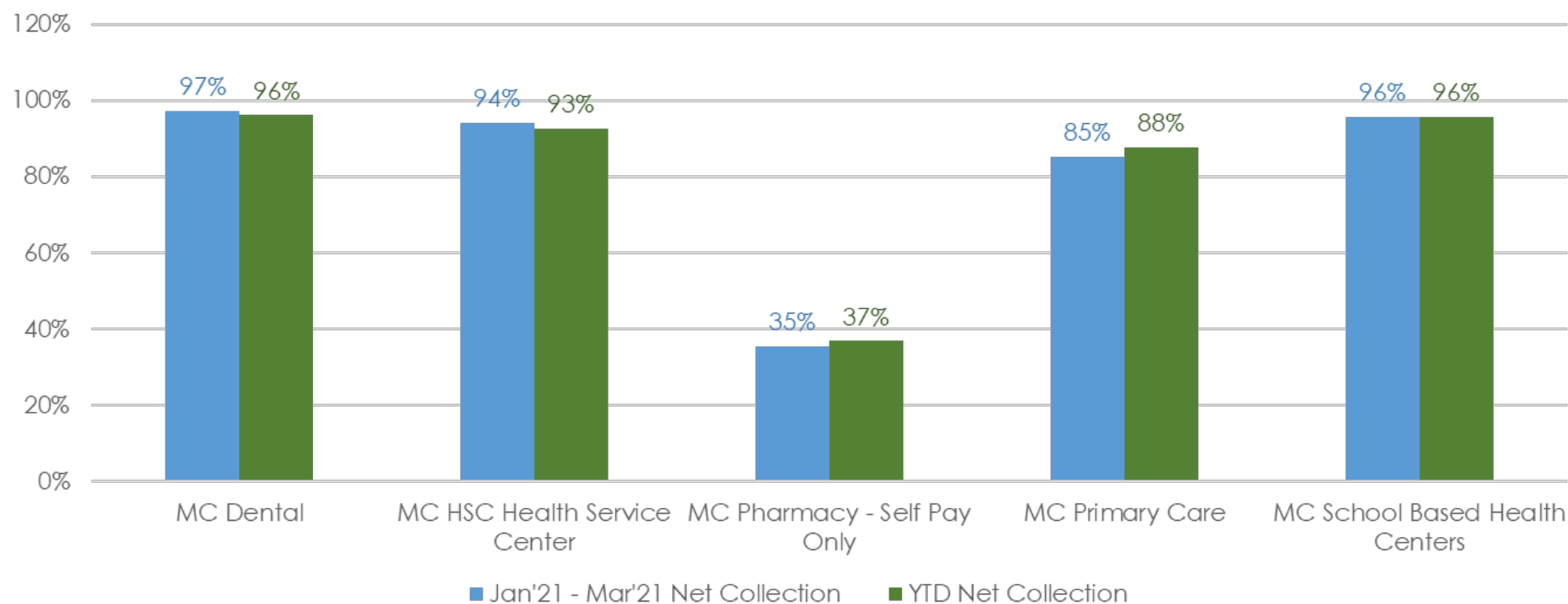
### Definitions:

**Net Collection Rate %** = Payments / Payments + Avoidable

**Avoidable:** Bad Debt, Write-off Past Untimely Filing and DX Not Covered.

**Payments:** What we received from each payer, based on contracted rates (for insurance plans) and Sliding Fee Discount fees (for self pay)

Net Collection Rate by SVC Group





**Multnomah County Health Department**  
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 For Period Ending March 31, 2021

**Community Health Centers - Page 1**

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

**Behavioral Health:** Revenue earned by the Mental Health Division in its capacity as an insurance provider for Medicaid clients (by way of Health Share of Oregon).

**General Fund:** The general fund is the primary operating fund for the County, and is used to account for and report all financial resources not accounted for and reported in another fund. All County departments have some part of their operations either reported in or supported by the general fund.

**Grants – PC 330 (BPHC):** The Bureau of Primary Health Care grant revenue is isolated here. This grant is also known as the Primary Care 330 (PC 330) grant.

**Medicaid Quality and Incentives** (formerly Grants – Incentives): External agreements that are determined by meeting certain metrics.

**Grants – All Other:** The County receives various Federal and State grants for specific programmatic purposes.

**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.

**Write-offs:** Write-offs occur when the actual amount received for a claim differs from the amount originally recorded at the time of service. Transactions are recorded as revenue, but they can be positive or negative.

**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.

**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 Management | FTE Count Allocation                       |
| IT/Data Processing             | PC Inventory, Multco Align                 |
| Department Indirect            | FTE Count (Health HR, Health Business Ops) |
| Central Indirect               | FTE Count (HR, Legal, Central Accounting)  |
| Telecommunications             | Telephone Inventory                        |
| Mai/Distribution               | Active Mail Stops, Frequency, Volume       |
| Records                        | Items Archived and Items Retrieved         |
| Motor Pool                     | Actual Usage                               |

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



**Multnomah County Health Department**  
**Community Health Council Board - Financial Statement**  
 For Period Ending March 31, 2021

Community Health Centers - Page 2

09 March

75%

|                                 | Adopted<br>Budget     | Revised<br>Budget     | Budget<br>Change      | 01 July               | 02 Aug               | 03 Sept               | 04 Oct               | 05 Nov                | 06 Dec                |
|---------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------|-----------------------|----------------------|-----------------------|-----------------------|
| <b>Revenue</b>                  |                       |                       |                       |                       |                      |                       |                      |                       |                       |
| County General Fund Support     | \$ 10,121,214         | \$ 6,706,293          | \$ (3,414,921)        | \$ 558,858            | \$ 558,858           | \$ 558,858            | \$ 558,858           | \$ 558,858            | \$ 558,858            |
| General Fund Fees and Misc Rev  | \$ -                  | \$ -                  | \$ -                  | \$ 4,818              | \$ 17,641            | \$ 7,271              | \$ 6,157             | \$ 5,273              | \$ 5,862              |
| Grants - PC 330 (BPHC)          | \$ 9,994,455          | \$ 9,994,455          | \$ -                  | \$ -                  | \$ 1,056,312         | \$ 1,004,805          | \$ 1,022,045         | \$ 1,009,220          | \$ (102,209)          |
| Grants - COVID-19               | \$ -                  | \$ 926,977            | \$ 926,977            | \$ -                  | \$ -                 | \$ 32,174             | \$ 25,007            | \$ 12,498             | \$ 32,799             |
| Grants - All Other              | \$ 9,036,672          | \$ 6,306,208          | \$ (2,730,464)        | \$ 698,819            | \$ 496               | \$ 933,577            | \$ 784,981           | \$ 811,960            | \$ 684,513            |
| Medicaid Quality and Incentives | \$ 6,722,000          | \$ 6,722,000          | \$ -                  | \$ -                  | \$ -                 | \$ 682,500            | \$ 2,424,515         | \$ 5,408              | \$ 568,655            |
| Health Center Fees              | \$ 109,550,304        | \$ 106,848,784        | \$ (2,701,520)        | \$ 779,461            | \$ 13,191,600        | \$ 6,340,430          | \$ 9,475,457         | \$ 6,798,063          | \$ 7,615,455          |
| Self Pay Client Fees            | \$ 1,214,770          | \$ 1,214,770          | \$ -                  | \$ 29,056             | \$ 57,042            | \$ 45,990             | \$ 86,436            | \$ 39,337             | \$ 51,407             |
| Beginning Working Capital       | \$ 2,515,544          | \$ 2,515,544          | \$ -                  | \$ 209,629            | \$ 209,629           | \$ 209,629            | \$ 209,629           | \$ 209,629            | \$ 209,629            |
| Write-offs                      | \$ -                  | \$ -                  | \$ -                  | \$ -                  | \$ -                 | \$ -                  | \$ -                 | \$ -                  | \$ -                  |
| <b>Total</b>                    | <b>\$ 149,154,959</b> | <b>\$ 141,235,031</b> | <b>\$ (7,919,928)</b> | <b>\$ 2,280,640</b>   | <b>\$ 15,091,577</b> | <b>\$ 9,815,232</b>   | <b>\$ 14,593,084</b> | <b>\$ 9,450,246</b>   | <b>\$ 9,624,968</b>   |
| <b>Expense</b>                  |                       |                       |                       |                       |                      |                       |                      |                       |                       |
| Personnel                       | \$ 98,585,933         | \$ 93,455,921         | \$ (5,130,012)        | \$ 7,233,842          | \$ 7,033,847         | \$ 7,679,089          | \$ 7,607,023         | \$ 7,382,760          | \$ 7,864,022          |
| Contracts                       | \$ 4,654,127          | \$ 3,321,489          | \$ (1,332,638)        | \$ 90,123             | \$ 80,949            | \$ 267,579            | \$ 207,258           | \$ 384,705            | \$ 406,108            |
| Materials and Services          | \$ 18,216,003         | \$ 18,030,600         | \$ (185,402)          | \$ 1,461,548          | \$ 1,692,024         | \$ 1,305,266          | \$ 1,676,618         | \$ 1,628,953          | \$ 1,555,929          |
| Internal Services               | \$ 27,437,897         | \$ 26,166,021         | \$ (1,271,876)        | \$ 1,087,730          | \$ 2,743,492         | \$ 1,807,649          | \$ 2,211,768         | \$ 2,064,364          | \$ 1,506,898          |
| Capital Outlay                  | \$ 261,000            | \$ 261,000            | \$ -                  | \$ 8,396              | \$ -                 | \$ -                  | \$ -                 | \$ -                  | \$ 16,378             |
| <b>Total</b>                    | <b>\$ 149,154,959</b> | <b>\$ 141,235,031</b> | <b>\$ (7,919,928)</b> | <b>\$ 9,881,639</b>   | <b>\$ 11,550,311</b> | <b>\$ 11,059,583</b>  | <b>\$ 11,702,666</b> | <b>\$ 11,460,782</b>  | <b>\$ 11,349,335</b>  |
| <b>Surplus/(Deficit)</b>        | <b>\$ -</b>           | <b>\$ -</b>           | <b>\$ -</b>           | <b>\$ (7,600,999)</b> | <b>\$ 3,541,266</b>  | <b>\$ (1,244,352)</b> | <b>\$ 2,890,418</b>  | <b>\$ (2,010,536)</b> | <b>\$ (1,724,368)</b> |

|                                 | Adopted<br>Budget     | Revised<br>Budget     | Budget<br>Change      | 07 Jan                | 08 Feb               | 09 Mar               | 10 Apr      | 11 May      | 12 Jun      | Year to Date<br>Total | % YTD      | FY20 YE<br>Actuals    |
|---------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------|----------------------|-------------|-------------|-------------|-----------------------|------------|-----------------------|
| <b>Revenue</b>                  |                       |                       |                       |                       |                      |                      |             |             |             |                       |            |                       |
| County General Fund Support     | \$ 10,121,214         | \$ 6,706,293          | \$ (3,414,921)        | \$ 558,858            | \$ 558,858           | \$ 558,858           | \$ -        | \$ -        | \$ -        | \$ 5,029,720          | 75%        | \$ 10,803,795         |
| General Fund Fees and Misc Rev  | \$ -                  | \$ -                  | \$ -                  | \$ 12,845             | \$ 8,426             | \$ 4,803             | \$ -        | \$ -        | \$ -        | \$ 73,095             |            | \$ -                  |
| Grants - PC 330 (BPHC)          | \$ 9,994,455          | \$ 9,994,455          | \$ -                  | \$ 9,974              | \$ 863,403           | \$ 915,521           | \$ -        | \$ -        | \$ -        | \$ 5,779,070          | 58%        | \$ 10,774,541         |
| Grants - COVID-19               | \$ -                  | \$ 926,977            | \$ 926,977            | \$ 57,753             | \$ 52,073            | \$ 7,495,960         | \$ -        | \$ -        | \$ -        | \$ 7,708,264          | 832%       | \$ 3,902,288          |
| Grants - All Other              | \$ 9,036,672          | \$ 6,306,208          | \$ (2,730,464)        | \$ 278,485            | \$ 744,901           | \$ 337,024           | \$ -        | \$ -        | \$ -        | \$ 5,274,756          | 84%        | \$ 9,872,826          |
| Medicaid Quality and Incentives | \$ 6,722,000          | \$ 6,722,000          | \$ -                  | \$ (5,408)            | \$ 1,188,184         | \$ 2,705,847         | \$ -        | \$ -        | \$ -        | \$ 7,569,701          | 113%       | \$ 18,884,812         |
| Health Center Fees              | \$ 109,550,304        | \$ 106,848,784        | \$ (2,701,520)        | \$ 8,289,096          | \$ 7,389,581         | \$ 7,241,622         | \$ -        | \$ -        | \$ -        | \$ 67,120,765         | 63%        | \$ 90,994,209         |
| Self Pay Client Fees            | \$ 1,214,770          | \$ 1,214,770          | \$ -                  | \$ 55,796             | \$ 58,356            | \$ 71,582            | \$ -        | \$ -        | \$ -        | \$ 495,002            | 41%        | \$ 830,224            |
| Beginning Working Capital       | \$ 2,515,544          | \$ 2,515,544          | \$ -                  | \$ 209,629            | \$ 209,629           | \$ 209,629           | \$ -        | \$ -        | \$ -        | \$ 1,886,658          | 75%        | \$ -                  |
| Write-offs                      | \$ -                  | \$ -                  | \$ -                  | \$ -                  | \$ -                 | \$ -                 | \$ -        | \$ -        | \$ -        | \$ -                  |            | \$ -                  |
| <b>Total</b>                    | <b>\$ 149,154,959</b> | <b>\$ 141,235,031</b> | <b>\$ (7,919,928)</b> | <b>\$ 9,467,028</b>   | <b>\$ 11,073,411</b> | <b>\$ 19,540,845</b> | <b>\$ -</b> | <b>\$ -</b> | <b>\$ -</b> | <b>\$ 100,937,030</b> | <b>71%</b> | <b>\$ 146,062,695</b> |
| <b>Expense</b>                  |                       |                       |                       |                       |                      |                      |             |             |             |                       |            |                       |
| Personnel                       | \$ 98,585,933         | \$ 93,455,921         | \$ (5,130,012)        | \$ 7,389,020          | \$ 7,180,581         | \$ 7,549,567         | \$ -        | \$ -        | \$ -        | \$ 66,919,750         | 72%        | \$ 88,695,600         |
| Contracts                       | \$ 4,654,127          | \$ 3,321,489          | \$ (1,332,638)        | \$ 295,805            | \$ 178,514           | \$ 134,688           | \$ -        | \$ -        | \$ -        | \$ 2,045,729          | 62%        | \$ 4,764,622          |
| Materials and Services          | \$ 18,216,003         | \$ 18,030,600         | \$ (185,402)          | \$ 1,694,300          | \$ 1,350,048         | \$ 1,552,153         | \$ -        | \$ -        | \$ -        | \$ 13,916,840         | 77%        | \$ 19,361,647         |
| Internal Services               | \$ 27,437,897         | \$ 26,166,021         | \$ (1,271,876)        | \$ 2,166,857          | \$ 1,392,674         | \$ 2,846,696         | \$ -        | \$ -        | \$ -        | \$ 17,828,127         | 68%        | \$ 25,623,565         |
| Capital Outlay                  | \$ 261,000            | \$ 261,000            | \$ -                  | \$ -                  | \$ 26,499            | \$ 14,552            | \$ -        | \$ -        | \$ -        | \$ 65,825             | 25%        | \$ 209,531            |
| <b>Total</b>                    | <b>\$ 149,154,959</b> | <b>\$ 141,235,031</b> | <b>\$ (7,919,928)</b> | <b>\$ 11,545,982</b>  | <b>\$ 10,128,317</b> | <b>\$ 12,097,655</b> | <b>\$ -</b> | <b>\$ -</b> | <b>\$ -</b> | <b>\$ 100,776,271</b> | <b>71%</b> | <b>\$ 138,654,965</b> |
| <b>Surplus/(Deficit)</b>        | <b>\$ -</b>           | <b>\$ -</b>           | <b>\$ -</b>           | <b>\$ (2,078,954)</b> | <b>\$ 945,094</b>    | <b>\$ 7,443,189</b>  | <b>\$ -</b> | <b>\$ -</b> | <b>\$ -</b> | <b>\$ 160,760</b>     |            | <b>\$ 7,407,730</b>   |



**Multnomah County Health Department**  
**Community Health Council Board - Financial Statement**  
 For Period Ending March 31, 2021

**Community Health Centers - Page 3**

Notes:

Financial Statement is for Fiscal Year 2021 (July 2020 - June 2021). Columns are blank/zero until the month is closed.

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

- > A vacant Senior Finance Manager position was moved from an out-of-scope program in the Financial and Business Management division to an in-scope program in Integrated Clinical Services. General Fund Support and Personnel each increased by \$161 thousand.
- > \$37 thousand Public Health Title V revenue (Grants - All Other) and \$37 thousand expenses (Materials & Supplies) were transferred from an out-of-scope Environmental Health program to an in-scope Early Childhood Services program.
- > Three positions in ICS were reclassified to better align employees' job titles with their responsibilities. Personnel costs and internal services (indirect expense) increased by \$4 thousand, with an offsetting reduction to Materials and Services.

July - August was FY20 year end close. Health center fee's for July were booked in August. Health center fee's in October are approximating our monthly budgeted amount.

Grants- PC 330 (BPHC): Invoicing typically occurs one month after expenses. This is a typical timeline.

Grants- All Other: Behavioral Health Grants revenue receipt from July to September received in July. We expect to receive this revenue monthly starting in October. Programs don't always spend in a uniform manner, sometimes they fluctuate, especially with school based grants, where spending is concentrated through out operational months.

Expenses for a period are invoiced in the next period as per the typical timeline.

Expenditures are tracking at 71% which is primarily due to personel and internal services which are tracking at 72% and 68% respectively.



**Multnomah County Health Department**  
**Community Health Council Board**  
 FY 2021 YTD Actual Revenues & Expenses by Program Group  
 For Period Ending March 31, 2021

|  | Category | Description  | Admin       | Non-ICS     | Dental     | Pharmacy   | Primary Care Clinics | Quality & Compliance |
|--|----------|--|-------------|-------------|------------|------------|----------------------|----------------------|
| <b>Revenues</b>  |          | County General Fund Support                              | 1,077,113   | 2,197,128   | -          | -          | 107,948              | 303,077              |
|  |          | General Fund Fees and Miscellaneous Revenue              | (25)        | 2,302       | -          | 34,222     | 20,420               | 16,365               |
|  |          | Grants - HRSA PC 330 Health Center Cluster               | 1,025,764   | -           | 255,296    | -          | 3,857,118            | 233,849              |
|  |          | Grants - HRSA Healthy Birth Initiatives                  | -           | 673,281     | -          | -          | -                    | -                    |
|  |          | Grants - HRSA Ryan White                                 | -           | -           | -          | -          | -                    | -                    |
|  |          | Grants - DHHS and OHA Ryan White                         | -           | -           | -          | -          | -                    | -                    |
|  |          | Grants - OHA Non-Residential Mental Health Services      | -           | 1,394,172   | -          | -          | -                    | -                    |
|  |          | Grants - All Other                                       | 209,659     | 273,261     | 30,409     | -          | 35,131               | 28                   |
|  |          | Grants - Other COVID-19 Funding                          | 7,000       | -           | 7,491,175  | -          | 106,208              | 1,500                |
|  |          | Grants - HHS CARES Act Provider Relief                   | -           | -           | -          | -          | -                    | -                    |
|  |          | Grants - HRSA Health Center CARES Act                    | -           | -           | -          | -          | -                    | -                    |
|  |          | Grants - HRSA Expanding Capacity for Coronavirus Testing | 20,582      | -           | -          | -          | -                    | -                    |
|  |          | Medicaid Quality and Incentive Payments                  | 3,805,492   | -           | 783,976    | -          | -                    | 2,980,233            |
|  |          | Health Center Fees                                       | 1,032,974   | 2,057,783   | 9,738,267  | 21,555,708 | 29,681,713           | -                    |
|  |          | Self Pay Client Fees                                     | -           | -           | 75,323     | 191,485    | 225,172              | -                    |
|  |          | Behavioral Health  | -           | -           | -          | -          | -                    | -                    |
|  |          | Beginning Working Capital (budgeted in FY20)             | 525,000     | 418,323     | 375,000    | -          | -                    | 568,335              |
| <b>Revenues Total</b>  |          |  | 7,703,559   | 7,016,249   | 18,749,446 | 21,781,415 | 34,033,711           | 4,103,386            |
| <b>Expenditures</b>  |          | Personnel Total  | 7,803,906   | 7,152,482   | 13,006,696 | 5,366,718  | 23,559,852           | 3,004,483            |
|  |          | Contractual Services Total                               | 292,401     | 585,406     | 149,594    | 37,665     | 887,812              | 4,094                |
|  |          | Internal Services Total                                  | 1,800,253   | 1,342,907   | 3,453,911  | 2,177,949  | 6,471,880            | 578,030              |
|  |          | Materials & Supplies Total                               | 236,688     | 43,531      | 850,418    | 11,608,350 | 774,288              | 30,096               |
|  |          | Capital Outlay Total                                     | -           | -           | 47,868     | 17,957     | -                    | -                    |
| <b>Expenditures Total</b>                                      |          |  | 10,133,248  | 9,124,325   | 17,508,487 | 19,208,638 | 31,693,833           | 3,616,703            |
| <b>Net Income/(Loss)</b>                                       |          |  | (2,429,689) | (2,108,077) | 1,240,959  | 2,572,777  | 2,339,879            | 486,683              |
| <b>Total BWC from Prior Years (includes FY20 budgeted BWC)</b> |          |  | 2,402,217   | 43,917      | 2,588,938  | -          | 41,715               | 2,834,609            |

Notes:

Total BWC represents BWC reported on Ledger Account 50000

Administrative Programs include the following:

> ICS Administration, ICS Health Center Operations, ICS Primary Care Admin & Support

Service Programs include the following:

> Direct Clinical Services - Behavioral Health, Early Childhood Services - Public Health



**Multnomah County Health Department**  
**Community Health Council Board**  
 FY 2021 YTD Actual Revenues & Expenses by Program Group  
 For Period Ending March 31, 2021

|  | Category | Description  | Student Health   |                  |                    | Y-T-D Actual       | Y-T-D Budget       | FY 2021 Revised Budget | % of Budget | FY20 YE Actuals    |
|--|----------|--|------------------|------------------|--------------------|--------------------|--------------------|------------------------|-------------|--------------------|
|  |          |  | Centers          | HIV Clinic       | Lab                |                    |                    |                        |             |                    |
| <b>Revenues</b>  |          |  |                  |                  |                    |                    |                    |                        |             |                    |
|  |          | County General Fund Support                              | 1,344,453        | -                | -                  | 5,029,720          | 5,029,720          | 6,706,293              | 75%         | 10,607,818         |
|  |          | General Fund Fees and Miscellaneous Revenue              | (189)            | -                | -                  | 73,095             | -                  | -                      | 0%          | 156,917            |
|  |          | Grants - HRSA PC 330 Health Center Cluster               | 108,551          | 298,493          | -                  | 5,779,070          | 7,495,841          | 9,994,455              | 58%         | 10,774,541         |
|  |          | Grants - HRSA Healthy Birth Initiatives                  | -                | -                | -                  | 673,281            | -                  | -                      | 0%          | 980,110            |
|  |          | Grants - HRSA Ryan White                                 | -                | 1,583,459        | -                  | 1,583,459          | 1,889,870          | 2,519,826              | 63%         | 1,293,399          |
|  |          | Grants - DHHS and OHA Ryan White                         | -                | 209,556          | -                  | 209,556            | 269,964            | 359,952                | 58%         | 1,527,370          |
|  |          | Grants - OHA Non-Residential Mental Health Services      | -                | -                | -                  | 1,394,172          | 920,650            | 1,227,533              | 114%        | 2,546,920          |
|  |          | Grants - All Other                                       | 654,300          | 211,500          | -                  | 1,414,288          | 1,649,173          | 2,198,897              | 64%         | 2,940,570          |
|  |          | Grants - Other COVID-19 Funding                          | -                | 81,799           | -                  | 7,687,682          | -                  | -                      | 0%          | 136,660            |
|  |          | Grants - HHS CARES Act Provider Relief                   | -                | -                | -                  | -                  | 237,203            | 316,270                | 0%          | 1,581,706          |
|  |          | Grants - HRSA Health Center CARES Act                    | -                | -                | -                  | -                  | -                  | -                      | 0%          | 1,763,780          |
|  |          | Grants - HRSA Expanding Capacity for Coronavirus Testing | -                | -                | -                  | 20,582             | 458,030            | 610,707                | 3%          | 420,142            |
|  |          | Medicaid Quality and Incentive Payments                  | -                | -                | -                  | 7,569,701          | 5,041,500          | 6,722,000              | 113%        | 16,853,807         |
|  |          | Health Center Fees                                       | 1,083,043        | 1,971,278        | -                  | 67,120,765         | 80,136,588         | 106,848,784            | 63%         | 91,037,886         |
|  |          | Self Pay Client Fees                                     | 140              | 2,882            | -                  | 495,002            | 911,078            | 1,214,770              | 41%         | 830,224            |
|  |          | Behavioral Health  | -                | -                | -                  | -                  | -                  | -                      | 0%          | 39,059             |
|  |          | Beginning Working Capital (budgeted in FY20)             | -                | -                | -                  | 1,886,658          | 1,886,658          | 2,515,544              | 75%         | 2,571,786          |
| <b>Revenues Total</b>  |          |  | <b>3,190,298</b> | <b>4,358,967</b> | <b>-</b>           | <b>100,937,031</b> | <b>105,926,273</b> | <b>141,235,031</b>     | <b>71%</b>  | <b>146,062,696</b> |
| <b>Expenditures</b>  |          |  |                  |                  |                    |                    |                    |                        |             |                    |
|  |          | Personnel Total  | 2,304,233        | 3,496,128        | 1,225,252          | 66,919,750         | 70,091,941         | 93,455,921             | 72%         | 88,695,600         |
|  |          | Contractual Services Total                               | 18,946           | 54,423           | 15,389             | 2,045,729          | 2,491,116          | 3,321,489              | 62%         | 4,764,622          |
|  |          | Internal Services Total                                  | 686,657          | 957,414          | 359,128            | 17,828,127         | 19,624,516         | 26,166,021             | 68%         | 25,623,565         |
|  |          | Materials & Supplies Total                               | 100,555          | 136,835          | 136,077            | 13,916,840         | 13,522,950         | 18,030,600             | 77%         | 19,361,647         |
|  |          | Capital Outlay Total                                     | -                | -                | -                  | 65,825             | 195,750            | 261,000                | 25%         | 209,531            |
| <b>Expenditures Total</b>                                      |          |  | <b>3,110,391</b> | <b>4,644,800</b> | <b>1,735,846</b>   | <b>100,776,271</b> | <b>105,926,273</b> | <b>141,235,031</b>     | <b>71%</b>  | <b>138,654,965</b> |
| <b>Net Income/(Loss)</b>                                       |          |  | <b>79,906</b>    | <b>(285,833)</b> | <b>(1,735,846)</b> | <b>160,760</b>     | <b>-</b>           | <b>-</b>               |             | <b>7,407,730</b>   |
| <b>Total BWC from Prior Years (includes FY20 budgeted BWC)</b> |          |  | <b>2,000</b>     | <b>23,600</b>    | <b>-</b>           | <b>7,936,995</b>   |                    |                        |             |                    |

Notes:

Total BWC represents BWC reported on Ledger Account 50000

Administrative Programs include the following:

- > ICS Administration, ICS Health Center Operations, ICS Primary Care Admin & Support

Service Programs include the following:

- > Direct Clinical Services - Behavioral Health, Early Childhood Services - Public Health





# Multnomah County Agenda Placement Request Budget Modification (FY 2021)

## Board Clerk Use Only

Meeting Date: 5/27/2021

Agenda Item #: \_\_\_\_\_

Est. Start Time: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

**Agenda Title:** BUDGET MODIFICATION # HD-xx-21: TBD

**Requested Meeting Date:** 4/28/2021

**Time Needed:** 5 minutes

**Department:** 40 - Health Department

**Division:** Integrated Clinical Svcs

**Contact(s):** Angel Landron-Gonzalez – Budget & Finance Manager

**Phone:** 503-988-7438

**Ext.** 87438

**I/O Address** 165/5

**Presenter Name(s) & Title(s):** Jeff Perry, Health Center CFO

## General Information

### 1. What action are you requesting from the Board?

Approval of \$7,491,175 in Revenue for COVID-19 Provider Relief Funding to Integrated Clinical Services and related expenditures

### 2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.

The Provider Relief Fund provides federal support to primary and dental care practices. This support is intended to replace revenue lost due to the COVID-19 pandemic. As a safety-net clinic and participant in the HRSA Health Center Program, Integrated Clinical Services qualified for these payments.

The budget modification will support Program Offer 40017-ICS Dental Services, Program Offer 40024-ICS Student Health Centers, and Program Offer 40029-ICS Rockwood PC Clinic.

### 3. Explain the fiscal impact (current year and ongoing).

Approval of this budget modification will increase Multnomah County's federal/state FY21 budget by \$7,491,175. There is no increase in County General Fund revenue.

**4. Explain any legal and/or policy issues involved.**

Funds allocated to the Community Health Center program will also require approval by the Community Health Center Board.

**5. Explain any citizen or other government participation.**

The Community Health Center Board acts as the governing board for the Community Health Center program. This board is required to be comprised of a minimum of 51% active patients. The remaining board members represent various community stakeholders. The board has remained supportive of the Health Center program's response to COVID-19 and has encouraged outreach and services which are designed to reach Black, Indigenous, and people of color (BIPOC) patient populations.

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**Budget Modification**

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**6. What revenue is being changed and why? If the revenue is from a federal source, please list the Catalog of Federal Assistance Number (CFDA).**

**7. What budgets are increased/decreased?**

The County's Intergovernmental, Direct Federal revenue budget will increase by \$7,491,175. This funding is from the CARES Act Provider Relief Fund. The CFDA is 93.498.

**8. What do the changes accomplish?**

This budget modification will backfill patient fee revenue in Dental, Primary Care and Student Health Center lost as a result of operational changes required as a result of the pandemic.

**9. Do any personnel actions result from this budget modification?**

N/A

**10. If a grant, is 100% of the central and department indirect recovered? If not, please explain why.**

Yes; the central Indirect rate of 2.53% and the Health Department Indirect rate of 9.17% for a total of 11.70% is included in this budget modification.

**11. Is the revenue one-time-only in nature? Will the function be ongoing? What plans are in place to identify a sufficient ongoing funding stream?**

This revenue is one-time only funding.

**12. If a grant, what period does the grant cover? When the grant expires, what are funding plans? Are there any particular stipulations required by the grant (e.g. cash match, in kind match, reporting requirements, etc)?**

These funds must be spent by June 30, 2021.

---

**Required Signature**

---

**Elected Official or  
Dept. Director:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Budget Analyst:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Department HR:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Countywide HR:** \_\_\_\_\_

**Date:** \_\_\_\_\_



# Multnomah County Agenda Placement Request Budget Modification (FY 2021)

## Board Clerk Use Only

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Agenda Item #: \_\_\_\_\_

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**Time Needed:** 5 minutes

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**Ext.** 87438

**I/O Address** 165/5

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---

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---

**Required Signature**

---

**Elected Official or  
Dept. Director:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Budget Analyst:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Department HR:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Countywide HR:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## May 4, 2021 Complaints Report 2021-1QT

### Complaints Report

< **Reported Complaints** Complaint by Type >

#### Reported Complaints

This report displays all of the complaints reported to ICS. Use the toolbar across the top to jump to *Complaints by Type*.

Use the filters below to further explore the data!

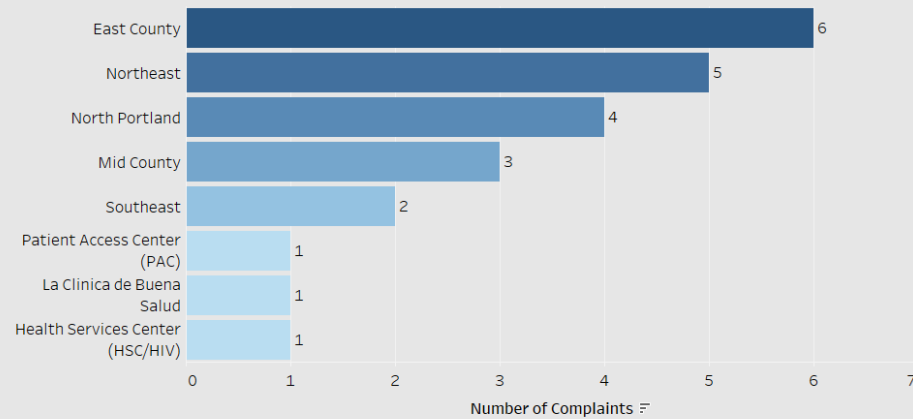
##### By Service Area

(All) ▼

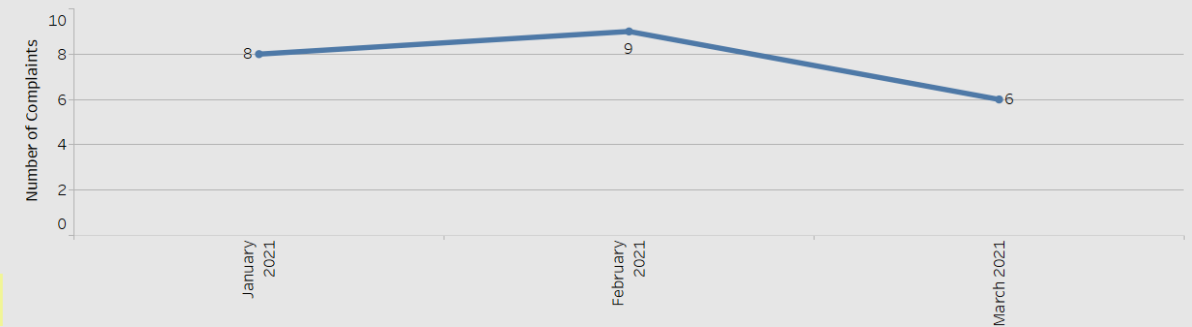
##### By Quarter

2021 Q1 ▼

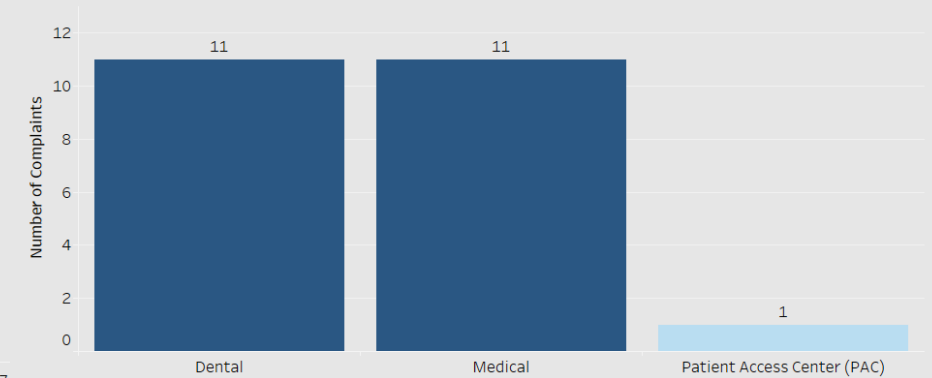
#### Complaints by Location



#### Complaints by Month



#### Complaints by Service Area

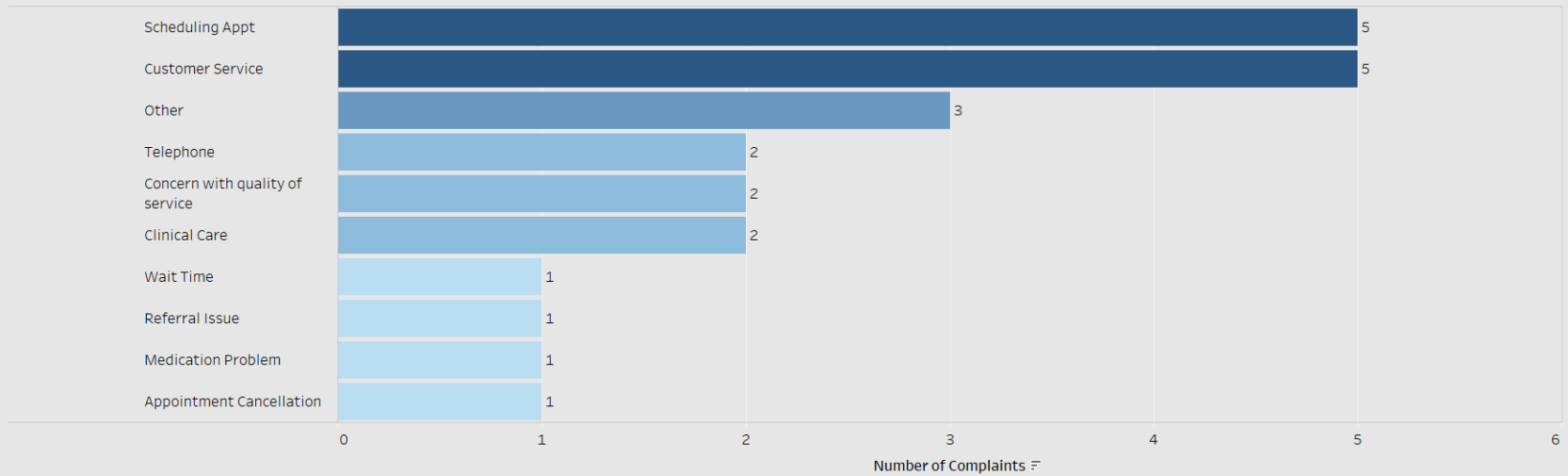


## May 4, 2021 Complaints Report 2021-1QT

### Complaints Report

< Reported Complaints Complaint by Type >

#### Complaints by Type



#### By Service Area

(All)

#### Clinic Site

(All)

#### By Quarter

2021 Q1

Clinic Comparison:

None



## May 4, 2021 Incidents Report 2021-1QT

### Incidents Report

Navigation tabs: **Reported Incidents** | Incident by Type | Reported Pharmacy Med Dispensing Errors | Med Dispensing Error by Type | Definitions

Point of Reference: From 1/1/21 - 3/31/21: Primary Care completed 39,396 appts (includes Telehealth visits). Dental completed (approx.) 15,005 appts.



### Reported Incidents

This report displays all of the incidents reported to ICS.

#### By Service Area

(All)

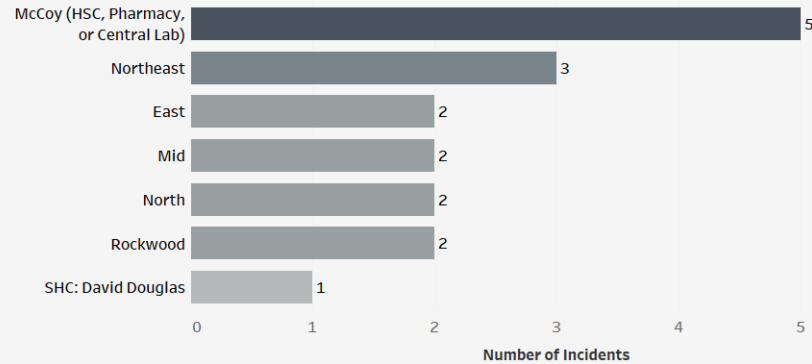
#### By Quarter:

2021 Q1

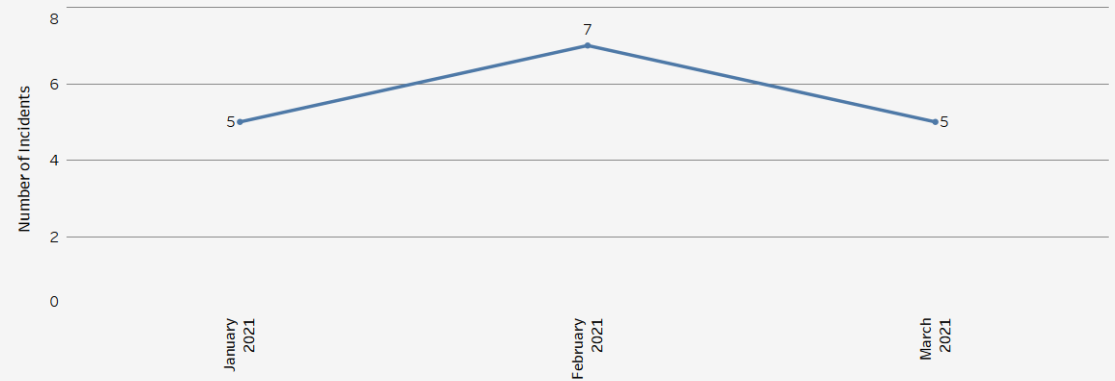
#### Subject Person Affected by Event:

Client

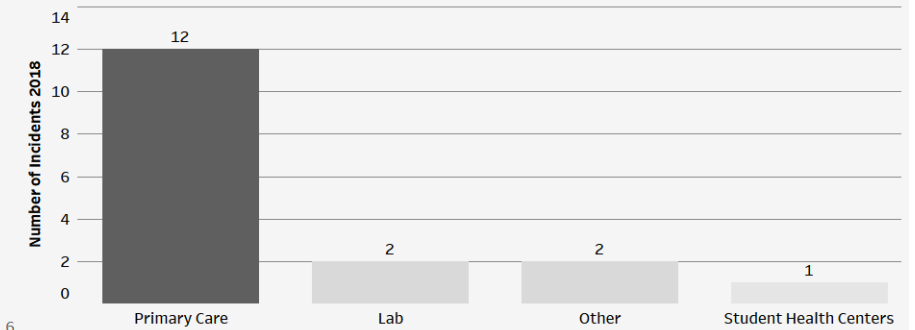
#### Incidents by Location



#### Incidents by Month



#### Incidents by Service Area

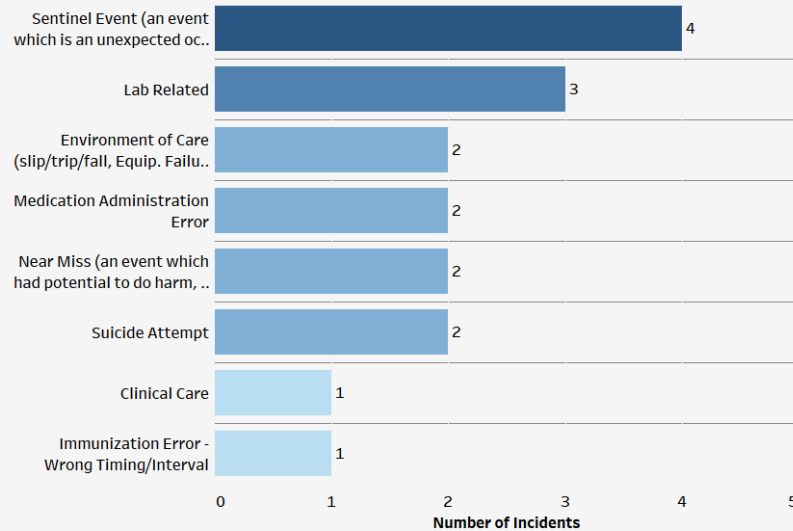


## May 4, 2021 Incidents Report 2021-1QT

### Incidents Report

Navigation tabs: < Reported Incidents **Incident by Type** Reported Pharmacy Med Dispensing Errors Med Dispensing Error by Type Definitions >

#### Type of Incident



Use the filters below to further explore the data!

#### By Quarter:

2021 Q1

#### By Service Area

(All)

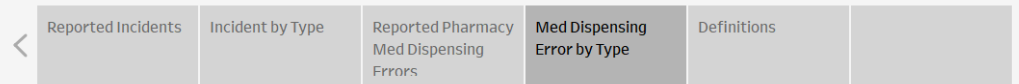
#### Clinic Site

(All)

#### Subject Person:

Client

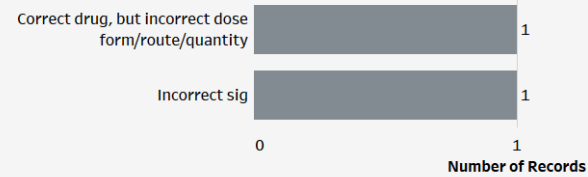
## Incidents Report



### Type of Pharmacy Medication Dispensing Error



Description of Error



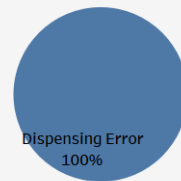
Use the filters below to further explore the data!

**Quarters**  
2021 Q1

**By Pharmacy**  
(All)

Point of Reference: In Q1 MCHD Pharmacies filled 84,105 prescriptions.

Type of Pharm Error (Near Miss not include in other calculations)



May 4, 2021 Incidents Report 2021-1QT

## Procedure



|                          |   |
|--------------------------|---|
| <b>Title:</b>            | <u>No Show Procedure</u>  |
| <b>Procedure #:</b>      | <u>ICS.04.08 Procedure</u>  |
| <b>Program:</b>          | <u>Integrated Clinical Services, Health Center Program</u>  |
| <b>Point of Contact:</b> | <u>Brieshon D'Agostini, Primary Care Strategy and Innovation Manager</u><br><u>Christine Palermo, Dental Operations Manager</u> |
| <b>Approver:</b>         | <u>Brieshon D'Agostini, Primary Care Strategy and Innovation Manager</u><br><u>Christine Palermo, Dental Operations Manager</u> |
| <b>Updated:</b>          | <u>4/20/2021</u>  |

### PRIMARY CARE (Excluding Integrated Behavioral Health)

#### Patient Access Center (PAC)

- If a ~~P~~patient calls and states that they are arriving late, PAC will document the patient's estimated arrival time in appointment notes:
  - "Late" if patient expects to be 15 minutes late or less
  - "Late 15+" if patient expects to be more than 15 minutes late. PAC will also notify clinic per PAC Call Guidelines
- Patients with an active "Same Day Appointments Only" priority message may only be offered an available appointment on the day that they call

#### Front Office Staff:

##### **Late Arrival**

- If 15 minutes late or less, check in patient per usual process
- If greater than 15 minutes late, notify team of arrival
- If the provider is able to see the patient, check in and notify the patient
- If the provider is unable or unsure if they can see the patient, advise the patient that the nurse (~~LPN~~/RN) will come out and assess their needs today, or offer a provider appointment later the same day, if an appointment is available
- If patient declines to wait for a nurse assessment, Front Office Staff must:
  - Document "declined nurse visit" in the appointment notes
  - Offer to reschedule the appointment
  - Send an in-basket message to the team notifying them that the patient declined to wait
- If a checked-in patient does not result in an appointment, cancel Check In.

**Important note:** *scheduled patients cannot be turned away without nurse assessment unless the patient declines.*

#### **No show**

## Procedure



- ~~• In order to limit no shows, Televox will complete confirmation calls 1-2 business days prior to the appointment~~

### Patient Care Team:

#### **Late arrival (more than 15 minutes late)**

- LPN or RN assess late arriving patients and determines if the patient will be seen. The assessment and guidance must be documented in Epic
- Prenatal patients who arrive late should be seen. If unable to be seen by a provider, LPN/RN will come out and assess their needs today and ensure a close follow-up appointment appropriate for gestational age and acuity

#### **No Show**

- Once the patient is more than 5 minutes late the Certified Medical Assistant (CMA) is to call the patient and offer to change the appointment to a brief telemedicine appointment. The CMA will complete the initial screenings, connect with an interpreter if needed, and transfer to a provider for the telemedicine visit.
- For first and second patient no show in a 6 month period, team calls the patient and/or sends a letter (see attached phone and letter scripts)
- After the third patient no show in a rolling 6 month period, the provider should decide if the patient is to be placed on same day /telemedicine only status. ~~If so, t~~ The team places a priority message in EPIC:
  - Select from drop down standard message, "same day /telemedicine appointments only"
  - Contact patient by phone or letter (see attached phone and letter scripts)
- Calling patients who have no showed is the preferred method of communication when possible to do so. This allows a better opportunity for assistance with problem solving with the client to promote successful outcomes as well as allows for patients to understand the impact on limiting access for other patients.
  - Helps patient to identify and problem-solve barriers, such as transportation
  - If the patient does not answer, leave a message using the attached scripts. **Patient calls must be documented in Epic**

## Procedure



- Always check for confidentiality status. If indicated as **Confidential** or **999c**, use only the method of communication listed in the **Confidential Address** section in demographics. Do not leave messages
- At the next successful appointment, the provider should have a conversation with the patient to help strengthen their understanding of the importance of attending every scheduled appointment or canceling when unable to attend.
- When the patient has had three successful arrivals in a row, the team should remove the "Same Day/telemedicine Only" status if it has not already been removed. The team can remove this status sooner if deemed appropriate by the provider.

### New patient no shows:

When the Front Desk reviews the End of Day report, they will check past appointments for all New Patient No Shows. If a patient has not showed for two or more new patient appointments, Front Desk will send an in-basket message to inform site leadership. Site leadership will call, or delegate a staff member to call the patient prior to rescheduling a third time. Site leadership may enter a priority message: "Do not schedule New Patient Appointment. Send in-basket message to site admin pool."

### Integrated Mental Health/Behavioral Health

#### **Late Arrival (more than 15 minutes late)**

Front Desk will notify MH/BH Provider of the late arrival. MH/BH Provider will go speak with the patient directly to determine if the patient has an urgent need.

#### **No Show**

MH/BH Providers are responsible for calling patients who have "no showed" their MH/BH appointments. This should be done shortly within 24 hours after the time of the appointment.

#### ***New or Established BH Patient No Shows:***

- "Established" is if patient has been seen BHP in the last 6 months
- If patient fails to attend 3 scheduled BH visits and BHP documented due diligence in no show outreach:
  - Then BHP will request that a Patient Care Team Member (typically the CMA) place a priority message in EPIC: "BH Same Day Only."
- Same day /telemedicine appointment only status will be removed by request of the BHP once patient has attended 1 BH visit

## Procedure



### ***New or Established MH Patient No Shows:***

- Established is if assigned to PMHNP care team in Epic.
- If patient fails to attend 3 scheduled MH visits and PMHNP documented due diligence in no show outreach;
  - Then PMHNP will request a Patient Care Team Member to place a priority message in EPIC: "MH Same Day Only."
  - PMHNP may instead choose to follow patient care closure procedures, which are finalized with removal of the PMHNP from the patient's care team in EPIC.
- Same day [/telemedicine appointment](#) only status will be removed by request of the PMHNP once patient has attended 1 MH visit

### **High Risk Behavioral Health Patient (Front Desk and Patient Access Center)**

Identified by Priority Message: "High Risk BH Patient."

- Front Office Staff and PAC must inform PCP and BHP if patient no shows, cancels, reschedules or leaves before appointment starts. [By the end of day, provider will attempt to reach patient by phone or MyChart depending on patient's preferred method of communication.](#)

## **Clinical Pharmacist**

### **Late Arrival**

Front Desk will notify Clinical Pharmacist of the late arrival. The Clinical Pharmacist will go speak with the patient directly.

### **No Show**

The Clinical Pharmacists are responsible for calling patients who have "no showed" their appointments. This should be done shortly after the time of the appointment.

### **~~New or Established Clinical Pharmacist Patient No Shows:~~**

- ~~• "Established" is if patient has been seen the clinical pharmacist in the last 6 months~~
- ~~• If a patient fails to attend 2 or more consecutive appointments despite multiple attempts at outreach, the Clinical Pharmacist transfers care back to the Patient Care Team. 3 scheduled Clinical Pharmacist visits and Clinical Pharmacist documented due diligence in no show outreach:~~
  - ~~◦ Then Clinical Pharmacist will request that a Patient Care Team Member place a priority message in EPIC: "Clin Pharm Same Day Only (Warm Hand off)."~~

~~Same day only status (warm hand off) will be removed by request of the Clinical Pharmacist once patient has attended 1 Clinical Pharmacist visit.~~