



**Public Meeting  
Agenda  
Monday Jun 14, 2021  
6:00-8:00 pm**

**Virtual Meeting**  
(See Google Calendar Event for Link)  
**Or Call: +1 253-215-8782**  
**Meeting ID: 968 9736 9385**  
**Passcode: 714122276**

**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; Fabiola Arreola, Vice Chair; Dave Aguayo, Treasurer; Pedro Sandoval Prieto, Secretary; Tamia Deary, Member-at-Large; Kerry Hoeschen, Member-at-Large; Nina McPherson, Board member; Darrell Wade, Board Member; Susana Mendozam, Board Member

**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). 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> <ul style="list-style-type: none"><li>• Chair, Harold Odhiambo</li></ul>	Call to order Review processes
6:05-6:15 (10 min)	<b>Minutes Review - VOTE REQUIRED</b> <ul style="list-style-type: none"><li>• Review May Public Meeting minutes for omissions/errors</li></ul>	Board votes to approve
6:15-6:20 (5 min)	<b>SHC move back to and Name Change-Madison to McDaniel - VOTE REQUIRED</b> <ul style="list-style-type: none"><li>• SHC Manager, Alexandra Lowell</li></ul>	Board Discussion and Vote
6:20-6:25 (5 min)	<b>Grant Submission: SBHC MH Youth Led Projects - VOTE REQUIRED</b> <ul style="list-style-type: none"><li>• SHC Manager, Alexandra Lowell</li></ul>	Board Discussion and Vote
6:25-6:30 (5 min)	<b>Dental Services Expand to Saturday - VOTE REQUIRED</b> <ul style="list-style-type: none"><li>• Dental Operations Manager, Christine Palermo</li></ul>	Board Discussion and Vote
6:30-6:35 (5 min)	<b>Grant Submission: Ryan White Part C - VOTE REQUIRED</b> <ul style="list-style-type: none"><li>• Senior Manager, Nick Tipton</li></ul>	Board Discussion and Vote
6:40-6:50 (10 min)	<b>CY'2021 330 Grant Budget Change - VOTE REQUIRED</b> <ul style="list-style-type: none"><li>• HC Chief-Financial-Officer, Jeff Perry</li></ul>	Board Discussion and Vote

6:50-7:00 (10 min)	<b>New Board Member (Brandi Velasquez) - VOTE REQUIRED</b> <ul style="list-style-type: none"> <li>CHCB Nomination Committee, Tamia Deary</li> </ul>	Board Discussion and Vote
7:00-7:10	<b>10 Minute Break</b>	
7:10-7:25 (15 min)	<b>Monthly Budget Report</b> <ul style="list-style-type: none"> <li>HC Chief-Financial-Officer, Jeff Perry</li> </ul>	Board receives report and updates
7:25-7:40 (15 min)	<b>COVID/ICS/Strategic Updates</b> <ul style="list-style-type: none"> <li>HC Executive Director, Tasha Wheatt-Delancy</li> </ul>	Board receives updates
7:40-8:00 (20 min)	<b>Committee Updates/Council Business</b> <ul style="list-style-type: none"> <li>Chair, Harold Odhiambo</li> </ul>	Board receives updates
<b>8:00</b>	<b>Meeting Adjourns</b>	Thank you for your participation

**Next Public Meeting: July 12, 2021**



# Public Board Meeting Minutes

Virtual Meeting (Zoom)  
Monday May 10, 2021  
6:00 pm

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	Y
Nina McPhearson	Board Member	Y
Susana Mendoza	Board Member	N
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	N
Lucia Cabrejos	Spanish Interpreter	Y
Brieshon D'Agostini	Interim Health Center Quality Director	Y
Adrienne Daniels	Health Center Deputy Director	Y
Ryan Francisco	Project Manager	Y
Tony Gaines	Operations and Innovation Process Improvement Manager	Y
Francisco Garcia	CHCB Liaison/Community Engagement Strategist	Y
Amy Henninger	Interim Health Center Medical Director	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	Y
Jeff Perry	Health Center CFO	Y
Debbie Powers	Health Center Operations Director	N
Victor Shepard	Spanish Interpreter	Y
Katie Thornton	Regional Clinic Manager	N
Tasha Wheatt-Delancy	Health Center Executive Director	Y

Guests: Andiera Harris, Dr Aisha Holland

**Action Items:**

- Brieshon will get definitions for complaint categories
- Linda will send copy of slides

**Decisions:**

- Approved the April Public meeting minutes
- Approved the April Emergency meeting minutes
- Approved Budget Modification for \$5.7 million in Provider Relief Funds
- Approved Removal from Scope Date for SBMH
- Approved ICS.04.08 No Show Policy Update
- Approved Change in Hours of Operations SEHC (Reno)
- Approved Change in Hours of Operations North Portland (Dental)

**Reports Received:**

- Monthly Budget Report through March 2021
- Complaint and Incident Report

The meeting was called to order at 6:00pm 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.

*\*Tasha introduced our new Board Liaison and Community Engagement Strategist, Francisco Garcia. He will be the point of contact between the board and Staff and Elected Officials moving forward.*

*\*\*Harold Announced the Resignation of Board Member, Iris Hodge.*

**April 12th CHCB Public Meeting Minutes(Vote required)**

*(See Document -April 12th CHCB Public Meeting Minutes*

Linda pointed out that there was an incomplete sentence in the draft that everyone received before the meeting started. The statement has been edited and the completed notes will be published.

No questions or comments were raised by CHCB members

***Motion by Tamia to approve the April 2021 Public Meeting Minutes as presented***

***Seconded by Fabiola***

***5 aye; 0 nay; 3 abstain***

***Motion Carries***

**April 22nd CHCB Meeting Minutes(Vote required)**

*(See Document -April 22nd CHCB Emergency 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 Tamia***

**8 aye; 0 nay; 0 abstain**

**Motion Carries**

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

*(See Document- Monthly Reporting Package)*

*Health Center Chief Financial Officer, Jeff Perry*

March 2021

- \$100.9 million in revenue and \$100.8 million in expense March YTD.
- \$160 thousand surplus net income March YTD.
  - These numbers do include \$7.5 mill relief funds, applied to dental
- Programs
  - Dental \$18.7 million in revenue
  - Primary care \$2.3 million net income
- Student Health Services
  - Surplus of \$80k for the year through March
    - Of note 5 of the 9 student health centers are currently open
- Billable visits
  - Student health averaged the same as last year
  - Dental has growth month over month
  - Primary Care declined from February
- Uninsured visits are still tracking slightly higher than targeted
  - Dental is still below target
- Per payer Mix
  - Care Oregon is our highest assigned members
  - Trillium is still gaining momentum as we increase our assignees month over month
- New funding stream for American Rescue Act Funding
  - Spending Categories
    - COvid 19 vaccination capacity
      - tracking vaccine
    - Response and treatment capacity
      - Monitor and trace for treatment
    - Maintaining And increasing capacity
  - Recover and stabilization
    - Expanding workforce
    - Meet demand for preventive and routine care
  - Total of 72 FTE, working to refine this as we go along
- Currently looking to help by expanding how we provide care
  - Add a van for home visits
  - Must fit within HRSA budget categories

*Question: When we have new FTE, say at the end of the year there is no more COVID, what happens when FTE comes in and we don't have COVID?*

*Answer: These funds are for two years. We will assess which of these positions we could maintain beyond the 2 year ARPA funding. Need to present a budget to HRSA for approval.*

**Budget Modification for \$5.7 million in Provider Relief Funds (Vote required)**

*(See Document Multnomah County Agenda Replacement Request Budget Modification)*

*Health Center Chief Financial Officer, Jeff Perry*

There were questions as to utility. What happens to the funds that are left at the end of year? Provider relief funds will not be placed in general relief funds. Voting yes will allow us to offset the losses we have. No vote, we will have to source funding to mitigate these losses. These funds must be utilized by June 30th.

*Question: Is the utilization straightforward to apply to funding we lost.*

*Answer: We do have to give reasons for what we will use funding for. We stated these funds will be used for budget loss.*

*Question: We are not making these accessible to general county funds?*

*Answer: Correct.*

***Motion by David to approve the budget modification for \$7.5 million in Provider Relief Funds as presented***

***Seconded by Nina***

***8 aye; 0 nay; 0 abstain***

***Motion Carries***

**Date of Removal and Clarification of SBMH from Scope (Vote Required)**

*(See Document-Affirming Effective Dates for Removal of BHD/Mental Health Programs from FGHC Scope)*  
*Health Department Deputy Director, Adrienne Daniels*

- Clarification of date of removal.
  - Simplifies reimbursement type
  - Recommend to verify the program coincides with fiscal year
    - Removal date 7/1/2021

*No questions or comments were raised by CHC members*

***Motion by Tamia to approve the removal and clarification of SBMH from the FQHC Scope as presented***

***Seconded by Fabiola***

**8 aye; 0 nay; 0 abstain**

**Motion Carries**

### **1st Quarter Complaints and Incidents**

*(See Documents-1st Qtr Combined Complaints and Incidents)*

Quality Project Manager, **Brieshon D'Agostini**

Brieshon gave an overview of the complaints and incidents by type and site. She was not able to present using Tableau so she was unable to get specific numbers, but can provide them later if requested. The number of complaints are pretty close to what we normally see. Brieshon pointed out that the rate of suicide attempts has dropped. Lab related incidents are now shown in this report. There were two dispensing errors in the pharmacy; an incorrect dosage, and incorrect directions.

*Question: Scheduling appt complaints, has that increased because of COVID?*

*Answer: Sometimes it is about access issues. This is what we've seen for this quarter.*

*Question: Are there particular issues with customer service?*

*Answer: Wide variety, maybe a rough interaction with a staff member. Maybe not necessarily customer service, but it's a general category.*

*Question: What falls under quality of service?*

*Answer: We will get the definition of these, and will send them to Francisco.*

*Question: Requesting more information about broader categories.*

*Answer: There is more information for this in the Tableau presentation.*

*Question: When you are talking about the number being low and not reflecting accurately is this our process in general or just regarding COVID?*

*Answer: I think there are a number of things that contribute, maybe it's communication, or not knowing how. Education is ongoing, and COVID adds another layer.*

*Question: A client that used a translator has a complaint about their experience if you had a translator.*

*Answer: Signage is posted in multiple languages on how to submit a complaint. People can call the Call Center and will be able to get an interpreter on the phone for that complaint.*

*Question: Is there email access for complaints? Is there a dedicated place for complaints?*

*Answer: Yes the general multco email. We have had conversations with outside vendors. We would like to*



*have a dedicated email for complaints.*

*It says on the website the different ways to voice complaints. It is not clear if the numbers are the general health department. More explanation on this page would be great.*

*Question: How can I be sure there is followup from a specific complaint for a patient that had a bad experience?*

*Answer: Depends on the nature of the complaint and how it came through. We frequently get complaints through insurance companies. We go back through the insurance company to follow up on the complaint. If it is directly to us we follow up directly with the submitter. If this is about specific we are bound by HIPPA, but if you can give us information I can follow up with you later.*

*Question: Is it possible to show a description of incidents and pair them with locations? To show what problems are more common to determine what sites are prone to certain incidents?*

*Answer: Great idea, I will make a note of that.*

#### **ICS.04.08 No Show Policy Update (Vote Required)**

*(See Documents- Primary Care & Dental Patient No-Show Policy )*

*Dental Manager, Christine Palermo and Operations Innovation & Process Improvement Manager, Tony Gaines*

- Policy Updates/Changes
  - Added telemed definition
  - Health centers will conduct appointment reminders 1- 2 days before appt. be tele, text
  - Dental changed verbage to match primary care
    - Changed standby to same day only
    - Sit and wait to same day to match primary care
- Primary care
  - change wording from homeless patient to patient experiencing homelessness
  - Added telemedicine
  - Patients that miss 3 Behavioral Health visits must only complet 1 visit to be removed from same day or telemed appointment only scheduling.
- Yes vote will make this language official and change

*Question: When is this going to be effective? Is there a specific time?*

*Answer: The date of the approval will be the effective date unless you request it be a different date. We usually take it to the staff as to when we are going to notify patients of changes.*

*Question: When you send out a letter is there wording about how people can get extra help to make it to their appointments.*

*Answer: I don't think we have a specific message in regards to the concern you are talking about. We will make a note and discuss.*

***Motion by Tamia to approve the removal and clarification of SBMH from the FQHC Scope as presented***

***Seconded by Fabiola***

***7 aye; 0 nay; 0 abstain***

***Motion Carries***

**Change in Hours of Operations SEHC Renovation. (Vote Required)**

*(See Documents-Southeast Health Clinic (SEHC) Structural Repair Change in Hours)*

*Project Manager, Ryan Francario*

- Summary and proposed change in hours
  - Currently 55 hours per week
  - Dental on site will be on hold relocated to other clinics
  - Pharmacy will remain open
    - 8:30am - 5:30 pm
- A yes vote will mean for the duration of the planned period patients will be routed to different sites for primary and dental care
  - Reduces hours from 55 to 44 hours
- No vote means the pharmacy will have to maintain the current hours of operation

*No questions or comments were raised by CHC members*

***Motion by Nina to approve the change in hours of operations at SEHC as presented***

***Seconded by Darrell***

***7 aye; 0 nay; 0 abstain***

***Motion Carries***

**Change in Hours of Operations North Portland Dental (Vote Required)**

*(See Documents-Change in Hours at North Portland Health Center (Dental))*

*Dental Manager Christine Palermo*

- Currently
  - Only has one dental team
  - Closed on Wednesday
- Proposed Change
  - SE staff will be moved to North Portland
  - Open Wednesday
  - Increasing hours to 55 per week.
  - A yes vote will increase hours to 55 per week and move the staff from SE to NP/
  - A no vote will keep hours the same

*No further discussion questions were raised by CHCB members*

***Motion by Tamia to approve the change in hours of operations at North Portland Dental as presented***

**Seconded by Pedro**  
**7 aye; 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**

- Community listening sessions
  - 5 community based organizations helped facilitate
  - Facility dialogs with diverse communities
    - Find out what are their needs
    - Language barriers
      - Somali is often paired up with the wrong language
      - True for azteco and guatemalan communities as well
    - Some communities only go to the doctor when urgently needed
      - Trying to work on way to change this
    - Spanish women feel judged and scrutinized
- At this time we are collecting information.
  - Appointment to specialists take to long to get
  - Some of the funding will toward shoring up that
  - Prescribing medication for mental health issues is not always the solution
  - Some of the people that participated are not patients

#### **Engage Expert Diverse Workforce which reflects the communities we serve**

- Staff wellness team
  - Part of the \$10.9 million will provide staff wellness
    - 13 pages of suggestions from staff
- Recruitment Support
  - Dedicate resources to partner with the HR department to ensure timely recruitment for the health center staff vacancies.

#### **Equitable treatment that assures all people receive high quality, safe, and meaningful care**

- Billing error for J&J vaccine
  - has been reconciled
  - 20 Patients received an invoice after getting vaccines.
- Business services contacted patients to make sure they did not pay this invoice
  - Clarified this was an error and we are not charging for vaccine
- more than 10k patients have gotten vaccine
- Age groups as young as 12 have been approved for Pfizer
- 69% vaccinated are from BIPOC community
- 69 total languages have been used for interpretation
- People who have the greatest need is who we are focused on 30% non insured

**Supporting Fiscally Sound and Accountable Practices which advance health equity and inclusion, and center on racial equity**

- HRSA Tech Assistance
  - County CFO made request for financial expert
    - Tentative dates at the end of May and Second week of June
  - Followup for conditions are due June 9th
    - All updated and new policies have been updated.
- Meeting with Chair Kafoury - Harrold, Tamia, and Tasha
  - Provided detailed updates regarding
    - Finance and budget
    - Adhering to policies
    - HIPAA incident that occurred 8 months ago
  - Follow up meeting will occur after HRSA Technical Assistance

*Question: Most of the people who have not been vaccinated because they have concerns or chronic health conditions. Many of the people I have spoken to are not health center patients. Is there a process for making people patients to access the health center*

*Answer: We want to provide holistic care that includes vaccinations.*

*Question: Will you please share these slides?*

*Answer: Yes. We will share the slides. Linda will make PDF of them.*

*No further discussion/questions were raised by CHCB members*

**Council Business****Executive Committee Update**

*Chair, Harold Odhiambo*

- Met April, 2021
  - Introduced New Community Health Center Board Coordinator, Francisco Garcia
    - Discussed next steps for transitioning Francisco into this role
      - make take upto 6 months
  - Crafted agenda for this evening
- Next public meeting June 14
- Questions and concerns need to be directed to Linda until Francisco gets a phone.

*No further discussion questions were raised by CHCB members*

**Meeting Adjourned at 7:59 pm.**

**Signed: \_\_\_\_\_ Date: \_\_\_\_\_**  
**Pedro Prieto Sandoval, Secretary**

A stylized graphic on the left side of the page. 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 water. 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

**June 2021**

Updated 06/03/2021

Prepared by: Financial and Business Management Division



**Multnomah County Health Department**  
**Community Health Council Board - Financial Statement**  
For Period Ending April 30, 2021

**Community Health Centers**

**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

**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 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.







**Multnomah County Health Department**  
**Community Health Council Board - Financial Statement**  
For Period Ending April 30, 2021

Community Health Centers									10 April	83%
	Adopted Budget	Revised Budget	Budget 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 Re	\$ -	\$ -	\$ -	\$ 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 & 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>	





# Multnomah County Health Department Community Health Council Board - Financial Statement For Period Ending April 30, 2021

Community Health Centers										10 April	83%	
	Adopted Budget	Revised Budget	Budget Change	07 Jan	08 Feb	09 Mar	10 Apr	11 May	12 Jun	Year to Date Total	% YTD	FY20 YE Actuals
<b>Revenue</b>												
County General Fund Support	\$ 10,121,214	\$ 6,706,293	\$ (3,414,921)	\$ 558,858	\$ 558,858	\$ 558,858	\$ 558,858	\$ -	\$ -	\$ 5,588,578	83%	\$ 10,803,795
General Fund Fees and Misc Re	\$ -	\$ -	\$ -	\$ 12,845	\$ 8,426	\$ 4,803	\$ 13,757	\$ -	\$ -	\$ 86,851		\$ -
Grants- PC 330 (BPHC)	\$ 9,994,455	\$ 9,994,455	\$ -	\$ 9,974	\$ 863,403	\$ 915,521	\$ 985,313	\$ -	\$ -	\$ 6,764,383	68%	\$ 10,774,541
Grants- COVID-19	\$ -	\$ 926,977	\$ 926,977	\$ 57,753	\$ 52,073	\$ 7,495,960	\$ 316,270	\$ -	\$ -	\$ 8,024,533	866%	\$ 3,902,288
Grants- All Other	\$ 9,036,672	\$ 6,306,208	\$ (2,730,464)	\$ 278,485	\$ 744,901	\$ 337,024	\$ 690,440	\$ -	\$ -	\$ 5,965,196	95%	\$ 9,872,826
Medical Quality & Incentives	\$ 6,722,000	\$ 6,722,000	\$ -	\$ (5,408)	\$ 1,188,184	\$ 2,705,847	\$ 1,139,211	\$ -	\$ -	\$ 8,708,912	130%	\$ 18,884,812
Health Center Fees	\$ 109,550,304	\$ 106,848,784	\$ (2,701,520)	\$ 8,289,096	\$ 7,389,581	\$ 7,241,622	\$ 10,561,382	\$ -	\$ -	\$ 77,682,147	73%	\$ 90,994,209
Self Pay Client Fees	\$ 1,214,770	\$ 1,214,770	\$ -	\$ 55,796	\$ 58,356	\$ 71,582	\$ 65,049	\$ -	\$ -	\$ 560,051	46%	\$ 830,224
Beginning Working Capital	\$ 2,515,544	\$ 2,515,544	\$ -	\$ 209,629	\$ 209,629	\$ 209,629	\$ 209,629	\$ -	\$ -	\$ 2,096,287	83%	\$ -
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>\$ 14,539,909</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 115,476,939</b>	<b>82%</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	\$ 7,190,690	\$ -	\$ -	\$ 74,110,440	79%	\$ 88,695,600
Contracts	\$ 4,654,127	\$ 3,321,489	\$ (1,332,638)	\$ 295,805	\$ 178,514	\$ 134,688	\$ 420,285	\$ -	\$ -	\$ 2,466,014	74%	\$ 4,764,622
Materials and Services	\$ 18,216,003	\$ 18,030,600	\$ (185,402)	\$ 1,694,300	\$ 1,350,048	\$ 1,552,153	\$ 1,447,100	\$ -	\$ -	\$ 15,363,940	85%	\$ 19,361,647
Internal Services	\$ 27,437,897	\$ 26,166,021	\$ (1,271,876)	\$ 2,166,857	\$ 1,392,674	\$ 2,846,696	\$ 1,535,263	\$ -	\$ -	\$ 19,363,391	74%	\$ 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>\$ 10,593,338</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 111,369,610</b>	<b>79%</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>\$ 3,946,570</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 4,107,330</b>		<b>\$ 7,407,730</b>







**Multnomah County Health Department**  
**Community Health Council Board - Financial Statement**  
For Period Ending April 30, 2021

**Community Health Centers**

**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 w/ school based grants where spending is concentrated throughout operational months

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

Expenditures are tracking at 79% which is primarily due to personnel and internal services which are tracking at 79% and 74% respectively.





# Multnomah County Health Department

## Community Health Council Board

FY 2021 YTD Actual Revenues & Expenses by Program Group

For Period Ending April 30, 2021

	Category	Description	Admin	Non-ICS	Dental	Pharmacy	Primary Care Clinics	Quality & Compliance
<b>Revenues</b>								
		County General Fund Support	1,196,793	2,441,253	-	-	119,943	336,753
		General Fund Fees and Miscellaneous Revenue	(25)	2,302	-	43,367	22,462	17,935
		Grants- HRSA PC 330 Health Center Cluster	1,216,900	-	292,541	-	4,504,043	275,923
		Grants- HRSA Healthy Birth Initiatives	-	673,281	-	-	-	-
		Grants- HRSA Ryan White	-	-	-	-	-	-
		Grants- DHHS and OHA Ryan White	-	-	-	-	-	-
		Grants- OHA Non-Residential Mental Health Services	-	1,941,588	-	-	-	-
		Grants- All Other	257,426	303,306	30,409	-	35,131	28
		Grants- Other COVID-19 Funding	7,000	-	7,491,175	-	106,208	1,500
		Grants- HHSCA RESA ct Provider Relief	-	-	-	-	316,270	-
		Grants- HRSA Health Center CA RESA ct	-	-	-	-	-	-
		Grants- HRSA Expanding Capacity for Coronavirus Testing	20,582	-	-	-	-	-
		Medicaid Quality and Incentive Payments	4,457,738	-	783,976	-	-	3,467,199
		Health Center Fees	1,801,690	2,361,439	11,463,279	25,150,440	33,330,270	-
		Self Pay Client Fees	-	-	86,698	214,046	255,962	-
		Behavioral Health	-	-	-	-	-	-
		Beginning Working Capital (budgeted in FY20)	583,333	464,803	416,667	-	-	631,483
<b>Revenues Total</b>			9,541,436	8,187,972	20,564,745	25,407,854	38,690,290	4,730,820
<b>Expenditures</b>								
		Personnel Total	8,832,807	7,632,515	14,442,107	5,961,174	26,155,093	3,224,889
		Contractual Services Total	451,632	598,425	203,070	41,618	1,061,084	5,711
		Internal Services Total	1,938,890	1,396,128	3,727,072	2,409,130	7,052,866	616,479
		Materials & Supplies Total	250,596	45,800	952,784	12,724,716	919,812	36,606
		Capital Outlay Total	-	-	47,868	17,957	-	-
<b>Expenditures Total</b>			11,473,925	9,672,869	19,372,901	21,154,595	35,188,855	3,883,685
<b>Net Income/(Loss)</b>			(1,932,489)	(1,484,897)	1,191,844	4,253,258	3,501,434	847,136
<b>Total BWC from Prior Years (includes FY20 budgeted BWC)</b>			2,402,217	43,917	2,588,938	-	41,715	2,834,609





**Multnomah County Health Department**  
**Community Health Council Board**  
 FY 2021 YTD Actual Revenues & Expenses by Program Group  
 For Period Ending April 30, 2021

	Category	Description	Student Health			FY 2021			% of Budget	FY20 YE Actuals
			Centers	HIV Clinic	Lab	Y-T-D Actual	Y-T-D Budget	Revised Budget		
<b>Revenues</b>	County General Fund Support		1,493,837	-	-	5,588,578	5,588,578	6,706,293	83%	10,607,818
	General Fund Fees and Miscellaneous Revenue		811	-	-	86,851	-	-	0%	156,917
	Grants-HRSA PC 330 Health Center Cluster		130,239	344,737	-	6,764,383	8,328,713	9,994,455	68%	10,774,541
	Grants-HRSA Healthy Birth Initiatives		-	-	-	673,281	-	-	0%	980,110
	Grants-HRSA Ryan White		-	1,598,683	-	1,598,683	2,099,855	2,519,826	63%	1,293,399
	Grants-DHHS and OHA Ryan White		-	212,646	-	212,646	299,960	359,952	59%	1,527,370
	Grants-OHA Non-Residential Mental Health Services		-	-	-	1,941,588	1,022,944	1,227,533	158%	2,546,920
	Grants-All Other		708,004	204,694	-	1,538,998	1,832,414	2,198,897	70%	2,940,570
	Grants-Other COVID-19 Funding		-	81,799	-	7,687,682	-	-	0%	136,660
	Grants-HHS CARES Act Provider Relief		-	-	-	316,270	263,558	316,270	100%	1,581,706
	Grants-HRSA Health Center CARES Act		-	-	-	-	-	-	0%	1,763,780
	Grants-HRSA Expanding Capacity for Coronavirus Testing		-	-	-	20,582	508,923	610,707	3%	420,142
	Medicaid Quality and Incentive Payments		-	-	-	8,708,912	5,601,667	6,722,000	130%	16,853,807
	Health Center Fees		1,225,638	2,349,391	-	77,682,147	89,040,653	106,848,784	73%	91,037,886
	Self Pay Client Fees		140	3,204	-	560,051	1,012,308	1,214,770	46%	830,224
	Behavioral Health		-	-	-	-	-	-	0%	39,059
	Beginning Working Capital (budgeted in FY20)		-	-	-	2,096,287	2,096,287	2,515,544	83%	2,571,786
<b>Revenues Total</b>			3,558,669	4,795,154	-	115,476,940	117,695,859	141,235,031	82%	146,062,696
<b>Expenditures</b>	Personnel Total		2,618,176	3,890,457	1,353,222	74,110,440	77,879,934	93,455,921	79%	88,695,600
	Contractual Services Total		26,323	62,377	15,775	2,466,014	2,767,907	3,321,489	74%	4,764,622
	Internal Services Total		787,213	1,049,563	386,050	19,363,391	21,805,017	26,166,021	74%	25,623,565
	Materials & Supplies Total		134,329	154,400	144,896	15,363,940	15,025,500	18,030,600	85%	19,361,647
	Capital Outlay Total		-	-	-	65,825	217,500	261,000	25%	209,531
<b>Expenditures Total</b>			3,566,041	5,156,796	1,899,943	111,369,610	117,695,859	141,235,031	79%	138,654,965
<b>Net Income/(Loss)</b>			(7,371)	(361,642)	(1,899,943)	4,107,330	-	-		7,407,730
<b>Total BWC from Prior Years (includes FY20 budgeted BWC)</b>			2,000	23,600	-	7,936,995				





**Multnomah County Health Department**  
**Community Health Council Board**  
FY 2021 YTD Actual Revenues & Expenses by Program Group  
For Period Ending April 30, 2021

**Notes:**

Total Beginning Working Capital represents BWC reported on Ledger Account 50000

Administrative Programs include the following:

- > ICS Administration
- > ICS Health Center Operations
- > ICS Primary Care Administrative and Support

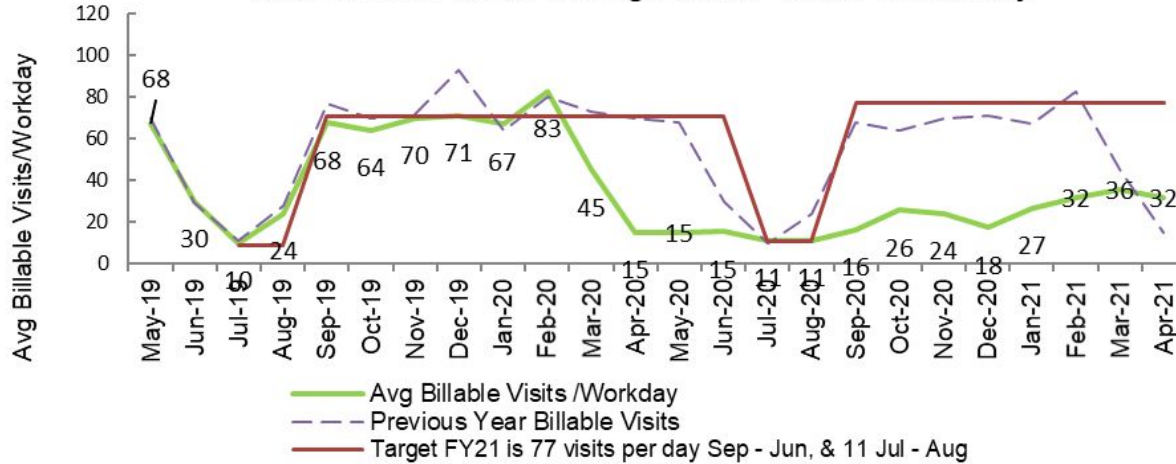
Non-ICS Service Programs include the following:

- > Direct Clinical Services - Behavioral Health Division
- > Maternal Child Family Health - Public Health Division



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

Student Health Center Average Billable Visits Per Workday



## 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**

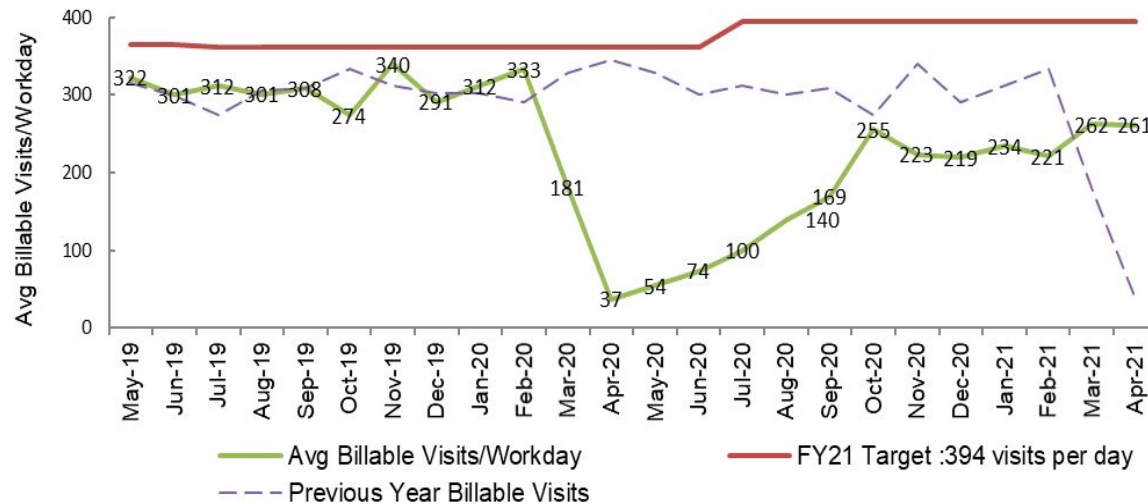
## Definitions:

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

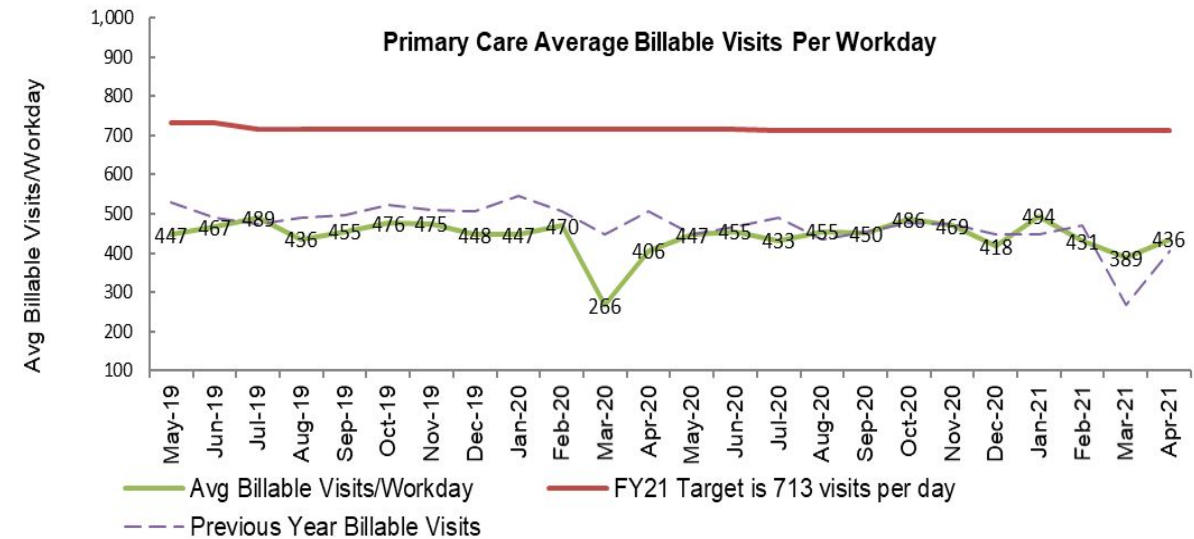
- Some visits may not yet have been billed due to errors that need correction.
- Some visits that are billed
- may not be paid, or not paid at the full billed amount, due to missing or incorrect documentation or coding, exceeding timely filing, or what is included in the insurance plan’s benefits.

**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.

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

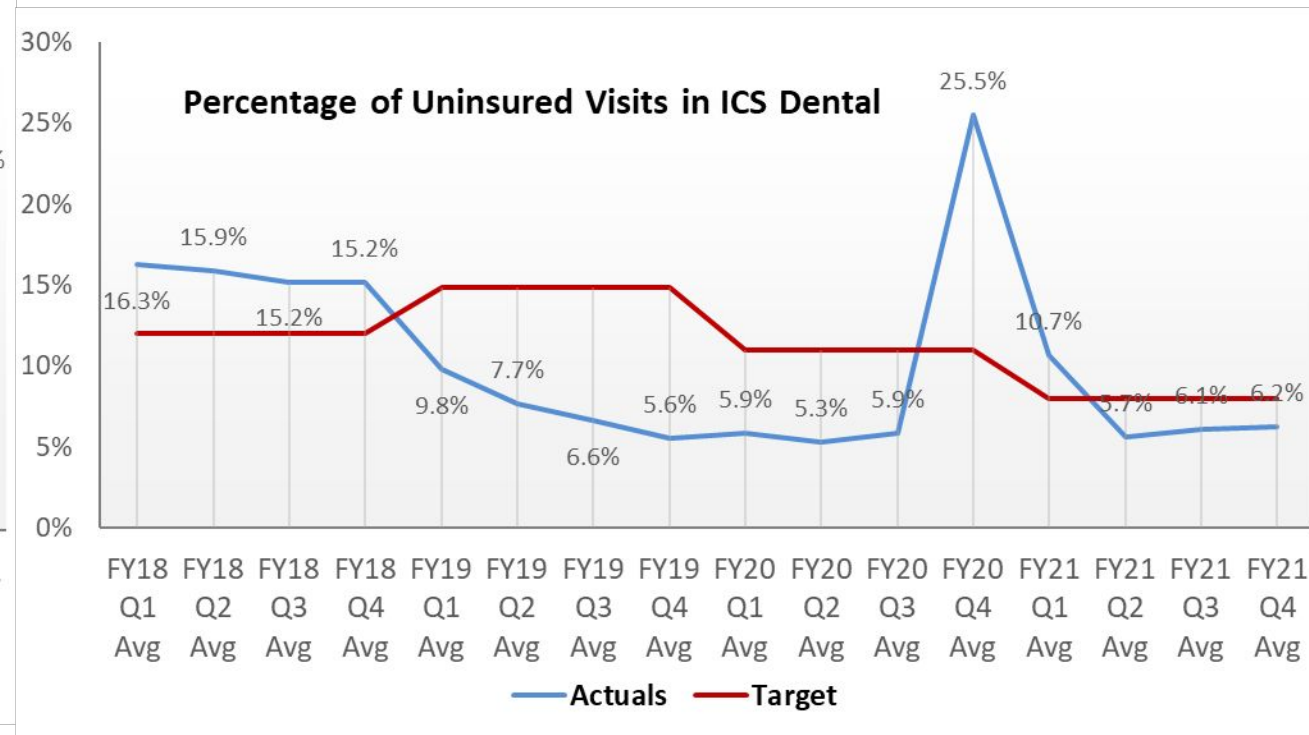
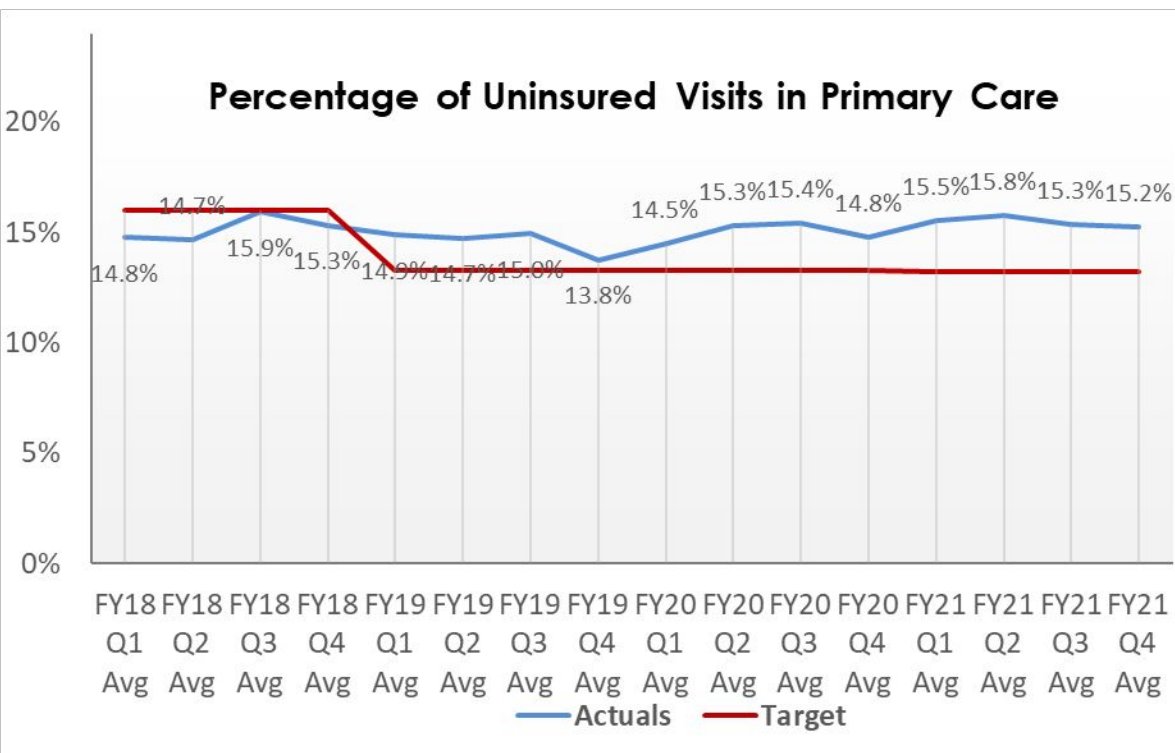
## What this slide shows:

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)



## Comments:

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

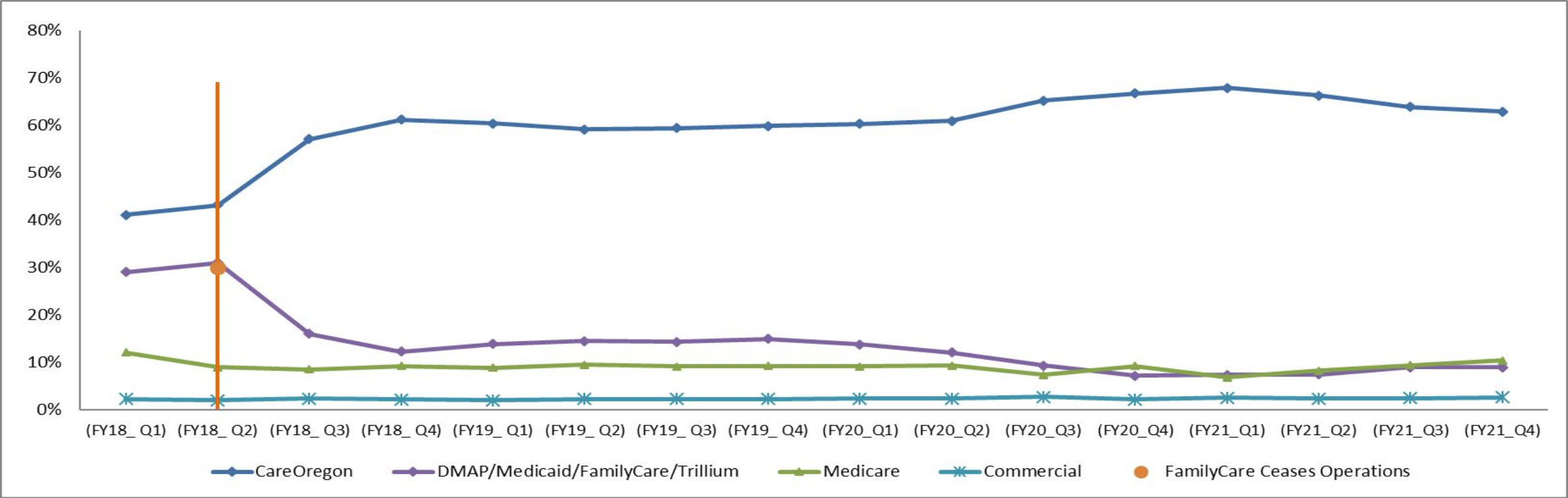
**What this slide shows:**

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:**

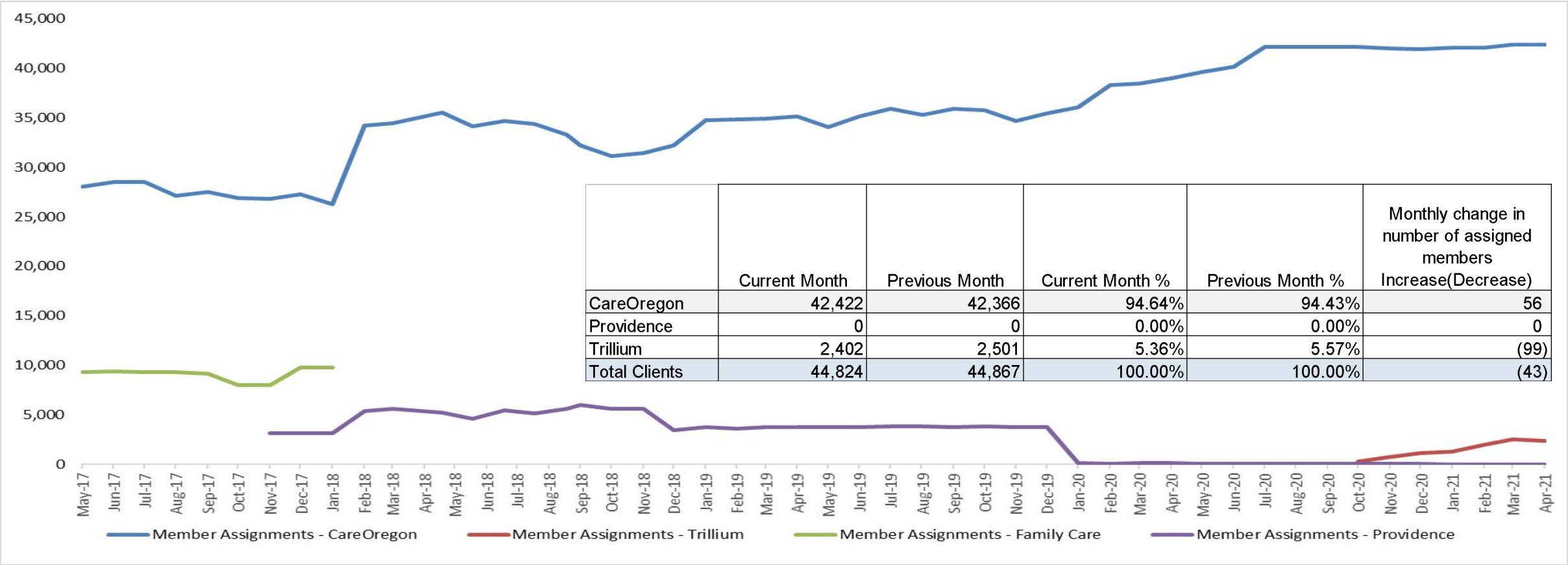
This report shows the total number of patients OHP has assigned to the Multnomah County Health Center Primary Care clinics. *NOTE: Not all of these patients have established care.*

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 42,148 :: Providence FY21 average 26 :: Trillium FY21 average 1,476

• Trillium added October 2020





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

	Feb'21 - Apr'21 Payments	YTD Payments	Feb'21 - Apr'21 NetCollection	YTD Net Collection
CareOregon Medicaid	3,396,982	10,701,090	99%	99%
Commercial	183,128	555,996	84%	83%
Medicaid	395,798	1,026,798	98%	96%
Medicare	461,704	1,629,787	97%	98%
Reproductive Health	45,840	117,834	99%	99%
Self-Pay	190,199	536,087	31%	27%
	<b>\$4,673,651</b>	<b>\$14,567,591</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

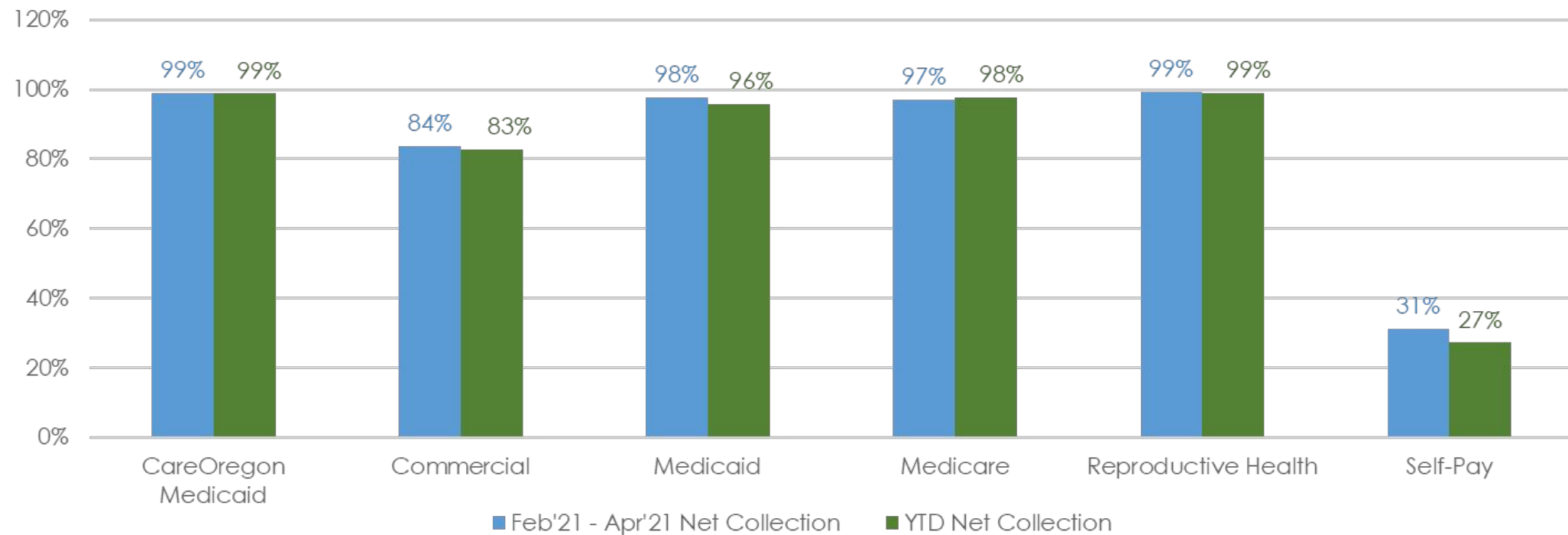
**Definitions:**

**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 Feb'21 – Apr'21 vs Jul'20 – Apr'21 (YTD)

	Feb'21 - Apr'21 Payments	YTD Payments	Feb'21 - Apr'21 Net Collection	YTD Net Collection
MC Dental	\$ 1,624,196	\$ 4,412,287	97%	96%
MC HSC Health Service Center	\$ 246,266	\$ 795,157	96%	93%
MC Pharmacy - Self Pay Only	\$ 82,998	\$ 229,051	39%	38%
MC Primary Care	\$ 2,584,826	\$ 8,753,728	89%	88%
MC School Based Health Centers	\$ 135,365	\$ 377,368	97%	96%
	<b>\$4,673,651</b>	<b>\$14,567,591</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

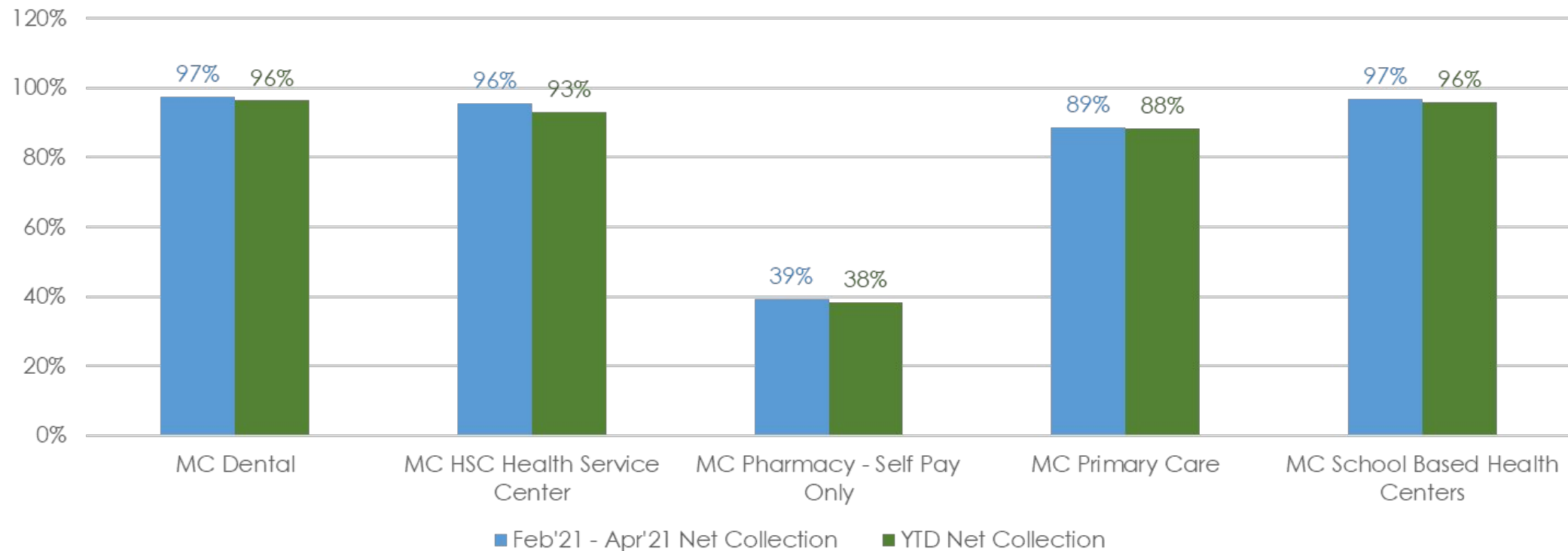
### Definitions:

**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



## Grant Opportunity Request - RW Part Competitive

### 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.

Date of Presentation: 6/14/2021		Program / Service Area: HIV Health Services Center	
Presenters: Emily Borke			
This funding will support: Primary care for people living with HIV	<input checked="" type="checkbox"/> Current Operations	<input type="checkbox"/> Expanded services or capacity	<input type="checkbox"/> New services
<b>Project Title and Brief Description:</b> <ul style="list-style-type: none"> <li>Ryan White Part C Early Intervention Services</li> </ul>			

- Ryan White HIV/AIDS Program Part C Early Intervention Services (EIS) for designated jurisdictions. Funds support outpatient HIV primary care services targeted to low-income, vulnerable, medically underserved people living with HIV (PLWH). Multnomah County HIV Health Services Center (HHSC) was established with Part C grant funds in 1990.

What need is this addressing?

- The number of low-income PLWH with complex medical and psychosocial needs has continued to increase, accompanied by an increase in the cost of care for these individuals and a decrease in insurance reimbursement. This has put an increased burden on the HHSC to provide more services with less funding. Part C funds are essential to ensure that low-income PLWH, especially those who are uninsured and underinsured, have access to comprehensive, quality medical care. These funds have been instrumental in helping the HHSC create a unique primary care medical home focused on the needs of PLWH. This model of care helps HHSC achieve high rates of retention in care that help improve health outcomes for PLWH and help them to achieve viral load suppression, thus preventing new infections.

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

HHSC has been committed to ensuring services are accessible to marginalized and hard-to-reach populations. HHSC's primary focus is on serving PLWH who are uninsured, underinsured, and low income, and as a result, slightly over one-fifth of these clients are homeless or unstably housed. MCHD conducts outreach and provides ancillary services, such as transportation assistance, to facilitate engagement in care. Case managers support engagement and retention in care, especially for patients dually or multiply diagnosed with mental illness and/or substance abuse disorders.

Over the past several years, the number of low-income PLWH with complex medical and psychosocial needs has continued to increase, accompanied by an increase in the cost of care for these individuals and a decrease in insurance reimbursement. This has put an increased burden on the HHSC to provide more services with less funding. Part C funds are essential to ensure that low-income PLWH, especially those who are uninsured and underinsured, have access to comprehensive, quality medical care. These funds have been instrumental in helping the HHSC create a unique primary care medical home focused on the needs of PLWH. This model of care helps HHSC achieve high rates of retention in care that help improve health outcomes for PLWH and help them to achieve viral load suppression, thus preventing new infections. HHSC serves approximately 1,500 patients/year.

What is the total amount requested: Up to \$763,855/year for 3 years  
*Please see attached (projected) budget*

Expected Award Date and project/funding period: The funding period is from 1/1/2022-12/31/2024.

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

A "yes" vote means MCHD will submit the Ryan White Part C Competing Continuation application that will support HHSC efforts to provide care to People Living with HIV (PLWH) in the region

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

A "no" vote means HHSC will not be able to apply for the grant which means that clinical services for PLWH will not continue at current capacity.

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)*

## Proposed Budget (when applicable)

Ryan White Part C  
1/1/2022-12/31/2024

### Multnomah County Health Department

	Budgeted Amount	Comments (Note any supplemental or matching funds)	Total Budget
<b>A. Personnel, Salaries and Fringe</b>			
<b>Position Title:</b> Community Health Nurses (3.15 FTE)	519,694		519,694
Position Description: CHNs provide clinic support (lab tests, injections, immunizations and screening tests), patient education and medication management, panel management, chronic disease management and support, nursing assessment and triage services, management and coordination of outside referrals, and adherence counseling;			
<b>Position Title:</b> Physician	166,674		166,674
Position Description: Provides comprehensive medical care to People living with HIV (PLWH)			
<b>Position Title: On-call clinical staff</b>	8,045		8,045
Provides CHN and provider services as described above			
<b>Total Salaries, Wages and Fringe</b>	<b>694,413</b>		<b>694,413</b>
<b>B. Supplies</b>			
Description of supplies			

<b>Total Supplies</b>			
<b>C. Contract Costs</b>			
Contract description			
<b>Total Contractual</b>			
<b>D. Other Costs</b>			
Description of training and other costs			
<b>Total Other</b>			
<b>Total Direct Costs (A+B+C+D)</b>	<b>694,413</b>		<b>694,413</b>
<b>Indirect Costs</b>			
<i>The FY 2022 Multnomah County Cost Allocation Plan has set the Health Department's indirect rate at 13.32% of Personnel Expenses (Salary and Fringe Benefits). The Cost Allocation Plan is federally approved.</i>			
<b>Total Indirect</b>	<b>69,442</b>		<b>69,442</b>
<b>Total Project Costs (Direct + Indirect)</b>	<b>763,855</b>		<b>763,855</b>

	<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>			

F. Indirect and Incentive Awards			
Description of special funding awards, quality payments or related indirect revenue sources			
Description of special funding awards, quality payments or related indirect revenue sources			
<b>Total Indirect Care and Incentive Revenue</b>			
<b>Total Anticipated Project Revenue (E+F)</b>			



Date: 6/14/2021

To: Community Health Center Board

Subject: HRSA Calendar Year Budget Revision

Overview: (provide a high-level overview of subject matter)

The Health Center removed \$10.3 million of County General Fund from our budget stemming from the realignment of removing out-of-scope programs from the FQHC. Since the Health Center budgets on a Fiscal Year and HRSA budgets on a Calendar Year, the Health Center will need to resubmit a budget to HRSA reflecting the elimination of the County General Funds.

Details: (include pertinent information)

Our Primary Care 330 grant budget for Calendar Year 2021 grant year was submitted last summer with \$10.3 million in County General Fund (CGF) funding. Our CGF will be reduced to zero after July 1st, 2021. Therefore, we need to adjust the Calendar Year 2021 budget to reflect this change for the second half (July 2021 – December 2021) of the grant year. We are in communication with HRSA regarding revising the submitted budget. We are asking for the Board approval to revise the budget based on HRSA recommendations.

Outcome: (provide a summary of the results or conclusion)

A "Yes" vote... HRSA requires CHCB approval of all budget submission. The Health Center will remain in compliance with HRSA.

A "No" vote... Health Center will be out of HRSA compliance and will not have authorization to resubmit an accurate budget to the HRSA Electronic Health Board website.

## Increasing Dental Saturdays

Inform Only	Annual/ Scheduled Process No	New Proposal Yes	Review & Input	Inform & Vote <b>X</b>
Date of Presentation: 6/14/2021		Program / Area: Dental		
Presenters: Christine Palermo				
<p>Project Title and Brief Description:</p> <p>Increasing Saturday Dental Clinics remainder of 2021.</p> <ul style="list-style-type: none"> <li>The Dental Program needs flexibility to open additional Saturdays at 6 Dental clinics based on the need of meeting end of year CareOregon metrics and to make up for lost productivity and patient engagement throughout the pandemic.</li> </ul>				
<p>Describe the current situation:</p> <ul style="list-style-type: none"> <li>We are currently open at Mid-County Dental for Saturday care. MCHD partners with CareOregon Dental to help clients get the dental services they need and to set up goals/metrics that each clinic has to meet that demonstrates improved oral health at the population level.</li> <li>The pandemic is still currently active and many patients remain hesitant to get dental care. Many patients became unengaged in care when clinics closed spring/summer 2020..</li> </ul>				
<p>Why is this project, process, system being implemented now?</p> <ul style="list-style-type: none"> <li>We would like to open additional Saturday clinics earlier in the year to improve our chances of meeting year end quality metric targets. This will also greatly improve access to care for our highest risk patients, including those with diabetes and young children.</li> </ul>				

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)*:

For the last several years, MCHD dental program has worked to meet year end targets set by the State and CareOregon Dental. For 2021 there are steep targets to meet. Additional Saturday clinics allows us to offer more appointment availability to patients, improving overall access to care as well as progress toward targets.

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

We are looking for the Council's approval of opening Saturday clinics, between June and December 2021, at any and/or all dental clinics based on monthly data received from CareOregon Dental.

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

Patients have additional appointment availability outside of normal business hours. The dental program could receive \$1,000,000 or more to sustain current staffing and program offering.

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

Dental program would operate as is without the addition of additional Saturday clinics. Year end quality metric incentive funds may not be attained.

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

- Dental leadership
- CHCB

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

- Dental Director: guides overall program strategy and clinical goals.
- Dental Program Manager: oversees overall program operations.
- Senior Program Specialist: manages all outreach and metric related efforts.
- Dental Operation Supervisors: supervise clinic operations.

What have been the recommendations so far?

- Increased outreach to engage patients in oral health care.
- Gift card incentives to help patients commit to appointments.
- Staff work extra shifts to provide outreach to patients.

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

- Additional Saturday clinics have proved successful in the past at meeting targets at select clinics.
- It's one of many strategies to engage patients and improve access to dental care, while maintaining current level of service.

Board Notes:

# Presentation Summary

## Return to Renovated McDaniel SHC (formerly Madison)

Inform Only	Annual/ Scheduled Process No	New Proposal Yes	Review & Input	Inform & Vote  X
Date of Presentation:		Program / Area: ISC/SHC		
Presenters: Alexandra Lowell				
Project Title and Brief Description:  Return to Renovated McDaniel SHC (formerly Madison)				
Describe the current situation:  In June 2019, as part of the Portland Public School (PPS) bond renovation of McDaniel High School, our SHC relocated to Marshall High School for a two year renovation (along with the students and administration). The renovation is nearly complete and we are to move back into the new SHC space in July 27, 2021.				
Why is this project, process, system being implemented now?  The renovation is nearly complete and the students will soon be located at McDaniel High School instead of the current site.				
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> :  The Madison SHC has been operating since 1990. The McDaniel High School renovation project is one of many PPS school facility improvement projects funded by voter passed bond measures. SHC leadership and the County's Strategic Projects Manager, have worked with the PPS architects and contractors to ensure the design and build of the new clinic meets our needs to continue to serve the McDaniel student community.				



# Public Board Meeting Minutes

Virtual Meeting (Zoom)  
Monday May 10, 2021  
6:00 pm

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	Y
Nina McPhearson	Board Member	Y
Susana Mendoza	Board Member	N
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	N
Lucia Cabrejos	Spanish Interpreter	Y
Brieshon D'Agostini	Interim Health Center Quality Director	Y
Adrienne Daniels	Health Center Deputy Director	Y
Ryan Francisco	Project Manager	Y
Tony Gaines	Operations and Innovation Process Improvement Manager	Y
Francisco Garcia	CHCB Liaison/Community Engagement Strategist	Y
Amy Henninger	Interim Health Center Medical Director	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	Y
Jeff Perry	Health Center CFO	Y
Debbie Powers	Health Center Operations Director	N
Victor Shepard	Spanish Interpreter	Y
Katie Thornton	Regional Clinic Manager	N
Tasha Wheatt-Delancy	Health Center Executive Director	Y

Guests: Andiera Harris, Dr Aisha Holland

**Action Items:**

- Brieshon will get definitions for complaint categories
- Linda will send copy of slides

**Decisions:**

- Approved the April Public meeting minutes
- Approved the April Emergency meeting minutes
- Approved Budget Modification for \$5.7 million in Provider Relief Funds
- Approved Removal from Scope Date for SBMH
- Approved ICS.04.08 No Show Policy Update
- Approved Change in Hours of Operations SEHC (Reno)
- Approved Change in Hours of Operations North Portland (Dental)

**Reports Received:**

- Monthly Budget Report through March 2021
- Complaint and Incident Report

The meeting was called to order at 6:00pm 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.

*\*Tasha introduced our new Board Liaison and Community Engagement Strategist, Francisco Garcia. He will be the point of contact between the board and Staff and Elected Officials moving forward.*

*\*\*Harold Announced the Resignation of Board Member, Iris Hodge.*

**April 12th CHCB Public Meeting Minutes(Vote required)**

*(See Document -April 12th CHCB Public Meeting Minutes*

Linda pointed out that there was an incomplete sentence in the draft that everyone received before the meeting started. The statement has been edited and the completed notes will be published.

No questions or comments were raised by CHCB members

***Motion by Tamia to approve the April 2021 Public Meeting Minutes as presented***

***Seconded by Fabiola***

***5 aye; 0 nay; 3 abstain***

***Motion Carries***

**April 22nd CHCB Meeting Minutes(Vote required)**

*(See Document -April 22nd CHCB Emergency 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 Tamia***



**8 aye; 0 nay; 0 abstain**

**Motion Carries**

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

*(See Document- Monthly Reporting Package)*

*Health Center Chief Financial Officer, Jeff Perry*

March 2021

- \$100.9 million in revenue and \$100.8 million in expense March YTD.
- \$160 thousand surplus net income March YTD.
  - These numbers do include \$7.5 mill relief funds, applied to dental
- Programs
  - Dental \$18.7 million in revenue
  - Primary care \$2.3 million net income
- Student Health Services
  - Surplus of \$80k for the year through March
    - Of note 5 of the 9 student health centers are currently open
- Billable visits
  - Student health averaged the same as last year
  - Dental has growth month over month
  - Primary Care declined from February
- Uninsured visits are still tracking slightly higher than targeted
  - Dental is still below target
- Per payer Mix
  - Care Oregon is our highest assigned members
  - Trillium is still gaining momentum as we increase our assignees month over month
- New funding stream for American Rescue Act Funding
  - Spending Categories
    - COvid 19 vaccination capacity
      - tracking vaccine
    - Response and treatment capacity
      - Monitor and trace for treatment
    - Maintaining And increasing capacity
  - Recover and stabilization
    - Expanding workforce
    - Meet demand for preventive and routine care
  - Total of 72 FTE, working to refine this as we go along
- Currently looking to help by expanding how we provide care
  - Add a van for home visits
  - Must fit within HRSA budget categories

*Question: When we have new FTE, say at the end of the year there is no more COVID, what happens when FTE comes in and we don't have COVID?*

*Answer: These funds are for two years. We will assess which of these positions we could maintain beyond the 2 year ARPA funding. Need to present a budget to HRSA for approval.*

**Budget Modification for \$5.7 million in Provider Relief Funds (Vote required)**

*(See Document Multnomah County Agenda Replacement Request Budget Modification)*

*Health Center Chief Financial Officer, Jeff Perry*

There were questions as to utility. What happens to the funds that are left at the end of year? Provider relief funds will not be placed in general relief funds. Voting yes will allow us to offset the losses we have. No vote, we will have to source funding to mitigate these losses. These funds must be utilized by June 30th.

*Question: Is the utilization straightforward to apply to funding we lost.*

*Answer: We do have to give reasons for what we will use funding for. We stated these funds will be used for budget loss.*

*Question: We are not making these accessible to general county funds?*

*Answer: Correct.*

***Motion by David to approve the budget modification for \$7.5 million in Provider Relief Funds as presented***

***Seconded by Nina***

***8 aye; 0 nay; 0 abstain***

***Motion Carries***

**Date of Removal and Clarification of SBMH from Scope (Vote Required)**

*(See Document-Affirming Effective Dates for Removal of BHD/Mental Health Programs from FGHC Scope)*  
*Health Department Deputy Director, Adrienne Daniels*

- Clarification of date of removal.
  - Simplifies reimbursement type
  - Recommend to verify the program coincides with fiscal year
    - Removal date 7/1/2021

*No questions or comments were raised by CHC members*

***Motion by Tamia to approve the removal and clarification of SBMH from the FQHC Scope as presented***

***Seconded by Fabiola***

**8 aye; 0 nay; 0 abstain**  
**Motion Carries**

### **1st Quarter Complaints and Incidents**

*(See Documents-1st Qtr Combined Complaints and Incidents)*

Quality Project Manager, **Brieshon D'Agostini**

Brieshon gave an overview of the complaints and incidents by type and site. She was not able to present using Tableau so she was unable to get specific numbers, but can provide them later if requested. The number of complaints are pretty close to what we normally see. Brieshon pointed out that the rate of suicide attempts has dropped. Lab related incidents are now shown in this report. There were two dispensing errors in the pharmacy; an incorrect dosage, and incorrect directions.

*Question: Scheduling appt complaints, has that increased because of COVID?*

*Answer: Sometimes it is about access issues. This is what we've seen for this quarter.*

*Question: Are there particular issues with customer service?*

*Answer: Wide variety, maybe a rough interaction with a staff member. Maybe not necessarily customer service, but it's a general category.*

*Question: What falls under quality of service?*

*Answer: We will get the definition of these, and will send them to Francisco.*

*Question: Requesting more information about broader categories.*

*Answer: There is more information for this in the Tableau presentation.*

*Question: When you are talking about the number being low and not reflecting accurately is this our process in general or just regarding COVID?*

*Answer: I think there are a number of things that contribute, maybe it's communication, or not knowing how. Education is ongoing, and COVID adds another layer.*

*Question: A client that used a translator has a complaint about their experience if you had a translator.*

*Answer: Signage is posted in multiple languages on how to submit a complaint. People can call the Call Center and will be able to get an interpreter on the phone for that complaint.*

*Question: Is there email access for complaints? Is there a dedicated place for complaints?*

*Answer: Yes the general multco email. We have had conversations with outside vendors. We would like to*

*have a dedicated email for complaints.*

*It says on the website the different ways to voice complaints. It is not clear if the numbers are the general health department. More explanation on this page would be great.*

*Question: How can I be sure there is followup from a specific complaint for a patient that had a bad experience?*

*Answer: Depends on the nature of the complaint and how it came through. We frequently get complaints through insurance companies. We go back through the insurance company to follow up on the complaint. If it is directly to us we follow up directly with the submitter. If this is about specific we are bound by HIPPA, but if you can give us information I can follow up with you later.*

*Question: Is it possible to show a description of incidents and pair them with locations? To show what problems are more common to determine what sites are prone to certain incidents?*

*Answer: Great idea, I will make a note of that.*

#### **ICS.04.08 No Show Policy Update (Vote Required)**

*(See Documents- Primary Care & Dental Patient No-Show Policy )*

*Dental Manager, Christine Palermo and Operations Innovation & Process Improvement Manager, Tony Gaines*

- Policy Updates/Changes
  - Added telemed definition
  - Health centers will conduct appointment reminders 1- 2 days before appt. be tele, text
  - Dental changed verbage to match primary care
    - Changed standby to same day only
    - Sit and wait to same day to match primary care
- Primary care
  - change wording from homeless patient to patient experiencing homelessness
  - Added telemedicine
  - Patients that miss 3 Behavioral Health visits must only complet 1 visit to be removed from same day or telemed appointment only scheduling.
- Yes vote will make this language official and change

*Question: When is this going to be effective? Is there a specific time?*

*Answer: The date of the approval will be the effective date unless you request it be a different date. We usually take it to the staff as to when we are going to notify patients of changes.*

*Question: When you send out a letter is there wording about how people can get extra help to make it to their appointments.*

*Answer: I don't think we have a specific message in regards to the concern you are talking about. We will make a note and discuss.*

***Motion by Tamia to approve the removal and clarification of SBMH from the FQHC Scope as presented***

***Seconded by Fabiola***

***7 aye; 0 nay; 0 abstain***

***Motion Carries***

**Change in Hours of Operations SEHC Renovation. (Vote Required)**

*(See Documents-Southeast Health Clinic (SEHC) Structural Repair Change in Hours)*

*Project Manager, Ryan Francario*

- Summary and proposed change in hours
  - Currently 55 hours per week
  - Dental on site will be on hold relocated to other clinics
  - Pharmacy will remain open
    - 8:30am - 5:30 pm
- A yes vote will mean for the duration of the planned period patients will be routed to different sites for primary and dental care
  - Reduces hours from 55 to 44 hours
- No vote means the pharmacy will have to maintain the current hours of operation

*No questions or comments were raised by CHC members*

***Motion by Nina to approve the change in hours of operations at SEHC as presented***

***Seconded by Darrell***

***7 aye; 0 nay; 0 abstain***

***Motion Carries***

**Change in Hours of Operations North Portland Dental (Vote Required)**

*(See Documents-Change in Hours at North Portland Health Center (Dental))*

*Dental Manager Christine Palermo*

- Currently
  - Only has one dental team
  - Closed on Wednesday
- Proposed Change
  - SE staff will be moved to North Portland
  - Open Wednesday
  - Increasing hours to 55 per week.
  - A yes vote will increase hours to 55 per week and move the staff from SE to NP/
  - A no vote will keep hours the same

*No further discussion questions were raised by CHCB members*

***Motion by Tamia to approve the change in hours of operations at North Portland Dental as presented***

**Seconded by Pedro**  
**7 aye; 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**

- Community listening sessions
  - 5 community based organizations helped facilitate
  - Facility dialogs with diverse communities
    - Find out what are their needs
    - Language barriers
      - Somali is often paired up with the wrong language
      - True for azteco and guatemalan communities as well
    - Some communities only go to the doctor when urgently needed
      - Trying to work on way to change this
    - Spanish women feel judged and scrutinized
- At this time we are collecting information.
  - Appointment to specialists take to long to get
  - Some of the funding will toward shoring up that
  - Prescribing medication for mental health issues is not always the solution
  - Some of the people that participated are not patients

#### **Engage Expert Diverse Workforce which reflects the communities we serve**

- Staff wellness team
  - Part of the \$10.9 million will provide staff wellness
    - 13 pages of suggestions from staff
- Recruitment Support
  - Dedicate resources to partner with the HR department to ensure timely recruitment for the health center staff vacancies.

#### **Equitable treatment that assures all people receive high quality, safe, and meaningful care**

- Billing error for J&J vaccine
  - has been reconciled
  - 20 Patients received an invoice after getting vaccines.
- Business services contacted patients to make sure they did not pay this invoice
  - Clarified this was an error and we are not charging for vaccine
- more than 10k patients have gotten vaccine
- Age groups as young as 12 have been approved for Pfizer
- 69% vaccinated are from BIPOC community
- 69 total languages have been used for interpretation
- People who have the greatest need is who we are focused on 30% non insured

**Supporting Fiscally Sound and Accountable Practices which advance health equity and inclusion, and center on racial equity**

- HRSA Tech Assistance
  - County CFO made request for financial expert
    - Tentative dates at the end of May and Second week of June
  - Followup for conditions are due June 9th
    - All updated and new policies have been updated.
- Meeting with Chair Kafoury - Harrold, Tamia, and Tasha
  - Provided detailed updates regarding
    - Finance and budget
    - Adhering to policies
    - HIPAA incident that occurred 8 months ago
  - Follow up meeting will occur after HRSA Technical Assistance

*Question: Most of the people who have not been vaccinated because they have concerns or chronic health conditions. Many of the people I have spoken to are not health center patients. Is there a process for making people patients to access the health center*

*Answer: We want to provide holistic care that includes vaccinations.*

*Question: Will you please share these slides?*

*Answer: Yes. We will share the slides. Linda will make PDF of them.*

*No further discussion/questions were raised by CHCB members*

**Council Business****Executive Committee Update**

*Chair, Harold Odhiambo*

- Met April, 2021
  - Introduced New Community Health Center Board Coordinator, Francisco Garcia
    - Discussed next steps for transitioning Francisco into this role
      - make take upto 6 months
  - Crafted agenda for this evening
- Next public meeting June 14
- Questions and concerns need to be directed to Linda until Francisco gets a phone.

*No further discussion questions were raised by CHCB members*

**Meeting Adjourned at 7:59 pm.**

**Signed: \_\_\_\_\_ Date: \_\_\_\_\_**  
**Pedro Prieto Sandoval, Secretary**

# Presentation Summary

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

The CHCB has sole authority to determine sites included in the FQHC scope.

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

The Health Center will submit two change in scope requests to HRSA, including one to close the current Marshall site, and one to open the new site at McDaniel (formerly Madison).

As a result of those actions, SHC will move out of Marshall High School clinic space and into our McDaniel SHC space to open services at the start of the school year in Fall 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 newly renovated site at McDaniel would not be included in the HRSA FQHC scope.

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

SHC team, PPS, McDaniel student and family community.

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

Alexandra Lowell, Steve Bardi, Greg Hockert

What have been the recommendations so far?

Approve the move back to the new SHC at McDaniel.

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



# Presentation Summary

N/A

Board Notes:

## ***Grant Opportunity Request - MH Youth Led Projects***

### **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.

Date of Presentation: 6/14/2021		Program / Service Area: Student Health Centers (SHCs)	
Presenters: Alexandra Lowell			
This funding will support: SHC Youth Engagement	<input checked="" type="checkbox"/> Current Operations	<input type="checkbox"/> Expanded services or capacity	<input type="checkbox"/> New services
Project Title and Brief Description: <ul style="list-style-type: none"> <li>Oregon Health Authority SBHC (SHC) Mental Health Grant: Youth-Led Projects</li> </ul>			

- The SBHC State Program Office (SPO) is pleased to announce the release of a request for applications for the **School-Based Health Center Mental Health Expansion Grant: Youth- Led Projects**. Grant awards will support youth-led projects related to mental health and enhancing SBHC services.
- MCHD's project will leverage Youth Advisory Council (YAC) infrastructure to expand youth involvement in addressing mental health needs of school-aged youth

What need is this addressing?

- The proposed project will address mental health disparities for school-aged youth. Activities will center equity and support leadership among youth from Communities of Color, Tribal Communities, and other communities experiencing health inequities.

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

Grant recipients must implement at least two youth-led projects during the biennium:

- o At least one SBHC-focused project in partnership with the SBHC medical sponsor
- o At least one youth-led mental health focused project.
- o Example of past projects include:
  - Education campaigns to reduce stigma associated with mental health treatment
  - Wellness fairs
  - Media projects
  - Youth Participatory Action Research Projects

What is the total amount requested: \$150,000 over 2 years

*Please see attached (projected) budget*

Expected Award Date and project/funding period: The funding period is from 7/1/2021-6/30/2023. Awards will be announced in June 2021

Briefly describe the outcome of a "YES" vote by the Council *(be sure to also note any financial outcomes)* A "yes" vote means MCHD will submit the application to the Oregon Health Authority that will allow for increased youth engagement in SHC activities, with a focus on mental health disparities.

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

A "no" vote means SHC youth engagement will be limited in the absence of dedicated funding to support a project coordinator.

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)*

## Proposed Budget (when applicable)

**Project Name, Start Date through End Date**  
**Student Health Center Mental Health Expansion – 7/1/2021-6/30/2023**

**Multnomah County Health Department**

	<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>Position Title</b> Program Coordinator, Student Health Center Youth Action Councils	119,606	This is a two-year budget. Therefore, costs may vary over the project period. For example, more funds may be spend on personnel in year one than year two, depending on need.	119,606
Position Description; The YAC Program Coordinator supports youth engagement and empowerment in developing SHC and school community priorities to address health disparities for school aged youth			
<b>Position Title</b>			
Position Description			
<b>Total Salaries, Wages and Fringe</b>	<b>119,606</b>		<b>119,606</b>
<b>B. Supplies</b>			
Description of supplies		Supplies include outreach and engagement supplies for youth engagement and those required to implement events, etc.	
<b>Total Supplies</b>	<b>14,462</b>		<b>14,462</b>

C. Contract Costs			
Contract description			
<b>Total Contractual</b>			
D. Other Costs			
Description of training and other costs			
<b>Total Other</b>			
<b>Total Direct Costs (A+B+C+D)</b>	<b>134,068</b>		<b>134,068</b>
Indirect Costs			
<i>The FY 2022 Multnomah County Cost Allocation Plan has set the Health Department's indirect rate at 13.32 % of Personnel Expenses (Salary and Fringe Benefits). The Cost Allocation Plan is federally-approved.</i>			
<b>Total Indirect Costs (13.32 % of A)</b>	<b>15,932</b>		<b>15,932</b>
<b>Total Project Costs (Direct + Indirect)</b>	<b>150,000</b>		<b>150,000</b>

	Revenue	Comments (Note any special conditions)	Total Revenue
E. Direct Care Services and Visits			
<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>			
F. Indirect and Incentive Awards			

Description of special funding awards, quality payments or related indirect revenue sources			
Description of special funding awards, quality payments or related indirect revenue sources			
<b>Total Indirect Care and Incentive Revenue</b>			
<b>Total Anticipated Project Revenue (E+F)</b>			