



**Public Meeting  
Agenda**  
Monday August 9, 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; Pedro Sandoval Prieto – Secretary; Tamia Deary - Member-at-Large; Dave Aguayo – Treasurer; Kerry Hoeschen – Member-at-Large; Nina McPherson – Board member; Darrell Wade – Board Member; Susana Mendoza – Board Member; Brandi Velasquez – 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
6:05-6:10 (5 min)	<b>Minutes Review - VOTE REQUIRED</b> <ul style="list-style-type: none"><li>• Review July Public Meeting minutes for omissions/errors</li></ul>	Board votes to approve
6:10-6:20 (10 min)	<b>HC Program FY22 Budget Approval - VOTE REQUIRED</b> <ul style="list-style-type: none"><li>• Jeff Perry, HC Chief-Financial-Officer</li></ul>	Board Discussion and Vote
6:20-6:30 (10 min)	<b>HC Program FY22 Budget Period Renewal - VOTE REQUIRED</b> <ul style="list-style-type: none"><li>• Jeff Perry, HC Chief-Financial-Officer</li></ul>	Board Discussion and Vote
6:30-6:40 (10 min)	<b>Oregon School Based Health Alliance ACTION Grant - VOTE REQUIRED</b> <ul style="list-style-type: none"><li>• Alexandra Lowell, Student Health Centers Manager</li></ul>	Board Discussion and Vote
6:40-6:45 (5 min)	<b>School Based Health Clinic Hours - VOTE REQUIRED</b> <ul style="list-style-type: none"><li>• Alexandra Lowell, Student Health Centers Manager</li></ul>	Board Discussion and Vote
6:45-7:00 (15 min)	<b>Quality Improvement: HIPAA Privacy Issues</b> <ul style="list-style-type: none"><li>• Brieshon D'Agostini, Quality &amp; Compliance Officer</li></ul>	Board receives updates

7:00-7:10	<b>10 Minute Break</b>	
7:10-7:20 (10 min)	<b>CHCB Operational Updates</b> <i>CEO Evaluation, Incorporation, CHC Week</i> <ul style="list-style-type: none"> <li>Francisco Garcia, CHCB Liaison</li> </ul>	Board receives updates
7:20-7:35 (15 min)	<b>Monthly Budget Report</b> <ul style="list-style-type: none"> <li>Jeff Perry, HC Chief-Financial-Officer</li> </ul>	Board receives updates
7:35-7:45 (10 min)	<b>COVID/ICS/Strategic Updates</b> <ul style="list-style-type: none"> <li>Tasha Wheatt-Delancy, HC Executive Director</li> </ul>	Board receives updates
7:45-7:55 (10 min)	<b>Committee Updates/Council Business</b> <ul style="list-style-type: none"> <li>Chair, Harold Odhiambo</li> </ul>	Board receives updates
<b>7:55</b>	<b>Meeting Adjourns</b>	Thank you for your participation

**Next Public Meeting: September 13, 2021**



**Public Meeting Minutes**  
**July 12, 2021**  
**6:00-8:00 pm (Virtual Meeting)**

*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 In Attendance:** Harold Odhiambo – Chair; Fabiola Arreola – Vice Chair; Pedro Sandoval Prieto – Secretary; Tamia Deary – Member-at-Large; Dave Aguayo – Treasurer; Kerry Hoeschen – Member-at-Large Nina McPherson – Board member, Susana Mendoza – Board Member; Brandi Velasquez – Board Member

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

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
<b>Call to Order / Welcome</b> Chair, Harold Odhiambo	The Board Chair called the meeting to order at 6:00 PM  A quorum was established	N/A	N/A	N/A
<b>Minutes Review - VOTE REQUIRED</b> Review July Public Meeting minutes for omissions/errors	Chair Odhiambo asked for approval or changes to the minutes. No changes requested. Tamia made a motion for approval, seconded by Nina. The committee voted to approve the minutes as written.  <b>Recommendations:</b> Approve	Yays: 7 Nays: X Abstain:2  <b>Decisions:</b> <b>Approved</b>	N/A	N/A
<b>2nd Qtr Complaint &amp; Incident Report</b> Linda Nicksich, Program Specialist, ICS Quality	The most common complaints and customer service issues were around making appointments and service from front desk staff.  Recorded Incidents were up to 23 from 17 in Q2. Number of Pharmacy Dispensing Errors were limited to 3.  There were questions about the spike in May and clarification of the nature of the Near Misses.	Linda will follow up with Kimmy about the spike and near misses, then provide Francisco with an update to share with CHCB within the week.	N/A	N/A

<p><b>UDS Updates</b> Alexander Lehr O'Connell, Grants Management</p>	<p>Uniform Data System Annual Report - Before Feb 15th.</p> <p>We continue not to meet our HRSA goal of 73,318 patients.</p> <p>We will reset that target when we submit our next 3 year grant application in Summer 2022. At that time, we may face a funding reduction of up to \$200,000 in our \$10M base grant.</p> <p>Our UDS data shows, clearly, that we continue to serve those most vulnerable in our community: 64% live at or below the Federal Poverty Level.</p> <p>34% of clients are best served in languages other than English. This is a 10% decline from 2019, which may be due to data collection issues during COVID – we are actively investigating the root of this drop.</p> <p>HRSA added 3 new measures in 2020.</p> <p>Telehealth services and primary care patients still have access to services. More like a Hybrid model.</p> <p>Patient panels are provided to each provider; we have a target for each clinic.</p> <p>Engage our providers to our system. Ratio and nationality (demographic information)</p> <p>Our insurance mix has been relatively stable over the past 5 years.</p>	<p>Invite Alex to the next Executive Committee meeting to provide the remainder of his presentation</p> <p>Francisco will share Alex's slides with CHCB</p>	<p>N/A</p>	<p>N/A</p>
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<p><b>Quality Plan - VOTE REQUIRED</b> Adrienne Daniels, ICS Deputy Director</p>	<p>A presentation was provided on the annual compliance plan. It was reviewed in advance by the CHCB Quality Committee. Metrics were updated and the REDI initiative was highlighted focusing on Health Equity</p> <p>There were no questions regarding the Quality Plan.</p> <p>Tamia made a motion for approval, seconded by Kerry.</p> <p>The committee voted to approve the minutes as written.</p> <p><b>Recommendations:</b> Approve</p>	<p>Yays: 9 Nays: X Abstain:</p> <p><b>Decisions:</b> <b>Approved</b></p>	<p>N/A</p>	<p>N/A</p>
<p><b>Monthly Budget Report</b> Jeff Perry, HC CFO</p>	<p>Jeff presented the latest <a href="#">Financial Reporting Package</a> to the board.</p>			
<p><b>COVID/ICS/Strategic Updates</b> Tasha Wheatt-Delancy, HC Executive Director</p>	<p>Work at our Fabric Depot Vaccine Clinic featured in <a href="#">the Oregonian</a></p> <p>Darell Wade, founder Black Men's Wellness, featured in an interview on <a href="#">OPB website</a>.</p> <p>Welcome Fred Dolgin as our new Health Center Operations Director and Brieshon D'Agostini, has been selected as our Quality and Compliance Officer.</p> <p>Multnomah County opened three cooling shelters and had a total of 1,040 overnight guests, serving hundreds more during the daytime. About 800 County employees (nearly a quarter of the County's workforce), including many from ICS were involved</p>		<p>N/A</p>	<p>N/A</p>

	<p>in the response.</p> <p>Construction has begun on the Southeast Health Center</p> <p>Parkrose Student Clinic has partnered with Boost Oregon and Latino Network for a Virtual Q &amp; A clinic in both Spanish and English.</p> <p>Francisco will be sending members a link to a survey to gauge their interest and ability to attend small events at clinics that will double as an interview/photo session.</p>			
<p><b>Committee Updates/Council Business</b> Harold Odhiambo, Chair</p>	<p>At our last Executive Committee meeting on June 28.</p> <ul style="list-style-type: none"> <li>• We had additional discussion about our inaugural Hybrid Meeting starting in October where we will provide in person and virtual meeting options. As a reminder, only board members and a very limited number of ICS staff will be in the room. All presenters, guests and viewers will remain online. The online option will remain open for any board member who chooses.</li> <li>• The new meeting minutes template was shared with Board members for review.</li> <li>• We are closer to submitting our articles of incorporation. Tasha and Francisco were scheduled to meet with consultants to clarify some of the process.</li> <li>• Discussed the summary of the HRSA TA feedback and preparations for meeting the HRSA compliance conditions.</li> <li>• Began discussion about updating the</li> </ul>		N/A	N/A

	<p>co-applicant agreement. We invite you all to send Francisco any questions or concerns that you have about the Agreement that we will share with County staff. The more questions the better.</p> <ul style="list-style-type: none"> <li>• We would like to formally offer the opportunity to Susana and Brandi to attend the NACHC's Board Member Boot Camp in-person or online. Francisco will coordinate with each of you for further arrangements.</li> </ul>			
<b>Meeting Adjourns</b>	<p>The Board Chair adjourned the meeting at 7:50 PM. The next public meeting will be on August 9, 2021 via Zoom.</p>			

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
**Harold Odhiambo, Board Chair**



# MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST NOTICE OF INTENT

(Revised: 9-24-15)

## Board Clerk Use Only

Meeting Date: \_\_\_\_\_  
Agenda Item #: \_\_\_\_\_  
Est. Start Time: \_\_\_\_\_  
Date Submitted: \_\_\_\_\_

**Agenda Title:** NOTICE OF INTENT to submit a grant application for \$22,000 to the Oregon School Based Health Alliance ACTION grant program.

*Note: This APR is for NOI's only. APRs are available for other types of submittals. Title should not be more than 2 lines but be sufficient to describe the action requested.*

## Requested Meeting

<b>Date:</b>	7/29/2021	<b>Time Needed:</b>	N/A Consent
<b>Department:</b>	Health	<b>Division:</b>	Integrated Clinical Services
<b>Contact(s):</b>	Alexandra Lowell, Marc Harris		
<b>Phone:</b>	503-988-9751; Ext 89751; 503-793-5111 . 88693	<b>I/O Address:</b>	448/2; 160/9
<b>Presenter Name(s) &amp; Title(s):</b>	N/A		

A Notice of Intent is required to obtain approval from the Board of County Commissioners to ensure a competitive grant proposal is in alignment with the County's mission; to receive an indication from the Board of its willingness to commit the necessary County resources to support the grant. A Budget Modification is required to appropriate funds received from a successful grant proposal.

## Notice of Intent Specific Information

**Department recommendation for consent agenda placement (*must meet all criteria*):**



- Proposal is under \$500,000/ year.
  - Proposal does not require cash match as part of the budget.
  - Proposal does not commit County to on-going programming following award.
  - Proposal adheres to the County's indirect guidelines.
  - Proposal is within the Department's strategic direction.
  - Proposal does not have policy and/or legal implications that warrant a public dialog.
- ☒ *To the best of my knowledge, this proposal adheres to all of the above criteria and may be placed on the Board of County Commissioner's Consent Agenda. I understand the proposal can be moved to the regular Board Agenda for any reason by Commissioners or their staff.*
- ☐ *To the best of my knowledge, this proposal does not meet criteria for placement on the Consent Agenda and should be placed on the Regular Agenda.*

**Please complete for any NOI:**

<b>Granting Agency</b>	Oregon School Based Health Alliance
<b>Proposal due date</b>	7/30/2021
<b>Grant period</b>	September 2021 – August 2023
<b>Approximate level of funding by year</b>	\$11,000 per year for 2 years
<b>Program Offer(s) potentially impacted</b>	40024
<b>How do you expect to spend the majority of funds? (check all that apply)</b>	<input checked="" type="checkbox"/> Personnel <input type="checkbox"/> Sub-contracts <input type="checkbox"/> Capital (including equipment)
<b>Does grant require match? If so, describe type (cash, FTE, etc) and %</b>	No

**1. Brief overview of grant's purpose and/or impact.**

The Oregon School Based Health Alliance's (OSBHA's) ACTION grant program funds school-based health center (SBHC)-based projects that support healthy relationships, adolescent sexual health, and staff skill development relating to youth social and sexual health. Projects may involve one or more sites and must be related to sexual health and/or healthy youth relationships, with a positive youth development focus. The Health Department's Student Health Center program will propose youth-led healthy relationship education projects at Roosevelt and Reynolds Student Health Centers/High Schools, a youth-led summit, as well as interns to support the YACs in carrying out these projects. Funds will cover Project Coordinator FTE, youth stipends and incentives, travel/training, and supplies.

**2. Brief overview of how proposal is aligned with Department's strategic direction.**

The proposed project fits squarely within the Health Department's mission: *In partnership with the communities we serve, the Health Department assures, promotes and protects the health of the people of Multnomah County.* It also supports the Student Health Center program's mission, which is *to unite health and education for success in school and life by providing Multnomah County school-aged youth access to comprehensive preventive, primary and mental health care.*

**3. Describe any community and/or government input considered in planning for this grant.**

The Community Health Center Board will approve the application before it is submitted.

**4. What partners may be included in program activities?**

The Student Health Center program will partner with schools, youth, and community partners.

**5. Generally, what are the grant's reporting requirements?**

Reporting requirements include mid-year and year-end reports.

**Please complete for NOIs on the Regular Board Agenda ONLY:**

**6. When the grant expires, will your Department continue to fund the program? If so, how?**

**7. Are 100% of the central and departmental indirect costs recovered? If not, please explain.**

**8. If the proposal is not aligned with your Department's strategic direction, explain why you are pursuing it at this time.**

**9. If the grant requires a cash match, how will you meet that requirement?**

**10. Are there policy issues and/or legal implications related to this proposal that may warrant a public dialog? If so, please explain.**

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**Required Signatures**

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**Elected Official  
or Department/  
Agency Director:**

**Date**

**:**

**Budget Analyst:**

**/s/**

**Date**

**:**

*Note: Please submit electronically. We are no longer using actual signatures. Insert names of your approvers followed by /s/. Please insert date approved*

**Per HRSA Compliance Manual Ch. 19: Board Authority**

“The health center governing board must approve the selection and termination/dismissal of the health center’s Project Director/Chief Executive Officer (CEO).”

**Related Considerations**

“The health center board determines how to carry out required responsibilities, functions, and authorities in areas such as the following:

- How often the Project Director/CEO performance is evaluated.”

**Bylaws - Article XVI: ICS Director (Health Center Executive Director)****Section 3: Evaluation**

The Council will work with the County's MCHD Human Resources department to conduct an **annual review** of the Executive Director's performance. The Chair of the Board of County Commissioners or, if so designated by such Chair, the County Chief Operations Officer ("COO") shall conduct an independent evaluation of the Executive Director's performance as Director of Integrated Clinical Services and shall submit such report to the County's human resources department.

**Evaluation Process to date**

- Health Department HR develops the evaluation questions (see below)
- HR sends a link to the evaluation google form to all members with interpreter services available as needed
- After each question, there is room to include additional comments
- Board members are given about a month to complete their responses
- The results are compiled into two parts; numerical scoring evaluation and qualitative commentary
- A summary is presented at the Executive Committee meeting
  - Executive Director is not present at that part of the meeting
  - Once the Executive Committee has reviewed the results, they are then shared with Executive Director (during the same meeting)
  - Evaluation must be documented in the minutes for HRSA

## **Executive Director Annual Evaluation 2020 Questions**

1. Sets a positive organizational tone for quality, teamwork, accountability, and excellence.
2. Maintains a work environment that attracts, retains and motivates a diverse staff of highly skilled professionals.
3. Develops and maintains effective external relationships with housing resource programs and other community organizations, federal agencies and local health care systems.
4. Demonstrates a complete knowledge of the Health Centers' operation and management.
5. Develops strategies to measure and advance healthcare equity.
6. Engages patients and other stakeholders in quality improvement strategies to ensure the best possible patient care.
7. Demonstrates high level analysis and judgment in program development, implementation, and evaluation.
8. Demonstrates appropriate knowledge of financial matters and demonstrates the ability to operate the program within financial constraints.
9. Values and encourages Council participation in the Health Center strategic plan process.
10. Provides accurate, pertinent and timely information at Board meetings.
11. Assists in ensuring all members understand the presentations and issues that are being discussed.

# Presentation Summary

## **Oregon School-Based Health Alliance (OSBHA) ACTION Grant**

*\*Print your own copy of this document prior to filling it out...*

### **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: 8/9/21		Program / Service Area: Student Health Centers	
Presenters: Tasha Wheatt-Delancy			
This funding will support:	<input checked="" type="checkbox"/> Current Operations	<input type="checkbox"/> Expanded services or capacity	<input type="checkbox"/> New services
Project Title and Brief Description:			

- Oregon School-Based Health Alliance (OSBHA) ACTION Grant Program To Support Healthy Youth Relationships
- The Student Health Center (SHC) Program has been applying to the OSBHA to support healthy relationship programming led by the Youth Action Councils (YACs) for a number of years. These funds support Project Coordinator FTE, interns, supplies, conferences/trainings, and youth events.
- This year, the SHC Program is applying to support youth-led healthy relationship education projects at Roosevelt and Reynolds Student Health Centers/High Schools, including Youth Participatory Action Research (YPAR); travel to OSBHA's annual School Health Awareness Day (required); and Program Coordinator FTE and college intern time to support the YACs in carrying out these projects.

What need is this addressing?

- The OSBHA and the EC Brown Foundation have determined that there is a lack of opportunities for youth to learn about healthy relationships, to develop the skills necessary for participating in healthier relationships, and become advocates for healthy relationships in their communities.
- YACs are an important component of SHCs, as they engage youth to be actively involved and provide youth leadership opportunities.

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

- Two YPAR projects (one at each site) completed and disseminated, including data collected about knowledge and needs regarding healthy youth relationships
- Two youth-led projects (one at each site), based on YPAR-identified needs, completed
- Strong YAC at the new Reynolds High School SHC established
- Increased/strengthened school-community relationships
- Affinity group for youth of color to talk about healthy relationships created

What is the total amount requested: \$22,000

*Please see attached budget*

Expected Award Date and project/funding period: 9/1/2021 – 8/31/2023

## Presentation Summary

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

A Yes vote will authorize the submitted application for \$22,000 to the OSBHA. If successful, this grant will allow healthy relationship programming to be implemented among SHC YACs; interns to be funded to support YAC activities, including school-community relationship-building; and travel to the annual OSBHA School Health Awareness Day.

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

A No vote would withdraw the application, meaning there would not be funding to support healthy relationship programming, intern support, or travel to the annual School Health Awareness Day.

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)*

N/A

## Proposed Budget (when applicable)

**OSBHA ACTION Grant, September 2021 – August 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>SHC Program Coordinator (0.1 FTE over 24 months)</b>	\$6,935		\$6,935
Lead YAC programming, supervise college interns, manage grant			
<b>YAC College Intern Stipends (*not subject to indirect costs*)</b>	\$5,000		\$5,000
Coordinate and implement grant activities			
<b>Fringe (Program Coordinator)</b>	\$4,987		\$4,987
<b>Total Salaries, Wages and Fringe</b>	<b>\$16,992</b>		<b>\$16,992</b>
<b>B. Supplies</b>			
Materials for YAC meetings and projects, awareness and educational activities, e.g. posters, flyers, craft supplies etc.	\$320		\$320
Food for YAC meetings	\$800		\$800
<b>Total Supplies</b>	<b>\$1,120</b>		<b>\$1,120</b>
<b>C. Contract Costs</b>			
Contract description	-		-
<b>Total Contractual</b>	<b>-</b>		<b>-</b>
<b>D. Other Costs</b>			
Travel to OSBHA School Health Action Day during Year 1 and Year 2	\$1,800		\$1,800
Incentives for YPAR participation	\$500		\$500
<b>Total Other</b>	<b>\$2,300</b>		<b>\$2,300</b>
<b>Total Direct Costs (A+B+C+D)</b>	<b>\$20,412</b>		<b>\$20,447</b>
<b>Indirect Costs</b>			
<p><i>The FY 2018 Multnomah County Cost Allocation Plan has set the Health Department's indirect rate at 13.32% of Personnel Expenses (Salary and Fringe Benefits). The rate includes 3.21% for Central Services and 10.11% for Departmental. The Cost Allocation Plan is federally-approved.</i></p>			



## Presentation Summary

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<b>Total Indirect Costs (13.32% of A (*Program Coordinator only)*)</b>	<b>\$1,588</b>		<b>\$1,588</b>
<b>Total Project Costs (Direct + Indirect)</b>	<b>\$22,000</b>		<b>\$22,000</b>

# Presentation Summary

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## (Title of Grant Opportunity)

*\*Print your own copy of this document prior to filling it out...*

### **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: 8/9/21		Program / Service Area: Health Center Program	
Presenters: Tasha Wheatt-Delancy			
This funding will support:	<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>• HRSA Health Center Program FY22 Budget Period Renewal</li> </ul>			

- Non-competing continuation application for the HRSA Bureau of Primary Care Health Center Program grant that funds Multnomah County's Community Health Centers and Healthcare for the Homeless programs. The CHCB approved the competitive application (referred to as the Service Area Competition/SAC) in 2018 for a three year project period (1/1/2019-12/31/2021). Due to the ongoing COVID-19 public health emergency, for health centers in a three-year period of performance scheduled to end in FY 2022, HRSA has extended periods of performance by one year, meaning MCHD must submit a BPR in FY 2022 (rather than a SAC). MCHD will be expected to submit SAC for FY23.
- The Multnomah County Health Department (MCHD) has been receiving this funding since 1980. Funds are used to operate MCHD's seven Community Health Centers, nine student health centers, seven dental clinics, seven pharmacies, and Health Services Center.
- Funds associated with this non-competing continuation application are for continuation of existing services.

What need is this addressing?

- MCHD's Community Health Centers provide comprehensive primary care, dental, and behavioral health services for about one-quarter of Multnomah County's population that lives on incomes below 200% of the Federal Poverty Level.
- 7% of Multnomah County's population is uninsured, and around 4,200 people experience homelessness.

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

- Under this funding, MCHD's target is to serve 69,653 patients annually by December, 31 2021. COVID-19 will impact 2021 numbers and it is expected that HRSA will provide guidance around patient targets.
- MCHD is projecting 62,320 patients and 291,294 billable visits during 2022.
- There are also clinical and financial performance measures MCHD is expected to meet.
- Grant funds support salaries for Health Center Program staff including: Administrative Analysts, Administrative Specialists, Business Process Consultants, Clerical Unit Coordinators, Clinical Services Specialists, Community Health Nurses, Community Health Specialists, Data Analysts, Dental Assistants, Dental Hygienists, Eligibility Specialists, Finance Specialists, Finance Technicians, Laboratory

## Presentation Summary

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Technicians, Licensed Practical Nurses, Medical Assistants, Nurse Practitioners, Nurse Practitioner Manager, Nursing Supervisors, Office Assistants, Operations Supervisors, Physicians, Physician Assistants, Program Coordinators, Program Specialists, Program Technicians, and Project Managers.

What is the total amount requested: \$9,642,194

*Please see attached budget*

Expected Award Date and project/funding period: January 1, 2022 – December 31, 2022

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

1. A “yes” vote means the budget is approved as is to be submitted with the application.
2. A “yes” vote means MCHD will submit the required non-competing continuation application in order to receive an extension for a fourth year of Health Center Program funding associated with the competitive application submitted in 2018. This funding will continue operation of current sites and services.

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

1. A “no” vote means the budget is not approved as is to be submitted with the application and will need to be revised prior to submission.
2. A “no” vote means MCHD will not submit the required application, which would mean that MCHD does not meet the requirements to receive an extended fourth year of funding associated with the competitive application submitted and awarded in 2018. This scenario would jeopardize implementation of the Health Center Program sites and services by reducing critical revenue streams.

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)*

N/A

### Proposed Budget (when applicable)

Project Name, Start Date through End Date

Multnomah County Health Department

	Budgeted Amount	Non-Federal Funds	Total Budget
A. Personnel, Salaries and Fringe			
Total Personnel	\$4,970,196	\$46,391,789	\$51,361,985

# Presentation Summary

## Personnel Description

Administrative Analyst (1.0 FTE)  
 Business Process Consultant (1.1 FTE)  
 Clinical Psychologist (0.8 FTE)  
 Clinical Services Specialist (2.8 FTE)  
 Community Health Nurse (4.85 FTE)  
 Dental Assistant (1.0 FTE)  
 Dental Hygienist (0.35 FTE)  
 Dentist Represented (0.75 FTE)  
 Eligibility Specialist (2.5 FTE)  
 Licensed Community Practical Nurse (4.9 FTE)  
 Medical Assistant (12.0 FTE)  
 Nurse Practitioner (4.15 FTE)  
 Nurse Practitioner Manager (0.63 FTE)  
 Office Assistant 2 (9.0 FTE)  
 Office Assistant Senior (0.68 FTE)  
 Operations Process Specialist (0.48 FTE)  
 Physician (3.7 FTE)  
 Physician Assistant (0.8 FTE)  
 Program Coordinator (1.0 FTE)  
 Program Specialist (1.0 FTE)  
 Program Specialist Senior (2.85 FTE)  
 Program Supervisor (1.77 FTE)  
 Project Manager Represented (1.55 FTE)

<b>Fringe Benefits</b>	\$3,413,279	\$32,353,424	\$35,766,703
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<b>Total Salaries, Wages and Fringe</b>	<b>\$8,383,475</b>	<b>\$78,745,213</b>	<b>\$87,128,688</b>
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## B. Supplies

Pharmaceuticals	-	\$18,588,126	\$18,588,126
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Medical and Dental Supplies	-	\$1,556,519	\$1,556,519
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Office Supplies	-	\$691,786	\$691,786
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<b>Total Supplies</b>	<b>-</b>	<b>\$20,836,431</b>	<b>\$20,836,431</b>
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## C. Contract Costs

Primary Care Contracts	\$142,040	\$1,313,911	\$1,455,951
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Dental Contracts	-	\$102,825	\$102,825
------------------	---	-----------	-----------

Non-Patient Care Contracts	-	\$1,110,875	\$1,110,875
<b>Total Contractual</b>	<b>\$142,040</b>	<b>\$2,527,611</b>	<b>\$2,669,651</b>
<b>D. Travel and Training</b>			
<b>Total Travel and Training</b>	-	<b>\$48,272</b>	<b>\$48,272</b>
<b>E. Equipment</b>			
Pharmacy/Lab Equipment	-	\$304,500	\$304,500
<b>Total Equipment</b>	-	<b>\$304,500</b>	<b>\$304,500</b>
<b>F. Other Costs</b>			
Internal Services	-	\$16,036,433	\$16,036,433
On-Call and Temporary	-	\$1,064,434	\$1,064,434
Premium: Language, shift, and lead incentives	-	\$552,951	\$552,951
Education and Training	-	\$426,948	\$426,948
Dues and Subscriptions	-	\$141,876	\$141,876
Rentals	-	\$81,770	\$81,770
Repairs and Maintenance	-	\$78,841	\$78,841
Communications	-	\$5,000	\$5,000
<b>Total Other</b>	-	<b>\$18,388,253</b>	<b>\$18,388,253</b>
<b>Total Direct Costs (A+B+C+D+E+F)</b>	<b>\$8,525,515</b>	<b>\$120,850,280</b>	<b>\$129,375,795</b>
<b>Indirect Costs</b>			
<p>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 rate includes 3.21% for Central Services and 10.11% for Departmental. The Cost Allocation Plan is federally-approved.</p>			
<b>Total Indirect Costs (13.32% of A)</b>	<b>\$1,116,679</b>	<b>\$10,606,273*</b>	<b>\$11,722,952</b>

# Presentation Summary

<b>Total Project Costs (Direct + Indirect)</b>	<b>\$9,642,194</b>	<b>\$131,456,553</b>	<b>\$141,098,747</b>
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\*Indirect costs for non-federal funds do not equal 13.32% of Column A, as indirect also includes charges related to on-call staff, which are included in the Other category, and some funding streams have a 10% cap on indirect costs.

	<b>Revenue</b>	<b>Comments (Note any special conditions)</b>	<b>Total Revenue</b>
<b>G. Direct Care Services and Visits</b>			
<b>Medicare</b>	\$3,311,300		\$3,311,300
Description of Medicare revenue: 4,635 patients; 21,685 billable visits; \$152.70 per visit			
<b>Medicaid</b>	\$77,522,391		\$77,522,391
Description of Medicaid revenue: 46,058 patients; 214,168 billable visits; \$361.97 per visit			
<b>Self-Pay</b>	\$999,212		\$999,212
Description of Self-Pay revenue: 9,547 patients; 41,530 billable visits; \$24.06 per visit			
<b>Other Third Party Payments</b>	\$1,600,726		\$1,600,726
Description of Other Third Party revenue: 2,081 patients; 9,572 billable visits; \$167.23 per visit			
<b>Total Direct Care Revenue</b>	<b>\$83,433,628</b>		<b>\$83,433,628</b>
<b>H. Other Income</b>			
Other Federal	\$2,725,167		\$2,725,167
State Government	\$1,343,449		\$1,343,449
Local Government	-		-
Private Grants/Contracts	\$460,880		\$460,880
Contributions	-		-
Other – Pharmacy Fees / PCPCH	\$43,493,429		\$43,493,429



Applicant (County General Fund)	-		-
<b>Total Indirect Care and Incentive Revenue</b>	<b>\$48,022,925</b>		<b>\$48,022,925</b>
<b>Total Anticipated Project Revenue (G+H)</b>	<b>\$131,456,553</b>		<b>\$131,456,553</b>

Please type or copy/paste your content in the white spaces below. When complete, please return/share the document with **Francisco Garcia, f.garcia7@multco.us**

<b>Presentation Title</b>	Approval of Adjusted HRSA FY22 Budget Period Renewal Budget			
<b>Type of Presentation: Please add an "X" in the categories that apply.</b>				
<b>Inform Only</b>	<b>Annual / Scheduled Process</b>	<b>New Proposal</b>	<b>Review &amp; Input</b>	<b>Inform &amp; Vote</b>
	X			X
<b>Date of Presentation:</b>	9/13/2021	<b>Program / Area:</b>	Health Center Program	
<b>Presenters:</b>	Alexander Lehr O'Connell (?)			
<b>Project Title and Brief Description:</b>				
Adjusted HRSA FY22 Budget Period Renewal (BPR) Budget: On 8/9/21, the CHCB approved the submission of and budget for the FY22 BPR which funds the Community Health Center and Health Care for the Homeless programs. The budget amount approved was \$9,642,194 for the budget period of 1/1/22-12/31/22. On 8/12/21, HRSA increased the FY22 budget amount to \$9,809,194.				
<b>Describe the current situation:</b>				
<p>The increase in FY22 budget amount is due to HRSA adding \$167,000 in Integrated Behavioral Health (IBH) supplemental funds to the base grant award. The IBH supplemental application and budget was approved by the CHCB on 5/13/19. The IBH project began on 9/1/19 and focuses on strengthening clinical workflows and practice transformation for integrated behavioral health services and administering Medication Assisted Treatment to health center patients. IBH funded staff include a Licensed Clinical Social Worker and Project Manager. The addition of IBH funds to the FY22 base grant award will continue to support these staff. There will be no changes in services or scope related to adding IBH funds to the base grant award.</p> <p>The new FY22 budget for \$9,809,194 was submitted to HRSA on the BPR application deadline of 8/13/21. The budget is included at the end of this presentation summary.</p>				

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

The CHCB should vote on approving the new FY22 base grant award budget which includes the additional IBH funds.

## Briefly describe the history of the project so far *(Please indicate any actions taken to address needs and cultures of diverse clients or steps taken to ensure fair representation in review and planning)*:

The CHCB approved the base grant award budget on 8/9/21 for \$9,642,194 and should now vote on approving the increased base grant award budget of \$9,809,194 which was submitted on 8/13/21.

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

None

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

A "yes" vote means the CHCB approves the increased base award budget for \$9,809,914 that was submitted on 8/13/21.

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

A "no" vote means the increased base award budget for \$9,809,914 that was submitted on 8/13/21 is not approved as is and must be revised and resubmitted to HRSA.

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

The CHCB approved submission of the IBH application and FY22 BPR.

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

Tasha Wheatt-Delancy and Jeff Perry (program leadership). Hasan Bader; Alexander Lehr O'Connell ; and Kevin Minor (finance, grant management, and IBH implementation).

## What have been the recommendations so far?

Not applicable.

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

Not applicable.

	Budgeted Amount	Non-Federal Funds	Total Budget
<b>A. Personnel, Salaries and Fringe</b>			
<b>Total Personnel</b>	\$5,056,895	\$46,391,789	\$51,361,985
Personnel Description: Clinical and administrative staff. Total of 60.71 Full Time Equivalent (FTE).			
<b>Fringe Benefits</b>	\$3,473,950	\$32,353,424	\$35,766,703
<b>Total Salaries, Wages and Fringe</b>	<b>\$8,530,845</b>	<b>\$78,745,213</b>	<b>\$87,276,058</b>
<b>B. Supplies</b>			
Pharmaceuticals	-	\$18,588,126	\$18,588,126
Medical and Dental Supplies	-	\$1,556,519	\$1,556,519
Office Supplies	-	\$691,786	\$691,786
<b>Total Supplies</b>	<b>-</b>	<b>\$20,836,431</b>	<b>\$20,836,431</b>
<b>C. Contract Costs</b>			
Primary Care Contracts	\$142,040	\$1,313,911	\$1,455,951
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<b>D. Travel and Training</b>			
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<b>Indirect Costs</b>			
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 rate includes 3.21% for Central Services and 10.11% for Departmental.			
<b>Total Indirect Costs (13.32% of A)</b>	<b>\$1,136,309</b>	<b>\$10,606,273*</b>	<b>\$11,742,582</b>
<b>Total Project Costs (Direct + Indirect)</b>	<b>\$9,809,194</b>	<b>\$131,456,553</b>	<b>\$141,265,747</b>

\*Indirect costs for non-federal funds do not equal 13.32% of Column A, as indirect also includes charges related to on-call staff, which are included in the Other category, and some funding streams have a 10% cap on indirect costs.

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Applicant (County General Fund)	-		-
<b>Total Indirect Care and Incentive Revenue</b>	<b>\$48,022,925</b>		<b>\$48,022,925</b>
<b>Total Anticipated Project Revenue (G+H)</b>	<b>\$131,456,553</b>		<b>\$131,456,553</b>

Board Notes:

A stylized graphic on the left side of the slide. It features two dark green mountain peaks with rounded tops. Below the mountains is a dark green wavy band representing a forest or a body of 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

**August 2021**

Updated 07/29/2021  
Version 1.0

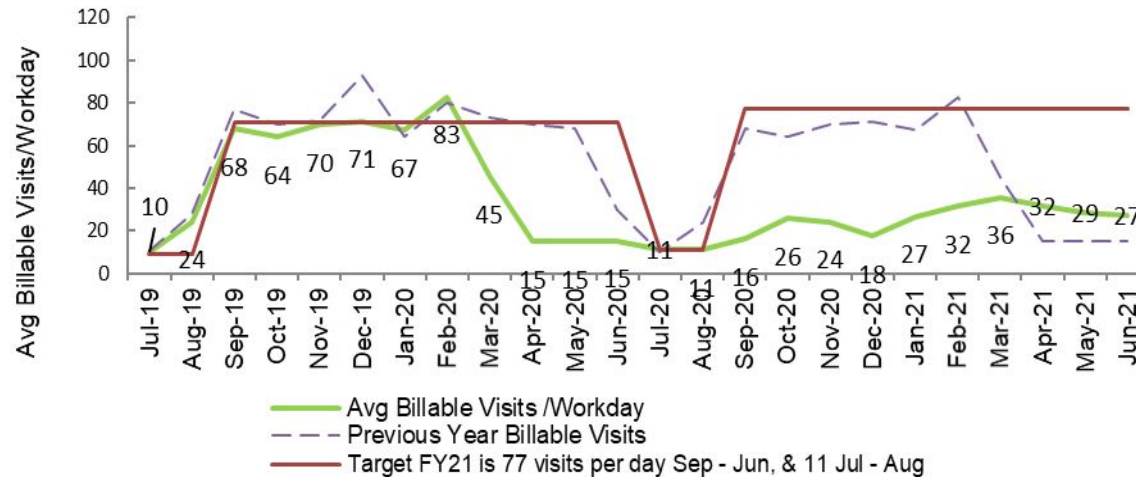
Prepared by: Financial and Business Management Division

June Financial Statements Available in  
September



# 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**

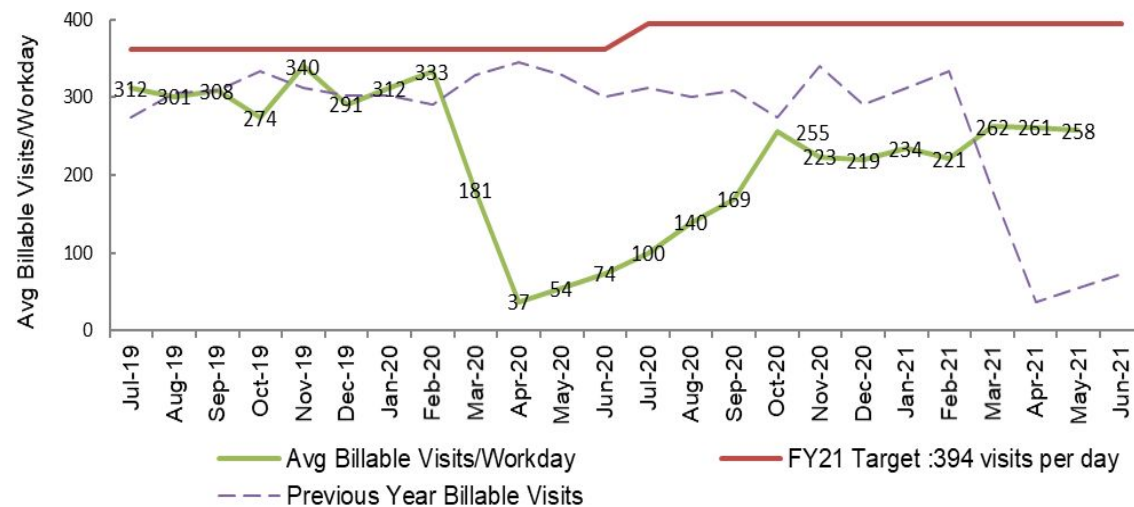
## Definitions:

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

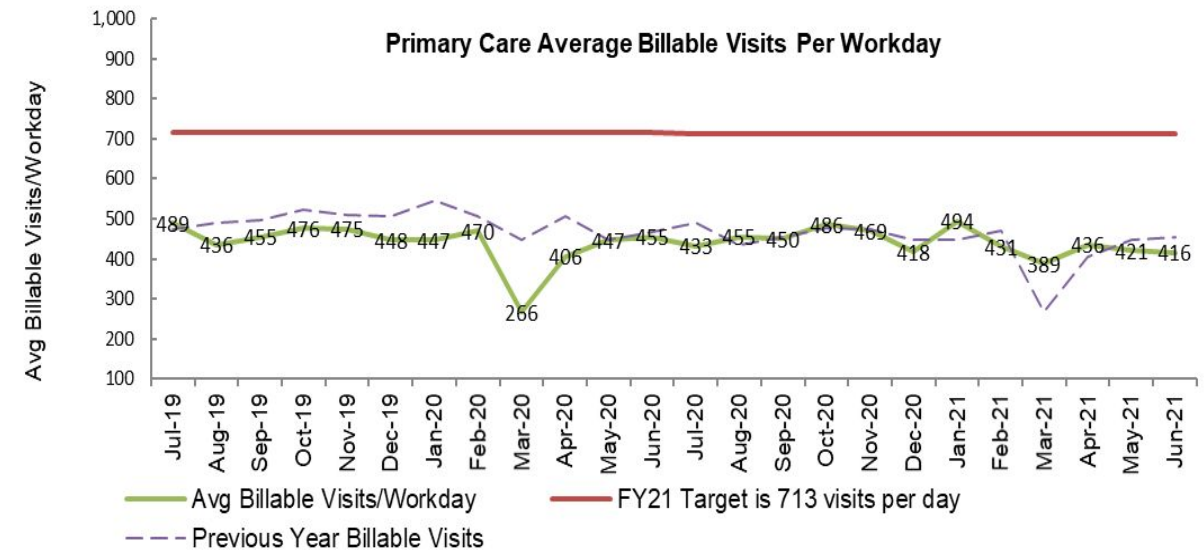
- Some visits may not yet have been billed due to errors that need correction.
- Some visits that are billed
- may not be paid, or not paid at the full billed amount, due to missing or incorrect documentation or coding, exceeding timely filing, or what is included in the insurance plan’s benefits.

**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.

# Percentage of Uninsured Visits by Quarter

## What this slide shows:

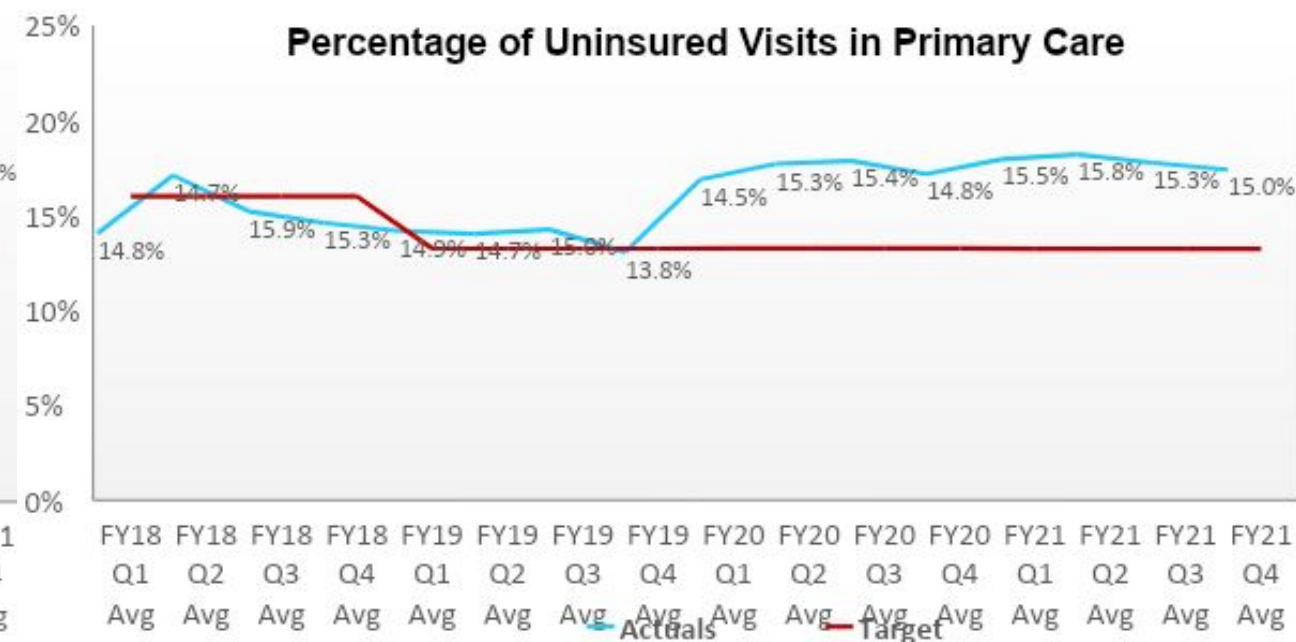
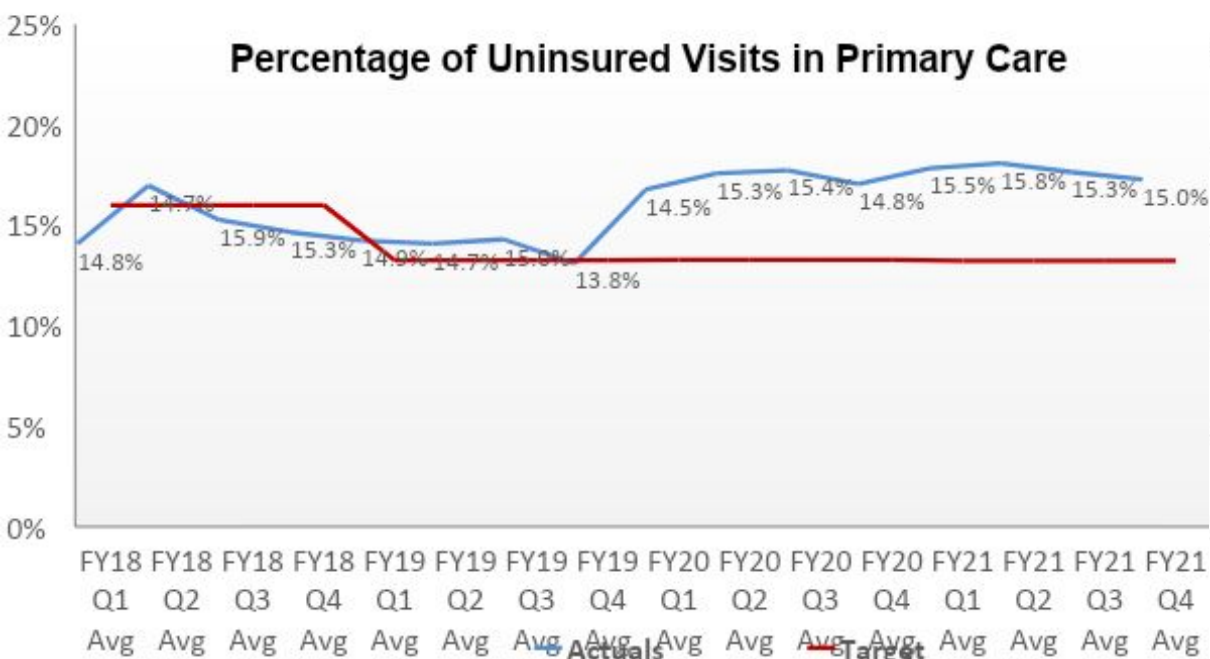
This report shows the average percentage of “self pay” visits per month.

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 (old graph)

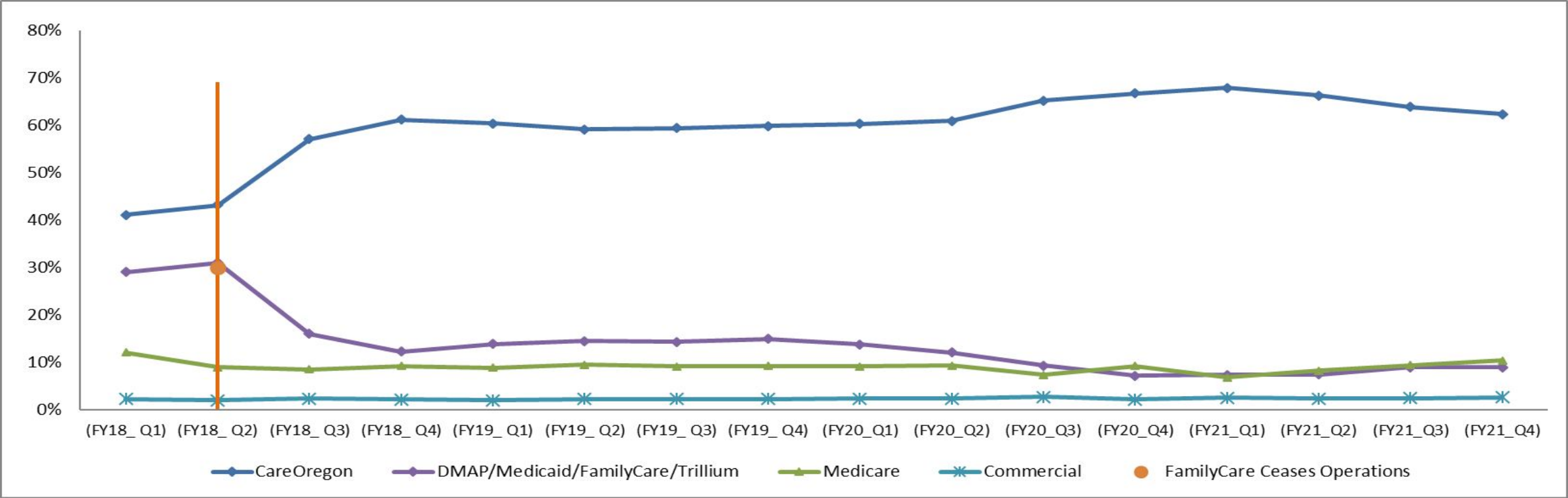
**What this slide shows:**

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

# Payer Mix for ICS Primary Care Health Center

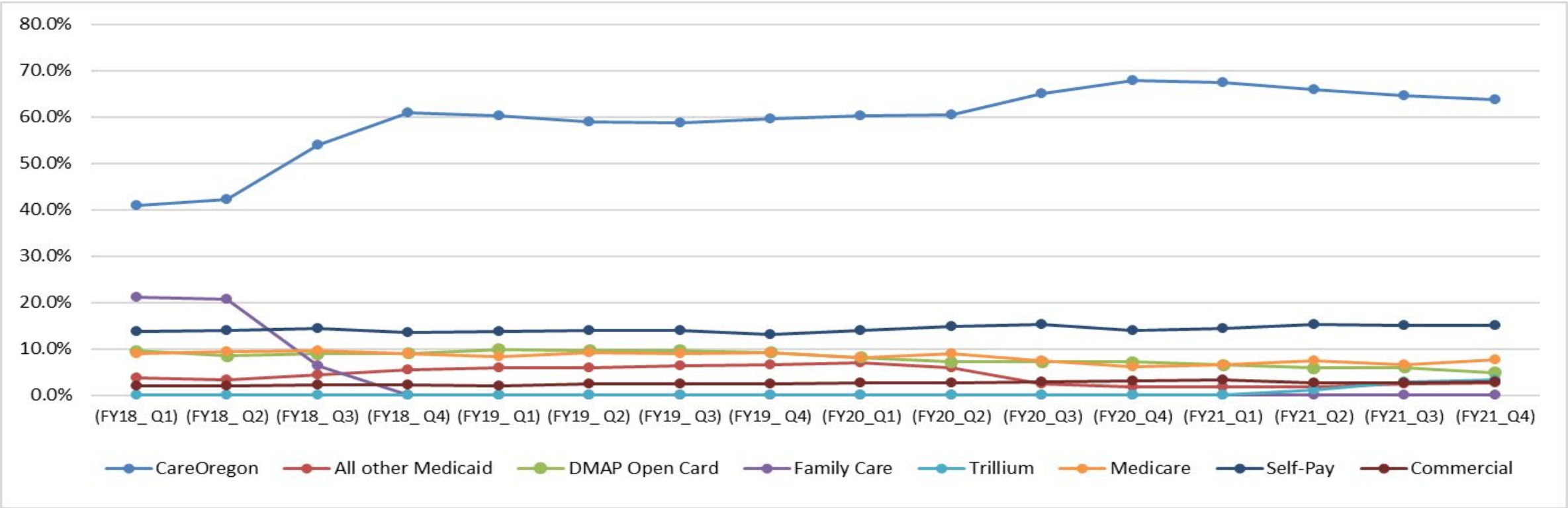
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**Definitions:**

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Family Care ceased operations FY18 2<sup>nd</sup> Quarter

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:**

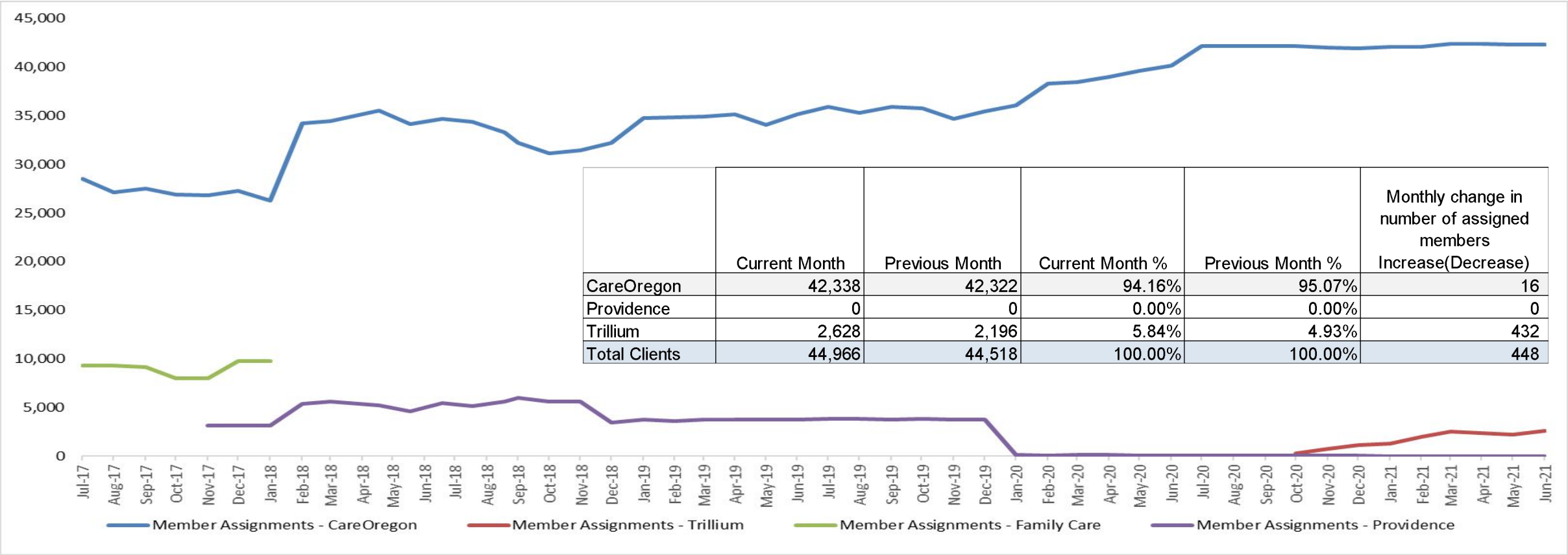
This report shows the total number of patients OHP has assigned to the Multnomah County Health Center Primary Care clinics. *NOTE: Not all of these patients have established care.*

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 42,178 :: Providence FY21 average 22 :: Trillium FY21 average

1,684

- Trillium added October 2020



## ICS Net Collection Rate by Payer

### Apr'21 – Jun'21 vs Jul'20 – Jun'21(YTD)

	Apr'21 - Jun'21 Payments	YTD Payments	Apr'21 - Jun'21 NetCollection	YTD Net Collection
CareOregon Medicaid	3,910,066	13,302,626	99%	99%
Commercial	254,829	739,071	91%	85%
Medicaid	410,909	1,273,749	97%	96%
Medicare	539,754	2,006,992	97%	98%
Reproductive Health	59,920	140,164	100%	99%
Self-Pay	187,278	657,593	44%	29%
	<b>\$5,362,756</b>	<b>\$18,120,195</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

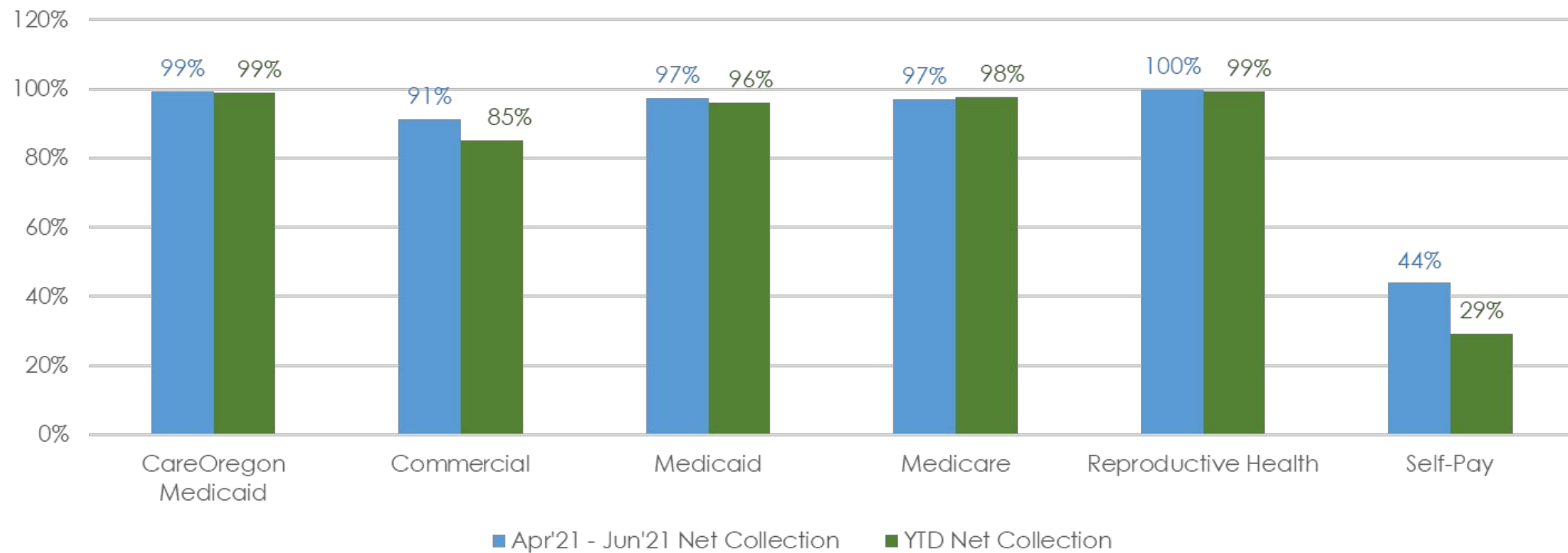
#### Definitions:

**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

## Apr'21 – Jun'21 vs Jul'20 – Jun'21(YTD)

	Apr'21 - Jun'21 Payments	YTD Payments	Apr'21 - Jun'21 Net Collection	YTD Net Collection
MC Dental	\$ 1,750,958	\$ 5,561,501	97%	97%
MC HSC Health Service Center	\$ 285,284	\$ 981,804	97%	94%
MC Pharmacy - Self Pay Only	\$ 80,307	\$ 281,053	49%	40%
MC Primary Care	\$ 3,072,365	\$ 10,799,384	94%	90%
MC School Based Health Centers	\$ 173,842	\$ 496,451	98%	96%
	<b>\$5,362,756</b>	<b>\$18,120,195</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

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