



# **Regular Public Meeting**

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**October 11, 2021**



**community health  
center board**

*Multnomah County*





# Public Meeting Agenda Monday, October 11, 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

**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 September Public Meeting minutes for omissions/errors</li> </ul>	Board votes to approve
6:10-6:15 (5 min)	<b>HRSA HC Program Budget Addendum - VOTE REQUIRED</b> <ul style="list-style-type: none"> <li>• Jeff Perry, Chief Financial Officer, ICS</li> </ul>	Board votes to approve
6:15-6:25 (10 min)	<b>Sports Medicine - Removal from Scope - VOTE REQUIRED</b> <ul style="list-style-type: none"> <li>• Debbie Powers – Director of Nursing</li> </ul>	Board votes to approve
6:25-6:35 (10 min)	<b>Mobile Services - ARPA Scope Change - VOTE REQUIRED</b> <ul style="list-style-type: none"> <li>• Ryan Linskey, Program Supervisor, Primary Care</li> </ul>	Board votes to approve
6:35-6:45 (10 min)	<b>REDI Initiative Update</b> <ul style="list-style-type: none"> <li>• Bee Yakzan, Equity Program Manager, ICS</li> </ul>	Board receives updates
6:45-7:05 (20 min)	<b>FY21 Financial Report</b> <ul style="list-style-type: none"> <li>• Jeff Perry, Chief-Financial-Officer, ICS</li> </ul>	Board receives updates
7:05-7:15	<b>10 Minute Break</b>	

7:15-7:25 (10 min)	<b>Monthly Budget Report</b> <ul style="list-style-type: none"> <li>• Jeff Perry, HC Chief-Financial-Officer</li> </ul>	Board receives updates
7:25-7:45 (20 min)	<b>COVID/ICS/Strategic Updates</b> <ul style="list-style-type: none"> <li>• Tasha Wheatt-Delancy, Executive Director, ICS</li> </ul>	Board receives updates
7:45-7:50 (10 min)	<b>Council Business</b> <ul style="list-style-type: none"> <li>• Chair, Harold Odhiambo</li> </ul>	Board receives updates
<b>7:50</b>	<b>Meeting Adjourns</b>	Thank you for your participation

**Next Public Meeting: November 8, 2021**



**Public Meeting Minutes**  
**September 13, 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; Susana Mendoza – Board Member; Brandi Velasquez – Board Member, Darrell Wade – Board Member

**Board Members Excused/Absent:** Kerry, Susana, Dave

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 6:09 PM Fabiola, Tamia, Harold, Pedro, Darrell, Brandi  A quorum (at least 6 members) was established	N/A	N/A	N/A
<b>Minutes Review - VOTE REQUIRED</b> Review August 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 Fabiola. The committee voted to approve the minutes as written.	Yays: 5 Nays: Abstain: 1  <b>Decisions:</b> <b>Minutes approved</b>		
<b>Welcome Health Rebranding</b> Margaux Mennesson, Communications Strategist, ICS Coates Kokes, Marketing Agency	Goal:  <i>Review recommendations from Coates/Cokes about creating a brand for our Community Health Center, including guidelines for visual communications and how we describe our service</i>  Why:  Never undergone a formal branding process Confusion about the services we offer and their quality	N/A		

	<p>We're all describing who we are and what we do a bit differently</p> <p>Project Outcomes:  Name for the CHC/ICS  New look/feel for HC materials  Brand voice and way to describe who/what we do  Plan for how it will rollout</p> <p>Staffing: Adrienne Daniels, Margaux Mennesson  Consultants: Steve Kokes, <b>Christina Bertalot (presenting today)</b>,  Erin McGuire from Coates Kokes</p> <p>Logo &amp; new name is: Welcome Health  Next Steps: Applying the brand; it's a process; start with no and low-cost places first, i.e., adopting branding guidelines (90% complete).  Make brands tangible to patients/staff - t-shirts, lanyards, pens.  Quickly move to more cost/time intensive projects such as website redesign, larger monument signs on exterior, lobby signage.  Recommendations and Timeline is  Q4 2021 approve brand guidelines, begin website redesign, internal launch (use up current materials first for sustainability efforts to reduce waste), external launch (press release)  2022 complete website redesign, external signage, ongoing rollout of new materials</p> <p>Questions? None  You may also email Margaux or Tasha if you have questions later.</p>			
<b>Enterprise Fund  Modification - VOTE</b>	<p>Jeff Perry</p> <ul style="list-style-type: none"> <li>Establish a new dedicated Health Center Fund to fully</li> </ul>	<p>Yays: 6  Nays: 0</p>		

<p><b>REQUIRED</b> Jeff Perry, HC Chief-Financial-Officer and Eric Arellano County Chief Financial Officer</p>	<p>segregate <b>Community Health Center</b> financial activity from other County activities</p> <ul style="list-style-type: none"> <li>Budget appropriation will be made within new dedicated fund <ul style="list-style-type: none"> <li>No changes will be made to service specific priorities in the FY22 budget</li> <li>All expenditure/revenue activity will move to new fund effective <b>October 1<sup>st</sup></b></li> </ul> </li> </ul> <p>Questions? None</p> <p>Tamia made a motion for approval, seconded by Darrell. The committee voted to approve the minutes as written.</p>	<p>Abstain: 0</p> <p><b>Decisions: Approved</b></p>		
<p><b>Fee Policy Update AGN.10.03 - VOTE REQUIRED</b> Jeff Perry, HC Chief-Financial-Officer</p>	<ul style="list-style-type: none"> <li>Defines the "Sliding Fee Discount Program" for patients</li> <li>CHCB approval required every 3 years (HRSA)</li> <li>Due June 2021 (obtained extension)</li> <li>Review included multiple stakeholders</li> </ul> <p>With a <b>"YES"</b> vote. . .</p> <ul style="list-style-type: none"> <li>the HRSA compliant policy changes will go into effect with a more inclusive definition of "household" to reduce barriers and financial impacts for clients accessing services.</li> </ul> <p>With a <b>"NO"</b> vote. . .</p> <ul style="list-style-type: none"> <li>the current policy will remain in effect without improvements or broadening "household" definition. Without the Ryan White definition, the policy may be out of compliance with HRSA.</li> </ul> <p>Fabiola made a motion for approval, seconded by Tamia. The committee voted to approve the minutes as written.</p>	<p>Yays: 6 Nays: 0 Abstain: 0</p> <p><b>Decisions: Approved</b></p>		

<p><b>Policy of Policies Update</b>  <b>- VOTE REQUIRED</b>  Tasha Wheatt-Delancy,  Executive Director, ICS</p>	<p>There are 14 additional policies now added to ICS.01.41 based on the new policies developed and approved by CHCB since the prior renewal.</p> <p>With a <b>“YES”</b> vote. . .</p> <ul style="list-style-type: none"> <li>the policy will be renewed with the 14 additional policies being documented in ICS.01.04.</li> </ul> <p>With a <b>“NO”</b> vote. . .</p> <ul style="list-style-type: none"> <li>The policy will not be adopted and the board would need to determine which parties have oversight of the 14 new policies.</li> </ul> <p>Darrell made a motion for approval, seconded by Brandi. The committee voted to approve the minutes as written.</p>	<p>Yays: 6  Nays: 0  Abstain: 0</p> <p><b>Decisions:</b>  <b>Approved</b></p>		
<p><b>Monthly Budget Report</b>  <del>Jeff Perry, HC</del>  <del>Chief Financial Officer</del></p>	<p>The August Update is still pending from Finance.</p>			
<p><b>COVID/ICS/Strategic Updates</b>  Tasha Wheatt-Delancy,  Executive Director, ICS</p>	<p>Reviewed ICS Executive Director Strategic Updates</p> <ul style="list-style-type: none"> <li><a href="#">Dr. Ishmael Togamae feature on OPB's Think Out Loud Program</a></li> <li>Fall 2021 Back to School Student Health Centers: Here for YOUTH</li> <li>PCC Proposal - Workforce Metro Center and La Clínica de Buena Salud</li> </ul> <p>New Leaders</p> <ul style="list-style-type: none"> <li>Bernadette Thomas, Chief Clinical Officer</li> <li>Kyndall Mason, Executive Support Manager</li> <li>Dr. Maciek Dolata, Deputy Dental Director</li> </ul>			

Vaccine Mandate for staff

All employees must get vaccinated by Oct. 18 (except in case of religious or health exemptions).

PCC Partnership

Health ICS is working in partnership with county leadership and PCC Workforce Development Center/ re: possible relocation of sites. PCC would like a proposal by the end of 2021.

- Evaluate and determine whether the Community Health Center will seek a formal partnership with Portland Community College to relocate the existing La Clinica Health Center.
- CHCB is responsible for strategic planning and evaluation of Health Center services and locations, ultimately determining what services should be provided and where all centers are located.
- The County is responsible for facilitating building leases and purchasing contracts.

Next Steps for CHCB:

- Consider whether this proposal supports the mission of the Health Center
- Determine whether the proposed location change of La Clinica location to the Workforce Center would be recommended.
- Provide input and final direction on any proposed budget commitments to support the project.
- Consult the County on whether CHCB can commit to the partnership by December 2021 and develop a funding

strategy for the estimated costs.

#### CoApplicant Agreement

For our HRSA compliance, we are required to update certain sections of the co-applicant agreement which will require both CHCB and BCC to vote. One of the changes is to set up a specific financial fund, known as an Enterprise fund for our health center.

#### SE Breach

The SE Health Center was closed for construction in early August and experienced a break in. While the Health Center was secured at the time of the break in, file cabinets inside the clinic were unlocked. Personal information about medical treatments and prescription information was not accessed. The county has policies and procedures for securing personal information, and those policies are being reviewed with staff involved in this incident. The file cabinets have since been moved to a more secure location.

#### HRSA TA Results

##### TA Site Visit Report

HRSA technical assistance virtual visit primary goal was to provide recommendations to improve program performance in administration, governance, and fiscal areas. The TA report shared with Board members details HRSA's feedback specifically regarding the Enterprise Fund as it relates to CH. 15.

#### **Vaccine Demographics**

	<p>Reviewed vaccine totals overall, totals by day, totals by race/ethnicity, and language served.</p> <p>ED Evaluation</p> <p>The CHCB Executive Committee has been asked for feedback about the current evaluation form. If you have not provided feedback, please do so soon.</p> <p>Board Retreat</p> <ul style="list-style-type: none"> <li>• Tentative (virtual) Friday Nov. 19, 2021 -</li> <li>• full day with full Board meeting, team building, and next steps with Welcome Health branding guidelines.</li> <li>• Contact Francisco to join the retreat planning committee.</li> </ul> <p>Questions?</p> <ul style="list-style-type: none"> <li>• Can the retreat be scheduled on a weekend instead? Francisco will email the CHCB membership for an optimal date.</li> </ul>			
<p><b>Committee Updates/Council Business</b> Harold Odhiambo, Chair</p>	<p>Harold - There was a delay in logging at the August 23 meeting, Fabiola opened that meeting. On 8/23, Tasha presented Welcome Health and vaccination clinic info. Adrienne provided details on moving La Clinica. Jeff presented on the Enterprise Fund. Francisco presented on the tentatively scheduled all day virtual Nov. 19 retreat.</p> <p>The executive committee has agreed to postpone hybrid meetings until the new year. This Board will continue with Zoom meetings until further notice.</p>			

	A CHCB emergency meeting is scheduled 9/27			
<b>Meeting Adjourns</b>	The Board Chair adjourned the meeting at 7:48 PM. The next public meeting will be on October 11, 2021 via Zoom.			

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

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

**Scribe taker name/email:** Jodi Shaw, jodi.k.shaw@multco.us

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>	10/11/2021	<b>Program / Area:</b>	Health Center Program	
<b>Presenters:</b>	Jeff Perry, Chief Financial Officer, ICS			
<b>Project Title and Brief Description:</b>				
<p>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.</p>				
<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 is required to vote on approving the new FY22 base grant award budget which includes the additional IBH funds. The change is related to the funds now being rolled into our base grant.

**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

**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 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
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>-</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>\$8,672,885</b>	<b>\$120,850,280</b>	<b>\$129,375,795</b>
<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.

	<b>Revenue</b>	<b>Comments</b> (Note any special conditions)	<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>

Board Notes:



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>	Removal of Sports Medicine from Scope			
<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
<b>Date of Presentation:</b>	10/11/21	<b>Program / Area:</b>	Primary Care	
<b>Presenters:</b>	<ul style="list-style-type: none"> <li>Debbie Powers – Director of Nursing</li> </ul>			
<b>Project Title and Brief Description:</b>				
Removal of Sports Medicine from Scope				
<b>Describe the current situation:</b>				
<ul style="list-style-type: none"> <li>ICS has brought in 2 physicians from OHSU to provide non-operative orthopedic care on site for our clients. This was placed on hold during the COVID-19 pandemic due to staffing constraints and the need for physical distancing.</li> <li>At the same time, we reviewed services provided, expenses and revenue.</li> <li>The current contract with OHSU has since expired.</li> <li>Payments received are about 25% of charges</li> <li>In FY 2020, 228 hours were billed by OHSU, 315 patients seen.</li> <li>In FY 2020, fees were \$51,300, payments received were \$26,207.28 for a net loss of \$25,092.72</li> <li>In FY 19, the net loss was over \$51,000</li> </ul>				
<b>Why is this project, process, system being implemented now?</b>				
<ul style="list-style-type: none"> <li>This service was not provided during the COVID-19 pandemic due to initial clinic closures and staffing shortages. We do not currently have an active contract. OHSU has requested a payment increase within a new contract. Additionally, the service is not scaled up enough to offer services to clients across ICS. We need to determine if we want to renew this contract and reinstate this service.</li> </ul>				

**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):**

- Clients are already being redirected to other access points for health care as per our usual referral process.
- See above for history.

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

- The change requires Council approval via formal vote.
- This vote will impact the services provided at NEHC and Mid County.

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

- ICS will submit a change in scope request to HRSA to remove Sports Medicine as a service provided by the health center.
- ICS will no longer provide contracted Sports Medicine services at NEHC and Mid County Clinic. Leadership will consider alternative options for musculoskeletal services for our clients. ICS will continue to refer externally as we have been doing for the entirety of the COVID-19 pandemic.

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

- ICS would have to strategize how to restart these services and make them financially neutral

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

- Debbie Powers – Director of Nursing
- Amy Henninger- Primary Care Medical Director
- Katie Thornton- Northern Regional Health Center Manager
- Amaury Sarmiento- Mid County and La Clinica Regional Health Center Manager
- Robin Harpole- Revenue Cycle Analyst/Contract Strategist
- Jeff Perry- Health Center CFO

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

- Debbie Powers – Director of Nursing
- Amy Henninger- Primary Care Medical Director
- Katie Thornton- Northern Regional Health Center Manager
- Amaury Sarmiento- Mid County and La Clinica Regional Health Center Manager

- Robin Harpole- Revenue Cycle Analyst/Contract Strategist
- Jeff Perry- Health Center CFO

**What have been the recommendations so far?**

- No longer offer this service and continue to refer externally for these services and to remove from our HRSA scope.
- Identify alternative options for musculoskeletal care for our clients.

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

- Patients are already being routed to other sites and location is not an optimal space to provide care.
- Compliance with HRSA requires action, as there are currently no providers on site at the clinic.

Board Notes:



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>	Expanding Mobile Clinic Services			
<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
<b>Date of Presentation:</b>	10/11/21	<b>Program / Area:</b>	ICS Operations	
<b>Presenters:</b>	Ryan Linskey			
<b>Project Title and Brief Description:</b>				
Mobile Clinic Van Build Out and Purchase				
<b>Describe the current situation:</b>				
Currently ICS does not offer any mobile clinical services to our patients or community. A mobile clinic van would allow us to meet people where they are at and provide clinical services out in the community.				
<b>Why is this project, process, system being implemented now?</b>				
ICS has been awarded specific grant money to purchase a mobile clinic van.				
<b>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):</b>				
Healthcare for the homeless				
<b>List any limits or parameters for the Board's scope of influence and decision-making:</b>				
<ul style="list-style-type: none"> <li>- Staff Assignment</li> <li>- Operational Decision Making</li> </ul>				

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

A “yes” vote would allow us to plan and explore mobile clinical operations in the community

**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 would keep the status quo with established clinical services and locations.

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

Chief Medical Officer, Chief Operations Officer, Executive Director, Deputy Director, Director of Nursing.

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

Ryan Linskey - ICS Logistics Supervisor, Experience Ordering Equipment, working with vendors and our facilities department.

Debbie Powers - Medical and organizational expertise

Bernadette Thomas - Clinical oversight of medical, dental, and pharmacy services.

**What have been the recommendations so far?**

Mobile Services could be provided (1) To “extend” services provided in our health centers, for example, directly observed therapy for treatments like tuberculosis, harm reduction activities as part of our substance use disorders program, homeless outreach, HIV/HCV testing and treatment referral (2) to “expand” services - for example, provide comprehensive primary services and dental preventive services to migrant workers, where they work, or provide expanded scope dental services at school health locations, or to provide healthcare for homeless services at campgrounds.

- “Expanded Services” would require change in scope and additional funding; longer program set up time. “Extending” existing programs would require pulling staff from current assignments, and would impact our brick-and-mortar operations.

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

At the request of the Executive Director.

Board Notes:

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](mailto:f.garcia7@multco.us)

<b>Presentation Title</b>	REDI Initiative Rollout Plan			
<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				
<b>Date of Presentation:</b>				
Oct 11, 2021		<b>Program / Area:</b>	ICS	
<b>Presenters:</b>		Abeer Bee Yakzan, REDI Project Manager		
<b>Project Title and Brief Description:</b>				
<p><b>REDI Initiative (Race, Ethnicity, Diversity, Inclusion)</b></p> <p>Integrated Clinical Services (ICS) will develop five task forces to effectively meet the needs of the health center population, directly address systemic racism in healthcare, and continue the legacy of community health centers. The goals of the task forces will be to:</p> <ol style="list-style-type: none"> <li>1. Eliminate racial inequities in the Health Center Policies, Procedures and Practices.</li> <li>2. Develop Clinical Practices centered on racial and health equity using public health and population health strategies and decolonizing data.</li> <li>3. Establish Training and Development opportunities focused on racial equity for employees and management.</li> <li>4. Build infrastructure to support Racial Equity.</li> <li>5. Develop sustainable health center culture centered on racial equity.</li> </ol>				
<b>Describe the current situation:</b>				
<ul style="list-style-type: none"> <li>• Current health center policies are not culturally or linguistically appropriate</li> <li>• Current health center policies are not offered in alternate languages or formats</li> <li>• Current data on population/ patient health and access are not reported by race/ethnicity, language, and disability</li> <li>• Current clinical practices are not centered around race and health equity</li> <li>• Current training opportunities for ICS employees and management do not focus on racial equity</li> <li>• Currently, there is no existing platform that allows providers to seek consultation from peers and consider pertinent case studies</li> <li>• Currently, there are no training platforms that offer ICS employee monthly racial equity trainings</li> <li>• Current infrastructure does not support racial equity</li> <li>• Current, strong relationships and MOA's do not exist between ICS and racially/ethnically diverse community based organizations</li> </ul>				

- Current annual benchmarks do not include racial equity markers

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

This project was one of the ICS's responses to the death of George Floyd and the Black Lives Matter Movement in the spring of 2020. Race and ethnicity remain the top indicators of both access to healthcare and health outcomes. By leading with race, we are committing to taking on the root causes of inequities within our community health centers and to focus where we can to have the biggest impacts. It is critical to address all social justice issues, and we will center our efforts to lead with racial equity as an institutional approach that's necessary across the board.

## 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 project manager has been onboarded and the REDI Committee, consisting of SLICS members, has convened. SLICS Task Force Co-Leads have been selected. The RED Initiative is being socialized to ICS management and leadership, and we will eventually begin socializing to all ICS staff. Staff will be recruited to serve as Task Force Co-Leads and members. We intend to recruit staff from varied job backgrounds and clinic locations, and aim to have staff of color and under-represented groups bring their point of views to our task forces.

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

N/A

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

N/A

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

N/A

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

The Project Sponsor (Tasha Wheatt-Delancy), REDI Project Manager, Managers of ICS (MICS), Senior Leadership of ICS (SLICS), and Health Equity Specialists have been involved so far. ICS Staff members and external stakeholders have yet to be involved.

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

SME (Data & Reporting) - Rajan Baheti - Development Analyst  
 SME (Quality & Policy) - Brieshton D'Agostini - Quality Manager for ICS  
 SME (Budget & Finance) - Jeff Perry - Senior Finance Manager

## What have been the recommendations so far?

- Incorporate equity into all relevant policies
- Integrate equity into all ICS models
- Use equity-relevant metrics
- Gauge level of understanding of health equity already existing among staff
- Internally, assess climate and culture with an equity focus
- Externally, bring on new equity partners
- Build capacity for equity; increase engagement of persons from under-represented, minority backgrounds in health equity trainings
- Monitor progress through an equity lens

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

This project embraces managers and staff working closely together, with an attempt to include staff members from all roles and divisions of ICS who wish to serve on task forces.

Board Notes:



A stylized graphic on the left side of the page. It features two dark green mountain peaks with white outlines, set against a white background. Below the mountains is a dark blue wavy line representing water. The entire graphic is positioned on the left side of the page, with the mountains extending from the top left and the water line extending from the bottom left.

# Multnomah County Federally Qualified Health Center

## Year-End Financial Statements

**FY 2021**

Updated 09/09/2021

Prepared by: Financial and Business Management Division



**Multnomah County Health Department**  
**Community Health Council Board - Financial Statement**  
For Period Ending June 30, 2021  
Percentage of Year Complete: 100%

**Community Health Center - Monthly Highlights**

**Financial Statement:** For period 12 in Fiscal Year 2021 (July 2020 - June 2021)

	<u>YTD Actuals</u>	<u>Budget</u>	<u>Difference</u>	<u>% of Budget</u> <u>YTD</u>
<b><u>Revenue:</u></b>	\$ 139,470,987	\$ 145,208,265	\$ 5,737,278	96%
<b><u>Expenditures:</u></b>	\$ 136,023,673	\$ 145,208,265	\$ 9,184,592	94%
<b><u>Surplus/ (Deficit)</u></b>	\$ 3,447,315			

**Recent Budget Modifications:**

<u>Period added</u>	<u>Name</u>	<u>Budmod #</u>	<u>Amount</u>
11 May	Provider Relief Fund	Budmod-HD-032-21	\$ 7,491,175
12 June	ICS FY21 COVID-19 funding	Budmod-HD-033-21	\$ 238,174

- Expenditures are tracking at 94% which is primarily due to personnel and internal services which are tracking at 97% and 91% respectively.





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

For Period Ending June 30, 2021

Percentage of Year Complete: 100%

**Community Health Center**

	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	\$ 5,222,198	\$ (4,899,016)	\$ 435,183	\$ 435,183	\$ 435,183	\$ 435,183	\$ 435,183	\$ 435,183
General Fund Fees and Misc Rev	\$ -	\$ -	\$ -	\$ 4,818	\$ 17,641	\$ 7,271	\$ 6,157	\$ 5,273	\$ 5,862
Grants- PC 330 (BPHC)	\$ 9,994,455	\$ 9,994,455	\$ -	\$ -	\$ 1,056,312	\$ 1,004,805	\$ 1,022,045	\$ 1,009,220	\$ (102,209)
Grants- COVID-19	\$ -	\$ 8,656,326	\$ 8,656,326	\$ -	\$ -	\$ 32,174	\$ 25,007	\$ 12,498	\$ 32,799
Grants- All Other	\$ 9,036,672	\$ 4,983,821	\$ (4,052,851)	\$ 698,819	\$ 496	\$ 933,577	\$ 784,981	\$ 811,960	\$ 684,513
Quality & Incentives Payments	\$ 6,722,000	\$ 6,952,000	\$ 230,000	\$ -	\$ -	\$ 682,500	\$ 2,424,515	\$ 5,408	\$ 568,655
Health Center Fees	\$ 109,550,304	\$ 106,038,784	\$ (3,511,520)	\$ 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
Year-end Beginning Working Capital	\$ 2,515,544	\$ 2,145,911	\$ (369,633)	\$ 178,826	\$ 178,826	\$ 178,826	\$ 178,826	\$ 178,826	\$ 178,826
Write-offs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total</b>	<b>\$ 149,154,959</b>	<b>\$ 145,208,265</b>	<b>\$ (3,946,694)</b>	<b>\$ 2,126,163</b>	<b>\$ 14,937,100</b>	<b>\$ 9,660,754</b>	<b>\$ 14,438,607</b>	<b>\$ 9,295,769</b>	<b>\$ 9,470,491</b>
<b>Expense</b>									
Personnel	\$ 98,585,933	\$ 91,524,667	\$ (7,061,266)	\$ 7,233,842	\$ 7,033,847	\$ 7,679,089	\$ 7,607,023	\$ 7,382,760	\$ 7,864,022
Contracts	\$ 4,654,127	\$ 3,698,277	\$ (955,850)	\$ 90,123	\$ 80,949	\$ 267,579	\$ 207,258	\$ 384,705	\$ 406,108
Materials and Services	\$ 18,216,003	\$ 22,206,133	\$ 3,990,131	\$ 1,461,548	\$ 1,692,024	\$ 1,305,266	\$ 1,676,618	\$ 1,628,953	\$ 1,555,929
Internal Services	\$ 27,437,897	\$ 27,518,189	\$ 80,291	\$ 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>\$ 145,208,265</b>	<b>\$ (3,946,694)</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>\$ (7,755,476)</b>	<b>\$ 3,386,788</b>	<b>\$ (1,398,829)</b>	<b>\$ 2,735,941</b>	<b>\$ (2,165,013)</b>	<b>\$ (1,878,845)</b>





# Multnomah County Health Department

## Community Health Council Board - Financial Statement

For Period Ending June 30, 2021  
Percentage of Year Complete: 100%

### Community Health Center

	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	\$ 5,222,198	\$ (4,899,016)	\$ 435,183	\$ 435,183	\$ 435,183	\$ 435,183	\$ 435,183	\$ 435,183	\$ 5,222,198	100%	\$ 10,803,795
General Fund Fees and Misc Rev	\$ -	\$ -	\$ -	\$ 12,845	\$ 8,426	\$ 4,803	\$ 13,757	\$ 8,483	\$ 16,359	\$ 111,693		\$ -
Grants - PC 330 (EPHC)	\$ 9,994,455	\$ 9,994,455	\$ -	\$ 9,974	\$ 863,403	\$ 915,521	\$ 985,313	\$ 903,650	\$ 1,847,014	\$ 9,515,047	95%	\$ 10,774,541
Grants - COVID-19	\$ -	\$ 8,656,326	\$ 8,656,326	\$ 57,753	\$ 52,073	\$ 7,495,960	\$ 316,270	\$ 308,890	\$ 349,122	\$ 8,682,545	100%	\$ 3,902,288
Grants - All Other	\$ 9,036,672	\$ 4,983,821	\$ (4,052,851)	\$ 278,485	\$ 744,901	\$ 337,024	\$ 690,440	\$ 907,309	\$ 1,708,555	\$ 8,581,060	172%	\$ 9,872,826
Medicaid Quality & Incentives	\$ 6,722,000	\$ 6,952,000	\$ 230,000	\$ (5,408)	\$ 1,188,184	\$ 2,705,847	\$ 1,139,211	\$ 568,325	\$ 1,772,042	\$ 11,049,279	159%	\$ 18,884,812
Health Center Fees	\$ 109,550,304	\$ 106,038,784	\$ (3,511,520)	\$ 8,289,096	\$ 7,389,581	\$ 7,241,622	\$ 10,561,382	\$ 7,754,674	\$ 7,049,085	\$ 92,485,906	87%	\$ 90,994,209
Self Pay Client Fees	\$ 1,214,770	\$ 1,214,770	\$ -	\$ 55,796	\$ 58,356	\$ 71,582	\$ 65,049	\$ 55,974	\$ 62,095	\$ 678,121	56%	\$ 830,224
Year-end Beginning Working Capital	\$ 2,515,544	\$ 2,145,911	\$ (369,633)	\$ 178,826	\$ 178,826	\$ 178,826	\$ 178,826	\$ 178,826	\$ 1,178,053	\$ 3,145,138	147%	\$ -
Write-offs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -
<b>Total</b>	<b>\$ 149,154,959</b>	<b>\$ 145,208,265</b>	<b>\$ (3,946,694)</b>	<b>\$ 9,312,551</b>	<b>\$ 10,918,933</b>	<b>\$ 19,386,367</b>	<b>\$ 14,385,431</b>	<b>\$ 11,121,314</b>	<b>\$ 14,417,508</b>	<b>\$ 139,470,987</b>	<b>96%</b>	<b>\$ 146,062,695</b>
<b>Expense</b>												
Personnel	\$ 98,585,933	\$ 91,524,667	\$ (7,061,266)	\$ 7,389,020	\$ 7,180,581	\$ 7,549,567	\$ 7,190,690	\$ 7,196,258	\$ 7,025,337	\$ 88,332,034	97%	\$ 88,695,600
Contracts	\$ 4,654,127	\$ 3,698,277	\$ (955,850)	\$ 295,805	\$ 178,514	\$ 134,688	\$ 420,285	\$ 334,927	\$ 858,835	\$ 3,659,777	99%	\$ 4,764,622
Materials and Services	\$ 18,216,003	\$ 22,206,133	\$ 3,990,131	\$ 1,694,300	\$ 1,350,048	\$ 1,552,153	\$ 1,447,100	\$ 1,710,998	\$ 1,907,172	\$ 18,982,109	85%	\$ 19,361,647
Internal Services	\$ 27,437,897	\$ 27,518,189	\$ 80,291	\$ 2,166,857	\$ 1,392,674	\$ 2,846,696	\$ 1,535,263	\$ 2,348,773	\$ 3,208,921	\$ 24,921,085	91%	\$ 25,623,565
Capital Outlay	\$ 261,000	\$ 261,000	\$ -	\$ -	\$ 26,499	\$ 14,552	\$ -	\$ -	\$ 62,842	\$ 128,667	49%	\$ 209,531
<b>Total</b>	<b>\$ 149,154,959</b>	<b>\$ 145,208,265</b>	<b>\$ (3,946,694)</b>	<b>\$ 11,545,982</b>	<b>\$ 10,128,317</b>	<b>\$ 12,097,655</b>	<b>\$ 10,593,338</b>	<b>\$ 11,590,956</b>	<b>\$ 13,063,107</b>	<b>\$ 136,023,673</b>	<b>94%</b>	<b>\$ 138,654,965</b>
<b>Surplus/ (Deficit)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (2,233,431)</b>	<b>\$ 790,617</b>	<b>\$ 7,288,712</b>	<b>\$ 3,792,093</b>	<b>\$ (469,642)</b>	<b>\$ 1,354,401</b>	<b>\$ 3,447,316</b>		<b>\$ 7,407,730</b>





**Multnomah County Health Department**  
**Community Health Council Board**  
 FY 2021 YTD Actual Revenues & Expenses by Program Group  
 For Period Ending June 30, 2021  
 Percentage of Year Complete: 100%

	Category	Description	Admin	Non-IC S	Dental	Pharmacy	Primary Care Clinics	Quality & Compliance
<b>Revenues</b>								
		County General Fund Support	1,436,151	1,410,164	-	-	143,931	439,348
		General Fund Fees and Miscellaneous Revenue	(25)	2,302	-	50,477	34,504	22,521
		Grants- HRSA PC 330 Health Center Cluster	1,762,992	-	401,202	-	6,253,322	396,310
		Grants- HRSA Healthy Birth Initiatives	-	673,281	-	-	-	-
		Grants- HRSA Ryan White	-	-	-	-	-	-
		Grants- DHHS and OHA Ryan White	-	-	-	-	-	-
		Grants- OHA Non-Residential Mental Health Services	-	2,970,557	-	-	-	-
		Grants- All Other	306,503	333,350	41,093	-	30,544	-
		Grants- Other COVID-19 Funding	62,239	-	6,688,827	-	729,361	-
		Grants- HHS CARES Act Provider Relief	-	-	-	-	(0)	-
		Grants- HRSA Health Center CARES Act	-	-	-	-	-	-
		Grants- HRSA Expanding Capacity for Coronavirus Testing	610,707	-	-	-	-	-
		Medicaid Quality and Incentive Payments	5,483,231	-	2,099,548	-	-	3,466,501
		Health Center Fees	1,813,108	2,456,044	14,143,427	30,163,516	40,034,107	-
		Self Pay Client Fees	-	-	102,607	256,216	319,045	-
		Behavioral Health	-	-	-	-	-	-
		Beginning Working Capital	959,193	158,131	500,000	-	15,850	787,780
<b>Revenues Total</b>			12,434,099	8,003,829	23,976,703	30,470,210	47,560,666	5,112,460
<b>Expenditures</b>								
		Personnel Total	10,770,172	8,213,325	17,422,660	7,121,318	31,355,087	3,919,037
		Contractual Services Total	699,895	635,403	282,918	62,972	1,701,316	75,002
		Internal Services Total	2,663,827	1,461,881	4,748,064	3,081,309	9,126,790	848,213
		Materials & Supplies Total	304,238	46,806	1,150,550	15,701,285	1,166,556	48,555
		Capital Outlay Total	-	-	99,943	17,957	-	-
<b>Expenditures Total</b>			14,438,132	10,357,416	23,704,135	25,984,840	43,349,749	4,890,807
<b>Net Income/(Loss)</b>			(2,004,033)	(2,353,586)	272,568	4,485,369	4,210,917	221,652
<b>Year-end BMC Carried to Fiscal Year 2022</b>			1,775,473	-	3,593,476	-	15,850	2,258,351





**Multnomah County Health Department**  
**Community Health Council Board**  
 FY 2021 YTD Actual Revenues & Expenses by Program Group  
 For Period Ending June 30, 2021  
 Percentage of Year Complete: 100%

	Category	Description	Student Health						% 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		1,792,604	-	-	5,222,198	5,222,198	5,222,198	100%	10,607,818
	General Fund Fees and Miscellaneous Revenue		1,914	-	-	111,693	-	-	0%	156,917
	Grants - HRSA PC 330 Health Center Cluster		249,277	451,944	-	9,515,047	9,994,455	9,994,455	95%	10,774,541
	Grants - HRSA Healthy Birth Initiatives		-	-	-	673,281	-	-	0%	980,110
	Grants - HRSA Ryan White		-	2,657,247	-	2,657,247	2,519,826	2,519,826	105%	1,293,399
	Grants - DHHS and OHA Ryan White		-	347,799	-	347,799	359,952	359,952	97%	1,527,370
	Grants - OHA Non-Residential Mental Health Services		-	-	-	2,970,557	447,438	447,438	664%	2,546,920
	Grants - All Other		906,334	314,353	-	1,932,177	1,656,605	1,656,605	117%	2,940,570
	Grants - Other COVID-19 Funding		503,463	87,948	-	8,071,838	8,045,619	8,045,619	100%	136,660
	Grants - HHS CARES Act Provider Relief		-	-	-	(0)	-	-	0%	1,581,706
	Grants - HRSA Health Center CARES Act		-	-	-	-	-	-	0%	1,763,780
	Grants - HRSA Expanding Capacity for Coronavirus Testing		-	-	-	610,707	610,707	610,707	100%	420,142
	Medicaid Quality and Incentive Payments		-	-	-	11,049,279	6,952,000	6,952,000	159%	16,853,807
	Health Center Fees		1,539,785	2,335,919	-	92,485,906	106,038,784	106,038,784	87%	91,037,886
	Self Pay Client Fees		140	112	-	678,121	1,214,770	1,214,770	56%	830,224
	Behavioral Health		-	-	-	-	-	-	0%	39,059
	Beginning Working Capital		-	724,184	-	3,145,138	2,145,911	2,145,911	147%	2,571,786
<b>Revenues Total</b>			4,993,517	6,919,506	-	139,470,988	145,208,265	145,208,265	96%	146,062,696
<b>Expenditures</b>	Personnel Total		3,314,289	4,603,134	1,613,011	88,332,034	91,524,667	91,524,667	97%	88,695,600
	Contractual Services Total		85,799	94,988	21,483	3,659,777	3,698,277	3,698,277	99%	4,764,622
	Internal Services Total		1,168,806	1,333,418	488,777	24,921,085	27,518,189	27,518,189	91%	25,623,565
	Materials & Supplies Total		221,114	187,382	155,624	18,982,109	22,206,133	22,206,133	85%	19,361,647
	Capital Outlay Total		-	-	10,767	128,667	261,000	261,000	49%	209,531
<b>Expenditures Total</b>			4,790,009	6,218,922	2,289,662	136,023,673	145,208,265	145,208,265	94%	138,654,965
<b>Net Income/(Loss)</b>			203,508	700,584	(2,289,662)	3,447,316	-	-		7,407,730
<b>Year-end BMC Carried to Fiscal Year 2022</b>			2,000	724,184	-	8,369,334				





**Multnomah County Health Department**  
**Community Health Council Board - Financial Statement**  
For Period Ending June 30, 2021  
Percentage of Year Complete: 100%

**Community Health Center- Notes:**

County General Fund Support reflects the amount budgeted (1/12 per month), which may not be the actual amount used by the end of the year.

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

Provider relief of \$300k received in FY20 was recognized in FY21 and \$7.4m was received and recognized in FY21.

Expenditures in some programs differ significantly each month based on service needs. Student Health Centers have few expenses in the summer as most sites are closed.

All non-ICS Service Programs will be removed from the health center scope effective June 30th, 2021. In FY21, non-ICS service programs included services in the behavioral health and public health divisions.

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





**Multnomah County Health Department**  
**Community Health Council Board - Financial Statement**  
For Period Ending June 30, 2021  
Percentage of Year Complete: 100%

**Community Health Center - Definitions**

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

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

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

**General fund Fees & Misc Rev:** Revenues from services provided from Pharmacy related activities, including: refunds for outdated/recalled medications and reimbursements from the state for TB and STD medications.

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

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

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

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

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

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

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

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





**Multnomah County Health Department**  
**Community Health Council Board - Financial Statement**  
For Period Ending June 30, 2021  
Percentage of Year Complete: 100%

**Community Health Centers - Definitions cont.**

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

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

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

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

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

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

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





**Multnomah County Health Department**  
**Community Health Council Board - Budget Adjustments**

For Period Ending June 30, 2021

Percentage of Year Complete: 100%

**Community Health Centers**

	Original Adopted Budget	Budmod: HD- 015-21	Budmod: HD- 013-21	Internal-HD- 003-21	Budmod: HD- 001-21	Budmod: HD- 007-21	Budmod: HD- 021-21	Budmod: HD- 032-21	Budmod: HD- 033-21	Other Adjustments*	Revised Budget	Budget Modifications
<b>Revenue</b>												
County General Fund Support	\$ 10,121,214	\$ -	\$ -	\$ 161,327	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (5,060,343)	\$ 5,222,198	\$ 161,327
General Fund Fees and Misc F	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Grants-PC 330 (EPHC)	\$ 9,994,455	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 9,994,455	\$ -
Grants-COVID-19	\$ -	\$ 316,270	\$ 610,707	\$ -	\$ -	\$ -	\$ -	\$ 7,491,175	\$ 238,174	\$ -	\$ 8,656,326	\$ 8,656,326
Grants-All Other	\$ 9,036,672	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 102,538	\$ -	\$ -	\$ (4,155,389)	\$ 4,983,821	\$ 102,538
Medicaid Quality &	\$ 6,722,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 230,000	\$ 6,952,000	\$ -
Health Center Fees	\$ 109,550,304	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (3,511,520)	\$ 106,038,784	\$ -
Self Pay Client Fees	\$ 1,214,770	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,214,770	\$ -
Beginning Working Capital	\$ 2,515,544	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (369,633)	\$ 2,145,911	\$ -
Write-offs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total</b>	<b>\$ 149,154,959</b>	<b>\$ 316,270</b>	<b>\$ 610,707</b>	<b>\$ 161,327</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 102,538</b>	<b>\$ 7,491,175</b>	<b>\$ 238,174</b>	<b>\$ (12,866,885)</b>	<b>\$ 145,208,265</b>	<b>\$ 8,920,191</b>
<b>Expense</b>												
Personnel	\$ 98,585,933	\$ 283,143	\$ 534,332	\$ 161,327	\$ 2	\$ 3,810	\$ -	\$ 1,062,582	\$ 167,988	\$ (9,274,450)	\$ 91,524,667	\$ 2,213,184
Contracts	\$ 4,654,127	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 102,538	\$ 250,000	\$ 24,050	\$ (1,332,438)	\$ 3,698,277	\$ 376,588
Materials and Services	\$ 18,216,003	\$ -	\$ 76,375	\$ -	\$ (2)	\$ (4,256)	\$ -	\$ 4,174,271	\$ 26,481	\$ (282,738)	\$ 22,206,133	\$ 4,272,869
Internal Services	\$ 27,437,897	\$ 33,127	\$ -	\$ -	\$ -	\$ 446	\$ -	\$ 2,004,322	\$ 19,655	\$ (1,977,259)	\$ 27,518,189	\$ 2,057,550
Capital Outlay	\$ 261,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 261,000	\$ -
<b>Total</b>	<b>\$ 149,154,959</b>	<b>\$ 316,270</b>	<b>\$ 610,707</b>	<b>\$ 161,327</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 102,538</b>	<b>\$ 7,491,175</b>	<b>\$ 238,174</b>	<b>\$ (12,866,885)</b>	<b>\$ 145,208,265</b>	<b>\$ 8,920,191</b>

**Community Health Centers**

**Notes**

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

**Budget Modification #**

**Budget Modification Description**

Budmod-HD-013-21	Expanding Capacity for COVID-19 Testing for ICS
Budmod: HD-015-21	COVID-19 Provider Relief Funding
Internal-HD-003-21	Authorizing two position reclassifications within the Health Department
Budmod: HD-001-21	Authorizing thirteen position reclassifications within the Health Department
Budmod: HD-007-21	Authorizing three position reclassifications within the Health Department
Budmod-HD-021-21	Increasing State MH Grant Revenue
Budmod-HD-032-21	Provider Relief Fund
Budmod-HD-033-21	IC SPY 21 COVID-19 funding

\*Other Adjustments are from grants with related programs that were removed from FQHC Scope.



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 line representing a shoreline or a body of water. At the bottom of the graphic is a blue wavy line representing water. The entire graphic is set against a white background.

# Multnomah County Federally Qualified Health Center

## Monthly Financial Reporting Package

**August FY22**

Updated 10/06/2021

Prepared by: Financial and Business Management Division



**Multnomah County Health Department**  
**Community Health Council Board - Financial Statement**  
For Period Ending August 31, 2021  
Percentage of Year Complete: 16.7%

**Community Health Center- Monthly Highlights**

**Financial Statement:** For period 2 in Fiscal Year 2022 (July 2021 - June 2022)

	<u>YTD Actuals</u>	<u>Budget</u>	<u>Difference</u>	<u>% of Budget</u> <u>YTD</u>
<b><u>Revenue:</u></b>	\$ 20,116,684	\$ 155,245,490	\$ 135,128,807	13%
<b><u>Expenditures:</u></b>	\$ 20,468,190	\$ 155,245,490	\$ 134,777,300	13%
<b><u>Surplus/ (Deficit)</u></b>	\$ (351,506)			

**Recent Budget Modifications:**

<u>Period added</u>	<u>Name</u>	<u>Budmod #</u>	<u>Amount</u>
01 July	State CARES Act	Budmod-HD-003-22	\$ 1,146,666

- Expenditures are tracking at 13% which is primarily due to personnel and internal services which are tracking at 15% and 12% respectively.
- Grant revenues for PC 330 reflects \$920,126 in related expenditures invoiced for July





**Multnomah County Health Department**  
**Community Health Council Board - Financial Statement**  
 For Period Ending August 31, 2021  
 Percentage of Year Complete: 16.7%

**Community Health Center**

	Adopted Budget	Revised Budget	Budget Change	01 July	02 Aug	03 Sept	04 Oct	05 Nov	06 Dec	Year to Date Total	% YTD	FY21 YE Actuals
<b>Revenue</b>												
County General Fund Support	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 5,222,198
General Fund Fees and Misc Rev	\$ -	\$ -	\$ -	\$ 4,380	\$ 5,053	\$ -	\$ -	\$ -	\$ -	\$ 9,433		\$ 111,693
Grants- PC 330 (BPHC)	\$ 9,309,724	\$ 9,309,724	\$ -	\$ -	\$ 920,126	\$ -	\$ -	\$ -	\$ -	\$ 920,126	10%	\$ 9,515,047
Grants- COVID-19	\$ 13,000,000	\$ 14,146,666	\$ 1,146,666	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0%	\$ 8,682,545
Grants- All Other	\$ 4,235,186	\$ 4,235,186	\$ -	\$ 40	\$ 31,261	\$ -	\$ -	\$ -	\$ -	\$ 31,301	1%	\$ 8,581,060
Quality & Incentives Payments	\$ 7,500,159	\$ 7,500,159	\$ -	\$ 647,267	\$ 544,656	\$ -	\$ -	\$ -	\$ -	\$ 1,191,923	16%	\$ 11,049,279
Health Center Fees	\$ 115,169,056	\$ 115,169,056	\$ -	\$ 8,866,217	\$ 8,382,679	\$ -	\$ -	\$ -	\$ -	\$ 17,248,896	15%	\$ 92,485,906
Self Pay Client Fees	\$ 1,244,879	\$ 1,244,879	\$ -	\$ 51,363	\$ 57,006	\$ -	\$ -	\$ -	\$ -	\$ 108,369	9%	\$ 678,121
Preschool For All	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -
Beginning Working Capital	\$ 3,639,820	\$ 3,639,820	\$ -	\$ 303,318	\$ 303,318	\$ -	\$ -	\$ -	\$ -	\$ 606,637	17%	\$ 3,145,138
Write-offs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -
<b>Total</b>	<b>\$ 154,098,824</b>	<b>\$ 155,245,490</b>	<b>\$ 1,146,666</b>	<b>\$ 9,872,585</b>	<b>\$ 10,244,100</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 20,116,685</b>	<b>13%</b>	<b>\$ 139,470,987</b>
<b>Expense</b>												
Personnel	\$ 88,758,656	\$ 89,419,107	\$ 660,451	\$ 6,843,236	\$ 6,720,121	\$ -	\$ -	\$ -	\$ -	\$ 13,563,358	15%	\$ 88,332,034
Contracts	\$ 15,756,862	\$ 16,246,172	\$ 489,310	\$ 263,055	\$ 149,337	\$ -	\$ -	\$ -	\$ -	\$ 412,393	3%	\$ 3,659,777
Materials and Services	\$ 21,652,095	\$ 21,620,523	\$ (31,572)	\$ 1,332,384	\$ 1,765,936	\$ -	\$ -	\$ -	\$ -	\$ 3,098,321	14%	\$ 18,982,109
Internal Services	\$ 27,626,711	\$ 27,655,188	\$ 28,477	\$ 1,165,983	\$ 2,228,137	\$ -	\$ -	\$ -	\$ -	\$ 3,394,120	12%	\$ 24,921,085
Capital Outlay	\$ 304,500	\$ 304,500	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0%	\$ 128,667
<b>Total</b>	<b>\$ 154,098,824</b>	<b>\$ 155,245,490</b>	<b>\$ 1,146,666</b>	<b>\$ 9,604,659</b>	<b>\$ 10,863,531</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 20,468,190</b>	<b>13%</b>	<b>\$ 136,023,672</b>
<b>Surplus/ (Deficit)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 267,926</b>	<b>\$ (619,432)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (351,506)</b>		<b>\$ 3,447,315</b>





**Multnomah County Health Department**  
**Community Health Council Board**  
 FY 2022 YTD Actual Revenues & Expenses by Program Group  
 For Period Ending August 31, 2021  
 Percentage of Year Complete: 16.7%

	Category	Description	Admin	Dental	Pharmacy	Primary Care Clinics	Quality & Compliance	Student Health Centers
<b>Revenues</b>		County General Fund Support	-	-	-	-	-	-
		General Fund Fees and Miscellaneous Revenue	-	-	650	4,084	4,255	443
		Grants- HRSA PC 330 Health Center Cluster	162,841	37,539	-	611,976	27,278	33,839
		Grants- HRSA Healthy Birth Initiatives	-	-	-	-	-	-
		Grants- HRSA Ryan White	-	-	-	-	-	-
		Grants- DHHS and OHA Ryan White	-	-	-	-	-	-
		Grants- OHA Non-Residential Mental Health Services	-	-	-	-	-	-
		Grants- All Other	16,968	-	-	-	-	40
		Grants- Other COVID-19 Funding	-	-	-	-	-	-
		Grants- HHS CARES Act Provider Relief	-	-	-	-	-	-
		Grants- HRSA Health Center CARES Act	-	-	-	-	-	-
		Grants- HRSA Expanding Capacity for Coronavirus Testing	-	-	-	-	-	-
		Medicaid Quality and Incentive Payments	596,286	-	-	-	595,637	-
		Health Center Fees	393,875	2,700,853	6,084,009	7,189,939	-	326,219
		Self Pay Client Fees	-	14,914	38,443	52,813	-	-
		Behavioral Health	-	-	-	-	-	-
		Beginning Working Capital	349,688	81,949	-	-	175,000	-
<b>Revenues Total</b>			1,519,657	2,835,255	6,123,102	7,858,813	802,170	360,541
<b>Expenditures</b>		Personnel Total	2,025,039	2,998,117	1,184,332	5,152,130	675,510	482,861
		Contractual Services Total	55,971	33,005	1,006	183,800	118,020	12,199
		Internal Services Total	389,835	638,383	473,319	1,331,005	132,140	175,552
		Materials & Supplies Total	26,970	140,515	2,695,800	92,773	18,652	21,904
		Capital Outlay Total	-	-	-	-	-	-
<b>Expenditures Total</b>			2,497,816	3,810,019	4,354,456	6,759,708	944,322	692,516
<b>Net Income/(Loss)</b>			(978,159)	(974,764)	1,768,646	1,099,104	(142,152)	(331,974)
<b>Total BMC from Prior Years</b>			2,293,860	3,593,476	-	15,850	2,575,732	2,000





**Multnomah County Health Department**  
**Community Health Council Board**  
 FY 2022 YTD Actual Revenues & Expenses by Program Group  
 For Period Ending August 31, 2021  
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	Category	Description	HIV Clinic	Lab	Y-T-D Actual	Y-T-D Budget	Revised Budget	% of Budget	FY21 YE Actuals
<b>Revenues</b>									
		County General Fund Support	-	-	-	-	-	0%	5,222,198
		General Fund Fees and Miscellaneous Revenue	-	-	9,433	-	-	0%	111,693
		Grants - HRSA PC 330 Health Center Cluster	46,652	-	920,126	1,551,621	9,309,724	10%	9,515,047
		Grants - HRSA Healthy Birth Initiatives	-	-	-	-	-	0%	673,281
		Grants - HRSA Ryan White	-	-	-	420,861	2,525,167	0%	2,657,247
		Grants - DHHS and OHA Ryan White	-	-	-	59,250	355,500	0%	347,799
		Grants - OHA Non-Residential Mental Health Services	-	-	-	-	-	0%	2,970,557
		Grants - All Other	14,293	-	31,301	225,753	1,354,519	2%	1,932,177
		Grants - Other COVID-19 Funding	-	-	-	2,357,778	14,146,666	0%	8,071,838
		Grants - HHS CARES Act Provider Relief	-	-	-	-	-	0%	(0)
		Grants - HRSA Health Center CARES Act	-	-	-	-	-	0%	-
		Grants - HRSA Expanding Capacity for Coronavirus Testing	-	-	-	-	-	0%	610,707
		Medicaid Quality and Incentive Payments	-	-	1,191,923	1,250,027	7,500,159	16%	11,049,279
		Health Center Fees	554,001	-	17,248,896	19,194,843	115,169,056	15%	92,485,906
		Self Pay Client Fees	2,199	-	108,369	207,480	1,244,879	9%	678,121
		Behavioral Health	-	-	-	-	-	0%	-
		Beginning Working Capital	-	-	606,637	606,637	3,639,820	17%	3,145,138
<b>Revenues Total</b>			617,145	-	20,116,685	25,874,248	155,245,490	13%	139,470,988
<b>Expenditures</b>									
		Personnel Total	782,577	262,792	13,563,358	14,903,185	89,419,107	15%	88,332,034
		Contractual Services Total	8,095	298	412,393	2,707,695	16,246,172	3%	3,659,777
		Internal Services Total	190,139	63,746	3,394,120	4,609,198	27,655,188	12%	24,921,085
		Materials & Supplies Total	22,580	79,126	3,098,321	3,603,420	21,620,523	14%	18,982,109
		Capital Outlay Total	-	-	-	50,750	304,500	0%	128,667
<b>Expenditures Total</b>			1,003,391	405,961	20,468,190	25,874,248	155,245,490	13%	136,023,673
<b>Net Income/(Loss)</b>			(386,246)	(405,961)	(351,506)	-	-		3,447,316
<b>Total BWC from Prior Years</b>			724,184	-	9,205,101				





**Multnomah County Health Department**  
**Community Health Council Board - Notes & Definitions**  
For Period Ending August 31, 2021  
Percentage of Year Complete: 16.7%

**Community Health Center - Notes**

County General Fund Support reflects the amount budgeted (1/12 per month), which may not be the actual amount used by the end of the year.

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

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

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





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

For Period Ending August 31, 2021

Percentage of Year Complete: 16.7%

## Community Health Center - Definitions

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

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**Multnomah County Health Department  
Community Health Council Board - Notes & Definitions**

For Period Ending August 31, 2021

Percentage of Year Complete: 16.7%

**Community Health Centers - Definitions cont.**

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

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

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

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

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





**Multnomah County Health Department**  
**Community Health Council Board - Budget Adjustments**  
For Period Ending August 31, 2021  
Percentage of Year Complete: 16.7%

**Community Health Centers**

	Original Adopted Budget	Budmod-HD- 001-22	Budmod-HD- 003-22	Budmod-HD- 006-22	Other Adjustments*	Revised Budget	Budget Modifications
<b>Revenue</b>							
County General Fund Support	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
General Fund Fees and Misc F	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Grants- PC 330 (BPHC)	\$ 9,309,724	\$ -	\$ -	\$ -	\$ -	\$ 9,309,724	\$ -
Grants- COVID-19	\$ 13,000,000	\$ -	\$ 1,146,666	\$ -	\$ -	\$ 14,146,666	\$ 1,146,666
Grants- All Other	\$ 4,235,186	\$ -	\$ -	\$ -	\$ -	\$ 4,235,186	\$ -
Medicaid Quality &	\$ 7,500,159	\$ -	\$ -	\$ -	\$ -	\$ 7,500,159	\$ -
Health Center Fees	\$ 115,169,056	\$ -	\$ -	\$ -	\$ -	\$ 115,169,056	\$ -
Self Pay Client Fees	\$ 1,244,879	\$ -	\$ -	\$ -	\$ -	\$ 1,244,879	\$ -
Preschool For All	\$ -				\$ -	\$ -	
Beginning Working Capital	\$ 3,639,820	\$ -	\$ -	\$ -	\$ -	\$ 3,639,820	\$ -
Write-offs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total</b>	<b>\$ 154,098,824</b>	<b>\$ -</b>	<b>\$ 1,146,666</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 155,245,490</b>	<b>\$ 1,146,666</b>
<b>Expense</b>							
Personnel	\$ 88,758,656	\$ 197,067	\$ 446,666	\$ 16,718	\$ -	\$ 89,419,107	\$ 660,451
Contracts	\$ 15,756,862	\$ (191,745)	\$ 700,000	\$ (18,945)	\$ -	\$ 16,246,172	\$ 489,310
Materials and Services	\$ 21,652,095	\$ (31,572)	\$ -	\$ -	\$ -	\$ 21,620,523	\$ (31,572)
Internal Services	\$ 27,626,711	\$ 26,250	\$ -	\$ 2,227	\$ -	\$ 27,655,188	\$ 28,477
Capital Outlay	\$ 304,500	\$ -	\$ -	\$ -	\$ -	\$ 304,500	\$ -
<b>Total</b>	<b>\$ 154,098,824</b>	<b>\$ -</b>	<b>\$ 1,146,666</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 155,245,490</b>	<b>\$ 1,146,666</b>

**Community Health Centers**

**Notes:**

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

<b><u>Budget Modification #</u></b>	<b><u>Budget Modification Description</u></b>
Budmod-HD-001-22	12 position reclassifications
Budmod-HD-003-22	State CARES Act funding to increase Vaccination Rates
Budmod-HD-006-22	11 position reclassifications



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

## What this slide shows:

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

**Good performance = the green “actual average” line at or above the red “target” line**

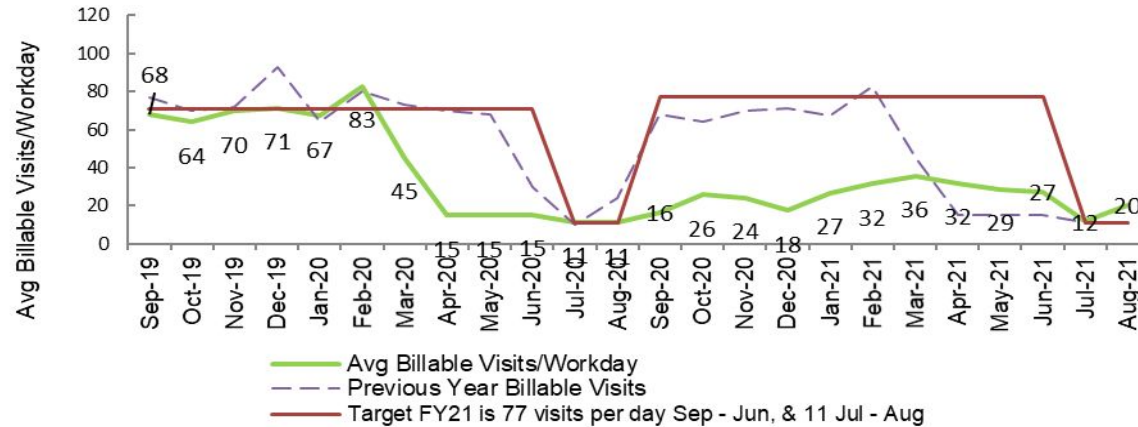
## Definitions:

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

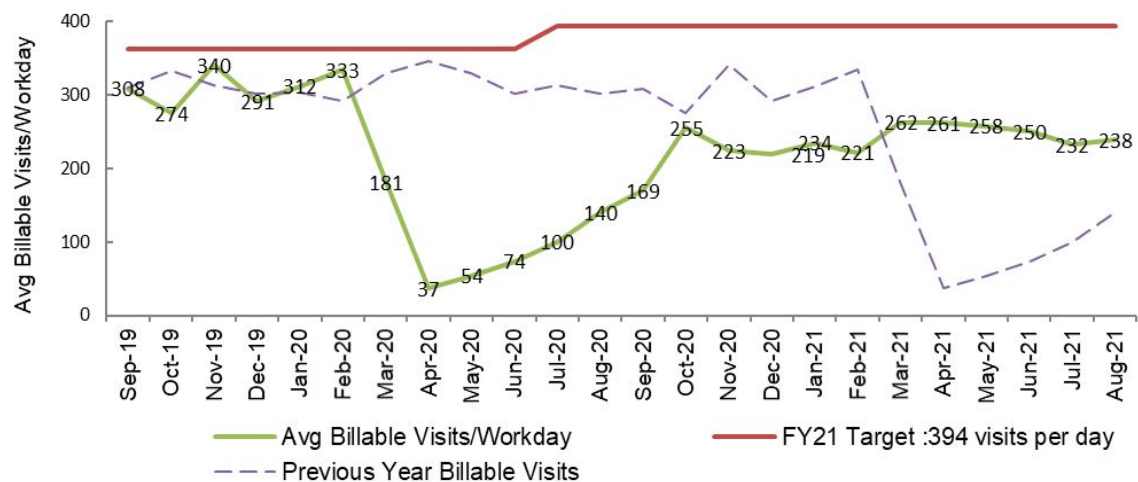
- Some visits may not yet have been billed due to errors that need correction.
- Some visits that are billed
- may not be paid, or not paid at the full billed amount, due to missing or incorrect documentation or coding, exceeding timely filing, or what is included in the insurance plan’s benefits.

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

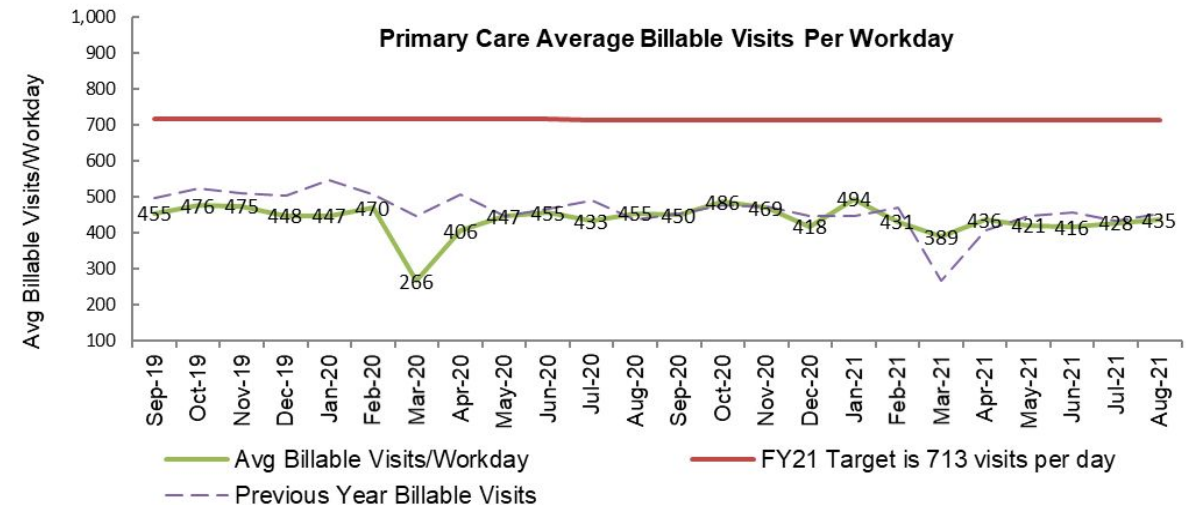
Student Health Center Average Billable Visits Per Workday



Dental Average Billable Visits Per Workday



Primary Care Average Billable Visits Per Workday



Notes: FY22 targets are still in development by ICS financial leadership and will be included when they become available.

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.

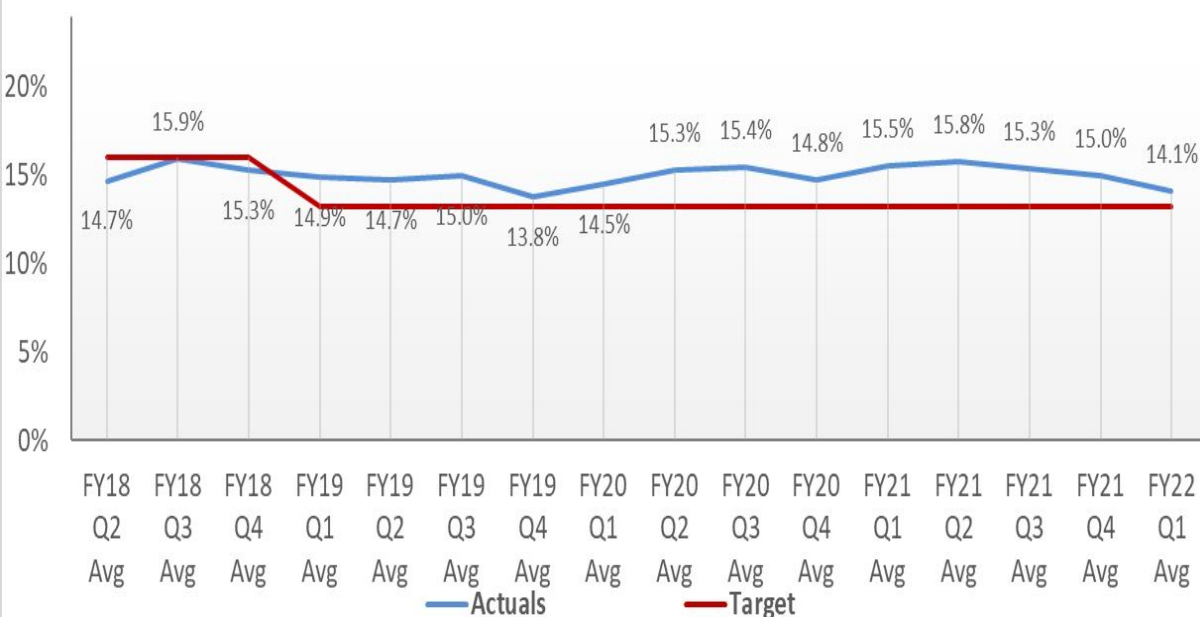
Good performance = the blue “Actual” line is around or below the red “Target” line

## Definitions:

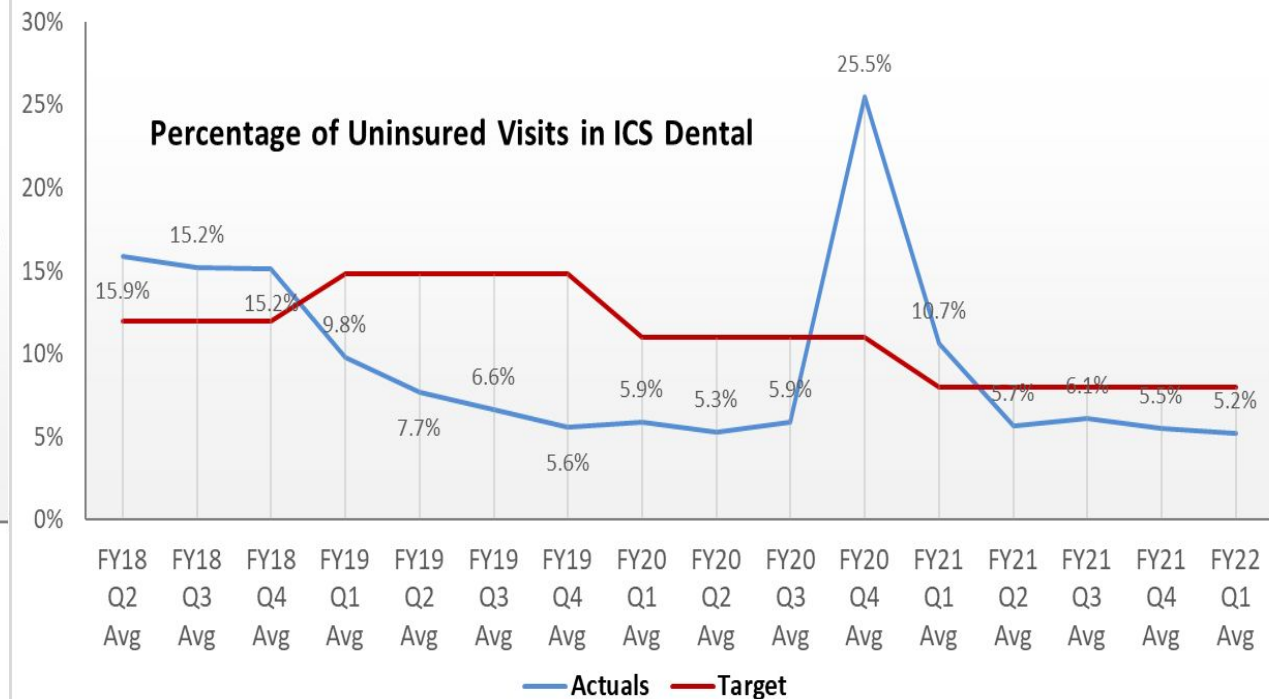
**Self Pay visits:** visits checked in under a “self pay” account

- 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)

### Percentage of Uninsured Visits in Primary Care



### Percentage of Uninsured Visits in ICS Dental



Notes: FY22 targets are still in development by ICS financial leadership and will be included when they become available.

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

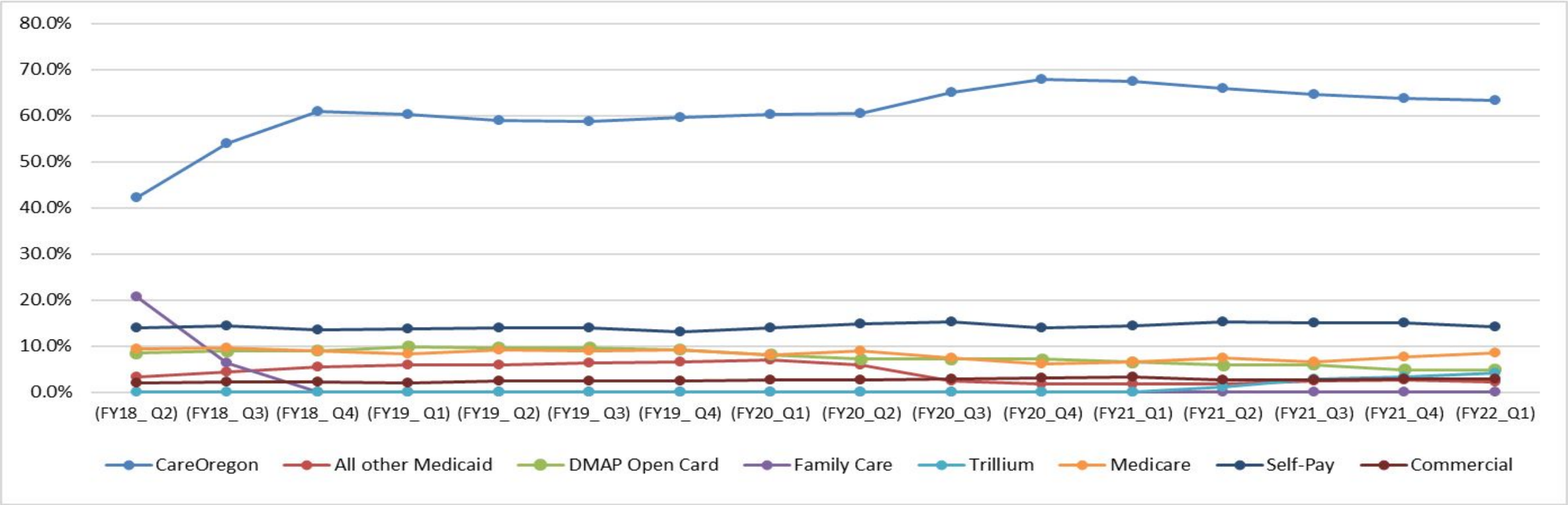
**What this slide shows:**

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.



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:**

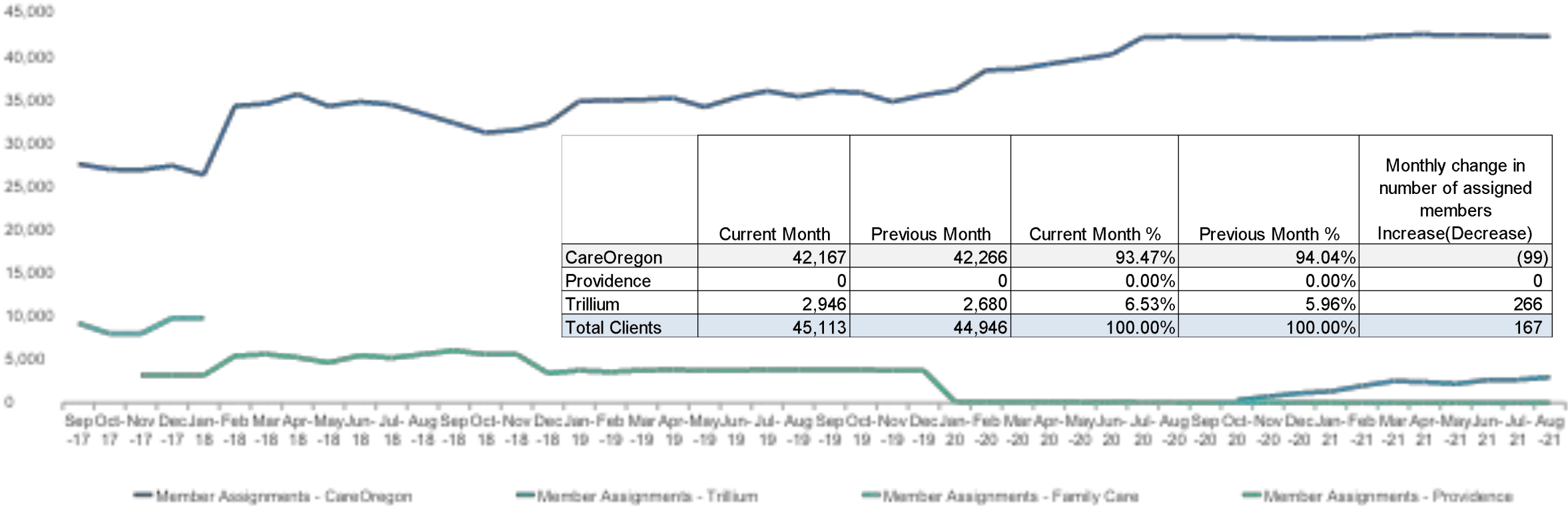
This report shows the total number of patients OHP has assigned to the Multnomah County Health Center Primary Care clinics. *NOTE: Not all of these patients have established care.*

**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

## Jun'21 – Aug'21 vs Jul'21 – Aug'21 (YTD)

	Jun'21 - Aug'21 Payments	YTD Payments	Jun'21 - Aug'21 Net Collection	YTD Net Collection
CareOregon Medicaid	3,443,685	2,129,632	99%	99%
Commercial	252,464	134,549	92%	90%
Medicaid	457,814	344,705	94%	93%
Medicare	580,360	365,992	100%	100%
Reproductive Health	38,023	21,832	74%	66%
Self-Pay	172,229	107,729	42%	44%
	<b>\$4,944,575</b>	<b>\$3,104,439</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

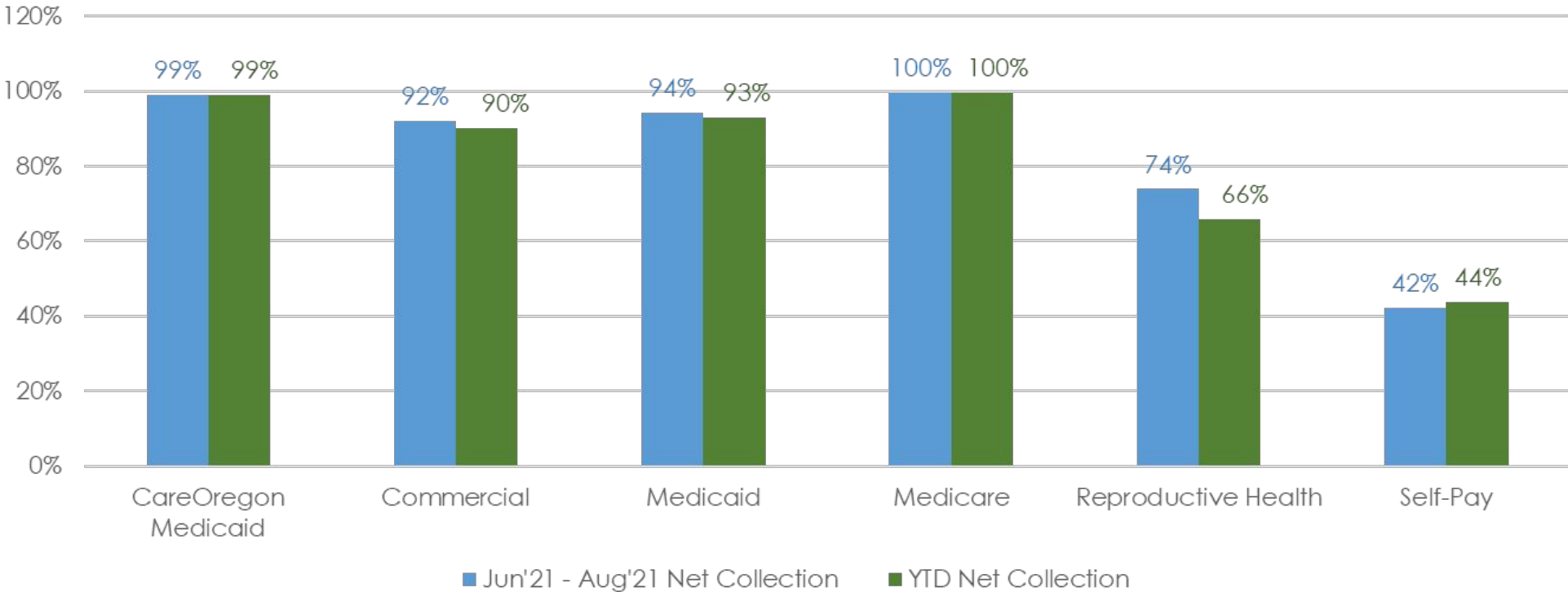
### Definitions:

**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 Jun'21 – Aug'21 vs Jul'21 – Aug'21 (YTD)

	Jun'21 - Aug'21 Payments	YTD Payments	Jun'21 - Aug'21 Net Collection	YTD Net Collection
MC Dental	\$ 1,708,264	\$ 1,080,458	98%	98%
MC HSC Health Service Center	\$ 267,717	\$ 168,624	97%	98%
MC Pharmacy - Self Pay Only	\$ 73,046	\$ 46,844	49%	56%
MC Primary Care	\$ 2,756,213	\$ 1,739,913	93%	92%
MC School Based Health Centers	\$ 139,336	\$ 68,599	97%	96%
	<b>\$4,944,575</b>	<b>\$3,104,439</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

