



Regular Public Meeting

November 8, 2021



**community health
center board**

Multnomah County



Public Meeting Agenda Monday, November 8, 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. Responses will be addressed within 48 hours after the meeting

Time	Topic/Presenter	Process / Desired Outcome
6:00-6:05 (5 min)	Call to Order / Welcome <ul style="list-style-type: none"> • Chair, Harold Odhiambo 	Call to order Review processes
6:05-6:10 (5 min)	Minutes Review - VOTE REQUIRED <ul style="list-style-type: none"> • Review 9/27/21 Emergency Meeting and 10/11/21 board minutes for omissions/errors 	Board votes to approve
6:10-6:20 (10 min)	CHCB Candidate - Dr. Aisha Hollands - VOTE REQUIRED <ul style="list-style-type: none"> • Fabiola Arreola, Nominating Committee Chair 	Board votes to approve
6:20-6:30 (10 min)	Grant Request: SHC Telehealth Pilot - VOTE REQUIRED <ul style="list-style-type: none"> • Alexandra Lowell, Manager, Student Health Centers 	Board votes to approve
6:30-6:40 (10 min)	5 Year Facilities Planning <ul style="list-style-type: none"> • Adrienne Daniels, Director, Strategy and Population Health 	Board receives updates
6:40-6:50 (10 min)	Analysis of PCC Partnership Proposal - VOTE REQUIRED <ul style="list-style-type: none"> • Adrienne Daniels, Director, Strategy and Population Health 	Board votes to approve
6:50-7:00 (10 min)	Local Needs Assessment <ul style="list-style-type: none"> • Claire Nystrom Sr. Specialist, Strategy & Grants Development 	Board receives updates
7:00-7:10 (10 min)	Update on Patient Access Center <ul style="list-style-type: none"> • Tony Gaines, Operations Innovation & Process Improvement Mgr. 	Board receives updates

7:10-7:20	10 Minute Break	
7:20-7:30 (10 min)	Monthly Budget Report <ul style="list-style-type: none"> • Jeff Perry, Chief-Financial-Officer, ICS 	Board receives updates
7:30-7:40 (10 min)	COVID/ICS/Strategic Updates <ul style="list-style-type: none"> • Tasha Wheatt-Delancy, Executive Director, ICS 	Board receives updates
7:40-7:50 (10 min)	CHCB Operational Updates <ul style="list-style-type: none"> • Francisco Garcia, Community Engagement Strategist, ICS 	Board receives updates
7:50-7:55 (5 min)	Council Business <ul style="list-style-type: none"> • Chair, Harold Odhiambo 	Board receives updates
7:55	Meeting Adjourns	Thank you for your participation

Next Public Meeting: December 13, 2021



Public Meeting Minutes
October 11, 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:

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

Tahsa Wheatt-Delancy - Executive Director, Community Health Center (ICS)

Board Members Excused/Absent: None

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
Call to Order / Welcome Chair, Harold Odhiambo	The Board Chair called the meeting to order at 6:01PM A quorum was established. Lucia and Victor in attendance (Spanish interpreter)	N/A	N/A	N/A
Minutes Review - VOTE REQUIRED Review September Public Meeting minutes for omissions/errors	Chair Odhiambo asked for approval or changes to the minutes.	Motion to vote as presented: Tamia Second: Brandi Yays: 9 Nays: 0 Abstain: 0 Decision: Approved		
HRSA HC Program Budget Addendum - VOTE REQUIRED	Budget Period Renewal - Revision: 9.8 v 9.6 million previously approved.	Motion to vote as presented: David Second: Tamia		

<p>Jeff Perry, Chief Financial Officer, ICS</p>	<p>What is the BPR?</p> <ul style="list-style-type: none"> • Non-competing continuation application for budget period 1/1/22-12/31/22 • Funds Community Health Center and Healthcare for the Homeless programs • In 2018 Service Area Competition (SAC) application approved for 1/1/19-12/31/21 • Performance period extended one year • Submitting BPR in FY 2022, then SAC for FY23. • This grant supports <ul style="list-style-type: none"> ○ Salaries and fringe for 70+ CHC staff ○ Substance abuse treatment services contract ○ Indirect costs <p>With a “YES” vote. . .</p> <p><i>We will submit the application required for an extension of Health Center Program funding that supports operation of current sites and services.</i></p> <p>With a “NO” vote. . .</p> <p><i>We will not meet requirements for extended funding, thereby reducing critical funding for Health Center Program sites and services.</i></p> <p>A question was raised of whether this budget was already approved by the health center back in August? The 9.6 million is a modest increase to what was already approved, this includes HRSA rolling the Behavioral Health grant into our base grant.</p>	<p>Yays: 9 Nays: 0 Abstain: 0</p> <p>Decision: Approved</p>		
<p>Sports Medicine - Removal from Scope - VOTE REQUIRED Debbie Powers – Director of Nursing</p>	<p>This is a request to approve a change in scope for sports medicine at 2 health centers: Mid co. and NE Health Centers; This was a contract from approx year 2015, low volume at those sites.</p> <ul style="list-style-type: none"> • In the past, ICS has had 2 OHSU sports medicine doctors providing non-operative orthopedic consults. This service has not been 	<p>Motion to vote as presented: David Second: Darrell</p> <p>Yays: 8 Nays: 0</p>		

	<p>provided since the onset of the pandemic as it needed space and staffing.</p> <ul style="list-style-type: none"> • Since pandemic, clients are now receiving these services externally by referral • In FY 2020, 228 hours paid, 315 patients seen • The HC takes a significant financial loss from having this program in place. • In FY 2020, we paid \$51,300 to OHSU, we received payment for \$26,207, for a net loss of \$25,093 • In FY 2019, the net loss was \$51,00 <p>With a “YES” vote. . .</p> <p><i>ICS will submit a change in scope request to HRSA to remove Sports Medicine as a service provided by the health center and continue to refer externally (joint injections, etc.)</i></p> <p><i>ICS Leadership will consider other options for musculoskeletal services for our clients (and conduct needs assessment to determine the demand)</i></p> <p>With a “NO” vote. . .</p> <p><i>ICS will need to strategize how to restart these services and make them financially neutral.</i></p> <p>There was a discussion of whether the shortfall was attributable to the pandemic and the difficulty getting to see specialists now has become.</p> <p>Answer: Some services were made available to neighboring clinics but clients couldn't get there or increase the services due to the provider time and lack of reimbursement. Possible uptick post pandemic. The service need is just not as great as originally thought. Medical directors are looking at how to bring in providers that can administer injections - which is the main need.</p>	<p>Abstain: 1</p> <p>Decision: Approved</p>		
<p>Mobile Services - ARPA Scope Change - VOTE REQUIRED</p>	<p>Currently ICS has no mobile services. Receiving care at clinic sites can be problematic for those unable to plan, get transportation and/or are houseless. A mobile van can provide low barrier care to physically</p>	<p>Follow up with the team to provide info on the costs</p>		

<p>Ryan Linskey, Program Supervisor, Primary Care</p>	<p>drive into the community and meet people where they are at. ICS was awarded a capital expense 3 year grant to purchase, outfit and staff a mobile clinic. We have ARPA funds to staff the clinic and we currently have healthcare for the homeless funds. for care delivery.</p> <p>“Extended” Mobile Services</p> <ul style="list-style-type: none"> • directly observed therapy • harm reduction activities • homeless outreach • HIV/HCV testing and treatment referral <p>“Expanded” Mobile Services</p> <ul style="list-style-type: none"> • provide comprehensive primary services • dental preventive services to migrant workers • dental services at school health locations <p>• healthcare for homeless services at camps</p> <p>Expanded Services would require change in scope and additional funding</p> <p>Extending existing programs would require pulling staff from current assignments, and would impact our brick-and-mortar operations</p> <p>A “YES” vote would. . .</p> <p>allow us to continue to plan and purchase the mobile van / clinic to provide current services.</p> <p>A “NO” vote would. . .</p> <p><i>maintain established clinical services and locations.</i></p> <p>Discussion was had about the costs per visit as compared to traditional programs, ways to reduce overhead costs, electric vehicles and what happens once the grant runs out.</p> <p>Since this vote is solely on expanding the scope, that info will be provided in the operational planning phase, i.e., cost per visit, staffing</p>	<p>per visit as compared to traditional program once moved to the planning phase.</p> <p>Motion to vote as presented: Tamia Second: Fabiola</p> <p>Yays: 9 Nays: 0 Abstain: 0</p> <p>Decision: Approved</p>		
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	matrix to ensure a sustainable plan. Can also anticipate future discussions of partnerships to target houseless outreach, mobile services to migrant population and potential dental care. We will bring the plans back to future meetings for Board updates			
REDI Initiative Update Bee Yakzan, Equity Program Manager, ICS	<p>REDI (Racial Equity Diversity Inclusion) is the Health Center's initiative to focus on eliminating institutional racism and racial inequity within Multnomah County's community health centers.</p> <p>Race and ethnicity remain the top indicators of both access to healthcare and health outcomes. By centering our efforts to lead 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.</p> <p>Integrated Clinical Services (ICS) will develop 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.</p> <p>Focus Areas & Project Deliverables</p> <ul style="list-style-type: none"> • Eliminate racial inequities in ICS policies, procedures and practices • Develop clinical practices centered on racial and health equity • Establish training and development opportunities • Build infrastructure to support racial equity • Develop sustainable health center culture centered on racial equity <p>In discussion of the initiative, members were reminded that they emphasized health equity in their strategic planning and that this is one initiative towards those efforts. Staffing shortages could impact the rollout schedule.</p> <p>Rollout Timeline: June 2020-June 2021</p>	Provide regular updates to board on rollout and progress		
FY21 Financial Report Jeff Perry, Chief-Financial-Officer, ICS	<p>Highlights</p> <ul style="list-style-type: none"> • Ended FY June 30 2021 with a surplus of about 3.4 million • 2 million loss in Admin. • 2.4 million loss in ... 			

	<ul style="list-style-type: none"> Dental received 7.5 million in provider relief; used a lot of that to shore up revenue losses Beginning the year with working capital (BWC) 8.4 million carry over. 			
Monthly Budget Report Jeff Perry, HC Chief-Financial-Officer	<p>August 2021 - Monthly Highlights</p> <p>Since (July/Aug) are wedged between the year-end close and the new enterprise fund implementation - some of the numbers have not caught up and should be in September's report.</p> <ul style="list-style-type: none"> Below target for expenses; expense totals still catching up. Loss approx 52K Grant revenue is still a bit behind - Health Department soon to be caught up on applying the revenue. Expense still tracking a bit behind from internal services. In better fiscal shape going into August this year compared to last. Dental expenses were hard hit during Covid. snapshot of uninsured visits for primary care running slightly above target; dental is running below target. Payer mix for primary care - CareOregon is roughly 60% of payer mix. Trillium in FY 22 ticking upward as more of the payer mix. OHP Clients assigned by CCO- CareOregon running about 42K; Trillium 2900; total around 45K 			
COVID/ICS/Strategic Updates Tasha Wheatt-Delancy, Executive Director, ICS	<ul style="list-style-type: none"> Trillium recruiting for their Community Advisory Council (CAC) Ramping Down Vaccine Clinics - see slide Current staffing shortages - workforce capacity \$1.1 M Capital Expenses Grant Awarded to the Health Center - focusing on capital expenses (mobile van, generators and freezers at mid county and NE health centers) Co-Applicant agreement approved by both Boards. - BCC also reviewed this agreement; Francisco will be sending copies to all members. All compliance materials have been submitted to HRSA on October 4 deadline. May take a few weeks to hear back. Joint Commission Lab Audit/Response - surveyors said "your staff is your greatest asset" Monoclonal Antibody Treatment (pilot)- offering under skin treatment for Covid 19 positive individuals with mild to moderate 			

	<p>symptoms within 10 days of symptoms.</p> <ul style="list-style-type: none"> • Covid-19 Testing & Vaccine Update 10/16; <i>Total of 7,729 tests since March 2020, Cumulative positive rate 23% since March; September positive rate was 15% and is close to our peak in Oct/Nov 2020.</i> <p>A discussion was had about offering hiring bonuses.</p> <p>Answer: ICS is drafting a proposal to HR. Multco is competing with other counties and institutions for the same pool of candidates.</p> <p>A question was asked about flu vaccine availability at all of the clinics.</p> <p>Answer: HC has vaccines at all clinics. We're trying to figure out how to coordinate alongside Covid vaccines. Confirmation from CDC that flu and Covid vaccines can be administered at the same visit.</p>			
<p>Council Business Chair, Harold Odhiambo</p>	<ul style="list-style-type: none"> • Thank you to ICS leadership for meeting all the HRSA deadlines. • Fabiola has accepted the position of nominating committee Chair. Bee has also joined the committee. • Board Retreat scheduled for Saturday, Nov. 13.; virtual retreat is still in logistic planning - you'll get emails in the next couple weeks; outreach to members to assess tech needs and access • Harold talked with Chair Kafoury who committed to let CHCB invite one county commissioner into partnership discussions; we will conduct outreach to the commissioners to elicit interest. <p>Question was asked about the Emergency meeting minutes which will be shared with the full board once reviewed by the Executive Committee.</p>			
<p>Meeting Adjourns</p>	<p>The Board Chair adjourned the meeting at 7:48 PM. The next public meeting will be on November 8, 2021 via Zoom.</p>			

Signed: _____ Date: _____
Pedro Prieto Sandoval, Secretary

Signed: _____ Date: _____
Harold Odhiambo, Board Chair

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

CHCB Candidate Bio



Dr. Aisha Hollands

Community Member Nominee

Pronouns: She/Her

Interests

Access to Health Care

Health Equity

Mental Health

Public Policy & Government

"We all have a learning curve, therefore, I am open to increasing my learning curve at every possibility regardless of my current or previous experiences."

~AH

Self-Identified Skills

Previous Board Experience; Conflict Resolution; Diversity/Equity/Inclusion; Human Resources; Management/Supervision; Policy Development & Review; Public Speaking

About Dr. Hollands

I have over 22 years of experience assisting both publicly funded and non-profit organizations to understand the impact of Inclusion, Equity and Diversity. I develop strategies and tools to assist in strengthening equitable practices for individuals and systems that are intentional about making room for voices that have been underserved, invisible and marginalized.

I bring a wealth of knowledge and experience providing professional coaching, mentoring, training, and a personal centered approach. I believe that social justice can be an integral part of our day-to-day lives, personally and professionally, but requires a consistent amount of introspection, reflection and action.

I am dedicated to helping people identify and acknowledge their own biases, and providing the highest standards of equity and achievement that creates an environment of empowerment and success for students, consumers, employees, families and community partners.



Community Health Center Board (CHCB) Authority and Responsibility

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

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

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

Grant Title	Oregon Health Authority School-Based Health Center (SBHC) State Program Office (SPO) Telehealth Pilot and COVID-19 Recovery Grants		
Current Operations	Expanded Services or Capacity	New Services	
		X	
This funding will support: Please add an "X" in the category that applies.			
Date of Presentation:	11/8/2021	Program / Area:	Student Health Centers
Presenters:	Alexandra Lowell		
Project Title and Brief Description:			
<p><u>Oregon Health Authority SBHC (SHC) Telehealth Pilot and COVID 19 Recovery Support</u></p> <p>The School-Based Health Center (SBHC) State Program Office (SPO) announced the availability of funding to support various SBHC initiatives with the passage of House Bill 2591. The Multnomah County Student Health Center (SHC) Program plans to apply for up to \$450,000 over 18 months to 1) Pilot telehealth approaches that link SHC providers with Multnomah Education Services District (MESD) School Nurses based at the school where the patient is located; and 2) Support culturally specific COVID-19 vaccination strategies and other health services for clients who are 5 years of age and older.</p>			

What need is this addressing?

The proposed projects support 1) Expanded access to primary care health services (both physical and integrated behavioral health services) for school-aged youth, particularly those who do not attend schools with embedded SHCs; and 2) Increased access to culturally specific health services and COVID-19 vaccination clinics.

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

Increased access to health services for school-aged youth and increased culturally specific response related to COVID-19 efforts and general health supports.

What is the total amount requested: \$450,000

\$300,000 of the grant funds will support the telehealth component of the grant application. A budget is not required at this time for this component of the application. The SHC program anticipates that funds will be spent on telehealth equipment, MESD staffing, and SHC project management staffing. The remaining \$150,000 will support culturally specific COVID-19 vaccination strategies and other health services (see below budget).

Expected Award Date and project/funding period:

The funding period is from approximately 1/1/2022 -6/30/2023.

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

(Please be sure to also note any financial outcomes)

A “yes” vote means MCHD will submit the application to the Oregon Health Authority that will allow SHCs to pilot telehealth services in partnership with school nurses (employed by MESD) and gain additional capacity to support culturally specific COVID-19 vaccination strategies and general health services for school-age youth.

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 SHC services will not be able to pilot telehealth activities that expand access to services for school-aged youth nor increase capacity to support culturally specific COVID-19 vaccination strategies and general health services for school-age youth.

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: Oregon Health Authority School-Based Health Center (SBHC) State Program Office (SPO) Telehealth Pilot and COVID -19 Recovery Support Project.		Start/End Date: 1/1/2022-6/30/2023	
	Budgeted Amount	Comments (Note any supplemental or matching funds)	Total Budget
A. Personnel, Salaries and Fringe			
Medical Assistant			
Salary (\$45,226 annually over 18 months)	\$67,839		\$67,839
Bilingual Premium (18 months)	\$6,873		\$6,873
Fringe Benefits (18 months)	\$58,464		\$58,464
Total Salaries, Wages and Fringe	\$133,176		\$133,176
B. Supplies			
C. Contract Costs			
D. Other Costs			
Total Direct Costs (A+B+C+D)	\$133,176		\$133,176
Indirect Costs			
<i>The FY 2022 Multnomah County Cost Allocation Plan has set the Health Department's indirect rate 13.32% of Personnel Expenses (Salary and Fringe Benefits).</i>			
Total Indirect Costs	\$16,824		\$16,824
Total Project Costs (Direct + Indirect)	\$150,000		\$150,000

Presentation Title	Analysis of Portland Community College Partnership Proposal			
Type of Presentation: Please add an "X" in the categories that apply.				
Inform Only	Annual / Scheduled Process	New Proposal	Review & Input	Inform & Vote
				X
Date of Presentation:	Nov 8, 2021	Program / Area:	Primary Care, Dental, and Pharmacy Services	
Presenters:	Adrienne Daniels			
Project Title and Brief Description:				
Analysis of Portland Community College Workforce Metro Center Clinic Proposal				
Describe the current situation:				
<p>Portland Community College (PCC) has offered the Multnomah County Community Health Center program the opportunity to partner with them and build a new health center clinic within their Workforce Center. The Health Center program is currently evaluating the costs, risks, and benefits of this proposal. The health center is requesting the CHCB's approval to move forward with a formal planning process with PCC. The new clinic could serve as a replacement and expansion of services which are currently delivered at the La Clinica primary care location.</p>				
Why is this project, process, system being implemented now?				
<p>PCC first initiated this idea in early 2021. Health Center staff meet with PCC and the local elected district to discuss the desired vision for services, projected demand for care, and overall partnership goals. Both groups agreed that the overall mission and vision of both programs are strongly aligned. Multnomah County began evaluating the potential costs to build the new clinic and business case to serve this community in the fall of 2021.</p>				

The Health Center program has several other high priority capital needs at this time. However, this partnership is currently the only proposal which offers a pathway to grow our existing patient services and footprint.

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):

With PCC, the Health Center Program has evaluated and analyzed the possible new patient population who could be interested in health center services. The Health Center program has evaluated the existing limitations of space and services available in the La Clinica location. The program is currently conducting patient surveys in English and Spanish to understand patient care needs, preferences, and desired new services for the La Clinica population.

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

The CHCB is not voting at this time to expand the scope of the health center project or voting to purchase or lease new building space. These are separate processes which would be addressed later in the project work or be completed by Multnomah County.

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

A yes vote allows the health center program to move forward with formal planning processes with PCC, including: service line proposals, scoping and construction options, developing lease or payment agreements, and working with additional partners to develop a completed clinical proposal.

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 that the health center program should stop planning and would not move forward in evaluating the new service location or model with Portland Community College. We would inform Portland Community College that we are unable to pursue a partnership at this time.

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

Portland Community College Facilities and Workforce Center

Multnomah County Facilities: Dan Zalkow

Multnomah County Chair's Office: Chair Deborah Kafoury, Serena Cruz, Liz Smith Currie

Multnomah County Commissioner District #2: Commissioner Jayapal, Sara Ryan

Community Health Center Staff: Tasha Wheatt-Delancy, Adrienne Daniels, Jeff Perry, Amaury Sarmiento, Alex Lehr O'Connell, Ryan Francario

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

Dan Zalkow, Facilities Manager

Adrienne Daniels, Strategy and Population Health Director

Tasha Wheatt-Delancy, Executive Director

What have been the recommendations so far?

Continue evaluation and planning process with Portland Community College so that the health center can determine a pathway to a new clinical location for primary care, dental, and pharmacy services. Allow Multnomah County to partner with the Health Center Program in designing a proposal to lease and build a new location for healthcare services.

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

A brief analysis of the competitive lease market was completed for the Portland metro region, indicating that the PCC proposal is in alignment with anticipated costs of a new healthcare facility. Discussions with PCC indicate that both organizations are seeking to create a supportive, highly integrated facility for community members seeking healthcare, housing, and educational services.

Board Notes:

Please type or copy/paste your content in the white spaces below.

Presentation Title	Local Needs Assessment			
Type of Presentation: Please add an "X" in the categories that apply.				
Inform Only	Annual / Scheduled Process	New Proposal	Review & Input	Inform & Vote
	X		X	
Date of Presentation:	11/08/2021	Program / Area:	Health Center Program	
Presenters:	Claire Nystrom			
Project Title and Brief Description:				
<p>Local Needs Assessment: Each year staff update a local needs assessment that is shared with Health Center leadership and the CHCB. The assessment provides an up-to-date profile of the needs of the communities we serve, including where our patients are coming from and if that is changing; unmet need for health services in the area; and an overview of the health and demographics of the local community.</p> <p>Updating and reviewing the needs assessment annually is a HRSA compliance requirement. It also helps inform Health Center leadership and the CHCB as they set priorities, allocate resources, and build partnerships; and provides an opportunity for feedback about how data does and does not reflect our current understanding of community needs and the needs of our patient population.</p>				
Describe the current situation:				
<p>The CHCB last reviewed a local needs assessment during the strategic planning retreat in November 2020. Reviewing an updated needs assessment in 2021 will maintain HRSA compliance and support recommendations and decisions related to strategic planning.</p>				
Why is this project, process, system being implemented now?				
<p>Reviewing the local needs assessment will maintain HRSA compliance and support strategic planning.</p>				
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 has reviewed local needs assessments on an annual basis for a number of years. The assessments have traditionally included a description of local health and social inequities among BIPOC populations.
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):
Not applicable
Briefly describe the outcome of a "NO" vote or inaction by the Board (Please be sure to also note any financial outcomes):
Not applicable
Which specific stakeholders or representative groups have been involved so far?
Health Center leadership and staff and the Health Department Strategy & Grant Development team have supported this work.
Who are the area or subject matter experts for this project? (Please provide a brief description of qualifications)
The Health Department Strategy & Grants Development team provides subject matter expertise. Staff are well versed in developing profiles of community needs as part of grant applications and program planning.
What have been the recommendations so far?
Not applicable
How was this material, project, process, or system selected from all the possible options?
The Strategy & Grant Development team works with Health Center leadership and staff, as well as input from the CHCB, to develop the format and content for needs assessments.

Board Notes:



Multnomah County Federally Qualified Health Center

*Monthly Financial Reporting
Package* September FY 2022

Updated 11/02/2021

Presenter: Jeff Perry,
Chief-Financial-Officer

** The financial information in these materials are prepared for and provided to the Health Center by the Health Department's Finance and Business Management division.*



Community Health Center - Monthly Highlights

** The financial information in these materials are prepared for and provided to the Health Center by the Health Department's Finance and Business Management division.*

Financial Statement:

For period 3 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>
<u>Revenue:</u>	\$ 32,691,594	\$ 155,495,490	\$ 122,803,896	21%
<u>Expenditures:</u>	\$ 31,278,091	\$ 155,495,490	\$ 124,217,400	20%
<u>Surplus/ (Deficit)</u>	\$ 1,413,505			

Recent Budget Modifications:

<u>Period added</u>	<u>Name</u>	<u>Bud mod #</u>	<u>Amount</u>
01 July	State CARES Act	Bud mod-HD-003-22	\$ 1,146,666
03 September	State CARES Act	Bud mod-HD-009-22	\$ 250,000

- Grant Revenue Projection reflects \$2.5M in related expenditures invoiced in prior periods.
- Expenditures are tracking at 20% which is slightly behind the expected target of 25% primarily due to Contractual costs, which are tracking at 3%.



Community Health Center - Monthly Highlights

** The financial information in these materials are prepared for and provided to the Health Center by the Health Department's Finance and Business Management division.*

	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
Revenue												
County General Fund Support	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 5,222,198
General Fund Fees and Misc Rev	\$ -	\$ -	\$ -	\$ 4,380	\$ 5,053	\$ 3,851	\$ -	\$ -	\$ -	\$ 13,284		\$ 111,693
Grants- PC 330 (BPHC)	\$ 9,309,724	\$ 9,309,724	\$ -	\$ -	\$ -	\$ 1,815,488	\$ -	\$ -	\$ -	\$ 1,815,488	20%	\$ 9,515,047
Grants- COVID-19	\$ 13,000,000	\$ 14,396,666	\$ 1,396,666	\$ -	\$ -	\$ 11,571	\$ -	\$ -	\$ -	\$ 11,571	08%	\$ 8,682,545
Grants- All Other	\$ 4,235,186	\$ 4,235,186	\$ -	\$ 40	\$ 31,261	\$ 517,640	\$ -	\$ -	\$ -	\$ 548,940	13%	\$ 8,581,060
Grant Revenue Projection	\$ -	\$ -	\$ -	\$ -	\$ 1,273,038	\$ 1,242,262	\$ -	\$ -	\$ -	\$ 2,515,301		\$ -
Quality & Incentives Payments	\$ 7,500,159	\$ 7,500,159	\$ -	\$ 647,267	\$ 544,656	\$ 103,650	\$ -	\$ -	\$ -	\$ 1,295,573	17%	\$ 11,049,279
Health Center Fees	\$ 115,169,056	\$ 115,169,056	\$ -	\$ 8,866,217	\$ 8,382,679	\$ 8,167,450	\$ -	\$ -	\$ -	\$ 25,416,346	22%	\$ 92,485,906
Self Pay Client Fees	\$ 1,244,879	\$ 1,244,879	\$ -	\$ 51,363	\$ 57,006	\$ 56,768	\$ -	\$ -	\$ -	\$ 165,137	13%	\$ 678,121
Preschool For All	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -
Beginning Working Capital	\$ 3,639,820	\$ 3,639,820	\$ -	\$ 303,318	\$ 303,318	\$ 303,318	\$ -	\$ -	\$ -	\$ 909,955	25%	\$ 3,145,138
Total	\$ 154,098,824	\$ 155,495,490	\$ 1,396,666	\$ 9,872,585	\$ 10,597,012	\$ 12,221,999	\$ -	\$ -	\$ -	\$ 32,691,595	21%	\$ 139,470,987
Expense												
Personnel	\$ 88,758,656	\$ 89,419,107	\$ 660,451	\$ 6,725,872	\$ 6,605,438	\$ 6,894,150	\$ -	\$ -	\$ -	\$ 20,225,460	23%	\$ 88,332,034
Contracts	\$ 15,756,862	\$ 16,496,172	\$ 739,310	\$ 263,055	\$ 149,337	\$ 129,287	\$ -	\$ -	\$ -	\$ 541,680	3%	\$ 3,659,777
Materials and Services	\$ 21,652,095	\$ 21,620,523	\$ (31,572)	\$ 1,332,384	\$ 1,765,936	\$ 1,402,891	\$ -	\$ -	\$ -	\$ 4,501,211	21%	\$ 18,982,109
Internal Services	\$ 27,626,711	\$ 27,655,188	\$ 28,477	\$ 1,149,547	\$ 2,208,943	\$ 2,651,249	\$ -	\$ -	\$ -	\$ 6,009,740	22%	\$ 24,921,085
Capital Outlay	\$ 304,500	\$ 304,500	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0%	\$ 128,667
Total	\$ 154,098,824	\$ 155,495,490	\$ 1,396,666	\$ 9,470,859	\$ 10,729,655	\$ 11,077,577	\$ -	\$ -	\$ -	\$ 31,278,091	20%	\$ 136,023,672
Surplus/(Deficit)	\$ -	\$ -	\$ -	\$ 401,726	\$ (132,643)	\$ 1,144,421	\$ -	\$ -	\$ -	\$ 1,413,505		\$ 3,447,315





FY 22 YTD Actual Revenues & Expenses by Program Group

** The financial information in these materials are prepared for and provided to the Health Center by the Health Department's Finance and Business Management division.*

	Category	Description	Admin	Dental	Pharmacy	Primary Care Clinics	Quality & Compliance	Student Health Centers
Revenues	County General Fund Support		-	-	-	-	-	-
	General Fund Fees and Miscellaneous Revenue		-	-	650	6,126	6,065	443
	Grants- HRSA PC 330 Health Center Cluster		316,423	74,531	-	1,214,677	54,914	67,717
	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		20,161	-	-	-	-	129,672
	Grants- Other COVID-19 Funding		-	-	-	-	-	-
	Grants- HHSCARES Act Provider Relief		-	-	-	-	-	-
	Grants- HRSA Health Center CARES Act		-	-	-	-	-	-
	Grants- HRSA Expanding Capacity for Coronavirus Testing		-	-	-	-	-	-
	Grant Revenue Projection		414,925	84,719	-	1,248,315	650	176,574
	Medicaid Quality and Incentive Payments		648,111	-	-	-	647,462	-
	Health Center Fees		393,875	4,084,476	8,695,933	10,824,300	-	635,300
	Self Pay Client Fees		-	23,599	60,402	78,387	-	-
	Beginning Working Capital		674,532	122,924	-	-	112,500	-
Revenues Total			2,468,026	4,390,248	8,756,984	13,371,804	821,590	1,009,707
Expenditures	Personnel Total		2,820,644	4,511,206	1,810,671	7,636,396	1,020,231	880,817
	Contractual Services Total		87,050	42,065	1,790	222,740	147,672	27,998
	Internal Services Total		721,983	1,201,039	760,991	2,333,779	253,039	287,322
	Materials & Supplies Total		100,331	218,744	3,764,091	196,654	19,323	46,095
	Capital Outlay Total		-	-	-	-	-	-
Expenditures Total			3,730,007	5,973,055	6,337,542	10,389,569	1,440,265	1,242,232
Net Income/(Loss)			(1,261,981)	(1,582,807)	2,419,442	2,982,236	(618,674)	(232,525)
Total BAC from Prior Years			2,293,860	3,593,476	-	15,850	2,575,732	2,000





FY 22 YTD Actual Revenues & Expenses by Program Group

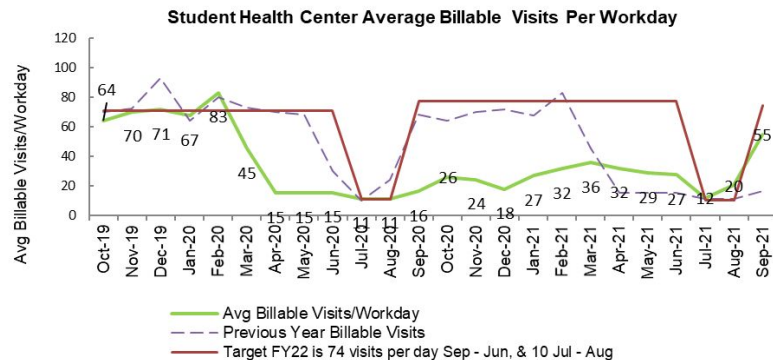
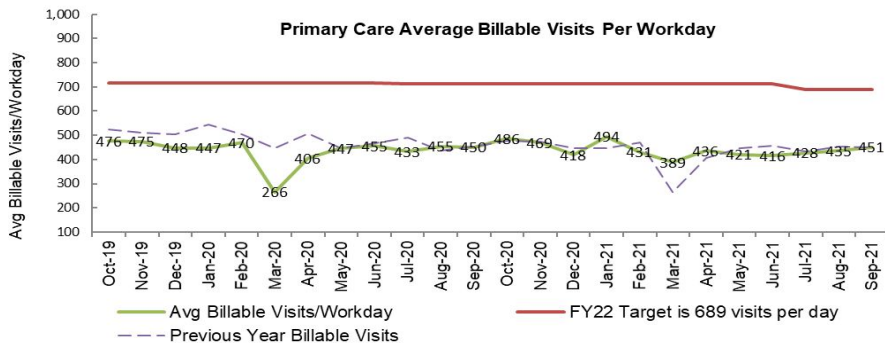
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	Category	Description	HIV Clinic	Lab	Y-T-D Actual	Y-T-D Budget	Revised Budget	% of Budget	FY21 YE Actuals
Revenues	County General Fund Support		-	-	-	-	-	0%	5,222,198
	General Fund Fees and Miscellaneous Revenue		-	-	13,284	-	-	0%	111,693
	Grants - HRSA PC 330 Health Center Cluster		87,226	-	1,815,488	2,327,431	9,309,724	20%	9,515,047
	Grants - HRSA Healthy Birth Initiatives		-	-	-	-	-	0%	673,281
	Grants - HRSA Ryan White		332,588	-	332,588	631,292	2,525,167	13%	2,657,247
	Grants - DHHS and OHA Ryan White		-	-	-	88,875	355,500	0%	347,799
	Grants - OHA Non-Residential Mental Health Services		-	-	-	-	-	0%	2,970,557
	Grants - All Other		66,519	-	216,352	338,630	1,354,519	16%	1,932,177
	Grants - Other COVID-19 Funding		11,571	-	11,571	3,599,167	14,396,666	0%	8,071,838
	Grants - HHSC CARES Act Provider Relief		-	-	-	-	-	0%	(0)
	Grants - HRSA Health Center CARES Act		-	-	-	-	-	0%	-
	Grants - HRSA Expanding Capacity for Coronavirus Testing		-	-	-	-	-	0%	610,707
	Grant Revenue Projection		590,119	-	2,515,301	-	-	0%	-
	Medicaid Quality and Incentive Payments		-	-	1,295,573	1,875,040	7,500,159	17%	11,049,279
	Health Center Fees		782,464	-	25,416,346	28,792,264	115,169,066	22%	92,485,906
	Self Pay Client Fees		2,749	-	165,137	311,220	1,244,879	13%	678,121
	Beginning Working Capital		-	-	909,955	909,955	3,639,820	25%	3,145,138
Revenues Total			1,873,236	-	32,691,595	38,873,873	155,495,490	21%	139,470,988
Expenditures	Personnel Total		1,151,790	393,705	20,225,460	22,354,777	89,419,107	23%	88,332,034
	Contractual Services Total		10,715	1,651	541,680	4,124,043	16,496,172	3%	3,659,777
	Internal Services Total		329,026	122,562	6,009,740	6,913,797	27,655,188	22%	24,921,085
	Materials & Supplies Total		39,079	116,894	4,501,211	5,405,131	21,620,523	21%	18,982,109
	Capital Outlay Total		-	-	-	76,125	304,500	0%	128,667
Expenditures Total			1,530,609	634,812	31,278,091	38,873,873	155,495,490	20%	136,023,673
Net Income/(Loss)			342,627	(634,812)	1,413,505	-	-		3,447,316
Total BWC from Prior Years			724,184	-	9,205,101				



FQHC Average Billable Visits per day by month per Service Area

** The financial information in these materials are prepared for and provided to the Health Center by the Health Department's Finance and Business Management division.*



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:

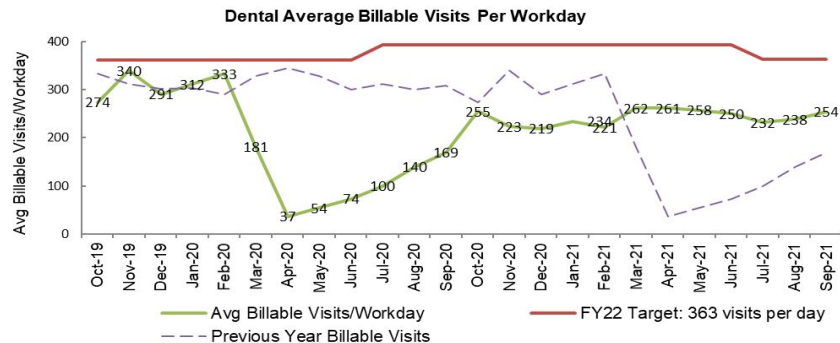
Billable: Visit encounters that have been completed and meet the criteria to be billed.

- 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.



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

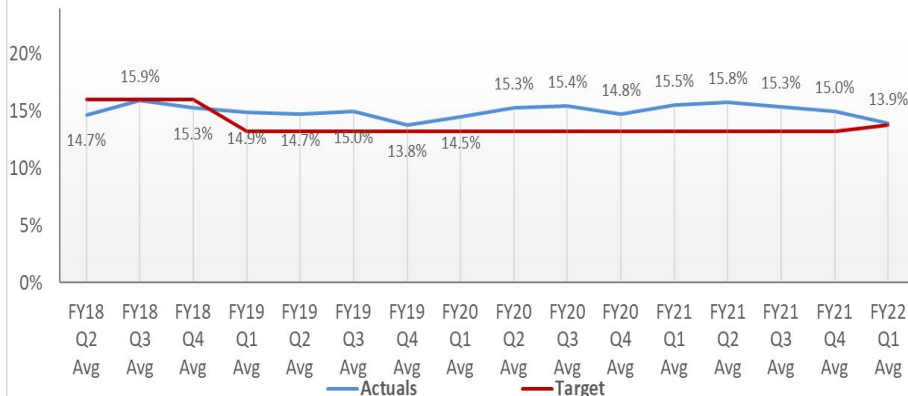
** The financial information in these materials are prepared for and provided to the Health Center by the Health Department's Finance and Business Management division.*

What this slide shows: This report shows the average percentage of “self pay” visits per month.

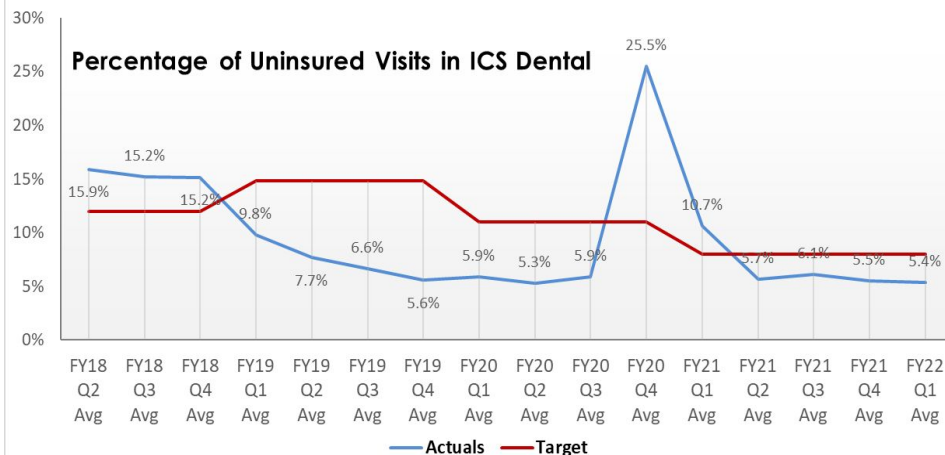
Good performance = the blue “Actual” line is around or below the red “Target” line

- 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



Primary Care target % of Uninsured Visits for FY18: 16%; for FY19: 13.25%; for FY20 13.27%; FY21 13.23%; FY22 13.77%.
Dental target % of Uninsured Visits for FY18: 12%; for FY19: 14.85%; for FY20 11.00%; FY21 8.00%; FY22 8.00%.



Payer Mix for ICS Primary Care Health Center

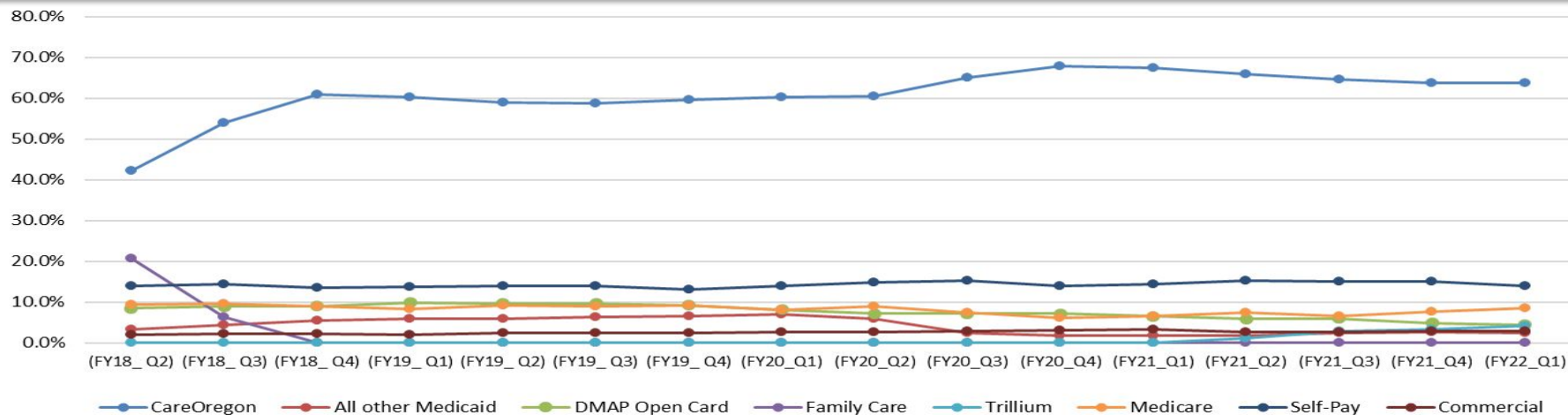
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What this slide shows: This report shows the percentage of total visits checked in to each payer for Primary Care (excludes SHC and HHSC).

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 2nd 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

** The financial information in these materials are prepared for and provided to the Health Center by the Health Department's Finance and Business Management division.*

What this slide shows: This report shows the total number of patients OHP has assigned to the Multnomah County Health Center Primary Care clinics.

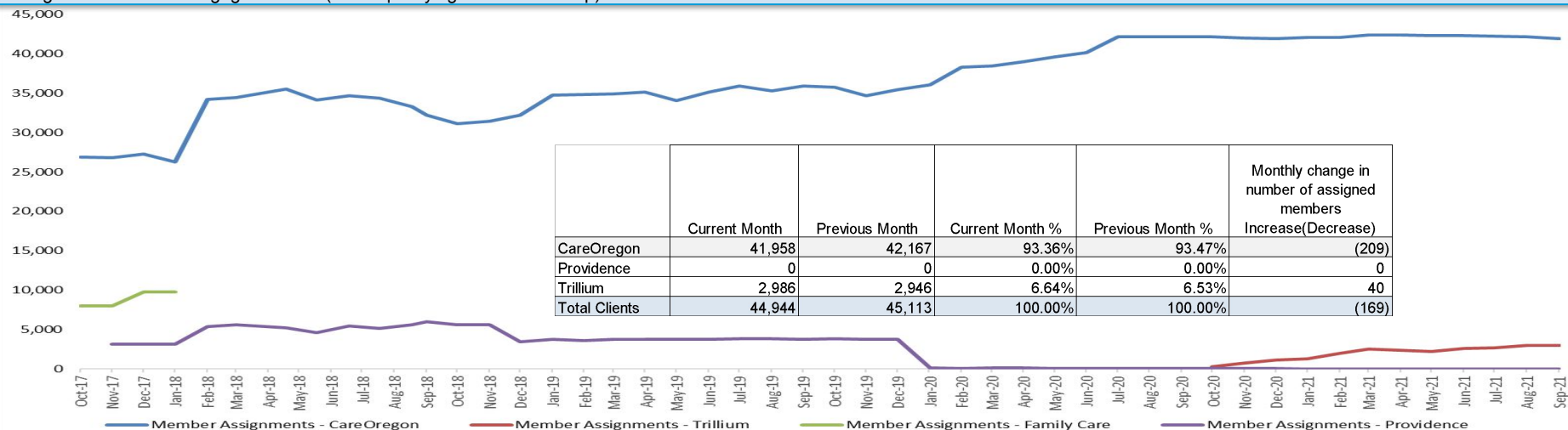
NOTE: Not all of these patients have established care.

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
CareOregon FY22 average 42,130 :: Providence FY22 average 0 :: Trillium FY22 average 2,871

- Trillium added October 2020