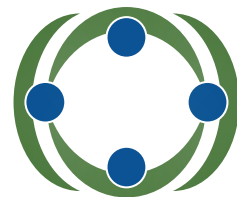




Regular Public Meeting

March 14, 2022



**community health
center board**

Multnomah County

Public Meeting Agenda March 14, 2022 6:00-8:00 PM (via Zoom)

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

Board Members:

Harold Odhiambo – Chair
Fabiola Arreola – Vice Chair

Pedro Sandoval Prieto – Secretary
Tamia Deary - Member-at-Large
Kerry Hoeschen – Member-at-Large

Dave Aguayo – Treasurer
Adrienne Daniels - Interim Executive Director, Community Health Center (ICS)

Darrell Wade – Board Member
Brandi Velasquez – Board Member
Aisha Hollands - Board Member
Susana Mendoza - Board Member

Our Meeting Process Focuses on the Governance of the Health Center

- Meetings are open to the public
- There is no public comment period
- Guests are welcome to observe/listen
- All guests will be muted upon entering the Zoom

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"> • Harold Odhiambo, CHCB Chair 	Call to order Review processes
6:05-6:10 (5 min)	Minutes Review - VOTE REQUIRED <ul style="list-style-type: none"> • Review February Public Meeting minutes for omissions/errors 	Board votes to approve
6:10-6:20 (10 min)	Increasing Dental Saturday Clinics - VOTE REQUIRED <ul style="list-style-type: none"> • Christine Palermo Dental Program Manager 	Board votes to approve
6:20-6:30 (10 min)	Patient Satisfaction Survey Report <ul style="list-style-type: none"> • Linda Niksich, Sr. Program Specialist. Quality Team (ICS) 	Board receives update
6:30-7:00 (30 min)	HRSA Progressive Action Update <ul style="list-style-type: none"> • Wendy Lear, Deputy Director, Multnomah County Health Department • Eric Arellano, Chief Financial Officer, Multnomah County • Jeff Perry, Chief Financial Officer, ICS HRSA Progressive Action Update (Executive Session) <i>CHCB to receive confidential report in separate Zoom</i>	Board receives updates
7:00-7:10	10 Minute Break	
7:10-7:25 (15 min)	Board/Committee Updates <ul style="list-style-type: none"> • Harold Odhiambo, CHCB Chair 	Board receives updates
7:25-7:35 (10 min)	Monthly Budget Report /County Budget Update <ul style="list-style-type: none"> • Jeff Perry, Chief Financial Officer, ICS 	Board receives updates
7:35-7:45	Executive Director's Strategic Updates	Board receives updates



(10 min)	<ul style="list-style-type: none">• Adrienne Daniels - Interim Executive Director, ICS	
7:45	Meeting Adjourns	Thank you for your participation



Public Meeting Minutes
February 14, 2022
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

Dave Aguayo – Treasurer

Aisha Hollands - Board Member

Pedro Sandoval Prieto – Secretary

Tamia Deary - Member-at-Large

Darrell Wade – Board Member

Susana Mendoza – Board Member (late?)

Brandi Velasquez – Board Member

Adrienne Daniels - Interim Executive Director, Community Health Center (ICS)

Board Members Excused/Absent: **Fabiola Areola** – Vice Chair, **Kerry Hoeschen** – Member-at-Large

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
Call to Order / Welcome <ul style="list-style-type: none"> Chair, Harold Odhiambo 	<p>The Board Chair called the meeting to order at 6:09 PM</p> <p>A quorum was established.</p> <p>Victor and Lucia in attendance (Spanish interpretation)</p>	N/A	N/A	N/A
Minutes Review - VOTE REQUIRED <ul style="list-style-type: none"> Review January Public Meeting minutes for omissions/errors 	<p>Chair Odhiambo asked for approval or changes to the minutes.</p>	<p>Motion to vote as presented: Tamia Second: David</p> <p>Yays: - 7 Nays: - 0 Abstain: - 0</p> <p>Decision: Approved</p>		
Chat with Commissioner Susheela Jayapal <ul style="list-style-type: none"> Chair, Harold Odhiambo 	<p>Commissioner Jaypal is in her first term over District 2 which covers the North/NorthEast Portland region. The Commissioner is committed to services in these areas and looking to potentially grow services. She provided an introduction to include her personal background, history and priorities she brings to the County.</p>			

	<p>Priority Highlights :</p> <ul style="list-style-type: none"> • Her goal is to ensure that we at the County are doing everything we can to support people to have an equitable recovery, that's covid housing, and houselessness. • Recognizing that Black, indigenous people of color, immigrants and refugees are having a completely different experience of Multnomah County during the pandemic. We must support these communities so they can thrive • Prioritize working to support the environment and clean air • Community Safety <p>Project Highlights on the PCC workforce center :</p> <ul style="list-style-type: none"> • Create a partnership to build a full service center • Opportunities to reach patients we need to serve, • Work with PCC students and create internships and workforce paths <p>The Commissioner expressed interest to partner and collaborate with the CHCB in the future</p>			
<p>Chair's Guest</p> <ul style="list-style-type: none"> • Chair, Harold Odhiambo 	<p>Special guest : Tasha Wheatt-Delancy</p> <p>Tasha shared that she has submitted resignation with the County</p> <p>The Board Chair expressed his gratitude and dedication on behalf of the Board. He spoke of Tasha's resilience, persistence and commitment to ensure that our community received health care services.</p> <p>The Board Chair shared a quote from Audrey Lorde, "See, when I dare to be powerful, to use my strength in the service of my vision, then it becomes less and less important whether I am afraid". He made a dedication of Black History month to Tasha to thank her for her contributions. sacrifice and hard work.</p> <p>Tasha expressed her appreciation to the board and how the work drives her.</p> <p>Additional Board members highlighted Tasha's responsiveness and communication, as well as her willingness to support the Board's needs and questions. The Board expressed their gratitude for Tasha's integrity and clarity of purpose at a challenging time. She provided leadership and the health centers are better off from her services to the Board.</p> <p>Tasha thanked the Board for the experience and shared her appreciation for each Board member's dedication to this work.</p>			

	<p>The Chair noted that the CHCB will begin to prepare for the search for the next CEO and partner with Multnomah County to recruit for the position.</p> <p>Adrienne Daniels will remain the interim CEO. The Board will assemble a recruitment committee led by Dr. Hollands and will make the final hiring decision for the new CEO.</p>			
<p>External Audit & 2021 Financial Statements</p> <p>●Eric Arellano, Chief Financial Officer, Multnomah County</p>	<p>Eric presented a high level review of the most recent 2021 audit report results that came out in December 2021</p> <p>The Board was provided in their packet the external audit reports for review</p> <p>Highlighted that audit planning and communication must be provided to the CHCB regarding the external audit. Every year, when the County completes the audit process, they will share the results with the CHCB and provide an opportunity for questions/follow up that is required out of the audit report.</p> <p>Comments :</p> <p>The highlight of the audit report is appreciated but the Board requested to be included in other pieces regarding the Health Centers Programs.</p> <p>HC grant is the biggest grant the County receives and gets audited in cycles. The Board requested more audit/grant communication.</p> <p>Eric committed to work with ICS CFO Perry and the Board.</p>			

<p>Change of Scope - MAT/SUD Support- VOTE REQUIRED</p> <ul style="list-style-type: none"> Kevin Minor LCSW, Manager, Integrated Behavioral Health and Addiction 	<p>Multnomah County currently provides medication assisted treatment (MAT) and support for individuals experiencing substance use disorder (SUD) via a contracted community treatment provider. This was put in place at the start of these services due to perceived confidentiality concerns because of the nature of the services provided.</p> <p>Two staff are currently providing that service supported by a HRSA grant at the clinics in a contracted employee role which limits their to the consumer charts as well as hinders care team coordination and ability to document in charts.</p> <p>Changes in chart security enables ICS to provide this service “in house,” with county staff, to streamline documentation and enhance care coordination</p> <p>Providing MAT services “in house” requires a change the scope of how we provide services and requires a vote and approval CHCB</p> <p>This work is vital to the consumer and community we serve: MAT directly reduces opioid overdoses</p> <p>Current 2021 unintentional opioid overdose mortality data exceeds corresponding months of 2020 and 2019</p> <p>The proposed service change fosters patient-centered care and allow ICS to submit a change of scope request to HRSA on or before 12/31/2022 which would lead to more effective consumer care, as well as more seamless access.</p> <p>Questions?</p> <p>There was a question about why these services have not been “in-house” up til now.</p> <p style="padding-left: 40px;">There have been some changes in the privacy around substance use, disorder, treatment. Medication supported recovery and medication assisted treatment being are more integrated into primary care and so with that integration comes comfortability with the change.</p> <p>Should it be approved, what are the next steps?</p> <p style="padding-left: 40px;">The first step is to bring the 2 providers that were contractors. I think once that occurs we can evaluate this role within the clinic in terms of the immediate implication. In short, there are still some steps after this</p>	<p>Motion to vote as presented: David Second: Darrell</p> <p>Yays: - 7 Nays: - 0 Abstain: - 0</p> <p>Decision: Approved</p>		
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	<p>vote that require a communication with HRSA, and approval from HRSA, and other steps that include the creation of the role, posting, hiring, and so on. The hope is that it happens as soon as possible. but the reality of the situation is, many things outside of the control of the clinic</p> <p>Can you go back for a and share what the specific scope would be for staff? Currently we're using contracted staff. And so, if we were to go in-house, the role itself would change very little. The biggest change most likely would be that now since these individuals are within their primary care clinics they will be able continue to offer medication. assisted treatment patient support. They also may be able to provide behavioral health support for individuals that are struggling with both. The role itself would not change. Instead, it would be enhanced by being able to provide these services in our clinics and not from a contracted provider.,</p>			
4th Qtr Complaint & Incidents ●Kimmy Hicks, Project Manager, Quality Team (ICS)	<p>Kimmy gave an update to the Board on 4th quarter complaints and incidents. Total complaints that were presented are divided out by program area and also divided out by site.</p> <p>Comments/Suggestions :</p> <ul style="list-style-type: none"> ● The Board would like to see the outcome and resolutions of the complaints or incidents that occurred. Getting the full picture and what actions are taken to resolve the issues would be beneficial. <ul style="list-style-type: none"> ○ Kimmy to provide resolutions to the Board to present the full story and actions taken to resolve the complaints. 			
10 Minute Break				

HRSA Progressive Action Update

- Wendy Lear, Deputy Director, Multnomah County Health Department
- Eric Arellano, Chief Financial Officer, Multnomah County
- Jeff Perry, Chief Financial Officer, ICS

The County presenters provided the Community Health Council Board context with any adjustments to the General Fund sub-funds or any essentially transfer resources from the health center out or in providing that to the community health center.

- The County has moved into a new enterprise fund so all activity that used to be in these two general fund sub-funds are now within the Enterprise Fund, effective July 1st.
- What we refer to as any cash transfer which moves resources around from one fund to the other. Those have to be approved by our county board, but also if it impacts the health center.
- Any active movement of Health Center funds also needs to be approved by the CHCB. As of this date, any cash transfer that we had budgeted in are in this fiscal year. None of them impacted the health center.

Lisa Whedon from the Department of County Assets presented to talk at a high level about how to break down vacancy costs.

Questions :

Is there some way to display how the total square footage is determined/calculated for the health center?

- Yes, but the Health Department currently allocates costs based on the number of FTE as a proctor for school sq footage. But this question has come up, and we can certainly evaluate changing that methodology and going to a square footage methodology. We used to do that years ago, and moved to an allocation methodology based on FTE, because it was very comparable to square footage. Things have changed quite a bit over the last few years, and now, certainly with more people teleworking, and things like that.

For the buildings that are vacant, have there been any future thoughts leasing them out to other organizations at all to decrease the overall cost?

Generally vacancies are not for an entire building. Facilities in the midst of a space study due to the future of work/ teleworking. Working with a consultant on a long term project to evaluate space consolidation.

There are high schools listed here, and so help me to understand if the County owns the actual space, of justl renting the space out. Don't high schools typically own that space?

	<p>I think what this represents is least square footage, but it also has a cost associated there as well.</p> <p>If for whatever reason, we decide not to no longer use a HS space,, would that be a cost at all? I'm not saying remove services, I'm just saying looking at there's lots of high schools on this list.</p> <p>If the county and the Health Department made the decision to no longer be at a high school, and we were within the option of not renewing the lease, the County could consider getting out in that space and then there would be no costs I</p> <p>Has owning the buildings, rather than leasing them,been considered?</p> <p>If a department or program believes they will stay in a building long term, we do work with them on evaluating whether it makes sense to put an offer on the building or purchase another building nearby. Owning financially is a smarter approach.</p>			
HRSA Progressive Action Update (Executive Session)	<p>Pursuant to ORS 192.660, Subsection (2)(d) and (3), the CHCB called for a closed Executive Session to review HRSA mandated items that could impact bargaining. Contract bargaining is a protected and confidential process. So the CHCB retired to private Zoom room to receive the confidential report.</p>	<p><i>Motion to retire to Executive Session as presented: Tamia</i> <i>Second: David</i></p> <p>Yays: - 7 Nays: - 0 Abstain: - 0</p> <p>Decision: Approved</p>		
Committee Updates/Council Business ●Harold Odhiambo, CHCB Chair	<p>The Board Chair gave a few updates and highlights on Council Business.</p> <ul style="list-style-type: none"> ● HRSA Updates and to stay on priorities 			
Monthly Budget Report County Budget Update ●Jeff Perry, Chief Financial Officer, ICS	<p>Highlights :</p> <ul style="list-style-type: none"> ○ Period 6 YTD 50 percent complete <ul style="list-style-type: none"> ■ \$6,000,000 deficit year-to-day revenues are 60. ■ 8,000,000 and expenses are 63, point, \$4,000,000 <ul style="list-style-type: none"> ● This deficit It continues to be driven by a revenue shortfall, and it's not driven by an excess of spending <p>Questions:</p>			

	<p>Are the deficits pandemic driven?</p> <p>Staffing shortages across the board. There is a national shortage on EFDA's. Dental team is putting together new plans to get recruitments and projects into fruition. Understand we need to get productivity up and work toward those goals</p>			
<p>Strategic Updates</p> <ul style="list-style-type: none"> Adrienne Daniels - Interim Executive Director, ICS 	<p>Highlights :</p> <ul style="list-style-type: none"> We were featured on KATU News We have reached over 30k vaccines <ul style="list-style-type: none"> Planning a staff appreciation in March Officially submitted our uniform data system report Working closely with Francisco i'm making sure that we continue to recruit additional board members We have worked with the Board and completed requests <ul style="list-style-type: none"> Counsel Working with the data and privacy, consultant, contract completed and the work to start in spring Identifying additional media opportunities to highlight that our care Updating on our financial policies 			
<p>Meeting Adjourns</p>	<p>Meeting adjourned at 9:02pm</p> <p>The next public meeting will be on March 14, 2022</p>			

Signed: _____ Date: _____
Pedro Prieto Sandoval, Secretary

Signed: _____ Date: _____
Harold Odhiambo, Board Chair

Scribe taker name/email: Crystal Cook crystal.cook@multco.us

Board Presentation Summary

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

Presentation Title	Increasing Dental Saturday Clinics			
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:	3/14/22	Program / Area:	Dental	
Presenters:	Christine Palermo			
Project Title and Brief Description:				
<p>Increasing Saturday Dental Clinics for the remainder of 2022.</p> <p>The dental program needs flexibility to open additional Saturday's at 6 of our 7 dental clinics based on the need of meeting CareOregon metrics and to make up for continuous lost productivity and patient engagement throughout the pandemic.</p>				
Describe the current situation:				
<p>Dental is currently open on Saturdays at MidCounty. MCHD partners with CareOregon Dental to help clients get the dental services they need and to set up goals/metrics that each clinic has to meet that demonstrates improved oral health at the population level. The pandemic is still currently active and patients remain hesitant to get dental care. Many patients are still unengaged in their oral health care even though we have been open to all patient care since August 2020.</p>				
Why is this project, process, system being implemented now?				
<p>We would like to open additional Saturday clinics earlier in the year to improve our chances of meeting year end quality metric targets. This will also greatly improve access to care for our highest risk patients including those with Diabetes and young children.</p> <p>This may give our hesitant population an opportunity to come in to the health center when all services are closed except for dental and feel more at ease with less people in the building.</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):				



For the last several years, MCHD dental program has worked to meet year end targets set by the State and CareOregon Dental. For 2022 there are steep targets to meet. Additional Saturday clinics allow us to offer more appointment availability to patients, improving overall access to care as well as progress towards targets.

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

We are looking for the council's approval of opening Saturday clinics between April and December 2022 at any and/or all dental clinics based on monthly data received from CareOregon Dental

Briefly describe the outcome of a "YES" vote by the Board

(Please be sure to also note any financial outcomes):

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

Briefly describe the outcome of a "NO" vote or inaction by the Board

(Please be sure to also note any financial outcomes):

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

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

Dental Leadership and CHCB

Who are the area or subject matter experts for this project?

(Please provide a brief description of qualifications)

- Dental Director - Guides overall program strategy and clinical goals
- Dental Program Manager - Oversees overall program operations
- Senior Program Specialist - Manages all outreach and metric related efforts
- Dental Program Supervisors - Supervise clinic operations

What have been the recommendations so far?

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

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

Additional Saturday clinics have proved successful in the past at meeting targets of select clinics

It is one of many strategies to engage patients and improve access to dental care while maintaining the current level of service.

Quality | Office of Patient Experience (OPX) Patient Satisfaction Surveys Overview

New Vendor, Crossroads

-Primary Care Surveys

*now ongoing with quarterly reports

-Ad Hoc Surveys

In-House Surveys (OPX)

-Dental

-Pharmacy Fulfillment



Introduction

Population: Patients seen at Multnomah County Community Health Center either remotely or in-person during **Q4 2021**.

Survey Mode: phone surveys

Sample Size: $n = 627$ completed surveys

In-Person Visits: $n = 436$

Telephone Encounters: $n = 189$

Video Encounters: $n = 2$



Standard patient experience questionnaire adapted for telehealth and designed to evaluate the following:

- **Patient experience with telehealth connectivity, access, and quality of care**
- **Comparison of core questions for telehealth patients vs. in-person visits**
- **Detailed narrative commentary and feedback from patients regarding care, positive staff feedback, and opportunities for improvement**

Overall Satisfaction

Q4 2021

Overall Satisfaction Scores

Percentages, Replies, **Mean Scores**, and Mean Standard Errors (68% CL)
Quarter-to-Quarter Comparison

Q: Overall, how would you rate your most recent experience with
 Multnomah County Community Health Center?

	Rolling 4 Quarters			
	Quarter:		Overall	
	Q4 2021			
Overall Satisfaction				
Poor	1.6%	10	1.6%	10
Fair	3.7%	23	3.7%	23
Good	32.7%	205	32.7%	205
Excellent	62.0%	389	62.0%	389
Totals	100.0%	627	100.0%	627
Mean	88.8		88.8	
Mean Err(68)*	±0.6		±0.6	

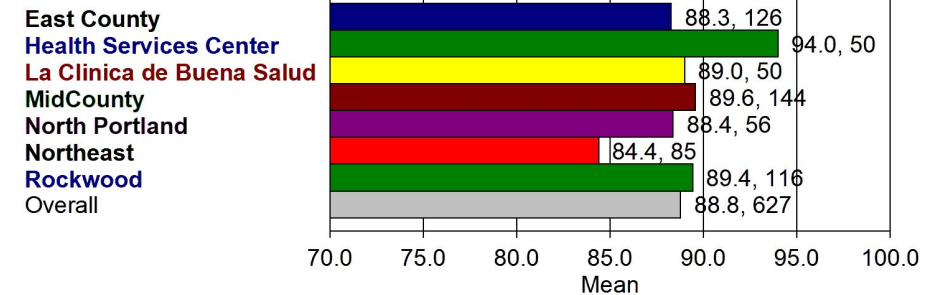
* Note: Mean Err(68) covers 68% of distribution.

Overall Satisfaction Scores By-Site

Mean Scores and Replies
Current Quarter

Overall Satisfaction

Mean

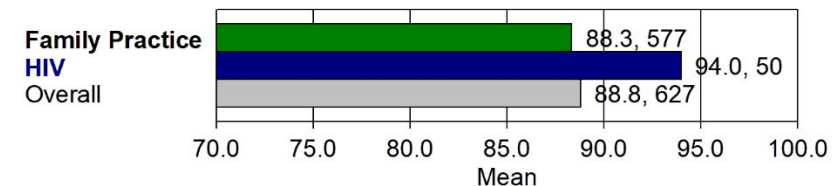


Overall Satisfaction Scores By-Specialty

Mean Scores and Replies
Current Quarter

Overall Satisfaction

Mean



Loyalty Intentions

Q4 2021

Loyalty Intentions Scores

Percentages, Replies, **Mean Scores**, and Mean Standard Errors (68% CL)
Quarter-to-Quarter Comparison

Q: What is the likelihood that you will use the center's services again if the need arises?

	Rolling 4 Quarters			
	Quarter:		Overall	
	Q4 2021			
Loyalty Intentions 3pt				
Not Likely	1.0%	6	1.0%	6
Somewhat Likely	8.4%	52	8.4%	52
Very Likely	90.6%	561	90.6%	561
Totals	100.0%	619	100.0%	619
Mean	95.3		95.3	
Mean Err(68)*	±0.6		±0.6	

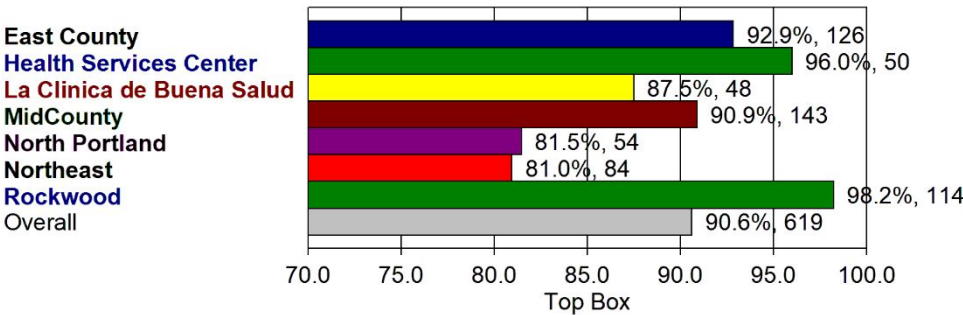
* Note: Mean Err(68) covers 68% of distribution.

Loyalty Intentions Scores **By-Site**

Percentage "Very Likely" Scores and Replies
Current Quarter

Loyalty Intentions 3pt

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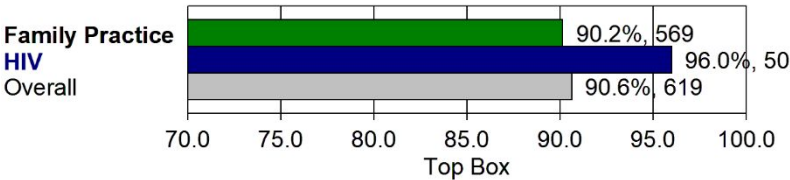


Loyalty Intentions Scores **By-Specialty**

Percentage "Very Likely" Scores and Replies
Current Quarter

Loyalty Intentions 3pt

Top Box



Referral Intentions

Q4 2021

Referral Intentions Scores

Percentages, Replies, **Mean Scores**, and Mean Standard Errors (68% CL)
Quarter-to-Quarter Comparison

Q: If asked, what is the likelihood that you will recommend the center to others, either by word of mouth or on the internet or social media?

	Rolling 4 Quarters			
	Quarter:		Overall	
	Q4 2021			
Referral Intentions 3pt				
Not Likely	4.4%	27	4.4%	27
Somewhat Likely	16.3%	100	16.3%	100
Very Likely	79.2%	485	79.2%	485
Totals	100.0%	612	100.0%	612
Mean	88.7		88.7	
Mean Err(68)*	±1.0		±1.0	

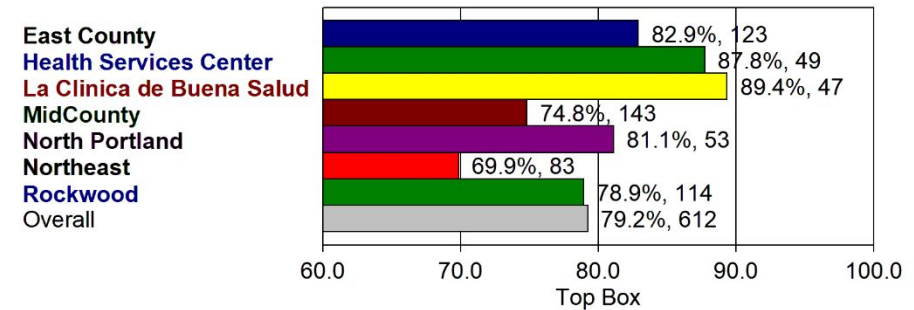
* Note: Mean Err(68) covers 68% of distribution.

Referral Intentions Scores By-Site

Percentage "Very Likely" Scores and Replies
Current Quarter

Referral Intentions 3pt

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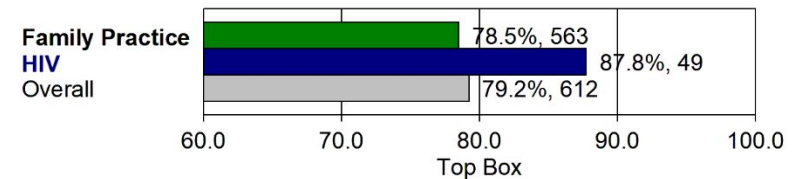


Referral Intentions Scores By-Specialty

Percentage "Very Likely" Scores and Replies
Current Quarter

Referral Intentions 3pt

Top Box



Satisfaction and Experience Scores Ranking

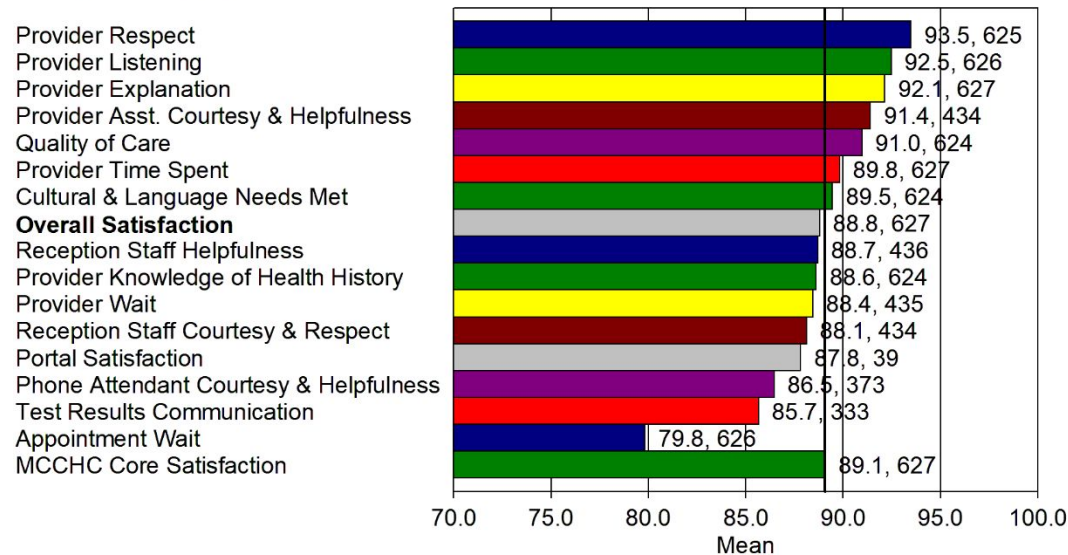
Q4 2021

Patient Satisfaction Scores Ranking

Mean Scores and Counts
Current Quarter

Q4 2021

MCCHC Core Satisfaction

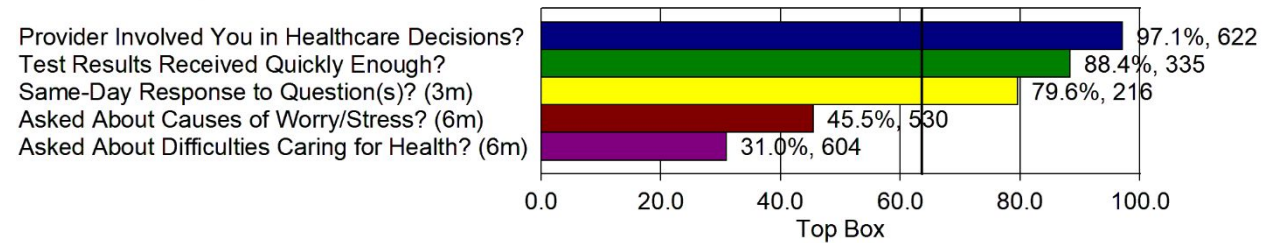


Patient Experience Scores Ranking

Percentage "Yes" Scores and Counts
Current Quarter

Q4 2021

MCCHC Core Experience





Supplemental Analysis

Reception Area Scores

Q4 2021

Reception Staff Satisfaction Scores

Percentages, Replies, **Mean Scores**, and Mean Standard Errors (68% CL)
Quarter-to-Quarter Comparison

Q: How would you rate the courtesy and respect of the check-in staff?

Q: How would you rate the helpfulness of the check-in staff?

	Rolling 4 Quarters			
	Quarter:		Overall	
	Q4 2021			
Reception Staff Courtesy & Respect				
Poor	0.9%	4	0.9%	4
Fair	5.3%	23	5.3%	23
Good	34.1%	148	34.1%	148
Excellent	59.7%	259	59.7%	259
Totals	100.0%	434	100.0%	434
Mean	88.1		88.1	
Mean Err(68)*	±0.8		±0.8	
Reception Staff Helpfulness				
Poor	0.9%	4	0.9%	4
Fair	5.0%	22	5.0%	22
Good	32.3%	141	32.3%	141
Excellent	61.7%	269	61.7%	269
Totals	100.0%	436	100.0%	436
Mean	88.7		88.7	
Mean Err(68)*	±0.8		±0.8	

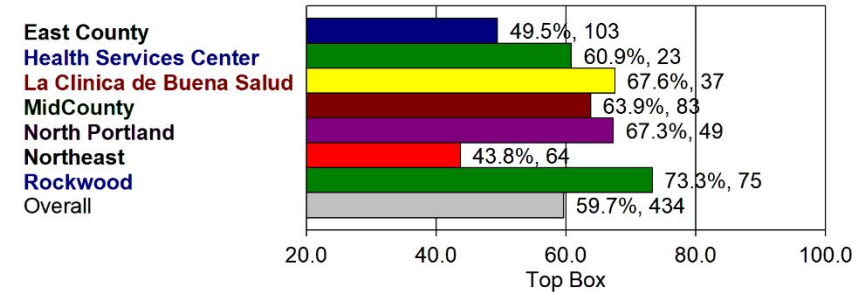
* Note: Mean Err(68) covers 68% of distribution.

Reception Staff Courtesy & Respect By-Site

Percentage "Excellent" Scores and Replies
Current Quarter

Reception Staff Courtesy & Respect

Top Box

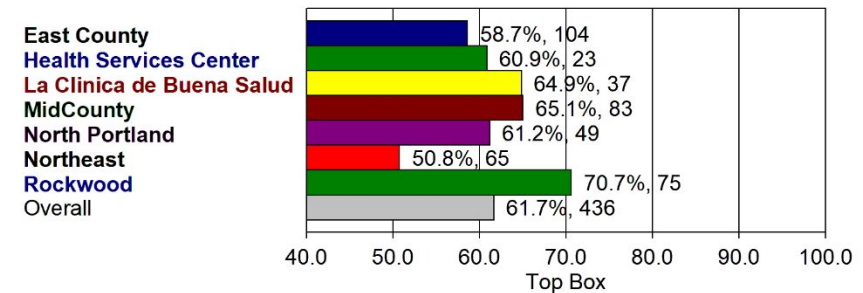


Reception Staff Helpfulness By-Site

Percentage "Excellent" Scores and Replies
Current Quarter

Reception Staff Helpfulness

Top Box



Phone Access Scores

Q4 2021

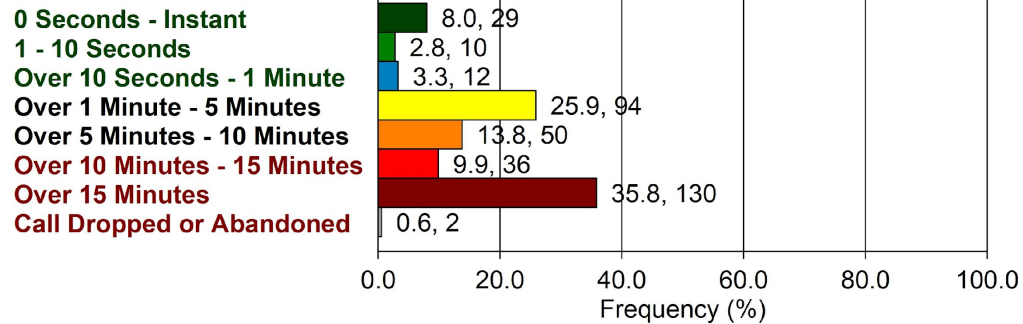
Phone Wait Experience

Percentages and Replies
Current Quarter

Q: When you called, how long did it take to reach a person who could schedule your appointment?

Q4 2021

Phone Wait Experience



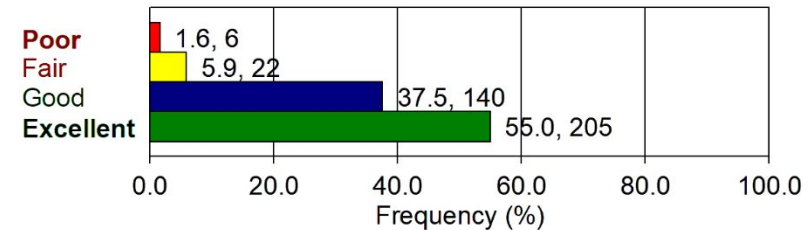
Phone Attendant Courtesy and Helpfulness

Percentages and Replies
Current Quarter

Q: How would you rate the courtesy and helpfulness of the person you spoke with on the phone?

Q4 2021

Phone Attendant Courtesy & Helpfulness



Phone Access Scores

Q4 2021

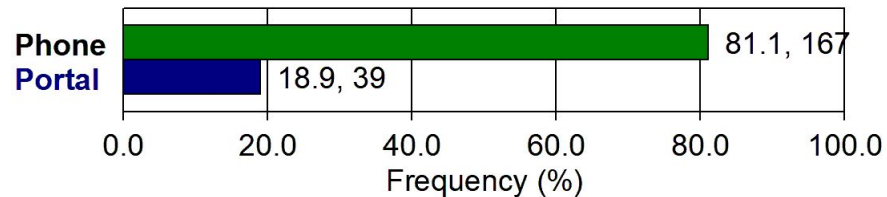
Contact Method

Percentages and Replies
Current Quarter

Q: When you last contacted the center, did you call the center or use the online patient portal?

Q4 2021

Contact Method



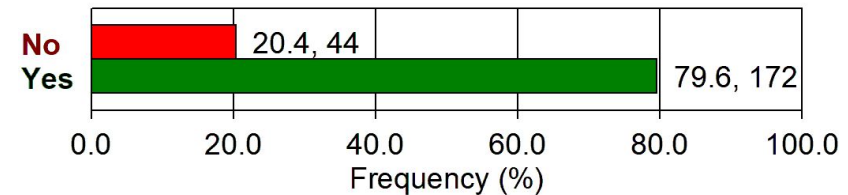
Same-Day Response to Question(s)?

Percentages and Replies
Current Quarter

Q: Did you get an answer to your question that same day?

Q4 2021

Same-Day Response to Question(s)? (3m)



Appointment Wait and Provider Wait

Q4 2021

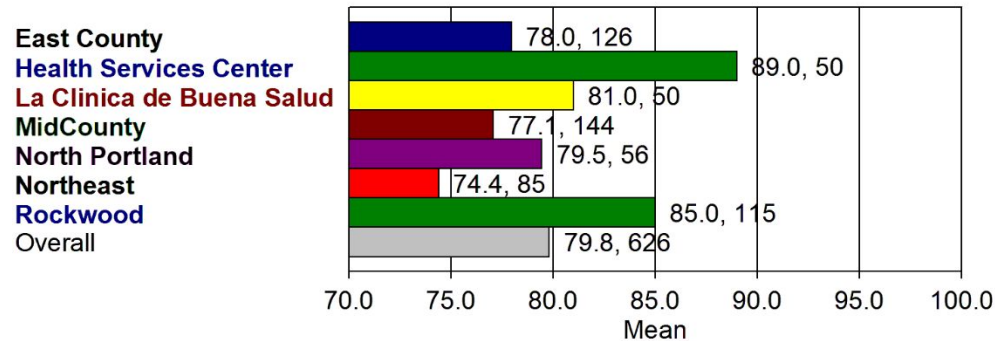
Appointment Wait Satisfaction **By-Site**

Mean Scores and Replies
Current Quarter

Q: How would you rate your satisfaction with this wait for an appointment?

Appointment Wait

Mean



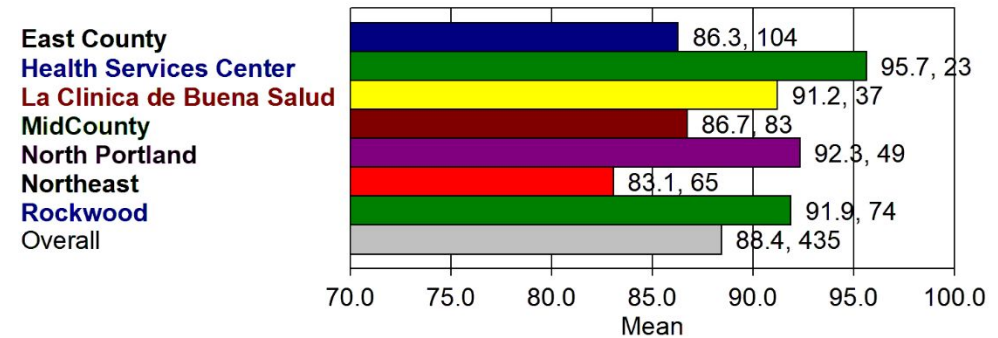
Provider Wait Satisfaction **By-Site**

Mean Scores and Replies
Current Quarter

Q: How would you rate your satisfaction with the wait to see this provider?

Provider Wait

Mean



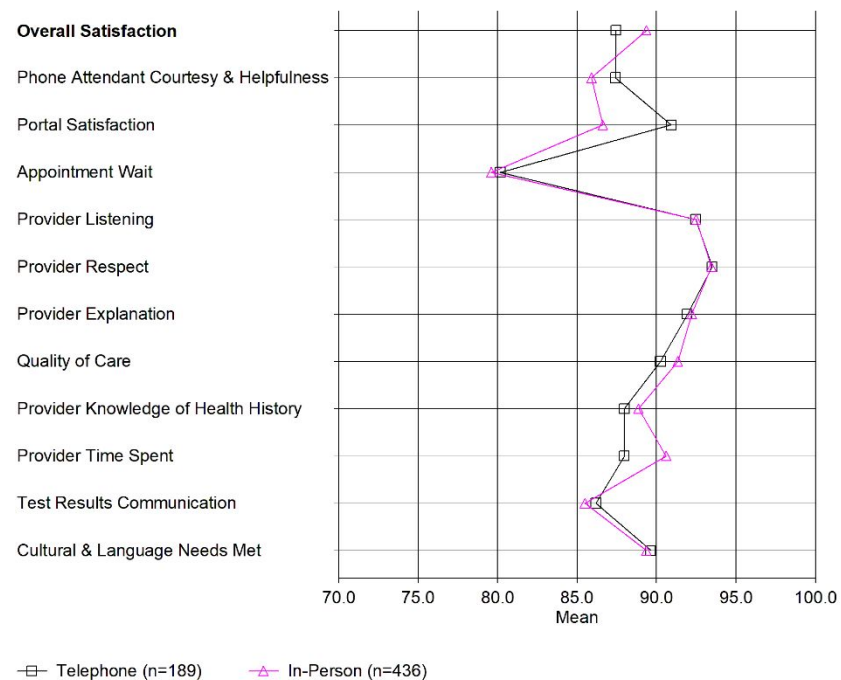
Satisfaction and Experience Scores

By-Encounter Method

Q4 2021

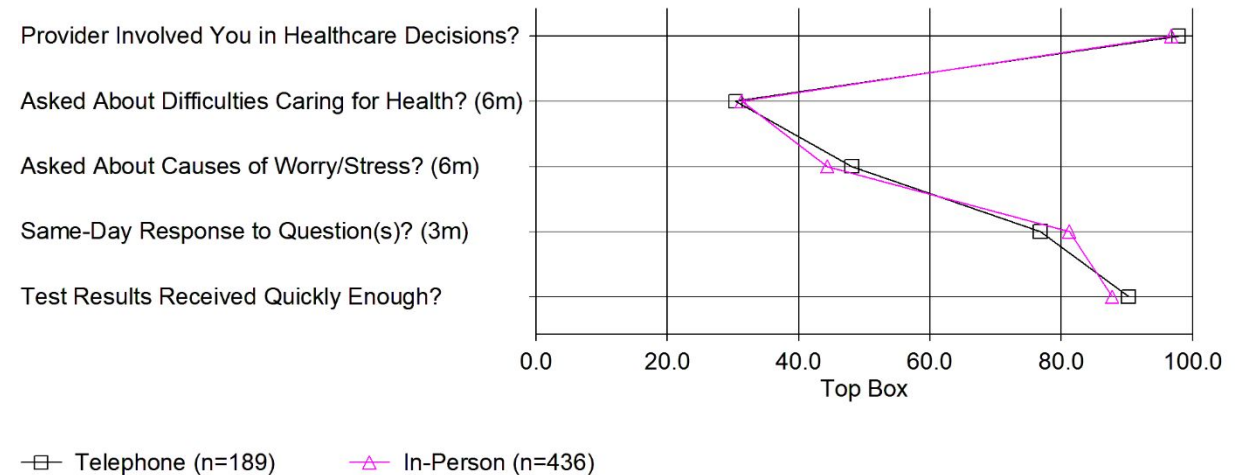
Satisfaction Scores By-Encounter Method

Mean Scores
Current Quarter



Experience Scores By-Encounter Method

Percentage "Yes" Scores
Current Quarter

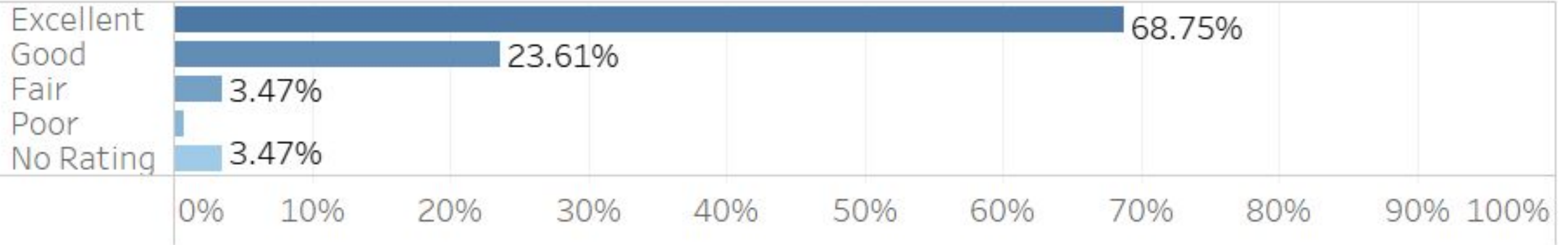


Note: Video encounters are removed from the charts due to low sample sizes.

Pharmacy Satisfaction Scores

Q4 2021

Pharmacy Satisfaction Percentages

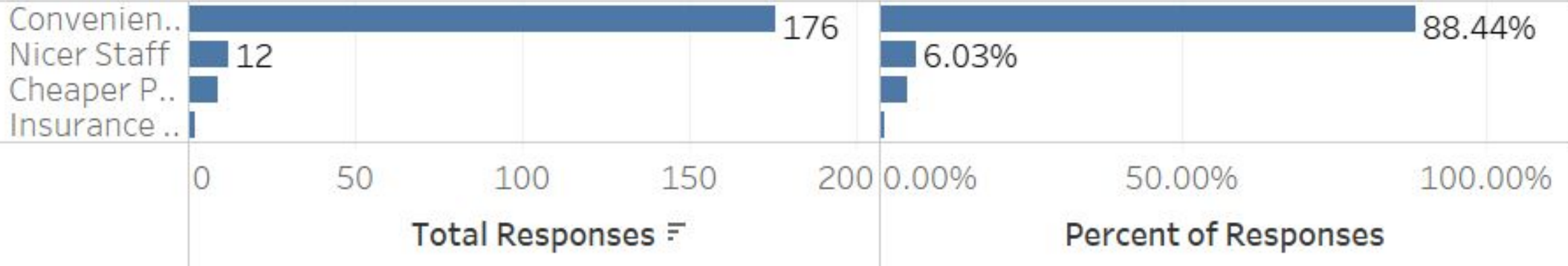


92.36% of patients surveyed rate their overall satisfaction as “Good” or “Excellent”

Pharmacy Satisfaction Scores

Q4 2021

Q3. Why did you choose this pharmacy to pick up your medication?

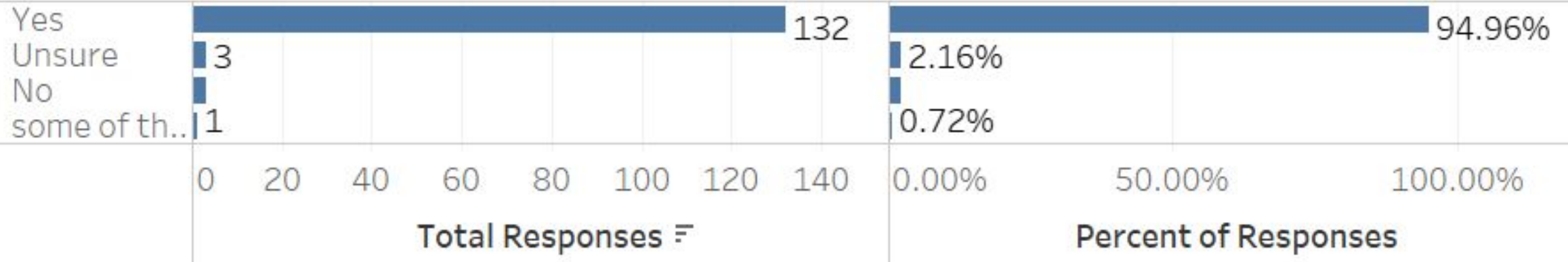


Regardless of whether patients used our HC Pharmacies or another Pharmacy Business, the most important factor in choosing a pharmacy was, “convenient location”

Pharmacy Satisfaction Scores

Q4 2021

Q4. Were the pharmacy staff polite and helpful?

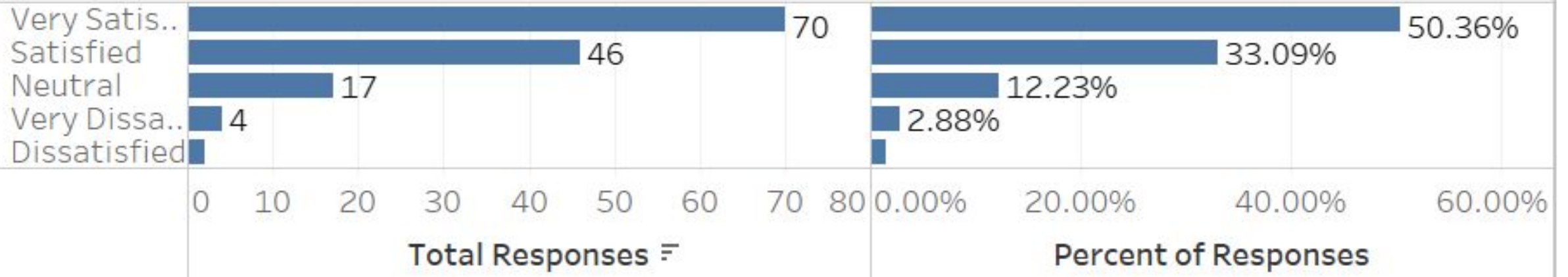


95% of patients who use our HC Pharmacies say that staff were polite and helpful

Pharmacy Satisfaction Scores

Q4 2021

How satisfied were you with the wait time for your prescription (time from drop-off to pick up)?

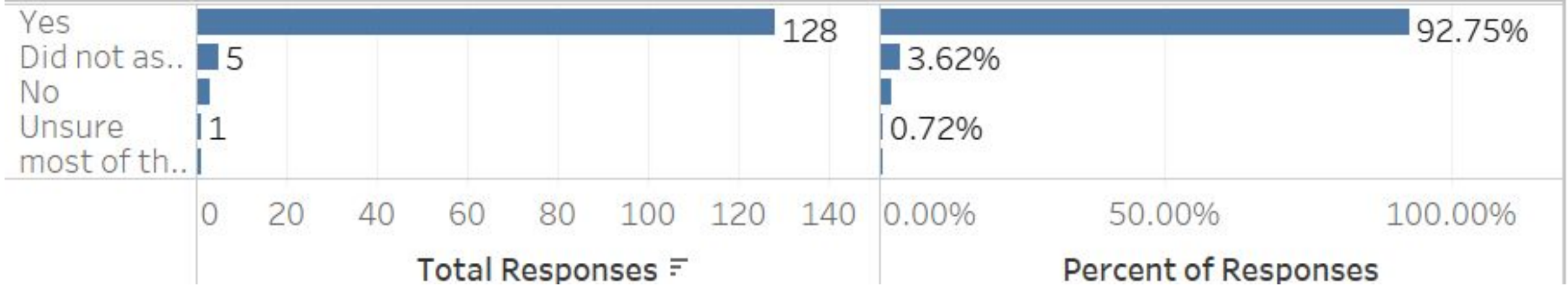


83.45% of patients using our HC Pharmacies say they were “satisfied” or “very satisfied” with the wait time from drop-off to pick-up)

Pharmacy Satisfaction Scores

Q4 2021

Q6. Did you feel that all of your questions were answered?

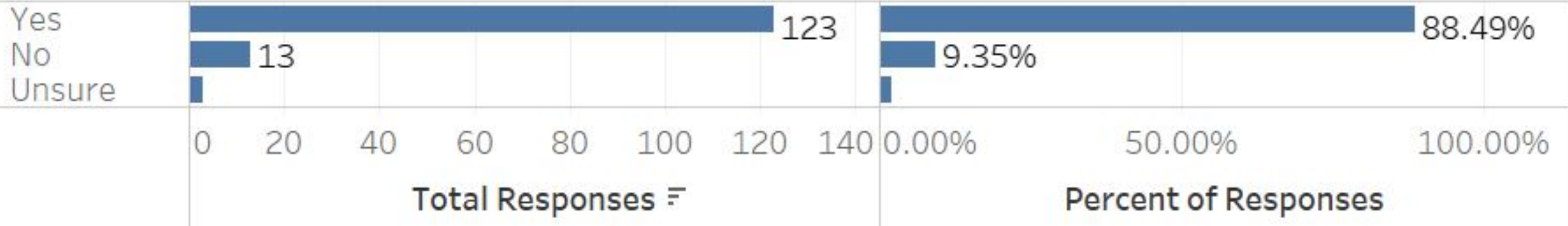


Close to 93% say that all of their questions were answered.

Pharmacy Satisfaction Scores

Q4 2021

Q7. Are the pharmacy hours convenient for you?

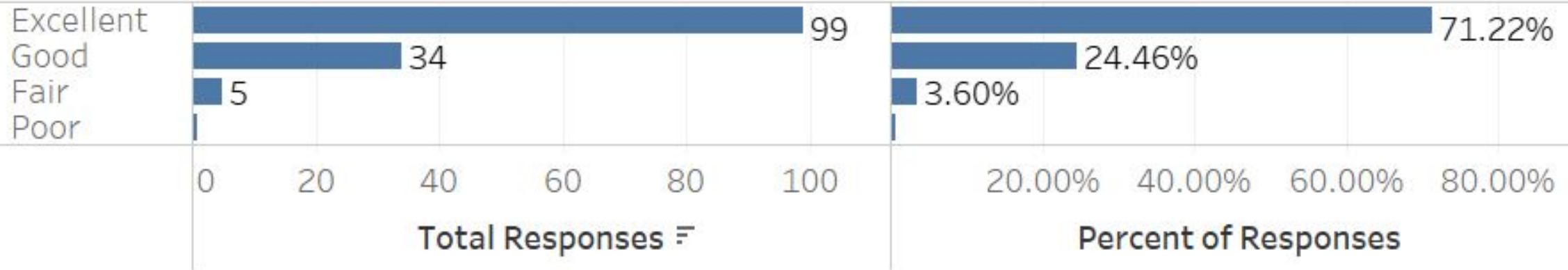


The patients who said, “No” were asked to comment and most said that after hours or weekend hours would be helpful because they work during our current hours and can’t pick up their prescriptions

Pharmacy Satisfaction Scores

Q4 2021

Q9. Please rate the overall level of service you recieved.

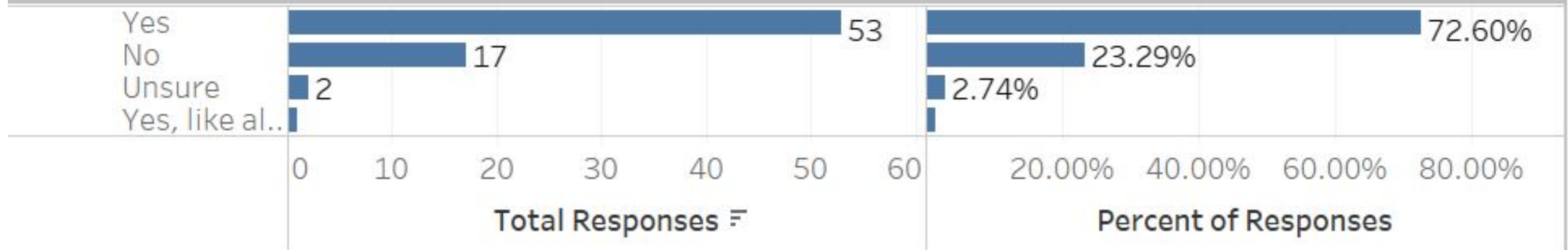


95.68% say the level of service the received was, “Good” or “Excellent”

Pharmacy Satisfaction Scores

Q4 2021

Q11. [IF LANGUAGE IS OTHER THAN ENGLISH] Were you communicated with in your preferred language?

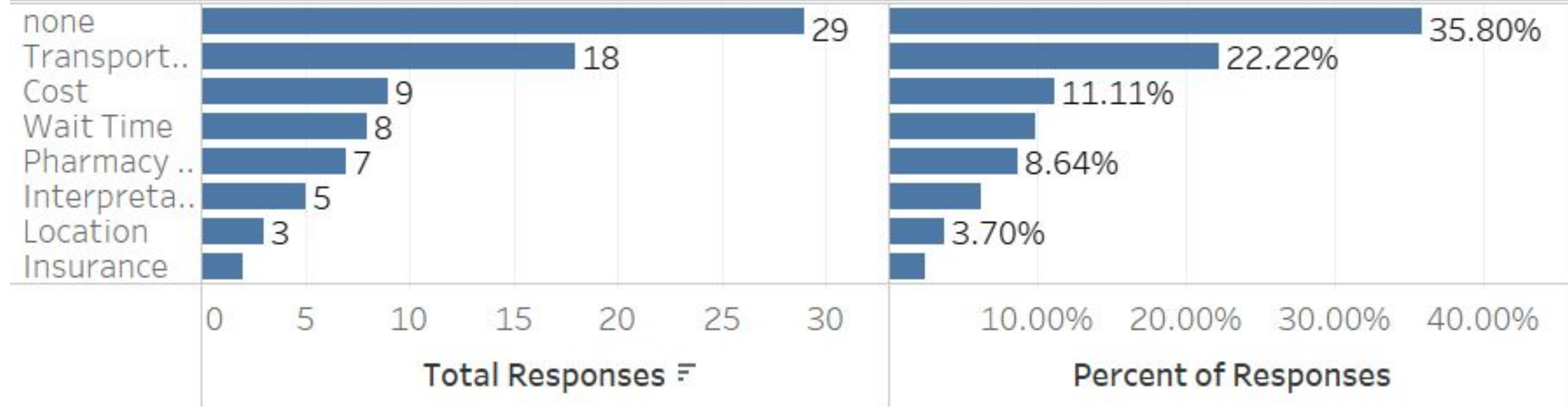


23% of patients surveyed say that they weren't communicated with in their preferred language

Pharmacy Satisfaction Scores

Q4 2021

Q12. What barriers do you have getting your medications?



*5th row down is, "Pharmacy Hours"

Pharmacy Satisfaction Scores

Q4 2021

If Offered...

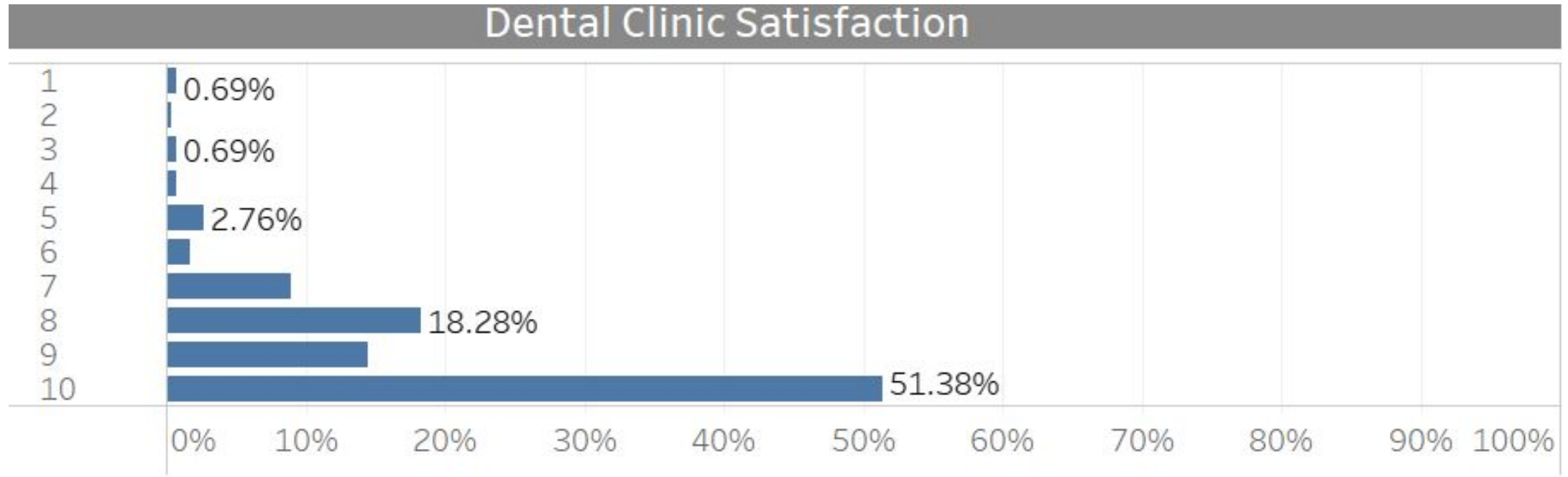
80.37% would like to receive text messages that their prescription is ready

58.69% would like to be able to use an app or website to request more medication

53.95% would like to receive their prescriptions by mail

Dental Satisfaction Scores

From 7/1/2021 through the end of the year

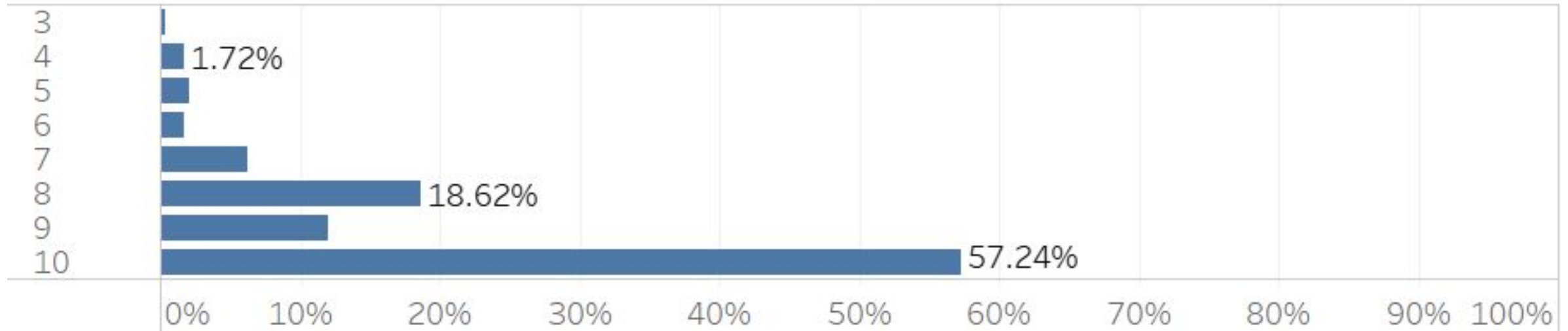


83.66 % rate their overall satisfaction an 8 or higher

Dental Satisfaction Scores

From 7/1/2021 through the end of the year

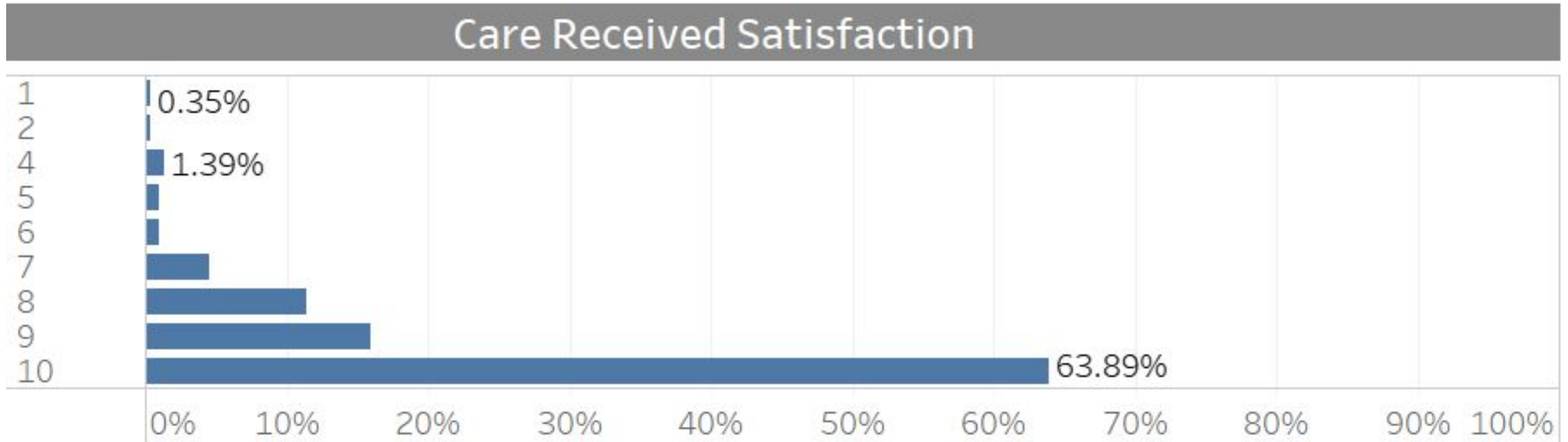
Front Staff Satisfaction



87.62% rate their satisfaction with the Front Desk Staff an 8 or higher

Dental Satisfaction Scores

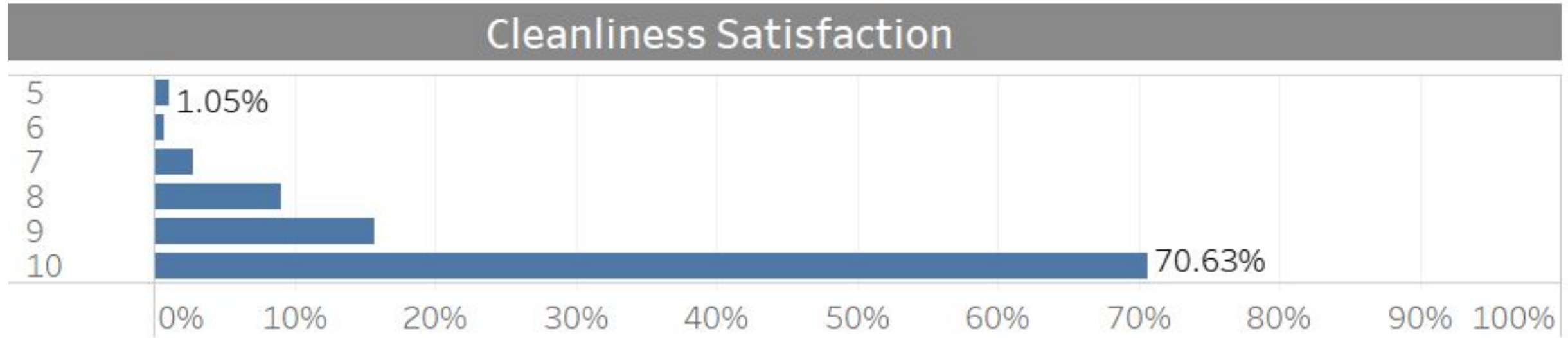
From 7/1/2021 through the end of the year



91% rate their satisfaction with the care they received an 8 or higher

Dental Satisfaction Scores

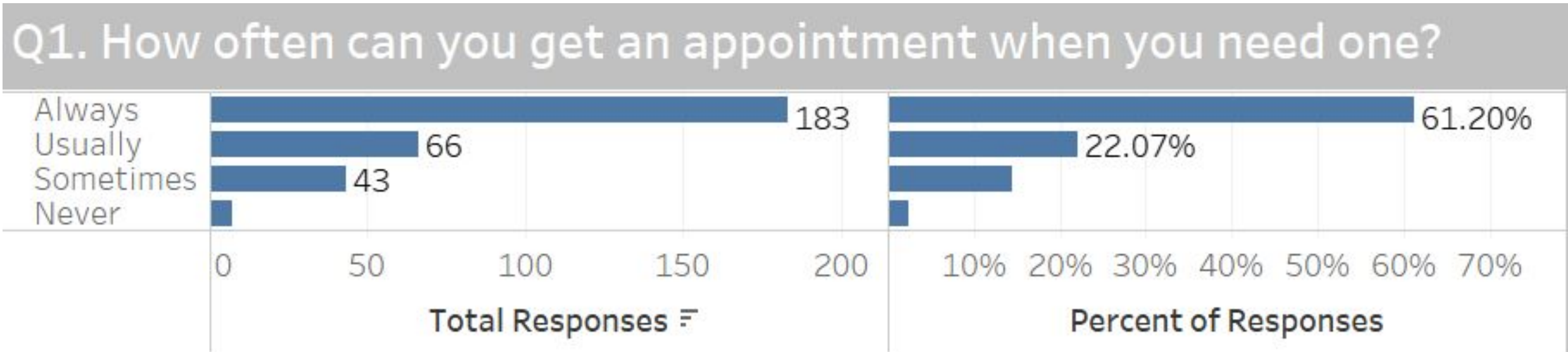
From 7/1/2021 through the end of the year



96% rate the cleanliness of the Dental clinic an 8 or higher

Dental Satisfaction Scores

From 7/1/2021 through the end of the year

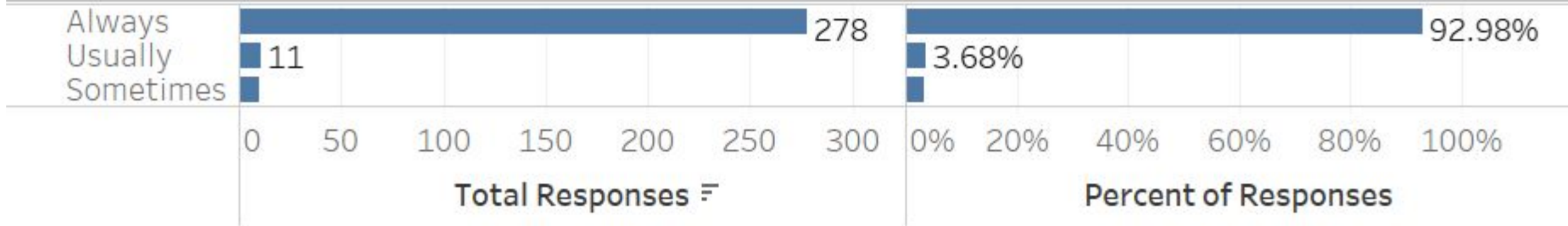


83.27% say that they can “Usually” or “Always” get an appt when they need one

Dental Satisfaction Scores

From 7/1/2021 through the end of the year

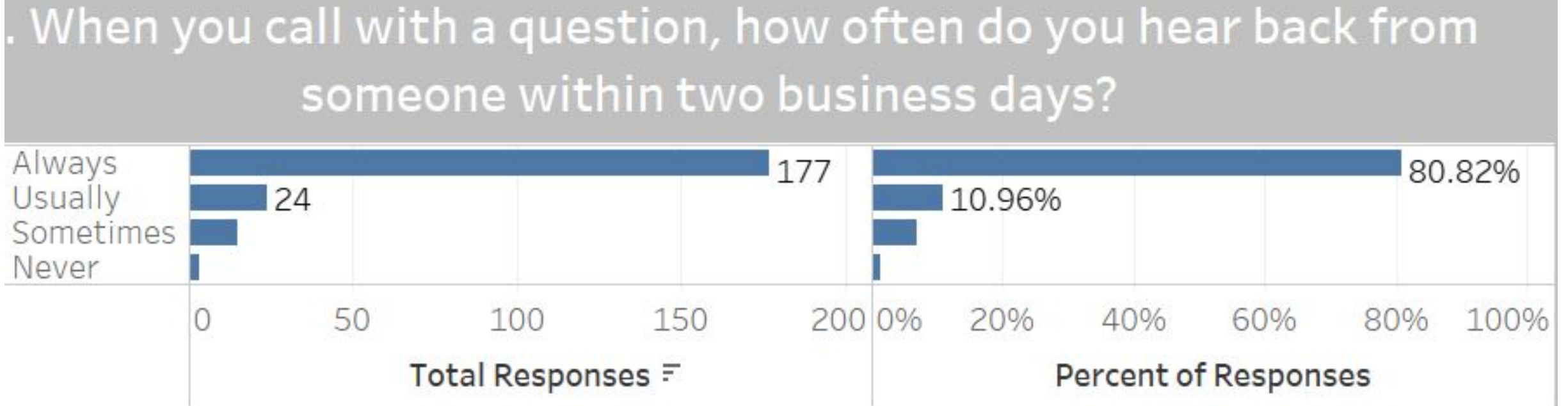
When I first arrive, I know right away where I need to check in and the process is easy?



96% say that they “Usually” or “Always” know right away where to check in and that the process is easy.

Dental Satisfaction Scores

From 7/1/2021 through the end of the year

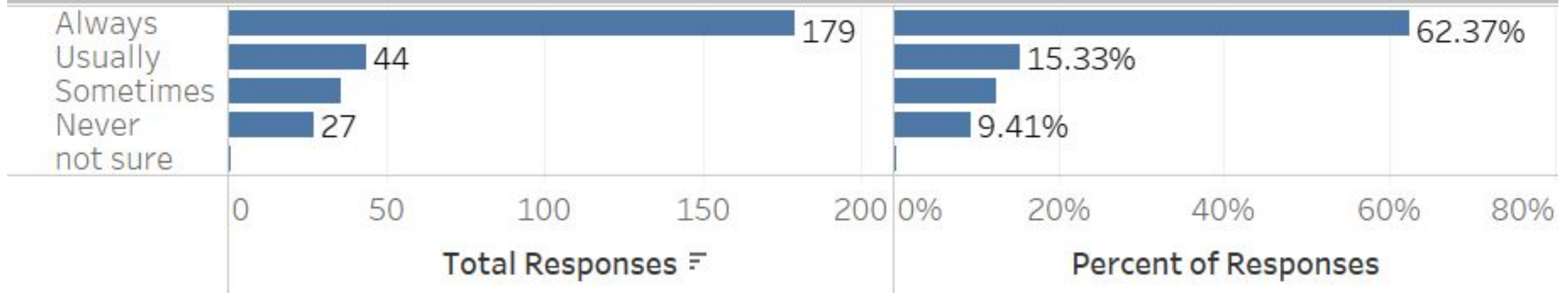


91.78% say that when they call w/a question, they “Usually” or “Always” hear back from someone within two business days

Dental Satisfaction Scores

From 7/1/2021 through the end of the year

How often does your Dental provider review your health history with you?

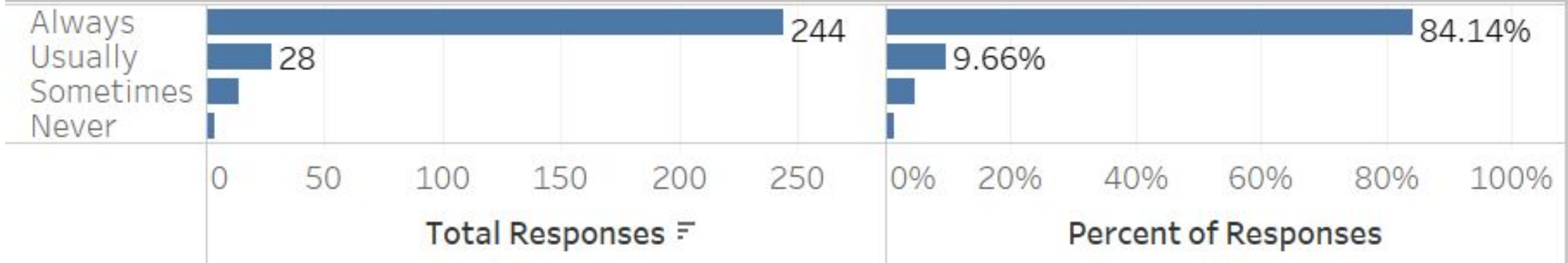


77.7% say that their Dental provider “Usually” or “Always” reviews their health history with them...while close to 10% say “Never”.

Dental Satisfaction Scores

From 7/1/2021 through the end of the year

Q5. How often does your Dental provider explain any exams or procedures before starting?

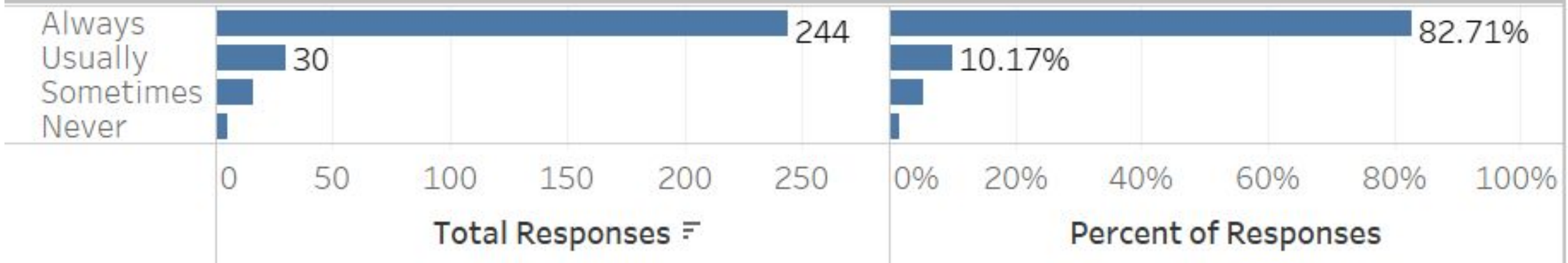


93.8% say that their Dental provider “Usually” or “Always” explains exams or procedures before starting.

Dental Satisfaction Scores

From 7/1/2021 through the end of the year

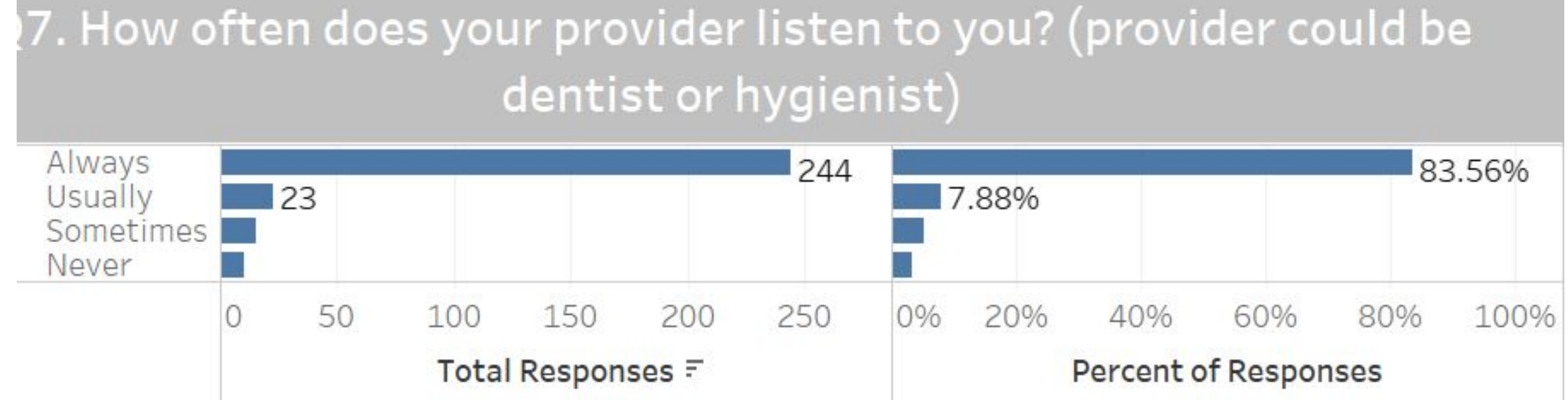
How often does your Dental provider explain things in a way that is easy to understand?



92.88% say that their Dental provider “Usually” or “Always” explains things in a way that is easy to understand

Dental Satisfaction Scores

From 7/1/2021 through the end of the year

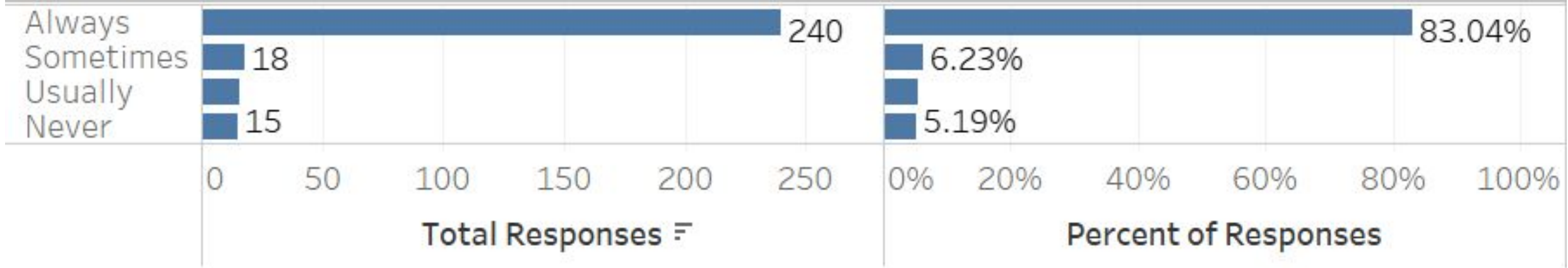


91.44% say that their Dental provider “Usually” or “Always” listens to them

Dental Satisfaction Scores

From 7/1/2021 through the end of the year

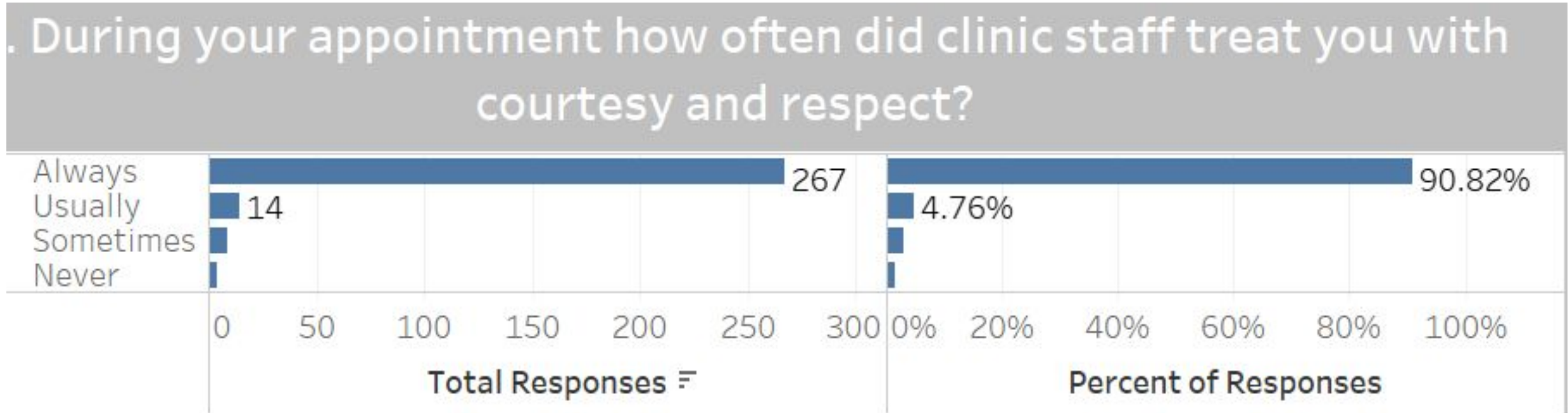
8. Do you feel your Dental provider cares about you as a person?



89.04% say that they “Usually” or “Always” feel that their Dental provider cares about them as a person.

Dental Satisfaction Scores

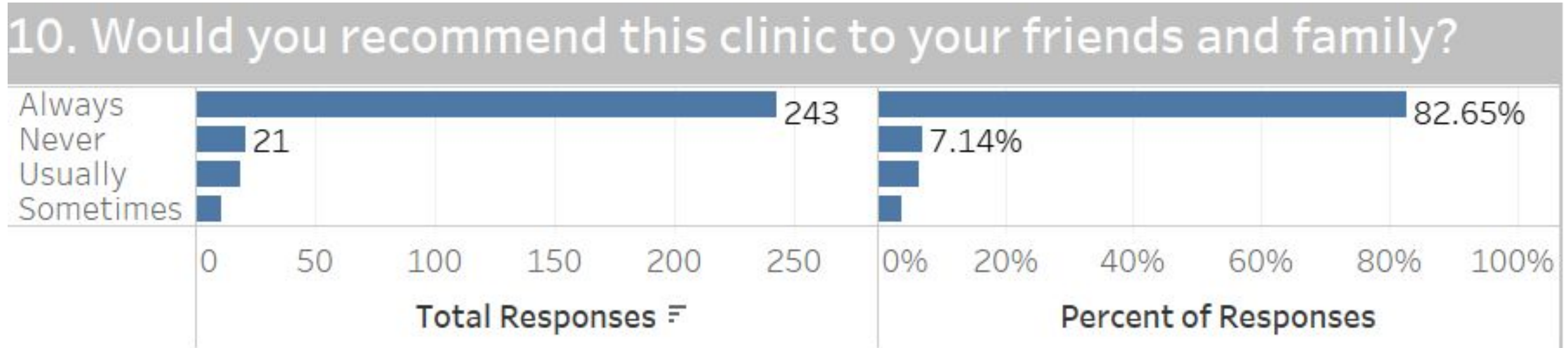
From 7/1/2021 through the end of the year



95.58% say that clinic staff “Usually” or “Always” treat them with courtesy and respect.

Dental Satisfaction Scores

From 7/1/2021 through the end of the year



88.65% say that they would “Usually” or “Always” recommend this clinic to friends and family...while 7.14% say they “Never” would.

Questions?

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 extending from the bottom left.

Multnomah County Federally Qualified Health Center

Monthly Financial Reporting Package

January FY 2022

Updated 03/04/2022

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.



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

For Period Ending January 31, 2021

Percentage of Year Complete: 58.3%

Community Health Center- Monthly Highlights

Financial Statement:

For period 7 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>	\$ 89,222,679	\$ 156,679,338	\$ 67,456,660	57%
<u>Expenditures:</u>	\$ 74,524,728	\$ 156,679,338	\$ 82,154,610	48%
<u>Surplus/ (Deficit)</u>	\$ 14,697,951			

Recent Budget Modifications:

<u>Period added</u>	<u>Budmod #</u>	<u>Description</u>	<u>Amount</u>
01 July	Budmod-HD-003-22	State CARES Act funding to increase Vaccination Rates	\$ 1,146,666
03 September	Budmod-HD-009-22	State CARES Act funding to Health for Vaccine Incentives	\$ 250,000
06 December	Budmod-HD-041-22	Revenue for ARPA Capital Projects Funds to ICS	\$ 1,183,848
			<u>\$ 2,580,514</u>

- Grant Revenue Accrual reflects \$1.57M in related expenditures invoiced in prior periods. (1)
- PC330 Grant amount fully spent as of November. Final (November) amounts will post in December. The grant will restart in January, posting in February. (2)
- Health Center Fees for January includes \$14.8m APM, one-time rebase, dating back to Oct 2020. (3)
- \$2.9m in Provider Relief, one-time amount posted in January (4)
- Expenditures are tracking at 48% which is slightly behind the expected target of 58% primarily due to Contractual costs, which are tracking at 13%.





Multnomah County Health Department Community Health Council Board - Financial Statement

For Period Ending January 31, 2021

Percentage of Year Complete: 58.3%

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
Revenue												
County General Fund Support	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0%	\$ 5,222,198
General Fund Fees and Misc Rev	\$ -	\$ -	\$ -	\$ 4,380	\$ 5,053	\$ 3,851	\$ (11,242)	\$ -	\$ -	\$ 2,042	0%	\$ 111,693
Grants - PC 330 (BPHC) (2)	\$ 9,309,724	\$ 9,309,724	\$ -	\$ -	\$ -	\$ 1,815,488	\$ -	\$ 1,696,550	\$ 670,922	\$ 4,182,960	45%	\$ 9,515,047
Grants - COVID-19 (4)	\$ 13,000,000	\$ 15,580,514	\$ 2,580,514	\$ -	\$ -	\$ 11,571	\$ (7,764)	\$ 9,560	\$ 293,416	\$ 3,405,577	22%	\$ 8,682,545
Grants - All Other	\$ 4,235,186	\$ 4,235,186	\$ -	\$ 40	\$ 31,261	\$ 517,640	\$ 98,422	\$ 559,053	\$ 355,674	\$ 1,690,682	40%	\$ 8,581,060
Grant Revenue Accrual (1)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,565,997	0%	\$ -
Quality & Incentives Payments	\$ 7,500,159	\$ 7,500,159	\$ -	\$ 647,267	\$ 544,656	\$ 103,650	\$ 41,160	\$ 1,743,310	\$ -	\$ 4,385,007	58%	\$ 11,049,279
Health Center Fees (3)	\$ 115,169,056	\$ 115,169,056	\$ -	\$ 8,866,217	\$ 8,382,679	\$ 8,167,450	\$ 7,845,968	\$ 7,997,021	\$ 8,044,109	\$ 71,478,310	62%	\$ 92,485,906
Self Pay Client Fees	\$ 1,244,879	\$ 1,244,879	\$ -	\$ 51,363	\$ 57,006	\$ 56,768	\$ 58,924	\$ 41,623	\$ 51,518	\$ 388,877	31%	\$ 678,121
Beginning Working Capital	\$ 3,639,820	\$ 3,639,820	\$ -	\$ 303,318	\$ 303,318	\$ 303,318	\$ 303,318	\$ 303,318	\$ 303,318	\$ 2,123,228	58%	\$ 3,145,138
Total	\$ 154,098,824	\$ 156,679,338	\$ 2,580,514	\$ 9,872,585	\$ 9,323,973	\$ 10,979,736	\$ 8,328,786	\$ 12,350,435	\$ 9,718,958	\$ 89,222,680	57%	\$ 139,470,987
Expense												
Personnel	\$ 88,758,656	\$ 89,419,870	\$ 661,214	\$ 6,843,236	\$ 6,720,121	\$ 6,894,611	\$ 6,743,961	\$ 6,700,819	\$ 6,716,527	\$ 46,892,991	52%	\$ 88,332,034
Contracts	\$ 15,756,862	\$ 16,496,172	\$ 739,310	\$ 263,055	\$ 149,337	\$ 136,835	\$ 184,742	\$ 272,965	\$ 381,930	\$ 2,188,059	13%	\$ 3,659,777
Materials and Services	\$ 21,652,095	\$ 21,619,659	\$ (32,436)	\$ 1,332,384	\$ 1,765,936	\$ 1,403,011	\$ 2,092,054	\$ 1,336,120	\$ 1,428,980	\$ 11,356,512	53%	\$ 18,982,109
Internal Services	\$ 27,626,711	\$ 28,552,030	\$ 925,319	\$ 1,165,983	\$ 2,228,137	\$ 2,652,568	\$ 2,526,474	\$ 1,792,939	\$ 1,917,342	\$ 14,080,500	49%	\$ 24,921,085
Capital Outlay	\$ 304,500	\$ 591,607	\$ 287,107	\$ -	\$ -	\$ -	\$ 6,666	\$ -	\$ -	\$ 6,666	1%	\$ 128,667
Total	\$ 154,098,824	\$ 156,679,338	\$ 2,580,514	\$ 9,604,659	\$ 10,863,531	\$ 11,087,026	\$ 11,553,897	\$ 10,102,843	\$ 10,444,780	\$ 74,524,728	48%	\$ 136,023,672
Surplus/(Deficit)	\$ -	\$ -	\$ -	\$ 267,926	\$ (1,539,558)	\$ (107,289)	\$ (3,225,111)	\$ 2,247,592	\$ (725,822)	\$ 14,697,951		\$ 3,447,315



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.



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

For Period Ending January 31, 2021

Percentage of Year Complete: 58.3%

Community Health Center

	Adopted Budget	Revised Budget	Budget Change	07 Jan	Year to Date Total	% YTD	FY21 YE Actuals
Revenue							
County General Fund Support	\$ -	\$ -	\$ -	\$ -	\$ -	0%	\$ 5,222,198
General Fund Fees and Misc Rev	\$ -	\$ -	\$ -	\$ -	\$ 2,042	0%	\$ 111,693
Grants- PC 330 (BPHC) (2)	\$ 9,309,724	\$ 9,309,724	\$ -	\$ -	\$ 4,182,960	45%	\$ 9,515,047
Grants- COVID-19 (4)	\$ 13,000,000	\$ 15,580,514	\$ 2,580,514	\$ 3,098,794	\$ 3,405,577	22%	\$ 8,682,545
Grants- All Other	\$ 4,235,186	\$ 4,235,186	\$ -	\$ 128,592	\$ 1,690,682	40%	\$ 8,581,060
Grant Revenue Accrual (1)	\$ -	\$ -	\$ -	\$ 1,565,997	\$ 1,565,997	0%	\$ -
Quality & Incentives Payments	\$ 7,500,159	\$ 7,500,159	\$ -	\$ 1,304,964	\$ 4,385,007	58%	\$ 11,049,279
Health Center Fees (3)	\$ 115,169,056	\$ 115,169,056	\$ -	\$ 22,174,866	\$ 71,478,310	62%	\$ 92,485,906
Self Pay Client Fees	\$ 1,244,879	\$ 1,244,879	\$ -	\$ 71,676	\$ 388,877	31%	\$ 678,121
Beginning Working Capital	\$ 3,639,820	\$ 3,639,820	\$ -	\$ 303,318	\$ 2,123,228	58%	\$ 3,145,138
Total	\$ 154,098,824	\$ 156,679,338	\$ 2,580,514	\$ 28,648,206	\$ 89,222,679	57%	\$ 139,470,987
Expense							
Personnel	\$ 88,758,656	\$ 89,419,870	\$ 661,214	\$ 6,273,715	\$ 46,892,991	52%	\$ 88,332,034
Contracts	\$ 15,756,862	\$ 16,496,172	\$ 739,310	\$ 799,195	\$ 2,188,059	13%	\$ 3,659,777
Materials and Services	\$ 21,652,095	\$ 21,619,659	\$ (32,436)	\$ 1,998,026	\$ 11,356,512	53%	\$ 18,982,109
Internal Services	\$ 27,626,711	\$ 28,552,030	\$ 925,319	\$ 1,797,057	\$ 14,080,500	49%	\$ 24,921,085
Capital Outlay	\$ 304,500	\$ 591,607	\$ 287,107	\$ -	\$ 6,666	1%	\$ 128,667
Total	\$ 154,098,824	\$ 156,679,338	\$ 2,580,514	\$ 10,867,992	\$ 74,524,728	48%	\$ 136,023,672
Surplus/ (Deficit)	\$ -	\$ -	\$ -	\$ 17,780,214	\$ 14,697,951		\$ 3,447,315





Multnomah County Health Department
Community Health Council Board
FY 2022 YTD Actual Revenues & Expenses by Program Group
For Period Ending January 31, 2021
Percentage of Year Complete: 58.3%

	Category	Description	Admin	Dental	Pharmacy	Primary Care Clinics	Quality & Compliance	Student Health Centers
Revenues	County General Fund Support		-	-	-	-	-	-
	General Fund Fees and Miscellaneous Revenue		-	-	-	2,042	-	-
	Grants- HRSA PC 330 Health Center Cluster (2)		971,520	181,000	-	2,671,815	-	172,613
	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		62,581	-	-	-	-	540,239
	Grants- Other COVID-19 Funding (5)		480,394	-	-	(40,734)	-	-
	Grants- HHSCARES Act Provider Relief (4)		2,944,785	-	-	-	-	-
	Grants- HRSA Health Center CARES Act		-	-	-	-	-	-
	Grants- HRSA Expanding Capacity for Coronavirus Testing		-	-	-	-	-	-
	Grant Revenue Accrual (1)		513,334	30,531	-	86,398	-	117,392
	Medicaid Quality and Incentive Payments		3,156,191	-	-	-	1,228,816	-
	Health Center Fees (3)		15,603,344	9,283,319	18,971,579	23,917,277	16,143	2,071,098
	Self Pay Client Fees		-	50,472	143,402	191,723	-	-
	Beginning Working Capital		1,573,907	286,822	-	-	262,500	-
Revenues Total			25,306,055	9,832,143	19,114,981	26,828,521	1,507,458	2,901,343
Expenditures	Personnel Total		7,947,674	10,503,809	3,717,308	17,432,307	1,416,494	2,476,199
	Contractual Services Total		949,903	199,907	9,388	901,913	6,341	65,798
	Internal Services Total		2,183,916	2,733,711	1,722,849	5,337,578	373,782	710,795
	Materials & Supplies Total		298,437	572,168	9,391,571	692,758	21,271	138,546
	Capital Outlay Total		-	6,666	-	-	-	-
Expenditures Total			11,379,931	14,016,260	14,841,116	24,364,556	1,817,888	3,391,339
Net Income/(Loss)			13,926,124	(4,184,117)	4,273,865	2,463,965	(310,430)	(489,996)
Total BMC from Prior Years			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 January 31, 2021
Percentage of Year Complete: 58.3%

	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	-	-	2,042	-	-	0%	111,693
		Grants- HRSA PC 330 Health Center Cluster (2)	186,013	-	4,182,960	5,430,672	9,309,724	45%	9,515,047
		Grants- HRSA Healthy Birth Initiatives	-	-	-	-	-	0%	673,281
		Grants- HRSA Ryan White	842,558	-	842,558	1,473,014	2,525,167	33%	2,657,247
		Grants- DHHS and OHA Ryan White	84,624	-	84,624	207,375	355,500	24%	347,799
		Grants- OHA Non-Residential Mental Health Services	-	-	-	-	-	0%	2,970,557
		Grants- All Other	160,679	-	763,499	790,136	1,354,519	56%	1,932,177
		Grants- Other COVID-19 Funding (5)	21,131	-	460,792	-	-	0%	8,071,838
		Grants- HHS CARES Act Provider Relief (4)	-	-	2,944,785	-	-	0%	-
		Grants- HRSA Health Center CARES Act	-	-	-	-	-	0%	-
		Grants- HRSA Expanding Capacity for Coronavirus Testing	-	-	-	-	-	0%	610,707
		Grant Revenue Accrual (1)	818,342	-	1,565,997	-	-	0%	-
		Medicaid Quality and Incentive Payments	-	-	4,385,007	4,375,093	7,500,159	58%	11,049,279
		Health Center Fees (3)	1,615,147	404	71,478,310	67,181,949	115,169,056	62%	92,485,906
		Self Pay Client Fees	3,280	-	388,877	726,180	1,244,879	31%	678,121
		Beginning Working Capital	-	-	2,123,228	2,123,228	3,639,820	58%	3,145,138
Revenues Total			3,731,774	404	89,222,680	82,307,647	141,098,824	63%	139,470,988
Expenditures		Personnel Total	2,542,774	856,427	46,892,991	52,161,591	89,419,870	52%	88,332,034
		Contractual Services Total	46,045	8,762	2,188,059	9,622,767	16,496,172	13%	3,659,777
		Internal Services Total	747,825	270,045	14,080,500	16,655,351	28,552,030	49%	24,921,085
		Materials & Supplies Total	112,341	129,419	11,356,512	12,611,468	21,619,659	53%	18,982,109
		Capital Outlay Total	-	-	6,666	345,104	591,607	1%	128,667
Expenditures Total			3,448,984	1,264,654	74,524,728	91,396,281	156,679,338	48%	136,023,673
Net Income/ (Loss)			282,790	(1,264,250)	14,697,951	(9,088,633)	(15,580,514)		3,447,316
Total BWC from Prior Years			724,184	-	9,205,101				





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

For Period Ending January 31, 2021

Percentage of Year Complete: 58.3%

Community Health Center- Footnotes

(1) Grant Revenue Accrual reflects related expenditures invoiced in prior periods

(2) Breakdown of PC330 amounts (2021 Calendar Year): 5,514,900.80 FY21 (January 21 - June 21) | 3,512,037.91 FY22 (July 21 - Oct 21) | 670,922.29 FY22 (Nov 21) = 9,697,861

(3) Health Center Fee revenue within the Lab program group is in error and will be fixed in the next period. Actual Revenues & Expenses by Program Group page 2
Medicaid APM Health Center Finance \$14.8m posted in January, one-time rebase, dating back to Oct 2020

(4) \$2.9m in Provider Relief, one-time amount posted in January

Amounts not included in PR, posted in Dec and Jan COVID-19 revenue are attributed to increasing recruitment, some contracts starting and catch up from prior months.

(5) Primary Care Clinics - Other COVID-19 funding (40k). Not enough personnel costs to cover revenue received, due to retiring Doctor. Research to resolve issue is ongoing.
Other negative revenue amounts in October are adjustments relating to cost center changes that moved amounts retroactively from the beginning of

Quality incentive payments for December was recorded in January, along with January amount.

Ongoing research to identify personnel costs that could be moved to COVID grants, will occur in subsequent periods

ARPA HHS, ends 3/23. Fully expecting to underspend in FY22 (approx \$2.5M); Will carry over approx. \$8M to following fiscal year. (see contracts expense line)

Capital Outlay costs are primarily for Pharmacy and Lab programs, amounts include software upgrades and new lab equipment. Projection for spend in FY22 is forthcoming.

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 January 31, 2021

Percentage of Year Complete: 58.3%

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.

Grant Revenue Accrual: Accrual amounts for current and prior periods.

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 - Notes & Definitions**

For Period Ending January 31, 2021

Percentage of Year Complete: 58.3%

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 January 31, 2021

Percentage of Year Complete: 58.3%

Community Health Centers

	Original Adopted Budget	Budmod-HD- 003-22	Budmod-HD- 009-22	Budmod-HD- 023-22	Budmod-HD- 041-22	Revised Budget	Budget Modifications
Revenue							
County General Fund Support	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
General Fund Fees and Misc R	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Grants - PC 330 (BPHC)	\$ 9,309,724	\$ -	\$ -	\$ -	\$ -	\$ 9,309,724	\$ -
Grants - COVID-19	\$ 13,000,000	\$ 1,146,666	\$ 250,000	\$ -	\$ 1,183,848	\$ 15,580,514	\$ 2,580,514
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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total	\$ 154,098,824	\$ 1,146,666	\$ 250,000	\$ -	\$ 1,183,848	\$ 156,679,338	\$ 2,580,514
Expense							
Personnel	\$ 88,758,656	\$ 446,666	\$ -	\$ 763	\$ -	\$ 89,419,870	\$ 447,429
Contracts	\$ 15,756,862	\$ 700,000	\$ 250,000	\$ -	\$ -	\$ 16,496,172	\$ 950,000
Materials and Services	\$ 21,652,095	\$ -	\$ -	\$ (864)	\$ -	\$ 21,619,659	\$ (864)
Internal Services	\$ 27,626,711	\$ -	\$ -	\$ 101	\$ 896,741	\$ 28,552,030	\$ 896,842
Capital Outlay	\$ 304,500	\$ -	\$ -	\$ -	\$ 287,107	\$ 591,607	\$ 287,107
Total	\$ 154,098,824	\$ 1,146,666	\$ 250,000	\$ -	\$ 1,183,848	\$ 156,679,338	\$ 2,580,514

Community Health Centers

Notes:

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

Budget Modification

Bud mod-HD-003-22

Bud mod-HD-009-22

Bud mod-HD-023-22

Bud mod-HD-041-22

TBD

Budget Modification Description

State CARES Act funding to increase Vaccination Rates

State CARES Act funding to Health for Vaccine Incentives

Staffing adjustment resulting from the reclassification of six positions

Revenue for A RPA Capital Projects Funds to Integrated Clinical Services

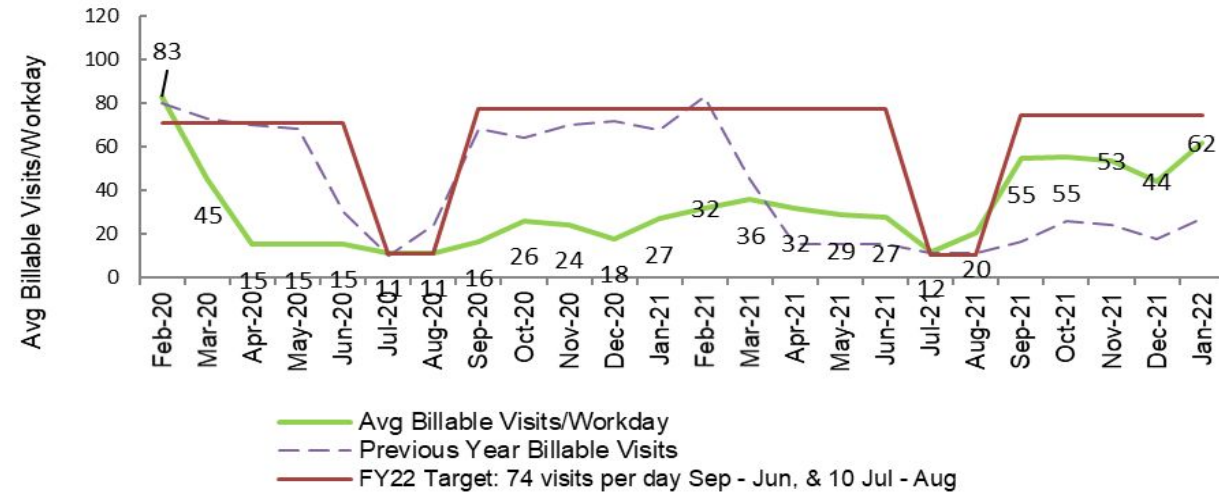
HRSA Provider Relief bud mod to be entered once FY23 budget process has completed, amount: \$2,944,785



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.

FQHC Average Billable Visits per day by month per Service Area

Student Health Center Average Billable Visits Per Workday



What this slide shows:

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

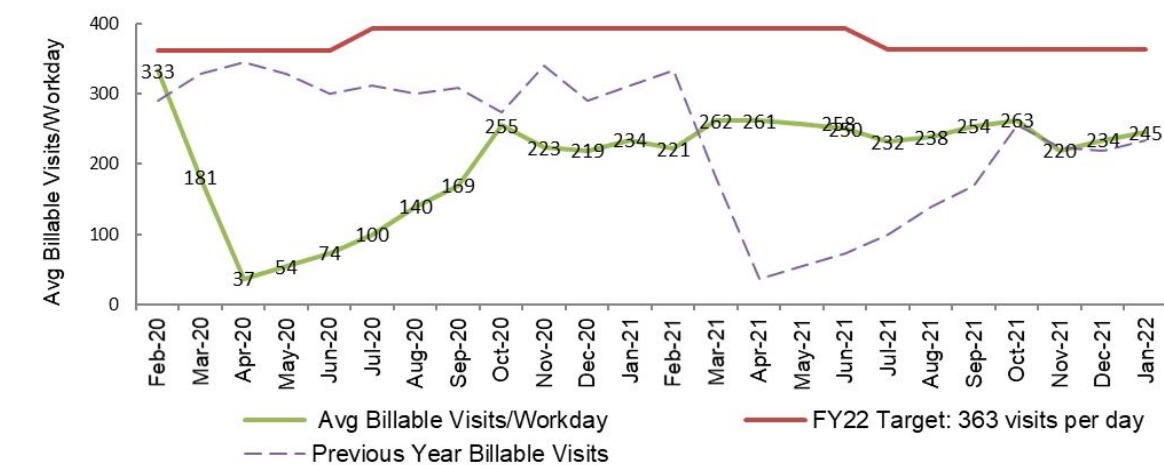
Good performance = the green “actual average” line at or above the red “target” line

Definitions:

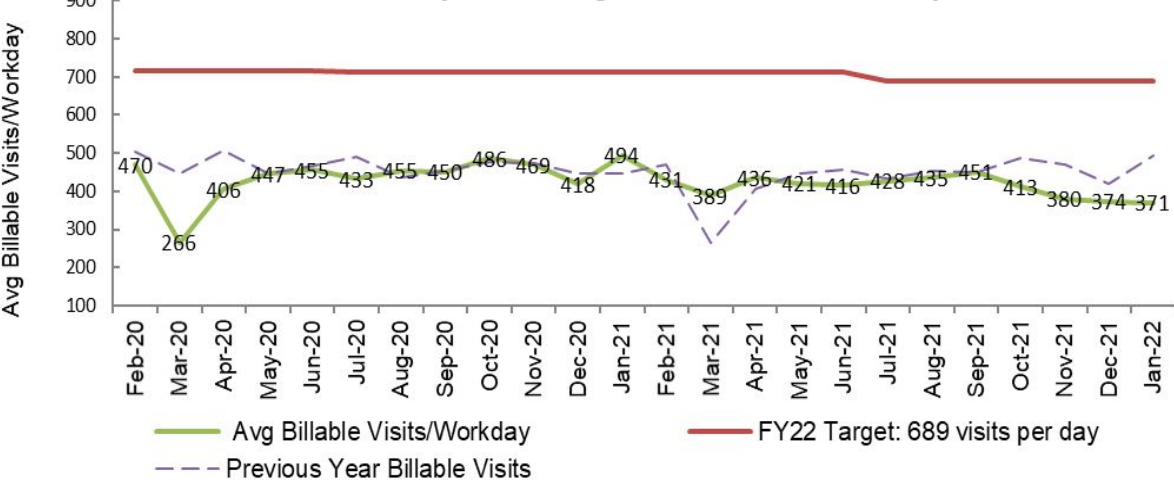
- Billable:** Visit encounters that have been completed and meet the criteria to be billed.
- Some visits may not yet have been billed due to errors that need correction.
 - Some visits that are billed
 - may not be paid, or not paid at the full billed amount, due to missing or incorrect documentation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

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

Dental Average Billable Visits Per Workday



Primary Care Average Billable Visits Per Workday



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.



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.

Percentage of Uninsured Visits by Quarter

What this slide shows:

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

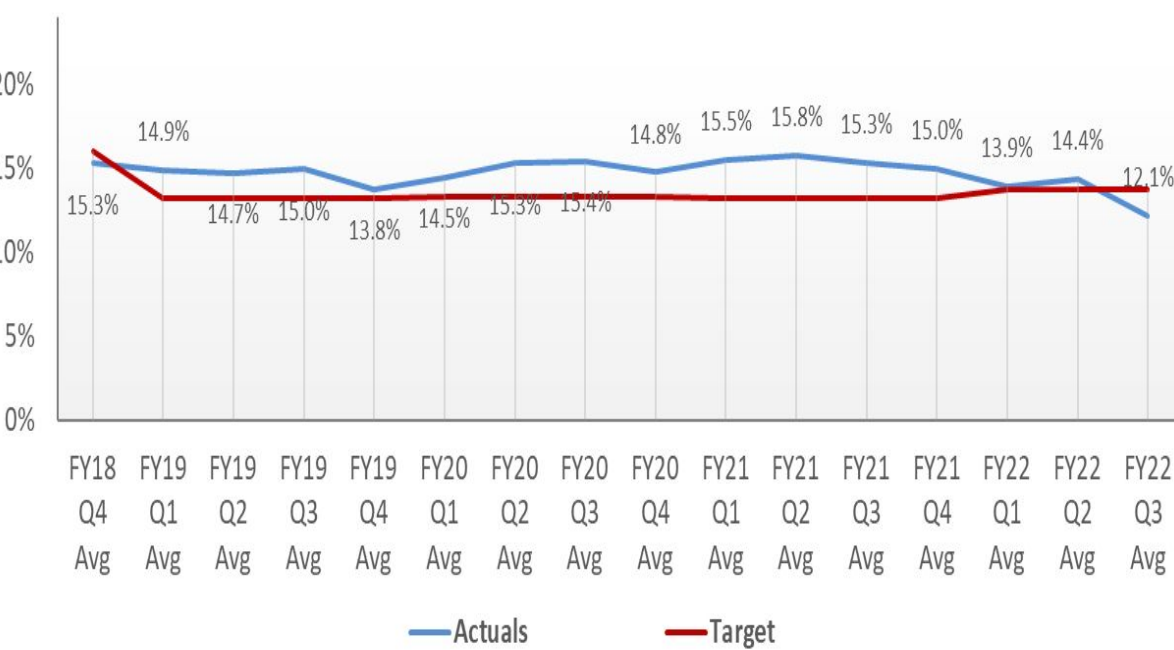
Good performance = the blue “Actual” line is around or below the red “Target” line

Definitions:

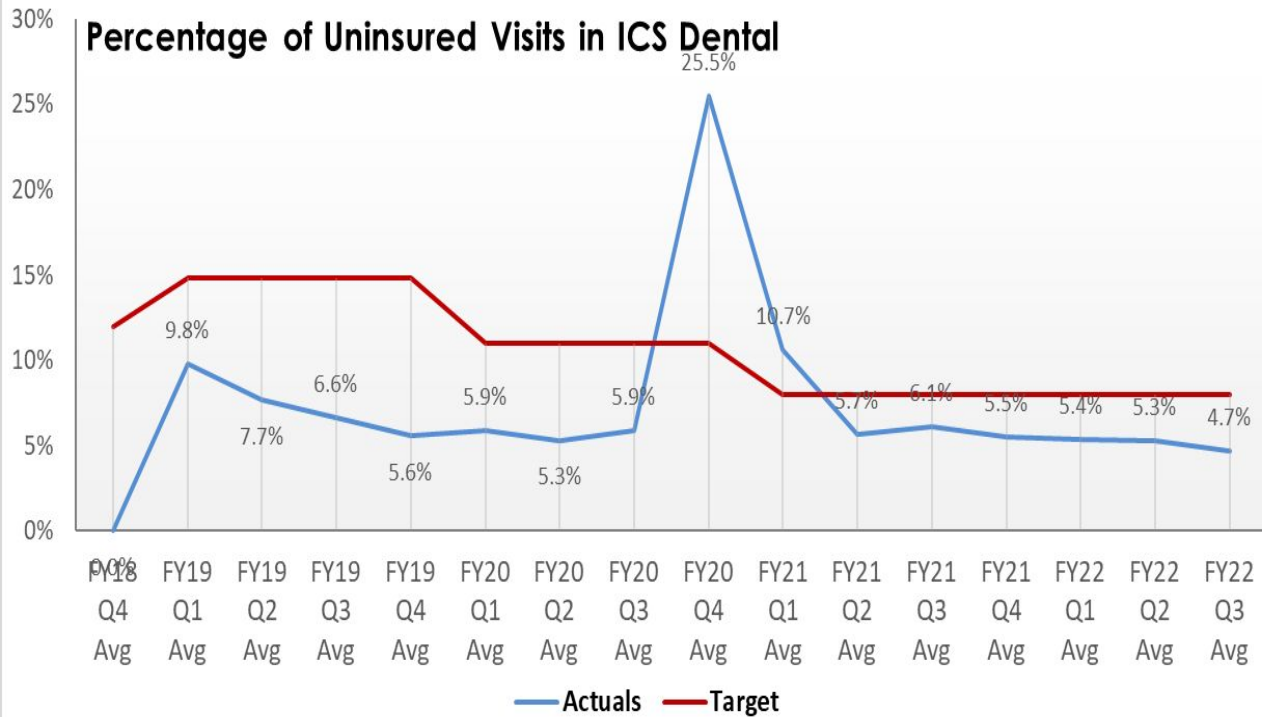
Self Pay visits: visits checked in under a “self pay” account

- 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



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

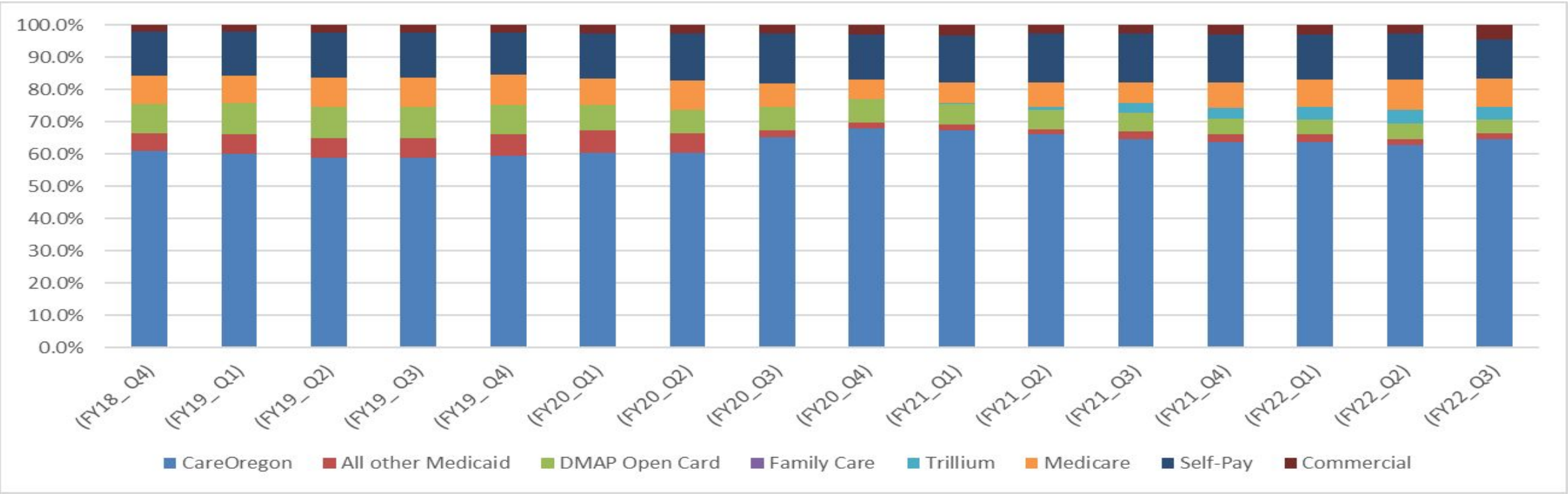
What this slide shows:

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



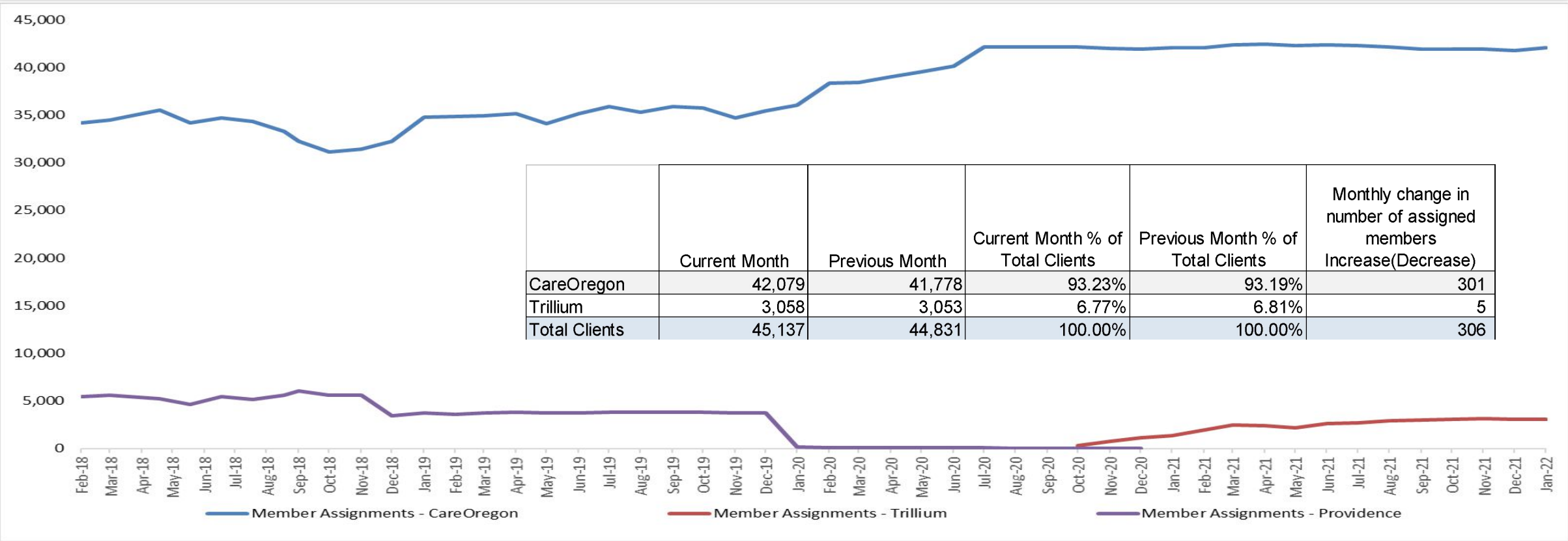
The financial information in these materials are prepared for and provided to the Health Center by the Health Department's Finance and Business Management division.

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 \$50-70/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
CareOregon FY22 average 42,079 :: Trillium FY22 average 3,058



ICS Net Collection Rate by Payer Nov'21 – Jan'22

	Nov'21 - Jan'22 Payments	YTD Payments	Nov'21 - Jan'22 Net Collection	YTD Net Collection
CareOregon Medicaid	3,070,409	4,829,713	97%	
Commercial	313,469	485,378	93%	
Medicaid	442,461	738,644	86%	
Medicare	499,779	857,865	99%	
Reproductive Health	26,099	54,593	100%	
Self-Pay	156,562	284,334	11%	
	\$4,508,779	\$7,250,527		

What this slide shows:

This report shows the effectiveness in collecting reimbursements by Payer

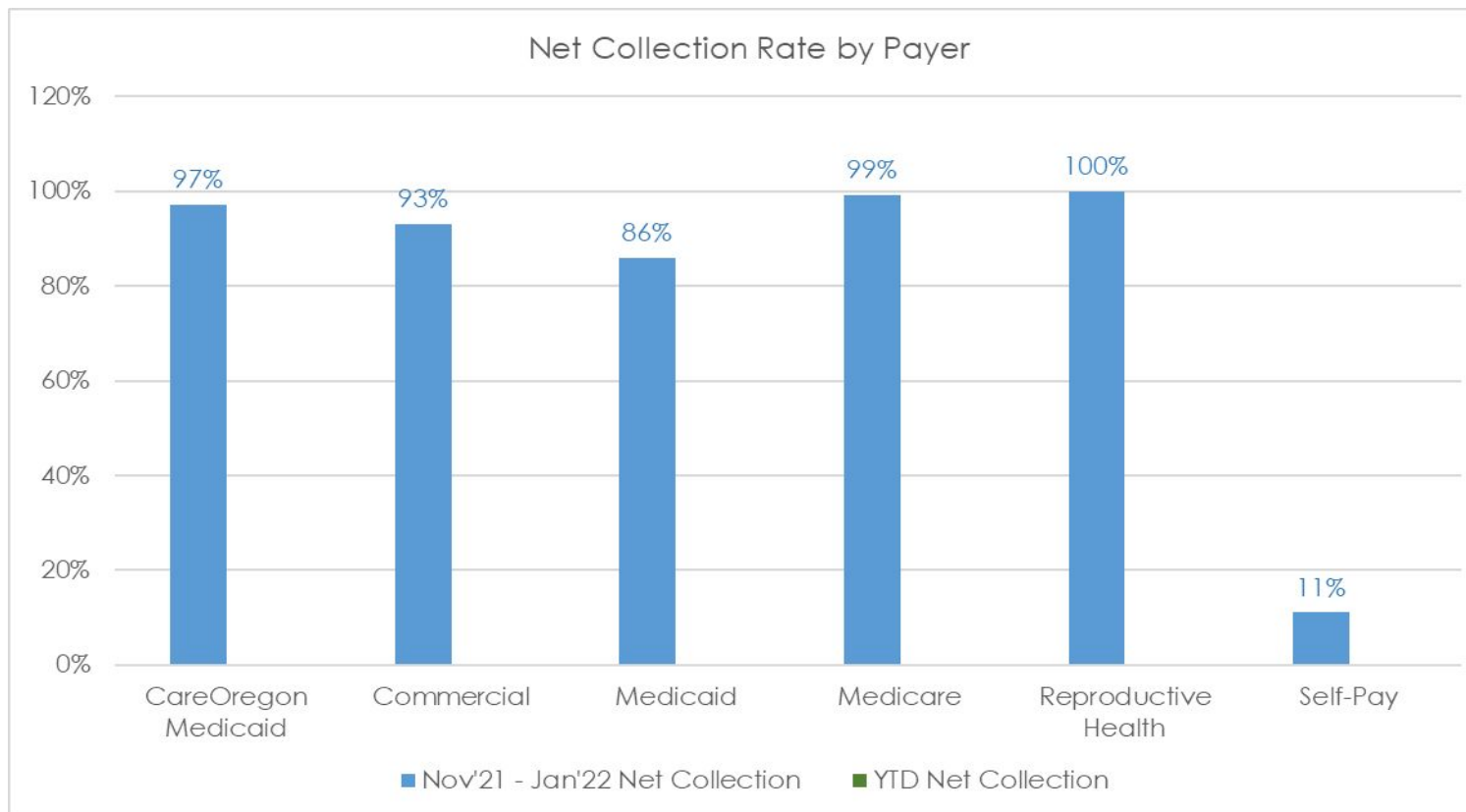
The benchmark for Net Collection Rate is 90% - 100%. Over 95% is ideal per HFMA

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)



- YTD net collection data is currently unavailable

