Regular Public Meeting

April 11, 2022

community health center board

Multnomah County

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Multnomah County

Public Meeting Agenda
April 11, 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
Dave Aguayo – Treasurer
Pedro Sandoval Prieto – Secretary
Tamia Deary - Member-at-Large
Kerry Hoeschen – Member-at-Large
Darrell Wade – Board Member
Brandi Velasquez – Board Member
Aisha Hollands - Board Member
Susana Mendoza - Board Member
Adrienne Daniels - Interim Executive Director, Community Health Center (ICS)

Our Meeting Process Focuses on the Governance of the Health Center

- Meetings are open to the public
- Guests are welcome to observe/listen
- There is no public comment period
- 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** Harold Odhiambo, CHCB Chair	Call to order Review processes
6:05-6:10 (5 min)	**Minutes Review** - **VOTE REQUIRED** Review March Public Meeting minutes for omissions/errors	Board votes to approve
6:10-6:30 (20 min)	**Chat with Commissioner Sharon Meieran (District 1)** Harold Odhiambo, CHCB Chair	Informal conversation about shared priorities
6:30-6:45 (15 min)	**Annual Budget Discussion w/Chair Kafoury** Deborah Kafoury, Multnomah County Chair	Discussion of FY23 Multnomah County Budget
6:45-6:55 (10 min)	**FY23 Health Center/ICS Budget Approval** - **VOTE REQUIRED** Adrienne Daniels, Interim Executive Director, ICS Jeff Perry, Chief Financial Officer, ICS	Board votes to approve
6:55-7:05	**10 Minute Break**	
7:05-7:15 (10 min)	**CARES Act Provider Relief Budget Modification to FY22 Budget** - **VOTE REQUIRED** Jeff Perry, Chief Financial Officer, ICS	Board votes to approve
7:15-7:25 (10 min)	**Authorize FY22 Cash Transfer to Enterprise Fund** - **VOTE REQUIRED** Jeff Perry, Chief Financial Officer, ICS	Board receives update
7:25-7:45 (20 min)	**HRSA Progressive Action Update and Monthly Budget Report** Wendy Lear, Deputy Director, Multnomah County Health Department Eric Arellano, Chief Financial Officer, Multnomah County	Board receives updates

	Jeff Perry, Chief Financial Officer, ICS Brieshon D'Agostini, Quality and Compliance Officer, ICS ***HRSA Progressive Action Update (Executive Session)*** *CHCB to receive confidential report in separate Zoom*	
7:45-7:55 (10 min)	**Board/Committee Updates** Harold Odhiambo, CHCB Chair Dr Aisha Hollands, CHCB CEO Search Committee Team Lead	Board receives updates
7:55-8:00 (5 min)	**Executive Director's Strategic Updates** Adrienne Daniels, Interim Executive Director, ICS	Board receives updates
8:00	**Meeting Adjourns**	Thank you for your participation

Community Health Center Board

Public Meeting Minutes
March 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
Kerry Hoeschen – Member-at-Large
Aisha Hollands - Board Member
Fabiola Arreola – Vice Chair,
Pedro Sandoval Prieto – Secretary
Tamia Deary - Member-at-Large
Susana Mendoza – Board Member
Brandi Velasquez – Board Member

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

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

Topic/Presenter	Discussion / Recommendations	Action	Follow-up?Date
Call to Order / Welcome Chair, Harold Odhiambo	The Board Chair called the meeting to order at 6:04 PM A quorum **was** established. Victor and Lucia in attendance (Spanish interpretation)	N/A	N/A
Minutes Review - VOTE REQUIRED Review February Public Meeting minutes for omissions/errors	Chair Odhiambo asked for approval or changes to the minutes. There were no errors or omissions suggested.	***Motion to vote as presented: Tamia Second: Fabiola*** Yays: - 8 Nays: - 0 Abstain: - 0 **Decision: Approved**	
Increasing Dental Saturday Clinics - VOTE REQUIRED Christine Palermo Dental Program Manager	Christine Palermo, Dental Program Manager, is seeking approval to increase the amount of Saturday Clinics at additional clinic sites. These additional clinics could provide $1,00,000 that will sustain current staffing and program offerings. With a YES vote: • Saturday Clinics will start in April • Patient can be seen outside of normal dental hours • Program could receive $1 million or more to sustain current staffing and program offering. If NO vote:	***Motion to vote as presented: Pedro Second: Bee*** Yays: - 8 Nays: - 0 Abstain: - 0 **Decision:**	

	• Dental program will operate as is with no additional Saturday Clinics • Year end metrics and incentive funds may not be attained. Q; Are the costs also included for SEDC or not? A: Yes, last year we didn't open Saturday Clinics at Southeast because they were closed for repairs. We do base which Saturdays we open based on our dashboards we get from Care Oregon, If we see there is a clinic running short we will open additional Saturday clinics that need the additional Saturdays. Pedro commented that he spoke with a few people about the changes at SE and want to let you know they are very pleased with the changes there. They felt more secure, and more privacy. Q: Were we running Saturday clinics regularly pre COVID or is this because of revenue we lost because of COVID? A: Every year at some point we start adding Saturday clinics. We have had Saturday Clinics at MCDC, that is currently the one clinic open on Saturdays. Every year we come to the CHCB looking to add Saturday clinics if we see are falling short of meeting our metrics .We know that Saturday Clinics help our metrics. The first few years we started in October went to December. Then we started in July, and now we are trying to start this year possibly in April Q: Do we see a good response? Why are we not doing this permanently, what are the barriers? A: We are looking at sometime in the future possibly adding more permanent Saturday clinics. MCDC is the only clinic, we add these additional Saturday clinics based on Care Oregon dashboards. I do hear you about the permanent Saturday clinics, it is very beneficial. Our patients do like our Saturday clinics Q; The potential additional $1,00,000, is that restricted for staffing or can it be used for something else? A: There are some criteria for what incentive money can be used for. It is used for multiple purposes. Incentive Dollars go back into the programs and also fund quality initiatives across the health centers such as patient satisfaction surveys and re-engagements, after patients have been to the ER or follow ups for dental or primary emergency care to support them with wider health care planning . It stays in the health center programs and is reinvested back into patient care.	**Approved**	

Patient Satisfaction Survey Report Linda Niksich, Sr. Program Specialist. Quality Team (ICS)	Linda Niksich presented the results of the first Patient Satisfaction Survey . We have started working with a new vendor, Crossroads, to conduct the surveys. These surveys are for the 4th quarter of 2021. Crossroads completed 627 surveys for in person, telephone or video visits. Primary Care ● Overall satisfaction is nearly 95%. Rockwood and Mid had the highest scores. More than 90% of patients are likely to return. Patient Access Center ● 35.8% of patients say they wait more than 15 minutes to connect with someone to make an appointment ● 92.5% rating for courtesy and helpfulness once they were able to speak with someone ● There are two large projects on the horizon that will focus on access and PAC programs that are designed to help improve Pharmacy ● 178 surveys were completed for pharmacy. ● 92% of the respondents reported excellent or good overall satisfaction. ● 83% Satisfied or very satisfied with wait times ● 88% thought pharmacy hours convenient. Those that don't say after hours or weekend hours would be helpful because of their work hours. ● 23% for preferred language used. ● 17 respondents said were not spoken to in their prefered language Dental ● Scores were done on scale of 1-10 ● 83% overall satisfaction rating ● 91% satisfied with care they received ● 90% always treated with courtesy and respect Q:Did you capture any other demographics like geographical, race or ethnicity? If this information is in the report will you please share that information with us? A:Yes, we do have a lot more detailed information. This should be in your handout. Each question is broken down in our more detailed reports by race and ethnicity, as well as gender and identity. Q: If that is not in the packet will you please share that information with the Board? A: Absolutely, I will resubmit it. Q; How are the surveys conducted when collecting this information? Do they do them in the clinic?	Board received update	Francisco to follow up with Linda to provide demographic info

	How often do they do the surveys? A:Crossroads, calls the patient after a recent appointment, or a pick up at the pharmacy. Surveyors do surveys for that recent interaction. They make calls every day and have to reach a certain quota every quarter. Q: Who conducts the surveys for languages, and I would like more info about the languages that were included in the survey. If there is a complaint, who does the complaint go to, and what is the process for that? A:Top 5 languages: English, Spanish, Chinese, Cantonese, Russian and Somali. Some of the surveyors speak the language, some use interpreters. They are trained to identify when a complaint needs to be made, and they encourage the patient to file a formal complaint. Complaints follow the same process of other complaints we receive, and are routed to Kimmi.		
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	Prior to the presentation, Chair Odhiambo shared that at the February 28 Executive Meeting, he shared his concern with County CFO Eric Arrellano and Health Department Deputy Director Wendy Lear that the documents that the CHCB receives are not in alignment with what HRSA expectations. Namely, of the 250 pages in the document, only 10% appears to apply to the Health Center, and the font is so small as to be illegible. That the County still has not produced a cash report or balance sheet and most of the reports contain information specific to the Health Department. The County has not provided a breakdown of the facilities costs specific to the Health Center. He also noted his alarm at the discrepancies of the Health Department's indirect rate of 11%, but their allocation of indirect expenses to the Health Center is over 70%. Chair Odhiambo expressed his concern that the Health Center could be at risk of losing HRSA funding, and that he expects a letter of explanation for these discrepancies and an update from the Health Department's Leadership. The presenters gave a highlever overview of the progress that has been made and the next steps for the HRSA Progressive Actions. **Itemized General Journal Entries** ● Jeff shared all of the journal entries in excel format so that they would be easier to read. ● Francisco was sharing them with the Board at the time of the meeting. **Phase 1 - Income Statement Activity - COMPLETE** Adjustments to General Funds	Board received update	

- General funds have been moved to an Enterprise fund
- Updates will continue to be give to the Board
- Actions to move resources in or out of the Health Centers will be brought to the Board for review and approval prior to any action
- Planning to make a request during the April meeting to approve a cash transfer from the General fund and the Federal State fund to the Enterprise fund. These funds carried over from last year.

Q: Do you have a projected timeline to give the board that information?

A: 6/30/2000 is our target completion dateJuly is the target completion date.

Q: When will Jeff be able to provide this information to the Board?

A: As we hit the target date we will work closely with Jeff. He will be able to give a complete activity through that time frame. I don't think it will take much time after the 6/30 date to provide information to the Board.

Phase 2 - Health Center Balance Sheet Activity

- In Progress through 6/30/2020
- Over 200 balance sheets being verified
- Making really good progress
- Currently working on Business Asset Transfers
    - Any historical balances on any assets the Health System owns
        - Grant funds or other program income were used to buy those accents
        - Those ballance need to moved into the health system
    - Validating by using historical reports
- Finalize unearned revenue
    - Grant money that does not have expenditures applied to it
- Customer AR accounts receivable
    - Move open balances from current fund to enterprise fund
- Any new activity from July 1 forward is happening within the Enterprise fund

All indirect cost charges and internal service charges

- Wendy has broken this down into pieces to make it easier to explain.
    - 4.1. A report with itemized details for all indirect cost charges and internal services charges (see #5 for details)
    - 4.2 An itemized detailed report capturing all occupancy costs the health center is paying for, which includes the cost of vacant space
    - 4.3 A detailed list of the spaces/buildings as well as the allocation for the Health System.

- 4.4 The County's algorithm for allocating space to the Health Center
  - Currently based on FTE
  - Provided estimate based on square footage
- 4.5 Indirect expense algorithm
  - Included lates indirect cost analysis
  - 13.4% combined rate for next year
    - 9.8 % department share
    - 3.5% central counts portion

It was mentioned that more questions and concerns come up when going through the packet regarding compliance. Example given was: facilities have ICS occupying 99% of space at East County, but there are other programs that occupy space there, like Public Health, Aging and DIsability, and DHS. It looks like ICS is being charged for 99% occupancy. I strongly believe it's not 99%. We should have real figures to determine what is being paid for.

Clarification - The information provided for facilities and the portion of the facilities occupied by the health center, such as East County. The portion we showed was of the portion charged to the health department, it was broken down by each occupants share. It wasn't the entire East County building. The Community Health Center is the only health department program at East County. With a small exception of a shared conference room. That's why the percentage there is so large.

Q: Basis of charging FTE opposed to square footage, for FTE that are retired and that space is not utilized, is that still a base for that?

A: Yes, we still use that for allocated costs. Now with teleworking we may want to examine this closely. This could negatively impact the health center. We need to make sure we won't have unintended consequences.

Q: Has the board ever seen an analysis of the market rate? If we move forward with square footage vs FTE, will a professional be doing that?

A: That will be something the county facilities will be doing. We are in the process of looking at square footage now. We are in the midst of space analysis, but I don't know where we are at currently. We will have to get back to the board with that information.

Q: In the report it states Old Town Recovery Center ICS is listed at 100% , is ICS providing services at Hooper Detox? Is this a mistake?

A: No, it's Central City Concerns where the Billi Odegaard Clinic resides.

Projection of health balances for each month for the next 12 months

- This will start coming together using the reports created in phase 2

Revenue and expense statement - Received today, and is COMPLETE

Balance sheet of accounts - These should be completed on target date

Monthly report of vacancies by from health department on all centers

- Updated total of all vacancies. Working on an updated version of the breakdown for next month to distinguish work out of class roles versus true vacancies.
    - Work out of class role is a vacant role being filled by current staff. May not be actively recruiting for it at the same time.
    - Add comparative national trends to give us benchmarks as to how long it takes to recruit.
- Small drop in estimated financial improvement , down to $1.8 million
- Will provide benchmarks to show how we are doing, and how we are recruiting.

Q: How are you strategizing around recruitment? Are the recruiters attending community events? What tools are you using? What is the process?

A: Once the position is posted in Workday it gets posted through Indeed nationally. Well over 320 positions for our team to fill. We have not had a lot of opportunities to use those proactive activities you referred to. We hired a tech to do outreach, and will be working on that soon.

Q: When you look at this report and the estimated impact, what are the bumps that are making the hiring process difficult? What other methods would you likely use to make sure this trend does not continue. The revenue lost is a negative impact.

A: We have made a lot of progress. 149 new hires last fiscal year. We are projected to more than double that amount this year, July - December we hired over 300 people. There is a national shortage in all positions across the board. Looking at sign on bonuses for clinical workers. The point of a sign on bonus is comic advertising. There is a retention factor associated with a bonus. Need to look at retaining staff. Why are people leaving? We lost 118 community nurses. We need to attack from both sides, recruiting and retention. We are putting a team together to look at that. We have doubled our team, and tentatively approved for 3 more work out of class positions for the next fiscal year. 320 positions for 8 recruiters. We are now tracking the time to fill, to see where we are going. We have a better understanding of where we are and where we need to go.

Tamia wanted to make the Board aware of what she had said at the Executive Committee meeting in regards to what she heard when they were on their tour. The biggest challenge to filling open spots according to the health center staff is the rates are not competitive. The rates are from other government jobs as opposed to places like Kaiser. This is something that should be kept in mind.

HRSA Progressive Action Update (Executive Session) *CHCB to receive confidential report in separate Zoom*	Contract bargaining is a protected and confidential process. Pursuant to ORS 192.660, Subsection (2)(d) and (3), the CHCB will conduct a closed Executive Session to review HRSA mandated items that could impact bargaining.	***Motion to retire to Executive Session as presented: Tamia*** ***Second: Kerry*** Yays: - 8 Nays: - 0 Abstain: -0 **Decision:** **Approved**	

Committee Updates/Council Business
Harold Odhiambo, CHCB Chair
	CHCB Chair, Harold Odhiambo offered the opportunity for any of the CHCB members to be part of the CEO Recruitment Committee that will be chaired by Dr. Aisha Holland. If you are interested, send that information to Francisco and he will share that information with the committee.
	
	Updates for CEO Recruitment Updates:
	• Sent communication to Francisco regarding a meeting that Liz and Debbie Smith have request for a kick off
	• Francisco forwarded a list of recruitment firms that the county HR is currently contracted with
	• Requested a list of recruitment agencies
	• Fransicso sent invitations to CHCB members and county members indicated to be part of the committee.
	  ○ CHCB members
	  ■ Dr. Holland
	  ■ Harold
	  ■ Tamia
	  ○ County Members
	  ■ Debbie
	  ■ Ebony Clark
	  ■ Joe
	• Initial packet is completed, and being reviewed by Ebony Clark
	• There needs to be equal membership on each side for committee meetings, and needs to clarify the parameters amongst the members.
	
	Ebony is hoping for preliminary conversation to get a better understanding of what the official process will be once it begins. Francisco will be the facilitator for communication when it is closer to getting started.		

Monthly Budget Report County Budget Update Jeff Perry, Chief Financial Officer, ICS	Jeff Perry gave a monthly update of the budget. ● Year to Date ○ Revenue is $89.2 million = 57% of budget ○ Expenses are $75.5 million = 48% of budget ○ Surplus of 14.7 million ■ Provider relief fund for 2.9 million dollars ■ 1st installment from the Oregon Health Authority for change of scope dollars $14.8 million ● Generated from per member per month ● Month to date ○ Revenue $28.6 million ○ Expenses $10.9 million ○ Surplus of 17.8 million ■ OHA $14.9 million ● Program Level ○ Dental -$600,000 ○ Primary Care and Pharmacy solid gains ○ Student Health $490,000 loss ● Billable Visits ○ Student health showed increase to 62 billable visits, 74 was the target ○ Dental increased to 371, target was 363 ○ Primary care had 371, target was 689 ● Uninsured ○ Primary Care below target at 12.1%, target 13.8% ○ Dental was 4.7%, target 8% ● Primary Care Payer Mix ○ Showing slight increase in commercial payers ● Number of OHP clients ○ Increase of 306 from previous month ○ 93.23% Care Oregon coverage ○ 6.77% Trillium coverage		
Strategic Updates Adrienne Daniels - Interim Executive Director, ICS	Patient and Community Determined ● For the annual state School Health Awareness day 22 students from 7 different health centers met virtually with their legislature to advocate for the health needs of their communities and promote the importance of youth accessing school health services. ● Hosted an orthopedic tele health clinic at David Douglas that was focused on youth. ○ Engaged expert workforce ■ Pharmacy and Dental programs are partnering to work with Care Oregon		

	and other community colleges to develop a training pathway for key roles for pharmacy technicians and dental assistants ● One year pathway to train and allow staff that are interested to become certified ● Very high demand for these positions, but very few applicants right now Fiscally sound and Accountable ● Working with Oregon Primary Care Association to advocate and share the impact of medicaid termination and redetermination ● During COVID 19 the enrollment and disenrollment was paused to reduce negative impact of losing health insurance ● Past 2 years uninsured residents has fallen to historical lows especially for persons of color ● Advocating and sharing recommendations of how to improve experiences for those at risk of ● Board members will undergo annual budget training Equitable treatment ● American Heart Association Partnered with NE Hlth Center to improve blood pressure management ● Mid county continue medical screening for Afghan refugees Board requested 4 specific status updates ● Legal Counsel Contract is ○ Completed ● Data And Privacy Consultant ○ Committee meeting with stakeholders being scheduled ● Media and Advocacy Opportunity ○ Student health center awareness day Feb 10th ○ Katu News broadcasted interview with ● Financial Policy and Updates ○ 6 fully implement, 6 in progress ○ 2 tied to full enterprise fund completion target for June		
Meeting Adjourns	Meeting adjourned at 8:08pm The next public meeting will be on April 11, 2022		

Signed:_____ Date:_____
Pedro Prieto Sandoval, Secretary

Signed:_____ Date:_____
Harold Odhiambo, Board Chair

Scribe taker name/email: Elizabeth Mitchell, elizabeth.mitchell@multco.us

community health center board
Multnomah County

Meet Commissioner Sharon Meieran District 1

[Link to District 1 Demographic Map]

Commissioner Sharon Meieran grew up in the San Francisco Bay Area. She graduated from UC Berkeley with Bachelor of Arts degrees in English and Economics, and attended law school at Hastings College of the Law in San Francisco.

Commissioner Meieran engaged in different practice areas of law, including general complex civil litigation, intellectual property law, and volunteering in children's advocacy, as a counselor on a child abuse prevention crisis line, in family law, and in class action litigation on behalf of children in areas of health, education and juvenile justice reform.

Commissioner Meieran subsequently attended UCSF medical school in San Francisco, where she met her husband, Fred (who was previously a professional musician). They did residency in Emergency Medicine together in Cincinnati, where their two children were born, and returned to the West Coast to raise their family. They live in Southwest Portland, and their children continue to attend Portland Public Schools. Commissioner Meieran served as co-president of her children's elementary school PTA board, and served additional years as board member.

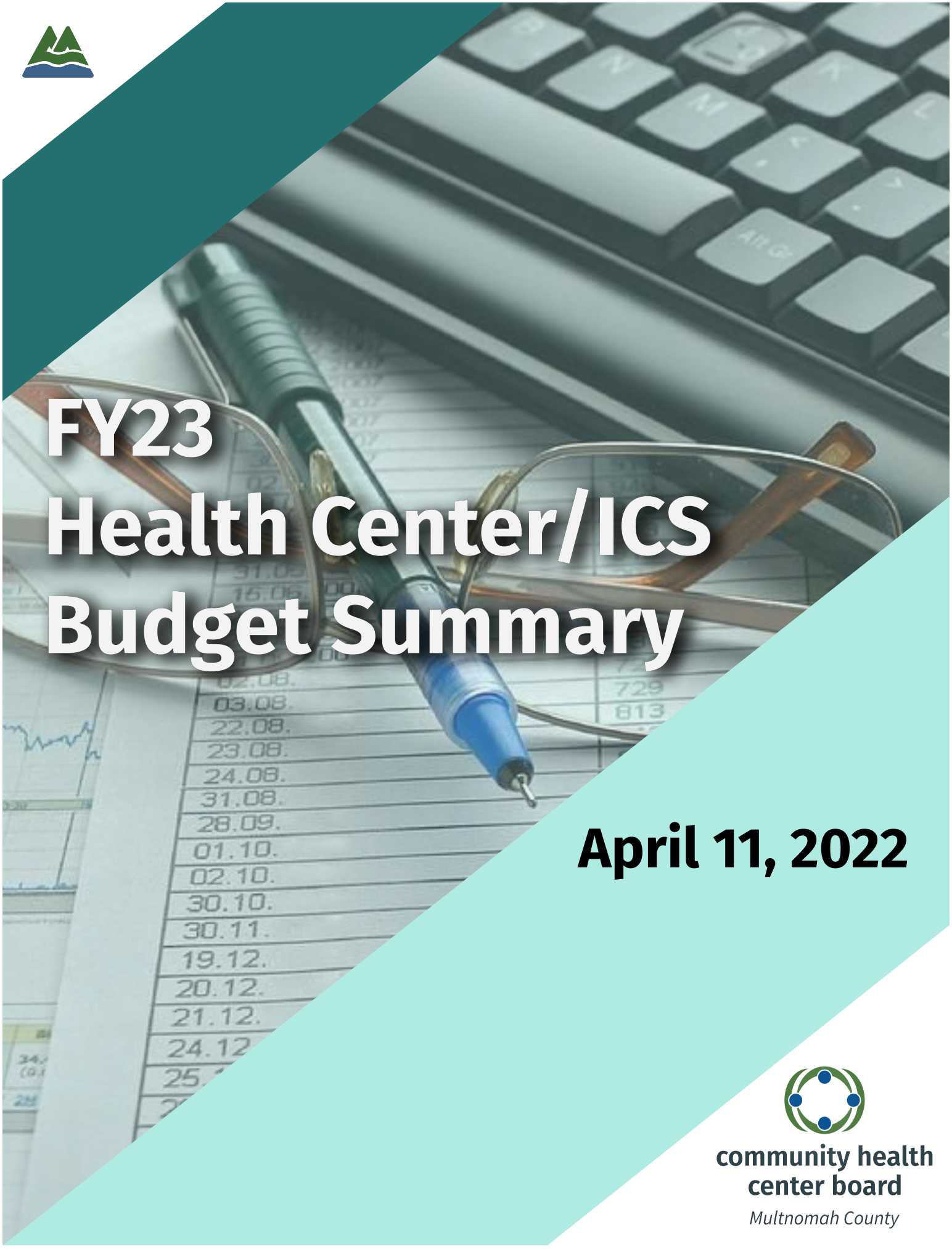
Commissioner Meieran practices emergency medicine in the Portland area, and has used her experience on the front line caring for those in crisis to inform her policy and advocacy work in mental health care, substance abuse prevention, police use of force, coordination of services for the most vulnerable, and reproductive healthcare, equity and justice.

In addition to being a practicing emergency physician, Commissioner Meieran also served as Medical Director for the Oregon Foundation for Reproductive Health. In this role she worked on issues of reproductive equity and justice, and advocated for implementation of the One Key Question pregnancy intention screening initiative, with a goal that all pregnancies be as wanted, planned and healthy as possible.

Commissioner Meieran has served on boards and committees for a number of additional organizations, including:

- The Oregon Medical Association
- The Community Oversight Advisory Board (COAB)
- The Unity Behavioral Health Center Advisory Board
- The Prescription Drug Monitoring Program Advisory Commission
- The Emergency Department Information Exchange (EDIE) Governance Committee and EDIE Operations Committee
- Governor's Task Force regarding prescription opioid abuse
- The Medical Society of Metropolitan Portland
- Board of Trustees of Congregation Beth Israel

Commissioner Meieran has been named the OMA's Oregon Doctor-Citizen of the Year, received the Oregon College of Emergency Physicians' Oregon Emergency Physician of the Year award, and was awarded Kaiser Permanente's highest community service honor, the David Lawrence Community Service Award.



FY23 Health Center/ICS Budget Summary

April 11, 2022

community health center board

Multnomah County

FY23 Budget Summary - Definitions

Revenue Notes:
Beginning Working Capital represent previous year's reserves being used.
Intergovernmental accounts are types of grants
Charges for services represents revenue from patient care, including Medicaid, Medicare, and third party insurance.

Expense Notes:
Staffing costs are captured by permanent, temporary, overtime, premiums, salary related, fringe, and insurance - all costs associated with the salary and benefits of being an employee.
Client service costs and program pass throughs are funds allocated to help patients with costs of their care such as bus passes, food, clothing, prescriptions, and grocery help.
Professional services are services from outside vendors, contracts, or similar agencies to support a wide variety of services, ranging from interpretation, trainings, advertising, consultation, and to cleaning services.
Communications are expenses related to videoconferencing stations, internest svcs outside the County network and reimbursement for staff personal mobile phone usage for work.
Rentals refer to renting space for events, meetings, or renting equiptment for patient care
Repairs and supply categories cover costs that are part of maintaining our current equiptment and types of materials or supplies used during care services
Training and Travel costs represent the costs for mileage driving between locations and trainings, conferences, and other education based costs.
Software and Subscriptions are the costs of programs or training materials used to deliver or support care. Examples are programs like scheduling software, Microsoft Suite, Adobe, and simliar computer applications.
Internal services costs are the services that support clinics provided by other programs internally at the County. This includes IT support, building rent repairs, records management, mail services, telecommunications, and other simliar services provided by Multnomah County.
Capital equipment costs are items that cost more than $5,000 per unit and have an expected useful life of more than one fiscal year. These itemst are not direct repairs, but may include machinery, servers, furnishings, etc.
Indirect costs are the services associated with cross departmental support because they impact many different types of staff and role groups. This includes purchasing, budgeting / accounting functions, human resources support, and other administrative functions.

FQHC Proposed Operating Budget
FY 2023

Revenue

	Ledger Account	Sum of Total
Health Center Past Savings	50000 - Beginning Working Capital	3,000,000
Grants, and similar Awards	50170 - Intergovernmental, Direct Federal	14,722,095
	50180 - Intergovernmental, Direct State	831,519
	50190 - Intergovernmental, Federal through State	87,588
	50210 - Non-governmental Grants, Operating	8,818,248
Direct client service charges	50235 - Charges for Services	6,915,328
	50236 - Charges for Services, Intergovernmental	123,427,032
	Grand Total	**157,801,810**

Notes:
1- Additional $8m ARPA Funds added to the budget
2- Added CGF out-of-target request $2m for Rockwood CHC renovation

Expense

	Ledger Account	Line Item	Sum of Total
Staff Costs	60000	Permanent	56,655,716
	60100	Temporary	1,672,568
	60110	Overtime	487,404
	60120	Premium	656,614
	60130	Salary Related	21,943,200
	60135	Non Base Fringe	340,412
	60140	Insurance Benefits	16,910,744
	60145	Non Base Insurance	199,630
Client services	60155	Direct Client Assistance	57,809
	60160	Pass-Through & Program Support	4,768
	60170	Professional Services	2,349,381
	60200	Communications	20,540
	60210	Rentals	84,488
	60220	Repairs & Maintenance	47,935
	60240	Supplies	532,687
	60246	Medical & Dental Supplies	1,679,411
	60260	Training & Non-Local Travel	560,311
	60270	Local Travel	81,112
	60290	Software, Subscription Computing, Maintenance	224,300
	60310	Pharmaceuticals	22,468,950
	60340	Dues & Subscriptions	119,650
Internal Services	60370	Internal Service Telecommunications	847,040
	60380	Internal Service Data Processing	10,020,693
	60411	Internal Service Fleet Services	22,019
	60412	Internal Service Motor Pool	4,801
	60430	Internal Services Facilities & Property Manageme	4,043,263
	60432	Internal Service Enhanced Building Services	1,164,362
	60435	Internal Service Facilities Service Requests	336,434
	60440	Internal Service Other	103,221
	60461	Intl Svc Distribution	525,575
	60462	Intl Svc Records	104,143
	60550	Capital Equipment - Expenditure	350,000
Indirect	60350A	Indirect Expense - Central	3,521,252
	60350B	Indirect Expense - Dept	9,661,377
	Grand Total		**157,801,810**

Primary Care Clinics Proposed Operating Budget
FY 2023

Revenue

Ledger Account	Sum of Total
50000 - Beginning Working Capital	700,000
50170 - Intergovernmental, Direct Federal	7,580,644
50190 - Intergovernmental, Federal through State	87,588
50210 - Non-governmental Grants, Operating	2,064,060
50235 - Charges for Services	4,040,671
50236 - Charges for Services, Intergovernmental	43,505,548
Grand Total	**57,978,511**

Expense

Ledger Account	Line Item	Sum of Total
60000	Permanent	24,314,842
60100	Temporary	441,875
60110	Overtime	177,309
60120	Premium	344,987
60130	Salary Related	9,382,421
60135	Non Base Fringe	56,019
60140	Insurance Benefits	7,142,663
60145	Non Base Insurance	7,953
60155	Direct Client Assistance	17,550
60170	Professional Services	1,316,718
60200	Communications	500
60210	Rentals	31,000
60220	Repairs & Maintenance	9,875
60240	Supplies	238,612
60246	Medical & Dental Supplies	508,124
60260	Training & Non-Local Travel	273,003
60270	Local Travel	35,460
60290	Software, Subscription Computing, Maintenance	75,500
60310	Pharmaceuticals	721,850
60340	Dues & Subscriptions	36,050
60370	Internal Service Telecommunications	421,835
60380	Internal Service Data Processing	4,166,929
60412	Internal Service Motor Pool	1,643
60430	Internal Services Facilities & Property Management	1,738,840
60432	Internal Service Enhanced Building Services	528,715
60435	Internal Service Facilities Service Requests	158,523
60440	Internal Service Other	43,476
60461	Intl Svc Distribution	129,655
60462	Intl Svc Records	29,513
60350A	Indirect Expense - Central	1,503,064
60350B	Indirect Expense - Dept	4,124,007
Grand Total		**57,978,511**

Dental Clinics Proposed Operating Budget
FY 2023

Revenue

Ledger Account	Sum of Total
50170 - Intergovernmental, Direct Federal	312,000
50210 - Non-governmental Grants, Operating	819,088
50235 - Charges for Services	565,562
50236 - Charges for Services, Intergovernment	24,271,382
Grand Total	**25,968,033**

Expense

Ledger Account	Line Item	Sum of Total
60000	Permanent	10,726,425
60100	Temporary	428,026
60110	Overtime	221,668
60120	Premium	95,857
60130	Salary Related	4,186,808
60135	Non Base Fringe	36,170
60140	Insurance Benefits	3,229,426
60145	Non Base Insurance	7,706
60170	Professional Services	226,574
60220	Repairs & Maintenance	7,700
60240	Supplies	47,014
60246	Medical & Dental Supplies	978,000
60260	Training & Non-Local Travel	99,130
60270	Local Travel	12,300
60310	Pharmaceuticals	1,100
60370	Internal Service Telecommunications	118,956
60380	Internal Service Data Processing	1,526,494
60411	Internal Service Fleet Services	22,019
60412	Internal Service Motor Pool	327
60430	Internal Services Facilities & Property Management	961,602
60432	Internal Service Enhanced Building Services	276,923
60435	Internal Service Facilities Service Requests	76,827
60440	Internal Service Other	24,712
60461	Intl Svc Distribution	97,868
60462	Intl Svc Records	13,929
60350A	Indirect Expense - Central	679,661
60350B	Indirect Expense - Dept	1,864,811
Grand Total		**25,968,033**

Pharmacy Proposed Operating Budget
FY 2023

Revenue

Ledger Account	Sum of Total
50235 - Charges for Services	1,456,709
50236 - Charges for Services, Intergovernment	35,048,429
Grand Total	**36,505,138**

Expense

Ledger Account	Line Item	Sum of Total
60000	Permanent	6,345,836
60100	Temporary	53,492
60120	Premium	74,255
60130	Salary Related	2,458,417
60135	Non Base Fringe	18,637
60140	Insurance Benefits	1,681,573
60145	Non Base Insurance	963
60170	Professional Services	114,464
60210	Rentals	39,300
60240	Supplies	110,300
60260	Training & Non-Local Travel	30,000
60270	Local Travel	14,000
60290	Software, Subscription Computing, Maintenance	122,000
60310	Pharmaceuticals	21,600,000
60340	Dues & Subscriptions	15,000
60370	Internal Service Telecommunications	42,847
60380	Internal Service Data Processing	1,590,903
60412	Internal Service Motor Pool	273
60430	Internal Services Facilities & Property Management	361,384
60432	Internal Service Enhanced Building Services	104,069
60435	Internal Service Facilities Service Requests	25,571
60440	Internal Service Other	9,818
60461	Intl Svc Distribution	26,015
60462	Intl Svc Records	36,923
60550	Capital Equipment - Expenditure	200,000
60350A	Indirect Expense - Central	381,731
60350B	Indirect Expense - Dept	1,047,367
Grand Total		**36,505,138**

SHC Proposed Operating Budget
FY 2023

Revenue

Ledger Account	Sum of Total
50170 - Intergovernmental, Direct Federal	373,379
50180 - Intergovernmental, Direct State	831,519
50235 - Charges for Services	460,202
50236 - Charges for Services, Intergovernmental	4,506,185
Grand Total	**6,171,285**

Expense

Ledger Account	Line Item	Sum of Total
60000	Permanent	2,501,661
60100	Temporary	50,710
60120	Premium	29,116
60130	Salary Related	974,931
60135	Non Base Fringe	10,990
60140	Insurance Benefits	747,009
60145	Non Base Insurance	900
60160	Pass-Through & Program Support	4,768
60170	Professional Services	58,588
60210	Rentals	4,188
60220	Repairs & Maintenance	9,360
60240	Supplies	35,036
60246	Medical & Dental Supplies	63,252
60260	Training & Non-Local Travel	34,822
60270	Local Travel	4,250
60310	Pharmaceuticals	36,000
60340	Dues & Subscriptions	16,590
60370	Internal Service Telecommunications	77,154
60380	Internal Service Data Processing	661,731
60412	Internal Service Motor Pool	1,231
60435	Internal Service Facilities Service Request	44,351
60440	Internal Service Other	5,343
60461	Intl Svc Distribution	219,226
60462	Intl Svc Records	598
60350A	Indirect Expense - Central	154,787
60350B	Indirect Expense - Dept	424,693
Grand Total		**6,171,285**

FQHC Admin & Support Proposed Operating Budget
FY 2023

Revenue

Ledger Account	Sum of Total
50000 - Beginning Working Capital	2,300,000
50170 - Intergovernmental, Direct Federal	3,039,142
50210 - Non-governmental Grants, Operating	5,935,100
50236 - Charges for Services, Intergovernmental	9,924,471
Grand Total	**21,198,713**

Expense

Ledger Account	Line Item	Sum of Total
60000	Permanent	8,965,626
60100	Temporary	613,071
60110	Overtime	78,837
60120	Premium	73,256
60130	Salary Related	3,344,145
60135	Non Base Fringe	211,382
60140	Insurance Benefits	2,753,578
60145	Non Base Insurance	180,570
60155	Direct Client Assistance	9,000
60170	Professional Services	471,500
60200	Communications	5,040
60210	Rentals	5,000
60220	Repairs & Maintenance	1,000
60240	Supplies	61,725
60260	Training & Non-Local Travel	78,600
60270	Local Travel	8,067
60290	Software, Subscription Computing, Maintenance	26,800
60340	Dues & Subscriptions	45,710
60370	Internal Service Telecommunications	117,680
60380	Internal Service Data Processing	1,147,250
60412	Internal Service Motor Pool	1,327
60430	Internal Services Facilities & Property Management	657,446
60432	Internal Service Enhanced Building Services	161,356
60435	Internal Service Facilities Service Requests	21,647
60440	Internal Service Other	10,322
60461	Intl Svc Distribution	19,106
60462	Intl Svc Records	446
60350A	Indirect Expense - Central	568,744
60350B	Indirect Expense - Dept	1,560,482
Grand Total		**21,198,713**

HIV Clinic Proposed Operating Budget
FY 2023

Revenue

Ledger Account	Sum of Total
50170 - Intergovernmental, Direct Federal	3,416,930
50235 - Charges for Services	392,183
50236 - Charges for Services, Intergovernment	2,915,976
Grand Total	**6,725,089**

Expense

Ledger Account	Line Item	Sum of Total
60000	Permanent	2,738,003
60100	Temporary	85,394
60120	Premium	39,143
60130	Salary Related	1,044,050
60135	Non Base Fringe	7,214
60140	Insurance Benefits	835,107
60145	Non Base Insurance	1,538
60155	Direct Client Assistance	31,259
60170	Professional Services	77,037
60200	Communications	15,000
60240	Supplies	30,000
60246	Medical & Dental Supplies	55,035
60260	Training & Non-Local Travel	37,756
60270	Local Travel	7,035
60310	Pharmaceuticals	110,000
60340	Dues & Subscriptions	3,300
60370	Internal Service Telecommunications	48,932
60380	Internal Service Data Processing	746,833
60430	Internal Services Facilities & Property Management	194,657
60432	Internal Service Enhanced Building Services	56,056
60435	Internal Service Facilities Service Requests	6,662
60440	Internal Service Other	7,180
60461	Intl Svc Distribution	2,558
60462	Intl Svc Records	11,380
60350A	Indirect Expense - Central	142,628
60350B	Indirect Expense - Dept	391,332
Grand Total		**6,725,089**

Lab Services Proposed Operating Budget
FY 2023

Revenue

Ledger Account	Sum of Total
50236 - Charges for Services, Intergovernmental	3,633,041
Grand Total	**3,633,041**

Expense

Ledger Account	Line Item	Sum of Total
60000	Permanent	1,441,323
60110	Overtime	9,590
60130	Salary Related	552,428
60140	Insurance Benefits	521,388
60170	Professional Services	84,500
60210	Rentals	5,000
60220	Repairs & Maintenance	20,000
60240	Supplies	10,000
60246	Medical & Dental Supplies	75,000
60260	Training & Non-Local Travel	7,000
60340	Dues & Subscriptions	3,000
60370	Internal Service Telecommunications	19,636
60380	Internal Service Data Processing	180,553
60430	Internal Services Facilities & Property Management	129,334
60432	Internal Service Enhanced Building Services	37,243
60435	Internal Service Facilities Service Requests	2,853
60440	Internal Service Other	2,370
60461	Intl Svc Distribution	31,147
60462	Intl Svc Records	11,354
60550	Capital Equipment - Expenditure	150,000
60350A	Indirect Expense - Central	90,637
60350B	Indirect Expense - Dept	248,685
Grand Total		**3,633,041**

community health center board
Multnomah County

Board Presentation Summary

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

Presentation Title	CARES Act Provider Relief Budget Modification

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:	4/11/2022	**Program / Area:**	
Presenters:	Jeff Perry, CFO		

Project Title and Brief Description:

Appropriation of $2,944,785 in Revenue and Expenses for COVID-19 Provider Relief Funding to Integrated Clinical Services and related expenditures

Describe the current situation:

The Provider Relief Fund, initially authorized by the CARES Act, provides federal support to primary and dental care Federally Qualified Health Center (FQHC) practices. This support is intended to replace revenue lost due to the COVID-19 pandemic. As an FQHC, Integrated Clinical Services qualified for these payments.

These funds will support Dental Services which experienced revenue loss as a result of COVID-19.

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

This funding is from the CARES Act Provider Relief Fund and the funds were received. This is the first available opportunity to have the Board take a vote on the appropriation.

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):*

(type/paste over this) -
List any limits or parameters for the Board's scope of influence and decision-making:
Funds allocated to the Community Health Center program require approval by the Community Health Center Board.
Briefly describe the outcome of a "YES" vote by the Board ***(Please be sure to also note any financial outcomes):***
This budget modification will backfill patient fee revenue in Dental lost as a result of changes required as a result of the pandemic
Briefly describe the outcome of a "NO" vote or inaction by the Board ***(Please be sure to also note any financial outcomes):***
The FQHC would have to absorb Dental's losses with current operating income
Which specific stakeholders or representative groups have been involved so far?
(type/paste over this) -
Who are the area or subject matter experts for this project? ***(Please provide a brief description of qualifications)***
(type/paste over this) -
What have been the recommendations so far?
(type/paste over this) -
How was this material, project, process, or system selected from all the possible options?
(type/paste over this) -

Board Notes:

community health center board
Multnomah County

Board Presentation Summary

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

Presentation Title	Cash Transfer to Enterprise Fund

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:	4/11/2022	**Program / Area:**	
Presenters:	Jeff Perry, CFO		

Project Title and Brief Description:

Transfer of fund balances from the General & Federal/State funds to the FQHC Enterprise fund

Describe the current situation:

The County has been working to implement the new fund within fiscal year 2022 in two phases (Phase One – Income Statement Activity – Completed, Phase Two – Balance Sheet Balance Conversion – In Process). As part of phase two, Health Center restricted fund balance (equity) at the close of fiscal year 2021 must be moved into the enterprise fund in fiscal year 2022. The fund balance transfer will be completed via a cash transfer, referenced below.

Ledger Acccount	Amount	Fund	Fund Name
Cash Transfer Expense	(999,227.24)	1505	Federal/State
Cash Transfer Expense	(8,205,874.15)	1000	General Fund
Cash Transfer Revenue	9,205,101.39	3003	HD FQHC Fund

Multnomah County policy requires all cash transfers be authorized by the Board of County Commissioners. In addition, the Community Health Council Board must authorize all Health Center cash transfers. The approval of the action will authorize central finance to complete transfer of resources. Applicable interest earned on fund balance will be applied back to July 2021.

This budget action does not change any Health Center program offers, budget priorities, nor does it change the total budget appropriation for the Health Center within fund 3003. Of the total $9,205,101.39 cash transfer, $3,789,820 has already been appropriated to spend within the fiscal year 2022 adopted budget; remaining $5,415,281.39 balance will be unappropriated in fiscal year 2022.

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

As part of phase two, Health Center restricted fund balance (equity) at the close of fiscal year 2021 must be moved into the enterprise fund in fiscal year 2022. The fund balance transfer will be completed via a cash transfer.

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):*

(type/paste over this) -

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

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

Authorizes Multnomah County to transfer the FQHC's equity over to its FQHC Enterprise fund.

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

FQHC's equity remains in the Multnomah County General and Federal/State funds.

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

(type/paste over this) -

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

(type/paste over this) -

What have been the recommendations so far?
(type/paste over this) -
How was this material, project, process, or system selected from all the possible options?
(type/paste over this) -

Board Notes:

Multnomah County
Federally Qualified Health Center

Monthly Financial Reporting Package

April 2022

Updated 3/29/2022

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 February 28, 2021
Percentage of Year Complete: 66.7%

Community Health Center - Monthly Highlights

Financial Statement: For period 8 in Fiscal Year 2022 (July 2021 - June 2022)

	YTD Actuals	Budget	Difference	% of Budget YTD
Revenue:	$101,875,917	$157,744,804	$ 55,868,887	65%
Expenditures:	$ 86,273,281	$157,744,804	$ 71,471,524	55%
Surplus/ (Deficit)	$ 15,602,637			

Recent Budget Modifications:

Period added	Budmod #	Description	Amount
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
			$ 2,580,514

- Expenditures are tracking at 55% which is slightly behind the expected target of 67% primarily due to Contractual costs, which are tracking at 17%

Multnomah County Health Department
Community Health Council Board - Financial Statement

For Period Ending February 28, 2021

Percentage of Year Complete: 66.7%

Community Health Center

	Adopted Budget	Revised Budget	Budget Change	01 July	02 Aug	03 Sept	04 Oct	05 Nov	06 Dec	Year to Date Total	% YTD	FY21 YE Actuals
Revenue												
County General Fund Support	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	0%	$ 5,222,198
General Fund Fees and Misc Rev	$ -	$ -	$ -	$ 4,380	$ 5,053	$ 8,677	$ (16,068)	$ -	$ -	$ 2,042	0%	$ 111,693
Grants - PC 330 (BPHC) **(1)**	$ 9,309,724	$ 9,309,724	$ -	$ -	$ -	$ 1,815,488	$ -	$ 1,696,550	$ 670,922	$ 4,182,960	45%	$ 9,515,047
Grants - COVID-19 **(2)**	$ 13,000,000	$ 15,580,514	$ 2,580,514	$ -	$ -	$ 11,571	$ (7,764)	$ 9,560	$ 293,416	$ 3,702,579	24%	$ 8,682,545
Grants - All Other	$ 4,235,186	$ 4,235,186	$ -	$ 40	$ 31,261	$ 517,640	$ 98,422	$ 559,053	$ 355,674	$ 2,513,656	59%	$ 8,581,060
Grant Revenue Accrual **(3)**	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,466,268	0%	$ -
Quality & Incentives Payments	$ 7,800,159	$ 7,800,159	$ -	$ 647,267	$ 544,656	$ 103,650	$ 41,160	$ 1,743,310	$ -	$ 4,906,230	63%	$ 11,049,279
Health Center Fees **(4)**	$ 115,784,522	$ 115,784,522	$ -	$ 8,866,217	$ 8,382,679	$ 8,167,450	$ 7,885,132	$ 7,997,021	$ 8,044,109	$ 81,116,763	70%	$ 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	$ 458,873	37%	$ 678,121
Beginning Working Capital	$ 3,789,820	$ 3,789,820	$ -	$ 315,818	$ 315,818	$ 315,818	$ 315,818	$ 315,818	$ 315,818	$ 2,526,547	67%	$ 3,145,138
Total	**$ 155,164,290**	**$ 157,744,804**	**$ 2,580,514**	**$ 9,885,085**	**$ 9,336,473**	**$ 10,997,062**	**$ 8,375,625**	**$ 12,362,935**	**$ 9,731,458**	**$ 101,875,918**	**65%**	**$ 139,470,987**
Expense												
Personnel	$ 89,712,811	$ 90,160,240	$ 447,429	$ 6,914,452	$ 6,784,681	$ 6,966,160	$ 6,809,060	$ 6,802,065	$ 6,882,329	$ 54,387,382	60%	$ 88,332,034
Contracts	$ 15,558,672	$ 16,508,672	$ 950,000	$ 282,414	$ 152,675	$ 179,156	$ 215,864	$ 292,498	$ 403,692	$ 2,785,741	17%	$ 3,659,777
Materials and Services	$ 21,685,789	$ 21,684,925	$ (864)	$ 1,333,780	$ 1,770,146	$ 1,407,689	$ 2,094,021	$ 1,345,753	$ 1,434,890	$ 13,252,030	61%	$ 18,982,109
Internal Services	$ 27,902,518	$ 28,799,360	$ 896,842	$ 1,173,911	$ 2,247,929	$ 2,683,035	$ 2,547,455	$ 1,815,453	$ 1,954,327	$ 15,826,284	55%	$ 24,921,085
Capital Outlay	$ 304,500	$ 591,607	$ 287,107	$ -	$ -	$ -	$ 6,666	$ -	$ -	$ 21,844	4%	$ 128,667
Total	**$ 155,164,290**	**$ 157,744,804**	**$ 2,580,514**	**$ 9,704,557**	**$ 10,955,431**	**$ 11,236,040**	**$ 11,673,067**	**$ 10,255,769**	**$ 10,675,238**	**$ 86,273,281**	**55%**	**$ 136,023,672**
Surplus/(Deficit)	**$ -**	**$ -**	**$ -**	**$ 180,528**	**$ (1,618,958)**	**$ (238,978)**	**$ (3,297,442)**	**$ 2,107,166**	**$ (943,781)**	**$ 15,602,637**		**$ 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 February 28, 2021
Percentage of Year Complete: 66.7%

Community Health Center

	Adopted Budget	Revised Budget	Budget Change	07 Jan	08 Feb	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) **(1)**	$ 9,309,724	$ 9,309,724	$ -	$ -	$ -	$ 4,182,960	45%	$ 9,515,047
Grants - COVID-19 **(2)**	$ 13,000,000	$ 15,580,514	$ 2,580,514	$ 3,098,794	$ 297,002	$ 3,702,579	24%	$ 8,682,545
Grants - All Other	$ 4,235,186	$ 4,235,186	$ -	$ 128,592	$ 822,975	$ 2,513,656	59%	$ 8,581,060
Grant Revenue Accrual **(3)**	$ -	$ -	$ -	$ -	$ 2,466,268	$ 2,466,268	0%	$ -
Quality & Incentives Payments	$ 7,800,159	$ 7,800,159	$ -	$ 1,304,964	$ 521,223	$ 4,906,230	63%	$ 11,049,279
Health Center Fees **(4)**	$ 115,784,522	$ 115,784,522	$ -	$ 22,188,168	$ 9,585,986	$ 81,116,763	70%	$ 92,485,906
Self Pay Client Fees	$ 1,244,879	$ 1,244,879	$ -	$ 71,676	$ 69,996	$ 458,873	37%	$ 678,121
Beginning Working Capital	$ 3,789,820	$ 3,789,820	$ -	$ 315,818	$ 315,818	$ 2,526,547	67%	$ 3,145,138
Total	**$ 155,164,290**	**$ 157,744,804**	**$ 2,580,514**	**$ 27,108,012**	**$ 14,079,268**	**$ 101,875,917**	**65%**	**$ 139,470,987**
Expense								
Personnel	$ 89,712,811	$ 90,160,240	$ 447,429	$ 6,561,616	$ 6,667,017	$ 54,387,382	60%	$ 88,332,034
Contracts	$ 15,558,672	$ 16,508,672	$ 950,000	$ 801,033	$ 458,409	$ 2,785,741	17%	$ 3,659,777
Materials and Services	$ 21,685,789	$ 21,684,925	$ (864)	$ 1,998,586	$ 1,867,165	$ 13,252,030	61%	$ 18,982,109
Internal Services	$ 27,902,518	$ 28,799,360	$ 896,842	$ 1,847,699	$ 1,556,476	$ 15,826,284	55%	$ 24,921,085
Capital Outlay	$ 304,500	$ 591,607	$ 287,107	$ -	$ 15,178	$ 21,844	4%	$ 128,667
Total	**$ 155,164,290**	**$ 157,744,804**	**$ 2,580,514**	**$ 11,208,934**	**$ 10,564,245**	**$ 86,273,281**	**55%**	**$ 136,023,672**
Surplus/(Deficit)	**$ -**	**$ -**	**$ -**	**$ 15,899,078**	**$ 3,515,023**	**$ 15,602,637**		**$ 3,447,315**

Multnomah County Health Department
Community Health Council Board
FY 2022 YTD Actual Revenues & Expenses by Program Group
For Period Ending February 28, 2021
Percentage of Year Complete: 66.7%

	Category	Description	Admin	Dental	Pharmacy	Primary Care Clinics	Quality & Compliance	Student Health Centers
Revenues	County General Fund Support		-	-	-	-	-	-
	General Fund Fees and Misc Rev		-	-	(0)	2,042	-	(0)
	Grants - PC 330 (BPHC) **(1)**		971,520	181,000	-	2,671,815	-	172,613
	Grants - COVID-19 **(2)**		3,722,182	-	-	(40,734)	-	-
	Grants - All Other		71,065	-	-	-	-	610,764
	Grant Revenue Accrual **(3)**		847,073	59,346	-	967,528	-	210,009
	Quality & Incentives Payments		3,521,052	-	-	-	1,385,177	-
	Health Center Fees **(4)**		16,028,252	10,589,171	21,357,806	28,685,777	19,267	2,500,231
	Self Pay Client Fees		-	58,686	169,872	226,954	-	-
	Beginning Working Capital		1,898,751	327,796	-	-	300,000	-
Revenues Total			27,059,894	11,215,999	21,527,678	32,513,382	1,704,444	3,493,617
Expenditures	Personnel Total		9,899,212	11,972,763	4,437,008	19,720,827	1,595,412	2,872,592
	Contractual Services Total		1,325,124	236,284	14,365	1,058,863	6,770	67,642
	Internal Services Total		2,609,961	3,025,012	1,935,447	5,906,317	412,660	811,647
	Materials & Supplies Total		371,625	638,748	11,008,248	760,717	25,209	164,165
	Capital Outlay Total		15,178	6,666	-	-	-	-
Expenditures Total			14,221,100	15,879,473	17,395,069	27,446,724	2,040,050	3,916,047
Net Income/(Loss)			12,838,794	(4,663,474)	4,132,609	5,066,658	(335,606)	(422,430)
Total BWC from Prior Years			2,293,860	3,593,476	-	15,850	2,575,732	2,000

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
FY 2022 YTD Actual Revenues & Expenses by Program Group
For Period Ending February 28, 2021
Percentage of Year Complete: 66.7%

	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 Misc Rev		-	-	2,042	-	-	0%	111,693
	Grants - PC 330 (BPHC) **(1)**		186,013	-	4,182,960	6,206,483	9,309,724	45%	9,515,047
	Grants - COVID-19 **(2)**		21,131	-	3,702,579	10,387,009	15,580,514	24%	8,682,545
	Grants - All Other		1,831,827	-	2,513,656	2,823,457	4,235,186	59%	8,581,060
	Grant Revenue Accrual **(3)**		382,312	-	2,466,268	-	-	0%	-
	Quality & Incentives Payments		-	-	4,906,230	5,200,106	7,800,159	63%	11,049,279
	Health Center Fees **(4)**		1,935,858	401	81,116,763	77,189,681	115,784,522	70%	92,485,906
	Self Pay Client Fees		3,361	-	458,873	829,920	1,244,879	37%	678,121
	Beginning Working Capital		-	-	2,526,547	2,526,547	3,789,820	67%	3,145,138
Revenues Total			4,360,503	401	101,875,918	105,163,203	157,744,804	65%	139,470,988
Expenditures	Personnel Total		2,900,623	988,944	54,387,382	60,106,827	90,160,240	60%	88,332,034
	Contractual Services Total		59,206	17,488	2,785,741	11,005,781	16,508,672	17%	3,659,777
	Internal Services Total		826,197	299,043	15,826,284	19,199,573	28,799,360	55%	24,921,085
	Materials & Supplies Total		142,257	141,060	13,252,030	14,456,617	21,684,925	61%	18,982,109
	Capital Outlay Total		-	-	21,844	394,405	591,607	4%	128,667
Expenditures Total			3,928,283	1,446,536	86,273,281	105,163,203	157,744,804	55%	136,023,673
Net Income/(Loss)			432,220	(1,446,135)	15,602,637	-	-		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 February 28, 2021
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Community Health Center - Footnotes:

(1) 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
The new grant year starts January 1st and revenue will be posted in March.

(2) $2.9m in Provider Relief, one-time amount posted in January
Amounts not included in Provider Relief, posted in Dec and Jan COVID-19 revenue are attributed to increasing recruitment, some contracts starting and catch up from prior months
Primary Care Clinics - Other COVID-19 funding (40k). Revenue exceeded personnel costs due to vacancy.

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

(4) 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
The Health Center received a one-time APM payment of $14.8M, for FY 2022 and is based on a rebase calculation dating back to October 2020.

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. Expecting to spend approx $2.5M of 10.9M in FY22; Will carryover 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.

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 February 28, 2021
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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 fro 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 clinics that are payable by insurance companies.

Self Pay Client Fees: Revenue from services provided in the clinics 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.

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 February 28, 2021
Percentage of Year Complete: 66.7%

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 &	$ 7,800,159	$ -	$ -	$ -	$ -	$ 7,800,159	$ -
Health Center Fees	$ 115,784,522	$ -	$ -	$ -	$ -	$ 115,784,522	$ -
Self Pay Client Fees	$ 1,244,879	$ -	$ -	$ -	$ -	$ 1,244,879	$ -
Preschool For All	$ -					$ -	
Beginning Working Capital	$ 3,789,820	$ -	$ -	$ -	$ -	$ 3,789,820	$ -
Write-offs	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total	**$ 155,164,290**	**$ 1,146,666**	**$ 250,000**	**$ -**	**$ 1,183,848**	**$ 157,744,804**	**$ 2,580,514**
Expense							
Personnel	$ 89,712,811	$ 446,666	$ -	$ 763	$ -	$ 90,160,240	$ 447,429
Contracts	$ 15,558,672	$ 700,000	$ 250,000	$ -	$ -	$ 16,508,672	$ 950,000
Materials and Services	$ 21,685,789	$ -	$ -	$ (864)	$ -	$ 21,684,925	$ (864)
Internal Services	$ 27,902,518	$ -	$ -	$ 101	$ 896,741	$ 28,799,360	$ 896,842
Capital Outlay	$ 304,500	$ -	$ -	$ -	$ 287,107	$ 591,607	$ 287,107
Total	**$ 155,164,290**	**$ 1,146,666**	**$ 250,000**	**$ -**	**$ 1,183,848**	**$ 157,744,804**	**$ 2,580,514**

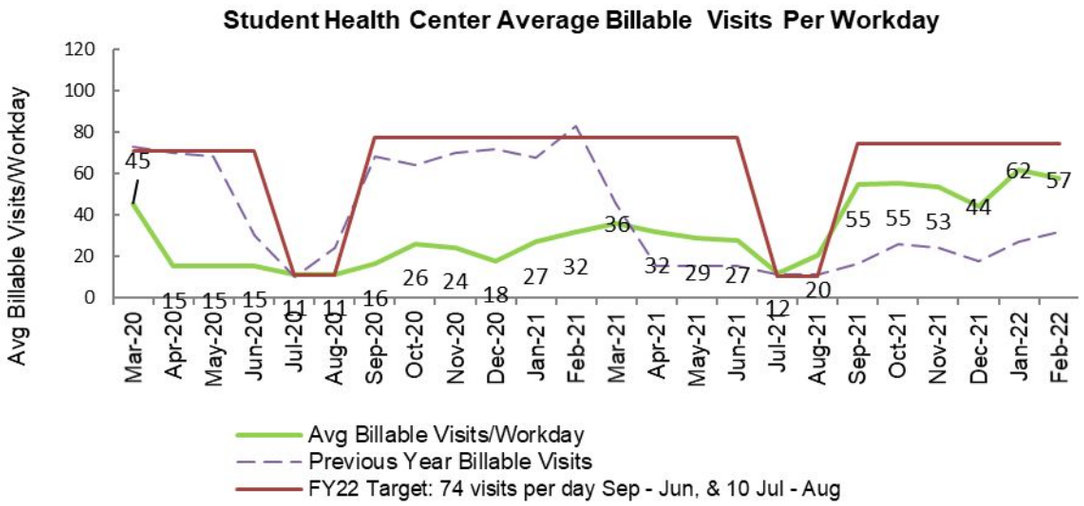
Community Health Centers

Notes:

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

Budget Modification #	Budget Modification Description
Budmod-HD-003-22	State CARES Act funding to increase Vaccination Rates
Budmod-HD-009-22	State CARES Act funding to Health for Vaccine Incentives
Budmod-HD-023-22	Staffing adjustment resulting from the reclassification of six positions
Budmod-HD-041-22	Revenue for ARPA Capital Projects Funds to Integrated Clinical Services
Budmod-HD-043-22	HRSA Provider Relief budmod request date 4/21/22, amount: $2,944,785

FQHC Average Billable Visits per day by month per Service Area



What this slide shows:

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

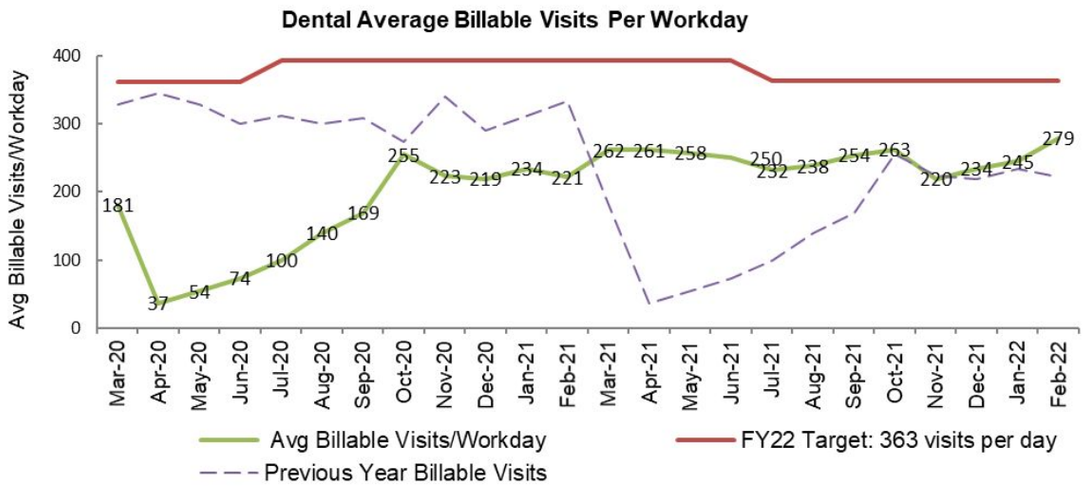
Good performance = the green "actual average" line <u>at or above</u> the red "target" line

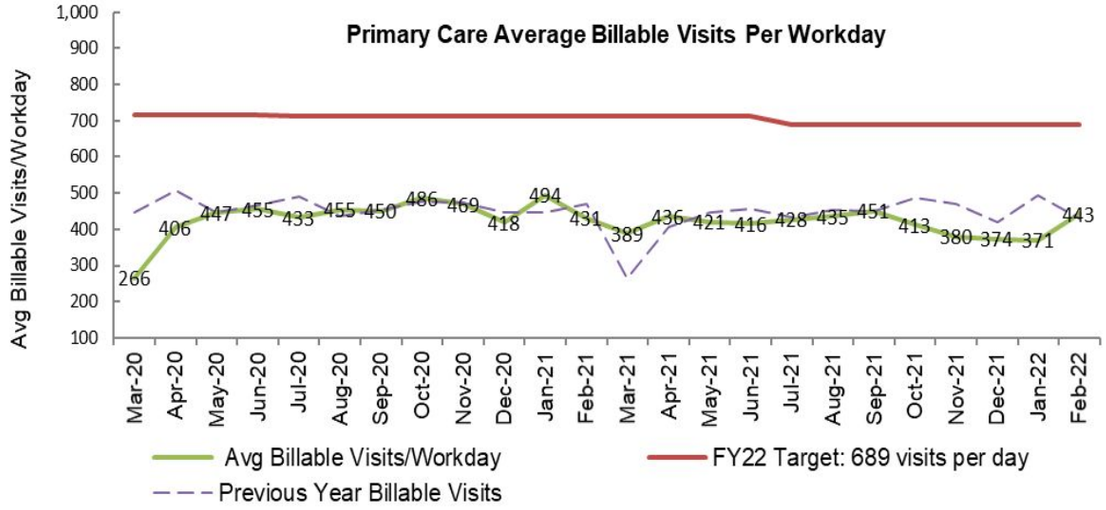
Definitions:

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

What this slide shows:

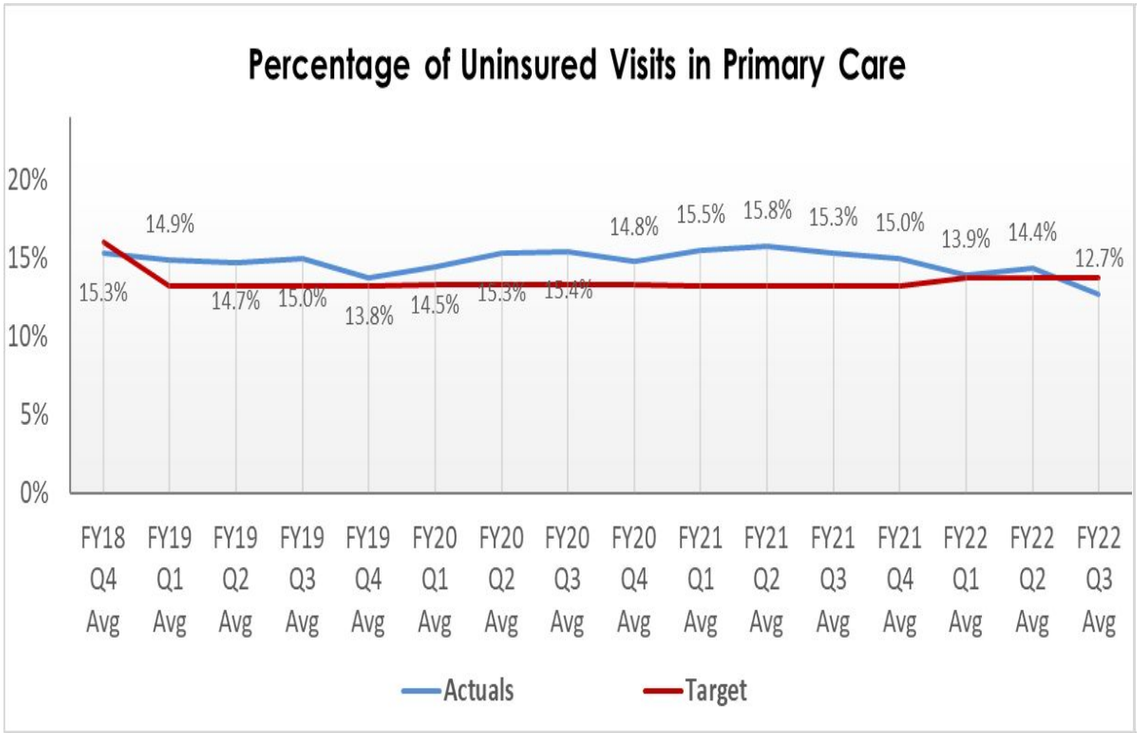
This report shows the average percentage of "self pay" visits per month.

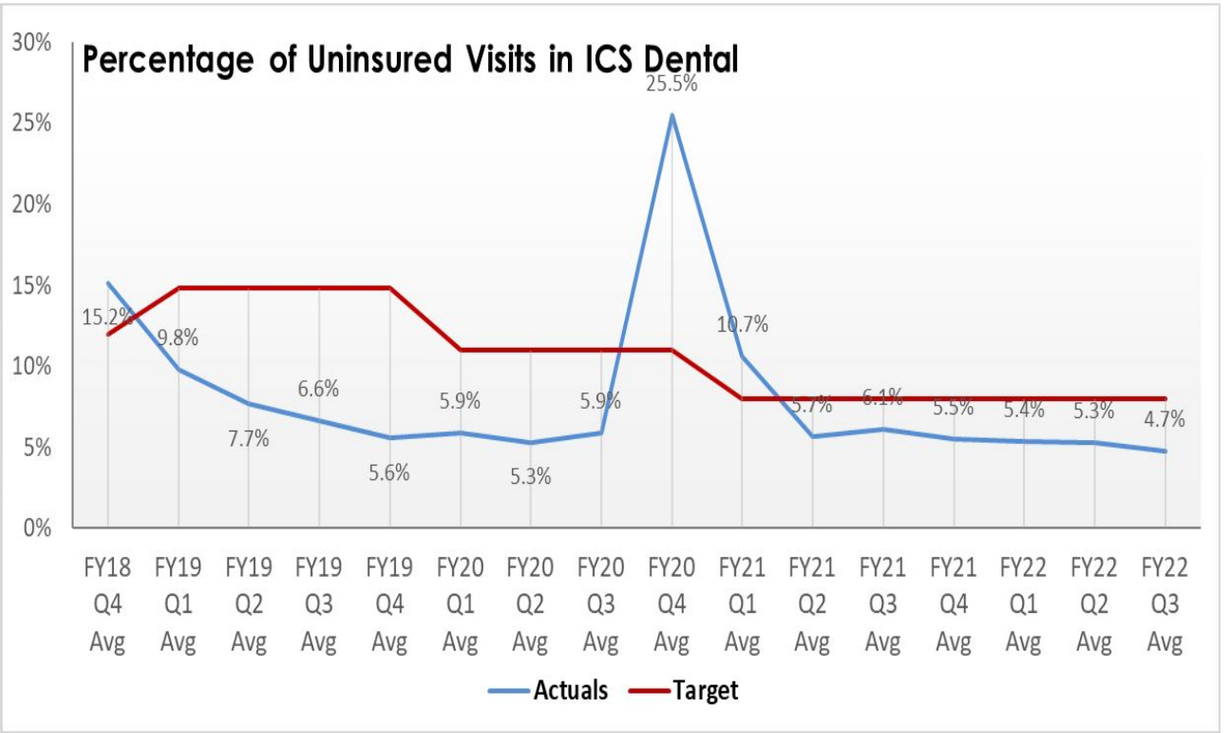
Good performance = the blue "Actual" line is <u>around or below</u> the red "Target" line

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)





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

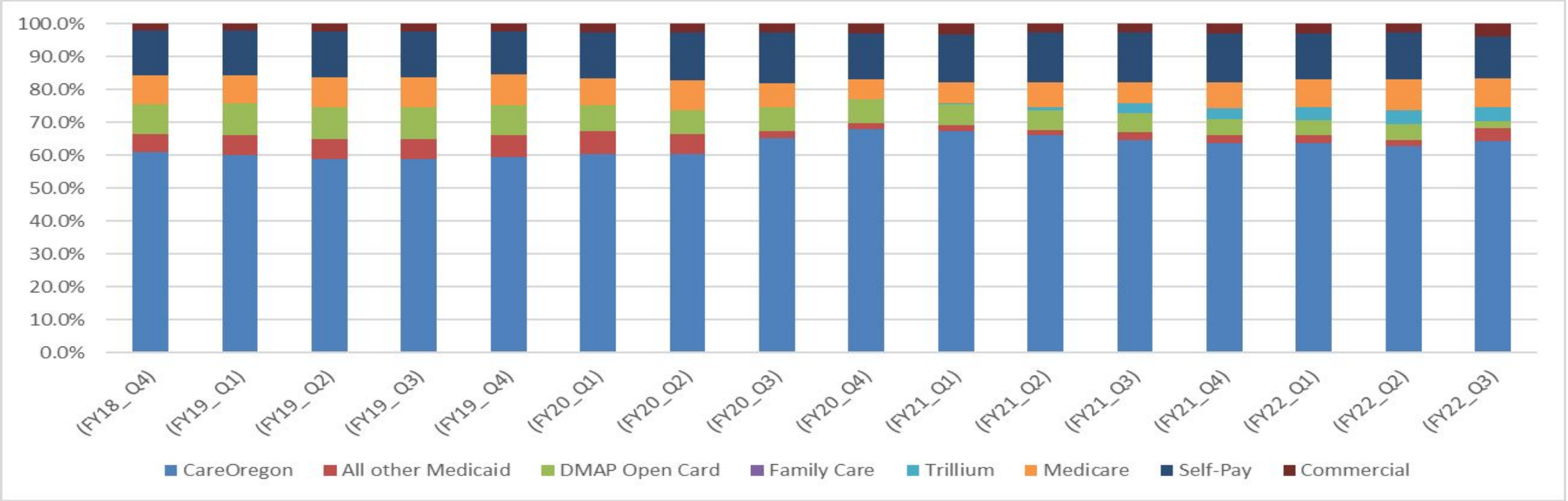
What this slide shows:

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

Number of OHP Clients Assigned by CCO

What this slide shows:

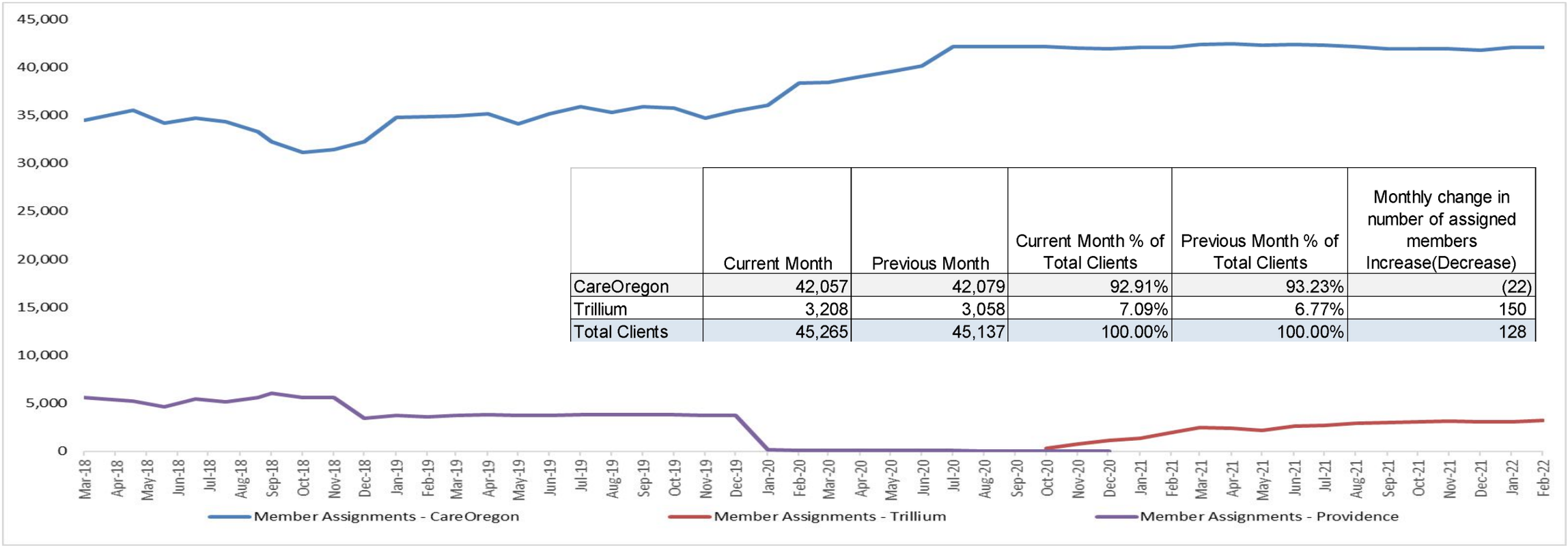
This report shows the total number of patients OHP has assigned to the Multnomah County Health Center Primary Care clinics. *NOTE: Not all of these patients have established care.*

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)



	Current Month	Previous Month	Current Month % of Total Clients	Previous Month % of Total Clients	Monthly change in number of assigned members Increase(Decrease)
CareOregon	42,057	42,079	92.91%	93.23%	(22)
Trillium	3,208	3,058	7.09%	6.77%	150
Total Clients	45,265	45,137	100.00%	100.00%	128

CareOregon FY21 average 42,178 :: Providence FY21 average 22 :: Trillium FY21 average 1,684
CareOregon FY22 average 42,025 :: Trillium FY22 average 3, 013

- Trillium added October 2020

ICS Net Collection Rate by Payer
Dec'21 – Feb'22

	Dec'21 - Feb'22 Payments	YTD Payments	Dec'21 - Feb'22 Net Collection
CareOregon Medicaid	3,155,765	5,898,386	97%
Commercial	435,896	689,868	95%
Medicaid	480,594	904,149	87%
Medicare	476,378	1,000,343	99%
Reproductive Health	32,732	72,454	100%
Self-Pay	163,087	340,985	11%
	$4,744,452	**$8,906,185**	

What this slide shows:

This report shows the effectiveness in collecting reimbursements by Payer

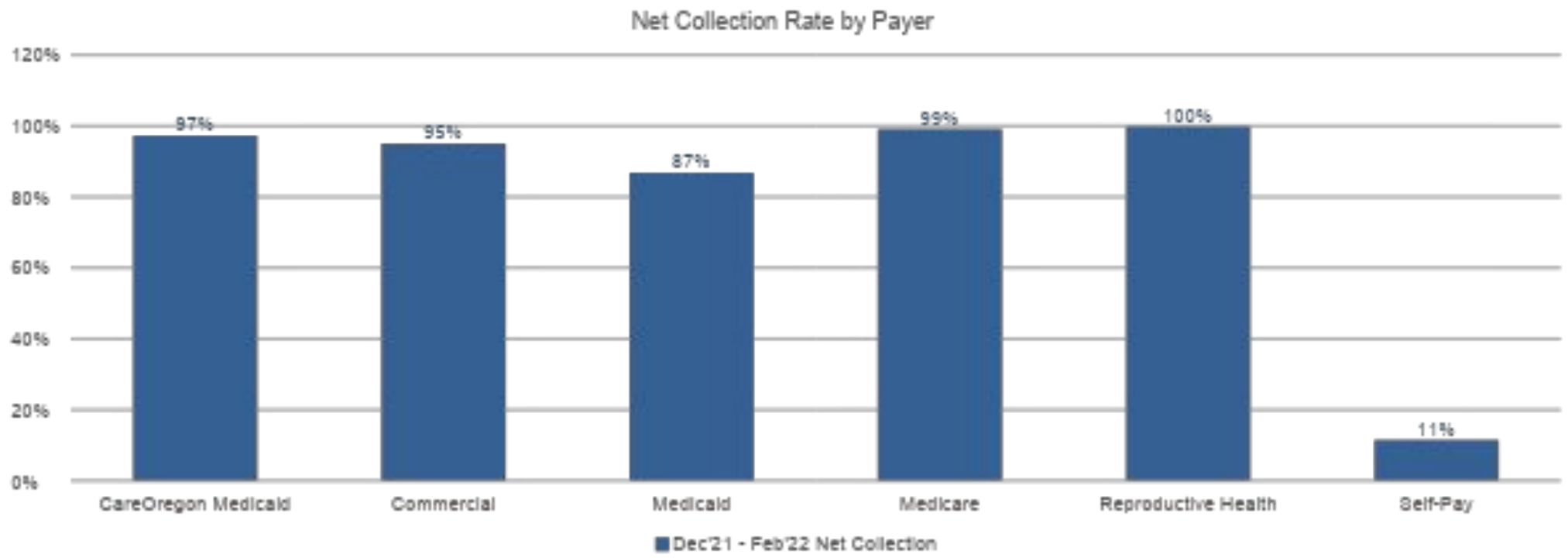
The benchmark for Net Collection Rate is 90% - 100%. Over 95% is ideal per HFMA

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)



Introduction

Audience

Community Health Center Board (CHCB) - Public Meeting April 11, 2022

Executive Summary

This is a progress report to the CHCB for the responses to the below HRSA Off-Cycle Conditions due in 2022. The first two conditions revolve around analysis of the value of services that the Health Center receives for the negotiated Health Department "Indirect" rate that helps fund certain functions that support the Health Center. The third condition is related to the progress toward development of an Enterprise Fund intended to provide clearer financial management of Health Center funds.

The Health Center is taking a collaborative approach to developing this response, in order to capture information, practices, and details that span multiple Divisions and Departments in the County. This includes representatives from the Health Department Integrated Clinical Services Division (the County's Federally Qualified Health Center), Health Department Finance and Business Management Division, and the Department of County Management.

Analysis Method

Analysis for Condition 1 will include development of various scenarios that could meet the needs of the Health Center and the associated costs, risks, benefits, and other variables.

Response to Condition 2 will help illustrate how the Health Department "Indirect" costs work and the services provided for those funds.

Condition 3 will continue to be an tracked and updated in alignment with the Enterprise Fund Project Planning work.

Conditions

1. An analysis to determine whether processes involved in patient services charge capture, billing, managing alternative payment contracts, collections, and accounts receivable management could be more cost efficient for the health center to manage directly or contract out. This reporting requirement was identified during the November 2020 and July 2021 TA engagements.
2. An analysis on all positions and services (including contracts) that the Health Center pays for both direct and indirect. This reporting requirement reflected a recommendation made during the November 2020 and July 2021 TA engagements.
3. Enterprise Fund: For each item below, provide the status and date of completion or estimated date of completion. The requirements listed below reflect the checklist provide by the County during the initial RFI process and response to the 90 day conditions.
   a. Analyze all balance sheet accounts (modified and full accrual) to determine which ledger accounts have balances related to the Community Health Center
      i. Income Statement and Balance Sheet Accounts (214 BS Accounts)
   b. Analyze all grants to verify if they are fixed type with no lingering unbilled Receivables
   c. Cost Object Change List: Identify all cost centers, grants, MOCS that need fund change. (61 Cost Centers, 427 MOCS, and 281 Grant Tags)
   d. Identify business assets that need to be transferred to new fund
   e. Create and test Enterprise Interface Builder (EIB)for mass uploads
   f. Crosswalk of existing fund structure to new fund structure (including any sub-funds)
   g. Position Change List Identify all positions that need "home" fund change
   h. Configure new funds for indirect and interest earnings
   i. Questica new Cost Object (budget system) set up
   j. Update payroll Costing Allocations for Workers
   k. Update Allocations
   l. Cost object creation or updating: cost centers, MOCS, Grants, and Award Lines
   m. Update funds for cost objects on contract lines and purchase orders
   n. Update "home" fund on positions with Community Health Center "home" cost center
   o. Transfer Business Assets
   p. Update fund on any prepaid spend amortization schedules
   q. Update fund on ad hoc bank transaction templates
   r. Apply every payment possible to minimize open items
   s. Deposits can continue to be made, but not applied to invoices during blackout period
   t. All in progress customer invoices are approved before beginning analysis of open items
   u. All in progress customer invoices are approved before beginning analysis of open items
   v. Adjust Open Customer Invoices to Zero
   w. Create new customer invoices with new fund to replace open invoices
   x. Revenue journals
   y. Apply supplier invoice adjustments to open supplier invoices so that all net to zero
   z. Create new supplier invoices with a new fund to replace open
   aa. Prepare other manual journals that are required to move balance sheet ledger account balances from old funds to new funds, (examples: Cash, Payroll Payable, Unearned Revenue, Compensated Absences, Deferred Inflows and Outflows)
   bb. Questica Quarterly Actuals are exported from Workday into Questica on a quarterly basis
   cc. Create related Worktags Fix Journal
   dd. Enable Beginning Working Capital roll forward
   ee. Tie Out New Fund All balances and activity in new fund tie to expected values to produce accurate and balanced statements.
   ff. Resume applying payments only after all balances and activity in new fund have been tied