Regular Public Meeting

May 09, 2022

community health center board
Multnomah County

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Multnomah County

Public Meeting Agenda
May 9, 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 **the CHCB Liaison at CHCB.Liaison@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 April Public Meeting minutes for omissions/errors	Board votes to approve
6:10-6:20 (10 min)	**Genoa Tele-psychiatry Change of Scope** - **VOTE REQUIRED** Bernadette Thomas, Chief Clinical Officer, ICS	Board votes to approve
6:20-6:55 (35 min)	**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 Brieshon D'Agostini, Quality and Compliance Officer, ICS ***HRSA Progressive Action Update (Executive Session)*** *CHCB to receive confidential report in separate Zoom*	Board receives updates and provides feedback
6:55-7:05	**10 Minute Break**	
7:05-7:15 (10 min)	**Board/Committee Updates** Harold Odhiambo, CHCB Chair Dr Aisha Hollands, CHCB CEO Search Committee Team Lead Tamia Deary, CHCB Member at Large and Quality Committee Lead David Aguayo, CHCB Treasurer	Board receives updates

7:15 - 7:25 10 min	**Monthly Budget Report** Jeff Perry,Chief Financial Officer, ICS	Board receives updates
7:25-7:40 15 min	**Q1 Complaints and Incidents** Kimmy Hicks, Project Manager, Quality Team (ICS)	Board receives updates
7:40 - 7:50 10 min	**Executive Director's Strategic Updates** Adrienne Daniels, Interim Executive Director, ICS	Board receives updates
8:00	**Meeting Adjourns**	Thank you for your participation

Tam

Community Health Center Board

Public Meeting Minutes
April 11, 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
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Susana Mendoza – Board Member
Brandi Velasquez – Board Member
Darrell Wade – Board Member

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

Board Members Excused/Absent: Kerry Hoeschen

Topic/Presenter	Discussion / Recommendations	Action	Follow-up?Date
Call to Order / Welcome Chair, Harold Odhiambo	The Board Chair called the meeting to order at 6:07 PM A quorum **was** established. Victor and Lucia in attendance (Spanish interpretation)	N/A	N/A
Minutes Review - VOTE REQUIRED Review March 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: Aisha Second: Tamia*** Yays: - 8 Nays: - Abstain: - 1 **Decision: Approved**	

Chat with Commissioner Sharon Meieran (District 1) Harold Odhiambo, CHCB Chair	Commissioner Meieran is the representative of District 1. She is a practicing Emergency Room doctor, and volunteers with Portland Street Medicine. She has also done international health work. Working in hospitals and clinics in places such as Peru, Cuba and Mongolia. Working in the ER and with Portland Street Medicine Commissioner Meieran is able to see where improvements need to be made in our health care systems. She is passionate about making changes to our health care system to provide better care for behavioral health. Commissioner Meieran and Tamia toured the Community Health Centers a few weeks ago. She saw the work that we do and the services we provide, and is eager to work with Multnomah County Health Centers to help grow and expand services to better help our communities. Commissioner Meieran is focused on creating holistic support for all people to better support all of their needs. The CHCB would like to have a better working alliance with the Commissioners. Harold sent an email to the commissioners sharing some of his concerns about the future of the Health Centers. The CHCB and Commissioner Meieram are very excited to come together to collaborate and build a stronger relationship. 1:1 meetings with all of the Commissioners and the CHCB will be scheduled to discuss those matters and to grow a relationship and collaborations with all of the County Commissioners.		
Annual Budget Discussion w/Chair Kafoury Deborah Kafoury, Multnomah County Chair	Chair Kafoury gave an update on our Annual Budget, and what the proposed priorities are, what in the budget might impact our health centers. Our budget is created through an equity lens to ensure that our budget decisions reflect our commitment to advancing equity . The priority for this year's budget is recovery from COVID. Chair Kafoury's priorities for her budget this year: ● Purchase the Rockwood Health Clinic from Care Oregon ● ARRPA investments ○ Investments in vaccines infrastructure ○ Patient engagement ○ Critical support for staffing wellness ● Compliance with finance policies and HRSA compliance ○ The county moved all general fund out of ICS ■ Allocations for capital set aside as a safety net ● Rate rebase went through the state ○ Greatly Improved long term financial standing of health centers ● Continue to work on HRSA compliance ○ On track to meet the deadlines ● Housing ○ Top priority is to get people in permanent housing ○ Continued rent support to keep people in their homes ● Opening new Behavioral Health Center downtown this year ○ Provide respite and resources for homeless individuals living with mental health		

	diagnosis and substance use disorders ○ Peer run ○ Overnight emergency shelter for extra support ○ Longer term housing on upper floor ■ Allow them to stabilize a little longer ● This is the most complex budget the County has put together ● Safety improvements within Multnomah County Clinics ○ Creating a team of staff looking at different options to improve safety ○ More security ○ Security escorts to cars or transit stations ○ Stipends for parking ○ Security officer to oversee ■ Create a plan for instances as the arise Question: Is this something that can be extended to all the health centers for staff to feel safer at all clinics. To ensure clinics have extra security if the need arises to keep everyone safe, and to keep staff comfortable working within the health centers. A: We are open to ideas and suggestions to support staff and patients that are there. In conversations we have had with people, they don't want more guns on site so we are trying to find a balance to the level of security, and the feeling of safety for the people. We are working and trying to get this right. Q: What is the staffing going to be like at the new behavioral health center? A: We hired peer support for the first two floors. A: We are working with the behavioral health division to identify some core services for what onsite nursing might look like. We will continue to provide advice, and referral pathways for patients seeking care such as dental or primary care. We will continue a partnership with them to evaluate how to best serve their needs even after they open this year. Q: Can Ebony present this to us at a separate time so she can share more information with us? A: Yes that can be arranged.		
FY23 Health Center/ICS Budget Approval - VOTE REQUIRED Adrienne Daniels, Interim Executive Director, ICS Jeff Perry, Chief Financial Officer, ICS	In March the Board asked for specific clarifying information, and formatting changes to the budget report so that they would better understand it and be able to read all the information provided. Harold voiced concerns about the information that has been received and the lack of clarity that has been given in the updated budget reports. Because the budget impacts staff and services for the following year and has direct consequences to the communities we serve, it needs to be sound and in strict alignment with our values. Harold called for a motion to postpone approving the budget so they can have another opportunity to review the budget materials and get more clarity. This will also give Adrienne and Jeff time to fully address questions. Q: What is the impact of postponing the approval?	***Motion to postpone the FY2023 budget as presented: Tamia*** ***Second: David*** Yays: - 9 Nays: - Abstain: - **Decision:** **Approved**	

	A: The County Health Center Budget is fully approved and overseen by the Community Health Center Board. After the board provides its final authority with the budget it rolls up to the wider Multnomah County budget. Multnomah County has a statutory requirement to pass a balanced budget by a specific date. There is time to further consider and ask questions and give answers, but there is a timeline for when the final vote must be held or the Health Center Board risks not passing the balanced budget and therefore not being able to open for services on July 1. The deadline for the Health Center Board to truly provide a final vote is by early May so that the balanced budget is ready for the wider county. It was stated that If it's necessary an emergency meeting can be called to make sure we get the information and still have time. Motioned to postpone the 2023 budget approval as presented. Francisco will reach out to everyone to confirm schedules so that meetings can be scheduled to review the budget and vote on it.	**postponement of FY23 budget vote**	
CARES Act Provider Relief Budget Modification to FY22 Budget - VOTE REQUIRED Jeff Perry, Chief Financial Officer, ICS	Provider relief funds to be added to the budget. We have been awarded $2.9 million in provider relief funds. We would like to apply these funds to the losses we have been experiencing in dental. We have been experiencing losses in dental over the last few years, last year we received $7.4 million of provider relief funds that we appreciated and applied to the losses we had last year. This year we will apply the $2.9 million to the dental losses if you approve the vote.	***Motion to vote as presented: Dave Second: Fabiola*** Yays: - 9 Nays: - Abstain: - **Decision:** **Approved**	

Authorize FY22 Cash Transfer to Enterprise Fund - VOTE REQUIRED Jeff Perry, Chief Financial Officer, ICS	As part of phase two, FQHC's 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. Jeff is looking for Board approval to authorize Central Finance to do a $9.2 million cash transfer from the Health Center's previous General fund account into the Health Center's Enterprise fund. Last fiscal year we carried over into this fiscal year approximately $9.2 million of working capital. Phase 2 of creating the Enterprise fund will be to move the funds from the General funds to the Enterprise funds. The County does this via a cash transfer. A YES vote will allow these funds to be transferred by the County Central Finance from FQHC's equity over to FQHC Enterprise fund. If this is approved then the County in itself with Central Finance will need to go to the Board of County Commissioners to get their approval to transfer the funds. There were no questions.	***Motion to vote as presented: Dave*** ***Second: Tamia*** Yays: - 9 Nays: - Abstain: - **Decision:** **Approved**	
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 Brieshon D'Agostini, Quality and Compliance Officer, ICS	At the March meeting Harold asked the team to address several points of concern. ● The documents did not seem to align with HRSA requirements. ● Documents have not been user friendly ○ They have been illegible (font too small) ● The breakdown of the facilities cost only 10% of the cost seems to be specific to the Health Center ● Did not provide side by side comparison of the breakdown between the Health Department and the Health Center ● A cash report or balance sheet was alarming because the Health Department had an indirect rate of 11% but the allocation to the Health Center is over 70% Clarification for these requests: ● There was discussion around the format of the Journal Entries, and if the Council was able to read them this month. It was determined that they were sent out in PDF format not Excel, and there was difficulty reviewing them. Francisco will resend them in Excel format so they will be easier to read and provide the ability to create searches. ● **Adjustment to General fund** ○ As Jeff requested approval for this earlier transfer funds. ○ Because this was approved tonight the we can move forward with getting it approved by the Multnomah County Board ■ 4/21 or 4/28 possible approval to be able to move funds to enterprise funds ○ Once approved by the County Board entry can be done in the Workday system to move those funds.	Board received update	

- **Balance sheet accounts**
    - Phase 1 - Income Statement Activity - **COMPLETE**
    - Phase 2 - Balance Sheet Activity
        - In progress and on target to complete by 6/30/2022
        - This moves new balances to enterprise fund
            - 8-9 accounts still being worked through, down from 200 accounts
        - Essentially identified all the assets related to the Health Center
            - In verification stage
        - Accounts receivable almost done
            - Need to do write off uncollected balances related to historical activity accounts payable
        - Accounts payable is complete
        - Completed pre paid accounts movement
        - Finishing up the historical cash balances
        - A little more work to do on allowance account
        - Earned revenue is primarily done
        - More work to do on balance account
        - Finish cash component
            - See no issues in completing the transfer at the end of June
    - Tracking sheet is difficult to understand
            - Will make minor modifications so the board can easier see the progress
                - Highlight the thing still in process

Q: What is the write off for uncollected amounts?

A: (CFO Arellano) Under 600K. I dont' have the details because there are multiple customer invoices being written off. It goes back 3 years. I can give more specifics in the future?

Q: Do we know when the last time was that we wrote off uncollected accounts, and what that amount was?

A: I don't have that information, but we can provide that.

4 - All Indirect Cost Charges and Internal Services

- Internal Services and Facility Charges
    - Itemized detail for all indirect cost charges and internal charges
    - Entire monthly reporting package the Community Health board receives
        - February's financial report is included
    - In addition at your request the facilities charges are included

        - Maintenance vs Rent charges
        - Enhances charges
        - Internal services
        - Data Processing (IT services)
        - Fleet motor pool
        - Will start to include these in regular monthly financial packet
    - Detail of health center building cost
        - Square footage usage
        - Each building name is translatable to each health center
        - List of portion of vacant space cost
            - What is health department cost
            - What is health center cast
            - Facilities is not included in totals facilities cost
        - Included facilities packet that Lisa Wheeton presented
    - Included indirect allocation plan for next year
        - Does not change from month to month

5 - Projection of cash balances for each month

- Built the model just need to populate sources

6 - Revenue and expense statement = completed

7 & 8 - info was included in previous info with the balance sheet slide.

HR vacancy report

Additional analysis and comparison for vacancies by position

Adrienne explained the differences between *non duplicate* and *duplicate* vacancies. Non duplicated vacancies are Temporary roles or Work Out of Class Roles that were created for staff that had to step out of their permanent roles into temporary or Work Out of Class roles. The permanent positions can be held for staff to return or opened up for recruitment. These positions show up as a vacancy in a budget report even if the position is being held for that worker.

- Total vacancies = 123 positions
    - 75 duplicate positions
    - 34 % non duplicate positions have been not posted
    - 22 non duplicate positions are being posted and actively being recruited for
        - Internal posting
        - Multnomah County website
        - Indeed and other marketing sites

- 36% non duplicate positions are in the interview or offer stage
- Vacancy length
  - Industry average
    - 90 days to fill for healthcare positions
    - Could be as high as 130 days depending on the research
    - County vacancy rate
      - 108 days
    - Financial Cost
      - $1.1 million estimated lost revenue
    - Duplicate vacancies = 48 positions
      - 14 are non active that relate to direct billing
      - financial impact estimated at $2.2 million in **possible** revenue in ghost vacancies
        - Believe this is an over projection because some of these positions are filled with temporary staff
        - The first table represents the true cost of unfilled vacancies being recruited for.

Q: Are the comparisons apples to apples? When a person is moved out of their position they are no longer creating income in that position. Are they generating income in the new position?

A: Yes, for example someone might step into a temporary role where there is a more urgent need. We created roles on a temp basis to provide time sensitive work like transfering PPE from one center to another, or delivering time sensitive vaccines. They could have been doing other work like policy analysis or other work related to Health Center Communications or other work that is critical. We are hoping we can move away from that this year.

HRSA 90 Day Conditions

These conditions are separate from the monthly packet, these are part of the original TA response submitted in the fall. The purpose of these is to provide analysis for costs, risks and benefits. What changes are most beneficial to the Health center. The submission due date for these changes has been extended to May 5th. The first submission does not need to be completed. It needs to show significant progress to having the conditions met. By showing significant progress we could get an additional 30, 60 or 90 days to finish.

- Conditions to be met
  - 1 - Analysis of Accounts Receivable and related functions
    - Billing
    - Collections

	■ AR management ● Approach to a response will be to look at 3 different scenarios to how to meet needs around account receivable services ● Look at services still being provided by finance business division ● Look at a different internal services being provided within the Health Center not a separate division ● Having AR services provided by outside vendor ● Ochin ■ We will include details ● Cost for each one ● Risk and benefits ● Transition time to make changes ● Alignment of values and strategic plan ○ 2 - Analysis of positions services Health Service pays for ■ Know as Indirect Rate ● Finance and business management pieces ● How we currently pay for AR services ■ Include how the indirect rate is calculated ● What services are provided at that rate ● Better understand the value of the service we pay for ○ 3 - Progress to full implementation of Enterprise fund ■ Updated documentation and reports ● Eric Arellano is working on these Plan to have a draft report ready with the framework of these conditions for the Quality Committee meeting this Friday. We will present the first submission packet at the CHCB meeting in May.		
HRSA Progressive Action Update (Executive Session) *CHCB to receive confidential report in separate Zoom*	Move into Executive Position pursuant to OR 192.660 sub section 2 section D. Council to move to a separate breakout room to present confidential updates not to be shared regarding Labor negotiations for their Federally Qualified Health Centers . Interim Director Adrienne Daniels presented updates on labor negotiations and the projected costs.	***Motion to end Executive Session: Tamia*** ***Second: Aisha*** Yays: - 9 Nays: - Abstain: - **Decision:**	

		Approved	
Committee Updates/Council Business Harold Odhiambo, CHCB Chair	Dr. Holland gave an update on the status of the CEO recruitment ● 4/20 Scheduled meeting with full CEO selection recruitment team ○ Goal to review and solidify a project manager ○ Review recruitment firm ○ Review position description and job profile		
Monthly Budget Report County Budget Update Jeff Perry, Chief Financial Officer, ICS	Report presented earlier in the HRSA Progressive Action Update		
Strategic Updates Adrienne Daniels - Interim Executive Director, ICS	Interim Director Adrienne Daniels presented on strategic updates. Patient and Community Determined Work - We are relaunching our client advisory groups. These are patient groups that provide feedback to clinics on how we can improve patient care. They give advice on clinic to clinic interactions with staff. It is different from the Board's responsibility in governance. This information is an important part of shaping how we do our work as a Community Health Center Program. - This month there were several tours at our clinics, Tamia and Commissioner Meieran mentioned earlier they toured the McCoy Building and Billi O D'gard Dental Clinic. The Youth Advisory Council participated in a virtual meeting with state representative Tawna Sanchez. They shared their services, and discussed with her what these services meant to them from the patient's perspective and community members. Engaged, Expert, Diverse, Workforce - We continue to partner with HR to strengthen recruitment outreach by discussing ways to advertise our open positions to get hire visibility. - Last month we held a Staff Appreciation Day. We visited the clinics and gave staff small tokens of appreciation to thank them for all their hard work. We are planning a large summer event with a more celebratory atmosphere in a safer outdoor space due to the pandemic. - I continue to work with our facilities partners about a partnership program with Portland Community College. This will serve as a workforce hub for future nurses and healthcare professionals. This will give students the opportunity to see what it means to be part of the		

	healthcare profession and what it means to work for a community health care program - The Board will continue to get updates about this program, and I will ask the board for advice on whether or not we should continue to pursue any formal vocation with Portland Community College this summer. Fiscally Sound and Accountable Practices - The Board completed initial FY23 budget training sessions. Chair Odiambo asked for additional time this month. We will continue to schedule those opportunities for board members - OHA Rate application has been finalized. This determined what our reimbursement rates will look like. Jeff will work with the finance committee to determine how those dollars will be reinvested in the Health Center system. - HRSA analysis - Brieshon D'Agostini talked about the ongoing 90 day financial analysis regarding facilities rates, cost, and rate settings. Facilities Director Dan Zalkow discussed how to further access facilities cost with the Executive Board earlier this month. The Quality Committee will review these approaches this Friday. Equitable treatment - The Board previously approved use of APRA funds to expand our care into mobile health services. We have designed a system and program and we believe we will be able to staff it over the next year. We will present to the board what this launch will look like this summer - A team has been created, and has started mapping a two year process to rebuild our patient website. This will allow us to interact with the public in a more meaningful way and improve access to care. - PAC is currently undergoing an assessment to define how we can offer services in a more patient friendly manner. We are reviewing different technologies, and considering other ways we can improve the patient experience. Ultimately the goal is to reduce wait times and get answers to patients' questions quickly.		
Meeting Adjourns	Public meeting closed at 8:36 pm before the Board voted to move into Executive Session. The next public meeting will be on May 9, 2022	Fabiola and Darrell had to leave the meeting at 8:30	
Executive Session with Counsel *CHCB separate Zoom with Andrew Downs*	Moved into Executive Session, closed to the public and county staff for the purposes of considering information or records that are exempt by law from public inspection pursuant to ORS 40.225(2) (Lawyer-Client Privilege) and ORS 192.660(f).	***Motion to end Executive Session: Tamia*** ***Second: Aisha*** Yays: - 7 Nays: - Abstain: -	

		Decision: **Approved**	

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

Board Presentation Summary

Presentation Title	Telepsychiatry Pilot

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:	05/09/2022	**Program / Area:**	ICS Primary Care
Presenters:	Bernadette Thomas, Chief Clinical Officer		

Project Title and Brief Description:

Telepsychiatry with Genoa to expand psychiatry services at ICS, to provide psychiatry services in languages other than English, and to provide pediatric psychiatric services.

Describe the current situation:

We currently have 2 psychiatric mental health nurse practitioners (PMHNP) who provide a total of 40 hours of clinical time (or, 1 FTE). We struggle to hire and retain psychiatry staff because psychiatrists and PMHNP are scarce, and our salaries are not competitive.

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

To meet the needs of our patients and our communities. Patients with un- and undertreated psychiatric illness cannot fully engage in primary care services, suffer worse health outcomes, increased health care costs, and social stigma.

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):*

ICS aims to provide fully integrated behavioral health services to our primary care patients, including prescribing, management, and maintenance of complex psychotropic medications necessary for stabilizing acute, chronic, and acute-on-chronic mental health conditions. Our patients wait months for

referrals to community providers, which delays care and worsens patient outcomes. Additionally, PCPs often need one-time or short time consultation with psychiatry to help stabilize patients with acute or chronic conditions.
List any limits or parameters for the Board's scope of influence and decision-making:
This review and vote is limited to telepsychiatry expansion and does not relate to other scope of service proposals.
Briefly describe the outcome of a "YES" vote by the Board ***(Please be sure to also note any financial outcomes):***
We will update form 5a and deliver services both directly and by contract.
Briefly describe the outcome of a "NO" vote or inaction by the Board ***(Please be sure to also note any financial outcomes):***
Services will remain status quo.
Which specific stakeholders or representative groups have been involved so far?
Primary Care Medical Directors (Drs Henninger and Maxwell), Behavioral Health Manager (Kevin Minor), Multnomah County's psychiatrist-consultant (Dr Gokaldas), CareOregon
Who are the area or subject matter experts for this project? ***(Please provide a brief description of qualifications)***
As above.
What have been the recommendations so far?
To increase availability of psychiatry services via telehealth to meet increased demand. The health center will continue to recruit and identify more access through direct services as well.
How was this material, project, process, or system selected from all the possible options?
ICS works collaboratively with primary payor (CareOregon) to address ongoing access barriers; HealthShare is engaging with the Behavioral Health community at large to increase access and reduce bottlenecks.

Board Notes:

HRSA On Hold Conditions Status

HRSA has placed two conditions on our base grant, which must be satisfied to maintain Federally-Qualified Health Center (FQHC) status. FQHC status allows MCHD/ICS to access approximately $10M in grant funding annually, as well as additional funding (exceeding $100M) from HRSA and State agencies to support capital expansions, clinic renovations/equipment, and supplemental services, as well as enhanced reimbursement for serving Medicaid clients.

Outstanding items (updated 4/27/22):

There are two outstanding conditions. Both the Monthly Package and 90 Day Response are needed to satisfy both conditions.

- Exercising Required Authorities and Responsibilities (fundamental purpose of the CHCB)
- Financial Management and Internal Control Systems (needed for CHCB to meet their responsibility for Board Authority)

Monthly Package *(due beginning of each month)*	**90 Day Response** *(1st submission due 6/14)*
● Present monthly package to CHCB and submit to HRSA on time. The most recent packet from April is available online from the CHCB's public meeting documents. ● Make adjustments to monthly package based on verbal feedback from HRSA received April 2022 - for May CHCB presentation/June HRSA submission ○ **Adjustments of Transfers of Health Center funds** - need to provide narrative if there are no transfers to report ○ **Internal Services** - continue to analyze and develop clear reporting ○ **Cash and reserve reports** - needs balance sheet to be finalized to have an accurate cash balance report ○ **Balance Sheet** - need for evaluating Health Center financial position at any specific point in time. Will allow for forecast and modified balance sheet completion. Expected delivery date is June. ● Once received, make adjustments to monthly package based on written feedback from HRSA (expected by end of April 2022)	● Continue to develop full analysis and response (ICS, HD, FBM, County): ○ Continue with analysis of different scenarios for providing the AR/Medical Billing and related functions (Element 1). ○ Continue to analyze and describe the HD Indirect rate and the services provided (Element 2). ○ Complete implementation of Health Center Enterprise Fund, document work completed, and demonstrate Health Center - specific reporting capacity (Element 3). ● Present response to CHCB Quality Committee - May 2022 ● Present response to CHCB Public Meeting - June 13, 2022 ● Submit first response to HRSA - June 14, 2022 ● Receive feedback and submit final response (dates TBD) *Provided to CHCB 4/11/2022: Exec Summary and Slides*

Multnomah County
Health Department

Integrated Clinical Services

Update on Indirect Rate Analysis- May 2022

Memorandum: Analysis of the FY23 Health Center Budget shows that the health center contributes approximately 26% of the Departments' overhead costs including payroll (salary+benefits) and materials/services.

The County's indirect rate is only calculated and charged on payroll costs, excluding materials and services. When looking at only the specific payroll costs, the health center contributes approximately 44% of the Health Department's total indirect costs.

Assessment made when including positions in the indirect rate: Positions are reviewed and grouped first by direct and indirect costs, and then by funding source. If a position is considered indirect, and paid for with general fund, the full salary and benefit cost is included in the indirect rate. For more information on the Health Department's indirect rates for FY23, please see page 18 of the published Multnomah County FY23 Cost Allocation Plan, which constitutes our "algorithm" for developing the indirect rate for the Health Department.

The memo serves as an update on work related to the Community Health Center Board's request to receive additional information on the indirect rate costs in the Health Center budget.

Background:

During the fall of 2021, previous ICS Executive Director Tasha Wheatt-Delancy began conversations with the Health Department and County Financial teams to review both the methodology for the costs of the indirect rate and building rates. In November 2021, it was discussed that the County allocated costs based on the costs of staff who indirectly support division programs (known as "indirect costs" because their time is split across multiple programs). Roles which are covered by these indirect costs are calculated by the position's full salary and benefits.

Updates in Analysis:

From these conversations, the health center has continued to work with Health Department financial staff to further understand and break down positions included in the rate calculations and what support services positions provide to the health center program. In April 2022, the health department provided a list of positions, which are covered by the indirect rate included in the FY23 budget. These positions are currently being reviewed by CFO Jeff Perry and interim Director Adrienne Daniels to further understand ongoing aligning with operational needs of the health center program.

The analysis was performed on the most recent fiscal year ended, FY21. In FY21, total overhead costs for the Health Department was $26.29 million ($15.86m payroll & material/services $10.42m). The total amount charged to the health center via departmental indirect rates was $6.95 million, or

approximately 26% of total department overhead. County general fund and indirect charges to other departmental divisions support the remaining balance of $19.34 million. As referenced previously, the County's indirect rates are only charged on payroll costs. The $6.95 million of health center indirect costs accounted for approximately 44% of total departmental overhead payroll costs included in the departmental indirect rate. In FY21, indirect expenses for the department totaled $9.9 million. This analysis does not include central indirect costs.

Indirect roles which are partially paid for in the ICS FY23 budget, which support the work of the health center, are as follows:

Indirect Service Area	Roles covered	Relation to Health Center work
Health Department Leadership and Administration	Leadership and some administrative teams in public health, behavioral health, and the department director divisions.	Staff provide consultation and organization of policies, shared patients service coordination, shared project support, legislative advocacy, grant writing, and COVID19 coordination.
Finance and Business Management	Staff in financial and business teams who support shared business services in the department.	Staff provide support and services in budget, medical billing, accounts receivable, grant reporting, cash management, financial reporting, contract management, procurement and purchasing, vaccine depot, internal services inventory and coordination, building and facilities operational support.
Human Resources	Recruitment staff, HR analysts, and managers.	Staff provide support in recruitments, coaching, performance improvement, and labor contract projects.

Organizational Development	Training and program communication staff.	Staff provide training and facilitation workshops to clinic groups, and consultation on media campaigns.
Health Officer	Health officers and program staff.	Consultation on medical care and patient care services, death investigations, and COVID19 coordination.

Relation to separate HRSA Analysis:

As part of the Health Center's ongoing compliance resolution process, HRSA has required that the Health Center program analyze specific internal support services related to financial staff. Quality and Compliance Director Breishon D'Agostini worked to design an analysis of how these costs and services compare to alternative models of financial support, as presented to the board on April 11, 2022. The board's quality committee will further review and provide recommendations on the work this month. This work focuses on a sub component of indirect costs, related to Medical Accounts and Billing.

Next steps:

ICS leadership will further review the assigned costs covered by indirect rates and provide the CHCB Financial Committee with their analysis in May 2022.

Multnomah County
Federally Qualified Health Center

Monthly Financial Reporting Package

March FY 2022

Updated 4/27/2022

Prepared by: Financial and Business Management Division

Multnomah County Health Department
Community Health Council Board - Financial Statement

For Period Ending March 31, 2022

Percentage of Year Complete: 75.0%

Community Health Center - Monthly Highlights

Financial Statement: For period 9 in Fiscal Year 2022 (July 2021 - June 2022)

	YTD Actuals	Budget	Difference	% of Budget YTD
Revenue:	$ 113,846,009	$ 157,744,804	$ 43,898,795	72%
Expenditures:	$ 98,339,094	$ 157,744,804	$ 59,405,710	62%
Surplus/(Deficit)	$ 15,506,916			

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 62% which is slightly behind the expected target of 75% primarily due to Contractual costs, which are tracking at 21%.

Multnomah County Health Department
Community Health Council Board - Financial Statement

For Period Ending March 31, 2022

Percentage of Year Complete: 75.0%

Community Health Center

	Adopted Budget	Revised Budget	Budget Change	07 Jan	08 Feb	09 Mar	Year to Date Total	% YTD	FY21 YE Actuals
Revenue									
County General Fund Support	$ -	$ -	$ -	$ -	$ -	$ -	$ -	0%	$ 5,222,198
Miscellaneous Revenue	$ -	$ -	$ -	$ -	$ -	$ -	$ -	0%	$ 111,693
Grants - PC 330 (BPHC) **(1)**	$ 9,309,724	$ 9,309,724	$ -	$ -	$ -	$ 1,300,999	$ 5,483,959	59%	$ 9,515,047
Grants - COVID-19 **(2)**	$ 13,000,000	$ 15,580,514	$ 2,580,514	$ 3,098,794	$ 297,002	$ 393,154	$ 4,095,733	26%	$ 8,682,545
Grants - All Other	$ 4,235,186	$ 4,235,186	$ -	$ 128,592	$ 822,975	$ 202,115	$ 2,715,771	64%	$ 8,581,060
Grant Revenue Accrual **(3)**	$ -	$ -	$ -	$ -	$ -	$ 2,217,857	$ 2,217,857	0%	$ -
Quality & Incentives Payments	$ 7,800,159	$ 7,800,159	$ -	$ 1,304,964	$ 521,223	$ 118,088	$ 5,024,317	64%	$ 11,049,279
Health Center Fees **(4)**	$ 115,784,522	$ 115,784,522	$ -	$ 22,188,168	$ 9,585,986	$ 9,828,551	$ 90,945,314	79%	$ 92,485,906
Self Pay Client Fees	$ 1,244,879	$ 1,244,879	$ -	$ 71,676	$ 69,996	$ 59,778	$ 518,652	42%	$ 678,121
Beginning Working Capital	$ 3,789,820	$ 3,789,820	$ -	$ 315,818	$ 315,818	$ 315,818	$ 2,842,365	75%	$ 3,145,138
Total	**$ 155,164,290**	**$ 157,744,804**	**$ 2,580,514**	**$ 27,108,012**	**$ 11,613,001**	**$ 14,436,360**	**$ 113,843,967**	**72%**	**$ 139,470,987**
Expense									
Personnel	$ 89,712,811	$ 90,160,240	$ 447,429	$ 6,561,616	$ 6,667,017	$ 7,033,577	$ 61,420,958	68%	$ 88,332,034
Contracts	$ 15,558,672	$ 16,508,672	$ 950,000	$ 801,033	$ 458,409	$ 684,736	$ 3,470,477	21%	$ 3,659,777
Materials and Services	$ 21,685,789	$ 21,684,925	$ (864)	$ 1,998,586	$ 1,867,165	$ 1,319,763	$ 14,571,793	67%	$ 18,982,109
Internal Services **(5)**	$ 27,902,518	$ 28,799,360	$ 896,842	$ 1,847,699	$ 1,556,476	$ 3,027,737	$ 18,854,021	65%	$ 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**	**$ 12,065,813**	**$ 98,339,094**	**62%**	**$ 136,023,672**
Surplus/(Deficit)	**$ -**	**$ -**	**$ -**	**$ 15,899,078**	**$ 1,048,756**	**$ 2,370,546**	**$ 15,504,874**		**$ 3,447,315**

Multnomah County Health Department
Community Health Council Board - Financial Statement

For Period Ending March 31, 2022

Percentage of Year Complete: 75.0%

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
Miscellaneous Revenue	$ -	$ -	$ -	$ 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	$ 5,483,959	59%	$ 9,515,047
Grants - COVID-19 **(2)**	$ 13,000,000	$ 15,580,514	$ 2,580,514	$ -	$ -	$ 11,571	$ (7,764)	$ 9,560	$ 293,416	$ 4,095,733	26%	$ 8,682,545
Grants - All Other	$ 4,235,186	$ 4,235,186	$ -	$ 40	$ 31,261	$ 517,640	$ 98,422	$ 559,053	$ 355,674	$ 2,715,771	64%	$ 8,581,060
Grant Revenue Accrual **(3)**	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,217,857	0%	$ -
Quality & Incentives Payments	$ 7,800,159	$ 7,800,159	$ -	$ 647,267	$ 544,656	$ 103,650	$ 41,160	$ 1,743,310	$ -	$ 5,024,317	64%	$ 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	$ 90,945,314	79%	$ 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	$ 518,652	42%	$ 678,121
Beginning Working Capital	$ 3,789,820	$ 3,789,820	$ -	$ 315,818	$ 315,818	$ 315,818	$ 315,818	$ 315,818	$ 315,818	$ 2,842,365	75%	$ 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**	**$ 9,729,416**	**$ 113,843,968**	**72%**	**$ 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	$ 61,420,958	68%	$ 88,332,034
Contracts	$ 15,558,672	$ 16,508,672	$ 950,000	$ 282,414	$ 152,675	$ 179,156	$ 215,864	$ 292,498	$ 403,692	$ 3,470,477	21%	$ 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	$ 14,571,793	67%	$ 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	$ 18,854,021	65%	$ 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**	**$ 98,339,094**	**62%**	**$ 136,023,672**
Surplus/(Deficit)	**$ -**	**$ -**	**$ -**	**$ 180,528**	**$ (1,618,958)**	**$ (238,978)**	**$ (3,297,442)**	**$ 2,107,166**	**$ (945,823)**	**$ 15,504,874**		**$ 3,447,315**

Multnomah County Health Department
Community Health Council Board

FY 2022 YTD Actual Revenues & Expenses by Program Group
For Period Ending March 31, 2022
Percentage of Year Complete: 75.0%

	Category	Description	Admin	Dental	Pharmacy	Primary Care Clinics	Quality & Compliance	Student Health Centers
Revenues		County General Fund Support	-	-	-	-	-	-
		Miscellaneous Revenue	-	-	-	-	-	-
		Grants - PC 330 (BPHC) **(1)**	1,290,306	209,815	-	3,547,740	-	220,263
		Grants - COVID-19 **(2)**	4,069,747	-	-	3,454	1,400	-
		Grants - All Other	89,549	-	-	-	-	655,764
		Grant Revenue Accrual **(3)**	699,564	91,860	-	654,473	-	264,381
		Quality & Incentives Payments	3,609,618	-	-	-	1,414,699	-
		Health Center Fees **(4)**	16,028,652	12,254,336	24,043,521	33,394,785	23,720	3,058,913
		Self Pay Client Fees	-	66,607	191,349	256,854	-	-
		Beginning Working Capital	2,136,095	368,771	-	-	337,500	-
Revenues Total			27,923,530	12,991,388	24,234,870	37,857,307	1,777,319	4,199,321
Expenditures		Personnel Total	11,286,924	13,517,463	5,030,796	22,226,858	1,725,677	3,276,202
		Contractual Services Total	1,827,846	253,883	15,072	1,194,752	16,835	73,383
		Internal Services Total	3,199,738	3,667,927	2,244,188	7,016,502	506,803	900,371
		Materials & Supplies Total	435,178	783,958	11,969,710	848,301	25,633	195,217
		Capital Outlay Total	15,178	6,666	-	-	-	-
Expenditures Total			16,764,864	18,229,897	19,259,765	31,286,413	2,274,947	4,445,173
Net Income/(Loss)			11,158,667	(5,238,509)	4,975,105	6,570,894	(497,628)	(245,853)
Total BWC 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 March 31, 2022
Percentage of Year Complete: 75.0%

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
	Miscellaneous Revenue	-	-	-	-	-	0%	111,693
	Grants - PC 330 (BPHC) **(1)**	215,835	-	5,483,959	6,982,293	9,309,724	59%	9,515,047
	Grants - COVID-19 **(2)**	21,131	-	4,095,733	11,685,386	15,580,514	26%	8,682,545
	Grants - All Other	1,970,458	-	2,715,771	3,176,390	4,235,186	64%	8,581,060
	Grant Revenue Accrual **(3)**	507,579	-	2,217,857	-	-	0%	-
	Quality & Incentives Payments	-	-	5,024,317	5,850,119	7,800,159	64%	11,049,279
	Health Center Fees **(4)**	2,140,987	401	90,945,314	86,838,392	115,784,522	79%	92,485,906
	Self Pay Client Fees	3,842	-	518,652	933,659	1,244,879	42%	678,121
	Beginning Working Capital	-	-	2,842,365	2,842,365	3,789,820	75%	3,145,138
Revenues Total		4,859,832	401	113,843,968	118,308,603	157,744,804	72%	139,470,988
Expenditures	Personnel Total	3,252,120	1,104,920	61,420,958	67,620,180	90,160,240	68%	88,332,034
	Contractual Services Total	64,060	24,647	3,470,477	12,381,504	16,508,672	21%	3,659,777
	Internal Services Total	963,207	355,285	18,854,021	21,599,520	28,799,360	65%	24,921,085
	Materials & Supplies Total	162,243	151,553	14,571,793	16,263,694	21,684,925	67%	18,982,109
	Capital Outlay Total	-	-	21,844	443,705	591,607	4%	128,667
Expenditures Total		4,441,629	1,636,404	98,339,094	118,308,603	157,744,804	62%	136,023,673
Net Income/(Loss)		418,202	(1,636,003)	15,504,874	-	-		3,447,316
Total BWC from Prior Years		724,184	-	9,205,101				

Multnomah County Health Department

Community Health Council Board

FY 2022 YTD Internal Services Expenditures by Program Group

For Period Ending March,31,2022

Percentage of Year Complete: 75.0%

GL Name	Administrative	Dental	HIV Clinic	Lab	Pharmacy	Primary Care Clinics	Quality and Compliance	Student Health Centers	Grand Total	
Indirect Expense	1,429,849	1,798,290	362,655	147,175	669,933	2,954,850	227,800	362,584	7,953,137	
Internal Service Data Processing	862,198	833,579	382,974	92,552	1,198,882	2,288,015	136,498	363,766	6,158,464	
Internal Service Distribution	37,020	62,718	668	16,267	52,595	107,332	5,892	62,054	344,546	
Internal Service Enhanced Building Services	159,049	163,386	19,627	9,109	52,768	227,097	42,005	-	673,042	(5)
Internal Service Facilities & Property Management	530,805	662,905	153,439	75,458	221,255	1,037,945	77,506	-	2,759,313	(5)
Internal Service Facilities Service Requests	59,462	39,809	4,367	16	8,958	147,030	258	73,664	333,564	
Internal Service Fleet Services	-	14,438	-	-	-	-	-	-	14,438	
Internal Service Motor Pool	5,315	187	1,220	789	24	-	1,004	110	8,648	
Internal Service Other	31,893	24,660	6,178	1,772	8,215	43,769	1,737	6,540	124,764	
Internal Service Records	450	11,219	4,899	4,631	14,385	34,606	-	1,033	71,224	
Internal Service Telecommunications	83,696	56,736	27,181	7,516	17,173	175,856	14,103	30,620	412,881	
Grand Total	3,199,738	3,667,927	963,207	355,285	2,244,188	7,016,502	506,803	900,371	18,854,021	

Multnomah County Health Department

Community Health Council Board

FY 2022 Internal Services Expenditures by Fiscal Period

For Period Ending March,31,2022

Percentage of Year Complete: 75.0%

GL Name	01 July	02 August	03 September	04 October	05 November	06 December	07 January	08 February	09 March	Grand Total	
Indirect Expense	851,983	836,979	895,115	1,070,228	785,356	893,938	846,206	861,940	911,391	7,953,137	
Internal Service Data Processing	259,794	1,267,504	538,608	886,343	641,139	628,939	841,432	548,202	546,505	6,158,464	
Internal Service Distribution	35,109	34,001	39,403	40,444	40,204	42,697	39,167	36,253	37,267	344,546	
Internal Service Enhanced Building Services	-	-	144,596	93,632	-	-	-	-	434,814	673,042	(5)
Internal Service Facilities & Property Managemer	-	-	954,174	273,045	270,163	280,755	-	-	981,176	2,759,313	(5)
Internal Service Facilities Service Requests	18,164	49,802	45,370	30,356	21,725	24,489	28,900	50,564	64,193	333,564	
Internal Service Fleet Services	116	1,516	1,516	1,516	2,186	1,516	1,516	2,065	2,491	14,438	
Internal Service Motor Pool	755	755	755	770	755	1,399	872	1,323	1,265	8,648	
Internal Service Other	300	600	359	105,693	300	4,168	525	5,379	7,439	124,764	
Internal Service Records	7,690	7,690	7,690	7,690	7,690	7,690	7,690	7,690	9,702	71,224	
Internal Service Telecommunications	-	49,081	55,448	37,739	45,934	68,736	81,391	43,060	31,493	412,881	
Grand Total	1,173,911	2,247,929	2,683,035	2,547,455	1,815,453	1,954,327	1,847,699	1,556,476	3,027,737	18,854,021	

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

For Period Ending March 31, 2022

Percentage of Year Complete: 75.0%

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

(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 January 2021.

(5) Internal Services - Enhanced Building Services & Facilities posted in March, Catch-up posting from months missed during the budgeting period

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 March 31, 2022

Percentage of Year Complete: 75.0%

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.

Miscellaneous Revenue: 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.

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

For Period Ending March 31, 2022

Percentage of Year Complete: 75.0%

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
Mai/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 March 31, 2022
Percentage of Year Complete: 75.0%

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	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Miscellaneous Revenue	$ -	$ -	$ -	$ -	$ -	$ -	$ -
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

HRSA Off-Cycle Conditions

90-Day Response

CHCB Report #2

May 9, 2022

community health center board

Multnomah County

Background - 90 Day Response

- Separate from the monthly package
- Conditions remaining after our TA response submission in 2021
    - Exercising Required Authorities and Responsibilities
    - Financial Management and Internal Control Systems
- UPDATE: Confirmed due date of June 14, 2022

90-Day Response Elements

1. **Analysis of Accounts Receivable and related functions**
   a. *3 scenarios: status quo, different internal structure, or services provided by a vendor*
   b. *Cost, Risk, Benefits to the Health Center and patients*

2. **Analysis of positions services Health Center pays for (direct and indirect)**

3. **Progress toward full implementation of Enterprise Fund**

Progress and Next Steps

Complete

Project overall:

- ✓ Identified and convened project team
- ✓ Defined and agreed to scope
- ✓ Draft report presented to CHCB Quality Committee 4/25

Element 1:

- ✓ Drafted analysis framework and began populating details

Element 2:

- ✓ First draft of cost breakdown, including formulas and how funds are allocated

Element 3:

- ✓ Began updating reports/documentation for Enterprise Fund progress

Next Steps

Element 1:

- ❑ Finalize cost estimates
- ❑ Detail risks and benefits to the Health Center
- ❑ Note other variables and considerations
- ❑ Finalize shared definitions of terms
- ❑ Recommendations/Options

Element 2:

- ❑ Finalize cost breakdown and personnel list
- ❑ Finalize analysis

Element 3:

- ❑ Finish updating reports/documentation on Enterprise Fund progress

Report updates will be shared with the CHCB Quality Committee in May and the final first submission report to the CHCB Public Meeting in June.

community health center board
Multnomah County

Complaints Report

Reported Complaints | Complaint by Type

Reported Complaints

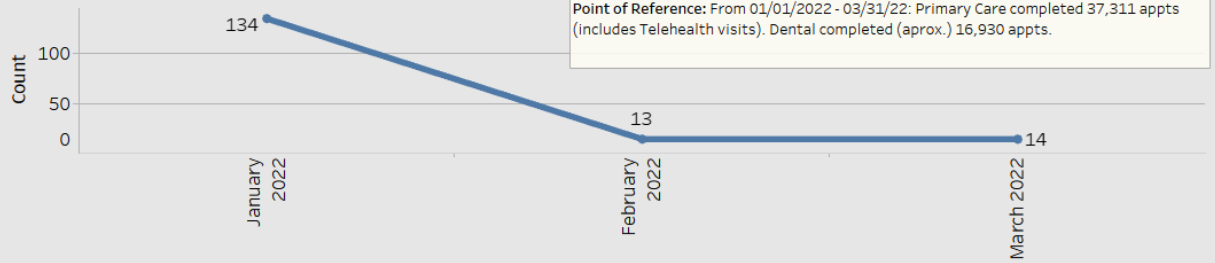
This report displays all of the complaints reported to ICS. Use the toolbar across the top to jump to *Complaints by Type*.

Use the filters below to further explore the data!

By Service Area: (All)

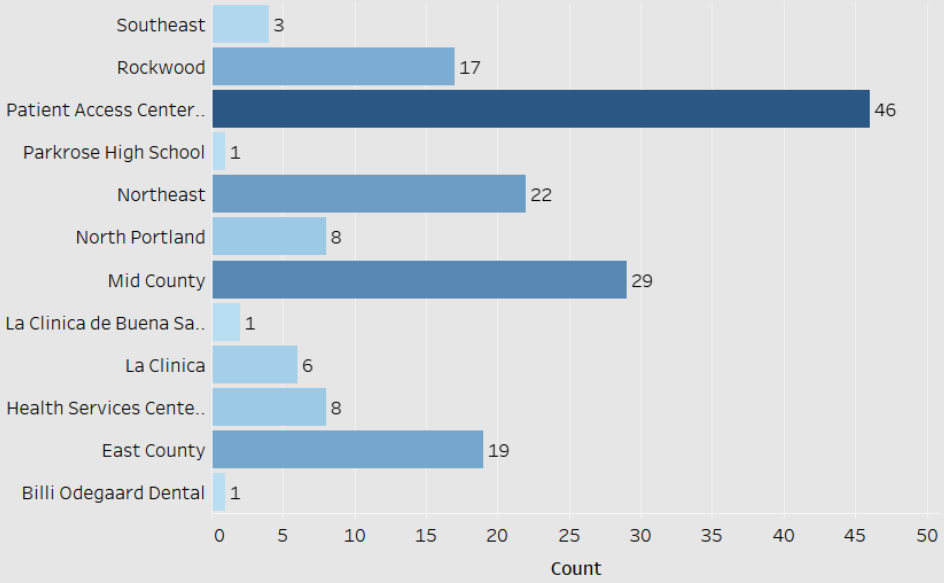
By Quarter: 2022 Q1

Complaints by Month

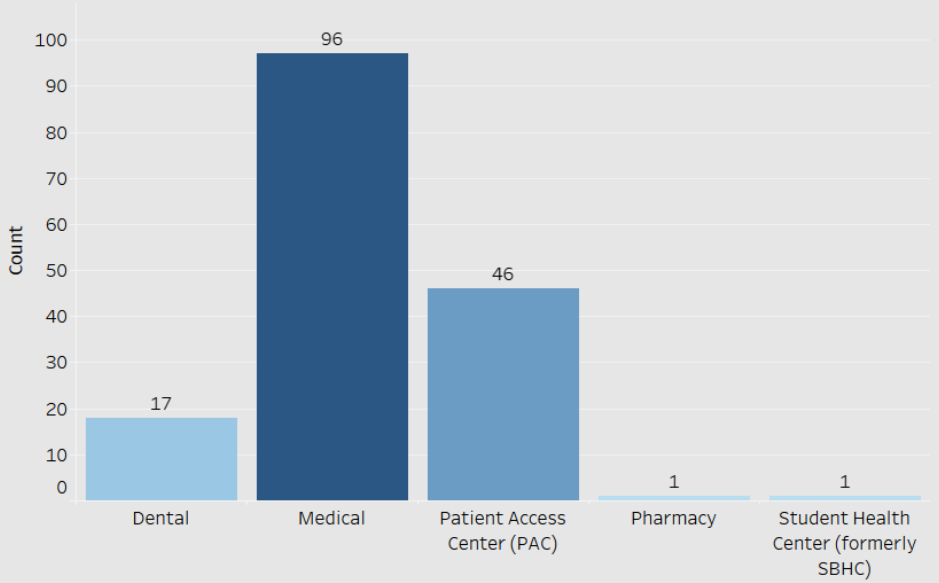


Point of Reference: From 01/01/2022 - 03/31/22: Primary Care completed 37,311 appts (includes Telehealth visits). Dental completed (aprox.) 16,930 appts.

Complaints by Location



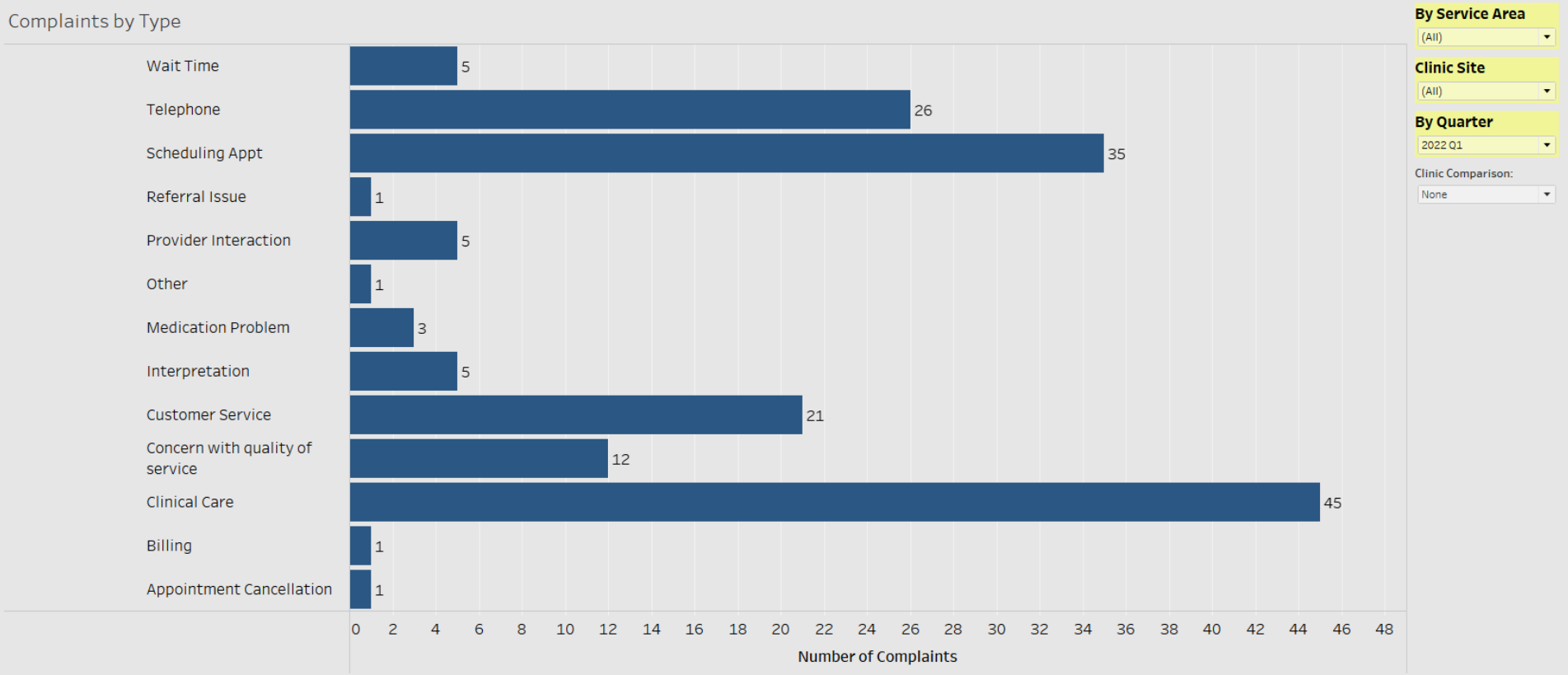
Complaints by Service Area



Complaints Report | Complaint Type | Reported Complaints | Location Analysis By Category | Location and Race Analysis

Complaints Report

Reported Complaints | Complaint by Type



Complaints Report | Complaint Type | Reported Complaints | Location Analysis By Category | Location and Race Analysis

Incidents Report

Reported Incidents | Incident by Type | Reported Pharmacy Med Dispensing Errors | Med Dispensing Error by Type | Definitions

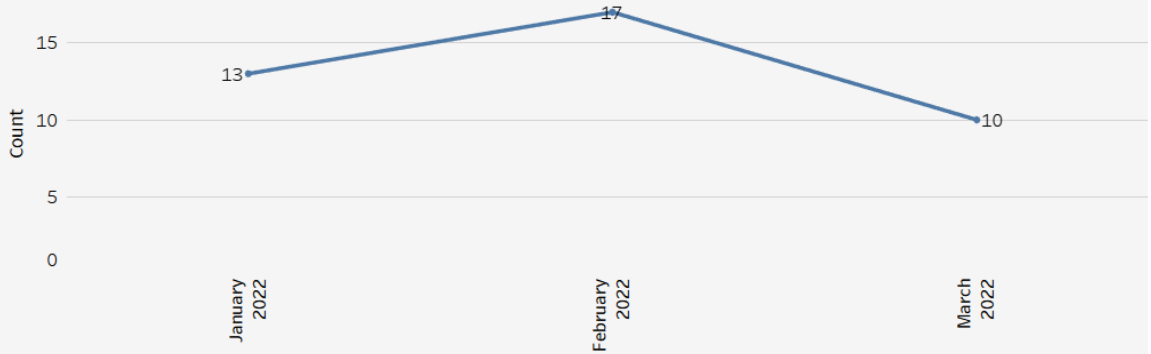
Multnomah County

Reported Incidents

This report displays all of the incidents reported to ICS.

Point of Reference: From 01/01/2022 - 03/31/22: Primary Care completed 37,311 appts (includes Telehealth visits). Dental completed (aprox.) 16,930 appts.

Incidents by Month

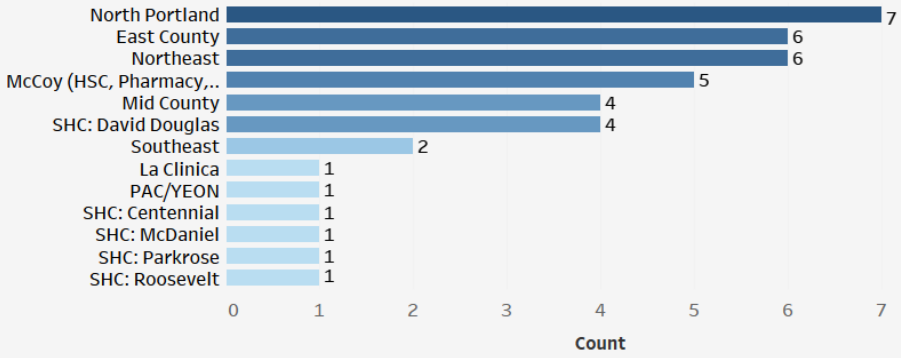


By Service Area
(All)

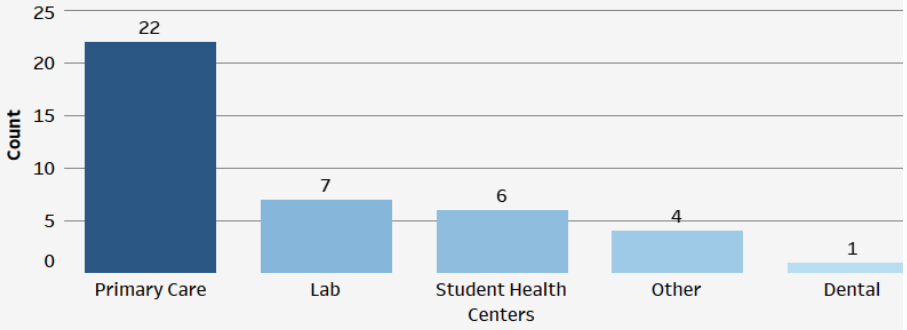
By Quarter:
2022 Q1

Subject Person Affected by Event:
Client

Incidents by Location



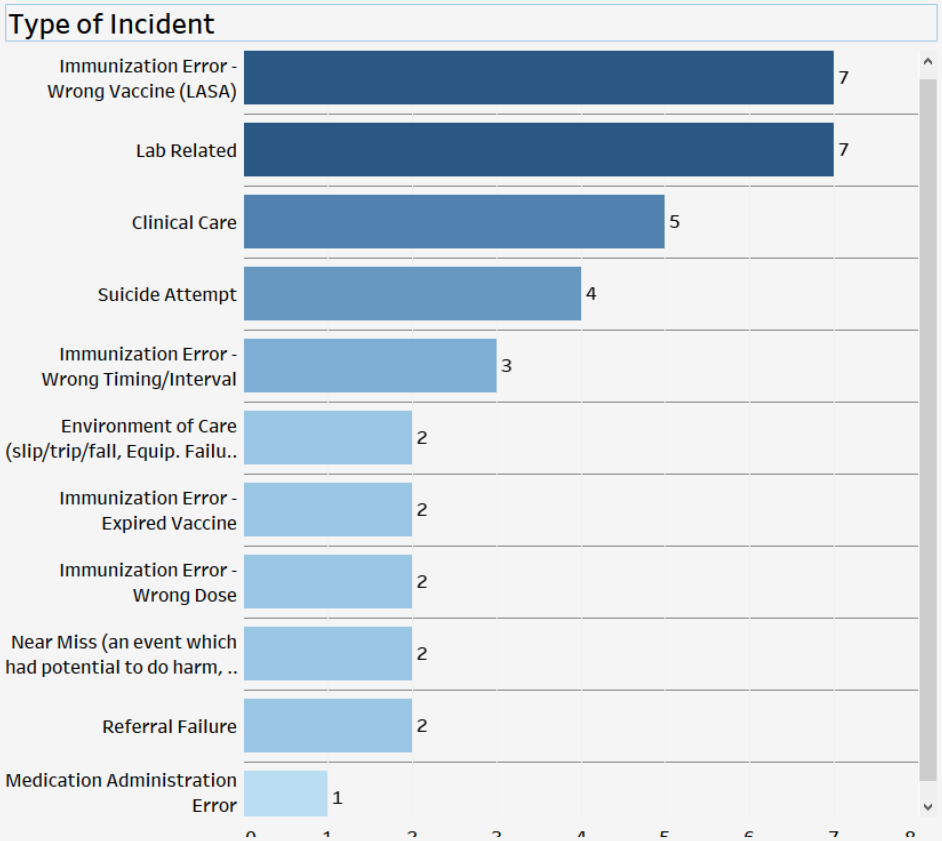
Incidents by Service Area



Incidents Report | Definitions | Incident Type | Pharmacy Med Error Descrip... | Reported Incidents | Reported Pharmacy Med Err...

Incidents Report

Reported Incidents | **Incident by Type** | Reported Pharmacy Med Dispensing Errors | Med Dispensing Error by Type | Definitions



Multnomah County

Use the filters below to further explore the data!

By Quarter:
2022 Q1

By Service Area
(All)

Clinic Site
(All)

Subject Person:
Client

Incidents Report | Definitions | Incident Type | Pharmacy Med Error Descrip... | Reported Incidents | Reported Pharmacy Med Err...

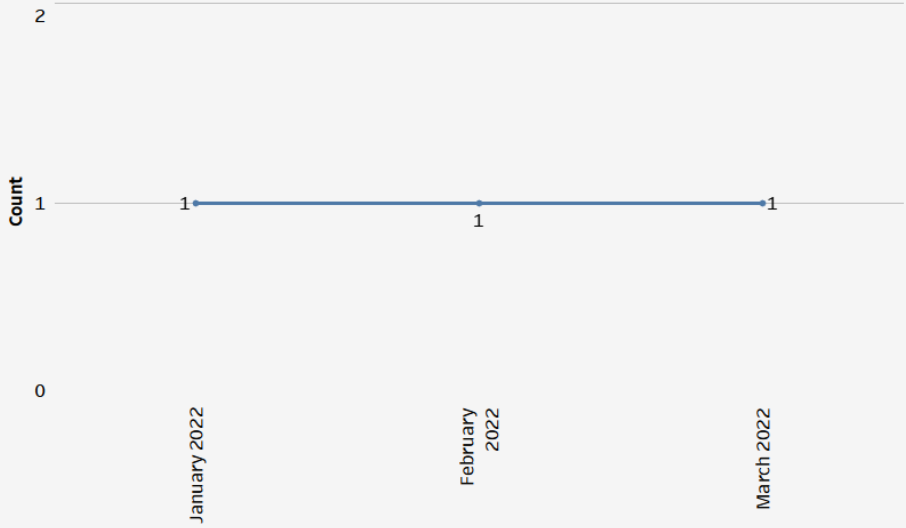
Incidents Report

Reported Incidents | Incident by Type | Reported Pharmacy Med Dispensing Errors | Med Dispensing Error by Type | Definitions

Point of Reference: In Q1 MCHD Pharmacies filled 92,868 prescriptions.

Reported Pharmacy Medication Dispensing Errors

Number of Med Dispensing Errors by Quarter



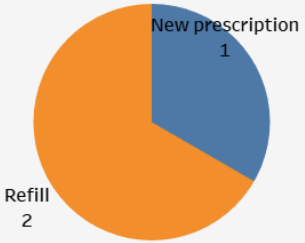
Multnomah County

Use the filters below to further explore the data!

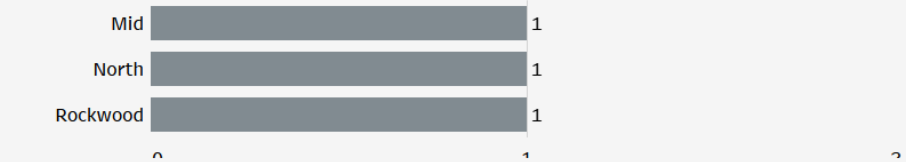
Quarters
(All)

By Pharmacy
(All)

Type of Prescription



Pharmacy Name



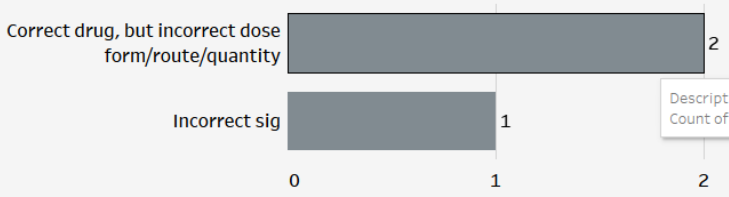
Incidents Report | Definitions | Incident Type | Pharmacy Med Error Descrip... | Reported Incidents | Reported Pharmacy Med Err...

Incidents Report

Type of Pharmacy Medication Dispensing Error

Multnomah County

Description of Error



Use the filters below to further explore the data!

Description of Error1: **Correct drug, but incorrect dose form/route/quantity**
Count of Timestamp: 2

(All)

By Pharmacy

(All)

Point of Reference: In Q1 MCHD Pharmacies filled 92,868 prescriptions.

Type of Pharm Error (Near Miss not include in other calculations)

ICS Complaints Dashboard_05032022

File created on: 5/3/2022 4:56:32 PM

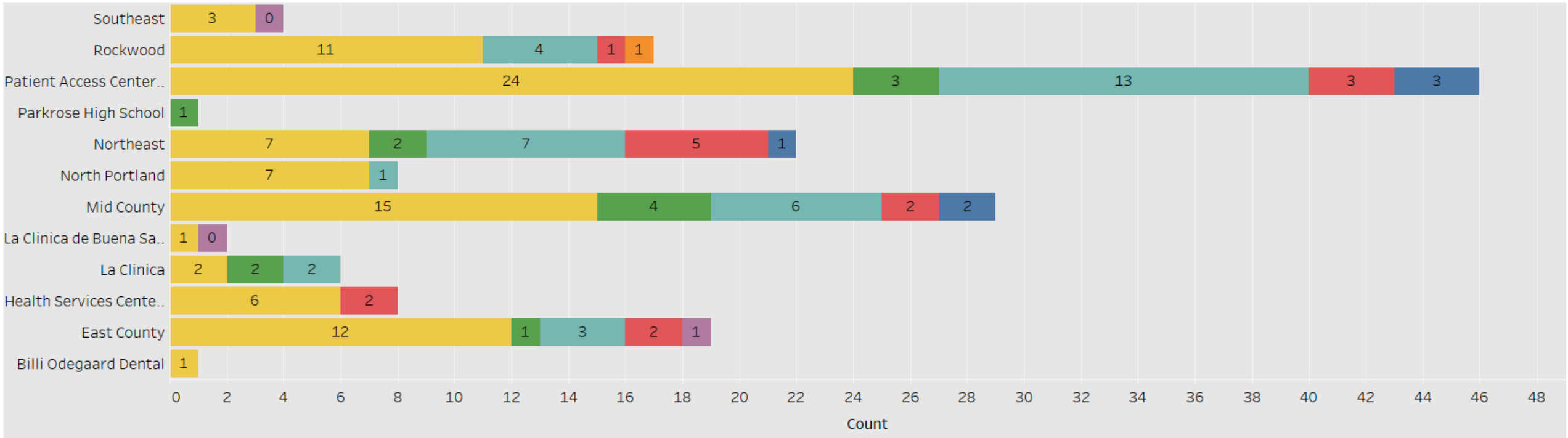
Please you the filters below to select the Date Range, Service Area, and Complaint Category to analyze.

Select the most dominant category that matches the complaint (group)
All

By Quarter
2022 Q1

By Service Area
All

Location and Race Analysis



RACE
- Null
- American Indian
- Asian
- Black/African American
- Patient Refused
- Unknown
- White