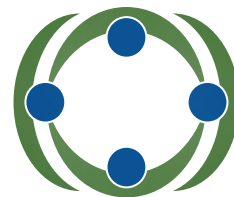




# **Regular Public Meeting**

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**November 2022**



**community health  
center board**

*Multnomah County*

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

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

### Board Members:

**Harold Odhiambo** – Chair  
**Fabiola Arreola** – Vice Chair

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

*Please email questions/comments to **the CHCB Liaison at CHCB.Liaison@multco.us**. Responses will be addressed within 48 hours after the meeting*

Time	Topic/Presenter	Process/Desired Outcome
6:00-6:10 (10 min)	<b>Call to Order / Welcome</b> Harold Odhiambo, CHCB Chair	Call to order Review processes
6:10-6:15 (5 min)	<b>Consent Agenda and Minutes Review -VOTE REQUIRED</b> Review October Public Meeting minutes Consent agenda items: Student Health Center Update, REDI Committee Update	Board reviews and votes receipt of documents
6:15-6:20 (5 min)	<b>Term Limits Exemption - VOTE REQUIRED</b> Adrienne Daniels, Interim Executive Director	Board votes to approve
6:20-6:25 (5 min)	<b>FTCA Claims Management Policy- VOTE REQUIRED</b> Jacqueline Chandler, Project Manager, Quality & Compliance Team	Board votes to approve
6:25-6:40 (15 min)	<b>Q3 Complaints and Incidents</b> Kimmy Hicks, Project Manager, ICS Quality Program	Board receives updates
6:40-6:55 (15 min)	<b>UDS Report and Patient Trends</b> Alex Lehr O'Connell, Senior Grants Management Specialist	Board receives updates
6:55-7:00 (5 min)	<b>Executive Officer Slate</b> Hailey Murto, Board Liaison	Board receives updates



7:00-7:10 (10 min)	<b>10 Minute Break</b>	
7:10-7:25 (15 min)	<b>Monthly Budget and Financial Reports</b> Jeff Perry, Chief Financial Officer, ICS Adrienne Daniels, Interim Executive Director	Board receives updates and provides feedback
7:25-7:30 (5 min)	<b>Executive Director's Strategic Updates</b> Adrienne Daniels, Interim Executive Director	Board receives updates
7:30-7:40 (10 min)	<b>Labor Relations Updates</b> Adrienne Daniels, Interim Executive Director <b><i>Bargaining and Negotiation Updates (Closed Executive Session)</i></b>  <i>CHCB to receive confidential report in separate Zoom</i>	Board hears updates
7:40-8:00 (20 min)	<b>Executive Director Candidate Discussion</b> Motus Recruiting <b><i>(Closed Executive Session)</i></b> <i>CHCB to have confidential session in separate Zoom</i>	Board has closed discussion
8:00	<b>Meeting Adjourns</b>	Thank you for your participation



## Public Meeting Minutes October 9, 2022 9:00-9:30am (in person and 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:

<b>Harold Odhiambo</b> – Chair	<b>Tamia Deary</b> - Member-at-Large	<b>Brandi Velasquez</b> – Board Member
<b>Fabiola Arreola</b> – Vice Chair <i>(Absent)</i>	<b>Kerry Hoeschen</b> – Member-at-Large <i>(Absent)</i>	<b>Aisha Hollands</b> - Board Member <i>(Absent)</i>
<b>Pedro Sandoval Prieto</b> – Secretary	<b>Darrell Wade</b> – Board Member <i>(Absent)</i>	<b>Susana Mendoza</b> -Board Member

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

**Board Members Excused/Absent: Fabiola Arreola, Dave Aguayo, Kerry Hoeschen, Darrell Wade, Aisha Hollands**

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
<b>Call to Order / Welcome</b> Harold Odhiambo, CHCB Chair	The Board Chair called the meeting to order at 9:18am.  A quorum <b>was</b> established with 5 members present  Jennifer and Carolina in attendance (Spanish interpretation)	N/A	N/A	N/A
<b>Minutes Review - VOTE REQUIRED</b> Review September 12, 2022 Public Meeting minutes for omissions/errors	Harold asked board members to review the public meeting minutes from September 12, 2022.  There was a request to update an error on page 4 of the September meeting minutes. The minutes read “theoretically, that <i>would</i> be almost two years,” which should be updated to “theoretically, that <i>could</i> be almost two years.”  No other errors or omissions were brought forward. Minutes approved	<b>Motion to approve : Tamia Second: Bee</b>  Yays: - 5 Nays: - 0 Abstain: - 0 <b>Decision: Approved</b>		



	with edit mentioned above.			
<b>10 Minute Break</b>				
<b>Monthly Budget Report and Financial Reports</b> Jeff Perry, Chief Financial Officer, ICS Adrienne Daniels, Interim Executive Director, ICS	<p>Jeff presented the monthly budget report.</p> <p>Q: Who is included in self-pay clients?          A: This includes patients who choose not to go through insurance.</p> <p>Q: What is included in other?          A: This includes items not included in program income, such as rent. This is income which is not patient-driven.</p> <p>FQHC Billable Visits– SHC trending just below the target from last year.</p> <p>Q: Dental is below but not too far. What is happening here? Is this a lack of scheduling?          A: There were some staffing issues that were misaligned at the end of last year. We are currently working on outreach strategies. We had open slots throughout the day, not driven by staffing ratio but based on getting patient appointments when they need them. More to come on this.</p> <p>Self-insured visits are tracking a little lower, same with dental. Payer mix is predominately Care Oregon. Trillium is a small but growing revenue stream.</p> <p>Q: Why aren't we seeing purple line (Trillium) in early years represented in the bar graph?          A: We didn't have Trillium as a payer until October of 2020 so you won't see them until then.</p> <p>APM:          Q: If we have a low patient count, which we see in June with OHP patients, does that mean this number will increase this year? Or the same number of</p>	N/A		



patients but an increase in coverage?

A: The expectation is for the number of patients to increase as more patients move to this type of payment.

Vacancy Report (Adrienne)

Started the year at 162 vacancies, now down to 139. We also see an increase in the number of positions in the final stages of hiring. Our average vacancy length is high because some positions have taken a very long time to fill.

Q: Is there specific information on each clinic location?

A: Every vacancy has a detailed report in your finance packet. Trending wise, a lot of these vacancies are still sitting in dental and pharmacy, and there are a lot of positions in the final stages.

Q: Looking for context for the time that passes before a job is posted. Would this add much more time to our average?

A: Average time to fill is the total time, but it is not an exact comparison. There are a lot of reasons there could be additional time not reflected in these numbers. For example, a delay in HR, or sometimes managers prioritize which job openings they post first.

Q: How can management be supported in doing this work?

A: Yes, management sometimes chooses which positions are a priority for hire.

Comment: If we present lost revenue from vacancies to managers, this might escalate the situation/cause them to take action.

Q: Is management aware of lost revenue?

A: Yes, believes so. This is more about the support piece. This process takes a toll on individuals, but they also need team feedback.



Meeting Adjourns	Meeting adjourned at 9:52 AM			Next public meeting scheduled on 11/14/22
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Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Pedro Prieto Sandoval, Secretary**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Harold Odhiambo, Board Chair**

**Scribe name/email:**

Hailey Murto  
hailey.murto@multco.us

# Consent Agenda

## November 14, 2022

### Consent Item (Summary with Detailed Reports following)

#### **Racial Equity, Diversity, and Inclusion (REDI) Initiative Update**

REDI is the Health Center's initiative to focus on eliminating institutional racism and racial inequity within Multnomah County's community health centers

Following is an update on project deliverables and timelines, 2021-2024.

#### **Student Health Center Update**

Quarterly update regarding our Student Health Centers. This update includes encounters, observations, and reasons for student visits for July 1-October 28, 2022.



# Consent Agenda

## **Racial Equity, Diversity, and Inclusion (REDI) Initiative Update to the Community Health Center Board November 2022**

**Project Overview:** REDI is the Health Center's initiative to focus on eliminating institutional racism and racial inequity within Multnomah County's community health centers. We will center our efforts to lead with race as an institutional approach that is necessary across all service areas. The Community Health Center will develop task forces to effectively meet the needs of the health center population, directly address systemic racism in healthcare, and continue the legacy of community health centers. Race and ethnicity remain the top indicators of both access to healthcare and health outcomes. By leading with race, we are committing to taking on the root causes of inequities within our community health centers and to focus where we can to have the biggest impacts. Where indicated, this work will also seek to support the wider Workforce Equity Strategic Plan (WESP) of Multnomah County.

We aim for a workforce that:

- Strives for the elimination of systemic racism in order to improve the lives of our clients
- Promotes equity for all
- Engages with our clients and co-workers in an environment that is patient and community centered, and is culturally relevant to the communities we serve
- Encourages diversity, fosters inclusion, and dismantles health disparities

The Initiative is sponsored by the Health Center Executive Director and overseen by the Health Equity Development Director.

# Consent Agenda

## Project Deliverables and Timelines 2021-2022

Policy Task force	Develop a policy task force comprised of health center staff to evaluate and provide recommendations to reduce and remove inequities embedded within patient policies.	
	Status:	On track
	Deliverables to date:	<ul style="list-style-type: none"> <li>Review of patient policies and recommendations related to grievance and appeals processes, patient behavioral agreements, discharge processes, and interpretation policies.</li> </ul>
	Next steps:	<ul style="list-style-type: none"> <li>Bring updated policies to Community Health Center Board and Quality Director for final approval and implementation.</li> </ul>

Partnerships and Diversity Task force	Build and develop a comprehensive community engagement and partnership infrastructure to address culturally specific care and workforce development, reflective of racial diversity.	
	Status:	On track
	Deliverables to date:	<ul style="list-style-type: none"> <li>Documentation of existing partnerships and community groups who are regularly involved with partner care coordination and planning.</li> <li>Development of beta dashboard on workforce diversity by race, ethnicity, generation, promotional opportunities, and service area</li> </ul>
	Next steps:	<ul style="list-style-type: none"> <li>Development of gap assessment and analysis of missing or prioritize community partnerships</li> <li>Launch workforce dashboard to align with recruitment strategies</li> </ul>

# Consent Agenda

## 2023-2024

Clinical Practices Task force	Expand clinical practices centered on racial and health equity using public health and population health strategies and decolonizing data	
	Status:	On track
	Deliverables to date:	<ul style="list-style-type: none"> <li>Evaluated “CLAS” standards for data collection practices</li> <li>Understand current REALD and SOGI project impacts and status</li> </ul>
	Next steps:	<ul style="list-style-type: none"> <li>Launch formal task force members and identify top clinical priority areas to focus on.</li> </ul>

Training and Development Task force	Establish training and development opportunities focused on racial equity for employees and management.	
	Status:	Not started
	Deliverables to date:	<ul style="list-style-type: none"> <li>Charter drafted</li> </ul>
	Next steps:	<ul style="list-style-type: none"> <li>Launch formal task force members and review recommendations from Workforce and partnership taskforce to guide training and development goals.</li> </ul>

# Consent Agenda

## FY23 Update (July 1-Oct 28, 2022) Alexandra Lowell, Program Manager

Parkrose was open throughout the summer, all other SHCs were on summer break and started up the last week of August.

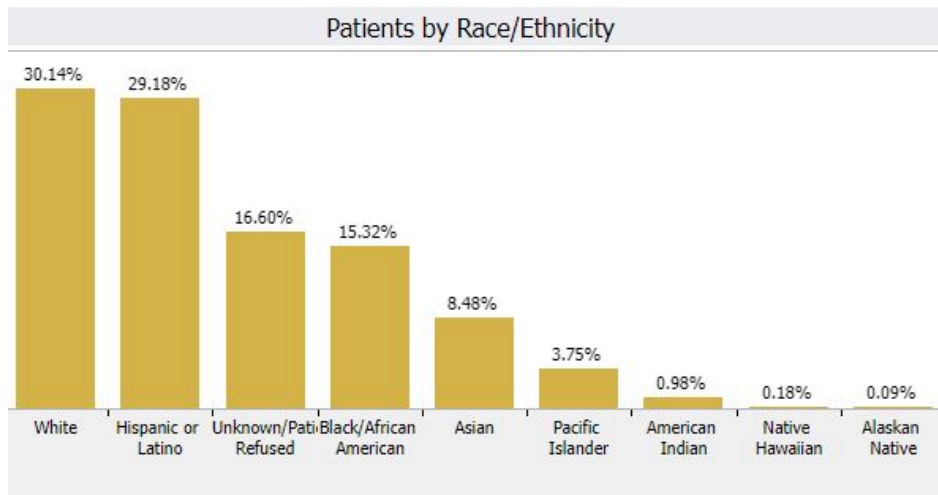
	July 1-Oct 28, 2021	July 1-Oct 28, 2022
Total # of Clients	2,334	1,910
Total # of Encounters	3,681	3,150
<ul style="list-style-type: none"> <li>% office visit with Nurse Practitioner</li> <li>% telemed visit</li> <li>% behavioral health visit</li> </ul>	<ul style="list-style-type: none"> <li>69.7%</li> <li>23%</li> <li>7.42%</li> </ul>	<ul style="list-style-type: none"> <li>86.8%</li> <li>7.8%</li> <li>5.4%</li> </ul>
Encounters by Provider Type		
<ul style="list-style-type: none"> <li>Nurse Practitioner NP</li> <li>LCSW/Counselor</li> <li>Community Health Nurse CHN</li> <li>Medical Assistant /Licensed Practical Nurse</li> </ul>	<ul style="list-style-type: none"> <li>80%</li> <li>13%</li> <li>7%</li> <li>1%</li> </ul>	<ul style="list-style-type: none"> <li>88%</li> <li>7%</li> <li>.13%</li> <li>3%</li> </ul>

### Observations:

- The higher number of clients and encounters for the same period last year was primarily due to heavy demand for COVID tests and vaccine appointments. Also, in the current year, SHC has experienced difficulty recruiting health workers and have had vacancies in the following positions: office assistant senior float, medical assistant float, and behavioral health providers (3).
- The increase in onsite vs telemed encounters in the current year is due to a decrease in COVID cases.
- The increase in NP provider type encounters and decrease in CHN visits in the current year is due to the new staffing model that no longer includes CHNs.
- The decrease in LCSW/Counselor encounters (behavioral health) is due to a position vacancy which was filled mid September however due to onboarding, the LCSW started seeing clients in October. We also have two additional BHP vacancies which were new positions in our FY23 budget. They have been open for 5 months.

# Consent Agenda

July 1-Oct 28, 2022



## Top Reasons for Visit

1. Well Visit/Sports Physical
2. Mental Health (anxiety, depression, stress)
3. Immunization
4. Contraception

# Board Presentation Summary

<b>Presentation Title</b>	Term Limits Exception			
<b>Type of Presentation: Please add an "X" in the categories that apply.</b>				
<b>Inform Only</b>	<b>Annual / Scheduled Process</b>	<b>New Proposal</b>	<b>Review &amp; Input</b>	<b>Inform &amp; Vote</b>
		X		X
<b>Date of Presentation:</b>	November 14, 2022	<b>Program / Area:</b>	CHCB Board Membership	
<b>Presenters:</b>	Adrienne Daniels, Interim Executive Director			
<b>Project Title and Brief Description:</b>				
Term Limits - Recommendation of a short-term solution for our CHCB Board Member term limits to make sure we stay in compliance with HRSA on the minimum number of members on our governing board.				
<b>Describe the current situation:</b>				
In 2021, the Board made the recommendation that Pedro Sandoval extend his term by an additional year to support ongoing board composition. The CHCB board has not been able to recruit numbers sufficient for the 9 member minimum. We are currently at risk of falling below the minimum in January 2023. Pedro would like to be considered for an additional year of service with the board in 2023.				
<b>Why is this project, process, system being implemented now?</b>				
We are working on longer-term solutions, including recruiting additional board members, and looking at changes to our CHCB Bylaws. However, this is a timely issue as our current board membership would fall below 9 members starting January 2023.				
<b>Briefly describe the history of the project so far (Please indicate any actions taken to address needs and cultures of diverse clients or steps taken to ensure fair representation in review and planning):</b>				
Due to COVID-19, recruitment for CHCB membership has been especially difficult the past couple of years. In 2021, the CHCB voted to amend the CHCB Bylaws to allow an additional year of service for a Board				



Member and adjust the application process. With those same challenges, we face the same obstacle this year.

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

There was an amendment to the Bylaws in 2021 that allowed Pedro to remain on the CHCB for an additional year of service. Any other limits or parameters may be addressed in the ongoing Bylaws review.

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

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

The Board would allow Pedro to complete an additional year of board service, and we would remain in compliance with HRSA regulations regarding board membership.

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

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

The Board would fall below minimum board membership, and we would fall out of compliance with HRSA board composition requirements in January 2023.

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

Community Health Center Board, Executive Committee, and Nominating Committee

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

*(Please provide a brief description of qualifications)*

CHCB Executive Committee

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

The Board should allow Pedro to complete an additional year of board service, and we would remain in compliance with HRSA regulations regarding board membership. Following this one time request, the CHCB Bylaws Committee would propose a longer term solution through the Bylaws process.

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

We are working on longer-term solutions to this issue. However, because of time constraints, we need a short-term option to remain in compliance.



Board Notes:



# Board Presentation Summary

<b>Presentation Title</b>	FTCA Claims Management Policy			
<b>Type of Presentation: Please add an "X" in the categories that apply.</b>				
<b>Inform Only</b>	<b>Annual / Scheduled Process</b>	<b>New Proposal</b>	<b>Review &amp; Input</b>	<b>Inform &amp; Vote</b>
		X		X
<b>Date of Presentation:</b>	November 14, 2022	<b>Program / Area:</b>	FTCA Claims Management	
<b>Presenters:</b>	Jacqueline Chandler			
<b>Project Title and Brief Description:</b>				
FTCA Claims Management Policy - This policy is necessary in order to file for Federal Tort Claims Act (FTCA) insurance. FTCA insurance is offered through the federal government and covers individuals (including Board Members) and is comparable to an occurrence form of malpractice insurance.				
<b>Describe the current situation:</b>				
<p>We are currently self-insured, and Multnomah County pays out claims up to 1M. Claims are investigated and assigned by a Third Party Administrator. Our Medical Malpractice excess policy covers excesses over 1M. We have had one paid claim in the last five years.</p> <p><b>Our current claims process:</b></p> <p>Claims are received directly to Risk Management or the County Attorney's office. Risk Management forwards the claim to our Third Party Claims Administrator copying the County Attorney's office. If the claim is litigated, the County Attorney takes the lead. Claims expenses are paid by the Third Party Administrator out of Risk Management Liability cost center in order to track claims costs.</p> <p>This policy is required in order to apply for FTCA coverage.</p>				
<b>Why is this project, process, system being implemented now?</b>				



We must have a claims made policy and procedure to apply for FTCA coverage which is Medical Malpractice Coverage. FTCA Medical Malpractice coverage is provided at no cost to HRSA qualified Health Centers. This means we will no longer have to pay for claims using County Risk funds, nor will litigation happen by a County attorney for approved claims. The Health Center will no longer have to pay for a Medical Malpractice excess policy.

With the application of Welcome Health as a 501c3, questions were raised about formal coverage for volunteer Board Members. The County cannot guarantee coverage for a separate entity. FTCA coverage makes the Board members Federal Public Health Service Employees. FTCA coverage for Board volunteers pertains to Medical Malpractice and does not cover Board related activities. For volunteer Boards which include medical providers, this would cover them for medical malpractice. Welcome Health will need to purchase Directors and Officers coverage for the purpose of Board activity coverage.

**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*):**

**Assessing current state/gaps:**

- Reviewed HRSA FTCA manual and process
- Met with Clinical, Dental, Pharmacy and Lab leadership to identify any gaps and answer questions regarding FTCA and the application process
- Outlined trainings needed for staff to meet FTCA requirements related to reporting of claims, medical malpractice, Obstetrics and Referral tracking
- Identified areas of high risk and opportunities for improvement (referrals, test tracking, dental sterilization and immunization errors)
- Met with County Risk Management, Health Information Records and the County Attorney to discuss and document the current claims process
- Met with County Risk Management to discuss current Medical Malpractice coverage including excess policy

**Education, skill building, best practices:**

- Project Manager attended two FTCA forums to better understand the FTCA application process, risks and ask questions
- Project Manager took five FTCA risk trainings provided by ECRI to attain the necessary certificates to meet compliance for the risk section of the FTCA application
- Provided clinic leadership with materials for future Grand Rounds to meet risk requirements regarding OB
- Connected with Clackamas County to review their deeming process and current coverage
- Interviewed Neighborhood Health Center Risk Manager to outline areas of high risk, site visit protocols and their claims made process/procedure and the redeeming process

**System and process improvements:**

- Developed a process with Health HR to enroll other licensed and certified staff and other clinical staff new hires and to disenroll former employees in the NPDB (National Practitioner Data Bank)



- Worked with Health HR to enroll nearly 300 other licensed and certified staff and other clinical staff into NPDB not previously entered
- Currently working with Health HR to develop a process for document storage and retention of staff records for future site visits

**Progress updates:**

- Presented to SLICS members on the FTCA application process
- A draft of this policy was presented to the Executive Committee at their October meeting.

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

The CHCB is generally responsible for establishing and/or approving policies that govern health center operations, while the health center's staff is generally responsible for implementing and ensuring adherence to these policies (i.e. through procedures).

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

The Board will accept the policy as written and we move forward applying for FTCA coverage.

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

The policy will not be accepted as written and we will need to amend it and delay applying for FTCA coverage.

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

Quality and Compliance Officer, Medical Director, Pharmacy Director, Dental Director, Lab Director, County Risk Management, the Health Center Executive Director, the Health Center Deputy Director, Health Center Division Operations Director, The CHCB Executive Committee, the County attorney's office

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

Jacqueline Chandler, Project Manager Quality and Compliance

Casey O'Donnell, Insurance Program Manager Finance and Risk management Division

Bernadette Thomas, Medical Director

Brieshon D'Agostini, Quality and Compliance Officer



Alex Lehr O’Connell, Senior Grants Management Specialist, HRSA SME

Robert Sinnot, Senior Assistant County Attorney

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

Approve FTCA Claims Management Policy in order to be able to apply for FTCA insurance coverage.

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

We gathered claims policy examples from two other community health centers who are already deemed, worked with Risk Management and the County Attorney’s office to review and document the current and future process, the policy was then edited and defined by the Medical Director.

Board Notes:

<b>Title:</b>	<b>DRAFT: Malpractice Claims Management Policy</b>		
<b>Policy #:</b>	<b>TBD</b>		
Section:	Enter section title	Chapter:	Enter chapter title
Approval Date:	Enter policy approval date.	Approved by:	Name and position of accountable person; final approving authority.
Related Procedure(s):		See attached P1	
Related Standing Order(s):		N	
Applies to:		Community Health Center staff	

## PURPOSE

To define a policy and a procedure for the handling of liability claims and FTCA insurance claims management in accordance with HRSA FTCA insurance requirements.

## DEFINITIONS

Term	Definition
FTCA	Federal Tort Claims Act
HRSA	Health Resources and Services Administration
Federal PHS	Federal Public Health Service employee

## POLICY STATEMENT

The Community Health Center shall develop and maintain systems that prevent loss and minimize the opportunity of health or health-related liability claims. In the event a claim or intent of claim is filed, the Community Health Center Executive Director shall notify the following of any potential or filed claims against the organization and/or its providers and promptly report claims to Multnomah County Risk Management, the County Attorney, and others as appropriate and required by law.

The Community Health Center shall inform patients, in plain language, that it is a deemed Federal PHS (Public Health Service) employee via its website.

## REFERENCES AND STANDARDS

HRSA FTCA Compliance Manual

## AGN.11.03 Incident Reporting and Management

**RELATED DOCUMENTS**

Name	
Attachment A – FTCA Compliance Manual	
Attachment B – P1	
Attachment C- AGN.11.03 Incident Reporting and Management	

**POLICY REVIEW INFORMATION**

Point of Contact:	DRAFT- TBD
Supersedes:	N/A

## Procedure



<b>Title:</b>	<b>DRAFT: Malpractice Claims Management Procedure</b>
<b>Procedure #:</b>	TBD
<b>Program:</b>	ICS
<b>Point of Contact:</b>	TBD- draft
<b>Approver:</b>	TBD- draft
<b>Updated/Originated:</b>	TBD- draft

### **DRAFT: PROCEDURES AND STANDING ORDERS**

#### **Reporting of a Claim:**

1. Upon receipt of claim or notification of intent to file claim, the Community Health Center Executive Director, Clinical Director, Quality Officer, Multnomah County Risk Services Manager, and the County Attorney shall convene.
2. The Clinical Director and Quality Officer shall convene to investigate the claim and a legal review flag will be added to the chart via Chart Central Activity in Epic; in so doing the health center shall preserve all health center documentation related to any actual or potential claim or complaint (e.g. medical records and associated laboratory and x-ray results, billing records, employment records of all involved clinical and non-clinical staff, clinical operating procedures, etc.); and any service of process/summons that the health center or its provider(s) receives relating to any alleged claim or complaint.
3. On behalf of the Health Center Executive Director, the Multnomah County Risk Services Manager shall notify the organization's liability insurance carrier, and County Attorney of claims and lawsuits.
4. The Community Health Center Executive Director shall act as a liaison to the Board of Directors' Executive Committee and the Multnomah County Health Department Director, keeping them abreast of the status and outcome of any open claims.
5. All Multnomah County Health Center staff involved in a claim filed under FTCA shall comply with demands of HHS and produce timely responses to any inquiries coming from HHS and/or their affiliates. Multnomah County Health Center shall follow procedures for filing claims as outlined in the FTCA Health Center Policy Manual.
6. The Health Center Quality Officer, in coordination with Multnomah County Risk Service Manager, shall maintain a history of claims under FTCA, dating back five (5) years. All related documentation shall be preserved. At minimum, the following will be tracked:
  - a. Name of provider/s involved;
  - b. Area of practice/s;

## Procedure



- c. Date of occurrence;
- d. Summary of allegations;
- e. Status or outcome of claim;
- f. Documentation that Multnomah County Health Center cooperated with the Attorney General for this claim, as further described in the FTCA Health Center Policy Manual;
- g. Summary of Multnomah County Health Center's internal investigation and implemented steps to mitigate the risk of such claims in the future.

Note: Only settled claims shall be included in the summary.

### **Notifying Patients of FTCA Deemed Status:**

1. Multnomah County Health Center shall post a statement on its website, informing patients it is a deemed Federal PHS employee. For example, "this health center receives HHS funding and has Federal PHS deemed status with respect to certain health or health-related claims, including medical malpractice claims, for itself and its covered individuals."
2. A screenshot of the deemed status shall be maintained for submission to HRSA in future FTCA redeeming applications.

### **Job Descriptions of Individual/s Appointed to Claims Management Process**

1. Human Resources shall ensure the job descriptions of all individuals involved in the claims management process at Multnomah County Health Center (i.e., Health Center Quality Officer and Health Center Executive Director) include claim-related activities, responsibilities, and roles in the management process. These activities must be noted as part of the individual/s day-to-day responsibilities.

### **Risk Management**

The Community Health Center and Multnomah County Risk Management shall monitor and regularly evaluate identified opportunities for potential claims by identifying situations, policies, or practices that could result in the risk of patient harm and/or financial loss. Investigation may include proactive risk assessments, closed claims data, incident reports, past accreditation or licensing surveys, medical records, clinical and risk management research, walk-through inspections, safety and quality improvement committee reports, insurance company claim reports, informal communication with healthcare providers, or risk analysis methods such as failure mode and effects analysis and systems analysis.

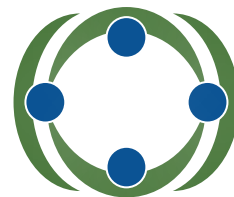




## **Q3 Complaints and Incidents**

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Kimmy Hicks,  
Project Manager,  
ICS Quality  
Program

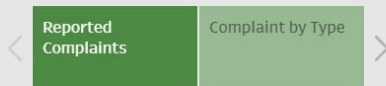


**community health  
center board**

*Multnomah County*

# Q3 2022 Complaints By Location

## Complaints Report



Point of Reference: From 07/01/2022 - 10/31/22: Primary Care completed 38,315 appts (includes Telehealth visits). Dental completed (aprox.) 20,812 appts.

## Reported Complaints

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

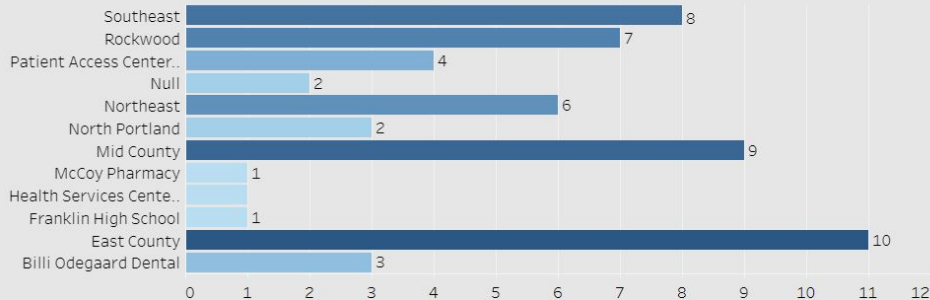
By Serv... (All)

By Qua... 2022 Q3

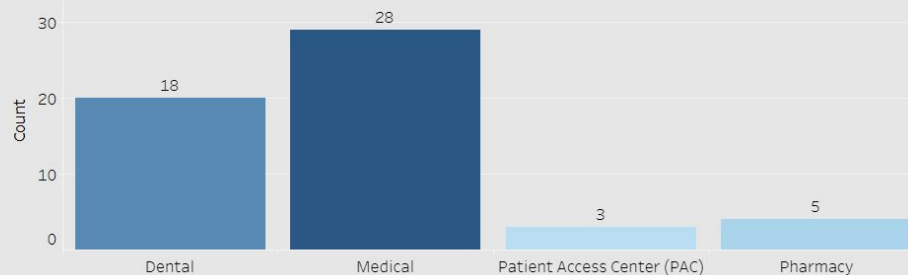
## Complaints by Month



## Complaints by Location



## Complaints by Service Area

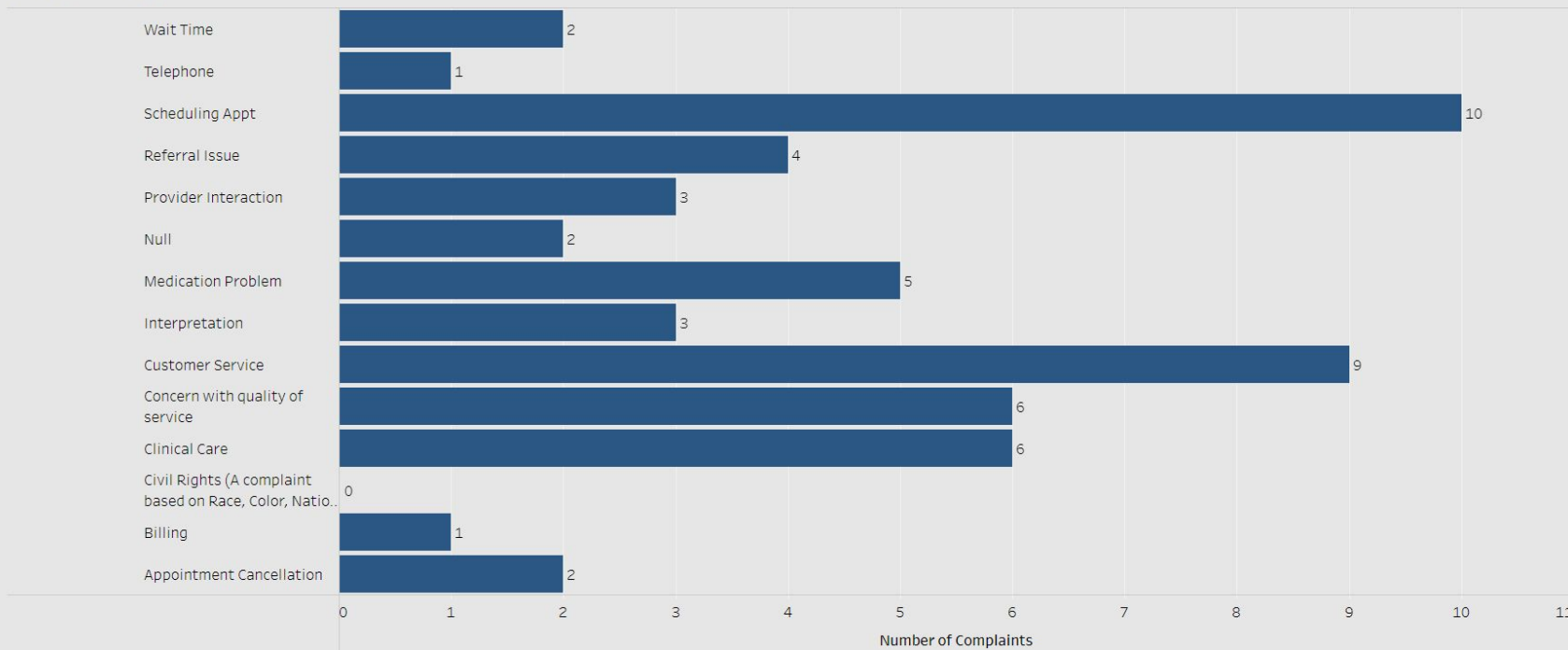


# Q3 2022 Complaints By Type

## Complaints Report

< Reported Complaints Complaint by Type >

### Complaints by Type



# Q3 2022 Incidents By Location



## Reported Incidents

This report displays all of the reported incidents to ICS. Use the toolbar across the top to jump to the next display.

Use the filters below to further explore the data!

### By Service Area

(All)

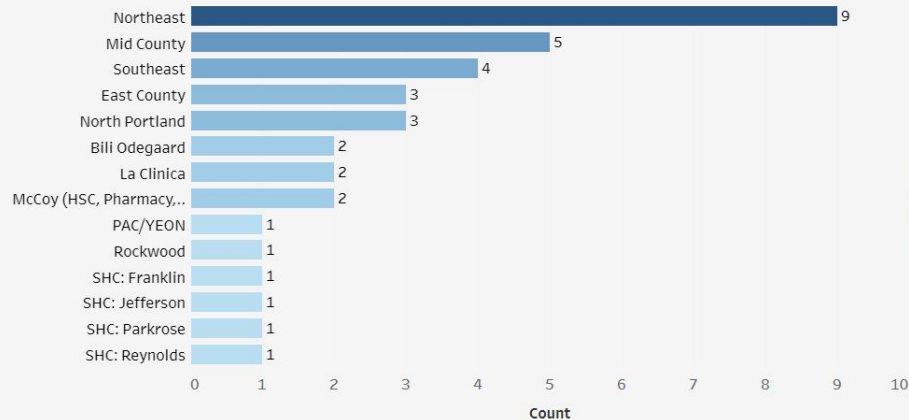
### By Quarter:

2022 Q3

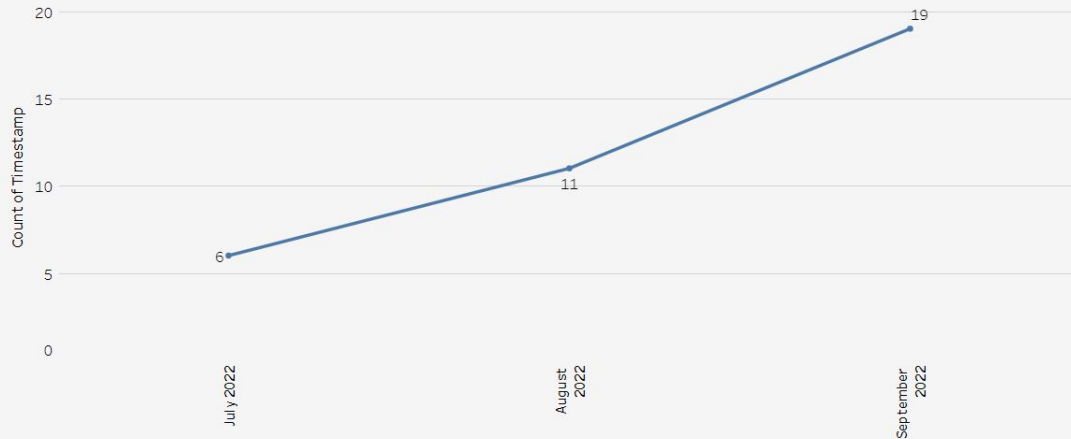
### Subject Person Affected by Event:

(All)

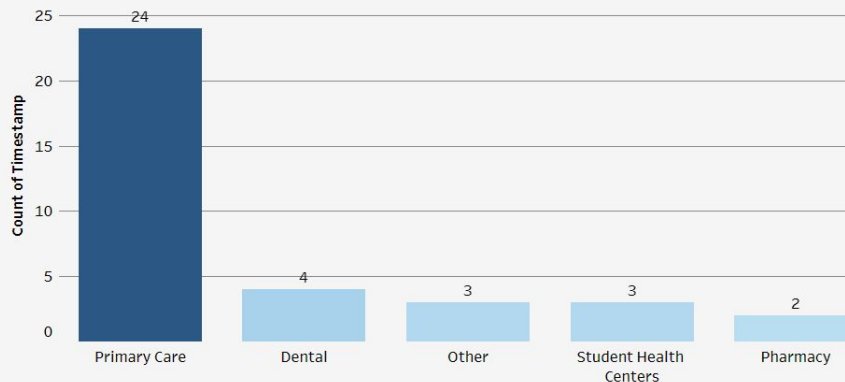
## Incidents by Location



## Incidents by Month

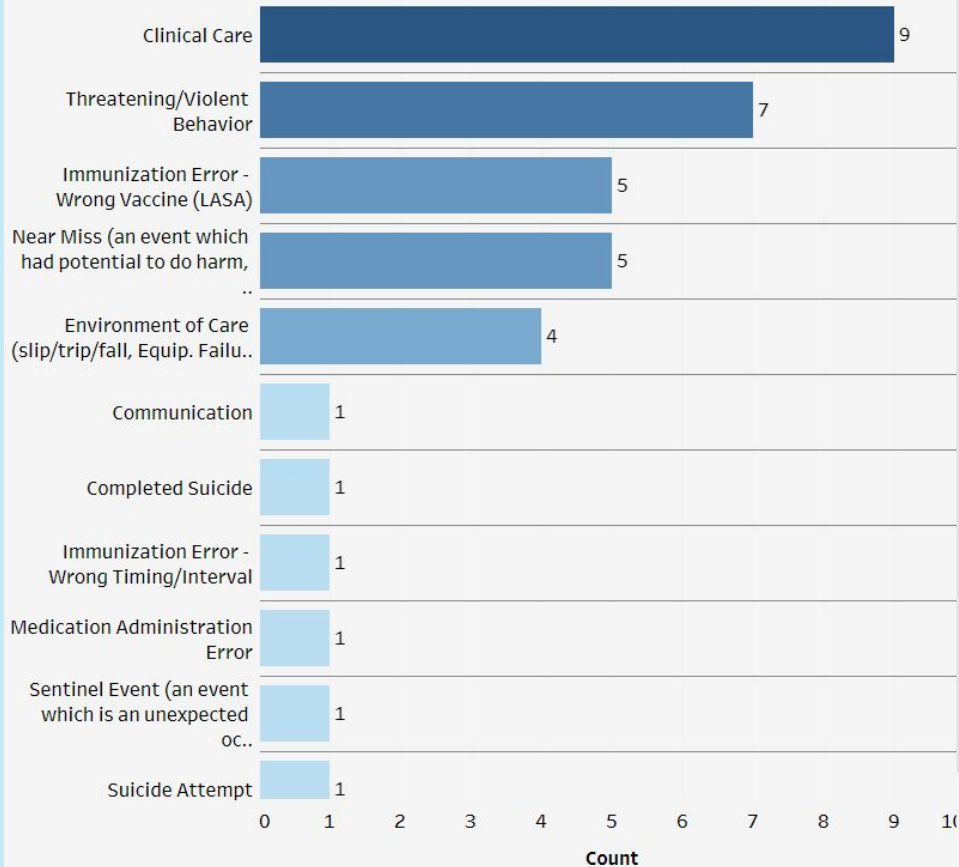


## Incidents by Service Area



# Q3 2022 Incidents By Type

## Type of Incident



Use the filters below to further explore the data!

### By Quarter:

2022 Q3

### By Service Area

(All)

### Clinic Site

(All)

### Subject Person:

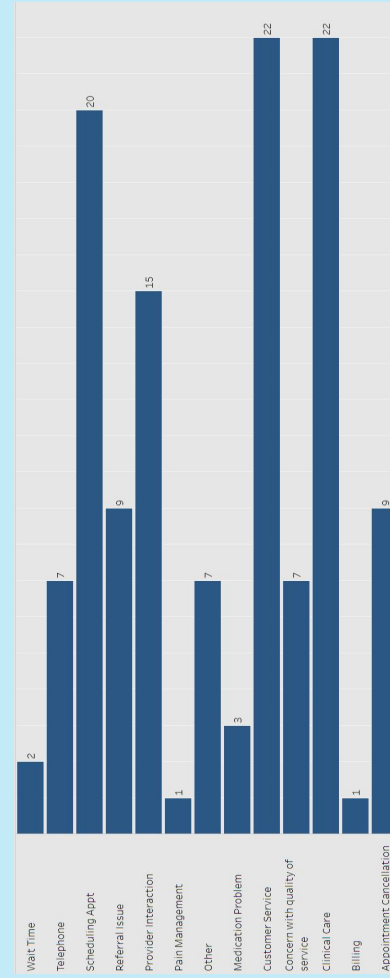
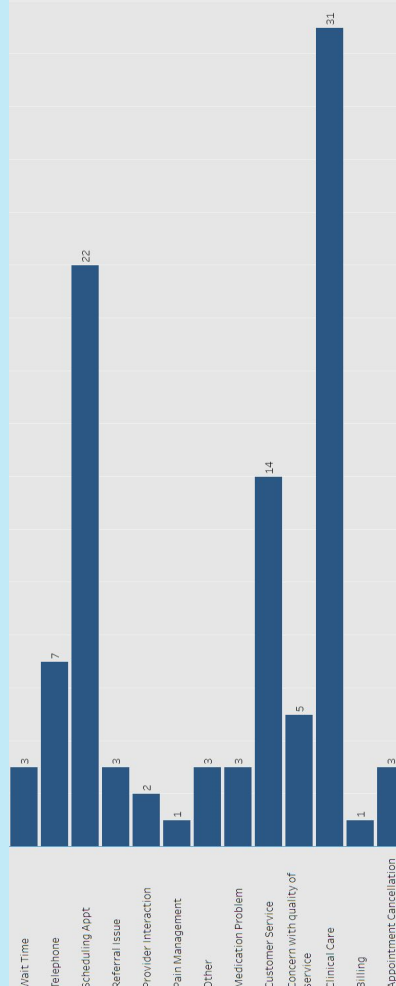
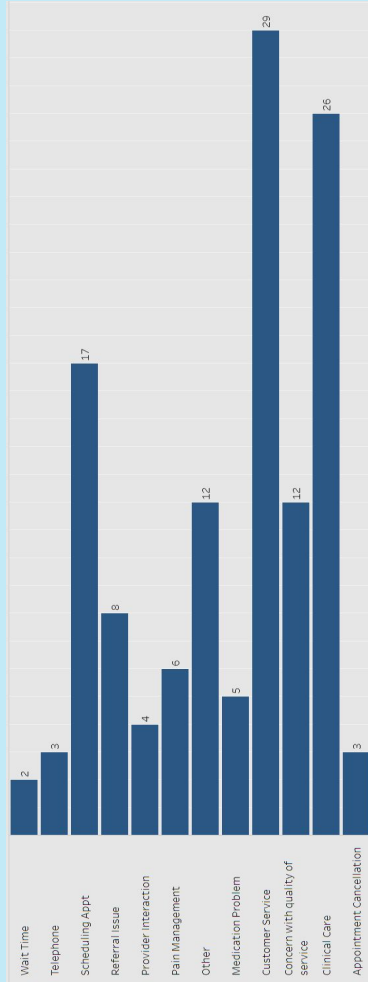
(All)

# Trends for Complaints 2019-2021

The top 3 concerns for clients are:

- Customer Service
- Clinical Care
- Scheduling an Appointment

# Comparison of Complaints by Year 2019-2021



# Board Presentation Summary

<b>Presentation Title</b>	UDS Trends			
<b>Type of Presentation: Please add an “X” in the categories that apply.</b>				
<b>Inform Only</b>	<b>Annual / Scheduled Process</b>	<b>New Proposal</b>	<b>Review &amp; Input</b>	<b>Inform &amp; Vote</b>
X				
<b>Date of Presentation:</b>	11/14/2022	<b>Program / Area:</b>	All FQHC	
<b>Presenters:</b>	Alex Lehr O’Connell, Senior Grants Management Specialist			
<b>Project Title and Brief Description:</b>				
As a HRSA FQHC, we are required to submit a comprehensive report annually on services provided, clinical quality measures, patient demographics, costs, revenues, and other key information. This is the Uniform Data System (UDS) Report, and the information required is dictated by HRSA, with minor changes each year. This information is shared with the CHCB to provide key context for strategic planning and helps guide decision making.				
<b>Describe the current situation:</b>				
Our most recent UDS report was accepted by HRSA in March 2022, and covers CY2021. National data from other FQHCs is now available from HRSA for comparison purposes.				
<b>Why is this project, process, system being implemented now?</b>				
We share UDS data with the CHCB to inform about changes in who we serve, how we serve them, and what services we provide, in order to help guide strategic decision making.				
<b>Briefly describe the history of the project so far (Please indicate any actions taken to address needs and cultures of diverse clients or steps taken to ensure fair representation in review and planning):</b>				





Presentations such as this have been done annually for several years, and presentation materials have been adapted each year as best as possible in response to CHCB feedback, which is welcomed again in this session.

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

The UDS Report does not require CHCB vote for approval; however it encompasses all costs/revenues/services/staff of the FQHC scope, which is defined by CHCB.

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

N/A

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

N/A

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

Alex Lehr O'Connell, the presenter, is the project manager for UDS, and has worked with SLICS as well as a Health Department - wide Health Data team (HDAT) to ensure accurate, on time submission of data to HRSA. Starting with this year's (CY2022) submission, due February 2023, data analyst support for the process will be provided by ICS' in-house Business Intelligence team rather than HDAT. This should lead to enhanced reporting flexibility.

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

Alex Lehr O'Connell, Senior Grants Management Specialist, has worked with FQHCs for 19 years, and has managed UDS process for ICS since 2018.

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

N/A

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

UDS Reporting is one of HRSA's requirements annually to maintain FQHC compliance.



Board Notes:



# **Monthly Financial Packet**

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**November 2022**



**community health  
center board**

*Multnomah County*

Item 1. A revenue and expense monthly report.

Item 2. A modified and accrued monthly report with balance sheet accounts such as cash, accounts receivable, reserves, incentives, and accounts payable (*Board Members sent Excel spreadsheet*)

Item 3. A projection of health center monthly cash requirements in a user-friendly format, using Excel or other spreadsheet applications, to display projected cash balances for each month for the next 12 months (*Board Members sent Excel spreadsheet*)

Item 4. A monthly report from the health department on all health center vacancies by position, length of vacancy, status of efforts to fill the position and financial costs of each vacancy.

Item 5. A report with Itemized general journal entries, including adjustments to health center general fund sub-funds, and transfers of health center resources. (*Board Members sent Excel spreadsheet*)

Item 6. A summary report for all indirect cost charges and internal services charges

A stylized graphic on the left side of the page. It features two dark green mountain peaks with rounded tops. Below the mountains is a dark green wavy band representing a forest or a body of land. At the bottom is a blue wavy band representing water. The entire graphic is composed of solid-colored shapes with no outlines.

# Multnomah County Federally Qualified Health Center

## Monthly Financial Reporting Package

**September FY 2023**

Updated 11/03/2022

Prepared by: Financial and Business Management Division



**Multnomah County Health Department**  
**Community Health Center Board - Financial Statement**  
For Period Ending September 30, 2022  
Percentage of Year Complete: 25.0%

**Community Health Center - Monthly Highlights**

**Financial Statement:** For period 3 in Fiscal Year 2023 (July 2022 - June 2023)

	<u>YTD Actuals</u>	<u>Budget</u>	<u>Difference</u>	<u>% of Budget</u>
<u>Revenue:</u>	\$ 41,206,730	\$ 166,436,730	\$ 125,230,000	YTD 25%
<u>Expenditures:</u>	\$ 35,817,677	\$ 166,436,730	\$ 130,619,053	22%
<u>Net Income/(Loss)</u>	\$ 5,389,053			





**Multnomah County Health Department**  
**Community Health Center Board - Financial Statement**  
For Period Ending September 30, 2022  
Percentage of Year Complete: 25.0%

Community Health Center									
	Adopted Budget	Revised Budget	Budget Change	01 July	02 Aug	03 Sept	Year to Date Total	% YTD	FY22 YE Actuals
<b>Revenue</b>									
Miscellaneous Revenue	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0%	\$ 2,042
Grants - PC 330 (BPHC)	\$ 9,809,191	\$ 9,809,191	\$ -	\$ -	\$ 88,674	\$ 1,419,429	\$ 1,508,103	15%	\$ 8,880,564
Grants - COVID-19	\$ 8,075,272	\$ 8,075,272	\$ -	\$ -	\$ 1,121	\$ 1,742,272	\$ 1,743,393	22%	\$ 7,437,487
Grants - All Other	\$ 4,774,390	\$ 4,774,390	\$ -	\$ -	\$ 25,837	\$ 641,075	\$ 666,912	14%	\$ 4,008,471
Grant Revenue Accrual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,968,419	\$ 1,968,419	0%	\$ -
Quality & Incentives Payments	\$ 7,671,495	\$ 7,671,495	\$ -	\$ 156,788	\$ 892,753	\$ 813,773	\$ 1,863,314	24%	\$ 9,910,993
Health Center Fees	\$ 131,217,155	\$ 131,217,155	\$ -	\$ 9,796,155	\$ 11,737,337	\$ 10,823,737	\$ 32,357,229	25%	\$ 132,854,683
Self Pay Client Fees	\$ 1,089,227	\$ 1,089,227	\$ -	\$ 53,184	\$ 49,809	\$ 46,367	\$ 149,360	14%	\$ 680,758
Beginning Working Capital	\$ 3,800,000	\$ 3,800,000	\$ -	\$ 316,667	\$ 316,667	\$ 316,667	\$ 950,000	25%	\$ 3,298,126
<b>Total</b>	<b>\$ 166,436,730</b>	<b>\$ 166,436,730</b>	<b>\$ -</b>	<b>\$ 10,322,794</b>	<b>\$ 13,112,198</b>	<b>\$ 17,771,739</b>	<b>\$ 41,206,730</b>	<b>25%</b>	<b>\$ 167,073,124</b>
<b>Expense</b>									
Personnel	\$ 106,322,509	\$ 106,322,509	\$ -	\$ 6,717,956	\$ 6,932,641	\$ 6,873,027	\$ 20,523,624	19%	\$ 82,144,356
Contracts	\$ 3,518,134	\$ 3,518,134	\$ -	\$ 238,767	\$ 385,582	\$ 496,998	\$ 1,121,347	32%	\$ 5,571,994
Materials and Services	\$ 25,949,574	\$ 25,949,574	\$ -	\$ 3,012,875	\$ 1,840,073	\$ 2,281,460	\$ 7,134,408	27%	\$ 20,538,983
Internal Services	\$ 30,296,513	\$ 30,296,513	\$ -	\$ 1,231,009	\$ 2,913,677	\$ 2,152,405	\$ 6,297,091	21%	\$ 26,603,582
Capital Outlay	\$ 350,000	\$ 350,000	\$ -	\$ -	\$ -	\$ 741,207	\$ 741,207	212%	\$ 94,279
<b>Total</b>	<b>\$ 166,436,730</b>	<b>\$ 166,436,730</b>	<b>\$ -</b>	<b>\$ 11,200,607</b>	<b>\$ 12,071,973</b>	<b>\$ 12,545,097</b>	<b>\$ 35,817,677</b>	<b>22%</b>	<b>\$ 134,953,193</b>
<b>Net Income/(Loss)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (877,813)</b>	<b>\$ 1,040,225</b>	<b>\$ 5,226,642</b>	<b>\$ 5,389,053</b>		<b>\$ 32,119,931</b>





# Multnomah County Health Department Community Health Center Board

FY 2023 YTD Actual Revenues & Expenses by Program Group  
For Period Ending September 30, 2022  
Percentage of Year Complete: 25.0%

	Category	Description	Admin	Dental	Pharmacy	Primary Care Clinics	Quality & Compliance	Student Health Centers
<b>Revenues</b>	Miscellaneous Revenue		-	-	-	-	-	-
	Grants - PC 330 (BPHC)		318,510	70,817	-	1,062,913	-	47,355
	Grants - COVID-19		1,721,595	-	-	3,048	-	18,750
	Grants - All Other		-	-	-	-	-	242,429
	Grant Revenue Accrual		1,190,178	-	-	569,300	-	-
	Quality & Incentives Payments		1,388,874	-	-	-	474,440	-
	Health Center Fees		13,889	4,939,825	8,915,186	16,572,860	6,860	880,879
	Self Pay Client Fees		-	15,409	65,199	68,346	-	-
	Beginning Working Capital		825,000	-	-	-	125,000	-
<b>Revenues Total</b>			5,458,046	5,026,051	8,980,385	18,276,467	606,300	1,189,413
<b>Expenditures</b>	Personnel Total		4,209,693	4,195,618	2,154,398	7,208,817	491,266	977,444
	Contractual Services Total		865,256	42,947	6,322	159,773	21,206	16,687
	Internal Services Total		1,111,031	1,204,764	762,014	2,262,113	171,378	328,015
	Materials & Supplies Total		1,593,695	207,371	4,931,682	298,146	5,415	41,137
	Capital Outlay Total		358,457	-	382,750	-	-	-
<b>Expenditures Total</b>			8,138,132	5,650,700	8,237,166	9,928,849	689,265	1,363,283
<b>Net Income/(Loss)</b>			(2,680,086)	(624,649)	743,219	8,347,618	(82,965)	(173,870)
<b>Total BWC from Prior Years</b>			36,941,462	-	-	15,850	500,000	-







# Multnomah County Health Department Community Health Center Board

FY 2023 YTD Actual Revenues & Expenses by Program Group  
For Period Ending September 30, 2022  
Percentage of Year Complete: 25.0%

								FY22 YE Actuals
Category	Description	HIV Clinic	Lab	Y-T-D Actual	Y-T-D Budget	Revised Budget	% of Budget	
<b>Revenues</b>	Miscellaneous Revenue	-	-	-	-	-	0%	2,042
	Grants - PC 330 (BPHC)	8,508	-	1,508,103	2,452,298	9,809,191	15%	8,880,564
	Grants - COVID-19	-	-	1,743,393	2,018,818	8,075,272	22%	7,437,487
	Grants - All Other	424,483	-	666,912	1,193,598	4,774,390	14%	4,008,471
	Grant Revenue Accrual	208,941	-	1,968,419	-	-	0%	-
	Quality & Incentives Payments	-	-	1,863,314	1,917,874	7,671,495	24%	9,910,993
	Health Center Fees	1,027,730	-	32,357,229	32,804,289	131,217,155	25%	132,854,683
	Self Pay Client Fees	406	-	149,360	272,307	1,089,227	14%	680,758
	Beginning Working Capital	-	-	950,000	950,000	3,800,000	25%	3,298,126
<b>Revenues Total</b>		1,670,068	-	41,206,730	41,609,183	166,436,730	25%	167,073,124
<b>Expenditures</b>	Personnel Total	907,745	378,643	20,523,624	26,580,627	106,322,509	19%	82,144,356
	Contractual Services Total	8,382	774	1,121,347	879,534	3,518,134	32%	5,571,994
	Internal Services Total	322,281	135,495	6,297,091	7,574,128	30,296,513	21%	26,603,582
	Materials & Supplies Total	20,171	36,791	7,134,408	6,487,394	25,949,574	27%	20,538,983
	Capital Outlay Total	-	-	741,207	87,500	350,000	212%	94,279
<b>Expenditures Total</b>		1,258,579	551,703	35,817,677	41,609,183	166,436,730	22%	134,953,194
<b>Net Income/(Loss)</b>		411,489	(551,703)	5,389,053	-	-		32,119,930
<b>Total BWC from Prior Years</b>		896,489	-	38,353,801				





## Multnomah County Health Department

Community Health Center Board

FY 2023 Program Revenue by Fiscal Period

For Period Ending September 30, 2022

Percentage of Year Complete: 25.0%

Revenue Category	01 July	02 August	03 September	04 October	05 November	06 December	Grand Total
<b>Health Center Fees</b>							
Program Income	9,794,113	11,732,090	10,819,557	-	-	-	32,345,760
Other	2,042	5,247	4,180	-	-	-	11,469
<b>Health Center Fees Total</b>	<b>9,796,155</b>	<b>11,737,337</b>	<b>10,823,737</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>32,357,229</b>
<b>Self Pay Client Fees</b>							
Program Income	53,184	49,809	46,367	-	-	-	149,360
Other	-	-	-	-	-	-	-
<b>Self Pay Client Fees Total</b>	<b>53,184</b>	<b>49,809</b>	<b>46,367</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>149,360</b>
<b>Grand Total</b>	<b>9,849,339</b>	<b>11,787,146</b>	<b>10,870,104</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>32,506,589</b>






**Multnomah County Health Department**  
Community Health Center Board  
FY 2023 YTD Internal Services Expenditures by Program Group  
For Period Ending September 30, 2022  
Percentage of Year Complete: 25.0%

Category	<input type="checkbox"/> Administrative	Dental	HIV Clinic	Lab	Pharmacy	Primary Care Clinics	Quality and Compliance	Student Health Centers	Grand Total
Indirect Expense	530,284	563,897	100,154	50,889	289,552	968,865	66,027	112,531	2,682,199
Internal Service Data Processing	313,488	326,554	159,764	38,624	340,330	753,272	70,063	141,560	2,143,655
Internal Service Distribution	12,008	25,237	276	7,776	6,476	24,089	2,129	54,932	132,923
Internal Service Enhanced Building Services	569	736	149	99	277	1,183	86	-	3,099
Internal Service Facilities & Property Management	173,519	224,959	45,540	30,257	84,546	360,785	26,283	-	945,889
Internal Service Facilities Service Requests	31,563	12,790	1,722	-	14,803	39,063	44	7,599	107,584
Internal Service Fleet Services	-	3,676	-	-	-	-	-	-	3,676
Internal Service Motor Pool	192	45	33	-	27	15	144	192	648
Internal Service Other	12,539	4,450	695	18	4,401	20,844	230	277	43,454
Internal Service Records	17,690	25,412	6,733	5,179	15,432	42,088	2,667	111	115,312
Internal Service Telecommunications	19,179	17,008	7,215	2,653	6,170	51,909	3,705	10,813	118,652
Grand Total	1,111,031	1,204,764	322,281	135,495	762,014	2,262,113	171,378	328,015	6,297,091





**Multnomah County Health Department**  
 Community Health Center Board  
 FY 2023 Internal Services Expenditures by Fiscal Period  
 For Period Ending September 30, 2022  
 Percentage of Year Complete: 25.0%

Category 	01 July	02 August	03 September	Total Budget	YTD % of Budget
Indirect Expense	884,812	904,473	892,914	13,228,133	20.3%
Internal Service Data Processing	256,534	1,221,208	665,913	10,020,693	21.4%
Internal Service Distribution	43,779	45,106	44,038	525,575	25.3%
Internal Service Enhanced Building Services	-	3,099	-	1,164,363	0.3%
Internal Service Facilities & Property Management	-	614,490	331,399	4,043,263	23.4%
Internal Service Facilities Service Requests	37,020	24,561	46,003	336,434	32.0%
Internal Service Fleet Services	114	2,615	947	22,019	16.7%
Internal Service Motor Pool	216	216	216	5,123	12.6%
Internal Service Other	2,089	7,530	33,835	-	0.0%
Internal Service Records	6,445	6,445	102,422	104,143	110.7%
Internal Service Reimbursement	-	-	-	-	0.0%
Internal Service Telecommunications	-	83,934	34,718	846,767	14.0%
<b>Grand Total</b>	<b>1,231,009</b>	<b>2,913,677</b>	<b>2,152,405</b>	<b>30,296,513</b>	





**Multnomah County Health Department**  
**Community Health Center Board - Notes & Definitions**  
For Period Ending September 30, 2022  
Percentage of Year Complete: 25.0%

**Community Health Center - Footnotes:**

Internal Services - Enhanced Building Services & Facilities posted typically one month in arrears

Capital Outlay costs are primarily for Pharmacy and Lab programs, amounts include software upgrades and new lab equipment.

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 Center Board - Notes & Definitions

For Period Ending September 30, 2022  
Percentage of Year Complete: 25.0%

## 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 from 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 Center Board - Notes & Definitions**  
For Period Ending September 30, 2022  
Percentage of Year Complete: 25.0%

**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.

<u>Internal Services</u>	<u>Allocation Method</u>
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 Center Board - Budget Adjustments

For Period Ending September 30,2022

Percentage of Year Complete: 25.0%

### Community Health Centers

	Original Adopted Budget			Revised Budget		Budget Modifications
Revenue						
Grants - PC 330 (BPHC)	\$	9,809,191	\$	-	\$	-
Grants - COVID-19	\$	8,075,272	\$	-	\$	-
Grants - All Other	\$	4,774,390	\$	-	\$	-
Medicaid Quality & Incentives	\$	7,671,495	\$	-	\$	-
Health Center Fees	\$	131,217,155	\$	-	\$	-
Self Pay Client Fees	\$	1,089,227	\$	-	\$	-
Beginning Working Capital	\$	3,800,000	\$	-	\$	-
Total	\$	166,436,730	\$	-	\$	-
Expense						
Personnel	\$	106,322,509	\$	-	\$	-
Contracts	\$	3,518,134	\$	-	\$	-
Materials and Services	\$	25,949,574	\$	-	\$	-
Internal Services	\$	30,296,513	\$	-	\$	-
Capital Outlay	\$	350,000	\$	-	\$	-
Total	\$	166,436,730	\$	-	\$	-





# Balance Sheet (incl Trial Balance)

\*Board Members sent Excel spreadsheet

## Balance Sheet (Full Accrual) As of September 30, 2022

	September	August	\$ Change	% Change
<b>ASSETS</b>				
10000:Cash	\$ 97,772,306	\$ 91,760,011	\$ 6,012,295	7 %
10100:Undeposited Payments	375	1,496	(1,121)	(75)%
10450:Investments - Local Government Investment Pool (LGIP)	936,860	908,673	28,187	3 %
10600:Interfund Cash Clearing	(72,167,667)	(65,931,954)	(6,235,713)	9 %
<b>Cash &amp; Cash Equivalents</b>	<b>\$ 26,541,874</b>	<b>\$ 26,738,226</b>	<b>\$ (196,352)</b>	<b>(1)%</b>
<b>CURRENT ASSETS</b>				
72100:Accounts Receivable, General	\$ 20,449,203	\$ 18,041,967	\$ 2,407,237	13 %
20345:Allowance for Discounts & Returns	(2,093,868)	(2,390,901)	297,034	(12)%
Accounts Receivable, Net	18,355,336	15,651,066	2,704,270	17 %
20602:Prepaid Other Expenses	-	-	-	
<b>Current Assets</b>	<b>\$ 44,897,210</b>	<b>\$ 42,389,291</b>	<b>\$ 2,507,918</b>	<b>6 %</b>
<b>NON-CURRENT ASSETS</b>				
40070:Buildings - Asset	\$ 2,134,899	\$ 2,134,899	\$ -	0 %
40090:Machinery & Equipment - Asset	1,665,917	1,665,917	-	0 %
41070:Accumulated Depreciation - Buildings	(423,771)	(419,323)	(4,448)	1 %
41090:Accumulated Depreciation - Machinery & Equipment	(1,511,134)	(1,501,025)	(10,110)	1 %
<b>Non-Current Assets</b>	<b>\$ 1,865,911</b>	<b>\$ 1,880,469</b>	<b>\$ (14,557)</b>	<b>(1)%</b>
<b>Total Assets</b>	<b>\$ 46,763,121</b>	<b>\$ 44,269,760</b>	<b>\$ 2,493,361</b>	<b>6 %</b>
<b>LIABILITIES AND NET ASSETS</b>				
<b>CURRENT LIABILITIES</b>				
70000:Accounts Payable, General	\$ 904,266	\$ 565,703	\$ (338,563)	60 %
30090:Payroll Payable	1,452,103	1,491,835	39,733	(3)%
30805:Accrued Payables	-	-	-	
30830:Procurement Cards Payable	215,453	199,329	(16,124)	8 %
30831:MMP-Card Clearing	(315)	(315)	-	0 %
30905:Unearned Revenue, Health Department	334,117	334,117	-	0 %
<b>Current Liabilities</b>	<b>\$ 2,905,624</b>	<b>\$ 2,590,669</b>	<b>\$ (314,954)</b>	<b>12 %</b>
<b>Total Liabilities</b>	<b>\$ 2,905,624</b>	<b>\$ 2,590,669</b>	<b>\$ (314,954)</b>	<b>12 %</b>
<b>Net Assets</b>	<b>\$ 43,857,497</b>	<b>\$ 41,679,091</b>	<b>\$ 2,808,315</b>	<b>5 %</b>
<b>Total Liabilities &amp; Net Assets</b>	<b>\$ 46,763,121</b>	<b>\$ 44,269,760</b>	<b>\$ 2,493,361</b>	<b>6 %</b>

# Modified Balance Sheet (incl Trial Balance)

\*Board Members sent Excel spreadsheet

## Balance Sheet (Modified - Operational) As of September 30, 2022

	September	August	\$ Change	% Change
<b>ASSETS</b>				
10000:Cash	\$ 97,772,306	\$ 91,760,011	\$ 6,012,295	7 %
10100:Undeposited Payments	375	1,496	(1,121)	(75)%
10450:Investments - Local Government Investment Pool (LGIP)	936,860	908,673	28,187	3 %
10600:Interfund Cash Clearing	(72,167,667)	(65,931,954)	(6,235,713)	9 %
<b>Cash &amp; Cash Equivalents</b>	<b>\$ 26,541,874</b>	<b>\$ 26,738,226</b>	<b>\$ (196,352)</b>	<b>(1)%</b>
<b>CURRENT ASSETS</b>				
72100:Accounts Receivable, General	\$ 20,449,203	\$ 18,041,967	\$ 2,407,237	13 %
20345:Allowance for Discounts & Returns	(2,093,868)	(2,390,901)	297,034	(12)%
Accounts Receivable, Net	18,355,336	15,651,066	2,704,270	17 %
20602:Prepaid Other Expenses	-	-	-	
<b>Current Assets</b>	<b>\$ 44,897,210</b>	<b>\$ 42,389,291</b>	<b>\$ 2,507,918</b>	<b>6 %</b>
<b>Total Assets</b>	<b>44,897,210</b>	<b>42,389,291</b>	<b>2,507,918</b>	<b>6 %</b>
<b>LIABILITIES AND NET ASSETS</b>				
<b>CURRENT LIABILITIES</b>				
70000:Accounts Payable, General	\$ 904,266	\$ 565,703	\$ (338,563)	60 %
30090:Payroll Payable	1,452,103	1,491,835	39,733	(3)%
30805:Accrued Payables	-	-	-	
30830:Procurement Cards Payable	215,453	199,329	(16,124)	8 %
30831:MMP-Card Clearing	(315)	(315)	-	0 %
30905:Unearned Revenue, Health Department	334,117	334,117	-	0 %
<b>Current Liabilities</b>	<b>\$ 2,905,624</b>	<b>\$ 2,590,669</b>	<b>\$ (314,954)</b>	<b>12 %</b>
<b>Total Liabilities</b>	<b>\$ 2,905,624</b>	<b>\$ 2,590,669</b>	<b>\$ (314,954)</b>	<b>12 %</b>
<b>Net Assets</b>	<b>\$ 41,991,586</b>	<b>\$ 39,798,622</b>	<b>\$ 2,822,872</b>	<b>6 %</b>
<b>Total Liabilities &amp; Net Assets</b>	<b>\$ 44,897,210</b>	<b>\$ 42,389,291</b>	<b>\$ 2,507,918</b>	<b>6 %</b>

## ICS CASH FLOW PROJECTION TEMPLATE FY2023

\*Board Members sent Excel spreadsheet

	JULY	AUGUST	SEPTEMBER	QUARTER 1 TOTALS	OCTOBER	NOVEMBER	DECEMBER	QUARTER 2 TOTALS	JANUARY	FEBRUARY	MARCH	QUARTER 3 TOTALS	APRIL	MAY	JUNE	QUARTER 4 TOTALS	FISCAL YEAR TOTALS
BEGINNING BALANCE   CASH ON HAND	\$ 29,110,279.00	\$ 26,565,768.00	\$ 25,569,739.00	\$ 81,245,786.00	\$ 28,320,540.00	\$ 26,439,014.98	\$ 27,484,234.89	\$ 82,443,789.87	\$ 29,081,874.60	\$ 27,110,753.15	\$ 25,318,824.55	\$ 81,511,452.30	\$ 26,671,704.52	\$ 28,279,775.93	\$ 26,219,058.04	\$ 81,170,538.49	\$ 326,371,566.66
(*) CASH RECEIPTS																	
(*) GRANTS																	
HRSA PC 330 Health Center Cluster	\$ -	\$ 88,674.00	\$ 1,419,429.00	\$ 1,508,103.00	\$ 804,460.20	\$ 766,343.05	\$ 842,977.35	\$ 2,413,980.60	\$ 842,977.35	\$ 766,343.05	\$ 881,294.50	\$ 2,490,614.90	\$ 766,343.05	\$ 881,294.50	\$ 804,460.20	\$ 2,452,297.75	\$ 8,864,996.25
HRSA Ryan White Part A	\$ -	\$ 8,130.00	\$ 176,488.00	\$ 184,598.00	\$ 113,185.32	\$ 107,795.55	\$ 118,575.10	\$ 339,555.97	\$ 118,575.10	\$ 107,795.55	\$ 123,964.88	\$ 330,335.53	\$ 107,795.55	\$ 123,964.88	\$ 113,185.32	\$ 344,945.75	\$ 1,219,435.25
HRSA Ryan White Part C	\$ -	\$ 7,551.00	\$ 156,729.00	\$ 164,280.00	\$ 62,639.98	\$ 59,674.17	\$ 65,463.79	\$ 187,979.94	\$ 65,463.79	\$ 59,674.17	\$ 68,627.60	\$ 193,647.56	\$ 59,674.17	\$ 68,627.60	\$ 62,639.98	\$ 190,963.75	\$ 737,171.25
OHA Ryan White Part B	\$ -	\$ 1,828.00	\$ -	\$ 1,828.00	\$ 29,162.11	\$ 27,773.44	\$ 30,550.78	\$ 87,486.33	\$ 27,773.44	\$ 31,939.45	\$ 31,939.45	\$ 90,263.67	\$ 27,773.44	\$ 31,939.45	\$ 29,162.11	\$ 88,875.00	\$ 286,453.00
OHA School-Based Health Centers	\$ -	\$ 531.00	\$ 242,430.00	\$ 242,961.00	\$ 92,801.15	\$ 88,401.09	\$ 97,241.20	\$ 278,443.45	\$ 97,241.20	\$ 88,401.09	\$ 101,641.26	\$ 287,303.55	\$ 88,401.09	\$ 101,641.26	\$ 92,801.15	\$ 282,883.50	\$ 1,091,611.50
All other Non-COVID	\$ -	\$ 7,797.00	\$ 91,286.00	\$ 99,080.00	\$ 29,162.11	\$ 89,352.97	\$ 98,288.27	\$ 281,461.85	\$ 98,288.27	\$ 89,352.97	\$ 102,755.91	\$ 290,397.15	\$ 89,352.97	\$ 102,755.91	\$ 93,800.62	\$ 285,929.50	\$ 954,871.50
Other / Misc - All Other Non-COVID	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Intergovernmental - Other COVID-19 Funding	\$ -	\$ 1,121.00	\$ 1,743,393.00	\$ 1,744,514.00	\$ 662,424.66	\$ 630,880.63	\$ 693,968.69	\$ 1,987,273.97	\$ 693,968.69	\$ 630,880.63	\$ 725,512.72	\$ 2,050,342.03	\$ 630,880.63	\$ 725,512.72	\$ 662,424.66	\$ 2,018,818.00	\$ 7,800,948.00
HHS CARES Act Provider Relief	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(*) FEES AND MISCELLANEOUS																	
Other / Miscellaneous Revenue	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Misc. Medicaid (Quality & Incentive Payments)	\$ 156,788.00	\$ 892,752.00	\$ 813,774.00	\$ 1,863,314.00	\$ 629,302.32	\$ 599,335.55	\$ 659,269.10	\$ 1,887,906.97	\$ 659,269.10	\$ 599,335.55	\$ 689,235.88	\$ 1,947,840.53	\$ 599,335.55	\$ 689,235.88	\$ 629,302.32	\$ 1,917,873.75	\$ 7,616,935.25
Other / Misc - Medical Fees	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
APM - Service Charges	\$ 4,484,908.00	\$ 4,906,137.00	\$ 4,875,586.00	\$ 14,268,631.00	\$ 3,371,577.64	\$ 3,211,026.33	\$ 3,532,128.96	\$ 10,114,732.93	\$ 3,532,128.96	\$ 3,211,026.33	\$ 3,692,680.28	\$ 10,435,835.57	\$ 3,211,026.33	\$ 3,692,680.28	\$ 3,371,577.64	\$ 10,275,284.25	\$ 45,094,483.75
APM - One Time Change In Scope	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medicaid Service Charges	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical Fees (Service Charges)	\$ 3,970,294.00	\$ 5,103,406.00	\$ 4,521,450.00	\$ 13,595,352.00	\$ 5,822,523.33	\$ 5,545,260.31	\$ 6,099,786.34	\$ 17,467,569.98	\$ 6,099,786.34	\$ 5,545,260.31	\$ 6,377,049.36	\$ 18,022,096.02	\$ 5,545,260.31	\$ 6,377,049.36	\$ 5,822,523.33	\$ 17,744,833.00	\$ 66,829,851.00
Self Pay Client Fees	\$ 53,184.00	\$ 49,810.00	\$ 46,366.00	\$ 149,360.00	\$ 89,350.45	\$ 85,095.86	\$ 93,605.45	\$ 268,051.96	\$ 93,605.45	\$ 85,095.86	\$ 97,860.24	\$ 276,561.54	\$ 85,095.86	\$ 97,860.24	\$ 89,350.45	\$ 272,306.75	\$ 966,280.25
Wrap - Service Charges	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(*) OTHER REVENUE SOURCES																	
CASH SALES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
CUSTOMER ACCOUNT COLLECTIONS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
LOAN / CASH INJECTION	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
INTEREST INCOME	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
INVESTMENT INCOME	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SPECIAL EVENTS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
PROGRAM SERVICE FEES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TAX REFUND	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
OTHER	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
OTHER	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
OTHER	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(*) YEAR PREVIOUS RECEIVABLES																	
WRAPAROUND (Oct21-Dec21)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,037,148.51	\$ -	\$ 3,037,148.51	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,037,148.51
WRAPAROUND (Jan22-Mar22)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,368,761.16	\$ 3,368,761.16	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,368,761.16
WRAPAROUND (Apr22-Jun22)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,413,597.85	\$ 3,413,597.85	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,413,597.85
WRAPAROUND (Jul22-Sep22)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,400,000.00	\$ -	\$ -	\$ -	\$ -	\$ 3,400,000.00
RECEIVABLE 5	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
RECEIVABLE 6	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL CASH RECEIPTS	\$ 8,667,176.00	\$ 11,067,737.00	\$ 14,087,111.00	\$ 33,822,024.00	\$ 11,771,487.98	\$ 14,248,089.45	\$ 15,700,796.19	\$ 41,720,373.62	\$ 12,332,035.03	\$ 11,210,940.94	\$ 16,306,179.93	\$ 39,849,155.90	\$ 14,610,940.94	\$ 12,892,582.08	\$ 11,771,487.98	\$ 39,275,011.00	\$ 154,466,564.52
(-) CASH PAYMENTS																	
(-) COST OF GOODS SOLD																	
DIRECT PRODUCT - PHARMACEUTICALS	\$ 1,537,554.00	\$ 1,489,001.00	\$ 1,596,987.00	\$ 4,623,544.00	\$ 1,843,154.05	\$ 1,755,384.72	\$ 1,930,925.39	\$ 5,529,488.16	\$ 1,930,925.39	\$ 1,755,384.72	\$ 2,018,494.73	\$ 5,705,056.84	\$ 1,755,384.72	\$ 2,018,494.73	\$ 1,843,154.05	\$ 5,617,237.20	\$ 21,475,264.50
DIRECT PRODUCT - MEDICAL & DENTAL SUPPLIES	\$ 1,294,478.00	\$ 1,107,645.00	\$ 54,155.00	\$ 1,461,278.00	\$ 114,447.45	\$ 109,188.05	\$ 120,104.85	\$ 343,742.35	\$ 120,104.85	\$ 109,188.05	\$ 125,564.25	\$ 354,841.15	\$ 109,188.05	\$ 125,564.25	\$ 114,447.45	\$ 349,401.75	\$ 2,309,603.25
PAYROLL TAXES / BENEFITS - DIRECT	\$ 946,861.00	\$ 940,248.00	\$ 946,346.00	\$ 2,835,455.00	\$ 1,067,221.31	\$ 1,016,401.25	\$ 1,118,041.38	\$ 3,201,663.94	\$ 1,118,041.38	\$ 1,016,401.25	\$ 1,168,861.44	\$ 3,303,304.06	\$ 1,016,401.25	\$ 1,168,861.44	\$ 1,067,221.31	\$ 3,252,484.00	\$ 12,410,907.00
SALARIES - DIRECT	\$ 4,211,620.00	\$ 4,390,158.00	\$ 4,367,421.00	\$ 12,969,199.00	\$ 5,109,344.54	\$ 4,866,042.42	\$ 5,352,446.66	\$ 15,328,033.63	\$ 5,352,446.66	\$ 4,866,042.42	\$ 5,595,948.79	\$ 15,814,437.87	\$ 4,866,042.42	\$ 5,595,948.79	\$ 5,109,344.54	\$ 15,571,335.75	\$ 59,683,206.25
SUPPLIES	\$ 66,014.00	\$ 110,745.00	\$ 54,155.00	\$ 230,934.00	\$ 77,421.67	\$ 73,734.92	\$ 73,734.92	\$ 232,265.00	\$ 81,108.41	\$ 73,734.92	\$ 84,795.16	\$ 239,358.50	\$ 84,795.16	\$ 239,358.50	\$ 77,421.67	\$ 235,951.75	\$ 936,789.25
CONTRACT - DIRECT CLIENT ASSISTANCE	\$ 9,478.00	\$ 2,572.00	\$ 38,555.00	\$ 50,605.00	\$ 4,742.14	\$ 4,516.33	\$ 4,947.96	\$ 14,226.43	\$ 4,947.96	\$ 4,516.33	\$ 5,193.78	\$ 14,678.07	\$ 4,516.33	\$ 5,193.78	\$ 4,742.14	\$ 14,452.25	\$ 93,941.75
OTHER	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
OTHER	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
OTHER	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL COST OF GOODS SOLD	\$ 8,068,007.00	\$ 7,063,509.00	\$ 7,057,619.00	\$ 22,189,135.00	\$ 8,216,533.17	\$ 7,825,269.69	\$ 8,607,796.66	\$ 24,649,599.52	\$ 8,607,796.66	\$ 7,825,269.69	\$ 8,999,040.14	\$ 25,432,126.48	\$ 7,825,269.69	\$ 8,999,040.14	\$ 8,216,533.17	\$ 25,040,863.00	\$ 97,311,724.00
(-) OPERATING EXPENSES																	
ACCOUNT FEES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
ADVERTISING	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
BANK FEES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
COMMUNICATIONS	\$ 2,055.00	\$ 1,995.00	\$ 2,055.00	\$ 6,105.00	\$ 1,684.92	\$ 1,604.69	\$ 1,765.16	\$ 5,054.77	\$ 1,765.16	\$ 1,604.69	\$ 1,845.39	\$ 5,215.23	\$ 1,604.69	\$ 1,845.39	\$ 1,684.92	\$ 5,135.00	\$ 21,510.00
CONTINUING EDUCATION	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
DUES / SUBSCRIPTIONS	\$ 2,811.00	\$ 2,040.00	\$ 8,539.00	\$ 13,390.00	\$ 9,915.04	\$ 9,347.66	\$ 10,282.42	\$ 29,545.12	\$ 10,282.42	\$ 9,347.66	\$ 10,749.80	\$ 30,3398.8.					

SALARIES - INDIRECT	\$ 1,245,220.00	\$ 1,289,261.00	\$ 1,240,310.00	\$ 3,794,791.00	\$ 1,927,482.38	\$ 1,835,697.50	\$ 2,019,267.25	\$ 5,782,447.13	\$ 2,019,267.25	\$ 1,835,697.50	\$ 2,111,052.13	\$ 5,966,016.88	\$ 1,835,697.50	\$ 2,111,052.13	\$ 1,927,482.38	\$ 5,874,232.00	\$ 21,417,487.00
TRAINING	\$ 10,582.00	\$ 27,741.00	\$ 16,603.00	\$ 54,926.00	\$ 46,034.71	\$ 43,842.58	\$ 48,226.84	\$ 138,104.12	\$ 48,226.84	\$ 43,842.58	\$ 50,418.96	\$ 142,488.38	\$ 43,842.58	\$ 50,418.96	\$ 46,034.71	\$ 140,296.25	\$ 475,814.75
TRAVEL	\$ 2,989.00	\$ 2,639.00	\$ 5,137.00	\$ 10,785.00	\$ 6,653.72	\$ 6,336.88	\$ 6,970.56	\$ 19,961.16	\$ 6,970.56	\$ 6,336.88	\$ 7,287.41	\$ 20,594.84	\$ 6,336.88	\$ 7,287.41	\$ 6,653.72	\$ 20,278.00	\$ 71,619.00
UTILITIES	\$ -	\$ 2,652.00	\$ -	\$ 2,652.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,652.00
WEB DOMAIN, HOSTING & SOFTWARE	\$ 92,695.00	\$ 18,320.00	\$ 44,451.00	\$ 155,466.00	\$ 18,399.41	\$ 17,523.44	\$ 19,275.78	\$ 55,198.83	\$ 19,275.78	\$ 17,523.44	\$ 20,151.95	\$ 56,951.17	\$ 17,523.44	\$ 20,151.95	\$ 18,399.41	\$ 56,075.00	\$ 323,091.00
OTHER	\$ -	\$ -	\$ -	\$ -	\$ 28,710.94	\$ 27,343.75	\$ 30,078.13	\$ 86,132.81	\$ 27,343.75	\$ 31,445.31	\$ 88,847.19	\$ 27,343.75	\$ 31,445.31	\$ 28,710.94	\$ 87,500.00	\$ 242,500.00	\$ -
OTHER	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSES	\$ 3,143,680.00	\$ 5,000,257.00	\$ 4,278,691.00	\$ 12,422,628.00	\$ 5,436,479.84	\$ 5,177,599.84	\$ 5,695,359.83	\$ 16,309,439.51	\$ 5,695,359.83	\$ 5,177,599.84	\$ 5,954,239.82	\$ 16,827,199.49	\$ 5,177,599.84	\$ 5,954,239.82	\$ 5,436,479.84	\$ 16,568,319.50	\$ 62,127,586.50
(-) ADDITIONAL EXPENSES																	
CASH DISBURSEMENTS TO OWNERS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
CHARITABLE CONTRIBUTIONS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
INTEREST EXPENSE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
INCOME TAX EXPENSE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
PRIOR YEAR ACCRUALS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
OTHER	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
OTHER	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
OTHER	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL ADDITIONAL EXPENSES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL CASH PAYMENTS	\$ 11,211,687.00	\$ 12,063,766.00	\$ 11,336,310.00	\$ 34,611,763.00	\$ 13,653,013.01	\$ 13,002,869.53	\$ 14,303,156.48	\$ 40,959,039.02	\$ 14,303,156.48	\$ 13,002,869.53	\$ 14,953,299.96	\$ 42,259,325.98	\$ 13,002,869.53	\$ 14,953,299.96	\$ 13,653,013.01	\$ 41,609,182.50	\$ 159,439,310.50
NET CASH CHANGE (CASH RECEIPTS - CASH PAYMENTS)	\$ (2,544,511.00)	\$ (996,029.00)	\$ 2,750,801.00	\$ (789,739.00)	\$ (1,881,525.02)	\$ 1,345,219.92	\$ 1,397,639.71	\$ 761,334.60	\$ (1,971,121.45)	\$ (1,791,928.99)	\$ 1,352,879.97	\$ (2,410,170.00)	\$ 1,608,071.41	\$ (2,040,717.88)	\$ (1,881,525.02)	\$ (2,334,171.50)	\$ (4,772,745.98)
MONTH ENDING CASH POSITION (CASH ON HAND + CASH RECEIPTS - CASH PAYMENTS)	\$ 26,565,748.00	\$ 25,569,739.00	\$ 28,320,540.00	\$ 80,456,047.00	\$ 26,439,014.98	\$ 27,684,234.89	\$ 29,081,874.60	\$ 83,205,124.47	\$ 27,110,753.15	\$ 25,318,824.55	\$ 26,671,704.52	\$ 79,101,282.22	\$ 28,279,775.93	\$ 26,219,058.04	\$ 24,337,533.02	\$ 78,836,366.99	\$ 321,598,820.68

## Vacancy Report: November 2022

Represents vacancies as of Oct 28, 2022

<b>Total Vacant Positions, November 2022</b>	<b>152</b>
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Table 1: Vacant Positions without duplication		#	Increase or Decrease over previous month	Explanation / Definitions
Total non duplicated vacancies		140	Increase	These are the total number of positions which are vacant and planned for recruitment.
Non duplicated: Not posted		58	Increase	Of the total number of planned recruitments this represents the number of positions which have not been posted or started the recruitment process. It is measured by total budgeted roles. This includes new positions created for FY23
Non duplicated: Posted for recruitment		39	Increase	Total non duplicated roles which are in active recruitment. Active recruitment is measured by: posted on internal and / or external platforms for candidates to apply to or are in a review stage by HR or managers to evaluate qualifications for the role.
Non duplicated: Interview or final hire stage		43	Decrease	Total non duplicated roles which are in the final stages of recruitment. Final stage is measured by completing reference checks, issuing an offer letter, or completed offers with a future hire date.
<b>Non Duplicated Vacancy Data</b>		<b>Days</b>		<b>Explanation / Definition</b>
Average vacancy length (days)		187	Slight Increase	This represents the average time to fill a vacancy for all planned recruitments. The average time measures all time that a budgeted position is not filled, which means it includes vacancies not in current recruitment.
Average Time to Fill (days)		69.0	No change	Average time to fill represents the time to complete a recruitment once posted through the final offer. It is an average of total active open positions it takes recruiting department and managers to fill a posted vacancy. The national average for healthcare organizations for the time to fill for registered nurses averages 89 days based on a recent report from the Organization of Nurse Leaders. Other organizations report an average of 132 days, approximately three times as long compared to pre-COVID19 operations.

Financial impact of non-duplicated vacancies		Days or \$\$		Explanation / Definition
Total FTE associated with direct revenue vacancies		36.65	Slight decrease	This is the approximate number of vacancies which can directly bill for their services. Roles include: physicians, nurse practitioners, physician assistants, pharmacists, clinical pharmacists, registered nurses, community health workers and clinical specialists, denists, and dental hygienists.
Estimated sum of lost revenue		\$4,489,733.62	Slight decrease	Estimation of lost revenue is calculated by the total days of a direct revenue vacancy compared to budgeted revenue from each position for the entire year.

Table 2: Duplicate, inactive vacancies		#	Increase or Decrease over previous month	Explanation / Definition
Total duplicated, inactive vacancies		12	Increase	This represents the number of vacancies which are recorded within our health center but are duplicated due to work out of class assignments, filled by temp staff, or under review based on operational need of the program. These positions are not currently considered active recruitments.

Financial impact of duplicated, inactive vacancies				Explanation / Definition
Total FTE associated with direct revenue, inactive vacancies		1	Decrease	This is the approximate number of vacancies which can directly bill for their services but are inactive. Roles include: physicians, nurse practitioners, physician assistants, pharmacists, clinical pharmacists, registered nurses, community health workers and clinical specialists, denists, and dental hygienists.
Estimated sum of lost revenue		\$8,282.00	Decrease	Estimation of lost revenue is calculated by the total days of a direct revenue vacancy compared to budgeted revenue from each position for the entire year.

**Total vacancies by position (includes duplication)**

Red box indicates a direct revenue vacancy that is inactive or is about to be filled.

Program Group	Job Title	FY22 Budgeted FTE	Vacant Since	Days Vacant	Estimated Financial Impact to date (total annual revenue x days vacant)	Notes
HD FQHC HIV Clinic Services	Clinical Services Specialist	1.00	3/16/2022	229	\$94,110	Non duplicated: Posted for recruitment
HD FQHC HIV Clinic Services	Clinical Services Specialist	1.00	4/11/2022	203	\$83,425	Non duplicated: Interview or final hire stage
HD FQHC Integrated BH Administration	Clinical Services Specialist	1.00	7/13/2022	110	\$45,205	Non duplicated: Interview or final hire stage
HD FQHC Integrated BH Administration	Clinical Services Specialist	1.00	7/22/2022	101	\$41,507	Non duplicated: Not posted
HD FQHC Integrated BH Administration	Clinical Services Specialist	0.50	7/1/2022	123	\$25,274	Non duplicated: Not posted
HD FQHC Integrated BH Administration	Clinical Services Specialist	0.68	9/1/2022	60	\$16,767	Non duplicated: Posted for recruitment
HD FQHC Integrated BH Administration	Clinical Services Specialist	1.00	7/22/2022	101	\$41,507	Non duplicated: Posted for recruitment
HD FQHC Quality Improvement (QI) Services	Community Health Nurse	1.00	4/23/2022	191	\$104,658	Non duplicated: Posted for recruitment
HD FQHC Clinical Support and Development	Community Health Nurse	1.00	7/13/2022	110	\$60,274	Non duplicated: Interview or final hire stage
HD FQHC Clinical Support and Development	Community Health Nurse	1.00	7/13/2022	110	\$60,274	Non duplicated: Interview or final hire stage
HD FQHC Clinical Support and Development	Community Health Nurse	1.00	7/13/2022	110	\$60,274	Non duplicated: Interview or final hire stage
HD FQHC PC Mid County Clinic	Community Health Nurse	0.50	7/1/2022	123	\$33,699	Non duplicated: Not posted
HD FQHC PC La Clinica Clinic	Community Health Nurse	1.00	10/23/2021	373	\$204,384	Non duplicated: Posted for recruitment
HD FQHC PC Southeast Clinic	Community Health Nurse	1.00	7/5/2022	118	\$64,658	Non duplicated: Posted for recruitment
HD FQHC HIV Clinic Services	Community Health Nurse	0.80	5/14/2022	170	\$74,521	Non duplicated: Posted for recruitment
HD FQHC Clinical Support and Development	Community Health Specialist 2	1.00	6/8/2022	145	\$5,244	Non duplicated: Interview or final hire stage
HD FQHC Clinical Support and Development	Community Health Specialist 2	1.00	10/11/2022	20	\$723	Non duplicated: Not posted
HD FQHC Clinical Support and Development	Community Health Specialist 2	1.00	9/29/2022	32	\$1,157	Non duplicated: Not posted
HD FQHC Clinical Support and Development	Community Health Specialist 2	0.80	11/17/2021	348	\$10,068	Non duplicated: Posted for recruitment
HD FQHC Clinical Support and Development	Community Health Specialist 2	1.00	7/9/2021	479	\$17,323	Non duplicated: Posted for recruitment
HD FQHC Community Health Workers	Community Health Specialist 2	1.00	3/16/2022	229	\$8,282	Total duplicated, inactive vacancies
HD FQHC Dental Southeast Clinic	Dental Assistant (EFDA)	1.00	10/3/2022	28		Non duplicated: Interview or final hire stage
HD FQHC Dental Northeast Clinic	Dental Assistant (EFDA)	0.75	2/22/2021	616		Non duplicated: Interview or final hire stage
HD FQHC Dental Southeast Clinic	Dental Assistant (EFDA)	1.00	10/12/2022	19		Non duplicated: Interview or final hire stage
HD FQHC Dental Billi Odegaard Clinic	Dental Assistant (EFDA)	0.75	8/12/2022	80		Non duplicated: Interview or final hire stage
HD FQHC Dental East County Clinic	Dental Assistant (EFDA)	1.00	5/3/2021	546		Non duplicated: Not posted
HD FQHC Dental Southeast Clinic	Dental Assistant (EFDA)	1.00	5/18/2020	896		Non duplicated: Not posted
HD FQHC Dental North Portland Clinic	Dental Assistant (EFDA)	1.00	8/1/2022	91		Non duplicated: Interview or final hire stage
HD FQHC Dental Northeast Clinic	Dental Hygienist	0.75	3/11/2022	234	\$182,712	Non duplicated: Not posted
HD FQHC Dental Billi Odegaard Clinic	Dental Hygienist	1.00	10/26/2022	5	\$5,205	Non duplicated: Interview or final hire stage
HD FQHC Dental School Community Oral Health	Dental Hygienist	1.00	7/21/2022	102	\$106,192	Non duplicated: Posted for recruitment
HD FQHC Dental Southeast Clinic	Dental Hygienist	0.75	8/18/2022	74	\$57,781	Non duplicated: Not posted
HD FQHC ICS Business Intelligence	Development Analyst	1.00	7/1/2022	122		Total duplicated, inactive vacancies
HD FQHC ICS Business Intelligence	Development Analyst	1.00	2/3/2021	635		Total duplicated, inactive vacancies
HD FQHC ICS Business Intelligence	Development Analyst Senior	1.00	7/1/2021	487		Non duplicated: Not posted
HD FQHC ICS Business Intelligence	Development Analyst Senior	1.00	7/1/2022	123		Non duplicated: Not posted
HD FQHC OHP Enrollment	Eligibility Specialist	1.00	2/15/2022	258		Non duplicated: Not posted
HD FQHC OHP Enrollment	Eligibility Specialist	1.00	8/23/2022	69		Total duplicated, inactive vacancies
HD FQHC OHP Enrollment	Eligibility Specialist	1.00	10/17/2022	14		Non duplicated: Not posted
HD FQHC Pharmacy Administration	Executive Specialist	1.00	10/18/2022	13		Non duplicated: Posted for recruitment
HD FQHC Health Center Finance	Finance Specialist 1	1.00	5/31/2022	153		Total duplicated, inactive vacancies
HD FQHC Health Center Finance	Finance Specialist Senior	1.00	8/5/2021	452		Non duplicated: Not posted
HD FQHC Health Center Finance	Finance Specialist Senior	1.00	8/5/2021	452		Non duplicated: Not posted
HD FQHC Health Center Finance	Finance Supervisor	1.00	8/13/2021	444		Non duplicated: Posted for recruitment
HD FQHC Dental Rockwood Clinic	Health Assistant 2	1.00	7/25/2022	98		Non duplicated: Not posted
HD FQHC Dental Southeast Clinic	Health Assistant 2	1.00	7/25/2022	98		Non duplicated: Not posted
HD FQHC Dental East County Clinic	Health Assistant 2	1.00	7/25/2022	98		Non duplicated: Not posted
HD FQHC Dental School Community Oral Health	Health Assistant 2	0.80	10/10/2022	21		Non duplicated: Not posted
HD FQHC ICS Business Intelligence	IT Manager 1	1.00	5/16/2022	168		Total duplicated, inactive vacancies
HD FQHC PC Northeast Clinic	Licensed Community Practical Nurse	1.00	10/28/2022	3		Non duplicated: Interview or final hire stage
HD FQHC Clinical Support and Development	Licensed Community Practical Nurse	1.00	5/26/2020	888		Non duplicated: Not posted
HD FQHC Electronic Health Records (HER)	Manager 1	1.00	6/18/2022	135		Total duplicated, inactive vacancies
HD FQHC Central Call Center	Manager 1	1.00	7/13/2022	110		Non duplicated: Posted for recruitment
HD FQHC Clinical Support and Development	Manager 1	1.00	7/1/2022	123		Non duplicated: Not posted
HD FQHC Dental Billi Odegaard Clinic	Manager Senior	1.00	9/9/2022	52		Non duplicated: Interview or final hire stage
HD FQHC SHC Jefferson	Medical Assistant	0.67	7/22/2022	101		Non duplicated: Not posted

HD FQHC PC Northeast Clinic	Medical Assistant	1.00	4/4/2022	210		Non duplicated: Interview or final hire stage
HD FQHC HIV Clinic Services	Medical Assistant	1.00	9/2/2022	59		Non duplicated: Interview or final hire stage
HD FQHC PC North Portland Clinic	Medical Assistant	1.00	10/24/2022	7		Non duplicated: Interview or final hire stage
HD FQHC PC East County Clinic	Medical Assistant	1.00	9/28/2022	33		Non duplicated: Interview or final hire stage
HD FQHC PC North Portland Clinic	Medical Assistant	1.00	3/3/2022	242		Non duplicated: Interview or final hire stage
HD FQHC HIV Clinic Services	Medical Assistant	1.00	8/15/2022	77		Non duplicated: Interview or final hire stage
HD FQHC HIV Clinic Services	Medical Assistant	1.00	9/2/2022	59		Non duplicated: Interview or final hire stage
HD FQHC PC Rockwood Clinic	Medical Assistant	1.00	9/6/2022	55		Non duplicated: Interview or final hire stage
HD FQHC HIV Clinic Services	Medical Assistant	1.00	9/23/2022	38		Non duplicated: Not posted
HD FQHC PC North Portland Clinic	Medical Assistant	1.00	4/30/2022	184		Non duplicated: Interview or final hire stage
HD FQHC PC Northeast Clinic	Medical Assistant	1.00	1/16/2022	288		Non duplicated: Interview or final hire stage
HD FQHC PC Northeast Clinic	Medical Assistant	1.00	3/21/2022	224		Non duplicated: Interview or final hire stage
HD FQHC PC Mid County Clinic	Medical Assistant	1.00	8/11/2022	81		Non duplicated: Interview or final hire stage
HD FQHC PC La Clinica Clinic	Medical Assistant	0.80	7/1/2022	123		Non duplicated: Not posted
HD FQHC Dental Administration	Medical Assistant	1.00	7/1/2022	123		Non duplicated: Not posted
HD FQHC PC Mid County Clinic	Medical Assistant	1.00	7/1/2022	123		Non duplicated: Not posted
HD FQHC Clinical Pharmacy Program	Medical Assistant	1.00	7/1/2022	123		Non duplicated: Not posted
HD FQHC Clinical Pharmacy Program	Medical Assistant	1.00	7/1/2022	123		Non duplicated: Not posted
HD FQHC Central Lab Svcs	Medical Assistant	1.00	7/1/2022	123		Non duplicated: Not posted
HD FQHC Central Lab Svcs	Medical Assistant	1.00	7/1/2022	123		Non duplicated: Not posted
HD FQHC Central Lab Svcs	Medical Laboratory Technician	1.00	3/1/2022	244		Non duplicated: Posted for recruitment
HD FQHC Central Lab Svcs	Medical Laboratory Technician	1.00	12/18/2021	317		Non duplicated: Posted for recruitment
HD FQHC Central Lab Svcs	Medical Laboratory Technician	1.00	3/16/2022	229		Non duplicated: Posted for recruitment
HD FQHC Central Lab Svcs	Medical Technologist	1.00	3/23/2021	587		Non duplicated: Posted for recruitment
HD FQHC Central Lab Svcs	Medical Technologist	1.00	7/13/2022	110		Non duplicated: Not posted
HD FQHC Central Lab Svcs	Medical Technologist	1.00	4/15/2022	199		Non duplicated: Not posted
HD FQHC PC East County Clinic	Nurse Practitioner	0.80	7/15/2022	108	\$76,932	Non duplicated: Posted for recruitment
HD FQHC PC East County Clinic	Nurse Practitioner	0.80	10/31/2020	730	\$520,000	Non duplicated: Interview or final hire stage
HD FQHC PC East County Clinic	Nurse Practitioner	0.80	10/12/2021	384	\$273,534	Non duplicated: Interview or final hire stage
HD FQHC HIV Clinic Services	Nurse Practitioner	0.60	3/4/2022	241	\$128,753	Non duplicated: Interview or final hire stage
HD FQHC PC Northeast Clinic	Nurse Practitioner	0.40	10/20/2022	11	\$3,918	Non duplicated: Interview or final hire stage
HD FQHC PC Mid County Clinic	Nurse Practitioner	0.50	10/12/2021	384	\$170,959	Non duplicated: Not posted
HD FQHC PC East County Clinic	Nurse Practitioner	0.50	4/11/2022	203	\$90,377	Non duplicated: Posted for recruitment
HD FQHC PC Rockwood Clinic	Nurse Practitioner	0.80	7/9/2022	114	\$81,205	Non duplicated: Posted for recruitment
HD FQHC PC East County Clinic	Nurse Practitioner	0.80	12/30/2021	305	\$217,260	Non duplicated: Posted for recruitment
HD FQHC PC East County Clinic	Nurse Practitioner	0.80	5/21/2022	163	\$116,110	Non duplicated: Posted for recruitment
HD FQHC HIV Clinic Services	Nursing Supervisor	1.00	8/26/2022	66		Non duplicated: Interview or final hire stage
HD FQHC PC Southeast Clinic	Nursing Supervisor	1.00	8/26/2022	66		Non duplicated: Posted for recruitment
HD FQHC PC Northeast Clinic	Office Assistant 2	1.00	9/15/2022	46		Non duplicated: Not posted
HD FQHC Central Call Center	Office Assistant 2	1.00	5/28/2022	156		Non duplicated: Posted for recruitment
HD FQHC Dental Southeast Clinic	Office Assistant 2	1.00	9/17/2022	44		Non duplicated: Posted for recruitment
HD FQHC PC Southeast Clinic	Office Assistant 2	1.00	10/10/2022	21		Non duplicated: Not posted
HD FQHC PC North Portland Clinic	Office Assistant 2	1.00	10/20/2022	11		Non duplicated: Not posted
HD FQHC Dental Northeast Clinic	Office Assistant 2	1.00	3/16/2022	229		Non duplicated: Posted for recruitment
HD FQHC Dental East County Clinic	Office Assistant 2	0.50	9/16/2022	45		Non duplicated: Not posted
HD FQHC Dental Southeast Clinic	Office Assistant 2	1.00	10/24/2022	7		Non duplicated: Interview or final hire stage
HD FQHC PC East County Clinic	Office Assistant 2	1.00	10/25/2022	6		Non duplicated: Interview or final hire stage
HD FQHC Central Call Center	Office Assistant 2	1.00	4/1/2022	213		Total duplicated, inactive vacancies
HD FQHC PC Rockwood Clinic	Office Assistant 2	1.00	10/14/2022	17		Non duplicated: Interview or final hire stage
HD FQHC Central Call Center	Office Assistant 2	1.00	10/22/2022	9		Non duplicated: Not posted
HD FQHC Central Call Center	Office Assistant 2	1.00	10/13/2022	18		Non duplicated: Posted for recruitment
HD FQHC Pharmacy Administration	Office Assistant 2	1.00	1/19/2021	650		Non duplicated: Not posted
HD FQHC Dental North Portland Clinic	Office Assistant 2	1.00	9/16/2022	45		Non duplicated: Interview or final hire stage
HD FQHC Dental Billi Odegaard Clinic	Office Assistant 2	1.00	10/3/2022	28		Non duplicated: Posted for recruitment
HD FQHC Dental North Portland Clinic	Office Assistant 2	1.00	10/8/2021	388		Non duplicated: Not posted
HD FQHC Dental Southeast Clinic	Office Assistant 2	1.00	7/1/2022	123		Non duplicated: Not posted
HD FQHC PC Rockwood Clinic	Office Assistant 2	1.00	7/1/2022	123		Non duplicated: Not posted
HD FQHC Central Call Center	Office Assistant Senior	1.00	4/5/2022	209		Non duplicated: Not posted
HD FQHC PC North Portland Clinic	Office Assistant Senior	1.00	10/26/2022	5		Non duplicated: Posted for recruitment
HD FQHC Dental East County Clinic	Office Assistant Senior	1.00	6/2/2022	151		Non duplicated: Not posted
HD FQHC Dental Northeast Clinic	Office Assistant Senior	1.00	6/4/2022	149		Non duplicated: Not posted
HD FQHC PC Southeast Clinic	Office Assistant Senior	0.80	6/13/2022	140		Non duplicated: Interview or final hire stage
HD Corrections Health Administration	Operations Process Specialist	1.00	7/18/2022	105		Non duplicated: Interview or final hire stage
HD Corrections Health Administration	Operations Process Specialist	1.00	7/18/2022	105		Non duplicated: Interview or final hire stage
HD Corrections Health Administration	Operations Process Specialist	1.00	10/4/2021	392		Non duplicated: Posted for recruitment

HD FQHC Central Call Center	Operations Supervisor	1.00	10/4/2022	27		Total duplicated, inactive vacancies
HD FQHC Clinical Pharmacy Program	Pharmacist	1.00	4/28/2022	186	\$152,877	Non duplicated: Not posted
HD FQHC Clinical Pharmacy Program	Pharmacist	1.00	4/28/2022	186	\$152,877	Non duplicated: Not posted
HD FQHC Pharmacy Westside	Pharmacy Technician	1.00	10/15/2022	16		Non duplicated: Posted for recruitment
HD FQHC Pharmacy Float Staff	Pharmacy Technician	1.00	4/7/2022	207		Non duplicated: Posted for recruitment
HD FQHC Pharmacy Float Staff	Pharmacy Technician	1.00	7/16/2020	837		Non duplicated: Posted for recruitment
HD FQHC Pharmacy Float Staff	Pharmacy Technician	1.00	10/21/2022	10		Non duplicated: Posted for recruitment
HD FQHC Pharmacy East County Clinic	Pharmacy Technician	1.00	10/11/2022	20		Non duplicated: Not posted
HD FQHC Pharmacy North Portland Clinic	Pharmacy Technician	1.00	10/25/2022	6		Non duplicated: Not posted
HD FQHC PC Northeast Clinic	Physician	0.50	9/7/2022	54	\$30,884	Non duplicated: Not posted
HD FQHC PC North Portland Clinic	Physician	0.80	1/8/2022	296	\$270,860	Non duplicated: Interview or final hire stage
HD FQHC PC Mid County Clinic	Physician	0.60	7/1/2022	122	\$83,729	Non duplicated: Interview or final hire stage
HD FQHC PC Mid County Clinic	Physician	1.00	10/1/2021	395	\$451,815	Non duplicated: Interview or final hire stage
HD FQHC SHC McDaniel	Physician Assistant	0.67	8/25/2022	67	\$43,168	Non duplicated: Not posted
HD FQHC PC North Portland Clinic	Physician Assistant	0.60	2/4/2022	269	\$155,209	Non duplicated: Posted for recruitment
HD FQHC PC Mid County Clinic	Physician Assistant	0.90	8/18/2022	74	\$64,045	Non duplicated: Posted for recruitment
HD FQHC Clinical Support and Development	Program Specialist	0.80	6/15/2020	868		Non duplicated: Not posted
HD FQHC Quality Improvement (QI) Services	Program Specialist	1.00	2/26/2021	612		Non duplicated: Not posted
HD FQHC Pharmacy Administration	Program Specialist	1.00	10/18/2022	13		Non duplicated: Posted for recruitment
HD FQHC Pharmacy Contract Pharmacy	Program Specialist	1.00	8/2/2022	90		Non duplicated: Posted for recruitment
HD FQHC Community Health Center Board	Program Specialist Senior	1.00	4/29/2021	550		Non duplicated: Posted for recruitment
HD FQHC Medical Director	Program Specialist Senior	1.00	7/1/2022	123		Non duplicated: Not posted
HD Corrections Health Administration	Program Supervisor	1.00	5/26/2022	158		Total duplicated, inactive vacancies
HD FQHC Dental Mid County Clinic	Program Supervisor	1.00	9/12/2022	49		Total duplicated, inactive vacancies
HD FQHC OHP Enrollment	Program Supervisor	1.00	8/16/2022	76		Total duplicated, inactive vacancies
HD FQHC Dental North Portland Clinic	Program Supervisor	1.00	8/4/2022	88		Non duplicated: Interview or final hire stage
HD FQHC Clinical Support and Development	Program Supervisor	1.00	7/7/2022	116		Non duplicated: Interview or final hire stage
HD FQHC ICS Administration	Project Manager (NR)	1.00	9/22/2022	39		Non duplicated: Posted for recruitment
HD FQHC Health Center Finance	Project Manager Represented	1.00	10/18/2021	378		Non duplicated: Not posted
HD FQHC HIV Clinic Services	Project Manager Represented	1.00	7/1/2022	123		Non duplicated: Not posted
HD FQHC ICS Support and Infrastructure	Quality Manager	1.00	11/1/2020	729		Total duplicated, inactive vacancies



# Itemized General Journal Entries Pivot Table

Row Labels	Sum of Amount
01000 General Fund	235.60
01505 Federal/State Program Fund	375.78
03003 Health Department FQHC Fund	64,763.11
10020 Medicaid Quality and Incentives	(200.02)
19067 ARPA Federal Multco American Rescue Plan Act	1,826.52
19077 ARPA Federal Community Health Centers 93.224	3,873.88
19088 ARPA Federal Health Center Infrastructure Support 93.526	9,693.81
19093 COVID-19 State PE44 School Based Health and Recovery	1,120.59
30001 Fee for Services (FFS) - FQHC Medicaid Wraparound	312,455.32
30002 Other - Medicaid Quality and Incentives	(3,663,599.10)
30003 Federal - Ryan White Part C - Early Intervention to HIV - 93.918	7,550.76
30004 Federal - Primary Care (PC) 330 - 93.224	66,364.60
30005 Other Roots & Wings Strong Start for Kids	205.52
30006 State - Oregon Refugee Health Promotion	(15,849.88)
30007 Federal - Homeless General - 93.224	21,906.09
30009 Federal - AIDS Education and Training Centers - University of Washington - 93.145	543.42
30010 Federal - Ryan White Part A - HIV Emergency - 93.914	8,130.42
30012 State - School Based Health Clinics (SBHC)	8,138.78
30013 Fee for Services (FFS) - Medicaid - Care Oregon	1,596,898.96
30014 Fee for Services (FFS) - Medicaid	427,879.00
30015 Fee for Services (FFS) - Medicare	268,659.80
30017 Fee for Services (FFS) - Oregon ContraceptiveCare (CCare)	779.60
30018 Fee for Services (FFS) - Medicaid Pharmacy	3,920.92
30021 Federal - Ryan White Title IV - 93.153	2,176.08
30022 Federal & State - Family Planning - 93.217	3,177.03
30023 Other - OCHIN	(13,654.30)
30030 State - Oregon Health Authority (OHA) HIV Care	554.59
30031 State - Oregon Health Authority (OHA) Ryan White	1,828.12
30034 Other - Emergency Department Utilization	(100,244.54)
30035 Other - Medicare Wellness	(108,203.61)
30038 Other - Gilead FOCUS	(23,600.06)
30044 Federal - Rapid Start - Special Projects - 93.928	1,207.02
30049 Fee for Services (FFS) - Patient Fees 3rd Party	(338,188.70)
30050 Fee for Services (FFS) - Patient Fees	(3,520.87)
<b>Grand Total</b>	<b>(1,452,795.76)</b>

Project Information			Financial Overview										Operational Metrics										Compliance & Risk										Reporting & Audit									
Project ID	Project Name	Manager	Revenue	Cost	Profit	Margin	Units Sold	Units Produced	Units Shipped	Units Returned	Defect Rate	Customer Satisfaction	Employee Count	Hours Worked	Material Cost	Overhead Cost	Fixed Cost	Variable Cost	Total Cost	Net Profit	ROI	Compliance Score	Risk Level	Audit Status	Report Date	Report Type	Audit Date	Audit Type	Audit Score	Audit Comments												
P001	Project Alpha	John Doe	1000000	600000	400000	40%	10000	10000	10000	500	2%	4.5	50	10000	100000	50000	20000	10000	10000	180000	220000	150%	95	Low	Passed	2023-10-27	Quarterly	2023-10-27	Internal	98	Excellent performance											
P002	Project Beta	Jane Smith	800000	500000	300000	37.5%	8000	8000	8000	400	1.5%	4.2	45	8000	80000	40000	18000	8000	8000	146000	174000	142.5%	92	Low	Passed	2023-10-27	Quarterly	2023-10-27	Internal	95	Good performance											
P003	Project Gamma	Mike Johnson	1200000	700000	500000	41.7%	12000	12000	12000	600	3%	4.8	60	12000	120000	60000	25000	12000	12000	207000	293000	241.7%	97	Low	Passed	2023-10-27	Quarterly	2023-10-27	Internal	99	Outstanding performance											
P004	Project Delta	Sarah Lee	900000	550000	350000	38.9%	9000	9000	9000	450	2.5%	4.3	55	9000	90000	45000	22000	9000	9000	166000	214000	182.2%	93	Low	Passed	2023-10-27	Quarterly	2023-10-27	Internal	96	Very good performance											
P005	Project Epsilon	David Kim	1100000	650000	450000	40.9%	11000	11000	11000	550	2.8%	4.6	58	11000	110000	55000	23000	11000	11000	199000	281000	240.9%	96	Low	Passed	2023-10-27	Quarterly	2023-10-27	Internal	97	Excellent performance											
P006	Project Zeta	Emily White	750000	450000	300000	40%	7500	7500	7500	375	1.8%	4.1	42	7500	75000	37500	17000	7500	7500	139500	165500	140.6%	91	Low	Passed	2023-10-27	Quarterly	2023-10-27	Internal	94	Good performance											
P007	Project Eta	Chris Brown	1300000	750000	550000	42.3%	13000	13000	13000	650	3.2%	4.9	65	13000	130000	65000	28000	13000	13000	216000	384000	320%	98	Low	Passed	2023-10-27	Quarterly	2023-10-27	Internal	99	Outstanding performance											
P008	Project Theta	Alex Green	850000	500000	350000	41.2%	8500	8500	8500	425	2.2%	4.4	52	8500	85000	42500	20000	8500	8500	155500	204500	181.8%	94	Low	Passed	2023-10-27	Quarterly	2023-10-27	Internal	96	Very good performance											
P009	Project Iota	Nancy Black	950000	580000	370000	38.9%	9500	9500	9500	475	2.6%	4.3	56	9500	95000	47500	22500	9500	9500	170000	225000	205.3%	93	Low	Passed	2023-10-27	Quarterly	2023-10-27	Internal	95	Good performance											
P010	Project Kappa	Robert Gray	1050000	620000	430000	40.9%	10500	10500	10500	525	2.9%	4.7	59	10500	105000	52500	24000	10500	10500	185500	264500	223.5%	96	Low	Passed	2023-10-27	Quarterly	2023-10-27	Internal	97	Excellent performance											
P011	Project Lambda	Laura Pink	700000	420000	280000	40%	7000	7000	7000	350	1.9%	4.0	40	7000	70000	35000	16000	7000	7000	133000	167000	139.1%	90	Low	Passed	2023-10-27	Quarterly	2023-10-27	Internal	93	Good performance											
P012	Project Mu	Kevin Blue	1150000	680000	470000	40.9%	11500	11500	11500	575	3.1%	4.8	62	11500	115000	57500	26000	11500	11500	204500	295500	256.3%	97	Low	Passed	2023-10-27	Quarterly	2023-10-27	Internal	98	Outstanding performance											
P013	Project Nu	Michelle Yellow	880000	520000	360000	40.9%	8800	8800	8800	440	2.4%	4.4	54	8800	88000	44000	21000	8800	8800	159000	201000	180.9%	94	Low	Passed	2023-10-27	Quarterly	2023-10-27	Internal	96	Very good performance											
P014	Project Xi	Benjamin Purple	920000	560000	360000	39.1%	9200	9200	9200	460	2.7%	4.3	57	9200	92000	46000	23000	9200	9200	171000	229000	204.7%	93	Low	Passed	2023-10-27	Quarterly	2023-10-27	Internal	95	Good performance											
P015	Project Omicron	Hannah Teal	1020000	610000	410000	40.2%	10200	10200	10200	510	2.8%	4.7	58	10200	102000	51000	24500	10200	10200	187500	262500	220.0%	96	Low	Passed	2023-10-27	Quarterly	2023-10-27	Internal	97	Excellent performance											
P016	Project Pi	Isaac Orange	780000	470000	310000	39.7%	7800	7800	7800	390	2.1%	4.2	43	7800	78000	39000	18500	7800	7800	145500	171500	145.3%	92	Low	Passed	2023-10-27	Quarterly	2023-10-27	Internal	94	Good performance											
P017	Project Rho	Jessica Light Blue	1180000	690000	490000	41.5%	11800	11800	11800	590	3.3%	4.9	64	11800	118000	59000	27000	11800	11800	206000	294000	263.1%	97	Low	Passed	2023-10-27	Quarterly	2023-10-27	Internal	98	Outstanding performance											
P018	Project Sigma	Mason Dark Blue	820000	490000	330000	40.2%	8200	8200	8200	410	2.3%	4.3	51	8200	82000	41000	19500	8200	8200	154500	195500	178.3%	94	Low	Passed	2023-10-27	Quarterly	2023-10-27	Internal	95	Good performance											
P019	Project Tau	Olivia Light Green	980000	590000	390000	39.8%	9800	9800	9800	490	2.9%	4.6	56	9800	98000	49000	23500	9800	9800	170500	221500	203.5%	93	Low	Passed	2023-10-27	Quarterly	2023-10-27	Internal	95	Good performance											
P020	Project Upsilon	Peter Dark Green	1080000	640000	440000	40.7%	10800	10800	10800	540	3.0%	4.8	61	10800	108000	54000	25500	10800	10800	193500	276500	235.9%	96	Low	Passed	2023-10-27	Quarterly	2023-10-27	Internal	97	Excellent performance											
P021	Project Phi	Quinn Light Purple	720000	430000	290000	40.3%	7200	7200	7200	360	2.0%	4.1	41	7200	72000	36000	17500	7200	7200	135500	164500	143.5%	91	Low	Passed	2023-10-27	Quarterly	2023-10-27	Internal	93	Good performance											
P022	Project Chi	Ryan Dark Purple	1250000	720000	530000	42.4%	12500	12500	12500	625	3.4%	5.0	66	12500	125000	62500	29000	12500	12500	217000	393000	327.2%	98	Low	Passed	2023-10-27	Quarterly	2023-10-27	Internal	99	Outstanding performance											
P023	Project Psi	Sophia Light Teal	860000	510000	350000	40.8%	8600	8600	8600	430	2.2%	4.4	53	8600	86000	43000	20500	8600	8600	156500	203500	181.1%	94	Low	Passed	2023-10-27	Quarterly	2023-10-27	Internal	96	Very good performance											
P024	Project Omega	Thomas Dark Teal	960000	570000	390000	40.6%	9600	9600	9600	480	2.7%	4.5	55	9600	96000	48000	22800	9600	9600	169500	220500	203.9%	93	Low	Passed	2023-10-27	Quarterly	2023-10-27	Internal	95	Good performance											
P025	Project A	Uma Light Orange	1040000	630000	410000	39.4%	10400	10400	10400	520	3.1%	4.7	60	10400	104000	52000	24800	10400	10400	187000	266000	222.5%	96	Low	Passed	2023-10-27	Quarterly	2023-10-27	Internal	97	Excellent performance											
P026	Project B	Victor Dark Orange	760000	460000	300000	39.5%	7600	7600	7600	380	2.1%	4.2	44	7600	76000	38000	18800	7600	7600	142800	172800	148.3%	92	Low	Passed	2023-10-27	Quarterly	2023-10-27	Internal	94	Good performance											
P027	Project C	Wendy Light Blue	1120000	660000	460000	40.9%	11200	11200	11200	560	3.2%	4.9	63	11200	112000	56000	27500	11200	11200	205500	294500	255.2%	97	Low	Passed	2023-10-27	Quarterly	2023-10-27	Internal	98	Outstanding performance											
P028	Project D	Xavier Dark Blue	840000	490000	350000	41.7%	8400	8400	8400	420	2.3%	4.4	52	8400	84000	42000	20200	8400	8400	156200	203800	184.9%	94	Low	Passed	2023-10-27	Quarterly	2023-10-27	Internal	96	Very good performance											
P029	Project E	Yara Light Green	990000	580000	410000	41.4%	9900	9900	9900	495	2.8%	4.6	57	9900	99000	49500	23800	9900	9900	172500	227500	209.3%	93	Low	Passed	2023-10-27	Quarterly	2023-10-27	Internal	95	Good performance											
P030	Project F	Zoe Dark Green	1060000	640000	420000	39.6%	10600	10600	10600	530	3.0%	4.8	61	10600	106000	53000	25800	10600	10600	194800	275200	223.4%	96	Low	Passed	2023-10-27	Quarterly	2023-10-27	Internal	97	Excellent performance											
P031	Project G	Adam Light Purple	740000	440000	300000	40.5%	7400	7400	7400	370	2.0%	4.1	43	7400	74000	37000	18200	7400	7400	141200	165800	145.7%	91	Low	Passed	2023-10-27	Quarterly	2023-10-27	Internal	93	Good performance											
P032	Project H	Bella Dark Purple	1280000	730000	550000	42.9%	12800	12800	12800	640	3.5%	5.1	67	12800	128000	64000	30000	12800	12800	218000	402000	335.3%	98	Low	Passed	2023-10-27	Quarterly	2023-10-27	Internal	99	Outstanding performance											
P033	Project I	Carter Light Teal	870000	500000	370000	42.5%	8700	8700	8700	435	2.4%	4.5	54	8700	87000	43500	21500	8700	8700	161500	208500	191.9%	94	Low	Passed	2023-10-27	Quarterly	2023-10-27	Internal	96	Very good performance											
P034	Project J	Diana Dark Teal	970000	590000	380000	39.2%	9700	9700	9700	485	2.9%	4.7	56	9700	97000	48500	24200	9700	9700	173500	226500	202.7%	93	Low	Passed	2023-10-27	Quarterly	2023-10-27	Internal	95	Good performance											
P035	Project K	Ethan Light Orange	1010000	600000	410000	40.6%	10100	10100	10100	505	3.1%	4.7	59	10100	101000	50500	25000	10100	10100	186500	263500	222.3%	96	Low	Passed	2023-10-27	Quarterly	2023-10-27	Internal	97	Excellent performance											
P036	Project L	Fiona Dark Orange	770000	470000	300000	39.0%	7700	7700	7700	385	2.2%	4.2	45	7700	77000	38500	19200	7700	7700	144700	172300	146.6%	92	Low	Passed	2023-10-27	Quarterly	2023-10-27	Internal	94	Good performance											
P037	Project M	Gavin Light Blue	1160000	670000	490000	42.2%	11600	11600	11600	580	3.3%	5.0	64	11600	116000	58000	28500	11600	11600	204500	295500	261.9%	97	Low	Passed	2023-10-27	Quarterly	2023-10-27	Internal	98	Outstanding performance											
P038	Project N	Helen Dark Blue	830000	490000	340000	41.0%	8300	8300	8300	415	2.3%	4.4	51	8300	83000	41500	19800	8300	8300	155300	194700	183.3%	94	Low	Passed	2023-10-27	Quarterly	2023-10-27	Internal	95	Good performance											
P039	Project O	Ian Light Green	940000	560000	380000	40.4%	9400	9400	9400	470	2.7%	4.5	55	9400	94000	47000	23200	9400	9400	170700	221300	201.1%	93	Low	Passed	2023-10-27	Quarterly	2023-10-27	Internal	95	Good performance											
P040	Project P	Jane Dark Green	1090000	650000	440000	40.4%	10900	10900	10900	545	3.0%	4.8	62	10900	109000	54500	26500	10900	10900	199500	280500	241.4%	96	Low	Passed	2023-10-27	Quarterly	2023-10-27	Internal	97	Excellent performance											
P041	Project Q	Kyle Light Purple	710000	420000	290000	40.8%	7100	7100	7100	355	2.0%	4.1	42	7100	71000	35500	17200	7100	7100	132700	166300	140.3%	90	Low	Passed	2023-10-27	Quarterly	2023-10-27	Internal</													











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## Reference Guide: Internal Services and Indirect Charges

The Health Department's total indirect rate is made up of two separate rates. The first establishes support costs internal to the Health Department and the other identifies countywide (Central) support costs:

**Departmental Indirect Cost Rates:** Each department pays a rate based on departmental administrative costs incurred within the organization. Only costs not charged directly to grants are included in the departmental rates. This is the **Health Department Indirect Rate**, and is calculated using a cost pool method:

$$\frac{\text{Indirect Eligible Payroll}}{\text{Total Health Dept Direct Payroll}} = \text{HD Indirect Rate \%}$$


$$\text{HD Indirect Rate (\%)} \times \text{Division Payroll (\$)}^* = \text{Division pays to HD Indirect Cost Pool (\$)}$$

**Central Service Cost Allocation:** The Cost Allocation Plan identifies and distributes the personnel cost of services provided by County support divisions to County departments (Health, Sheriff, etc.) as a flat county-wide central service rate. Central services include Internal Auditor, Central Budget Office, Workday ERP Support, Central Finance, Central Human Resources and Strategic Sourcing.

**Combined Indirect Cost Rates:** These are the indirect rates that each department may charge to grants. Indirect cost rates are applied to direct personnel expenditures only.

Separate from indirect rate are internal services, which includes Fleet Management, Information Technology, Mail & Distribution, Facilities, and Risk Management. Internal services are directly charged to departmental users. Charges to the County departments are calculated to recover costs and maintain capital. Below is a short description of each internal service. Rates for the internal service providers are posted on the County's public website at:

<https://multco.us/budget/fy-2023-county-assets-cost-allocations>