Community Health Council

Community Health Council Board Meeting Minutes
Date: Monday, October 12, 2020
Time: 6:00 PM
Location: Zoom

Approved: **Recorded by:** Jordana Sardo
Attendance:

Board Members	Title	Y/N
"D"eb Abney	Board Member	N
David Aguayo	Treasurer	Y
Fabiola Arreola	Vice Chair	Y
Tamia Deary	Member-at-Large	Y
Iris Hodge	Board Member	N
Kerry Hoeschen	Board Member	Y
Nina McPherson	Board Member	N
Susana Mendoza	Board Member	Y
Harold Odhiambo	Chair	Y
Pedro Sandoval Prieto	Secretary	Y
Staff/Elected Officials	**Title**	**Y/N**
Hasan Bader	ICS Finance Project Manager	Y
Len Barozzini	Dental Director, Interim	Y
Patricia Charles-Heathers	Health Department Director	Y
Brieshon D'Agostini	Interim Quality Director	Y
Adrienne Daniels	ICS Deputy Director	Y
Daniel Halberg	Spanish Interpreter	Y
Amy Henninger	Interim Medical Director	Y
Toni Kempner	Regional Clinic Manager	Y
Michele Koder	Pharmacy and Lab Services Director	Y
Wendy Lear	Deputy Director, HD Financial and Business Management Division	Y
Kevin Minor	Integrated Behavioral Health and Addictions Manager	Y
Linda Niksich	Community Health Council Coordinator	Y
Christine Palermo	Dental Program Manager	Y
Debbie Powers	Primary Care Clinical Deputy Director	
Jordana Sardo	Administrative Analyst	Y
Dawn Shatzel	Primary Care Services Director, Interim	Y

Brett Taute	**Project Manager Strategic Projects Team Facilities and Property Management**	**Y**
Tasha Wheatt-Delancy	**ICS Director**	**Y**

Guests: Irene Kim, Cascadia Partners; Jeana Wooley, JM and Associates

Action Items:
- Tasha to provide Executive Summary to CHC for more COVID/ICS/Strategic Updates

Decisions:
- Approved September 14, 2020 Meeting Minutes
- Approved Removal of ATYF (DCJ) Program

Reports Received:
- Monthly Budget Report FY 2020 Year End Recap
-

The meeting was called to order at 6:02pm by Board Chair, Harold Odhiambo.

The Meeting Ground Rules (special considerations for online meetings) were presented by Board Chair, Harold Odhiambo.

Board attendance was taken by roll-call. Noted that quorum was met with 7 members in attendance

<u>September 14, 2020 Meeting Minutes Approval</u> (VOTE REQUIRED)
(See Document - September 14, 2020 CHC Meeting Minutes)

No questions or comments were raised by CHC members

Motion by Pedro to approve the September 14, 2020 Meeting Minutes.
Seconded by David
7 aye; 0 nay; 0 abstain
Motion carries

<u>Monthly Budget Report- FY20 Closeout</u>
(See Documents- Monthly Budget Report FY 2020 Year End Recap and CHC Beginning Working Capital and Unearned Revenue)

Presented by Wendy Lear, Deputy Director, HD Business and Finance Management Division.

- Discussing the fiscal year end so CHC is aware of how we closed, to see successes, and inform strategic planning next month. Next month will discuss quarterly review.
- FY20 shortfall was not as much as anticipated. The reports CHC received last month were preliminary and for the whole FQHC and not specific to ICS.
- Ended FY20 with a $7.7 million surplus in ICS, primarily due to the original estimate shortfall that was $1 million/week. Actual shortfall was $500,000/week
- Received $2.3 million and $2.6 million in support from CareOregon which helped close the fiscal year.
- Also received $366K performance payments from Providence which helped with surplus.
- $1.7M was returned to the County general fund because it was unspent and county policy requires unspent funds to go back to the general fund.
- $5.9 million of incentive revenue and $29,936 grant revenue will be carried over into this fiscal year.
- The *CHC Beginning Working Capital and Unearned Revenue* report shows how much beginning capital there is. This is revenue carried over from the previous year. In total, this is just over $8 million in beginning working capital.
- CHC budgeted and planned to spend $1.9 million for FY21.
- In May, CHC approved moving $6.5 million from unearned revenue into the operating budget. At the end of June 2020, there was $1,190,692 in unearned revenue: $874,423 in various federal and state grants and $316,270 in COVID grants received but not yet earned. These dollars will be available to clinics once they incur costs eligible for this funding.

Question: *Was the stability payment from CareOregon COVID-related and unplanned?*

Answer: *(Wendy) Yes, it was funding in recognition that we had to close half of the primary care and all dental clinics. It was supplemental funding to help with that gap.*

Question: *Are COVID-19 funds funded by HRSA or a different fund?*

Answer: *(Wendy) Those are funded from HRSA.*

Question: *Do we include them in the budget or is it already included?*

Answer: *(Wendy) CHC approved their use in the previous year. They are funds to use*

once costs are incurred that can be used against these grants.

Question: *If there was a $500,000 loss projected, why is the unspent $1.7 million being returned?*

Answer: *(Wendy) Rather than a monthly shortfall of $1 million, ICS had a $500,000 shortfall each month. ICS ended up with more revenue than expected and did not have enough expenses to apply to cost centers . ICS is allowed to carry over incentive and grant revenue, but not County general fund money therefore the $1.7M in CGF's were returned..*

Question: *For money returned, is there an impact to the health centers?*

Answer: *(Wendy) It is a violation of state budget laws and county accounting rules if the money is not returned.*

Walnut Park Development Project
(see document -Walnut Park Project Update and Stakeholder Feedback)

Presented by Jeana Woolley, JM Woolley and Associates

- Introduced project team members: Brett Taute (project manager Multnomah County) and Irene Kim (Cascadia Partners)
- Project purpose is to determine the feasibility of redeveloping the block that Walnut Park Health Center occupies. Any actual development is 4-5 years out. Their work includes gathering feedback from stakeholders, clinics, other county agencies, and the health center.
- Some of the other stakeholders are potential funding partners, neighborhood businesses, and non profit potential tenants and county services and CHC.
- The clinic would stay and all services would stay on site, but the new building would allow additional services. The whole building would be demolished and rebuilt but in phases to not disrupt services.
- Some feedback for desired clinic improvements include potential clinic centralized entrance and check in, waiting area upgrades and referrals, wider entrances, bigger exam rooms, more ADA bathrooms.
- CHC was asked if there was support for these improvements and if there were additional improvements that should be included, particularly those helpful to clients.
- Some high priority items include on-site childcare, indoor market space,

affordable housing, culturally responsive service providers, space for health and fitness. The project team wants to hear back on whether there are other types of spaces or services that would be helpful to clients to co-locate with health and dental clinics.

Question: *What is the location of this building and what part of the city is it?*

Answer: (*Jeana) Corner of Martin Luther King Jr and Killingsworth, and between Sumner and Garfield.*

Answer: *(Tasha) This is the Northeast Health Center.*

Question: *What are the services already offered at that location? Are there mental health services?*

Answer: *(Tasha) Services currently provided are dental, primary care, pharmacy, and behavioral health services.*

Answer: (*Jeana) There are also other county services there, such as Aging and Disability. Other services are the Northeast Senior Center and Northeast Meals On Wheels distribution center. Those are all county or in partnership with community organizations and they will be part of new development.*

Question/Comment: *One of things we discussed with the county auditors is to make sure health centers are located in proximity to other services. Houseless clients and low-income clients benefit from being able to access other services such as a laundromat with childcare. Would the wellness clinics be provided free?*

Answer: (*Jeana) There is an online survey that can be taken to identify desired services. There is no proposal yet on how additional services would work. The current plan is to include all services similar to the current structure. Other spaces would be rental spaces, such as DMV offices.*

Removal of ATYF (DCJ) Program and Site (VOTE REQUIRED)
(see document-Removal of ATYF (DCJ) Program)

Presented by Adrienne Daniels, ICS Deputy Director

- The Assessment and Treatment of Youth and Families program (ATYF) is in the department of community justice and not in the health department however, it is part of the FQHC. Budget reductions prompted a look at what programs to discontinue. This program served 69 patients at a cost of $663,000. Recommend ending this program because various community groups can provide these services. Patients can still access services at any primary care health center. Staff members have provided clients with referrals to other programs.

Comment: *This program is not a financially viable program and there are other avenues clients can access.*

Question: *How are we helping to transition patients into their next scenario?*

Answer: *(Adrienne) That level of information from staff is not currently available, other than all clients were provided with a referral.*

Motion by Tamia to approve the removal of the ATYF (DCJ) Program
Seconded by David
6 aye; 0 nay; 1 abstain (one member was unavailable when called upon)
Motion carries

Health Center Branding Update
Presented by Adrienne Daniels, ICS Deputy Director

- Branding project was paused due to COVID and the Board of County Commissioners (BOCC) requested involvement. CHC has restated interest in this work and plans to hire a Communication Strategist to lead the project.
- Branding project was presented to BOCC as a priority.
- Goals: New unified name and identity for all services, improve public knowledge of services offered, and develop and implement strategy on how to access services.
- Work completed: Analysis of key messages and opportunities, held 80 stakeholder interviews with staff, clients and focus groups.
- Research led to a positioning statement and draft name and logo.
- Proposed draft name "welcome health"; it is warm and friendly, reflects ICS' values, and is one of the first words you learn in the top ten languages spoken. "Welcome" is culturally appropriate and a good option for health literacy.
- It would appear with the county name and/or logo to make sure we are always associated.
- Proposed image includes the current blue and green color scheme. It is an

eye-illusion of a patient exam room and house.
- Based on the CHC request to restart this work, ICS staff will work on reengaging next steps.

Comment: *Encourage the CHC to support this project. CHC has already approved the project. We need our own identity for clinic sites.*

Comment: *Excited that the project is starting up again.*

Question: *Which entity extended this project?*

Answer: *BOCC requested more involvement, so next steps are to go back to BOCC and CHC as stakeholders as we re-start this work.*

Break

Integrated Behavioral Health and Addictions Program Overview + Suicidality and Support
(see document Integrated Behavioral Health and Addictions Program Overview)

Presented by Kevin Minor, IBHA Manager

- Integrated behavioral health (IBH) provides behavioral health in primary care setting by focusing on physical health through lifestyle changes, provides support for mental health, and provides care in 1-6 sessions.
- Provide a hybrid of services to better serve various clients.
- BH provider is part of the care team who serves clients.
- Care coordination within services in ICS and outside resources. We support patients as they connect with services that can provide long term care.
- Provide trauma informed care that is specific, transparent and respects the choice of the client in the care they receive.
- Themes are Bridging, Supporting, Consulting, Education, Prevention. IBH provides intermediary care until the patient can get into a traditional mental health service.
- IBH is intentional with services provided and promotes understanding and education on what behavioral support is and how clients can take control over aspects of their own health they may not be aware of.

Question: *What is the difference between behavioral health and traditional mental health services?*

Answer: *(Kevin) We see patients for a shorter time period. We will see patients whenever a mental health issue is connected to a primary care or physical health issue. We differ in documentation and types of interventions used. We do also serve adolescents, but will look at what is most effective for long term care when available. We will also not end services until the next step of services is available.*

Question: *Still unclear, what are the types of problems addressed with adolescents?*

Answer: *(Kevin) All of the above -- we see a diverse population in clinics and in school based health. Adolescents can have trouble adjusting to this new environment, display early onset of psychosis, or substance use. We provide support, intervention, communication, and involve the family with adolescents.*

Question: *Since you do not end service until a transfer to a long term provider, what happens for patients who are difficult to place elsewhere. Do you continue with the health care provider?*

Answer: *(Kevin) We keep working with patients until the transition is made and seeks to make the transition as least traumatic as possible.*

Suicidality and Support
(see document Suicidality and Support)

Presented by Kevin Minor, IBHA Manager

- Interesting data point: Oregon has not seen an increase in suicides in the first 7 months of 2020 compared with the same time period in 2019. Still a major health issue but important data.
- Over the past 7 months, there have been 23 suicide-related events (ideation or hospitalizatin due to attempts). Only one completed suicide in the past 7 months.
- We provide support for patients experiencing suicide ideation with continued communication and support them until they are at no or low risk, and then connect them with long term support.
- Currently, to improve care, we are evaluating and adding suicidality at ICS. This includes increasing outreach, educating providers, identifying care gaps and being intentional with the population we serve. Part of that is looking at high risk groups of individuals. Black males between 5-11years of age are at a high risk.

This is an epidemic for black males and drives a larger process of intentionality.

Question: *What wasn't listed was having more providers that are reflective of the populations IBH serve. Is that part of our plan?*

Answer: *Part of our larger plan is to increase diversity and the cultural experience of staff. We are seeking to diversify staff and look for individuals interested in this work. Talking to someone who looks like you has a significant impact and there is no substitute for lived experience.*

COVID-19/ICS/Strategic Updates
ICS Director, Tasha Wheatt-Delancy

**Tasha will write an Executive Summary that goes into more detail.*

- **Quality and Safety**
  - North Portland is fully open and Rockwood is open 3 days/week.
  - Piloting a waiting room pager project to reduce the number of folks in the waiting room to keep staff and patients safe.

- **Fiscally Sound and Accountable**
  - Closed out 2020 and will add highlights to the Executive Summary.

- **Engaged, Expert, Diverse workforce**
  - Trump's Executive Order does not allow for federal funds to be used for "race sensitivity" training. Tasha will provide a link and deeper details in the Executive Summary. We are in compliance with this Executive Order and are continuing racial equity work between staff and services for patients.

- **Person-Centered & Culturally Relevant**
  - The health center has access to protected health information and is required to make sure there are safeguards to keep information private. One way we strengthen that is through a data governance policy the CHC signed in June 2020. There has been a potential breach by staff outside of ICS, who got access to patient data. The incident is under investigation by IT security officers, and a parallel investigation that HR is doing. Will report back when investigation is done and propose additional safeguards.
  - Patient feedback said no kiosks, more details in Executive Summary.

Question: *Is there still money for inherent racism training but not using federal funds?*

Answer: *Yes, we are using other resources for diversity work.*

Council Business Committee Updates

Announcement:

- *Pleased to announce that Tasha Wheatt-Delancy has accepted the position of ICS Director. Welcome to a permanent position.*
- *Accepted resignation of Deb Abney*
- *Please fill out the ICS Director Evaluation survey*
- *Reminder to respond to Linda's emails.*

The Executive Committee met on September 28

- Retreat planning. Retreat will be held Saturday, November 14. More information to come soon.
- Strategic Planning 101, led by Adirenne to prepare for retreat
- Tasha gave updates which she shared tonight
- Adrienne provided an update on the branding project
- Crafted agenda for tonight

Announcements from CHC Coordinator: (Linda)

- *Emailed to CHC a call for self-nominations for Executive Committee positions. The Nomination Committee will nominate members but CHC members can also nominate themselves.*
- *Volunteers are needed for a committee to update By-Laws. It should only take 2-3 sessions.*

Next meeting November 9, 2020, 6pm-8pm on Zoom.

Guests please contact Linda with any questions

Meeting Adjourned at 8:25pm.

Signed:_____**Date:**_____
Pedro Prieto Sandoval, Secretary

Community Health Council
Public Meeting Agenda

Monday, October 12, 2020
6:00 - 8:00 pm
(via teleconference)
Public Access Call: +1-253-215-8782
Meeting ID: 962 1204 3153
Password: 026710

Integrated Clinical Services Mission: "Providing services that improve health and wellness for individuals, families, and our communities."

Our Meeting Process Focuses on the Governance of Community Health Centers -Meetings are open to the public -**Guests are welcome to observe/listen** -Use timekeeper to focus on agenda -Please email questions/comments outside of agenda items and for guest questions to linda.niksich@multco.us
Council Members Dave Aguayo (Treasurer); Fabiola Arreola (Vice-Chair); Tamia Deary(Member-at-Large); Iris Hodge; Kerry Hoeschen; Nina McPherson; Susana Mendoza; Harold Odhiambo (Chair); Pedro Sandoval Prieto (Secretary)

Item	Process/Who	Time	Desired Outcome
Call to Order/Welcome	• Chair, Harold Odhiambo	6:00-6:05 (5 min)	Call to order Review processes
Minutes **VOTE REQUIRED**	• Approval for September Public Meeting Minutes	6:05-6:10 (5 min)	Council votes to approve and Secretary signs (electronically)
Monthly Budget Report FY20 Closeout	• Deputy Director, HD Business and Finance Management Div; Wendy Lear	6:10-6:25 (15 min)	Council receives report
Walnut Park Development Project	• Lead Consultant JM Woolley and Associates, Jeana Woolley	6:25-6:45 (20 min)	Council receives update and provides feedback

Removal of Site for ATYF (DCJ) Program **VOTE REQUIRED**	• ICS Deputy Director, Adrienne Daniels	6:45-7:00 (15 min)	Discussion and Vote
Branding Update	• ICS Deputy Director, Adrienne Daniels	7:00-7:10 (10 min)	Council receives update
BREAK	• All	7:10-7:20 (10 min)	
Integrated Behavioral Health and Addictions Program Overview + Suicidality and Support	• IBHA Manager, Kevin Minor	7:20-7:40 (20 min)	Council receives information
COVID-19/ICS/ Strategic Updates	• Interim ICS Director, Tasha Wheatt-Delancy	7:40-7:55 (15 min)	Council receives COVID-19 updates and ICS Updates through the Strategic Plan Lens
Council Business Committee Updates	• Executive Committee Update; Chair, Harold Odhiambo	7:55-8:00 (5 min)	Council receives updates from Chair
Adjourn Meeting	• Chair, Harold Odhiambo	8:00	**Goodnight!**

This agenda item helps us meet HRSA Community Health Center requirements.

Monthly Budget Report
FY 2020 Year End Recap

(15 min)

Wendy Lear,
Deputy Director Health Department
Financial and Business Management Division

No Action

Multnomah County Health Department
Federally Qualified Health Center Financial Statement
For Period Ending June 30, 2020

Community Health Centers - Page 3

June Target: 100%

	Adopted Budget	Revised Budget	Budget Change	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Revenue									
Behavioral Health	$ 80,189	$ 80,189	$ -	$ 5,957	$ 6,634	$ 6,683	$ 6,697	$ 6,365	$ 6,724
General Fund	$ 10,670,061	$ 10,607,818	$ (62,243)	$ 896,296	$ 893,146	$ 896,466	$ 894,532	$ 897,332	$ 887,854
Grants - BPHC	$ 9,795,045	$ 9,795,045	$ -	$ 570,116	$ 1,654,676	$ 1,052,012	$ (3,198,754)	$ 1,575,335	$ 2,630,909
Medicaid Quality and Incentives	$ 8,179,053	$ 13,424,788	$ 5,245,735	$ 165,822	$ 260,303	$ 239,849	$ 1,555,532	$ 136,996	$ 554,312
Grants - All Other	$ 9,372,217	$ 9,816,564	$ 444,347	$ 260,242	$ 685,613	$ 657,556	$ (169,300)	$ 1,783,912	$ 662,615
Health Center Fees	$ 101,518,640	$ 101,518,640	$ -	$ 2,701,914	$ 15,061,267	$ 5,833,522	$ 8,953,544	$ 9,987,570	$ 8,891,486
Self Pay Client Fees	$ 1,025,053	$ 1,025,053	$ -	$ 70,020	$ 84,041	$ 86,395	$ 88,663	$ 73,794	$ 86,724
Grants - COVID-19	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Write-offs	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total	$ 140,640,258	$ 146,268,097	$ 5,627,839	$ 4,670,367	$ 18,645,681	$ 8,772,482	$ 8,130,914	$ 14,461,305	$ 13,720,625
Expense									
Personnel	$ 92,649,052	$ 92,920,833	$ 271,781	$ 7,177,524	$ 7,071,052	$ 7,108,158	$ 7,802,891	$ 7,293,800	$ 8,005,975
Contracts	$ 4,777,160	$ 4,836,035	$ 58,875	$ 191,632	$ 216,947	$ 472,785	$ 565,644	$ 135,450	$ 323,445
Materials and Services	$ 16,608,855	$ 21,868,043	$ 5,259,188	$ 1,334,935	$ 1,390,091	$ 1,651,404	$ 1,671,323	$ 1,533,060	$ 1,705,246
Internal Services	$ 25,996,190	$ 26,034,185	$ 37,995	$ 796,839	$ 1,486,076	$ 3,397,229	$ 1,937,524	$ 2,096,175	$ 2,399,969
Capital Outlay	$ 609,000	$ 609,000	$ -	$ -	$ -	$ -	$ -	$ -	$ 7,862
Total	$ 140,640,258	$ 146,268,097	$ 5,627,839	$ 9,500,930	$ 10,164,166	$ 12,629,577	$ 11,977,381	$ 11,058,485	$ 12,442,497
Surplus/(Deficit)	$ -	$ -	$ 0	$ (4,830,563)	$ 8,481,516	$ (3,857,095)	$ (3,846,467)	$ 3,402,820	$ 1,278,128

Multnomah County Health Department
Federally Qualified Health Center Financial Statement
For Period Ending June 30, 2020

Community Health Centers - Page 4											June Target:	100%
	Adopted Budget	Revised Budget	Budget Change	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Year to Date Total	% YTD	
Revenue												
Behavioral Health	$ 80,189	$ 80,189	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 39,059	49%	
General Fund	$ 10,670,061	$ 10,607,818	$ (62,243)	$ 895,255	$ 886,040	$ 889,539	$ 905,257	$ 867,296	$ 955,723	$ 10,764,736	101%	
Grants - BPHC	$ 9,795,045	$ 9,795,045	$ -	$ 330,148	$ 31,742	$ 2,039,834	$ 1,110,555	$ 872,898	$ 2,105,070	$ 10,774,541	110%	
Medicaid Quality and Incentives	$ 8,179,053	$ 13,424,788	$ 5,245,735	$ 603,758	$ 700,571	$ 645,380	$ 134,275	$ 641,116	$ 12,774,944	$ 18,412,858	137%	
Grants - All Other	$ 9,372,217	$ 9,816,564	$ 444,347	$ 519,783	$ 719,445	$ 570,506	$ 1,093,773	$ 812,705	$ 2,226,749	$ 9,823,601	100%	
Health Center Fees	$ 101,518,640	$ 101,518,640	$ -	$ 5,735,017	$ 7,396,338	$ 7,842,172	$ 7,114,695	$ 5,290,250	$ 6,186,435	$ 90,994,209	90%	
Self Pay Client Fees	$ 1,025,053	$ 1,025,053	$ -	$ 59,996	$ 67,016	$ 66,259	$ 39,082	$ 40,123	$ 68,110	$ 830,224	81%	
Grants - COVID-19	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,902,288	$ 3,902,288		
Write-offs	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -		
Total	$ 140,640,258	$ 146,268,097	$ 5,627,839	$ 8,143,957	$ 9,801,151	$ 12,053,691	$ 10,397,637	$ 8,524,388	$ 28,219,319	$ 145,541,516	100%	
Expense												
Personnel	$ 92,649,052	$ 92,920,833	$ 271,781	$ 7,594,319	$ 7,361,283	$ 7,545,624	$ 7,218,634	$ 7,055,664	$ 7,460,677	$ 88,695,600	95%	
Contracts	$ 4,777,160	$ 4,836,035	$ 58,875	$ 550,974	$ 165,653	$ 632,586	$ 654,530	$ 145,372	$ 709,603	$ 4,764,622	99%	
Materials and Services	$ 16,608,855	$ 21,868,043	$ 5,259,188	$ 1,664,439	$ 1,940,417	$ 2,107,964	$ 1,459,641	$ 1,010,718	$ 1,892,410	$ 19,361,647	89%	
Internal Services	$ 25,996,190	$ 26,034,185	$ 37,995	$ 1,738,294	$ 1,668,398	$ 2,064,765	$ 1,842,352	$ 1,520,371	$ 4,675,573	$ 25,623,565	98%	
Capital Outlay	$ 609,000	$ 609,000	$ -	$ -	$ -	$ -	$ 11,924	$ -	$ 189,745	$ 209,531	34%	
Total	$ 140,640,258	$ 146,268,097	$ 5,627,839	$ 11,548,026	$ 11,135,751	$ 12,350,938	$ 11,187,081	$ 9,732,125	$ 14,928,008	$ 138,654,965	95%	
Surplus/(Deficit)	$ -	$ -	$ 0	$ (3,404,069)	$ (1,334,599)	$ (297,248)	$ (789,444)	$ (1,207,738)	$ 13,291,311	$ 6,886,552		

Notes:

This agenda item helps us meet HRSA Community Health Center requirements.

FY 20 Revenue and Expenditures by Fund

- The initial $1m shortfall projection per week was actually $500k
- $2.3m stability payments CareOregon
- $2.6m quality performance pmts 2019 CareOregon
- $366k quality performance pmts 2019 Providence.
- $1,791,537 is the amount of CGF unspent and returned to the general fund
- $5,917,148 is the amount of Incentive revenue unspent and added to BWC for ICS
- $29,936 is the amount of grant revenue unspent and added to BWC

Division	General Fund (Revised) Budget	Total (Revised) Budget	Net Operating Income/(Loss)	CGF	10020	Fed/State
Integrated Clinical Services	4,852,101	135,811,204	7,738,621	1,791,537	5,917,148	29,936

This agenda item helps us meet HRSA Community Health Center requirements.

FY 20 Beginning Working Capital (BWC)

(Revenue carried over into the next year FY21)

Multnomah County Health Department

BWC Summary

June 30, 2020 - Based on Workday Reports from 9/11/2020

Fund	Division	BWC From FY2019	BWC at the end of FY2020	BWC Budgeted in FY2021
10020	40-70 HD Integrated Clinical Services Total	2,123,170	8,040,318	1,987,780
10020 Medicaid Quality and Incentives Total		2,123,170	8,040,318	1,987,780

This agenda item helps us meet HRSA Community Health Center requirements.

Unearned Revenue

- July 2020, CHC approved $6.5M to be transitioned from unearned revenue to beginning working capital.
- ICS now has $1,190,692 in unearned revenue.

Multnomah County Health Department

FY20 Unearned Revenue Balances

June 30, 2020

Division	Federal/State Fund	COVID-19 Fund	Total
Integrated Clinical Services	874,423	316,270	1,190,692

Questions?


WHEN? WHY? WHEN? WHERE? WHY? WHO?
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WHERE? WHAT? HOW? HOW?
WHAT? WHERE? HOW?

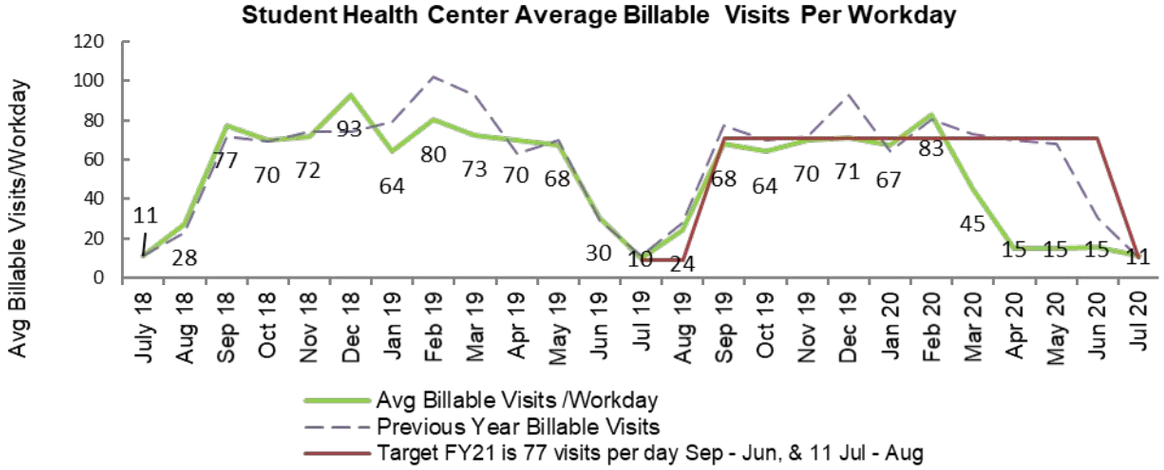
Multnomah County - Federally Qualified Health Center

Monthly Dashboard

July 2020

Prepared by: Larry Mingo

FQHC Average Billable Visits per day by month per Service Area



What this slide shows:

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

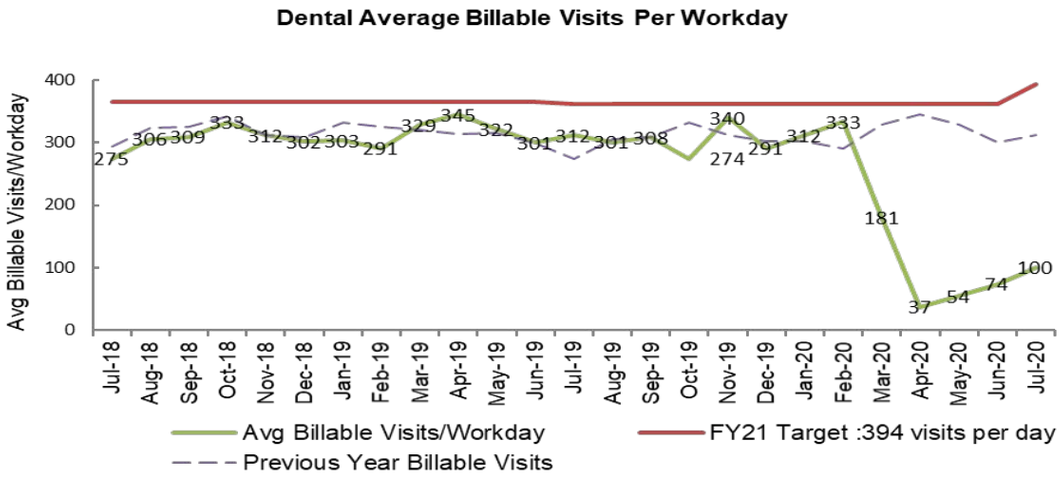
Good performance = the green "actual average" line <u>at or above</u> the red "target" line

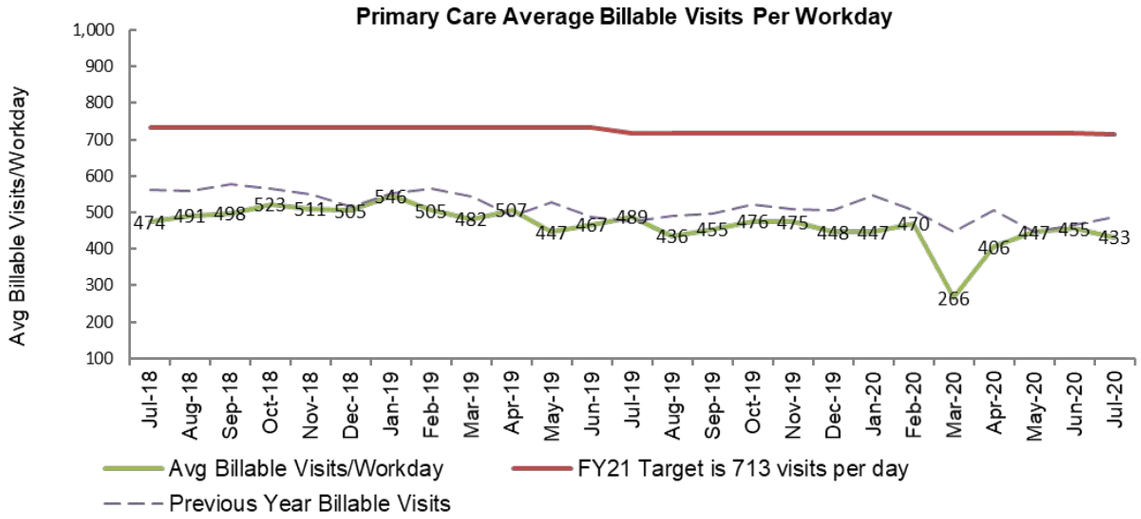
Definitions:

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

- Some visits may not yet have been billed due to errors that need correction.
- Some visits that are billed
- may not be paid, or not paid at the full billed amount, due to missing or incorrect documentation or coding, exceeding timely filing, or what is included in the insurance plan's benefits.

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





Notes: Primary Care and Dental visit counts are based on an average of days worked.
School Based Health Clinic visit counts are based on average days clinics are open and school is in session. Schools closed an additional 7 days in March 2020 due to Covid-19 outbreak

Percentage of Uninsured Visits by Quarter

What this slide shows:

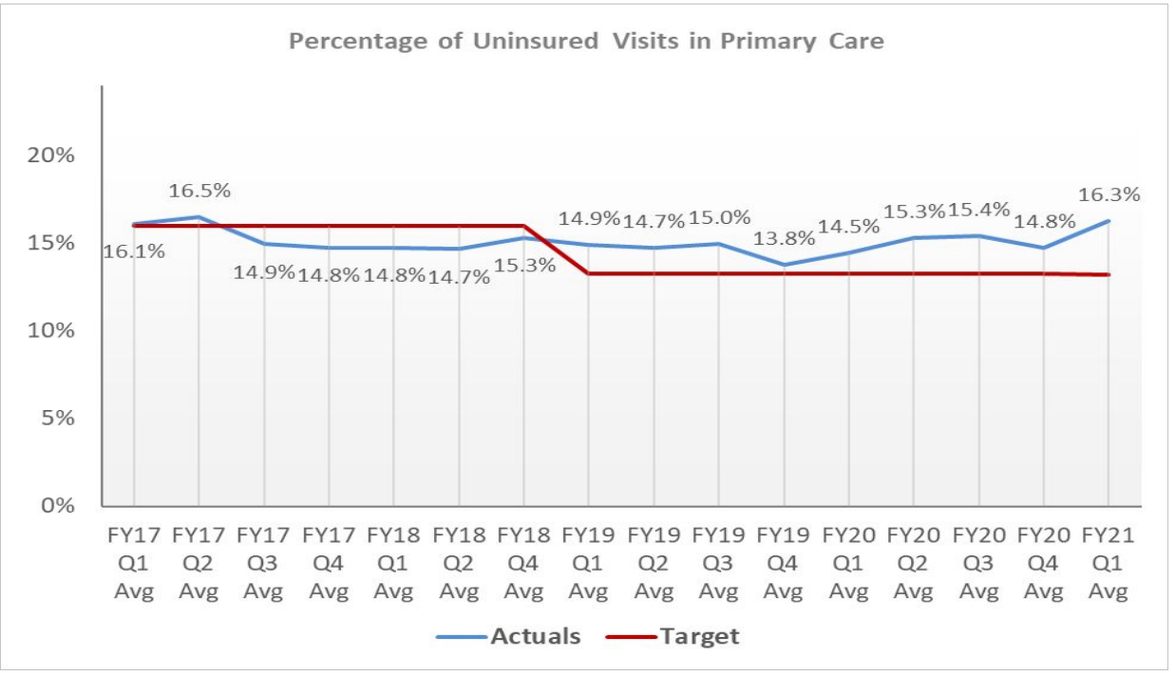
This report shows the average percentage of "self pay" visits per month.

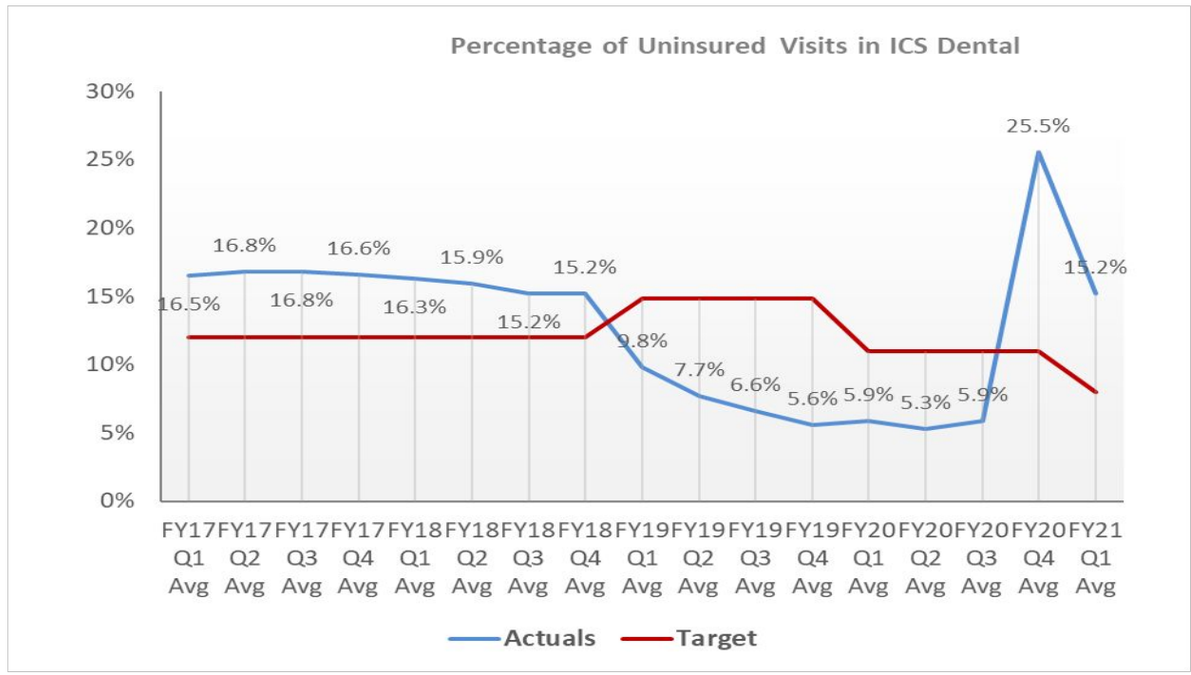
Good performance = the blue "Actual" line is around or below the red "Target" line

Definitions:

Self Pay visits: visits checked in under a "self pay" account

- Most "self pay" visits are for uninsured clients
- Most "self pay" visits are for clients who qualify for a Sliding Fee Discount tier
- A small percentage may be for patients who have insurance, but for various reasons have chosen not to bill the visit to insurance (confidential services, etc)





Comments:
Primary Care target % of Uninsured Visits for FY18: 16%; for FY19: 13.25%; for FY20 13.27%; FY21 13.23%
Dental target % of Uninsured Visits for FY18: 12%; for FY19: 14.85%; for FY20 11.00%; FY21 8%

Payer Mix for ICS Primary Care Health Center

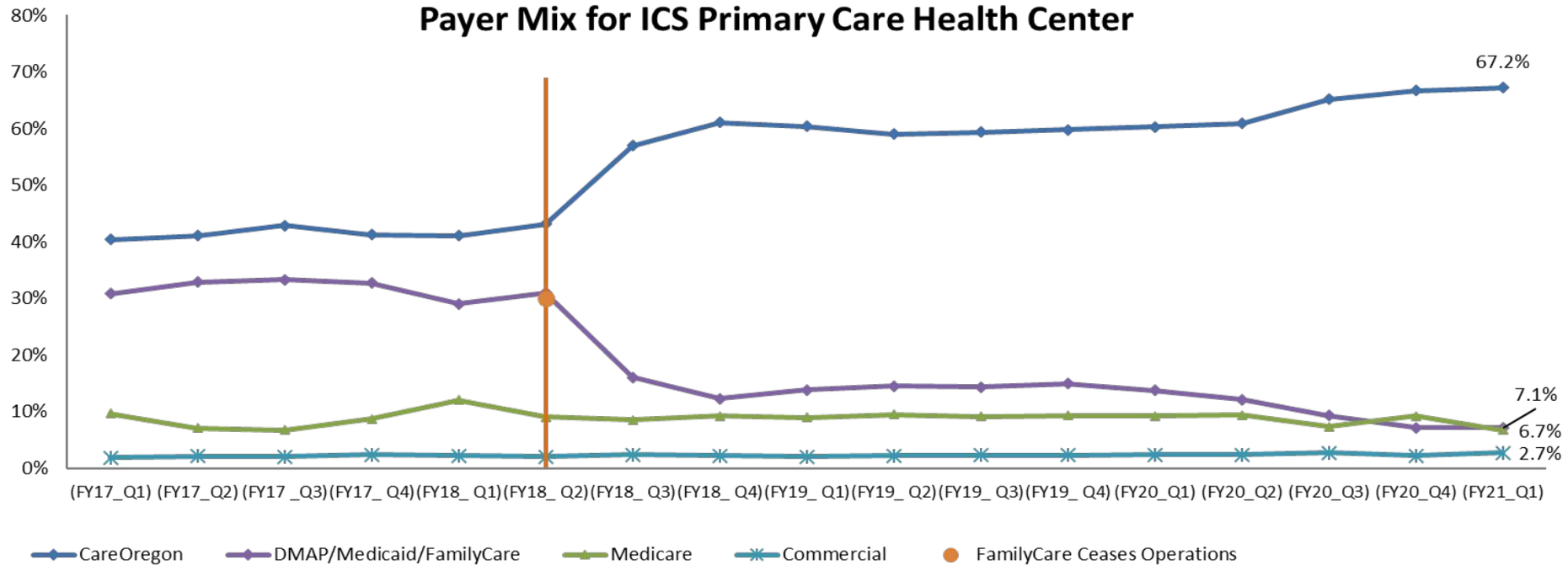
What this slide shows:

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

This slide is not meant to assess "good performance," but to understand the changes in payer mix. Deviations (such as closure of a Medicaid plan or changes in plan preferred providers) may mean changes in revenue and should be reviewed and explained.

Definitions:

Payer: Who will be billed/charged for the visit, based on the account that the visit was checked in under.



Notes: Payer Mix for Primary Care Health Service Center shows the percentage of patient visits per payer and per Quarter

Number of OHP Clients Assigned by CCO

What this slide shows:

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

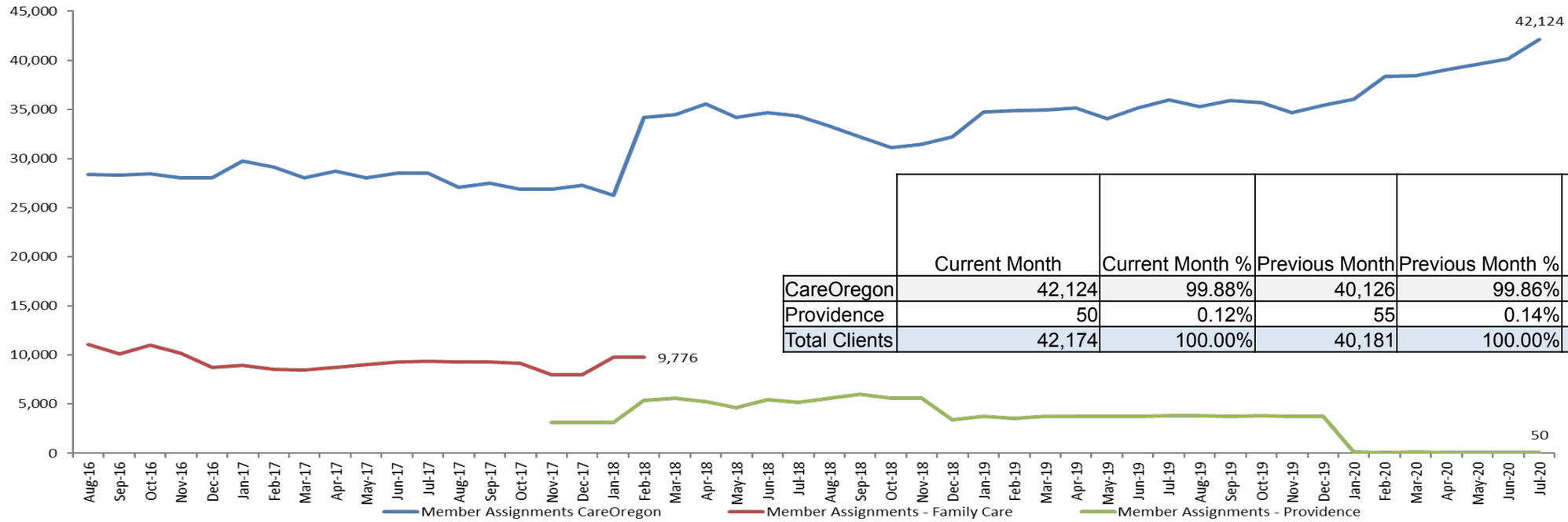
Good performance = increased number of assigned patients, suggesting higher potential APCM revenue

Definitions:

APCM: Alternative Payment and Care Model (aka APM: Alternative Payment Methodology). In addition to billing for services, APCM payers also pay health centers a PMPM rate.

PMPM: Per-Member-Per-Month. PMPM ranges around $40-60/month, depending on payer. This is only received if the patient is assigned to us by their OHP health plan AND meets criteria for being established and engaged in care (has a qualifying visit or care step)

OHP Primary Care Member Assignments



	Current Month	Current Month %	Previous Month	Previous Month %	Monthly change in number of assigned members Increase(Decrease)
CareOregon	42,124	99.88%	40,126	99.86%	1,998
Providence	50	0.12%	55	0.14%	(5)
Total Clients	42,174	100.00%	40,181	100.00%	1,993

CareOregon FY21 average: 42,124

Providence FY21 average: 50

ICS Net Collection Rate by Payer
May'20 – Jul'20 vs YTD Jan'20 – Jul'20

	May - July Payments	YTD Payments	May - July Net Collection	YTD Net Collection
CareOregon Medicaid	$2,739,943	$6,577,087	97%	96%
Commercial	$178,687	$644,413	84%	80%
Medicaid	$264,533	$966,667	89%	91%
Medicare	$294,523	$1,139,723	93%	93%
Reproductive Health	$28,482	$154,133	100%	100%
Self-Pay	$124,848	$328,917	22%	13%
	$3,631,016	**$9,810,940**		

What this slide shows:

This report shows the effectiveness in collecting reimbursements by Payer

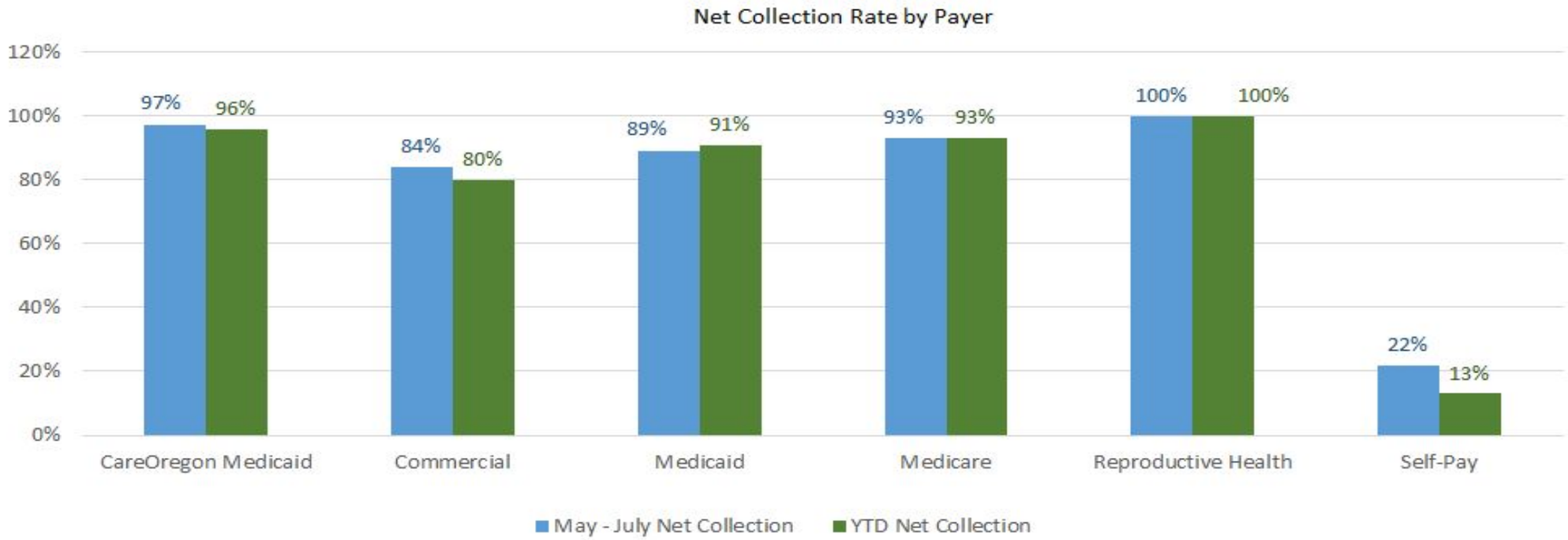
The benchmark for Net Collection Rate is 90% - 100%. Over 95% is ideal per HFMA

Definitions:

Net Collection Rate % = Payments / Payments + Avoidable

Avoidable: Bad Debt, Write-off Past Untimely Filing and DX Not Covered.

Payments: What we received from each payer, based on contracted rates (for insurance plans) and Sliding Fee Discount fees (for selfpay)



ICS Net Collection Rate by Service Group
May'20 – Jul'20 vs YTD Jan'20 – Jul'20

	May - July Payments	YTD Payments	May - July Net Collection	YTD Net Collection
MC Dental	$388,389	$2,604,518	86%	91%
MC HSC Health Service Center	$285,417	$668,939	96%	93%
MC Pharmacy - Self Pay Only	$62,104	$117,304	38%	24%
MC Primary Care	$2,772,749	$5,931,156	86%	80%
MC School Based Health Centers	$122,357	$489,024	93%	95%
	$3,631,015	$9,810,941		

What this slide shows:

This report shows the effectiveness in collecting reimbursements by Service Group

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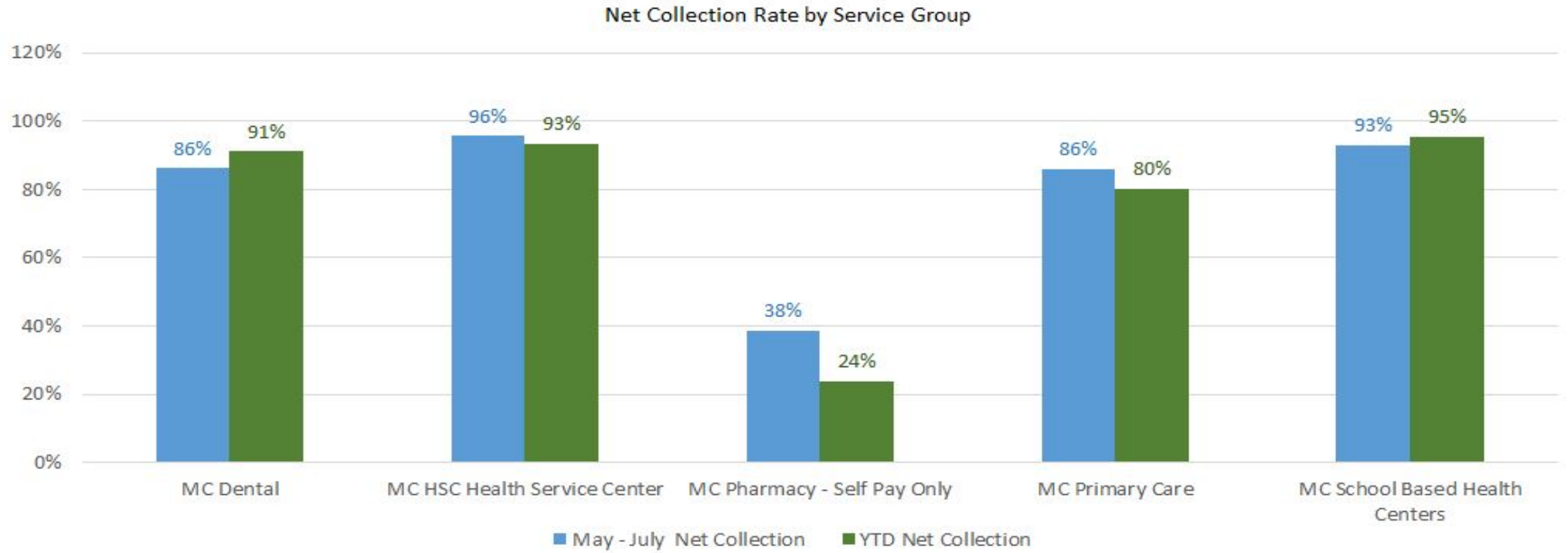


Multnomah County Health Department
Federally Qualified Health Center Financial Statement
For Period Ending August 31, 2020

Community Health Centers - Page 1

Revenue: are tax and non-tax generated resources that are used to pay for services.

Behavioral Health: Revenue earned by the Mental Health Division in its capacity as an insurance provider for Medicaid clients (by way of Health Share of Oregon).

General Fund: The general fund is the primary operating fund for the County, and is used to account for and report all financial resources not accounted for and reported in another fund. All County departments have some part of their operations either reported in or supported by the general fund.

Grants – PC 330 (BPHC): The Bureau of Primary Health Care grant revenue is isolated here. This grant is also known as the Primary Care 330 (PC 330) grant.

Medicaid Quality and Incentives (formerly Grants – Incentives): External agreements that are determined by meeting certain metrics.

Grants – All Other: The County receives various Federal and State grants for specific programmatic purposes.

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.

Write-offs: Write-offs occur when the actual amount received for a claim differs from the amount originally recorded at the time of service. Transactions are recorded as revenue, but they can be positive or negative.

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.

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.

Multnomah County Health Department
Federally Qualified Health Center Financial Statement
For Period Ending August 31, 2020

Community Health Centers - Page 2

Internal Services

Facilities/Building Management	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.

Multnomah County Health Department
Federally Qualified Health Center Financial Statement
For Period Ending August 31, 2020

Community Health Centers - Page 3

August Target: 17%

	Adopted Budget	Revised Budget	Budget Change	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20		
Revenue											
County General Fund Support	$ 10,121,214	$ 10,282,541	$ 161,327	$ 856,878	$ 856,878	$ -	$ -	$ -	$ -	$ 1,713,757	17%
General Fund Fees and Miscellaneous Revenue	$ -	$ -	$ -	$ 4,818	$ 17,641	$ -	$ -	$ -	$ -		
Grants - PC 330 (BPHC)	$ 9,994,455	$ 9,994,455	$ -	$ -	$ 1,056,312	$ -	$ -	$ -	$ -		
Grants - COVID-19	$ -	$ -	$ -			$ -	$ -	$ -	$ -		
Grants - All Other	$ 9,036,672	$ 9,073,908	$ 37,236	$ 698,819	$ 496	$ -	$ -	$ -	$ -		
Medicaid Quality and Incentives	$ 6,722,000	$ 6,722,000	$ -	$ -	$ -	$ -	$ -	$ -	$ -		
Health Center Fees	$ 109,550,304	$ 109,550,304	$ -	$ 779,461	$ 13,191,600	$ -	$ -	$ -	$ -		
Self Pay Client Fees	$ 1,214,770	$ 1,214,770	$ -	$ 29,056	$ 57,042	$ -	$ -	$ -	$ -		
Beginning Working Capital	$ 2,515,544	$ 2,515,544	$ -	$ 209,629	$ 209,629	$ -	$ -	$ -	$ -		
Write-offs	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -		
Total	$ 149,154,959	$ 149,353,522	$ 198,563	$ 2,578,661	$ 15,389,598	$ -	$ -	$ -	$ -		
Expense											
Personnel	$ 98,585,933	$ 98,751,072	$ 165,139	$ 7,233,842	$ 7,033,847	$ -	$ -	$ -	$ -		
Contracts	$ 4,654,127	$ 4,654,127	$ -	$ 90,123	$ 80,949	$ -	$ -	$ -	$ -		
Materials and Services	$ 18,216,003	$ 18,248,980	$ 32,978	$ 1,461,548	$ 1,692,024	$ -	$ -	$ -	$ -		
Internal Services	$ 27,437,897	$ 27,438,343	$ 446	$ 1,087,730	$ 2,743,492	$ -	$ -	$ -	$ -		
Capital Outlay	$ 261,000	$ 261,000	$ -	$ 8,396	$ -	$ -	$ -	$ -	$ -		
Total	$ 149,154,959	$ 149,353,522	$ 198,563	$ 9,881,639	$ 11,550,311	$ -	$ -	$ -	$ -		
Surplus/(Deficit)	$ -	$ -	$ -	$ (7,302,978)	$ 3,839,286	$ -	$ -	$ -	$ -		

Multnomah County Health Department
Federally Qualified Health Center Financial Statement
For Period Ending August 31, 2020

Community Health Centers - Page 4

August Target: 17%

	Adopted Budget	Revised Budget	Budget Change	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Year to Date Total	% YTD
Revenue											
County General Fund Support	$ 10,121,214	$ 10,282,541	$ 161,327	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,713,757	17%
General Fund Fees and Miscellaneous Revenue	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 22,459	
Grants - PC 330 (BPHC)	$ 9,994,455	$ 9,994,455	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,056,312	11%
Grants - COVID-19	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
Grants - All Other	$ 9,036,672	$ 9,073,908	$ 37,236	$ -	$ -	$ -	$ -	$ -	$ -	$ 699,315	8%
Medicaid Quality and Incentives	$ 6,722,000	$ 6,722,000	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	0%
Health Center Fees	$ 109,550,304	$ 109,550,304	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 13,971,061	13%
Self Pay Client Fees	$ 1,214,770	$ 1,214,770	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 86,098	7%
Beginning Working Capital	$ 2,515,544	$ 2,515,544	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 419,257	17%
Write-offs	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
Total	$ 149,154,959	$ 149,353,522	$ 198,563	$ -	$ -	$ -	$ -	$ -	$ -	$ 17,968,258	12%
Expense											
Personnel	$ 98,585,933	$ 98,751,072	$ 165,139	$ -	$ -	$ -	$ -	$ -	$ -	$ 14,267,689	14%
Contracts	$ 4,654,127	$ 4,654,127	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 171,072	4%
Materials and Services	$ 18,216,003	$ 18,248,980	$ 32,978	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,153,572	17%
Internal Services	$ 27,437,897	$ 27,438,343	$ 446	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,831,221	14%
Capital Outlay	$ 261,000	$ 261,000	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 8,396	3%
Total	$ 149,154,959	$ 149,353,522	$ 198,563	$ -	$ -	$ -	$ -	$ -	$ -	$ 21,431,950	14%
Surplus/(Deficit)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ (3,463,692)	

Notes:
Financial Statement is for Fiscal Year 2021 (July 2020 - June 2021). Columns are blank/zero until the month is closed.

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

> A vacant Senior Finance Manager position was moved from an out-of-scope program in the Financial and Business Management division to an in-scope program in Integrated Clinical Services. General Fund Support and Personnel each increased by $161 thousand.
> $37 thousand Public Health Title V revenue (Grants - All Other) and $37 thousand expenses (Materials & Supplies) were transferred from an out-of-scope Environmental Health program to an in-scope Early Childhood Services program.
> Three positions in ICS were reclassified to better align employees' job titles with their responsibilities. Personnel costs and internal services (indirect expense) increased by $4 thousand, with an offsetting reduction to Materials and Services.

Grants- PC 330 (BPHC): Invoicing of July expenses occurred in period 2 (August). This is a typical timeline.

Grants- All Other: Behavioral Health Grants revenue receipt from July to September received in July. We expect to receive this revenue monthly starting in October.

Health Center Fees: Due to normal delays associated with the closing of the prior fiscal year, July revenue consists of medical fees for July ($6M) and August ($7.2M).

Internal Services: Due to normal delays associated with the closing of the prior fiscal year, is typical to be behind in posting charges.

Multnomah County Health Department

Community Health Council - Fiscal Year 2020 YTD Actual Revenues and Expenses by Program Group

For Period Ending August 31, 2020

10/8/2020

	Category	Description	40-710 Administrative	Non-ICS Service Programs	40-720 HD Dental	40-730 HD Pharmacy	40-740 HD Primary Care Clinics	40-750 HD Quality and Compliance	40-760 HD Student Health Centers	40-770 HD HIV Clinic	40-780 HD Lab	Y-T-D Actual	Y-T-D Budget	FY2021 Revised Budget	Percent of Budget
Revenues	County General Fund Support		239,359	1,084,292	-	-	23,989	67,351	298,767	-	-	1,713,757	1,713,757	10,282,541	17%
	General Fund Fees and Miscellaneous Revenue		-	-	-	15,177	6,126	1,156	-	-	-	22,459	-	-	0%
	Grants - HRSA PC 330 Health Center Cluster		183,058	-	43,779	-	745,405	40,989	16,424	26,658	-	1,056,312	1,665,743	9,994,455	11%
	Grants - HRSA Healthy Birth Initiatives		-	81	-	-	-	-	-	-	-	81	163,333	980,000	0%
	Grants - HRSA Ryan White		-	-	-	-	-	-	-	(5)	-	(5)	419,971	2,519,826	0%
	Grants - OHA Ryan White		-	-	-	-	-	-	-	-	-	-	59,992	359,952	0%
	Grants - OHA Non-Residential Mental Health Services		-	697,086	-	-	-	-	-	-	-	697,086	464,724	2,788,345	25%
	Grants - HHS CARES Act Provider Relief		-	-	-	-	-	-	-	-	-	-	-	-	0%
	Grants - HRSA Health Center CARES Act		-	-	-	-	-	-	-	-	-	-	-	-	0%
	Grants - HRSA Expanding Capacity for Coronavirus Testing		-	-	-	-	-	-	-	-	-	-	-	-	0%
	Grants - Other COVID-19 Funding		-	-	-	-	-	-	-	-	-	-	-	-	0%
	Grants - All Other		1,914	238	-	-	-	-	-	-	-	2,152	404,297	2,425,785	0%
	Medicaid Quality and Incentive Payments		-	-	-	-	-	-	-	-	-	-	1,120,333	6,722,000	0%
	Health Center Fees		416,899	435,679	1,290,484	4,820,479	6,440,940	-	176,210	390,371	-	13,971,061	18,258,384	109,550,304	13%
	Self Pay Client Fees		-	-	10,485	33,848	41,650	-	-	115	-	86,098	202,462	1,214,770	7%
	Beginning Working Capital		116,667	92,961	83,333	-	-	126,297	-	-	-	419,257	419,257	2,515,544	17%
Revenues Total			957,896	2,310,337	1,428,081	4,869,504	7,258,110	235,792	491,401	417,139	-	17,968,258	24,892,254	149,353,522	12%
	Personnel	Permanent	938,641	760,618	1,628,730	726,421	2,949,207	378,749	222,385	424,971	126,190	8,155,912	9,451,097	56,706,583	14%
		Premium	12,207	14,190	15,419	9,335	67,616	2,374	3,127	6,373	-	130,640	203,821	1,222,925	11%
		Salary Related	355,151	292,477	611,463	267,396	1,073,442	140,650	87,909	144,523	47,986	3,020,996	3,689,929	22,139,574	14%
		Temporary	24,707	13,922	23,435	12,606	148,130	13,998	1,728	56,255	-	294,782	213,008	1,278,048	23%
		Insurance Benefits	311,083	283,008	490,410	183,965	848,515	111,912	104,442	126,058	44,001	2,503,394	2,804,734	16,828,403	15%
		Non Base Fringe	7,923	3,455	6,348	1,563	44,218	5,075	495	13,365	-	82,441	38,580	231,478	36%
		Non Base Insurance	2,314	1,854	415	216	8,635	265	30	992	-	14,723	4,196	25,176	58%
		Overtime	2,491	1,465	6,426	510	49,594	3,087	(107)	159	1,176	64,802	53,148	318,887	20%
	Personnel Total		**1,654,517**	**1,370,990**	**2,782,646**	**1,202,011**	**5,189,357**	**656,110**	**420,010**	**772,695**	**219,353**	**14,267,689**	**16,458,512**	**98,751,072**	14%
	Contractual Services	County Match & Sharing	-	-	-	-	-	-	-	-	-	-	150,271	901,623	0%
		Direct Client Assistance	910	1,001	-	-	-	-	-	3,602	-	5,513	13,485	80,910	7%
		Pass-Through & Program Support	-	30,919	-	-	-	-	-	-	-	30,919	79,497	476,984	6%
		Professional Services	33,587	1,536	20,689	8,950	62,634	463	2,256	4,417	109	134,640	532,435	3,194,610	4%
	Contractual Services Total		**34,497**	**33,457**	**20,689**	**8,950**	**62,634**	**463**	**2,256**	**8,018**	**109**	**171,072**	**775,688**	**4,654,127**	4%
	Internal Services	Indirect Expense	153,931	54,940	325,570	140,635	606,798	48,025	28,407	82,104	25,664	1,466,074	1,733,726	10,402,359	14%
		Internal Service Data Processing	118,431	146,248	207,227	258,262	473,860	51,547	84,087	83,618	22,141	1,445,420	1,686,383	10,118,298	14%
		Internal Service Distribution & Records	2,076	2,131	16,386	16,974	26,928	1,066	14,723	1,525	4,759	86,568	97,951	587,708	15%
		Internal Service Enhanced Building Services	12,363	10,647	17,418	6,056	29,720	3,812	-	3,884	1,880	85,781	171,835	1,031,008	8%
		Internal Service Facilities & Property Management	93,511	80,527	131,744	45,809	224,785	28,834	-	29,379	14,219	648,808	684,553	4,107,316	16%
		Internal Service Facilities Service Requests	9,338	2,737	8,698	701	9,989	365	4,233	602	109	36,774	56,511	339,067	11%
		Internal Service Fleet Services	122	2,714	2,437	-	-	59	49	13	-	5,394	9,654	57,926	9%
		Internal Service Other	368	-	4,489	-	750	-	-	75	-	5,682	-	-	0%
		Internal Service Telecommunications	5,419	6,849	5,650	1,881	21,461	2,071	3,834	2,569	985	50,720	132,444	794,661	6%
	Internal Services Total		**395,560**	**306,793**	**719,618**	**470,319**	**1,394,292**	**135,780**	**135,332**	**203,770**	**69,757**	**3,831,221**	**4,573,057**	**27,438,343**	14%
	Materials & Supplies	Communications	430	-	-	-	-	260	260	370	-	1,320	1,622	9,734	14%
		Dues & Subscriptions	-	476	(105)	131	2,518	-	9,471	-	-	12,491	27,038	162,227	8%
		Pharmaceuticals	-	42	-	2,610,360	87,928	-	15,462	30,864	-	2,744,655	2,369,264	14,215,581	19%
		Rentals	3,589	1,491	2,710	3,878	16,396	2,505	3,075	1,871	762	36,277	9,115	54,692	66%
		Repairs & Maintenance	16	14	23	8	39	5	-	5	1,954	2,063	11,476	68,853	3%
		Software, Subscription Computing, Maintenance	70,992	1,061	2,250	11,691	-	258	-	-	-	86,252	18,094	108,562	79%
		Supplies	6,051	6,799	12,374	7,426	4,649	999	314	18,912	12,624	70,147	125,094	750,563	9%
		Local Travel	939	1,252	408	133	-	211	198	-	-	3,141	23,129	138,771	2%
		Medical & Dental Supplies	5,390	98	125,611	2	44,510	243	3,104	827	4,865	184,651	345,171	2,071,027	9%
		Training & Non-Local Travel	339	138	30	199	7,309	813	90	400	-	9,317	111,495	668,970	1%
		Refunds	-	-	1,257	113	1,777	-	-	112	-	3,258	-	-	0%
		Utilities	-	-	-	-	-	-	-	-	-	-	-	-	0%
	Materials & Supplies Total		**87,747**	**11,371**	**144,557**	**2,633,940**	**165,125**	**5,293**	**31,974**	**53,361**	**20,204**	**3,153,572**	**3,041,497**	**18,248,980**	17%
	Capital Outlay	Capital Equipment - Expenditure	-	-	8,396	-	-	-	-	-	-	8,396	43,500	261,000	3%
	Capital Outlay Total		**-**	**-**	**8,396**	**-**	**-**	**-**	**-**	**-**	**-**	**8,396**	**43,500**	**261,000**	3%
Expenditures Total			2,172,321	1,722,611	3,675,905	4,315,220	6,811,408	797,646	589,572	1,037,845	309,422	21,431,950	24,892,254	149,353,522	14%
Net Income/(Loss)			(1,214,425)	587,725	(2,247,824)	554,283	446,702	(561,854)	(98,170)	(620,706)	(309,422)	(3,463,692)	-	-	
Beginning Working Capital from FY 2020			2,402,217	43,917	2,588,938	-	41,715	2,834,609	2,000	23,600	-	7,936,995			

Notes:

Administrative Programs include the following:
- > ICS Administration
- > ICS Health Center Operations
- > ICS Primary Care Administrative and Support

Non-ICS Service Programs include the following:
- > Direct Clinical Services - Behavioral Health
- > Early Childhood Services - Public Health

Beginning Working Capital from FY 2020 is subject to approval from General Ledger. Amounts should be considered preliminary.

Multnomah County Health Department

CHC Beginning Working Capital and Unearned Revenue

April 30, 2020

Beginning Working Capital - Quality Incentives and Other Medicaid Funding			
Program		Amount	Description
Primary Care		517,188	CareOregon Behavioral Health Integration
		1,277,451	Pay for Performance - CareOregon
		171,600	Pay for Performance - Providence
		372,978	Pay for Performance - FamilyCare
		508,571	Meaningful Use
		66,425	CareOregon/Optum Review & Assessments
		2,914,213	Subtotal - Primary Care
Student Health Centers		500	Pay for Performance - OPS
		500	Subtotal - Student Health Centers
Dental		774,043	CareOregon Dental
		774,043	Subtotal - Dental
Quality and Compliance		553,918	PCPM - CareOregon
		553,918	Subtotal - Quality and Compliance
Total Beginning Working Capital - Quality Incentives		4,242,674	

Beginning Working Capital - Grants		
Program	Amount	Description
Primary Care	11,779	AT Still University
ICS Administration	13,654	OCHIN Charn Bridges II
HIV Clinic	23,600	HIV Clinic (Hep C)
Total Beginning Working Capital - Grants	49,033	

Total - All Beginning Working Capital	4,291,707

Unearned Revenue Balances - Quality Incentives			
Program	Deposit Date	Amount	Description
Primary Care	9/12/2018	665,906	2017 Quality Incentive (CareOregon)
	9/6/2018	290,040	2017 Quality Incentive (Providence)
	9/25/2019	879,002	2018 Quality Incentive (CareOregon)
	9/25/2019	568,360	2018 Quality Incentive (Providence)
		2,403,308	Subtotal - Primary Care
Dental	8/30/2018	1,068,079	2017 Dental Quality Incentive (CareOregon)
	9/25/2019	218,672	2018 Dental Quality Incentive (CareOregon)
		1,286,751	Subtotal - Dental
Total Unearned Revenue - Quality Incentives		3,690,059	

Unearned Revenue Balances - Other Medicaid Funding			
Program	Deposit Date	Amount	Source
Primary Care APM (PCPM)	12/31/18 - 6/27/19	2,007,533	CareOregon
Dental APM	7/23/2019	640,993	CareOregon
Behavioral Health Integration APM	1/4/19 - 6/27/19	164,975	CareOregon
		2,813,501	Subtotal - APM
Primary Care - Miscellaneous	6/19/2019	66	PMPM - PEBB members (Providence)
	11/14/2018	1,500	Adolescent Health Project (OR Pediatric Society)
		1,566	Subtotal - Miscellaneous
Total Unearned Revenue - Other Medicaid Funding		2,815,067	

Unearned Revenue Balances - Grants		
Program	Amount	Description
Primary Care	124,744	CareOregon Hope Team
	133,535	Emergency Department Utilization
	2,086	AT Still University
	260,365	Subtotal - Primary Care
Student Health Centers	7,415	OSBHA Healthy Teens Relationship Act - Roosevelt/Centennial
	3,428	OSBHA Healthy Teens Relationship Act - Cleveland/Franklin
	10,843	Subtotal - Student Health Centers
Dental	91,113	Dental Primary Care Coordination
	91,113	Subtotal - Dental
ICS Administration	57,687	Health Share Foster Care
	57,687	Subtotal - ICS Administration
Total Unearned Revenue - Grants*	420,008	

Total - All Unearned Revenue	6,925,133
Grand Total - BWC and Unearned Revenue	**11,216,841**

***The balances below were included in a previous report as unearned revenue, but this was a reporting error in Workday which has been corrected.**

	Unearned Revenue
20390 Fed:Primary Care HIV-Early Int	9,173
20500 Fed:Primary Care 330	92,685
23850 ST:SBCs	16,946
32357 FED:RW Title IV	70,284
32360 ST:FamilyPlan 93.217	47,460
32755 AIDS United	133
32902 CSA Partnership for Health	10,485
68530 Legacy Health CARES	1,694
	248,860

WALNUT PARK

REDEVELOPMENT FEASIBILITY ANALYSIS

Community Health Council – Project Update

October 12, 2020

JM WOOLLEY & ASSOCIATES

BICEP
Black Investment Corporation for Economic Progress

CASCADIA

WALNUT PARK FEASIBILITY STUDY PHASE II

Multnomah County

Brett Taute, Project Manager, Multnomah County

Facilities & Property Management

BICEP Team

Jeana Woolley
JM Woolley & Associates

Project Management; Development Feasibility

Alex Joyce
Managing Partner, Cascadia Partners

Public Private Partnerships

Irene Kim
Partner, Cascadia Partners

Stakeholder Outreach

PROJECT OVERVIEW

- Evaluate potential future development options
- Test financial strategies
- Gather stakeholder feedback.
  - County Service Providers / Service Partner Agencies
  - Funding Partners
  - Neighborhood Non-Profits / Businesses
  - Possible Tenants
  - Community Health Council (YOU!)

- **Current clinic services will change:**
  - Especially any services in the FQHC Dental Services; Pharmacy; Primary Care

PROJECT UPDATE:
POTENTIAL CLINIC IMPROVEMENTS

- Centralized entrance and check-in
- Better coordination of care and referrals
- Waiting area upgrades
- Wider entrances/exits, more ADA bathrooms
- Larger exam rooms

Are there any of these clinic improvements that you would not support?

PROJECT UPDATE:
OTHER SPACES DESIRED BY STAKEHOLDERS

- On-site childcare services
- Indoor market space with commercial kitchen
- Affordable housing
- Workspaces for culturally responsive service providers
- Spaces for indoor fitness, health and wellness classes


Computer Center at IRCO's Africa House


NAYA Annual Spring Marketplace

DISCUSSION

- Are there other types of spaces that you think would be helpful to co-locate with the health/dental clinics that would support and serve clients?
- Take a survey to let us know what other desired spaces are most important to you:

http://sgiz.mobi/s3/Walnut-Park-Development

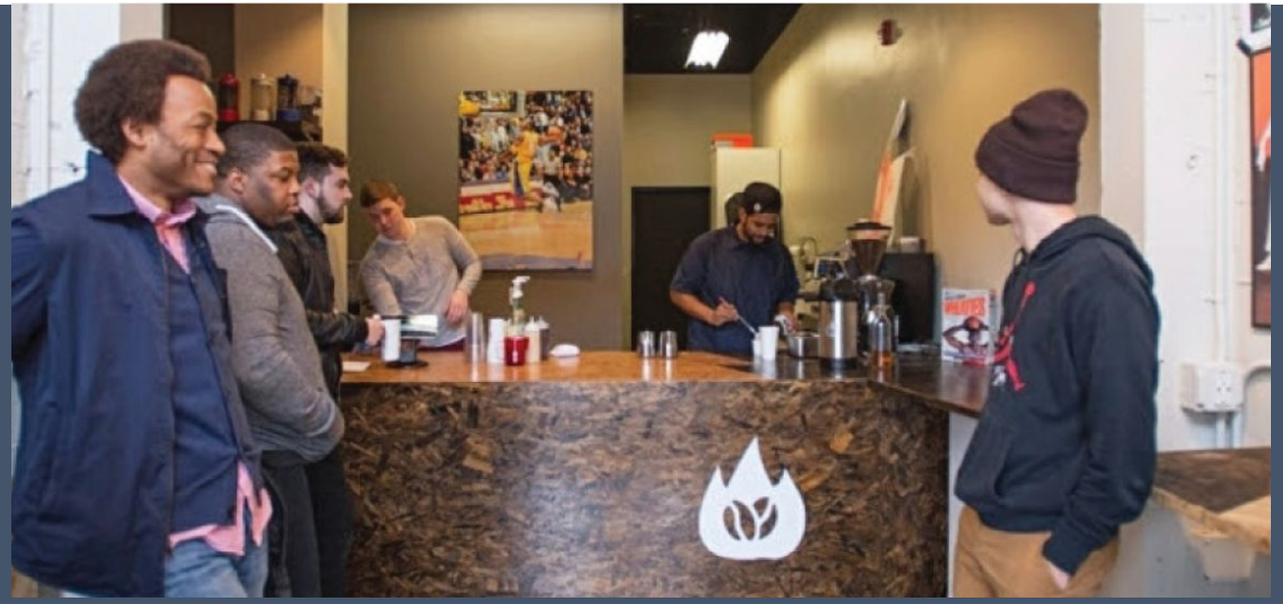
QUESTIONS? COMMENTS?

PROJECT TIMELINE
FALL 2018 – SPRING 2021

REDEVELOPMENT PROCESS

1. Develop Goals and Principles for future development
2. Develop preliminary programming for project
3. Conduct community outreach on possible programming
4. Explore funding models and opportunities based on preferred programming
5. Develop a concept and process for moving development forward

Activities in Progress Future Activity



For any questions, contact:

Brett Taute
Project Manager
Multnomah County Facilities & Property Management
Brett.t.taute@multco.us
503.519.2768

Jeana Woolley
Development Consultant
BICEP
jamew2@msn.com
503.702.7359

Alex Joyce
Development Consultant
Cascadia Partners
alex@cascadia-partners.com
503.927.2872

Community Health Council

Removal of the Assessment and Treatment for Youth and Families (ATYF) Program

Inform Only	Annual/ Scheduled Process No	New Proposal Yes	Review & Input	Inform & Vote

Date of Presentation:	Program / Area: Scope of Services, Dept of Community Justice
Presenters: Adrienne Daniels, Deputy Director of Integrated Clinical Services	
Project Title and Brief Description: Removal of the ATYF Program: The Department of Community Justice does not have funding to support the ATYF Program in FY21	
Describe the current situation: The ATYF Program provides behavioral health counseling to youth and families who are involved in the justice system (but are not incarcerated). The program served 69 individuals in the past year. The Department of Community Justice experienced a budget reduction in FY21.	
Why is this project, process, system being implemented now? The Department of Community Justice must provide detention and probation supervision, but is not statutorily required to provide counseling services. Because of limited budget and resources, they are forced to prioritize required services over non-required services. The ATYF program costs approximately $633K annually to manage, but served only 69 patients in the past year.	
Briefly describe the history of the project so far *(be sure to note any actions taken to address diverse client needs and cultures; to ensure fair representation in review and planning):* The Department of Community Justice began a review of non-mandatory services and determined that there were other appropriate community organizations also providing behavioral health counseling to the targeted demographic. The team worked to refer existing patients in the ATYF program to community providers so counseling opportunities would still be available to patients who were interested.	

Community Health Council

List any limits or parameters for the Council's scope of influence and decision-making: The Council is limited in reviewing whether or not to accept the recommendation to remove the service location to the scope of work.
Briefly describe the outcome of a "YES" vote by the Council *(be sure to also note any financial outcomes):* The ATYF Program will cease to operate. The location and services of the ATYF program would be removed from the official scope of services in the FQHC.
Briefly describe the outcome of a "NO" vote or inaction by the Council *(be sure to also note any financial outcomes):* The ATYF Program could not be removed from the scope of work and the Council would be obligated to determine funding strategies to support the $663K budget and identify how services could be maintained.
Which specific stakeholders or representative groups have been involved so far? Tracey Freeman, LCSW Senior manager for probation and treatment services at Department of Community Justice
Who are the area or subject matter experts for this project? *(& brief description of qualifications):* Tracey Freeman, LCSW Senior manager for probation and treatment services at Department of Community Justice
What have been the recommendations so far? Due to budgetary restrictions in the Department of Community Justice and the ability for patients to seek equivalent care services from other providers, end the ATYF program
How was this material, project, process, or system selected from all the possible options? The Department of Community Justice analyzed what services are required by law and which ones are optional. They also assessed if patients could still obtain services in the community if the ATYF program ended. They determined that because the

Community Health Council

ATYF program is optional, the low level of patients currently seeking services, and the ability for patients to be treated by other community providers, to recommend ending the ATYF program.

Council Notes:

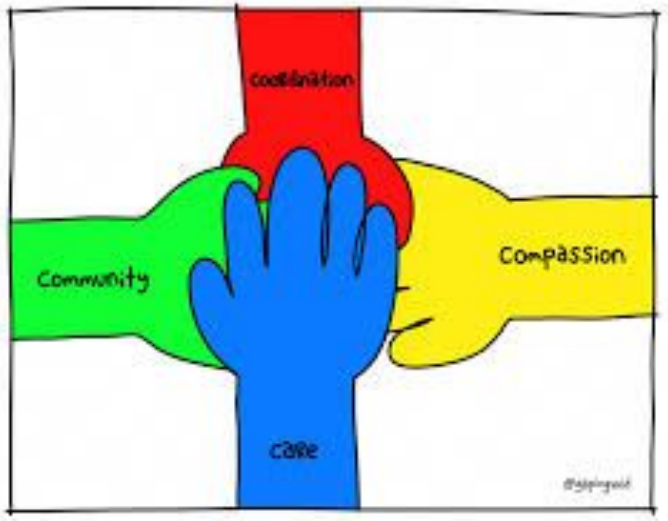
Integrated Behavioral Health Within ICS

What is Integrated Behavioral Health

- Goal of improving physical health through lifestyle changes
- Average episode of care 1-6 sessions
- Focus on skill development including self-care, relaxation, mindfulness, shifting negative thought patterns and overcoming barriers through practical strategies tailored to patient's level of readiness to change

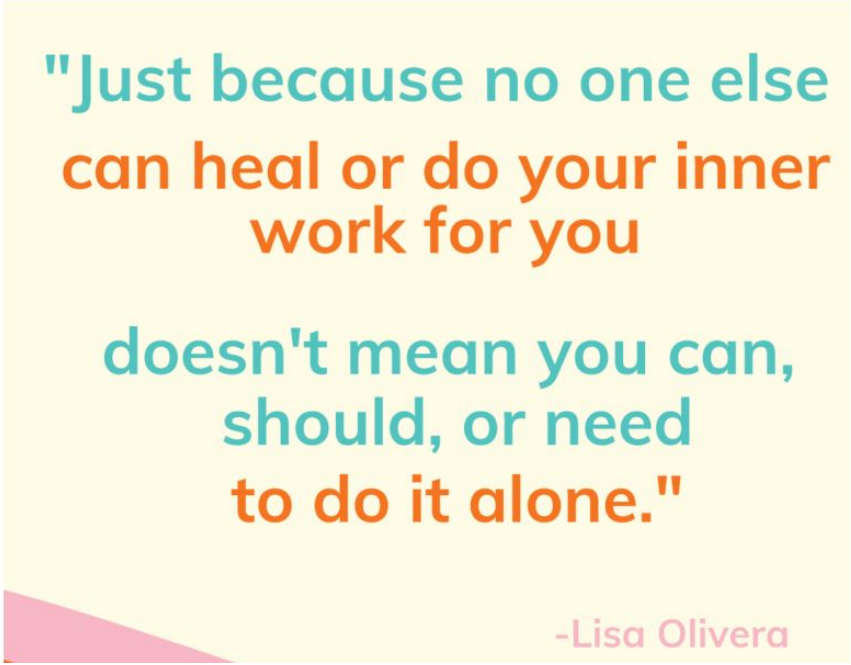
What is Integrated Behavioral Health in ICS

- Care Team Support
- Care Coordination
- Trauma informed
- Bridging, Supporting, Consulting, Education and Prevention



Intentionally meeting the needs of the individuals we serve

- Substance use
- Mental health
- Navigating Systems and policies
- Providing at times the first experience of behavioral health support
- Empowering the individual



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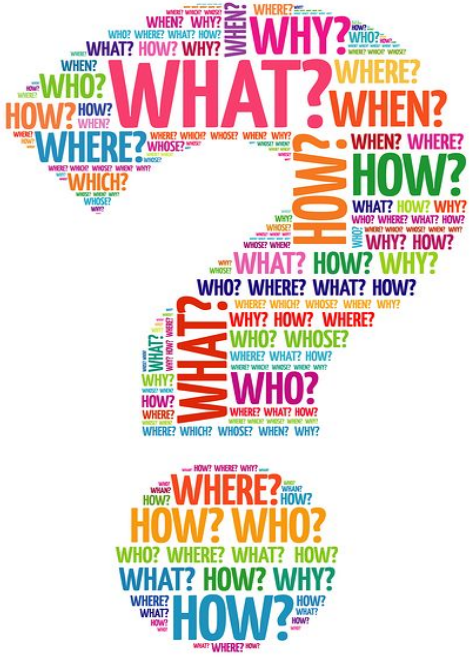
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Suicidality and Support with ICS Primary Care/School Health Clinics

Covid-19 Impact

- “Based on Preliminary data, Oregon has not seen an increase in the number of suicides for the first 7 month of 2020 when compared to the same time period of 2019. This is also true when compared to the average number between 2016-2019. Until more data (finalized data) becomes available it is premature to identify any changes since the start of the COVID-19 pandemic.”

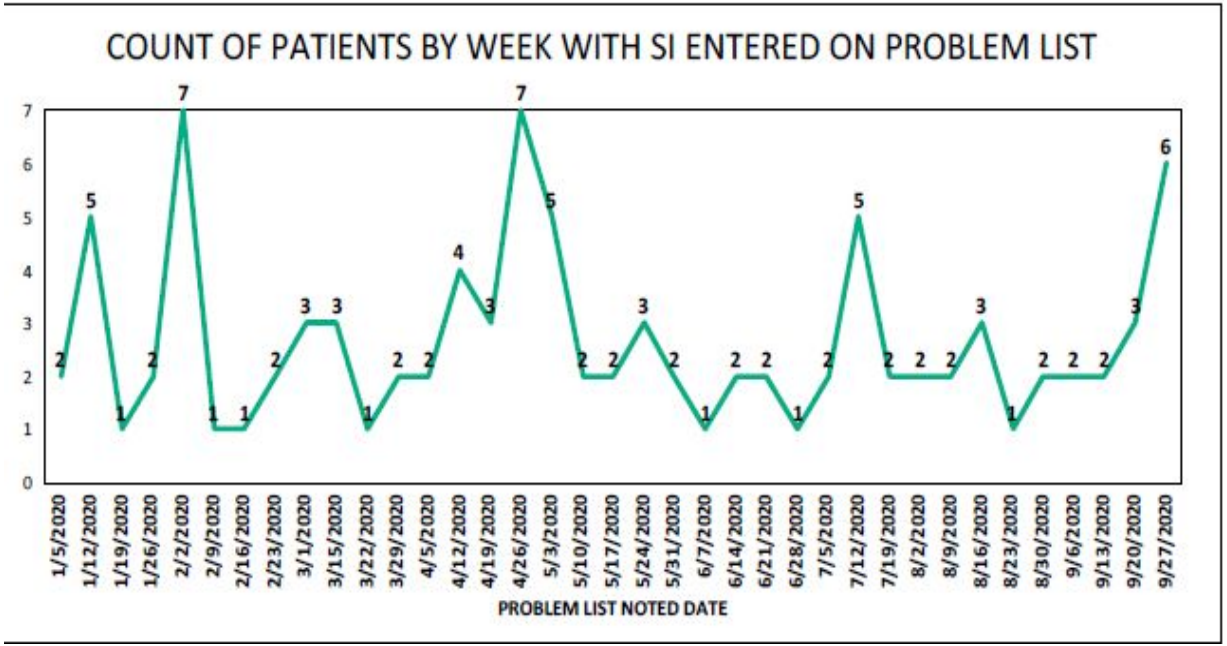
- Source: National Violent Death Reporting System (NVDRS). NVRS includes a combined and abstracted date from the medical examiner, death certificate and law enforcement

Suicidality in ICS

The past 7 months

23 suicide related incidents:

- 9 identified as male
- 12 identified as female
- 2 identified as non-binary
- 5 were currently homeless
- 11 were non Hispanic (no other information provided)
- 8 were Hispanic
- 5 were were under the age of 18 (between 15 y.o-16 y.o) and all others were 23 y.o. or older
- 100% patients endorsed having a current mental health diagnosis.
- 44% of the patients reported current or recent substance use.

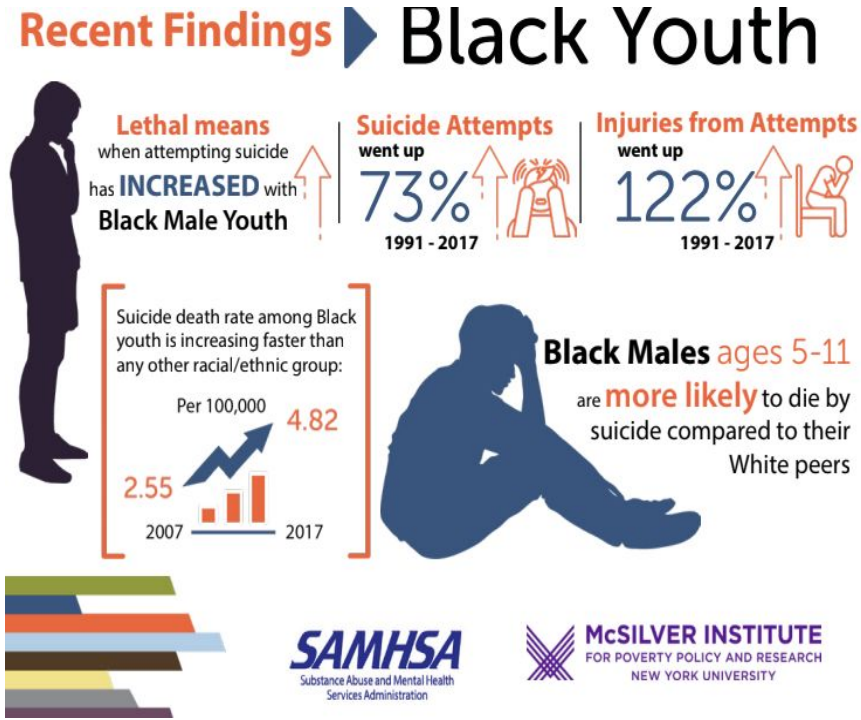


How we support patients experiencing SI

- Assessment
- Safety
- Support/Follow up/Planning
- Care team coordination
- Connecting to long term support

What we are doing to improve this care

- Increasing reach
- Educating providers
- Looking for care gaps
- Being more intentional with the populations we serve



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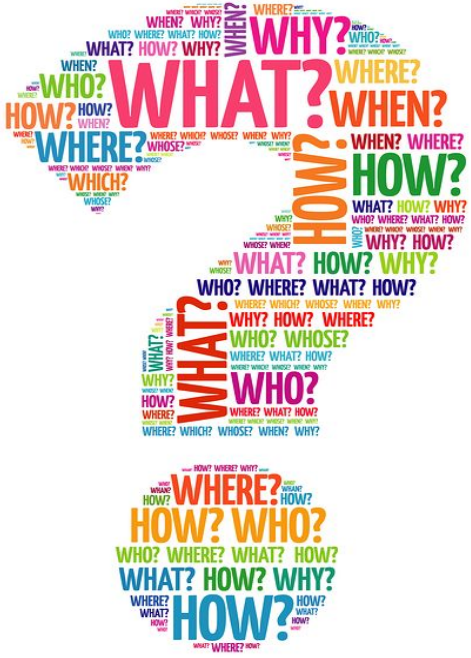
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