

Community Health Center Board

Community Health Council Board Meeting Minutes

Date: Monday, April 12, 2021

Time: 6:00 PM

Location: Zoom

Approved:

Recorded by: Liz Mitchell

Attendance:

Board Members	Title	Y/N
David Aguayo	Treasurer	Y
Fabiola Arreola	Vice Chair	Y
Tamia Deary	Member-at-Large	Y
Iris Hodge	Board Member	N
Kerry Hoeschen	Member-at-Large	N
Nina McPhearson	Board Member	N
Susana Mendoza	Board Member	Y
Harold Odhiambo	Chair	Y
Pedro Sandoval Prieto	Secretary	Y
Darrell Wade	Board Member	Y
Staff/Elected Officials	Title	Y/N
Azma Ahmed	Health Center Dental Director	Y
Hasan Bader	ICS Finance Project Manager	Y
Lucia Cabrejos	Spanish Interpreter	Y
Ebony Clarke	Interim HD Director	Y
Brieshon D'Agostini	Interim Health Center Quality Director	Y
Adrienne Daniels	Health Center Deputy Director	Y
Yolanda Gonzalez	Interim SR Manager BHD/DCS	Y
Daniel Halberg	Spanish Interpreter	Y
Amy Henninger	Interim Health Center Medical Director	Y
Toni Kempner	Regional Clinic Manager	Y
Michele Koder	Pharmacy and Lab Services Director	Y
Charlene Maxwell	Deputy Nurse Practitioner Director	Y
Liz Mitchell	Executive Specialist for Pharm & Lab Director	Y
Linda Niksich	Community Health Council Coordinator	Y
Anirudh Padmala	HC Business Intelligence and Information Officer	Y
Christine Palermo	Dental Program Manager	N
Jeff Perry	Health Center CFO	Y
Debbie Powers	Health Center Operations Director	Y
Katie Thornton	Regional Clinic Manager	Y

Tasha Wheatt-Delancy	Health Center Executive Director	Y
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Guests: Andira Harris, Judy Flynn, Brandi Velasquez

Action Items:

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Decisions:

- Approved the March Public meeting minutes
- Approved ADM.01.04 Mission Vision Values Update
- Approved Removal of SBMH from Scope
- Approved the FY22 Budget

Reports Received:

- Monthly Budget Report through Feb 2021

The meeting was called to order at 6:02pm by 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.

March 8th CHCB Public Meeting Minutes(Vote required)

(See Document - March 8th CHCB Public Meeting Minutes)

No questions or comments were raised by CHCB members

Motion by David to approve the March 2021 Public Meeting Minutes as presented

Seconded by Fabiola

6 aye; 0 nay; 0 abstain

Motion Carries

ADM.01.04 Mission Vision Values Update (Vote required)

(See Document ADM.01.04 Mission, Vision, Values)

Health Center Deputy Director, Adrienne Daniels

- Adrienne gave an overview of the policy, and what it represents. She

proposed adding the words “treatment” and “inclusion” to better align the policy to fit the health centers strategic plan.

No questions or comments were raised by CHC members

***Motion by Pedro to approve the updates to ADM.01.04 as presented
Seconded by Tamia
6 aye; 0 nay; 0 abstain
Motion Carries***

Removal of SBMH from Scope (Vote Required)

(See Document-Removal of SBMH from Scope)

Health Department Director, Ebony Clarke and Interim Senior Manager, Behavioral Health Department Manager Sr. Direct Clinical Services Yolanda Gonzalez

Yolanda gave a high level overview of the behavior health programs in schools. She explained its importance because it helps to reduce barriers for students to access health care.

Ebony explained that the current SBMH program is listed in the HRSA approved scope of services for the health center. SBMH is not meeting the HRSA requirements because it is not being managed under the direction of the FQHC Executive Director and oversight of CHCB. Ebony explained that a “YES” vote will remove the SBMH from the scope of FQHC and the Health Centers. Which will bring the Health Centers into compliance with HRSA requirements. The SBHM will no longer be eligible for enhanced reimbursement and will have to find alternative funding. This change will not impact clients or the program. A “NO” vote would keep the SBMH in the FQHC scope and management and oversight will transition under the Health Center to be in compliance which will impact funding.

Question: *A YES vote has no impact on clients, will a NO vote impact clients or patients?*

Answer: *No, there is no impact to patients or clients. There is an impact to the Health Center.*

Question: *Do we have the confidence to replace funding? Is there a plan in place?*

Answer: Yes, there are plans to replace the funding of \$250,000. It will be replaced with the County General Funds.

Motion by David to approve the removal of SBMH from the FQHC Scope as presented
Seconded by Fabiola
4 aye; 0 nay; 2 abstain
Motion Carries

Monthly Budget Report- February 2021

(See Document- Monthly Reporting Package)
Health Center Chief Financial Officer, Jeff Perry

February 20-21

- Budget \$141.5 million dollars
- Target was 67%
- Month of decrease 9%
- Saving of 19%
- \$1.2 million gain
- Bottom line of \$4.9 million deficit for FQHC
- Number of clients with Care Oregon are down
- Significant increase of Trillium clients
- Dental has narrow losses
- Billable visits

No further discussion questions were raised by CHCB members

FY22 Budget Approval (Vote Required)

(See Documents-FY22 Budget Narrative; Board Budget Deck; 330 Application Forms)

Health Center Executive Director, Tasha Wheatt-Delancy
Health Center Chief Financial Officer, Jeff Perry

Tasha gave an overview of the services we offer, how our scope of services have expanded, and insight to the patients and communities we serve. There are 24 clinics in 17 locations;

- 7 Primary Care Clinics
- 7 Dental Clinics
- 7 Pharmacies
- 1 Specialty HIV Clinic
- 9 Student Health Centers

- More than 50 thousand patients.
 - 48.5% of our patients identify as a racial or ethnic minority.
 - 78% are below FPL
 - 16% uninsured
- More than 1,500 vaccines have been administered
 - Starting March 15, 2021 the reimbursement for COVID vaccines will increase to \$40 per dose.
 - COVID testing for more than 5,000 patients
 - Average of 27,600 calls a month for the call center
 - Piloted new winter CSA option for fresh produce
- Legislative updates
 - DHS blocked 2019 rule nationwide and permanently
 - Patients using public benefits programs will not be negatively factored into public charge assessments.
- Health Equity Strategy FY21-FY22
 - Advancing health Equity is a priority for CHCB and Health Center Program
 - Launch regional Center of Excellence model
 - Supported by 4 health equity specialists
 - Elevate community and patient voice to identify health priorities
 - Align health improvements and outcomes
 - Expand and support sustainable interventions for each region to address health disparities and improve health care and health outcomes
- American rescue fund act
 - Will carve out for some funding for large construction projects
 - \$10.9 million allocated to FQHS
 - Mobile sites

Jeff gave an overview of how the expenses break down. Personnel is the largest expense. In 2021 expense for personnel was 65.9%, in 2022 it will decrease slightly to 63.9%.

The FY22 budget for Primary Care Clinics shows a slight decrease from FY21 with patient visits staying relatively the same. The Dental budget has a slight increase from FY21. Pharmacy has an increase from \$28 million to \$34 million. Jeff stated that the key take away for pharmacy is that there is growth every year. Student Health Centers show a slight down tic, while visits are relatively stable.

No further discussion questions were raised by CHCB members

Board member Darrell arrives....

*Motion by Tamia to approve the FY22 Budget Approval.
Seconded by David
7aye; 0 nay; 0 abstain
Motion carries*

Health Center Executive Director Updates

Health Center Executive Director, Tasha Wheatt-Delancy

- **Patient and Community Determined: Leveraging the collective voices of the people we serve**
 - OPCA provided the HC with \$7,000 for community listening sessions
 - Governor Brown has scheduled a visit to one of the clinics 4.22.21
 - New position Office of Patient Experience
 - Getting feedback from patients
 - Focus on quality
 - Announcement: Linda Niksich will be transitioning into this role
- **Engage Expert Diverse Workforce which reflects the communities we serve**
 - Harold and Tasha spoke about telehealth services and the house bill to expand student health centers
 - Azma spoke about dental therapist
- **Equitable treatment that assures all people receive high quality, safe, and meaningful care**
 - Advocacy meetings with legislators
 - Opportunity to showcase equitable care we provide
 - Vaccine strategy
 - 5300 total vaccines given
 - 2045 fully vaccinated patients
 - Total of COVID tests 5218
 - Percentage of patient we serve that are vaccine
 - 16% are un or under insured
 - 24-30% of those patients have received vaccine
 - No one should receive a bill for vaccines
- **Supporting Fiscally Sound and Accountable Practices which advance health equity and inclusion, and center on racial equity**
 - HRSA technical assistance

- Areas that need compliance improvement
- Board governance
- Co-applicant agreement
 - Board has oversight and approval for budget
 - Need to be fully compliant by July

Chair Harold called for an Executive Session Pursuant to ORS 192.660 Section 2-f and the board members were assigned, along with their designees, to a breakout session in Zoom while the public meeting attendees, staff, and guests waited in the main Zoom session...

Council Business Executive Committee Updates

Nominating Committee Update

Nominating Committee Chair and Member at Large, Tamia Deary

- The Nominating Committee met March 17th
 - o Working on updating nominating committee process
 - Friendly reminder that it is a fundamental duty of executive members to recruit new board members
 - Linda can send talking points if you need them again
 - Hoping that with vaccinations it will be easier to recruit
 - Continue to send possible candidates to Linda

Executive Committee Update

Chair, Harold Odhiambo

- Executive member met March 22, 2021
 - o Tamia recommended new board member Darrel Wade
 - Darrel was accepted and voted in as board member
 - o Tasha and Jeff gave overview of budget
 - o Provided updates of response to HRSA
 - o Crafted the agenda for tonight's meeting
 - o Previewed each agenda item for this meeting

No further discussion questions were raised by CHCB members

Meeting Adjourned at 7:47 pm.

Signed: _____ **Date:** _____

Pedro Prieto Sandoval, Secretary

Community Health Center Board
Public Meeting Agenda



Monday, April 12, 2021

6:00 - 8:00 pm

Virtual (*Board Members and Staff - See Google Calendar Event for Link*)

Public Access Call: +1-253-215-8782

Meeting ID: 962 1204 3153

Password: 026710

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

Our Meeting Process Focuses on the Governance of the Health Center

- Meetings are open to the public
- Guests are welcome to observe/listen**
- Use timekeeper to focus on agenda
- Please email questions/comments to linda.niksich@multco.us to be answered outside of the meeting

Board Members

Dave Aguayo (Treasurer); Fabiola Arreola (Vice-Chair); Tamia Deary (Member-at-Large); Iris Hodge; Kerry Hoeschen (Member at Large); Nina McPherson; Susana Mendoza; Harold Odhiambo (Chair); Pedro Sandoval Prieto (Secretary)

Item	Process/Who	Time	Desired Outcome
<u>Call to Order/Welcome</u>	<ul style="list-style-type: none">Chair, Harold Odhiambo	6:00-6:05 (5 min)	Call to order Review processes
<u>Minutes</u> VOTE REQUIRED	<ul style="list-style-type: none">Approval for March Public Meeting Minutes	6:05-6:10 (5 min)	Board votes to approve
<u>ADM.01.04 Mission Vision Values Update</u> VOTE REQUIRED	<ul style="list-style-type: none">HD Deputy Director, Adrienne Daniels	6:10-6:20 (10 min)	Board Discussion and Vote

<u>Removal of SBMH from Scope</u> VOTE REQUIRED	<ul style="list-style-type: none"> • HD Director, Ebony Clarke and Interim Senior Manager, BHD Manager Sr, Direct Clinical Services, Yolanda Gonzalez 	6:20-6:35 (15 min)	Board Discussion and vote
<u>Monthly Budget Report</u>	<ul style="list-style-type: none"> • HC CFO, Jeff Perry 	6:35-6:50 (15 min)	Board receives report and update
<u>BREAK</u>	<ul style="list-style-type: none"> • All 	6:50-7:00 (10 min)	
<u>FY22 Budget Approval</u> VOTE REQUIRED	<ul style="list-style-type: none"> • HC Executive Director, Tasha Wheatt-Delancy and HC CFO, Jeff Perry 	7:00-7:30 (30 min)	Board and Staff Discussion
<u>Health Center Executive Director Updates</u>	<ul style="list-style-type: none"> • HC Executive Director, Tasha Wheatt-Delancy 	7:30-7:45 (15 min)	Board receives updates
<u>Council Business Executive Committee Update</u> <u>Nominating Committee Update</u>	<ul style="list-style-type: none"> • Chair, Harold Odhiambo • Nominating Committee Chair, Tamia Deary 	7:45-8:00 (15 min)	Board receives updates from Chair and Committee Chairs
Adjourn Meeting	<ul style="list-style-type: none"> • Chair, Harold Odhiambo 	8:00	Goodnight!

Title:	Integrated Clinical Services: Vision, Mission and Values		
Policy #:	ADM.01.04		
Section:	Integrated Clinical Services	Chapter:	Mission Statements and Philosophies
Approval Date:	04/12/2021	Approved by:	Tasha Wheatt-Delancy
Approval Date:	04/12/2021	Approved by:	H. Odhiambo, Chair Community Health Council
Related Procedure(s):		Not applicable	
Related Standing Order(s):		Not applicable	
Applies to:		Health Center Program (FQHC)	

PURPOSE

This policy defines the mission, vision, and values for the Health Center Program (administered by the Health Department's Integrated Clinical Services (ICS) Division).

DEFINITIONS

Term	Definition
ICS	Integrated Clinical Services, a division within the Multnomah County Health Department

POLICY STATEMENT

ICS Vision:

Integrated. Compassionate. Whole person health.

ICS Mission:

Bringing services to individuals, families, and communities that improve health and wellness while advancing health equity and eliminating health disparities.

ICS Strategic Values:

- Equitable **treatment** that assures all people receive high quality, safe, and meaningful care
- Patient and Community Determined: Leveraging the collective voices of the people we serve

- Supporting Fiscally Sound and Accountable practices which advance health equity and inclusion, and center on racial equity
- Engaged, Expert, Diverse Workforce which reflects the communities we serve

REFERENCES AND STANDARDS

References: Health Center Program's Strategic Plan

HRSA Compliance Manual: Board Governance

PROCEDURES AND STANDING ORDERS

Not applicable

RELATED DOCUMENTS

Name	Location
None	N/A

POLICY REVIEW INFORMATION

Required Approval level:	Division Director, Community Health Council Chair
Regulatory Organizations:	Health Resources and Services Administration
Reviewers:	Health Center Executive Director, Tasha Wheatt-Delancy
Inform:	Community Health Council Liaison
Point of Contact:	Adrienne Daniels, Health Center Deputy Director
Renewal Term:	3 years
Next Review Date:	04/12/2024
Supersedes:	Not applicable

Presentation Summary

Removal of SBMH From Scope

Inform Only	Annual/ Scheduled Process	New Proposal	Review & Input	Inform & Vote
Date of Presentation:		Program / Area: Behavioral Health Division (BHD) - School Based Mental Health (SBMH) program		
Presenters: Yolanda Gonzalez, Ebony Clarke				
<p>Project Title and Brief Description:</p> <p>Overview of Multnomah County Behavioral Health Division School-Based Mental Health Services and request to remove the SBMH program from the HRSA-approved scope.</p> <p>The School Based Mental Health program provides speciality behavioral health counseling in schools (seperate from the School Based Health program in ICS). It is currently in scope of the FQHC program. School Based Mental Health is an essential component of the system of care for children and families. Our 26 providers serve over 1,200 children and teens with mental health needs in 38 schools across 6 school districts: Centennial, David Douglas, Gresham Barlow, Reynolds, Parkrose, and Portland Public School Districts. Mental health professionals provide evidence-based treatment, utilizing an anti-racist equity lens, in school and Student Health Center settings and via telehealth. Additionally, children, parents, and school staff receive consultation from Mental Health Consultants to assist with mental health needs during education planning to retain students in school and reduce the risk of needing higher levels of care.</p>				
<p>Describe the current situation:</p> <p>HRSA requires all programs that are within the scope of the health center, must be under the direction of the Executive Director and oversight of the CHCB. Any programs recommended for removal from the list of in scope programs requires approval from the CHCB. The School Based Mental Health program currently bills for services under the FQHC wrap rate and received close to \$250K in FY20.</p>				
Why is this project, process, system being implemented now?				

Presentation Summary

The SBHC program is managed without oversight from the FQHC Executive Director and CHC Board, presenting multiple compliance risks.

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)*:

An analysis and scoping work was done by Health Center leadership working with the departments and divisions with the program being reviewed.

List any limits or parameters for the Board's scope of influence and decision-making: The CHC Board has full authority to approve addition and removal of services and sites from the FQHC scope, including the SBMH program.

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

A yes vote will remove the SBMH from the scope of FQHC and the Health Centers will then be in compliance with HRSA expectations and requirements. The SBMH program will no longer be eligible for enhanced reimbursement and will need to find alternative funding. There are no impacts to clients or the program based on this change.

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

With a no vote, the SBMH program will remain in the FQHC scope and will then transition under the Health Center for leadership and CHC board for oversight. This will allow for full HRSA compliance.

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

Tasha Wheatt-Delancy, CEO

Adrienne Daniels, Deputy

Deborah Kafoury, Multnomah County Chair

Ebony Clarke, Health Department Interim Director

Wendy Lear, Health Department Deputy Director

Yolanda Gonzalez, Interim Senior Manager, BHD Manager Sr, Direct Clinical Services

Leticia Sainz, Deputy Director, BHD Deputy Director

Presentation Summary

Who are the area or subject matter experts for this project? (& *brief description of qualifications*):

Tasha Wheatt-Delancy, CEO

Adrienne Daniels, Deputy

Deborah Kafoury, Multnomah County Chair

Ebony Clarke, Health Department Interim Director

Wendy Lear, Health Department Deputy Director

Yolanda Gonzalez, Interim Senior Manager, BHD Manager Sr, Direct Clinical Services

Leticia Sainz, Deputy Director, BHD Deputy Director

What have been the recommendations so far?

The recommendation is to remove the SBMH program from the FQHC scope.

Removal from the health center program scope does not impact the ability for the programs to continue at the County- it simply removes the program from the HRSA obligations and benefits.

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

N/A

Board Notes:

A stylized graphic on the left side of the page. It features two green mountain peaks of different heights. Below the mountains is a dark blue wavy line representing water. The bottom of the page has a solid dark blue horizontal bar.

Multnomah County Federally Qualified Health Center

Monthly Financial Reporting Package

April 2021

V02 Updated 04/09/2021

Prepared by: Financial and Business Management Division

**Multnomah County Health Department
Federally Qualified Health Center Financial Statement**

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

Internal Service

Facilities/Building Management
IT/Data Processing
Department Indirect
Central Indirect
Telecommunications
Mail/Distribution
Records
Motor Pool

Allocation Method

FTE Count Allocation
PC Inventory, Multco Align
FTE Count (Health HR, Health Business Ops)
FTE Count (HR, Legal, Central Accounting)
Telephone Inventory
Active Mail Stops, Frequency, Volume
Items Archived and Items Retrieved
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 February 28, 2021

February Target:

67%

	Adopted Budget	Revised Budget	Budget Change	01 July	02 Aug	03 Sept	04 Oct	05 Nov	06 Dec
Revenue									
County General Fund Support	\$ 10,121,214	\$ 10,282,541	\$ 161,327	\$ 856,878	\$ 856,878	\$ 856,878	\$ 856,878	\$ 856,878	\$ 856,878
General Fund Fees and Miscellaneous Revenue	\$ -	\$ -	\$ -	\$ 4,818	\$ 17,641	\$ 7,271	\$ 6,157	\$ 5,273	\$ 5,862
Grants - PC 330 (BPHC)	\$ 9,994,455	\$ 9,994,455	\$ -	\$ -	\$ 1,056,312	\$ 1,004,805	\$ 1,022,045	\$ 1,009,220	\$ (102,209)
Grants - COVID-19	\$ -	\$ 926,977	\$ 926,977	\$ -	\$ -	\$ 32,174	\$ 25,007	\$ 12,498	\$ 32,799
Grants - All Other	\$ 9,036,672	\$ 9,073,908	\$ 37,236	\$ 698,819	\$ 496	\$ 933,577	\$ 784,981	\$ 811,960	\$ 684,513
Medicaid Quality and Incentives	\$ 6,722,000	\$ 6,722,000	\$ -	\$ -	\$ -	\$ 682,500	\$ 2,424,515	\$ 5,408	\$ 568,655
Health Center Fees	\$ 109,550,304	\$ 109,550,304	\$ -	\$ 779,461	\$ 13,191,600	\$ 6,340,430	\$ 9,475,457	\$ 6,798,063	\$ 7,615,455
Self Pay Client Fees	\$ 1,214,770	\$ 1,214,770	\$ -	\$ 29,056	\$ 57,042	\$ 45,990	\$ 86,436	\$ 39,337	\$ 51,407
Beginning Working Capital	\$ 2,515,544	\$ 2,515,544	\$ -	\$ 209,629	\$ 209,629	\$ 209,629	\$ 209,629	\$ 209,629	\$ 209,629
Write-offs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total	\$ 149,154,959	\$ 150,280,499	\$ 1,125,540	\$ 2,578,661	\$ 15,389,598	\$ 10,113,253	\$ 14,891,105	\$ 9,748,267	\$ 9,922,989
Expense									
Personnel	\$ 98,585,933	\$ 99,568,547	\$ 982,614	\$ 7,233,842	\$ 7,033,847	\$ 7,679,089	\$ 7,607,023	\$ 7,382,760	\$ 7,864,022
Contracts	\$ 4,654,127	\$ 4,654,127	\$ -	\$ 90,123	\$ 80,949	\$ 267,579	\$ 207,258	\$ 384,705	\$ 406,108
Materials and Services	\$ 18,216,003	\$ 18,325,355	\$ 109,353	\$ 1,461,548	\$ 1,692,024	\$ 1,305,266	\$ 1,676,618	\$ 1,628,953	\$ 1,555,929
Internal Services	\$ 27,437,897	\$ 27,471,470	\$ 33,573	\$ 1,087,730	\$ 2,743,492	\$ 1,807,649	\$ 2,211,768	\$ 2,064,364	\$ 1,506,898
Capital Outlay	\$ 261,000	\$ 261,000	\$ -	\$ 8,396	\$ -	\$ -	\$ -	\$ -	\$ 16,378
Total	\$ 149,154,959	\$ 150,280,499	\$ 1,125,540	\$ 9,881,639	\$ 11,550,311	\$ 11,059,583	\$ 11,702,666	\$ 11,460,782	\$ 11,349,335
Surplus/(Deficit)	\$ -	\$ -	\$ -	\$ (7,302,978)	\$ 3,839,286	\$ (946,331)	\$ 3,188,439	\$ (1,712,515)	\$ (1,426,347)



Multnomah County Health Department
Federally Qualified Health Center Financial Statement
For Period Ending February 28, 2021

February Target:												67%
	Adopted Budget	Revised Budget	Budget Change	07 Jan	08 Feb	09 Mar	10 Apr	11 May	12 Jun	Year to Date Total	% YTD	
Revenue												
County General Fund Support	\$ 10,121,214	\$ 10,282,541	\$ 161,327	\$ 856,878	\$ 856,878	\$ -	\$ -	\$ -	\$ -	\$ 6,855,028	67%	
General Fund Feesand MiscellaneousRevenue	\$ -	\$ -	\$ -	\$ 12,845	\$ 8,426	\$ -	\$ -	\$ -	\$ -	\$ 68,292		
Grants - PC 330 (BPHC)	\$ 9,994,455	\$ 9,994,455	\$ -	\$ 9,974	\$ 863,403	\$ -	\$ -	\$ -	\$ -	\$ 4,863,550	49%	
Grants - COVID-19	\$ -	\$ 926,977	\$ 926,977	\$ 57,753	\$ 52,073	\$ -	\$ -	\$ -	\$ -	\$ 212,304	23%	
Grants - All Other	\$ 9,036,672	\$ 9,073,908	\$ 37,236	\$ 278,485	\$ 744,901	\$ -	\$ -	\$ -	\$ -	\$ 4,937,732	54%	
Medicaid Quality and Incentives	\$ 6,722,000	\$ 6,722,000	\$ -	\$ (5,408)	\$ 1,188,184	\$ -	\$ -	\$ -	\$ -	\$ 4,863,854	72%	
Health Center Fees	\$ 109,550,304	\$ 109,550,304	\$ -	\$ 8,289,096	\$ 7,389,581	\$ -	\$ -	\$ -	\$ -	\$ 59,879,143	55%	
Self Pay Client Fees	\$ 1,214,770	\$ 1,214,770	\$ -	\$ 55,796	\$ 58,356	\$ -	\$ -	\$ -	\$ -	\$ 423,420	35%	
Beginning Working Capital	\$ 2,515,544	\$ 2,515,544	\$ -	\$ 209,629	\$ 209,629	\$ -	\$ -	\$ -	\$ -	\$ 1,677,029	67%	
Write-offs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Total	\$ 149,154,959	\$ 150,280,499	\$ 1,125,540	\$ 9,765,049	\$ 11,371,431	\$ -	\$ -	\$ -	\$ -	\$ 83,780,351	56%	
Expense												
Personnel	\$ 98,585,933	\$ 99,568,547	\$ 982,614	\$ 7,389,020	\$ 7,180,581	\$ -	\$ -	\$ -	\$ -	\$ 59,370,183	60%	
Contracts	\$ 4,654,127	\$ 4,654,127	\$ -	\$ 295,805	\$ 178,514	\$ -	\$ -	\$ -	\$ -	\$ 1,911,042	41%	
Materialsand Services	\$ 18,216,003	\$ 18,325,355	\$ 109,353	\$ 1,694,300	\$ 1,350,048	\$ -	\$ -	\$ -	\$ -	\$ 12,364,686	67%	
Internal Services	\$ 27,437,897	\$ 27,471,470	\$ 33,573	\$ 2,166,857	\$ 1,392,674	\$ -	\$ -	\$ -	\$ -	\$ 14,981,432	55%	
Capital Outlay	\$ 261,000	\$ 261,000	\$ -	\$ -	\$ 26,499	\$ -	\$ -	\$ -	\$ -	\$ 51,273	20%	
Total	\$ 149,154,959	\$ 150,280,499	\$ 1,125,540	\$ 11,545,982	\$ 10,128,317	\$ -	\$ -	\$ -	\$ -	\$ 88,678,616	59%	
Surplus/(Deficit)	\$ -	\$ -	\$ -	\$ (1,780,933)	\$ 1,243,115	\$ -	\$ -	\$ -	\$ -	\$ (4,898,264)		

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.
- Programs don't always spend in a uniform manner, sometimes they fluctuate, especially with school-based grants, where spending is concentrated throughout operational months.
- Expenses for a period are invoiced in the next period as per the typical timeline.
- Expenditures are tracking at 59% which is primarily due to personnel and internal services which are tracking at 60% and 55% respectively.
- July - August was FY20 year-end close. Health center fees for July were booked in August. Health center fees in October are approximating our monthly budgeted amount.
- Grants - PC 330 (BPHC): Invoicing typically occurs one month after expenses. 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.



Multnomah County Health Department
Community Health Center Board - Fiscal Year 2021 YTD Actual Revenues and Expenses by Program Group
For Period Ending February 28, 2021

			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	FY 2021 Revised Budget	Percent of Budget	
Revenues	Category	Description	957,434	4,337,168	-	-	95,954	269,402	1,195,069	-	-	6,855,028	6,855,028	10,282,541	67%	
	County General Fund Support		(25)	2,302	-	33,503	18,378	14,323	(189)	-	-	68,292	-	-	0%	
	General Fund Fees and Miscellaneous Revenue		868,977	-	219,747	-	3,254,770	199,109	86,321	234,625	-	4,863,550	6,662,970	9,994,455	49%	
	Grants - HRSA PC 330 Health Center Cluster		-	673,281	-	-	-	-	-	-	-	673,281	653,333	980,000	69%	
	Grants - HRSA Healthy Birth Initiatives		-	-	-	-	-	-	-	1,519,886	-	1,519,886	1,679,884	2,519,826	60%	
	Grants - HRSA Ryan White		-	-	-	-	-	-	-	209,556	-	209,556	239,968	359,952	58%	
	Grants - DHHS and OHA Ryan White		-	-	-	-	-	-	-	-	-	1,394,172	1,858,897	2,788,345	50%	
	Grants - OHA Non-Residential Mental Health Services		-	1,394,172	-	-	-	-	-	-	-	-	-	-	-	
	Grants - All Other		201,027	240,761	30,409	-	27,647	28	473,423	167,543	-	1,140,837	1,617,190	2,425,785	47%	
	Grants - Other COVID-19 Funding		7,000	-	-	-	106,208	1,500	-	80,386	-	195,094	-	-	0%	
	Grants - HHS CARES Act Provider Relief		-	-	-	-	-	-	-	-	-	-	210,847	316,270	0%	
	Grants - HRSA Expanding Capacity for Coronavirus Testing		17,209	-	-	-	-	-	-	-	-	17,209	407,138	610,707	3%	
	Medicaid Quality and Incentive Payments		2,343,414	-	783,976	-	-	1,736,464	-	-	-	4,863,854	4,481,333	6,722,000	72%	
	Health Center Fees		1,032,974	2,012,819	8,210,947	19,431,862	26,548,504	-	972,954	1,669,084	-	59,879,143	73,033,536	109,550,304	55%	
	Self Pay Client Fees		-	-	61,931	165,387	193,800	-	140	2,162	-	423,420	809,847	1,214,770	35%	
	Beginning Working Capital (budgeted in FY20)		466,667	371,843	333,333	-	-	505,187	-	-	-	1,677,029	1,677,029	2,515,544	67%	
Revenues Total			5,894,677	9,032,345	9,640,344	19,630,753	30,245,261	2,726,013	2,727,717	3,883,242	-	83,780,352	100,186,999	150,280,499	56%	
Expenditures	Personnel	Permanent	3,837,902	3,855,680	6,538,531	2,888,697	11,856,593	1,541,793	1,148,880	1,677,412	597,932	33,943,421	37,810,512	56,715,768	60%	
		Premium	48,452	73,506	65,475	42,224	254,137	10,144	17,892	29,844	93	541,765	814,481	1,221,721	44%	
		Salary Related	1,420,326	1,475,637	2,466,405	1,061,327	4,344,763	581,154	452,855	597,624	220,929	12,621,020	14,762,064	22,143,096	57%	
		Temporary	122,335	33,980	228,557	31,892	609,073	69,483	11,158	208,627	-	1,315,106	1,189,558	1,784,338	74%	
		Insurance Benefits	1,253,113	1,210,648	1,965,366	734,774	3,419,711	450,630	396,282	507,783	206,178	10,144,484	11,219,317	16,828,976	60%	
		Non Base Fringe	25,349	6,408	50,697	3,423	135,562	19,013	1,216	43,444	-	285,114	284,243	426,364	67%	
		Non Base Insurance	6,556	2,642	4,837	567	29,579	1,299	199	11,561	-	57,239	86,266	129,399	44%	
		Overtime	22,960	21,995	170,066	573	213,922	13,104	2,448	12,346	4,620	462,034	212,591	318,887	145%	
		Personnel Total	6,736,994	6,680,496	11,489,933	4,763,477	20,863,341	2,686,620	2,030,931	3,088,640	1,029,751	59,370,183	66,379,031	99,568,547	60%	
	Contractual Services	County Match & Sharing	-	150,000	-	-	-	-	-	-	-	-	150,000	601,082	901,623	17%
		Direct Client Assistance	3,675	154,001	749	-	2,606	-	-	135	19,171	1,355	181,692	53,940	80,910	225%
		Pass-Through & Program Support	-	239,899	(225)	-	-	-	-	-	-	-	239,674	317,989	476,984	50%
		Professional Services	263,904	18,230	136,756	37,405	829,597	3,310	16,298	30,676	3,500	1,339,675	2,129,740	3,194,610	42%	
		Contractual Services Total	267,579	562,130	137,279	37,405	832,203	3,310	16,433	49,848	4,855	1,911,042	3,102,751	4,654,127	41%	
	Internal Services	Indirect Expense	524,399	216,313	1,334,970	557,327	2,280,146	133,232	135,405	325,584	120,481	5,627,857	6,956,990	10,435,486	54%	
		Internal Service Data Processing	490,875	606,172	858,918	1,070,449	1,964,065	213,655	348,525	346,581	91,769	5,991,008	6,745,532	10,118,298	59%	
		Internal Service Distribution & Records	20,464	8,460	62,386	67,067	109,175	4,074	59,669	5,981	18,580	355,855	391,805	587,708	61%	
		Internal Service Enhanced Building Services	61,589	53,037	86,770	30,171	148,050	18,991	-	19,350	9,365	427,323	687,339	1,031,008	41%	
		Internal Service Facilities & Property Management	285,857	246,167	402,733	140,035	687,156	88,145	-	89,810	43,466	1,983,369	2,738,211	4,107,316	48%	
		Internal Service Facilities Service Requests	19,475	4,829	38,601	4,366	65,308	929	52,895	2,002	181	188,585	226,045	339,067	56%	
		Internal Service Fleet Services	536	14,658	13,484	-	235	195	52	-	29,160	38,617	57,926	50%		
		Internal Service Other	3,841	1,132	27,562	3,805	13,174	585	1,792	2,267	912	55,070	-	-	0%	
		Internal Service Telecommunications	39,766	58,103	34,785	11,286	121,374	13,764	21,856	16,873	5,398	323,205	529,774	794,661	41%	
		Internal Services Total	1,446,801	1,208,872	2,860,209	1,884,505	5,388,448	473,610	620,337	808,499	290,150	14,981,432	18,314,314	27,471,470	55%	
	Materials & Supplies	Cash Discounts Taken	-	-	-	(4)	-	-	-	-	-	-	(4)	-	-	0%
		Communications	1,430	27	-	-	-	-	1,040	1,339	1,319	-	5,155	6,489	9,734	53%
		Dues & Subscriptions	185	1,553	2,763	2,288	6,422	-	11,817	280	365	25,674	108,151	162,227	16%	
		Insurance	-	-	-	-	-	156	-	-	-	-	156	-	-	0%
		Pharmaceuticals	533	42	140	10,237,217	340,180	-	35,336	61,235	-	10,674,682	9,477,054	14,215,581	75%	
		Refunds	-	-	1,332	113	2,112	-	-	112	-	3,668	-	-	0%	
		Rentals	7,596	3,570	7,029	12,726	37,096	5,355	6,704	4,349	1,580	86,005	36,461	54,692	157%	
		Repairs & Maintenance	80	69	538	39	567	25	1,090	25	2,903	5,338	45,902	68,853	8%	
		Software, Subscription Computing, Maintenance	87,725	1,070	2,714	78,162	19	1,717	-	-	-	171,406	72,375	108,562	158%	
		Supplies	69,915	26,805	38,818	28,719	52,131	6,036	6,924	40,709	50,772	320,829	503,242	754,863	43%	
		Local Travel	5,581	5,777	3,227	1,748	342	3,299	830	846	31	21,680	92,514	138,771	16%	
		Medical & Dental Supplies	42,572	841	595,468	265	255,374	243	21,651	19,266	64,166	999,847	1,428,735	2,143,102	47%	
		Training & Non-Local Travel	10,549	2,779	2,111	895	20,743	6,125	1,784	1,039	-	46,024	445,980	668,970	7%	
		Utilities	-	-	-	-	-	-	-	-	4,226	4,226	-	-	0%	
		Materials & Supplies Total	226,167	42,533	654,139	10,362,168	714,985	23,997	87,474	129,180	124,043	12,364,686	12,216,904	18,325,355	67%	
	Capital Outlay	Capital Equipment - Expenditure	-	-	39,302	11,971	-	-	-	-	-	-	51,273	174,000	261,000	20%
	Capital Outlay Total		-	-	39,302	11,971	-	-	-	-	-	-	51,273	174,000	261,000	20%
Expenditures Total			8,677,541	8,494,031	15,180,863	17,059,527	27,798,977	3,187,536	2,755,175	4,076,166	1,448,799	88,678,616	100,186,999	150,280,499	59%	
Net Income/(Loss)			(2,782,864)	538,314	(5,540,519)	2,571,226	2,446,284	(461,524)	(27,458)	(192,924)	(1,448,799)	(4,898,264)	-	-		
Total Beginning Working Capital from Prior Years (includes FY20 budgeted BWC)			2,402,217	43,917	2,588,938	-	41,715	2,834,609	2,000	23,600	-	7,936,995				



Multnomah County Health Department
Community Health Council - Fiscal Year 2021 YTD Actual Revenues and Expenses by Program Group

Notes:

Total Beginning Working Capital represents BWC reported on Ledger Account 50000

Administrative Programs include the following:

- > ICS Administration
- > ICS Health Center Operations
- > ICS Primary Care Administrative and Support

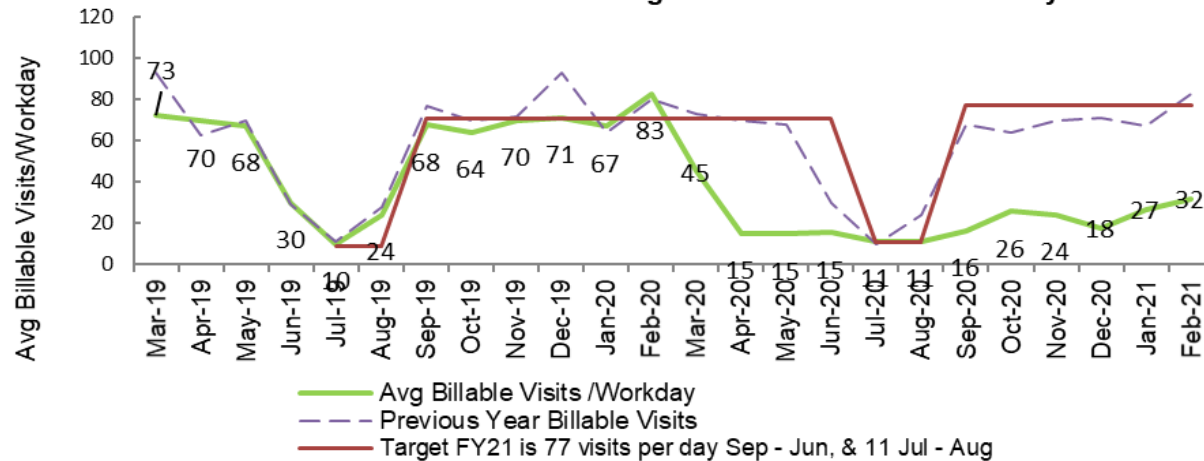
Non-ICS Service Programs include the following:

- > Direct Clinical Services - Behavioral Health Division
- > Maternal Child Family Health - Public Health Division



FQHC Average Billable Visits per day by month per Service Area

Student Health Center Average Billable Visits Per Workday



What this slide shows:

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

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

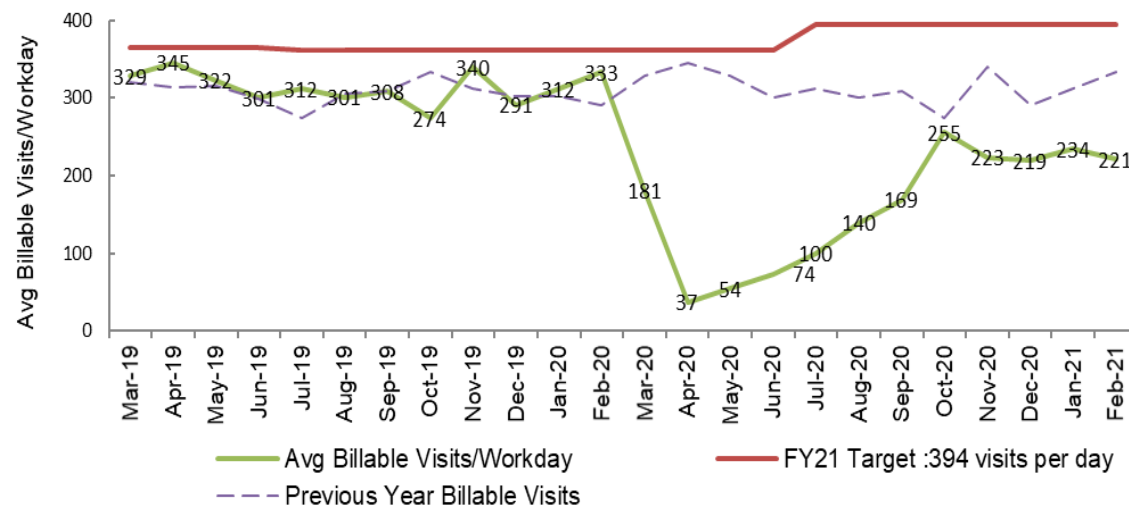
Definitions:

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

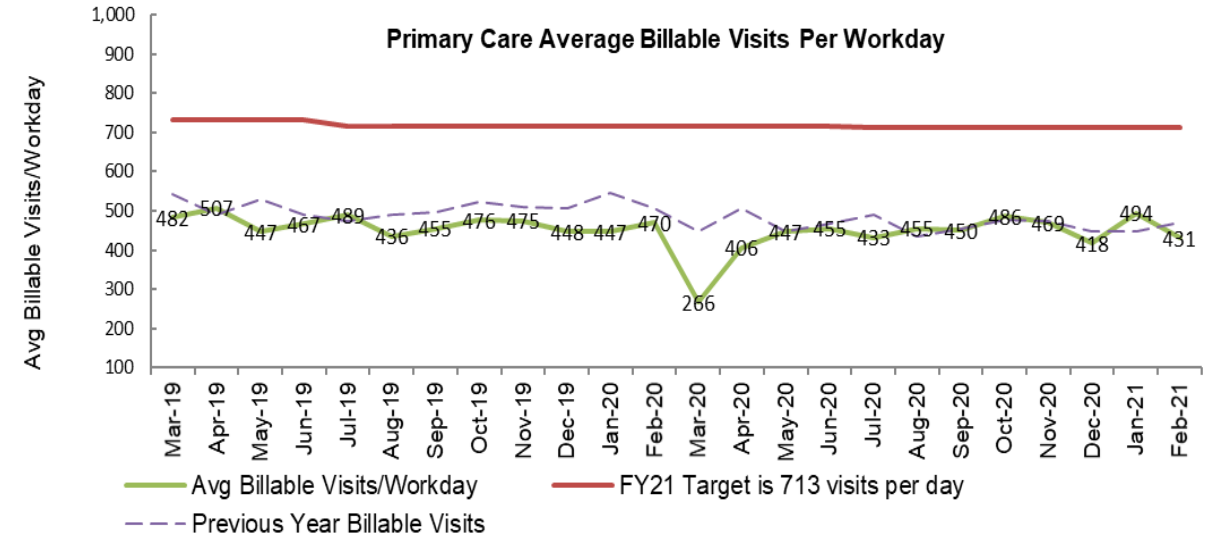
- Some visits may not yet have been billed due to errors that need correction.
- Some visits that are billed
- may not be paid, or not paid at the full billed amount, due to missing or incorrect documentation or coding, exceeding timely filing, or what is included in the insurance plan’s benefits.

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

Dental Average Billable Visits Per Workday



Primary Care Average Billable Visits Per Workday



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:

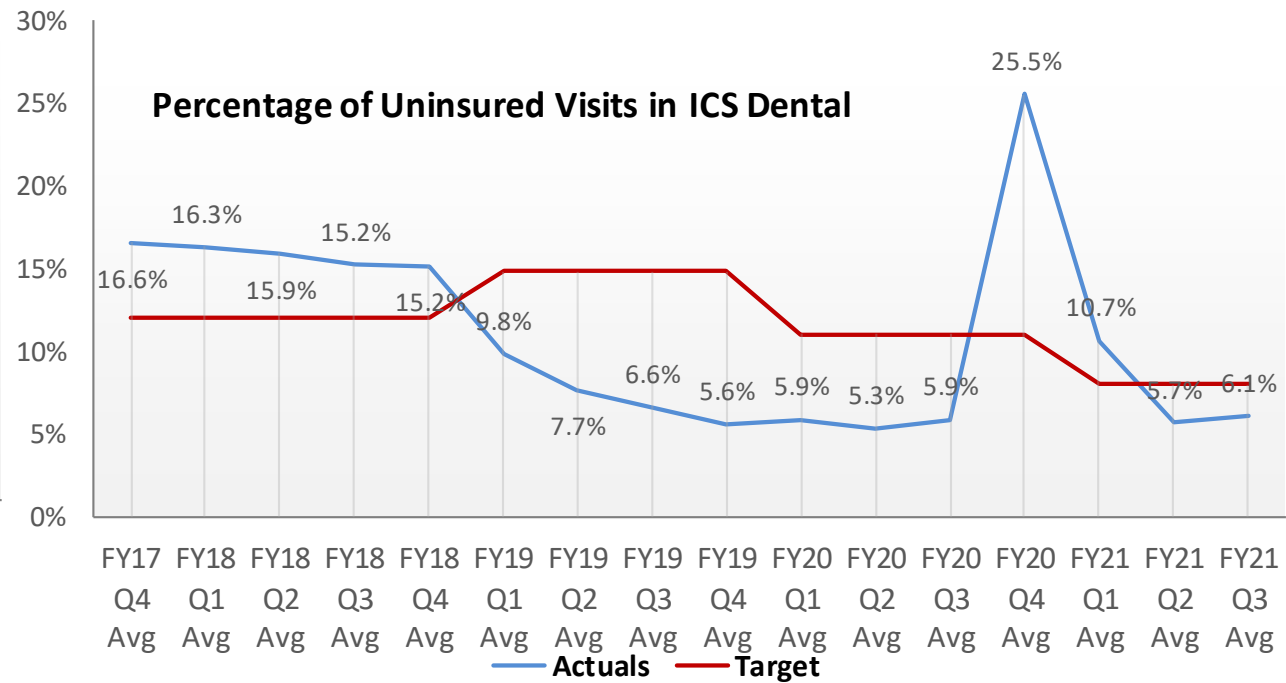
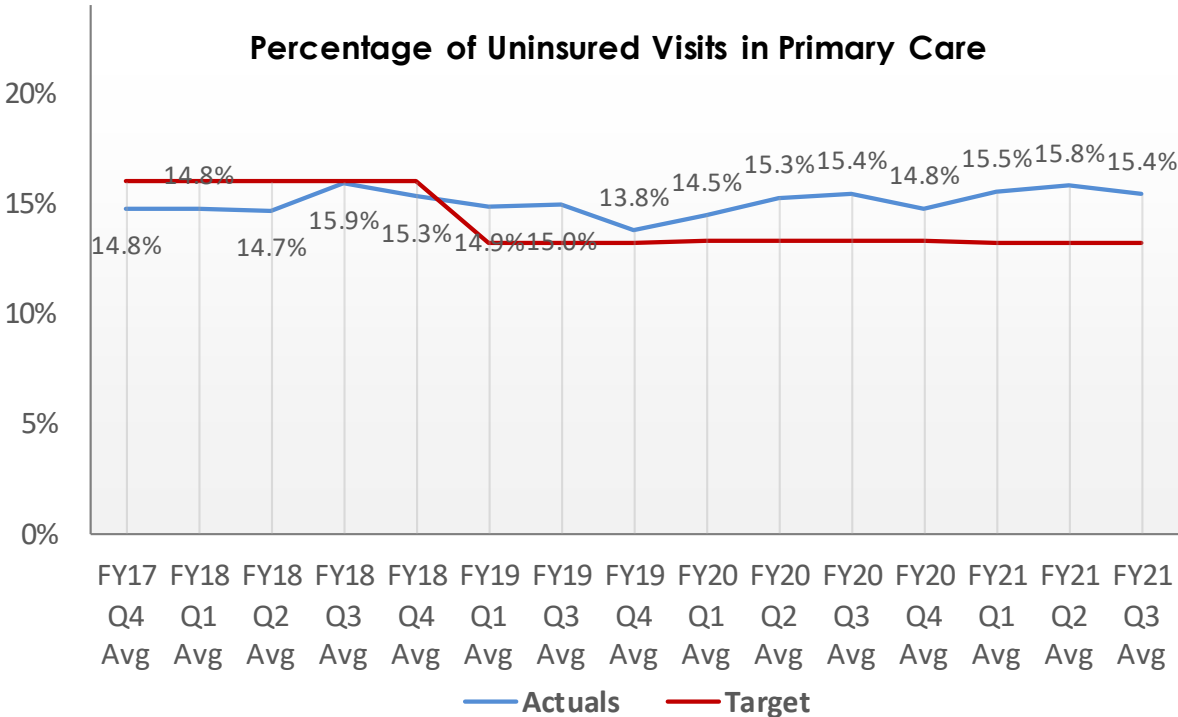
This report shows the average percentage of “self pay” visits per month.

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

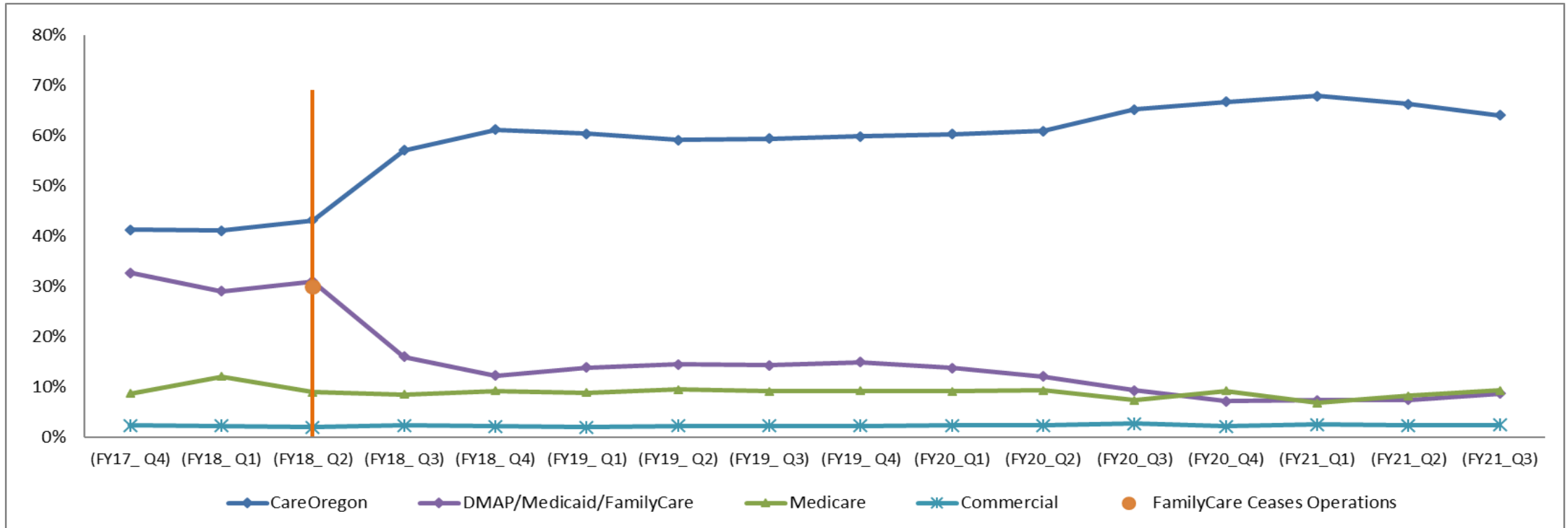
What this slide shows:

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

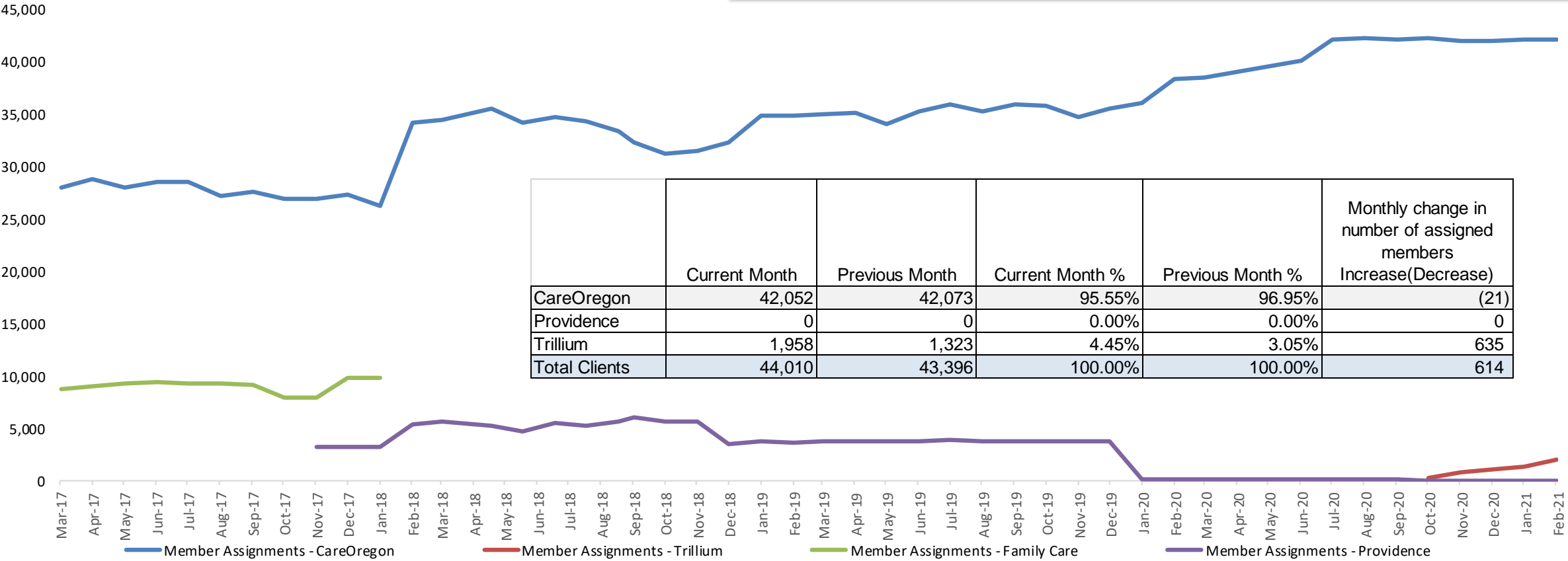


Number of OHP Clients Assigned by CCO

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)



CareOregon FY21 average 42,087 :: Providence FY21 average 33 :: Trillium FY21 average 1,086

• Trillium added October 2020



ICS Net Collection Rate by Payer Dec'20 – Feb'21 vs Jul'20 – Feb'21 (YTD)

	Dec'20 - Feb'21 Payments	YTD Payments	Dec'20 - Feb'21 Net Collection	YTD Net Collection
CareOregon Medicaid	3,403,857	8,393,255	99%	99%
Commercial	161,245	426,182	79%	83%
Medicaid	204,252	657,211	95%	94%
Medicare	460,492	1,314,373	97%	98%
Reproductive Health	20,593	80,304	98%	98%
Self-Pay	155,629	405,043	23%	25%
	\$4,406,068	\$11,276,369		

What this slide shows:

This report shows the effectiveness in collecting reimbursements by Payer

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

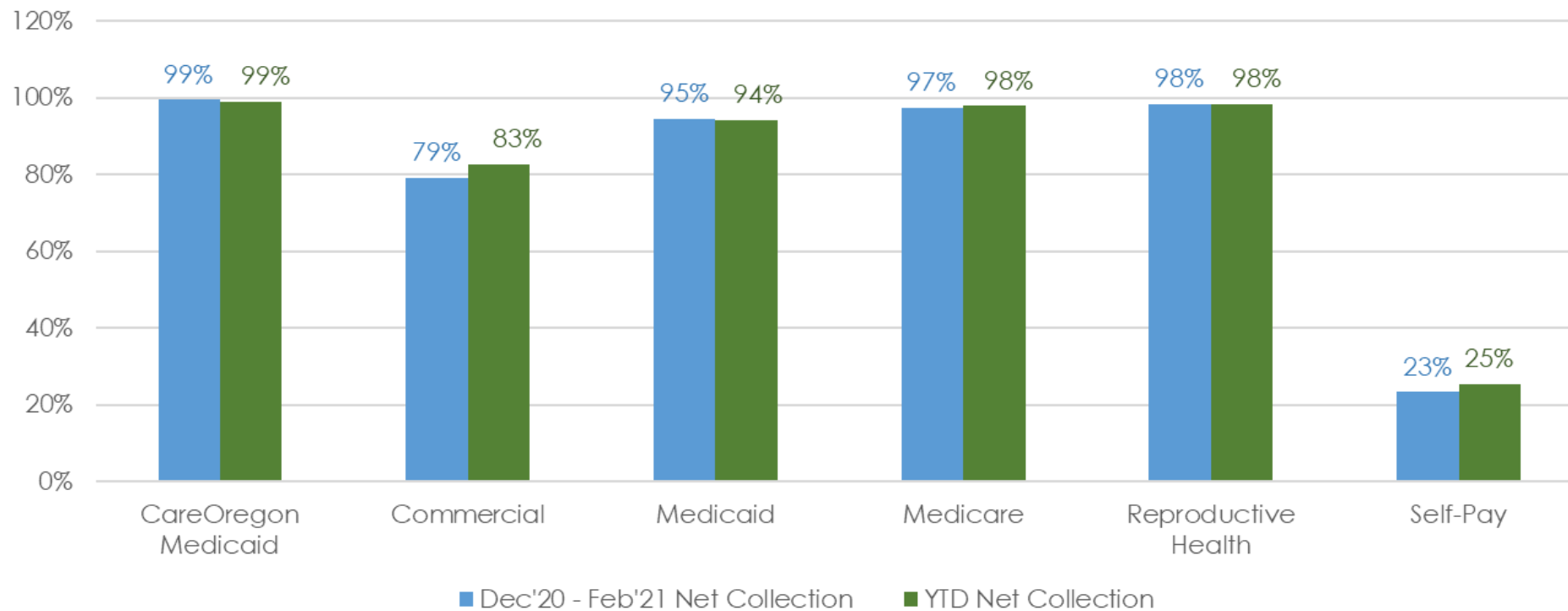
Definitions:

Net Collection Rate % = Payments / Payments + Avoidable

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

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

Net Collection Rate by Payer



ICS Net Collection Rate by Service Group Dec'20 – Feb'21 vs Jul'20 – Feb'21 (YTD)

	Dec'20 - Feb'21 Payments	YTD Payments	Dec'20 - Feb'21 Net Collection	YTD Net Collection
MC Dental	\$ 1,486,355	\$ 3,265,488	97%	96%
MC HSC Health Service Center	\$ 217,601	\$ 620,530	95%	92%
MC Pharmacy - Self Pay Only	\$ 70,255	\$ 173,215	34%	37%
MC Primary Care	\$ 2,524,230	\$ 6,938,859	86%	88%
MC School Based Health Centers	\$ 107,627	\$ 278,276	97%	96%
	\$4,406,068	\$11,276,369		

What this slide shows:

This report shows the effectiveness in collecting reimbursements by Service Group

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

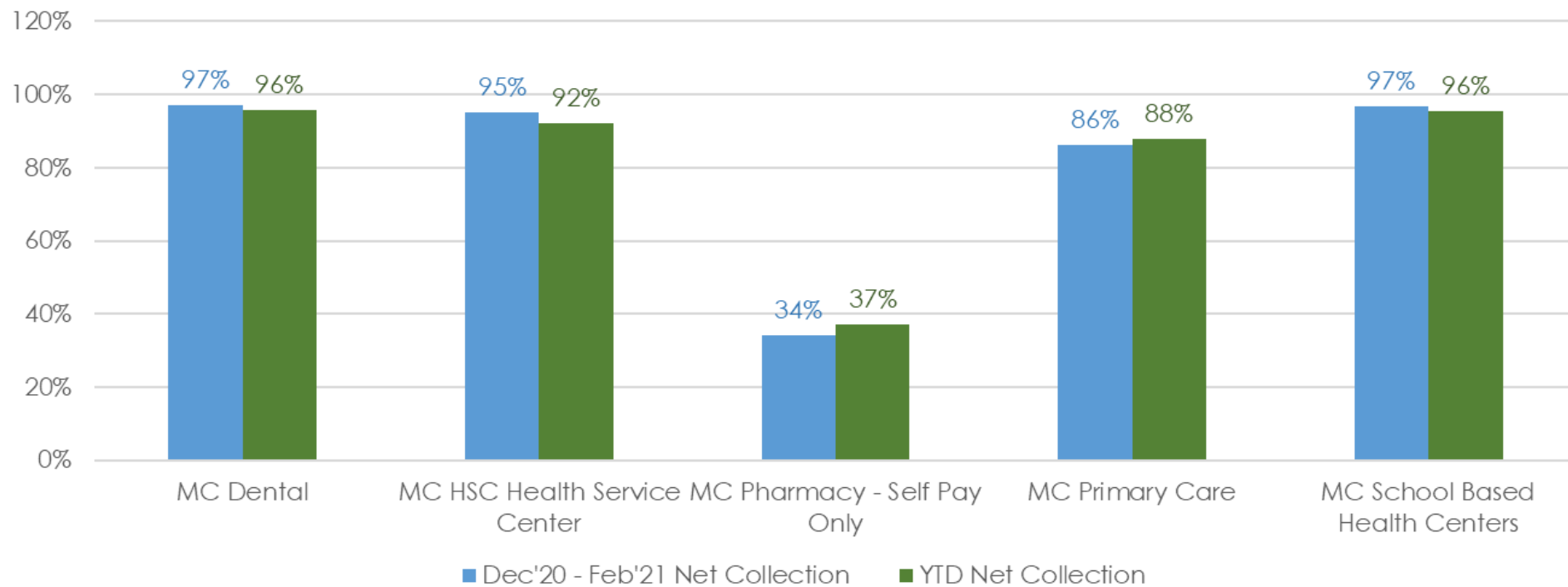
Definitions:

Net Collection Rate % = Payments / Payments + Avoidable

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

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

Net Collection Rate by SVC Group



BUDGET NARRATIVE AND JUSTIFICATION

Section I: General Information

Grant Year 21

A. INTRODUCTION

The following budget presentation covers two programs:

- Community Health Center/330
- Health Care for the Homeless

All presentations share the grant January start date, and a common fiscal year of July through June.

The budget presentation consists of three sections:

- General budget information & justification common to all programs
- Budget presentations, detailing budget information
- Federal 424a form and other tabular budget information

B. SOURCE OF BUDGETARY INFORMATION

Multnomah County operates on a July 1 - June 30 fiscal year. The County adopted its FY 2020/2021 operating budget. This operating budget includes appropriations and corresponding revenue estimates for the entire scope of the project.

The proposed budget presentation is based on the proposed operating budget for FY 2021/2022. In keeping with past practice, we have not assumed a cost-of-living adjustment for the final six months (July 2022 through December 2023) of the grant application period.

C. COST ALLOCATION

The source document for cost allocation is the recently proposed FY 2021/2022 operational budget for the Health Department.

The **CHC and HCH Programs** include the following:

- All Primary Care Clinics
- All School-Based Health Centers
- The Dental Program
- The Mental Health and Substance Abuse Services Program
- The Eligibility Outreach Program and other Enabling Services
- The HIV Treatment Program
- Information and Referral Program.

D. INDIRECT COSTS

The County has established federally approved indirect rates for FY 2021-2022. The Central Services cost allocation plan identifies and distributes the cost of services provided by central County support organizations (e.g. Budget Office, County Auditor). The Departmental Administration rate is based on administrative costs incurred within the Health Department. Indirect rates are assessed on personnel actual charges. Only costs not charged directly to grants are included in the departmental rate. Internal County services (e.g. IT, Phones, Facilities) are charged directly to grants, when applicable, and are not part of the County indirect rates. Indirect rates are not applied to County General Fund expenditures.

BUDGET NARRATIVE AND JUSTIFICATION

Section I: General Information

Grant Year 21

As a local government, these rates are not negotiated with DHHS. A letter of exemption from the cognizant federal agency, Department of Health and Human Services, is attached to the application. These rates are, however, subject to audit.

E. EMPLOYEE COSTS

Base Pay

General staff positions (clerical assistant, health assistant, nutritionist, hygienist, etc.) are represented by the American Federation of State, County and Municipal Employees (AFSCME Local 88). Nursing staff are represented by the Oregon Nurses Association (ONA). Physicians and Dentists have joined AFSCME and they are represented by Local 88. Rates of pay for these groups are determined through collective bargaining.

Managerial employees are not represented. Pay increases are awarded through local ordinance, enacted by the Board of County Commissioners.

Fringe Benefits

Employees assigned to these programs receive the same benefit package as County employees in general. Benefits costs consist of three components:

- **Salary related expenses:** FICA (7.65%), Retirement PERS (25.09%), PERS Bond (8.22%), and Transit tax (0.79%) for a total of 41.75% of pay. Retirement for employees hired after August 03 is (21.26%) with a total expense of 37.92% of pay.
- **Salary related insurance benefits:** Includes workers compensation, liability, unemployment, long term/short term disability, retiree medical, and benefits administration for a total of 7.25% of base pay.
- **Flat-Rate Insurance Benefits** are budgeted at \$18,547 per full-time employee. For Local 88 three-quarter time employees, it is \$13,910. For half-time employees, the rate is \$10,586 per employee. This covers medical and dental insurance, life insurance (non-represented employees only), and health promotion. Employees have a health insurance co-payment that varies depending on the type of coverage and family size.

F. PROJECT REVENUES

Schedule of State, Local, Program Income and Other Funding

1- <u>Other Federal Grants</u>	3,192,262
Other Federal Ryan White I	1,319,783
Other Federal Ryan White IIIb - Early Intervention	811,624

BUDGET NARRATIVE AND JUSTIFICATION

Section I: General Information

Grant Year 21

	Other Federal CARES Act Local Government Fund	467,095
	Other Federal Ryan White IV AIDS Healthcare	368,760
	Other Federal SPNS - HIV	200,000
	Other Federal Ryan White Title III Capacity Development	25,000
2-	<u>State</u>	3,304,520
	State MH Grant	1,227,533
	State School Based Clinics	865,672
	State FFS Insurance Rcpts	626,385
	State Oregon Health Authority Ryan White	355,500
	State OHA HIV Care Assitance	111,842
	State Family Planning	87,588
	State Refugee Screening	30,000
3-	<u>Local Government</u>	432,292
	School-Based MH Expanion - PPS SUN Comm	177,000
	Portland Public Schoold - Head Start	157,792
	School-Based MH Expanion - Centennial	75,000
	School-Based MH Expanion - Parkrose	22,500
4-	<u>Private Grants</u>	460,880
	Medicare Wellness Program	216,700
	CareOregon Primary Care - Dental Coordination	98,450
	Local UW AIDS Educ Training Center	85,000
	Pharmacy ADAP/CARE Assist	47,610
	OHSU HIV Counseling - Russell St.	13,120
5-	<u>Other Medicaid/Medicare</u>	43,493,429

BUDGET NARRATIVE AND JUSTIFICATION

Section I: General Information

Grant Year 21

Other Medicare Pharmacy FFS	20,341,628
Other Medicaid Quality & Incentive Pay - CareOregon	11,139,979
Other Medicaid Pharmacy FFS - CareOregon	11,026,420
Other Medicaid Pharmacy FFS	739,629
Other Patient Fees Pharmacy	245,773
6- <u>Program Income</u>	84,220,942
Program Income Medicaid FFS	58,316,825
Program Income Care Oregon FFS	19,449,685
Program Income Medicare	3,311,277
Program Income Private Insurance	1,600,725
Program Income Self Pay	999,106
Program Income Medicaid - FPEP	543,324
7- <u>Applicant - CGF</u>	2,854,681

County General Fund (Applicant Funding)

Multnomah County and much of the rest of the world have instituted a shutdown of broad sectors of the economy in order to slow the spread of COVID-19. As a result, Oregon and the U.S. have experienced a rapid, unprecedented increase in unemployment claims. The data is still lagging behind the reality on the ground, but a severe economic contraction in the second quarter of 2020 is all but assured. As of January 2020, the 3.1% unemployment rate in Multnomah County and 3.3% in Oregon were near historical lows, but the current rate (when published in the future) will be significantly higher. In just four weeks starting in mid-March, over 333,000 Oregonians filed initial unemployment claims.

Locally, the residential real estate market experienced continued slow growth relative to the last several years, matching activity across large, Western cities. As measured by the S&P Case-Shiller Home Price Index for the Portland metropolitan area, home prices increased 3.7% during 2019. Similarly, multifamily housing rents continued to be flat.

Property tax is the single largest discretionary source of revenue in the General Fund, accounting for 62% of ongoing revenues. General Fund growth, therefore, is particularly sensitive to taxable value growth and compression. As measured from the FY 2020 Adopted budget, ongoing General Fund resources for FY 2021 are projected to increase by 1.2%. The FY 2021 budget assumes the following rates of growth (as measured from the FY 2020 Adopted budget) for each revenue source:

- Property Tax – An increase of 3.8%
- Business Income Tax – A decrease of -3.3% (includes rate increase)

BUDGET NARRATIVE AND JUSTIFICATION

Section I: General Information

Grant Year 21

- Motor Vehicle Rental Tax – A decrease of -27.3%
- Recording Fees/CAFFA Grant – A decrease of -3.2%
- US Marshal Jail Bed Rental – An increase of 25.9%

In March 2020, the Board voted to make several reforms to the County's Business Income Tax. The Board voted to increase the rate from 1.45% to 2.00%, increase the owners' compensation deduction to \$127,000, and increase the gross receipts exemption from \$50,000 to \$100,000. Additionally, the budget assumes that a portion of the new revenues are shared with the East County Cities. In the March 2020 forecast, the assumed net increase in BIT revenues was \$29.6 million bringing the total forecasted BIT to \$123.1 million. Following the post-forecast recession adjustments, the new forecasted FY 2021 BIT revenue is \$93.3 million.

The US Marshal Jail Bed Rental increase is driven by a higher rate of \$185 per bed per day, compared to a rate of \$140 per bed per day assumed in the FY 2020 Adopted budget.

Total direct resources, or "revenues," for FY 2021 are \$1.66 billion vs. \$1.64 billion in FY 2020 (excluding service reimbursements and cash transfers between funds). Intergovernmental revenues are the County's single largest revenue category at \$594.1 million or 35.7%. This reflects a \$57.3 million or 10.7% increase from FY 2020. Intergovernmental revenues includes any revenue transferred from another government entity to the County to support County-provided services. These revenues fund a variety of services from Bridge Operations and HIV Harm Reduction, to Nutrition Assistance and the County's COVID-19 response.

Taxes constitute the next largest revenue source at 30.2% and include property tax, business income tax, motor vehicle rental tax, transient lodging tax, and County gas tax. For FY 2021, tax collections are anticipated to increase 1.4% from \$495.7 million in FY 2020 to \$502.4 million.

Beginning working capital (BWC) is the County's third largest resource for FY 2021, at \$340.7 million or 20.5%. In dollar terms, BWC decreased by \$46.1 million from \$386.8 million in FY 2020 to \$340.7 million in FY 2021.

The County's General Fund expenditures are forecast to grow at roughly 3.6% to 4.5% annually through FY 2025, a rate of growth that takes into account inflation, employee compensation, and long-term fixed costs. Department expenditures for all funds, excluding cash transfers, contingencies, and unappropriated balances, total \$1.83 billion in FY 2021 vs. \$1.82 billion in FY 2020.

Other Healthcare Funding

Multnomah County has joined with hospital systems, health plans, and Clackamas and Washington Counties to initiate CCO formation. This partnership, titled Health Share of Oregon (HSO), launched services as a CCO on September 1, 2012. Care Oregon operates under the umbrella of this new HSO. In addition to HSO, an existing managed care plan called Family Care, Inc. began operating as a CCO on August 1, 2012. Family Care, Inc ceased Medicaid operations in February 2018.

MCHD is a central part of both HSO. HSO operates on a global budget with the goal to create a regionally integrated, patient-centered, community care system that improves quality, cost, and health status for high-cost/high-acuity Medicaid and dual-eligible adults.

BUDGET NARRATIVE AND JUSTIFICATION

Section I: General Information

Grant Year 21

Multnomah County serves a large number of Care Oregon clients. Care Oregon is a non-profit, health plan that serve State of Oregon Health Plan clients. The County is Care Oregon's largest primary care provider. Services provided to Care Oregon clients are reimbursed on a fee-for-service basis. In Nov 2017, Providence Health Plan started assigning medicaid clients to Multnomah County Health Department.

In addition to creating CCOs, Oregon is also implementing health insurance reforms. Beginning October 1, 2013, uninsured and underinsured Oregon residents started applying for Oregon Health Plan (OHP) and other affordable insurance options through a State-run insurance exchange called Cover Oregon. Cover Oregon is an online marketplace. OHP/Medicaid eligibility expanded from 110% FPL to 138% FPL based on ACA recommendations. Insurance premium tax credits will provide significant subsidies for the cost of insurance for persons with incomes below 400% FPL. Coverage from Cover Oregon insurance plans started on January 1, 2014.

Starting October 1, 2014, Multnomah County Health Department joined a pilot program in Oregon called Alternative Payment Method (APM). Under this method, the Department is paid a monthly rate per assigned Primary Care members. Dental Services are not part of this pilot program and continue to receive FQHC reimbursement rate for eligible visits.

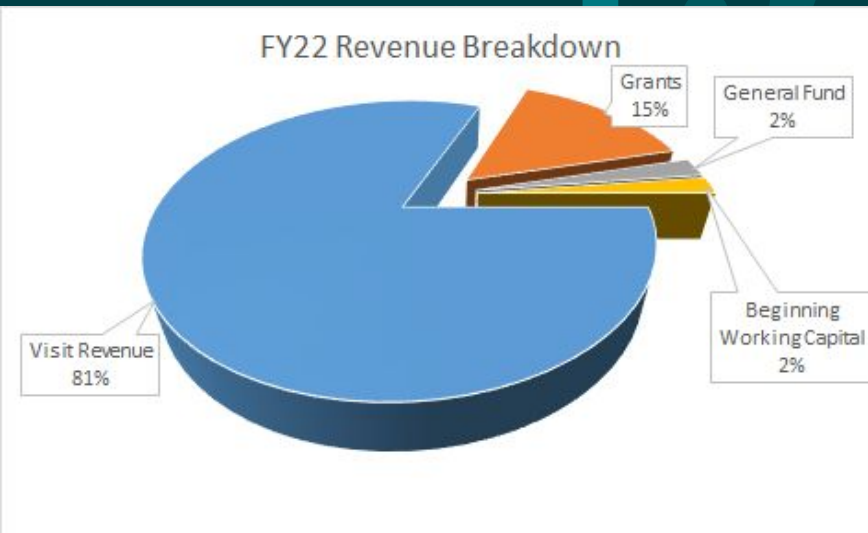
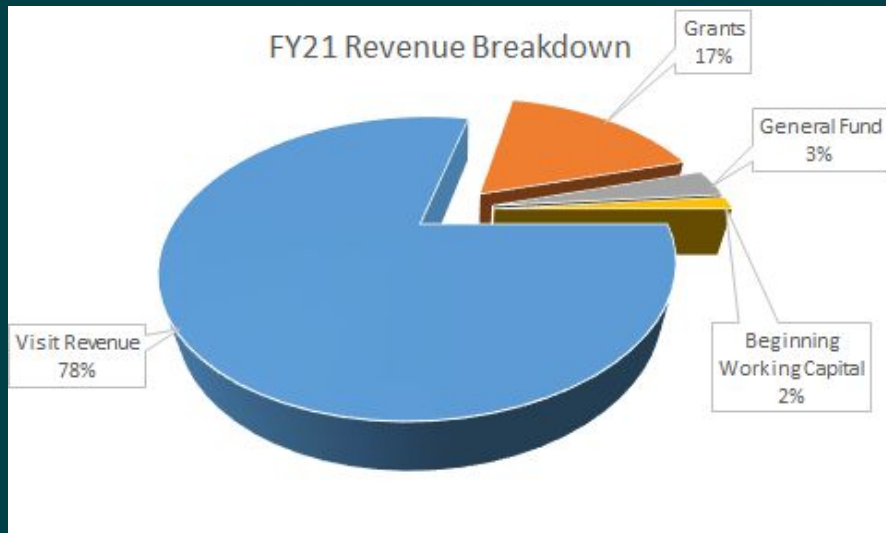
FISCAL YEAR 2022 BUDGET



Health Center Trend



Revenue Breakdown

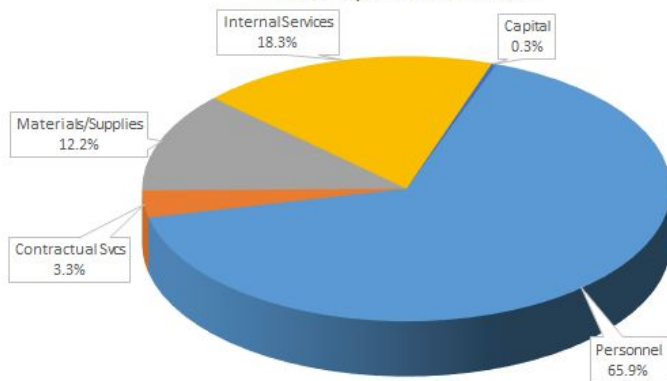


* Visit Revenue = Medicaid Quality Incentives, Health Center Fees, Self Pay Fees, APM & Wraparound

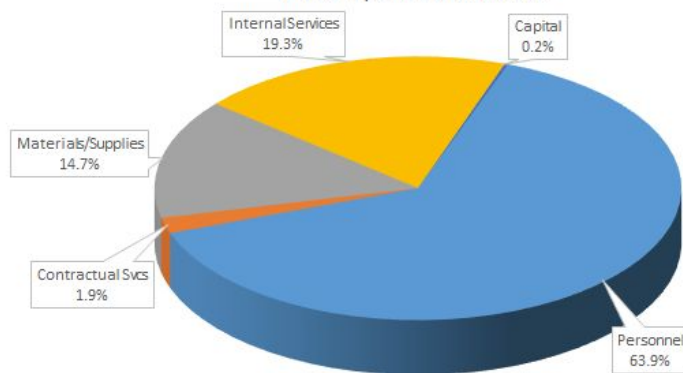


Expense Breakdown

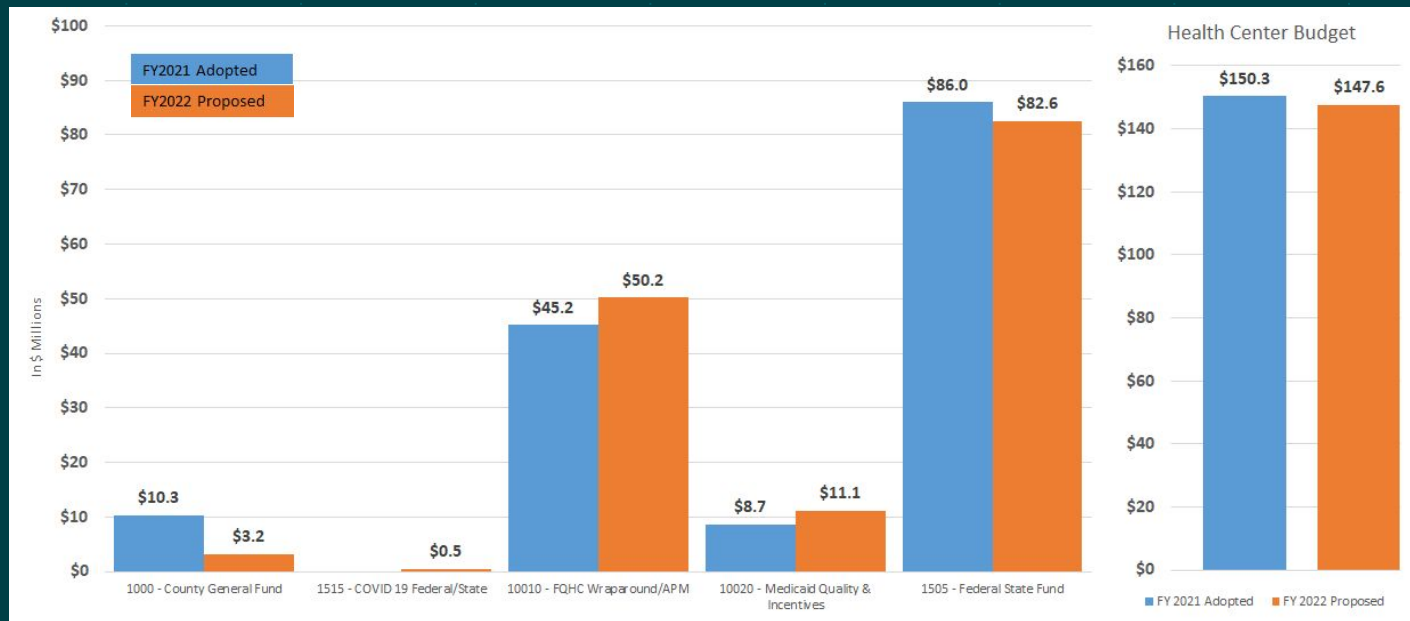
FY 21 Expense Breakdown



FY22 Expense Breakdown



Health Center Trend

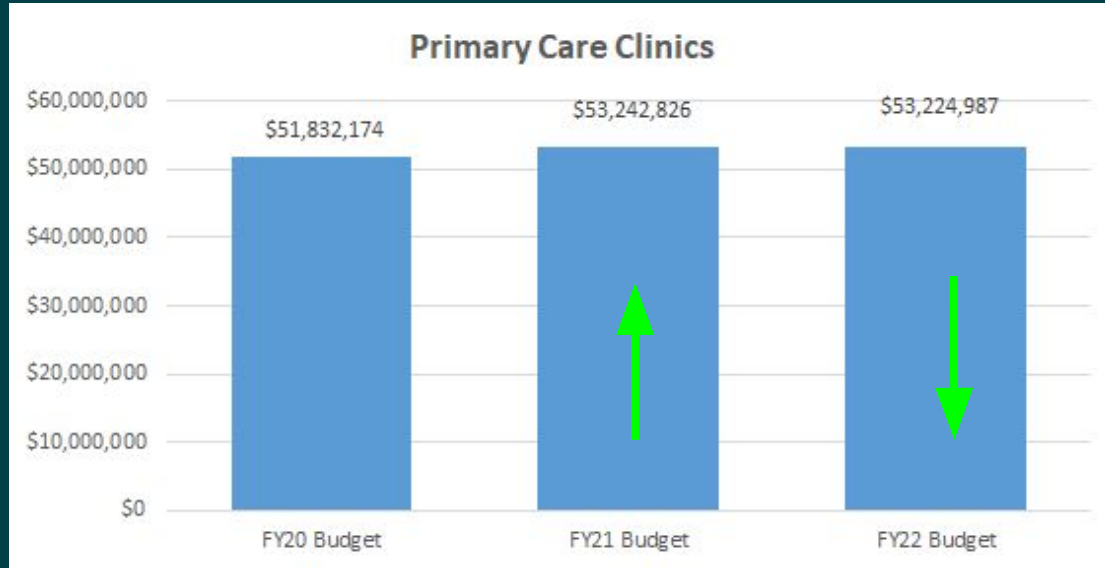




PROGRAM BUDGETS



Primary Care

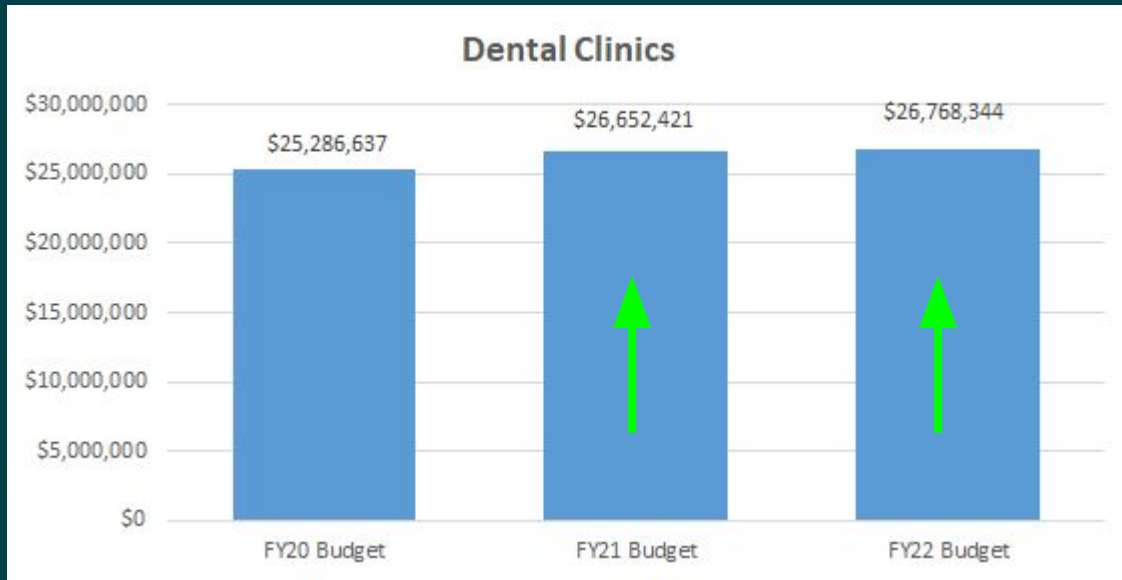


Primary Care KPIs

	FY21	FY22
FTE	295.8	287.7
Visits	179,718	179,792
Visits/Day	16	17



Dental

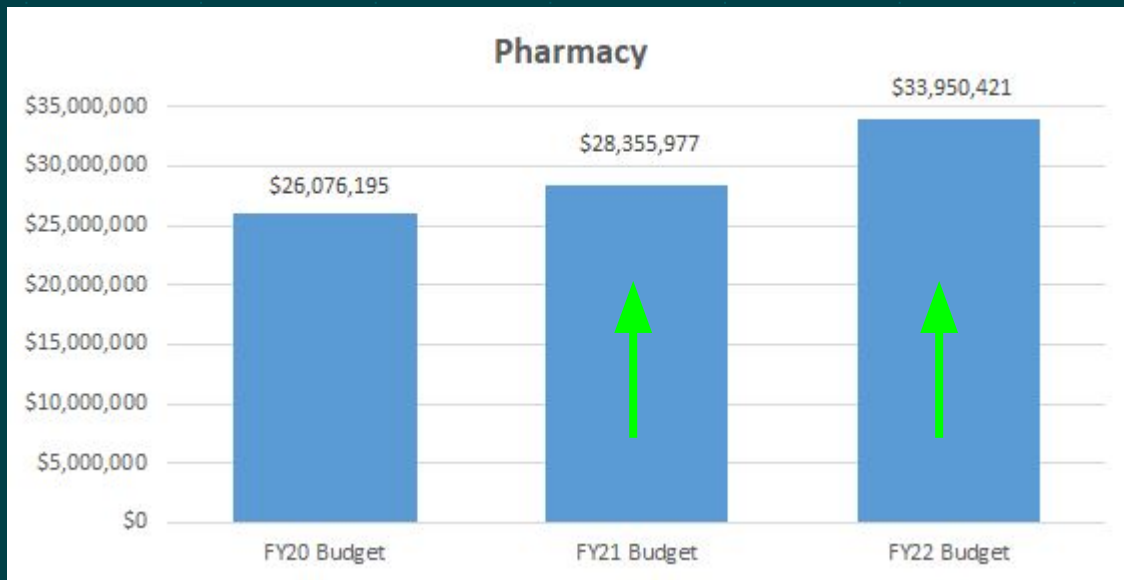


Dental KPIs

	FY21	FY22
FTE	146.2	145.1
Visits	101,805	94,738
Dentist	13	13
Hygienist	8	8



Pharmacy

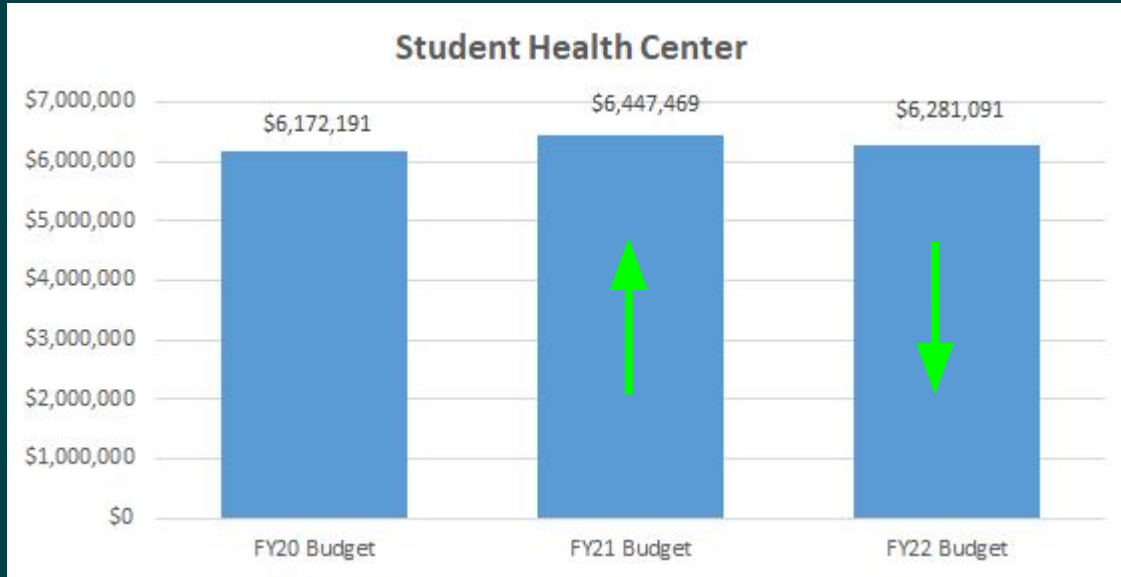


Pharmacy KPIs

	FY21	FY22
FTE	55.1	55.3
Rx	366,500	372,000
Capture Rate	62%	64%



Student Health Centers

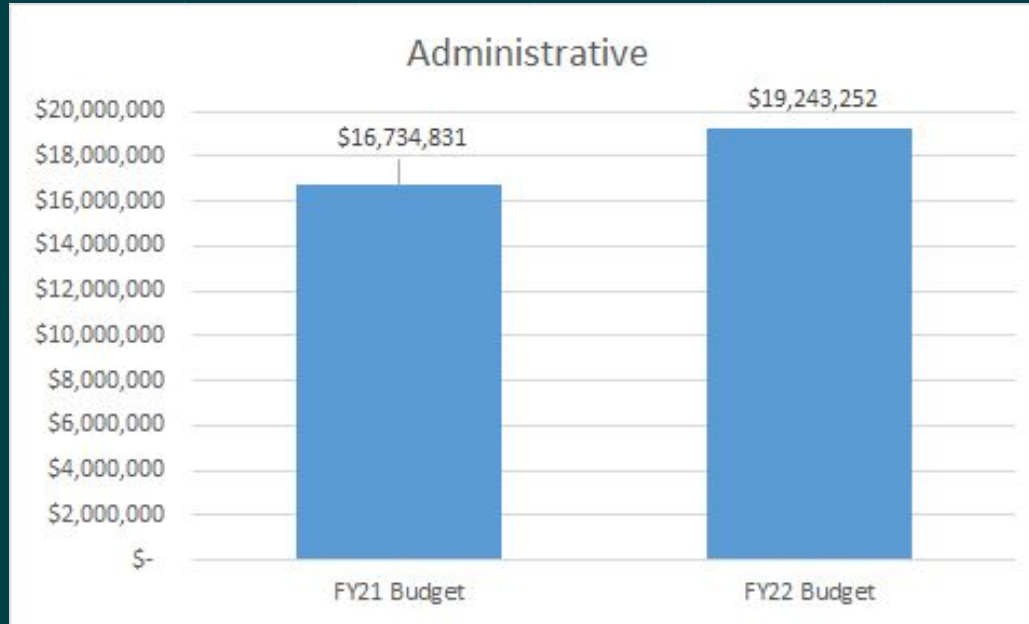


Student Health Centers KPIs

	FY21	FY22
FTE	34.2	32.3
Visits	16,603	16,474



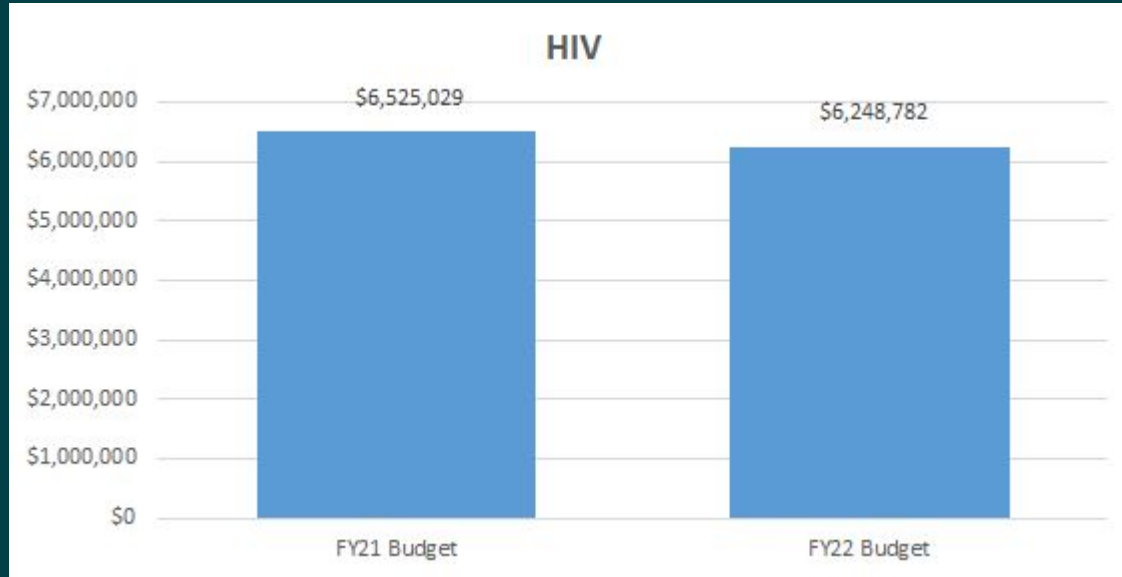
Administrative & Support



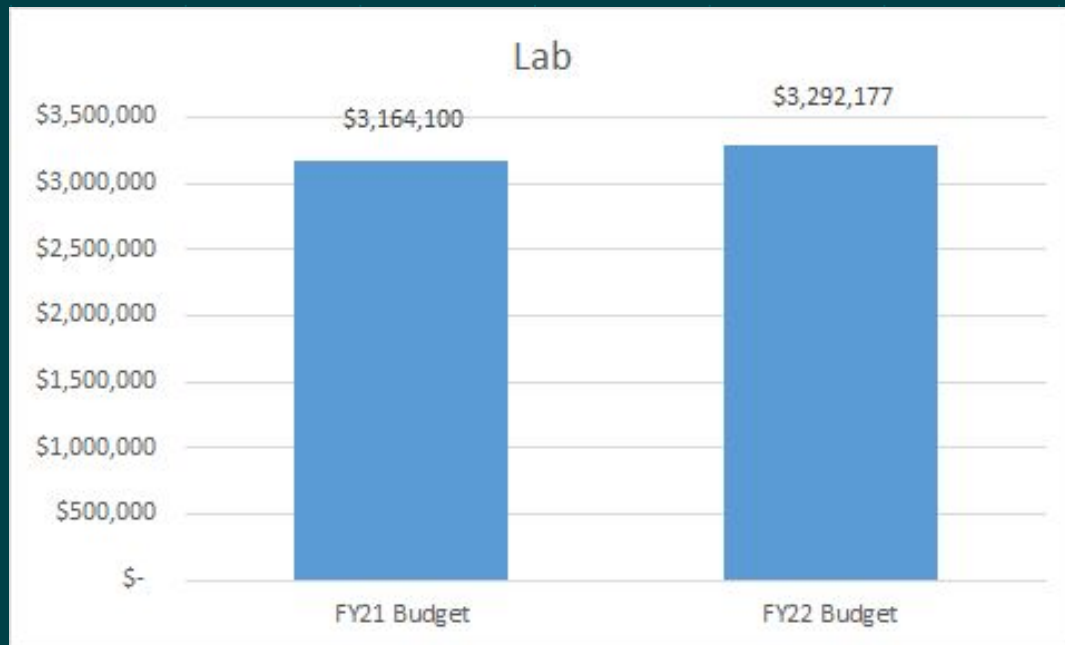
Quality & Compliance



HIV Clinic



Lab



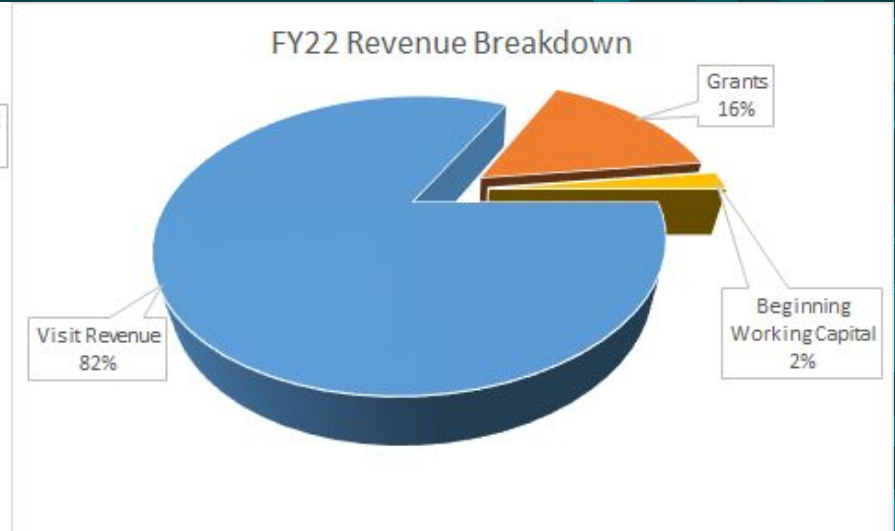
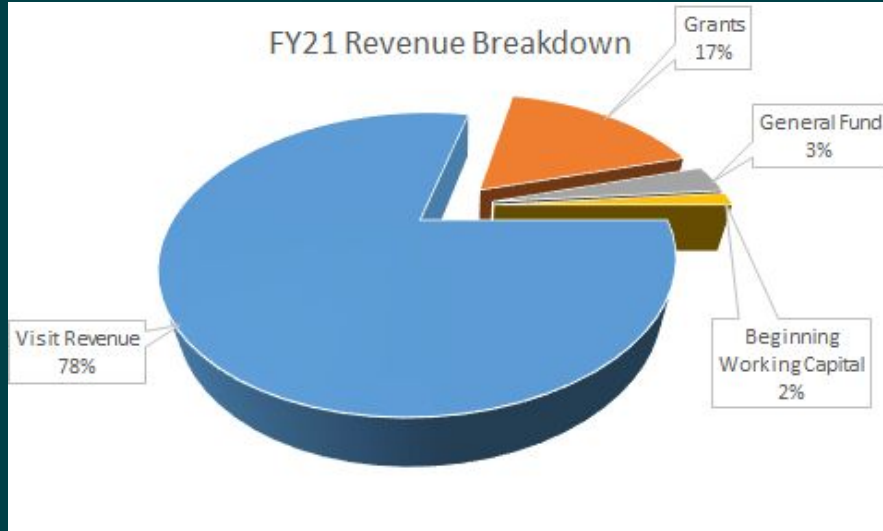
Health Center Trend*



* New FY22 budget after removal of Student Mental Health Program



Revenue Breakdown**

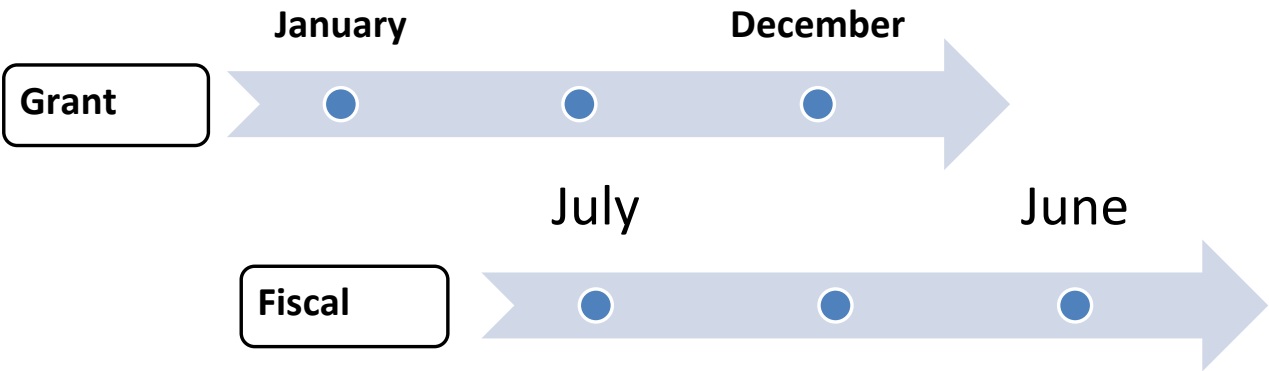


* Visit Revenue = Medicaid Quality Incentives, Health Center Fees, Self Pay Fees, APM & Wraparound

** New FY22 revenue breakdown after removal of Student Mental Health Program



Budget Timeline



DEPARTMENT OF HEALTH AND HUMAN SERVICES		FOR HRSA USE ONLY				
Health Resources and Services Administration		Grant Number		Application Tracking		
FORM SF-424A: BUDGET INFORMATION						
Budget Information						
SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. CHC	93.224	\$ -	\$ -	\$ 7,505,484	\$ 133,015,420	\$ 140,520,904
2. HCH	93.224	\$ -	\$ -	\$ 2,136,710	\$ 4,943,586	\$ 7,080,296
TOTALS				\$ 9,642,194	\$ 137,959,006	\$ 147,601,200
SECTION B - BUDGET CATEGORIES						
6. Object Class Categories		Federal		Non-Federal		Total
a. Personnel		\$ 5,167,532	\$ 48,961,140	\$ 54,128,672		
b. Fringe Benefits		\$ 3,345,914	\$ 34,849,608	\$ 38,195,522		
c. Travel		\$ -	\$ 79,586	\$ 79,586		
d. Equipment		\$ -	\$ 304,500	\$ 304,500		
e. Supplies		\$ -	\$ 20,749,850	\$ 20,749,850		
f. Contractual		\$ 142,040	\$ 2,662,434	\$ 2,804,474		
g. Construction		\$ -	\$ -	\$ -		
h. Other		\$ -	\$ 19,549,712	\$ 19,549,712		
i. Total Direct Charges (sum of 6a - 6h)		\$ 8,655,486	\$ 127,156,830	\$ 135,812,316		
j. Indirect Charges		\$ 986,708	\$ 10,802,176	\$ 11,788,884		
k. TOTALS (sum of 6i and 6j)		\$ 9,642,194	\$ 137,959,006	\$ 147,601,200		
SECTION C - NON-FEDERAL RESOURCES						
Grant Program Function or Activity	Applicant	State	Local	Other	Program Income	Total
CHC 93.224	\$ 1,742,526	\$ 3,304,520	\$ 432,292	\$ 45,841,768	\$ 81,694,314	\$ 133,015,420
HCH 93.224	\$ 1,112,155	\$ -	\$ -	\$ 1,304,803	\$ 2,526,628	\$ 4,943,586
TOTAL	2,854,681	3,304,520	432,292	\$ 47,146,571	\$ 84,220,942	\$ 137,959,006

	BUDGET NARRATIVE AND JUSTIFICATION			
	Section II: Program Budget Details			
	Grant Year 21			
		Federal Request	Non-Federal Resources	Total Budget
A.	PERSONNEL			
	Salaries (Combined Personnel By Pos.)	4,878,703	49,249,969	54,128,672
B.	FRINGE BENEFITS	3,504,772	34,690,750	38,195,522
	Salary related expenses: FICA (7.65%), Retirement PERS (25.09%), PERS Bond (8.22%), and Transit tax (0.79%) for a total of 41.75% of pay. Retirement for employees hired after August 03 is (21.26%) with a total expense of 37.92% of pay.	1,988,909	19,531,082	21,519,991
	Salary related insurance benefits: Includes workers compensation, liability, unemployment, long term/short term disability, retiree medical, and benefits administration for a total of 7.25% of base pay. Flat rate insurance benefits budgeted at \$18,547 per full-time employee. For Local 88 three-quarter time employees, it is \$13,910. For half-time employees, the rate is \$10,586 per employee.	1,515,863	15,159,668	16,675,531
C.	TRAVEL & TRAINING	-	79,586	79,586
D.	EQUIPMENT	-	304,500	304,500
	Pharmacy/Lab Equipment	-	304,500	304,500
E.	SUPPLIES	-	20,749,850	20,749,850
	Drugs	-	18,588,126	18,588,126
	Medical & Dental Supplies	-	1,556,597	1,556,597
	Office Supplies	-	605,127	605,127
F.	CONTRACTUAL	142,040	2,662,434	2,804,474
	Patient Care			
	Primary Care Contracts			

	Lab & X-Ray Svcs: Contracted lab services with EPIC Imaging, Quest Diagnostics, OR Health Divisiton, Blood Lead Testin Svcs, OHSU Radiology Svcs.	-	638,301	638,301
	OHSU Nurse Practioner Contract	-	144,500	144,500
	Primary Care MH Services: CODA Contract to provide substance abuse treatment to enable patients to access and remain in Primary Care, access drug therapies and includes supportive counseling.	142,040	-	142,040
	OHSU contract for OBGYN Services	-	135,440	135,440
	After Hours RN medical advice - Fonemed	-	70,000	70,000
	OHSU Ortho Contract	-	64,800	64,800
	In-service and Consultation: Honorarium for provider speakers and workshop facilitation	-	59,350	59,350
	On-Call Pharmacist	-	43,500	43,500
	OHSU Sports Medicine	-	36,000	36,000
	MH Consultation for Children: Lifeworks NW	-	28,000	28,000
	Healthstream & e-Learning Platforms	-	25,000	25,000
	Printing Services	-	21,240	21,240
	Health Center Communication Materials	-	20,000	20,000
	OHSU Colpo Leep Contract	-	15,000	15,000
	Lab Waste Disposal	-	13,710	13,710
	Quality Improvement Projects	-	12,000	12,000
	MH Language Services	-	11,000	11,000
	Community Meetings Support	-	9,000	9,000
	MH Multnomah Education Svcs-Community Building and Dev.	-	8,000	8,000
	Data Reporting and Maintenance	-	7,863	7,863
	Shredding Svcs: AccuShred Confidential Shredding	-	7,320	7,320
	Sisters of the Road	-	2,500	2,500
	Calibration Services	-	500	500
	Dental Contracts			
	Lab & X-Ray Svcs: Contracted lab services with EPIC Imaging, Stae X-ray licensing, Artisan Lab Services, and Matheson lab	-	57,475	57,475
	Staffing Svcs: Dental proffesional staffing for on-call coverage	-	27,500	27,500
	CPR Training: Portland Community College	-	6,500	6,500
	Shredding Svcs: AccuShred Confidential Shredding	-	6,350	6,350

	Dental Waste Removal		-	5,000	5,000
	Non-Patient Care				
	Interpretation: the Department contracts with IRCO, Optimal, Pssport to Language, Linguava, and Teleport for phone, in-person, sign lanuage, and document interpretation and translation		-	949,370	949,370
	Laundry: Contacts for Lab Jackets, gowns, and coats with Alsco, SafetyClean, etc		-	94,900	94,900
	Transportation - Clients		-	73,510	73,510
	Pharmacy Audit		-	30,450	30,450
	Armored Vehicle: Contract with GAARDA Armored Car Svcs		-	20,035	20,035
	Courier Svcs		-	9,570	9,570
	Child and Elder care for community involvement groups during meetings and support		-	8,750	8,750
G.	CONSTRUCTION		-	-	-
H.	OTHER		-	19,549,712	19,549,712
	ANCILLARY SERVICES				
	INTERNAL SERVICES				
	Data Processing: All data processing or information technology services provided by the County's Information Technology division. Services include PC and software maintenance and replacement, network and data center services, Help Desk and network security services, SAP support, and department-specific application development		-	9,865,780	9,865,780
	Building Occupancy: Routine building costs, including space, utilities, maintenance, lease payments, and debt service		-	5,544,199	5,544,199
	Telecom: County-supplied telecommunications services including desktop digital and analog phones; long distance charges; and fax machine, alarm; and costs for County-issued mobile devices and associated data plans		-	840,388	840,388
	Dist/Postage: U.S. postage and mail distribution for interoffice mail and U. S. mail		-	584,710	584,710
	Motor Pool - County Fleet		-	26,084	26,084

	OTHER			
	On-Call and Temporary	-	1,313,421	1,313,421
	Premium: Language, shift and lead incentives	-	640,695	640,695
	Education & Training: registration and attendance at professional conferences and conventions, tuition and fees, course materials, out-of-town travel and per diem, lodging, provider's continuing education, Primary Care conference, etc	-	426,948	426,948
	Dues & Subscriptions: Membership to reagional and national organizations and access to professional websites. This includes NACHC, Northwest Reagional Primary Care Association, Oregon Primary Care Association, UpToDate, Online Management System, and several professional Journals	-	141,876	141,876
	Rentals: This includes space rental for meetings and workshops.	-	81,770	81,770
	Repairs and Maint: Estimated County Facilities requests for repairs and maintenance to buildings, clinics, and offices that are not Capital in nature	-	78,841	78,841
	Communications: moving/adding/changing telephone services, videoconferencing stations, internet service (purchased outside the County network) and employee reimbursement for personal mobile phone usage	-	5,000	5,000
I.	TOTAL DIRECT CHARGES	8,525,515	127,286,801	135,812,316
J.	INDIRECT CHARGES	1,116,679	10,672,205	11,788,884
K.	TOTAL COSTS	9,642,194	137,959,006	147,601,200
	LESS			
	PROGRAM INCOME	-	84,220,942	84,220,942
	LOCAL GRANT SUPPORT	-	4,197,692	4,197,692
	FEDERAL FUNDS REQUESTED	9,642,194	-	9,642,194
	OTHER FEDERAL FUNDING	-	3,192,262	3,192,262
	OTHER - PHARMACY FEES / PCPCH	-	43,493,429	43,493,429
	GENERAL FUND MATCH (Applicant)	-	2,854,681	2,854,681
	RESIDUAL	-	-	-

1- <u>Other Federal Grants</u>	3,192,262
Other Federal Ryan White I	1,319,783
Other Federal Ryan White IIIb - Early Intervention	811,624
Other Federal CARES Act Local Government Fund	467,095
Other Federal Ryan White IV AIDS Healthcare	368,760
Other Federal SPNS - HIV	200,000
Other Federal Ryan White Title III Capacity Development	25,000
2- <u>State</u>	3,304,520
State MH Grant	1,227,533
State School Based Clinics	865,672
State FFS Insurance Rcpts	626,385
State Oregon Health Authority Ryan White	355,500
State OHA HIV Care Assistance	111,842
State Family Planning	87,588
State Refugee Screening	30,000
3- <u>Local Government</u>	432,292
School-Based MH Expansion - PPS SUN Comm	177,000
Portland Public School - Head Start	157,792
School-Based MH Expansion - Centennial	75,000
School-Based MH Expansion - Parkrose	22,500
4- <u>Private Grants</u>	460,880
Medicare Wellness Program	216,700
CareOregon Primary Care - Dental Coordination	98,450
Local UW AIDS Educ Training Center	85,000
Pharmacy ADAP/CARE Assist	47,610
OHSU HIV Counseling - Russell St.	13,120
5- <u>Other Medicaid/Medicare</u>	43,493,429
Other Medicare Pharmacy FFS	20,341,628
Other Medicaid Quality & Incentive Pay - CareOregon	11,139,979
Other Medicaid Pharmacy FFS - CareOregon	11,026,420
Other Medicaid Pharmacy FFS	739,629
Other Patient Fees Pharmacy	245,773
6- <u>Program Income</u>	84,220,942
Program Income Medicaid FFS	58,316,825
Program Income Care Oregon FFS	19,449,685
Program Income Medicare	3,311,277
Program Income Private Insurance	1,600,725
Program Income Self Pay	999,106
Program Income Medicaid - FPEP	543,324
7- <u>Applicant - CGF</u>	2,854,681

Federally-Supported Personnel Justification Table

Multnomah County Health Department Budget Justification

The table below is required for each staff position supported in whole or in part by federal Section 330 grant funds.

POSITION TITLE	% OF FTE APPLIED TO FEDERAL GRANT FUNDS	TOTAL FEDERAL SUPPORT REQUESTED
Administrative Analyst	0.6	40,633
Business Process Consultant	1.1	105,115
Clinical Psychologist	0.8	82,117
Clinical Services Specialist	2.4	199,186
Community Health Nurse	4.3	466,393
Dental Hygienist	0.4	34,508
Dentist	0.8	142,616
Eligibility Specialist	2.5	154,980
Licensed Community Practical Nurse	2.4	160,696
Licensed Practical Nurse	1.0	68,737
Medical Assistant	12.0	646,587
Nurse Practitioner	4.2	565,980
Nurse Practitioner Manager	0.6	83,781
Office Assistant 2	8.0	380,998
Office Assistant Senior	0.7	35,005
Operations Process Specialist	0.5	37,607
Operations Supervisor	1.0	73,557
Physician	3.7	896,566
Physician Assistant	0.8	107,079
Program Coordinator	1.0	63,851
Program Specialist	1.0	67,241
Program Specialist Senior	2.8	250,184
Program Supervisor	0.8	75,198
Project Manager Represented	1.6	140,088
Grand Total	54.7	4,878,703

HRSA GRANT BUDGET
Grant # H80CS00149
Grant Year 21

PERSONNEL	\$ 4,878,703
Salaries for health center staff including: Administrative Analysts, Business Process Consultants, Clerical Unit Coordinators, Clinical Services Specialists, Community Health Nurses, Community Health Specialists, Data Analysts, Dental Assistants, Dental Hygienists, Eligibility Specialists, Finance Specialists, Finance, Laboratory Technicians, Licensed Practical Nurses, Medical Assistants, Nurse Practitioners, a Nurse Practitioner Manager, Nursing Supervisors, Office Assistants, Operations Supervisors, Physicians, Physician Assistants, Program Coordinators, Program Specialists, Program Technicians and Project Managers.	
FRINGE BENEFITS	\$ 3,504,772
Fringe benefit costs include percentage-based and flat rate fringe benefits; the projected costs are driven by standard County benefit plans, which vary slightly by union bargaining unit. Percentage-based include retirement and various other charges. Flat rate benefits include medical and dental insurance.	
CONTRACTUAL	\$ 142,040
Contract to provide substance abuse treatment to enable patients to access and remain in Primary Care, access drug therapies and includes supportive counseling.	
TOTAL DIRECT CHARGES	\$ 8,525,515
"Direct" charges are costs connected to specific services or products	
INDIRECT CHARGES	\$ 1,116,679
The FY 2021 Multnomah County Cost Allocation Plan has set the Health Department's indirect rate at 11.70% of Personnel Expenses (Salary and Fringe Benefits). The rate includes 2.53% for Central Services and 9.17% for Departmental. "Indirect" charges are costs to maintain the health center's day-to-day operations but that are not connected to specific services or products.	
TOTAL COSTS	\$ 9,642,194

BUDGET NARRATIVE AND JUSTIFICATION
Section II: Program Budget Details
Grant Year 21

Note: refund pending Board approval of change in scope

		Federal Request	Non-Federal Resources	Total Budget
A. PERSONNEL				
	Salaries (Combined Personnel By Pos.)	4,878,703	46,297,295	51,175,998
B. FRINGE BENEFITS		3,504,772	32,639,942	36,144,714
	Salary related expenses: FICA (7.65%), Retirement PERS (25.09%), PERS Bond (8.22%), and Transit tax (0.79%) for a total of 41.75% of pay. Retirement for employees hired after August 03 is (21.26%) with a total expense of 37.92% of pay.	1,988,909	18,354,404	20,343,313
	Salary related insurance benefits: Includes workers compensation, liability, unemployment, long term/short term disability, retiree medical, and benefits administration for a total of 7.25% of base pay. Flat rate insurance benefits budgeted at \$18,547 per full-time employee. For Local 88 three-quarter time employees, it is \$13,910. For half-time employees, the rate is \$10,586 per employee.	1,515,863	14,285,538	15,801,401
C. TRAVEL & TRAINING		-	56,233	56,233
D. EQUIPMENT		-	304,500	304,500
	Pharmacy/Lab Equipment	-	304,500	304,500
E. SUPPLIES		-	20,739,054	20,739,054
	Drugs	-	18,588,126	18,588,126
	Medical & Dental Supplies	-	1,556,597	1,556,597
	Office Supplies	-	594,331	594,331
F. CONTRACTUAL		142,040	2,614,821	2,756,861
	Patient Care			
	Primary Care Contracts			
	Lab & X-Ray Svcs: Contracted lab services with EPIC Imaging, Quest Diagnostics, OR Health Division, Blood Lead Testin Svcs, OHSU Radiology Svcs.	-	638,301	638,301
	OHSU Nurse Practitioner Contract	-	144,500	144,500
	Primary Care MH Services: CODA Contract to provide substance abuse treatment to enable patients to access and remain in Primary Care, access drug therapies and includes supportive counseling.	142,040	-	142,040
	OHSU contract for OBGYN Services	-	135,440	135,440
	After Hours RN medical advice - Fonemed	-	70,000	70,000
	OHSU Ortho Contract	-	64,800	64,800
	In-service and Consultation: Honorarium for provider speakers and workshop facilitation	-	59,350	59,350
	On-Call Pharmacist	-	43,500	43,500
	OHSU Sports Medicine	-	36,000	36,000

	Healthstream & e-Learning Platforms	-	25,000	25,000
	Printing Services	-	21,240	21,240
	Health Center Communication Materials	-	20,000	20,000
	OHSU Colpo Leep Contract	-	15,000	15,000
	Lab Waste Disposal	-	13,710	13,710
	Quality Improvement Projects	-	12,000	12,000
	Community Meetings Support	-	9,000	9,000
	Data Reporting and Maintenance	-	7,250	7,250
	Shredding Svcs: AccuShred Confidential Shredding	-	7,320	7,320
	Sisters of the Road	-	2,500	2,500
	Calibration Services	-	500	500
	Dental Contracts			
	Lab & X-Ray Svcs: Contracted lab services with EPIC Imaging, Stae X-ray licensing, Artisan Lab Services, and Matheson lab	-	57,475	57,475
	Staffing Svcs: Dental proffesional staffing for on-call coverage	-	27,500	27,500
	CPR Training: Portland Community College	-	6,500	6,500
	Shredding Svcs: AccuShred Confidential Shredding	-	6,350	6,350
	Dental Waste Removal	-	5,000	5,000
	Non-Patient Care			
	Interpretation: the Department contracts with IRCO, Optimal, Pssport to Language, Linguava, and Teleport for phone, in-person, sign lanuage, and document interpretation and translation	-	949,370	949,370
	Laundry: Contacts for Lab Jackets, gowns, and coats with Alsco, SafetyClean, etc	-	94,900	94,900
	Transportation - Clients	-	73,510	73,510
	Pharmacy Audit	-	30,450	30,450
	Armored Vehicle: Contract with GAARDA Armored Car Svcs	-	20,035	20,035
	Courier Svcs	-	9,570	9,570
	Child and Elder care for community involvement groups during meetings and support	-	8,750	8,750
G.	CONSTRUCTION	-	-	-
H.	OTHER	-	18,665,607	18,665,607
	ANCILLARY SERVICES			
	INTERNAL SERVICES			
	Data Processing: All data processing or information technology services provided by the County's Information Technology division. Services include PC and software maintenance and replacement, network and data center services, Help Desk and network security services, SAP support, and department-specific application development	-	9,413,911	9,413,911
	Building Occupancy: Routine building costs, including space, utilities, maintenance, lease payments, and debt service	-	5,227,128	5,227,128

Telecom: County-supplied telecommunications services including desktop digital and analog phones; long distance charges; and fax machine, alarm; and costs for County-issued mobile devices and associated data plans	-	796,808	796,808
Dist/Postage: U.S. postage and mail distribution for interoffice mail and U. S. mail	-	584,710	584,710
Motor Pool - County Fleet	-	25,570	25,570
OTHER			
On-Call and Temporary	-	1,313,421	1,313,421
Premium: Language, shift and lead incentives	-	569,624	569,624
Education & Training: registration and attendance at professional conferences and conventions, tuition and fees, course materials, out-of-town travel and per diem, lodging, provider's continuing education, Primary Care conference, etc	-	426,948	426,948
Dues & Subscriptions: Membership to regional and national organizations and access to professional websites. This includes NACHC, Northwest Regional Primary Care Association, Oregon Primary Care Association, UpToDate, Online Management System, and several professional Journals	-	141,876	141,876
Rentals: This includes space rental for meetings and workshops.	-	81,770	81,770
Repairs and Maint: Estimated County Facilities requests for repairs and maintenance to buildings, clinics, and offices that are not Capital in nature	-	78,841	78,841
Communications: moving/adding/changing telephone services, videoconferencing stations, internet service (purchased outside the County network) and employee reimbursement for personal mobile phone usage	-	5,000	5,000
I. TOTAL DIRECT CHARGES	8,525,515	121,317,452	129,842,967
J. INDIRECT CHARGES	1,116,679	10,606,273	11,722,952
K. TOTAL COSTS	9,642,194	131,923,725	141,565,919
LESS			
PROGRAM INCOME	-	83,433,705	83,433,705
LOCAL GRANT SUPPORT	-	1,804,329	1,804,329
FEDERAL FUNDS REQUESTED	9,642,194	-	9,642,194
OTHER FEDERAL FUNDING	-	3,192,262	3,192,262
OTHER - PHARMACY FEES / PCPCH	-	43,493,429	43,493,429
GENERAL FUND MATCH (Applicant)	-	-	-
RESIDUAL	-	-	-