Community Health Center Board

Public Meeting Agenda

Monday September 13, 2021
6:00-8:00 pm

Virtual Meeting
(See Google Calendar Event for Link)
Or Call: +1 253-215-8782
Meeting ID: 968 9736 9385
Passcode: 714122276

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

Board Members: Harold Odhiambo – Chair; **Fabiola Arreola –** Vice Chair; **Pedro Sandoval Prieto –** Secretary; **Tamia Deary** - Member-at-Large; **Dave Aguayo –** Treasurer; **Kerry Hoeschen –** Member-at-Large; **Darrell Wade –** Board Member; **Susana Mendoza –** Board Member; **Brandi Velasquez –** Board Member

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 ***Francisco Garcia at f.garcia7@multco.us****. Responses will be addressed within 48 hours after the meeting*

Time	Topic/Presenter	Process/Desired Outcome
6:00-6:05 (5 min)	**Call to Order / Welcome** • Chair, Harold Odhiambo	Call to order Review processes
6:05-6:10 (5 min)	**Minutes Review - VOTE REQUIRED** • Review August Public Meeting minutes for omissions/errors	Board votes to approve
6:10-6:40 (10 min)	**Welcome Health Rebranding** • Margaux Mennesson, Communications Strategist, ICS • Coates Kokes, Marketing Agency	Board receives updates
6:40-6:50 (10 min)	**Enterprise Fund Modification - VOTE REQUIRED** • Jeff Perry, HC Chief-Financial-Officer	Board Discussion and Vote
6:50-7:00 (10 min)	**Fee Policy Update AGN.10.03 - VOTE REQUIRED** • Jeff Perry, HC Chief-Financial-Officer	Board Discussion and Vote
7:10-7:10	**10 Minute Break**	
7:10-7:20: (10 min)	**Policy of Policies Update - VOTE REQUIRED** • Tasha Wheatt-Delancy, Executive Director, ICS	Board Discussion and Vote
7:20-7:30 (10 min)	**Monthly Budget Report** • Jeff Perry, HC Chief-Financial-Officer	Board receives updates

7:30-7:50 (20 min)	**COVID/ICS/Strategic Updates** ● Tasha Wheatt-Delancy, Executive Director, ICS ● County Vaccination Mandate ● PCC Partnership ● CoApplicant Agreement ● SE Breach ● HRSA TA Results ● Vaccine Demographics (ask Michele) ● ED Evaluation ● Board Retreat Planning	Board receives updates
7:50-8:00 (10 min)	**Committee Updates/Council Business** ● Chair, Harold Odhiambo ● In-person Meeting	Board receives updates
8:00	**Meeting Adjourns**	Thank you for your participation

Next Public Meeting: October 11, 2021

Community Health Center Board

Public Meeting Minutes
August 9, 2021
6:00-8:00 pm (Virtual Meeting)

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

Board Members In Attendance: **Harold Odhiambo –** Chair, **Fabiola Arreola –** Vice Chair, **Pedro Sandoval Prieto –** Secretary; **Tamia Deary** - Member-at-Large**; Dave Aguayo –** Treasurer; **Kerry Hoeschen –** Member-at-Large **Nina McPherson –** Board member, **Susana Mendoza –** Board Member; **Brandi Velasquez –** Board Member, **Darrell Wade –** Board Member, **Kerry Hoeschen –** Member-at-Large (signed in after votes)

Board Members Excused/Absent: **Nina McPherson –** Board member

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
Call to Order / Welcome Chair, Harold Odhiambo	The Board Chair called the meeting to order at 6:04 PM A quorum (at least 6 members) was established	N/A	N/A	N/A
Minutes Review - VOTE REQUIRED Review July Public Meeting minutes for omissions/errors	Chair Odhiambo asked for approval or changes to the minutes. No changes requested. David made a motion for approval, seconded by Susana. The committee voted to approve the minutes as written. **Recommendations:** Approve	Yays: 8 Nays: 0 Abstain: 2 **Decisions: Minutes approved**		
HC Program FY22 Budget Approval - VOTE REQUIRED Jeff Perry, HC CFO	Jeff sought approval for the FY22 Budget Period Renewal (BPR) which is a non-competitive continuation of the HC's application for HRSA funds and would extend the approved 2018 Service Area Competition (SAC) application, that was approved from January 2019 through December 2021, to December 2022. Due to COVID, HRSA has extended periods of performance by one year, so we will submit a BPR in FY22 rather than a SAC. We plan to	Yays: 8 Nays: 0 Abstain: 2 **Decisions: Approved**		

	submit a SAC in FY23. There were no questions. Motion to approve was made by Tamia and was Seconded by David. **Recommendations:** Approve			
HC Program FY22 Budget Period Renewal - VOTE REQUIRED Jeff Perry, HC CFO	Jeff sought approval to submit the BPR application. There were no questions. Motion to approve was made by Fabiola and was Seconded by Tamia. **Recommendations:** Approve	Yays: 8 Nays: 0 Abstain: 2 **Decisions: Approved**		
Oregon School Based Health Alliance ACTION Grant - VOTE REQUIRED Alexandra Lowell, Student Health Centers Manager	Alexandra requested approval to apply for an Oregon School Based Alliance ACTION Grant that would fund opportunities for youth at Roosevelt and Reynolds High Schools to learn about healthy relationships and extend those practices in their communities. Question: How did OSBHA come about? Response: OSBHA is part of a national alliance program that focuses on advocating and building awareness of student health centers across the country. They provide funding, sponsor Awareness Day at the legislature and provide technical assistance. Question: Are these services for guidance? Response: These funds help support youth action councils, who come together to work on any health issues in the school, and raise awareness within the school. This particular grant focuses on healthy relationships and is youth driven although interns	Yays: 8 Nays: 0 Abstain: 2 **Decisions: Approved**		

	help them develop and execute ideas. Question: Could you share examples of some of the programs they've been doing? Response: They have organized youth focused talks with forum experts in the medical field where YA develop questions and youth are invited to attend. They have also organized lunch time game tables about healthy relationships, poetry slam on healthy relations, and make intercom announcements; Motion to approve was made by Pedro and was Seconded by David			
School Based Health Clinic Hours - VOTE REQUIRED Alexandra Lowell, Student Health Centers Manager	Alex requested approval to extend clinic hours at Cleveland SHC and Jefferson SHC so that clients would have equitable access to a RN and NP. Question: Is this change based on current activity? Response: Both sites have been closed during pandemic and we are trying to open all 9 sites by end of August. This shift is based on staffing access Question: Is there a plan to shut down again if mandated by OHA? Response: Of course, we will adjust as needed. This request is to make sure there is equitable access geographically so that Nurse Practitioners and RNs are accessible to the community by region. Questions: If the CHCB votes on this, but then we go back into lockdown because of the Delta variant, what will happen then? Response: If we are not able to go into schools, we'll talk to ICS leadership to create as much access as	Yays: 8 Nays: 0 Abstain: 2 **Decisions: Approved**		

	possible. The school districts want us to be open and we had 5 sites open during COVID. We'd come back around about what can stay open. Motion to approve was made by David and was Seconded by Fabiola			
Quality Improvement: HIPAA Privacy Issues Brieshon D'Agostini, Quality & Compliance Officer	Brieshon reported on the recent HIPAA event and the ongoing Investigation into why an unauthorized staff was able to access patient data. EPIC does not segregate access based on area in which data analyst works. A filter was not applied correctly when pulling data from reporting workbench. Findings do not indicate malicious intent but a user error to correctly filter data. Next steps are training for staff to understand appropriate use of data and applying technical barriers so accidents are minimized. Question: Since staff move from department to department, what can the filters do to control access? Response: The quick fix is to make sure staff know the proper way to pull reports. Exploring technical pieces to apply to the system so access is not easy. Also looking at systems to better monitor access. Question: Does this warrant the whole staff be trained on this? Response: Staff training is starting with the individual. The supervisor's plan is to work with staff and rest of the team. Next steps include scheduling meeting with IT folks and discuss workflow to ensure changes are consistently shared with appropriate staff and			

	systems are updated.			
CHCB Operational Updates *CEO Evaluation, Incorporation, CHC Week* Francisco Garcia, CHCB Liaison	Francisco reported that this week is National CHC Week. Mini Events are planned ● Posted origins story on Oregon CHC ● Greeting from Tasha welcoming everyone into the week ● Will get messages out to staff to thank them for what they do ● Share video of history of health center movement ● Share last years video ● Finishing video for this year to celebrate our health centers and folks doing hard work ● Coordinating dates to interview board members and take photos for bios Evaluation season is coming up. More information forthcoming. Getting interview questions lined up. These will be presented to Exec Comm and then to CHCB.			
Monthly Budget Report Jeff Perry, HC CFO	Jeff shared that the County is still in the process of closing last FY. Reviewed billable visits, uninsured visits, payer mix, and assigned OHP clients. Question: Moving forward, can we see the split of those patient visits between telehealth and in-person? Response: Jeff will ask the Business Intelligence team to provide. This will be included regularly Question: Is it usual for the County still to have not closed the last fiscal year? Response: Yes. It is normal practice when we get to the end of the fiscal year. It usually takes an	Action: Jeff will ask the Business Intelligence team to provide split of those patient visits between telehealth and in-person?		

	additional 30 days to close the books.			
COVID/ICS/Strategic Updates Tasha Wheatt-Delancy, HC Executive Director	Tasha is on vacation; Adrienne Daniels presented in her stead. Reviewed strategic updates- ● HSC reviewed by HRSA and were recognized for excellent work. ● Have hired Regional Senior Manager, Daniel Martinez Tovar. ● Back-to-school immunization events in August. ● Have distributed nearly $2500 gift cards at vaccine clinics.			
Committee Updates/Council Business Harold Odhiambo, Chair	The Executive Committee meeting was held July 26. ● Tamia is the new quality committee chair ● Received status update to WHInc ● Received HRSA compliance update and co applicant agreement update; ● Reviewed operational updates ● Discussed CEO evaluation ● Planned agenda for today's meeting; Francisco added that last year's CEO evaluation questions were shared with the board. With changes in questions and board governance, he encouraged members to participate in the evaluation process. There will be more details after they are reviewed by the Exec committee; last years questions shared with board;			
Meeting Adjourns	The Board Chair adjourned the meeting at 7:25 PM. The next public meeting will be on September 13, 2021 via Zoom.			

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

Signed:_____ **Date:**_____
Harold Odhiambo, Board Chair

Scribe taker name/email: Jordana Sardo, jordana.sardo@multco.us

Title:	**Community Health Center Services Fee Policy**		
Policy #:	**AGN.10.03**		
Section:	Agency Wide Clinical	Chapter:	Fiscal
Approval Date:	9/13/2021	Approved by:	Tasha Wheatt-Delancy, MSW/s/ Executive Director and CEO, Community Health Center Harold Odhiambo/s/ Chair, Community Health Center Board
Related Procedure(s):	Not applicable		
Related Standing Order(s):	Not applicable		
Applies to:	All services provided within the health center scope, including primary care, dental, behavioral health, pharmacy and specialty services.		

PURPOSE

The fee policy provides a consistent payment model approach to ensure access to health center services and fiscal sustainability. It offers clients an equitable, affordable and accessible means for receiving health care through services provided under the scope of the Multnomah County Community Health Center. Discounts are provided in accordance with federal guidelines and apply uniformly to all clients. Clients will be provided services regardless of ability to pay. This policy intends to educate staff and clients about payment and coverage options.

DEFINITIONS

Term	Definition
330 Grant	MCHD receives funding from the Health Resources and Services Administration (HRSA) Bureau of Primary Health Care (BPHC). Health centers must meet all grant requirements to receive funding.
Deposit	Deposit for services is the amount asked for from clients determined to be in Tier 5 at check-in. The remaining balance will be collected or billed at the end of the appointment.
Family	Family is defined as a group of two or more persons related by birth, marriage, domestic partnership, or adoption who reside together. Components of the definition of family size include the client; spouse/other person having a child (or pregnancy) in common with the applicant; unmarried dependent children under

	age 19 (or needing to complete their senior year in high school) and living at home; and a child with disabilities, who is unmarried, living at home, and incapable of self-support. Clients under the age of 19 may be determined to be a family size of one if they are responsible for their own health care decisions, in a foster care program, emancipated or independently living from parents/guardians, or receiving confidential or grant-directed care services (such as Title X and Ryan White).
Flat Fee	The flat fee is the amount charged for a visit regardless of the amount of time and complexity of services provided during the visit.
Income	Different types of income are considered when evaluating a family's income and eligibility for the SFDS: ● money wages ● salaries before deductions ● self-employment income ● Social Security; Railroad Retirement ● Unemployment Compensation ● Workers Compensation ● strike benefits ● public assistance (i.e. Aid to Family with Dependent Children, General Assistance payment, SSI, etc.) ● training stipends ● students loans and grants ● alimony ● child support ● military family allotments ● private and government employee pensions ● regular insurance and annuity payments ● dividends ● interest ● rent ● loyalties or periodic receipts from trusts or estates ● Veteran's Benefits ● regular support from an absent family member or someone not living in the household.

	Income does not include food or rent received in lieu of wages; food stamps; savings withdrawn from a bank; gifts; tax refunds; WIC vouchers; lump-sum inheritance; one-time insurance payments; income from the sale of property, house or car; or imputed value of Medicaid or public housing.
MCHD Formulary	A preferred list of over-the-counter and prescription drugs, that are available to clients at MCHD health center pharmacies. This formulary is reviewed and maintained in collaboration between Pharmacy, Primary Care, and Dental Services.
Nominal Fee	The nominal fee is the amount requested at check-in for clients who are at or below 100% of the Federal Poverty Level (FPL). The nominal fee must be nominal from the perspective of health center clients. Nominal charges are not "minimum fees," "minimum charges," or "co-pays."
Reproductive Health Program	Reproductive Health Program is a state grant program dedicated solely to providing individuals with comprehensive family planning and related preventive health services. The Reproductive Health Program is legally designed to prioritize the needs of low-income families or uninsured people (including those who are not eligible for Medicaid) who might otherwise not have access to these health care services.
Ryan White Program	The MCHD Health Services Center receives funding from the Health Resources and Services Administration's (HRSA) Ryan White HIV/AIDS Program to provide a comprehensive system of HIV primary medical care, essential support services, and medications for low-income people with HIV.
Sliding Fee Discount Schedule (SFDS)	Also known as a sliding fee scale, this schedule describes the range of discounts on fees for clients based on family income, size and federal poverty guidelines.

POLICY STATEMENT

ELIGIBILITY FOR SLIDING FEE DISCOUNT PROGRAM

Clients who complete an eligibility screening and are determined to be at or below 200% of the Federal Poverty Level (FPL) are eligible for a sliding fee discount. The sliding fee discount schedule (SFDS) describes discounts by family income and size. Only family income and family size will be used in determining eligibility for Sliding Fee Discount Program, once the patient completes the required registration process and provides required proof of income and family size, in accordance with this policy.

Clients are not required to apply for insurance in order to receive a discount; all clients will be offered an insurance eligibility screening. Should the client decide to apply for insurance, an Eligibility Specialist will assist in completing the application process. Clients are not eligible for a discount or services paid by 330 grant if their eligibility is not determined.

ELIGIBILITY SCREENING and DETERMINATION

Clients are screened annually. Their eligibility status is valid for one year unless the client's income or family size changes at which time the client is required to notify the registration staff and go through the screening process.

The process of providing documentation should not be overly burdensome to the client. If the client refuses to provide required documentation that the client is not eligible for the SFDP. Sample documentation required to determine discount levels for uninsured clients may include:

Income Documentation

- Current month and last 3 months paycheck stubs
- Financial award letter from Social Security or Department of Veterans Affairs
- State Employment Division – unemployment compensation statement
- Proof of Workers Compensation monthly payments
- Rental property agreement documenting monthly rent payment
- Support Enforcement documentation of Child Support payment
- Self-Employment form documenting proof of income
- Statement of no income
- Self-declaration of family size and income
- Updated documentation can be submitted within 90 days of the first patient visit

SLIDING FEE DISCOUNT SCHEDULES (SFDS)

The SFDS apply to clients who have completed the eligibility screening process. All services listed in the HRSA Form 5A, whether required or additional, are provided on a SFDS. Only family income and family size will be used to determine eligibility. Individuals and families with annual incomes at or below 100% of the FPL will receive a full discount for services.

If a client is determined to be eligible for a Sliding Fee Discount, even if they have insurance, they will pay the lowest tier of SFDS and will not be charged more for any service than the clients, in a higher SFDS tier (table below) for the services provided. The SFDS will be applied to services not covered by insurance plans. If the total cost of the visit is lower than the flat fee, clients in tiers 2-4 will pay the total visit cost.

Service fees are based upon the usual and customary fees in the Multnomah County area as well as information provided by the Centers for Medicare and Medicaid. Service fees are evaluated and updated annually.

The federal poverty guidelines (FPL) are updated annually as prescribed by the Federal Registry for the purpose of updating increases in the Consumer Index and are presented to The Community Health Center Board. The Electronic Health Record updates the SFDS based on FPL after the updated FPL are published. The Community Health Center Board must review and approve the SFDS Policy every 3 years.

Business Services, in collaboration with the health center, evaluates, at least once every three years, the sliding fee discount program. At a minimum, the health center:

- Collects utilization data that allows it to assess the rate at which patients within each of its discount pay classes, as well as those at or below 100% of the FPG, are accessing health center services;
- Utilizes this and, if applicable, other data (for example, results of patient satisfaction surveys or focus groups, surveys of patients at various income levels) to evaluate the effectiveness of its sliding fee discount program in reducing financial barriers to care; and
- Identifies and implements changes as needed.
- All services provided within the health center scope (required and additional health services) are provided on a sliding fee discount schedule including those provided through contract or formal written referral agreement.

Discounts and fees established through contract, by grant requirements, laws or local, state or federal requirements may augment, supplant or limit the applicability of the sliding fee discount program (e.g. Vaccines for Children program, School of Oral and Community Health, and Student Health Centers).

SLIDING FEE DISCOUNT SCHEDULES

Service and Discount Tier	Tier 1 0 - 100% (Nominal Charge)	Tier 2 > 100 - 133%	Tier 3 > 133 - 167%	Tier 4 > 167 - 200%	Tier 5 > 200%
Medical Care (Includes in-house lab fees)	$35	$45	$55	$65	No Discount (Pay Full Fee, $75 deposit at Check-In)
Dental Care	$45	$55	$65	$75	No Discount

(Includes lab fees)					(Pay Full Fee, $85 deposit at Check-In)
Mental Health Care/ Behavioral Health Care*	$0	$0	$0	$0	No Discount (Pay Full Fee, $5 deposit at Check-In)
Enabling & Other Services**	$0	$0	$0	$0	No Discount (Pay Full Fee if applicable)
Acupuncture	$5	$8	$10	$12	No Discount (Pay Full Fee, $15 deposit at Check-in)
In house LAB Only Visit	$0	$18	$19	$20	No Discount (Pay Full Fee, $25 deposit at Check-In)
Contracted lab services	$0	75% Discount	50% Discount	25% Discount	No Discount (pay full fee)

Service and Discount Tier	Tier 1 0 - 100%	Tier 2 > 100 - 150%	Tier 3 > 150 - 200%	Tier 4 > 200 - 250%	Tier 5 > 250%
Oregon Reproductive Health Program Service & Supply Discount Schedule (ONLY **to be utilized when clients decline to enroll in Oregon RH Program but are seeking family planning services**)	100% Discount	75% Discount	50% Discount	25% Discount	No Discount (Pay Full Fee)

*Includes Substance Use Disorder services provided by the health center.

**Enabling services includes (after insurance billing) case management (not performed by nurses), eligibility assistance, outreach, transportation, supportive and educational visits provided by Community Health Workers, and translation services. Other visits includestelehealth visits, clinical pharmacist visits;, targeted case management in maternal, child and family health programs.

Service and Discount Tier	Tier 1 0 - 100% (Nominal Charge)	Tier 2 > 100 - 133%	Tier 3 > 133 - 150%	Tier 4 > 150 - 200%	Tier 5 > 200 - 300%	Tier 6 > 300%
Ryan White Services (per visit)	$0	$45	$55	$65	No Discount (Pay Full Fee, $75 deposit at Check-In)	No Discount (Pay Full Fee, $75 deposit at Check-In)
Ryan White Services (Cap on Charges)	$0	No More than 5% of Annual Income			No More than 7% of Annual Income	No More than 10% of Annual Income

FEES AND DISCOUNTS FOR RYAN WHITE SERVICES

In order to comply with Ryan White legislative requirements, the HIV Health Services Center (HHSC) offers a sliding fee scale to assist uninsured/underinsured patients who have difficulty paying for HIV primary care services. People living with HIV/AIDS (PLWHA) whose incomes are at or below 100% of the federal poverty level (FPL) will not be charged for HIV primary care, while PLWHA with incomes at 101% FPL or above who rely on Ryan White for access to HIV primary care will be charged for the services they receive, based on a sliding fee scale. No Ryan White patient shall be denied service due to an individual's inability to pay.

There is an annual cap on charges for Ryan White Part A, B, and C clients which is based on annual gross income as a percentage of FPL. The cap on charges applies to all HRSA Ryan White Part A, B, and C clients regardless of income or healthcare coverage. Ryan White clients who are charged for the services they receive will have their annual (calendar year) charges capped at a percentage determined by their family size and income level.

- Patient charge is equal to the part of medical expense care not covered by insurances.
- Applicable imposed (not actual fee for service) HIV-related charges during the calendar year include enrollment fees, premiums, deductibles, cost sharing , copayments, coinsurance, and other medical charges..
    - To apply the Cap on Charges, the Ryan White Program will calculate each patient's annual cap based on their annual gross income, inform the patient of their cap and their responsibility to track and submit all other Ryan White

imposed charges, track all applicable charges imposed by the HIV Health Services Center, and stop imposing charges on the Ryan White Part A, B, or C client once the cap is met each calendar year.

OREGON HEALTH AUTHORITY REPRODUCTIVE HEALTH PROGRAM

In addition to completing the eligibility form, the Reproductive Health Program requires that the client is asked to self-report income and family size. Clients who have been enrolled into the Reproductive Health Program will not be charged for reproductive services. Clients with greater than 250% FPL are not eligible for the program. All clients enrolled in the Reproductive Health Program regardless of FPL% will not be charged a nominal fee as this is a requirement of the program.

Reproductive Health Program discount may still be used for reproductive health qualifying services if a client refuses to share their income and family size. If a client refuses to apply for the RH program, or is not screened for it by clinic staff, the reproductive health program's sliding fee discount will be applied, according to income and family size.

Minors who request confidential Reproductive Health services, will have their sliding fee discount evaluated on their own income, and a family size of one, per Oregon Reproductive Health Program Requirements.

LAB FEES

All dental labs are covered by the nominal or flat fee. In-house labs within a primary care visit are covered by the nominal or flat fee. Lab Only Visits are charged in accordance with the SFDS. Labs provided by a third-party/ contracted provider will be discounted using the primary care SFDS (or a separate SFDS). This SFDS is in accordance with the Federal Poverty Level and can be viewed by contacting the vendor. Any uncollected client debt by the lab vendor will be billed to MCHD.

PHARMACY CHARGES

Self-pay clients

To ensure that health center clients lacking prescription benefits are able to obtain necessary prescribed medications, the MCHD-formulary contains medications available through MCHD's in-house pharmacies offered at an FPL-based Sliding Fee Discount Schedule. The fee includes a dispensing fee. For uninsured clients who are prescribed medications that are not on the MCHD formulary, if no formulary option is available, the prescriber may request a formulary exception (Tier 3). If upon clinical review, the exception is approved, MCHD Pharmacy Services may dispense up to 1 month supply of medication at a time for the duration of the approval.

PHARMACY SLIDING FEE DISCOUNT SCHEDULE

Medication and Discount Tier	Maximum Days Supply	Tier 1 0 - 100% (Nominal Fee)	Tier 2 >100-133%	Tier 3 >133-167%	Tier 4 >167-200%	Tier 5 > 200% (No Discount)
Level 1	30	$4	$6	$8	$10	$12
	90	$10	$12	$14	$16	$18
Level 2	30	$10	$12	$14	$16	$18
Level 3 (Non-Formulary)	30	$15	$20	$25	$30	$35

Insured Clients

For insured clients, pharmacy services follows the requirements outlined in the contract with the insurance plan or its third party processors (pharmacy benefits management or PBM company) regarding medication coverage and client copays according to the client's benefit plan. The pharmacy requests payment of copays as specified by their insurance. In the event a medication is not covered by the client's pharmacy benefit, the pharmacy will alert the prescriber of the need to request prior authorization or a formulary exception from the plan or advise the prescriber of covered alternatives. Clients seen in the clinic with prescription coverage under a plan that Pharmacy Services is not contracted with, will be encouraged to obtain services at an external pharmacy.

Collection of Payment

Clients will be asked to provide their insurance co-pay or the uninsured formulary drug price at the time of dispensing/pick-up. Clients who are unable to pay may have the charge applied to their client account. Health center clients receive their medication regardless of their ability to pay.

SERVICES PROVIDED VIA A CONTRACT

For services provided via a contract, the health center ensures that fees for such services are discounted in a manner such that:

- A full discount is provided for individuals and families with annual incomes at or below 100% of the current FPG, unless a health center elects to have a nominal charge, which would be less than the fee paid by a patient in the first sliding fee discount pay class above 100% of the FPG.
- Partial discounts are provided for individuals and families with incomes above 100% of the current FPG and at or below 200% of the current FPG, and those discounts adjust based on gradations in income levels and include at least three discount pay classes.

- No discounts are provided to individuals and families with annual incomes above 200% of the current FPG.

SERVICES PROVIDED VIA A FORMAL WRITTEN REFERRAL AGREEMENT

For services provided via a formal written referral agreement, the health center ensures that fees for such services are either discounted according to the health center's schedule or discounted in a manner such that:

- Individuals and families with incomes above 100% of the current FPG and at or below 200% of the FPG receive an equal or greater discount for these services than if the health center's SFDS were applied to the referral provider's fee schedule; and
- Individuals and families at or below 100% of the FPG receive a full discount or a nominal charge for these services.

CLIENT PAYMENT SCHEDULE and NOMINAL CHARGE

All clients determined eligible in accordance with this policy are asked to pay at the time of check-in and will be charged for services according to the tier they qualify for based on family size and income. To determine if the nominal amount would be "nominal" from the perspective of the client one or more of the following will be used; board member input, patient surveys, review of collection % or bad debt or co-payment amounts.

Clients will be asked to pay any outstanding account balances. Clients who are unable to pay charges will not be denied services. Insured clients are asked to pay co-payments at the time of check-in, not to exceed the amount they would pay under the Sliding Fee Discount Schedule, whichever is lower, which may vary according to insurance coverage and services provided to the client. The nominal charge does not include any service or supply. The nominal charge will be applied the same day before applying to any outstanding balances the client owes prior to or future charges that are reflected on the client's account.

Prepayment For Service

All clients that do not qualify for a discount will be asked to pay an amount at check-in. Any remaining balance will be determined after services are rendered and collected/billed accordingly.

Write-offs for Uncollectible client Accounts

The Multnomah County Community Health Center does not turn away clients for the inability to pay for services. Due to Multnomah County's policy turn away clients for the inability to pay there may be costs that go unpaid in which Multnomah County may write off from the client account. Criteria for write off are listed in MCHD policy FIS.01.06.

Services exempt from all client charges after insurance billing:

- Services covered by Medicaid
- Services covered by Medicare (client is responsible for copays/coinsurance)

- Services funded by Reproductive Health (RH) clients who completed the application for RH and whose FPL is below 250% only.
- Maternal Child Family Health (MCFH)
- HIV Health Services Center visits after clients reach annual cap on charges (in accordance with federal Ryan White rules)
-
- Enabling services such as case management, eligibility assistance, transportation and translation
- Family planning visits for enrolled clients
-
- Flu price and administration fee
- Blood pressure checks
- Add - Plain X-Ray

Notification of Sliding Fee Discount Program

All clients are notified of the sliding fee discount program by one more of these methods: Notices in the waiting areas, by the registration staff, publications and web site. All communication is done at a literacy level that is appropriate for our patient population and in more than one language to reflect the patients served.

REFERENCES AND STANDARDS

Health and Human Services

- Reproductive Health Program Requirements

Health Resources and Service Administration

- HRSA Health Center Program Compliance Manual, "Sliding Fee Discount Program"
- HRSA HIV/AIDS Bureau Ryan White Programs Sliding Fee Scale Information

Federal Register

- Poverty Guidelines

PROCEDURES AND STANDING ORDERS

Not applicable

RELATED DOCUMENTS

Name	
Attachment A – Epic FPL Entry	
FIS.01.06: Write-offs for Uncollectible client Accounts	
FIS.01.15: Medical Insurance Write Off Policy	

POLICY REVIEW INFORMATION

Point of Contact:	Jeff Perry, Community Health Center Finance Officer
Supersedes:	N/A

Community Health Center Board

Board Presentation Summary

Please type or copy/paste your content in the white spaces below. When complete, please return/share the document with **Francisco Garcia, f.garcia7@multco.us**

Presentation Title	Enterprise Fund Budget Modification: FQHC New Fund

Type of Presentation: Please add an "X" in the categories that apply.

Inform Only	Annual / Scheduled Process	New Proposal	Review & Input	Inform & Vote
				X

Date of Presentation:	**9/13/2021**	**Program / Area:**	**Finance, Quality and Compliance**
Presenters:	Jeff Perry, Health Center CFO Eric Arellano, Multnomah County CFO		

Project Title and Brief Description:

HRSA requires the Health Center Program to separate costs and revenue from non-health center programs. County Central Finance and Health Department Business Services, along with the Health Center Program, are in the process of creating a new fund that will separate Health Center Program funds from the County funds. The separation will allow the Health Center Program to control, track, and report its own financials specific to the Health Center Program. This allows the health center program to meet compliance requirements cited in the recent operational site visit and technical assistance visits.

Describe the current situation:

The Health Center Program's financials are commingled with Multnomah County financials. As a condition to maintain our Federally Qualified Health Care (FQHC) status, HRSA is requiring separation of Health Center Program Funds from Multnomah County Funds.

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

Via our last technical assistance with HRSA, HRSA informed Multnomah County they must separate and carve out the Health Center Program funds from the Multnomah County funds. HRSA has placed a 60 day condition to comply in order to maintain the Health

Center Program's FQHC status, HRSA is requiring the separation of funds take place before or by an effective date of 10/04/2021.

Briefly describe the history of the project so far *(Please indicate any actions taken to address needs and cultures of diverse clients or steps taken to ensure fair representation in review and planning):*

During the July 2021 technical assistance visit, HRSA confirmed that the deadline to separate funds could not be extended. The County has provided a specific list of tasks and actions to establish a separate fund by October 4, 2021. The Health Center CFO has reviewed the specific tasks and actions to confirm what additional changes may be needed for the implementation of a new health center fund.

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

The CHCB has budget authority for the FQHC. The CHCB is also accountable for ensuring that health center funds are used in alignment with the approved budget and HRSA compliance requirements.

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

A "YES" vote means the CHCB approves the proposal for the creation of a new fund for the Health Center Program that will separate its financials from those of Multnomah County financials and authorizes the Multnomah County Board to appropriate into a new fund, allowing the Health Center Program to come into HRSA compliance and maintain FQHC status.

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

A "NO" vote means the separate fund would not be created and the Health Center Program will remain out of compliance with HRSA conditions and risk losing its FQHC status. An alternative fund plan would need to be created and implemented.

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

ICS Finance and Business Services, Health Department Business Services, and the County CFO office have been involved in the planning for a new fund.

Who are the area or subject matter experts for this project? ***(Please provide a brief description of qualifications)***
Jeff Perry, Health Center CFO Eric Arellano, Multnomah County CFO
What have been the recommendations so far?
Establish a new dedicated Health Center Fund to fully separate Community Health Center financial activity from other County activities.
How was this material, project, process, or system selected from all the possible options?
The Health Center Program reviewed the process to create and implement a separate fund with the County CFO Office. HRSA confirmed that the proposed New Enterprise Fund would meet its requirements for separation of Health Center Program funds and accounts.

Board Notes:

Board Presentation Summary

Please type or copy/paste your content in the white spaces below. When complete, please return/share the document with **Francisco Garcia, f.garcia7@multco.us**

Presentation Title	Sliding Fee Discount Policy (AGN.10.03) Renewal

Type of Presentation: Please add an "X" in the categories that apply.

Inform Only	Annual / Scheduled Process	New Proposal	Review & Input	Inform & Vote
				X

Date of Presentation:	**9/13/2021**	**Program / Area:**	**Finance/Quality**
Presenters:	Jeff Perry, Health Center Financial Officer		

Project Title and Brief Description:

AGN.10.03 Sliding Fee Discount Policy

This policy requires a review and approval vote by the CHCB every three years. This presentation is to review recent changes to the policy and to obtain approval.

Describe the current situation:

The policy was up for renewal in June. The policy previously was updated every two years. Now we require review every year, with a full update and review by the CHCB every three years.

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

The policy was due to be updated in June. Back to back audits from the Joint Commission and the HSC Ryan White HRSA visit brought forth additional updates that were needed for compliance.

Briefly describe the history of the project so far *(Please indicate any actions taken to address needs and cultures of diverse clients or steps taken to ensure fair representation in review and planning):*

This policy review started August of 2020. There were many factors and programs to be considered. AMong them the most important ones are inclusivity, the financial impact to patients and accessibility of services. Adding a more inclusive statement regarding what defines a "household" for instance as well as not billing for preventative health services such as vaccines, were both important measures to remove barriers. Additionally adding a 90 day review option for patients who struggle with access to technology, transportation or compliance regarding documentation of income was paramount to access. We now include Community Health Worker services as a billable service to be in alignment with insurance billing.

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

The CHC Board has authority over this policy and this is HRSA mandated. The CHC has Board authority and for HRSA policies. We aligned this with what is reasonable for patients regarding inclusivity, fees and access.

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

Any remaining cost to patients for vaccines will not be billed for. Adding a 90 day period for document collection and review may mean people have time to gather better documentation and will land in a different (more accurate) tier on the fee table. CHCB approves the policy and will be in compliance with HRSA. Updating the definition of "household" is more inclusive. This was recommended during the HRSA visit as it is narrowly defined in the present policy and not as inclusive. Community Health Worker services are now a billable service. To be in alignment with insurance billing we must bill both insurance and non insured patients for these services.

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

This will have a negative impact on patients. The description of a household currently is narrow and not inclusive. Patients who encounter challenges getting all of their financial documents in the current time period may not be assigned to the correct tier in the pay table, they may not access services based on this. A no vote would mean we are not in compliance with HRSA requirements.

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

So far we have had the following involved: Quality Team, Medical Director's Office, Business Services, Clinical Services Information, Revenue Cycle Manager (clinical billing),

Health Services Center for Ryan White definitions, Student Health Centers, Pharmacy, Dental and Primary Care.

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

Kimmy Hicks- Quality Project Manager, Brieshon D'Agostini - Quality and Compliance Officer, Charlene Maxwell- Deputy Medical Director, Connie Warner- Health Center Revenue Cycle Manager, Michele Koder- Pharmacy Director, Jeff Perry- Health Center FInancial Officer, Virgil Gillespie- Finance Supervisor Business Services, Maia Boucher- Immunization Specialist Senior, Shireen Khormooji- (formerly)Operations Innovation and Process Improvement Manager, Christine Palermo- Dental Program Manager, Emily Bjorke- Program Supervisor Health Services Center, Alex Lowell- Student Health Center Manager

What have been the recommendations so far?

- Add 90 days to gather documentation
- Redefine "household" to be more inclusive
- No charge for patients after insurance pays for vaccines
- Add Community Health Workers as a billable visit

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

This information went through a rigorous review process. There were several meetings to review and evaluate the changes. It was important to have stakeholder involvement. We also gathered recommendations and best practices from other FQHCs.

Board Notes:

Community Health Center Board

Board Presentation Summary

Please type or copy/paste your content in the white spaces below. When complete, please return/share the document with **Francisco Garcia, f.garcia7@multco.us**

Presentation Title	Renewal of ICS.01.41 (CHCB Policy Approval by the Co-Applicant Board)

Type of Presentation: Please add an "X" in the categories that apply.

Inform Only	Annual / Scheduled Process	New Proposal	Review & Input	Inform & Vote
				X

Date of Presentation:	**9/13/2021**	**Program / Area:**	**ICS Administration**
Presenters:	Adrienne Daniels / Tasha Wheatt-Delancy		

Project Title and Brief Description:

Renewal of ICS.01.41 (CHCB Policy Approval by the Co-Applicant Board)

Describe the current situation:

ICS 01.41 is the policy which describes current policies overseen and reviewed by the Community Health Council Board. This includes describing the policy types, including reference to HRSA and The Joint Commission required policies.

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

The policy is due for renewal. There are 14 additional policies now added to ICS.01.41 based on the new policies developed and approved by CHCB since the prior renewal.

Briefly describe the history of the project so far *(Please indicate any actions taken to address needs and cultures of diverse clients or steps taken to ensure fair representation in review and planning):*

The CHCB reviews and votes on administrative, quality, clinical, and financial policies throughout the year. After approval, these policies need to be added to ICS 01.41 to assure tracking and accountability. Policies are now divided into four sections : General, Clinical, Quality and Safety, and Fiscal.

Changes are indicated in red text to assist board members in tracking information. (Red text would be removed and formatted upon approval of the policy)
List any limits or parameters for the Board's scope of influence and decision-making:
The policy only lists existing policies in circulation.
Briefly describe the outcome of a "YES" vote by the Board ***(Please be sure to also note any financial outcomes):***
A yes vote would result in the policy being renewed with the 14 additional policies being documented.
Briefly describe the outcome of a "NO" vote or inaction by the Board ***(Please be sure to also note any financial outcomes):***
A no vote would result in the policy not including the 14 additional policies - the board would need to determine who should oversee the 14 policies.
Which specific stakeholders or representative groups have been involved so far?
ICS Financial Director, ICS Quality Director
Who are the area or subject matter experts for this project? ***(Please provide a brief description of qualifications)***
ICS Executive Director, ICS Deputy Director, ICS Quality Director, ICS Financial Director
What have been the recommendations so far?
Incorporate the 14 additional policies
How was this material, project, process, or system selected from all the possible options?
Policy was recommended to incorporate additional sections to better organize the CHCB's types of policies.

Board Notes:

Proposal to partner with Portland Community College: Workforce Metro Center and La Clínica de Buena Salud

Summary:
This memo provides a background on the need to evaluate and determine whether the Community Health Center will seek a formal partnership with Portland Community College to relocate the existing La Clinica Health Center. Portland Community College is seeking a commitment to the partnership by December 2021 (although a formal contract is not required at that time). The Community Health Center Board is responsible and accountable for providing strategic planning and evaluation of Health Center services and locations, ultimately determining what services should be provided and where all centers are located. The County is responsible for facilitating building leases and purchasing contracts.

Main takeaways:

- The La Clinica health center is one of the few health center locations with only one service on site. The lease for the facility runs through 2025.
- PCC has space available to build and expand our primary care, dental, and pharmacy services for the La Clinica population.
- The estimated costs to build the clinic at the location would be $5 million; annual lease costs are competitive for the region.
- The PCC location will also offer the opportunity for the health center to host clinical internships as part of a formal training program for PCC students. Health center patients could access on-site educational, housing, and business services as well.

Background:

The Multnomah County Community Health Center program is the largest FQHC in the state, with more than 30 clinics and 18 locations. These clinics represent a range of sizes and service capacities, ranging from very small, service-level specific clinics such as the Billi Odegaard Dental Clinic to multi-floor, large centers with primary care, dental, and pharmacy all co-located. The majority of clinic spaces are owned by the County or operated in direct partnership with school districts (eg: the student health center programs). Three locations remain leased: the Billi Odegaard Dental Clinic, the Rockwood Health Center, and the La Clínica de Buena Salud (La Clinica).

A long term goal for the Community Health Center and the Department of County Assets is to align health center resources in spaces which reflect the co-located and fully integrated model of care, as well as in County-owned buildings.

La Clinica is located in the Central Northeast Portland region of Multnomah County, serving more than 1,700 primary care patients per year. These patients must travel off site to obtain dental and pharmacy services, as the existing space cannot accommodate more services. While the clinic has some shared community space, it lacks the dedicated team meeting rooms, community advisory group spaces, and behavioral health consultation rooms available at other sites. Parking is limited and public transit access is available only by bus lines immediately on Killingsworth Ave. The existing lease at La Clinica will expire in 2025.

Opportunities to Improve Space and Partnerships for the La Clinica Region:

In 2020, the Portland Community College Workforce Center approached Commission Jayapal's staff for an invitation to discuss their new Workforce Center building and the need for an on-site health center program in the Cully neighborhood. Both Commissioner Jayapal's staff and health center staff attended several meetings to learn more about the desired space and programs.

Portland Community College is offering Multnomah County the opportunity to be the dedicated health center service on site by leasing a 10,000 square foot space on the first floor of the building. The space would require both design and construction by the County.

The health center program has reviewed the opportunity with County Facilities to determine what actions and evaluations should be considered. PCC has requested a commitment to the space by the end of 2021. They intend to begin construction in 2022.

Analysis of Space and Community Utilizations:

In partnership with County Facilities, an initial review of leased space in the North and NE regions of Portland was completed to understand the cost of commercially available space. An initial review finds that the projected cost of the PCC space is considered competitive with available properties. The existing lease for the La Clinica space is considered below market, but also reflects a smaller space and limited support available.

2021 Space Analysis Performed by CBRE

Clinical Space	**Total Sq Ft**	**Cost / Sq Foot**	**Annual Cost Estimated**
La Clinica	3,963	$15/ft^2	$119,869
PCC Workforce Center	10,000	$25/ft^2	$350,000[1]

[1] Total estimated cost by facilities: $25 / square foot is approximately $250,00 per year. Including cost of utilities and common area maintenance fees adds approximately $10 / square foot for a total estimate of $350,000 per year.

Commercial Clinic Space in NE Regions	-	$24/ft^2	-
Commercial Clinic Space in I5 Corridor Region	-	$27.82/ft^2	-
Commercial Clinic Space in Lloyd Region	-	$30.68/ft^2	-

In addition to reviewing facilities costs, the Health Center Program completed early reviews of population and demographic representation in the North and NE regions. Early analysis shows that the existing and potential future patient populations continue to have strong utilization of primary care services and an unmet need for behavioral health and dental care. While the existing La Clinica patient population represents a more linguistically and racial diverse demographic compared to the Home Forward and Training programs at the Workforce Center, 75% of the persons at current housing programs located at the PCC Metro center are Black, Indigenious, and/or Other Persons of Color. Approximately 58% of other PCC Metro Center users identify as BIPOC. All persons currently seeking services at the Workforce Training center are eligible for Medicaid support through TANF.

From 2017 - 2019, the Cully neighborhood and North Portland regions both experienced small shifts in the global demand for health center services - federal data shows that the market penetration rate for Medicaid grew for health centers, increasing approximately 4.5% over the six immediate zip codes in that region in just two years. [2]

Community Use Overview

	La Clinica Patient Population	**NEHC Patient Population**	**PCC Workforce Training Center and DHS Support**	**Home Forward**
Top PC reasons for visit in 2020	COVID19 Dx/Tx Diabetes Mgt Prenatal Care	Diabetes Mgt New Patient ER F/U and F/U	Behavioral Health Prenatal / Reproductive Health Chronic Disease Mgt Dental care	-
Services	Primary Care	Primary Care Dental	Primary Care Dental care	-

[2] Proprietary analysis from Uniform Data Systems FY 17 and FY19 Health Centers National Data. Data utilized from reported "Market Penetration of Medicaid / Public Insurance" for zip codes 97211, 97212, 97213, 97218, and 97220.

		Pharmacy	Pharmacy	
Visits/Patient	Average of 2.5 visits/patient	Average of 2.4 visits/patient	Unavailable	Unavailable
Total Population	4,328 Assigned	7,145 Assigned	1,048	84 Households
% BIPOC	93%	77%	59%	75%
% ELS	88%	39%	Unavailable	Unavailable
% under age 45	75%	60%	84%	45 Households with children

Additional costs to consider

Because the PCC Space is currently under development and available to lease as a "shell" it would require additional investments to build specific clinical spaces (such as exam rooms, lab spaces, specialized plumbing, etc). New construction costs to fully build out the leased space are estimated to cost $5 to $6 million. There is a potential for some of these costs to be deferred by federal health center capital grants, but will not be guaranteed sources of support. Supplemental costs for equipment would also need to be considered, but could also be transferred from the La Clinica location. If the County were to consider purchasing alternative space or building from an open lot, the estimated costs would be $4-9 million for an acquisition plus renovation of an older facility or $8-13 million for land and new construction.

Other locational needs and the overall capital portfolio

The health center has multiple other locations with known expansion needs or desired facility changes.

- The Mid County Health Center currently has one of the smallest square footage footprints but one of the highest utilization rates for primary care and dental services. It also serves as the base center for refugee program support, but does not have dedicated space to host specific patient groups or community events. The parking lot at the facility is difficult to navigate and considered dangerous to exit due to limited sightlines and high speed traffic.
- The Rockwood Health Center is the largest leased health clinic in the capital portfolio of the community health center program. Care Oregon recently announced their intention to sell the space and is interested in discussing sales options first with Multnomah County.
- The Walnut Park Complex, where Northeast Health Center is located, is scheduled for complete renovation in the coming years - it is anticipated that the health center's clinical services would be

significantly impacted by repairs and may need to temporarily relocate. The Portland Community College Workforce Center option may provide flexible services support for NEHC patients during construction.

Other Key Programmatic Benefits to consider

Beyond analysis of the key health services needs of the patient population, and the strategic alignment of all three services to one site, the PCC Workforce center offers the opportunity to also expand partnerships in two key ways: internal growth of the healthcare workforce and direct educational/business opportunities for the health center patients.

- PCC currently offers a dental assistant training program and would seek to utilize the health center as a clinical internship partner. This would allow PCC students the opportunity to train under a health center care model and provide valuable pipeline support directly to the health center program. There continues to be a national shortage of dental assistants so an in-clinic model for training would provide additional advantages in the recruitment process.
- The workforce center will offer multiple social and educational programs on site, a key aspect to building a responsive and thoughtful patient care system. Patients would be able to access career coaching, affordable housing assistance, small business development programing, and TANF in the same building. NAYA and Home Forward have both committed to be partners on site at the location, providing additional direct services such as drop in daycare, parenting education, and direct housing.

Next Steps

The CHCB will need to provide input and advice on if this proposal continues to support the mission of the health center and if the proposed location change from the existing La Clinica location to the PCC Workforce Center would be recommended. The CHCB shall provide input and final direction on any proposed budget commitments to support the project as well.

The County must provide input and advice on if we can commit to the partnership by December 2021 and can partner with the health center on a funding strategy for the estimated costs.

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Welcome Health Branding Project Presentation to CHCB: Monday Sept. 13 from 6:10 to 6:40

Brief overview for newer board members (and reminder for others) (7 min)

- Why we determined this project was important and how it will add value to health center clients
- What we have done to get to where we are now - focus groups, competitor analysis, etc

Where we are now (10 min)

- Approved new brand name and logo
- Showcase some examples of the brand in use
    - Brochures
    - Monument signs
    - Relationship of Multnomah County and Welcome Health brand in context

Next steps (8 min)

- What to expect for implementation - what comes first, what comes next
- Website next steps
- General timeline

Q&A (5 min)

- Margaux and Christina will respond to questions if we can, and record questions to be relayed to Adrienne later

Propuesta de asociación con Portland Community College: Workforce Metro Center y La Clínica de Buena Salud

Resumen:
Este memorando proporciona un trasfondo sobre la necesidad de evaluar y determinar si el Centro de Salud Comunitario buscará una asociación formal con Portland Community College para reubicar La Clínica de Buena Salud actual. Portland Community College está buscando un compromiso con la asociación para diciembre de 2021 (aunque no se requiere un contrato formal en ese momento). La Mesa Directiva del Centro de Salud Comunitario es responsable de proporcionar planificación estratégica y evaluación de los servicios y ubicaciones del Centro de Salud, y en última instancia determina qué servicios se deben ofrecer y dónde deben ubicarse todos los centros. El Condado es responsable de facilitar los arrendamientos de edificios y los contratos de compra.

Puntos principales:

- El centro de salud La Clínica es uno de los pocos centros de salud con un solo servicio en su ubicación. El contrato de arrendamiento de la instalación es vigente hasta 2025.
- PCC tiene espacio disponible para construir y expandir nuestros servicios de atención primaria, servicios dentales y de farmacia para la población de La Clínica.
- Los costos estimados para construir la clínica en la ubicación serían de $5 millones; los costos de arrendamiento anuales son competitivos para la región.
- La ubicación de PCC también ofrecerá la oportunidad para que el centro de salud lleve a cabo pasantías clínicas como parte de un programa de capacitación formal para estudiantes de PCC. Los pacientes del centro de salud también podían acceder a servicios educativos, de vivienda y comerciales en dicha ubicación.

Trasfondo:
El programa del Centro de Salud Comunitario del Condado de Multnomah es el centro de salud cualificado federalmente más grande del estado, con más de 30 clínicas y 18 ubicaciones. Estas clínicas representan una variedad de tamaños y capacidades de servicio, que van desde clínicas muy pequeñas y específicas de nivel de servicio, tal como Billi Odegaard Dental Clinic, hasta centros grandes de varios pisos con atención primaria, odontología y farmacia, todos ubicados en el mismo lugar. La mayoría de los espacios de las clínicas son propiedad del Condado o están operados en asociación directa con los distritos escolares (por ejemplo, los programas del centro de salud para estudiantes). Tres ubicaciones permanecen arrendadas: Billi Odegaard Dental Clinic, Rockwood Health Center y La Clínica de Buena Salud (La Clínica).

Una meta a largo plazo para el Centro de Salud Comunitario y el Departamento de Activos del Condado es ofrecer los recursos del centro de salud en espacios que reflejen el modelo de cuidado de uso compartido y completamente integrado, así como en los edificios que son propiedad del Condado.

La Clínica está ubicada en la región central noreste de Portland del Condado de Multnomah, y atiende a más de 1,700 pacientes de atención primaria por año. Estos pacientes deben viajar a otra ubicación para obtener servicios dentales y de farmacia, ya que el espacio existente no puede ofrecer más servicios. Si bien la clínica tiene algún espacio comunitario compartido, carece de salas de reuniones dedicadas para el equipo, espacios para grupos de asesoramiento comunitario y salas de consulta de salud conductual disponibles en otros sitios. El estacionamiento es limitado y el acceso al transporte público está disponible solo por las líneas de autobús inmediatamente en Killingsworth Ave. El contrato de arrendamiento actual de La Clínica expirará en 2025.
Oportunidades para mejorar el espacio y las asociaciones para la región de La Clínica:

En 2020, Portland Community College Workforce Center se acercó al personal de la Comisión Jayapal para pedirle una invitación para dialogar sobre su nuevo edificio Workforce Center y la necesidad de un programa de centro de salud en la ubicación del vecindario Cully. Tanto el personal de la Comisión Jayapal como el personal del centro de salud asistieron a varias reuniones para aprender más sobre el espacio y los programas deseados.

Portland Community College está ofreciendo al Condado de Multnomah la oportunidad de ser de la ubicación para el servicio de centro de salud mediante el arrendamiento de un espacio de 10,000 pies cuadrados en el primer piso del edificio. El espacio requeriría que el Condado proporcione el diseño y la construcción del centro de salud.

El programa del centro de salud ha revisado la oportunidad con el Departamento de Instalaciones del Condado para determinar qué acciones y evaluaciones deben considerarse. PCC ha solicitado un compromiso con el espacio para finales de 2021. Tienen la intención de comenzar la construcción en 2022.

Análisis de utilización del espacio y de la comunidad:
En asociación con el Departamento de Instalaciones del Condado, se llevó a cabo una evaluación inicial del espacio arrendado en las regiones norte y noreste de Portland para conocer el costo del espacio disponible comercialmente. Una evaluación inicial mostró que el costo proyectado del espacio de PCC se considera competitivo con las propiedades disponibles. El contrato de arrendamiento actual para el espacio de La Clínica se considera por debajo del mercado, pero también refleja un espacio más pequeño junto con la disponibilidad de un apoyo limitado.

Análisis de espacio realizado por CBRE durante el año 2021

Espacio para la clínica	**Total de pies cuadrados**	**Costo/pie cuadrado**	**Estimado de costo anual**
La Clinica	3,963	$15/ft^2	$119,869
PCC Workforce Center	10,000	$25/ft^2	$350,000[1]
Espacio de clínica comercial en las regiones del noreste	-	$24/ft^2	-
Espacio de clínica comercial en la región del corredor de I5	-	$27.82/ft^2	-
Espacio de clínica comercial en la región de Lloyd	-	$30.68/ft^2	-

Además de evaluar los costos de las instalaciones, el Programa de Centros de Salud completó las primeras evaluaciones de la población y la representación demográfica en las regiones del norte y noreste. La evaluación inicial muestra que las poblaciones de pacientes actuales y potenciales en el futuro continúan teniendo una fuerte utilización de los servicios de atención primaria y una necesidad insatisfecha de salud conductual y atención dental. Si bien la población actual de pacientes de La Clínica representa un grupo demográfico más lingüístico y racialmente diverso en comparación con los programas Home Forward y las capacitaciones en Workforce Center, el 75% de las personas en los programas de vivienda actuales en el centro PCC Metro son de la raza negra, indígenas u otras

[1] Costo total estimado por instalaciones: $25/pie cuadrado es aproximadamente $250,00 por año. Incluir el costo de los servicios públicos y las tarifas de mantenimiento del área común agrega aproximadamente $10/pie cuadrado para un estimado total de $350,000 por año.

personas de color. Aproximadamente el 58% de otros usuarios de PCC Metro Center se identifican como personas de raza negra, indígenas, y personas de color (BIPOC, por sus siglas en inglés). Todas las personas que actualmente buscan servicios en el centro de capacitación laboral son elegibles para recibir apoyo de Medicaid a través del programa TANF.

De 2017 a 2019, el vecindario Cully y las regiones del norte de Portland tuvieron pequeños cambios en la demanda global de servicios de centros de salud: los datos federales muestran que la tasa de penetración de mercado de Medicaid creció para los centros de salud, aumentando aproximadamente un 4.5% en los seis códigos postales de los alrededores de esa región en solo dos años.[2]

Descripción general de la comunidad que recibe los servicios

	Población de pacientes de La Clínica	**Población de pacientes de NEHC**	**PCC Workforce Trainng Center y apoyo de DHS**	**Home Forward**
Principales razones de atención primaria para visitas en 2020	Diagnóstico y tratamiento de COVID19, control diabético, cuidado prenatal	Control diabético, pacientes nuevos, seguimiento de sala de emergencia, seguimientos generales	Salud conductual, salud prenatal/reproductiva, gestión de enfermedades crónicas, cuidado dental	-
Servicios	Atención primaria	Atención primaria, servicios dentales, farmacia	Atención primaria, servicios dentales, farmacia	-
Visitas/paciente	Promedio de 2.5 visitas/paciente	Promedio de 2.4 visitas/paciente	Indisponible	Indisponible
Población total	4.328 asignados	7,145 asignados	1,048	84 hogares
% BIPOC	93%	77%	59%	75%
% ELS	88%	39%	Indisponible	Indisponible
% menores de 45 años	75%	60%	84%	45 hogares con niños

Costos adicionales para considerar

Debido a que el espacio de PCC se encuentra actualmente en desarrollo y está disponible para arrendar como un «armazón», requeriría inversiones adicionales para construir espacios clínicos específicos (tales como salas de examen, espacios de laboratorio, plomería especializada, etc.). Se estima que los costos de construcción nueva para construir completamente sobre el espacio arrendado costarán entre $5 y $6 millones. Existe la posibilidad de que algunos de estos costos sean diferidos por las subvenciones de capital de los centros de salud federales, pero no serán fuentes de apoyo garantizadas. También se deberían considerar los costos suplementarios para el equipo, sin embargo, también podrían transferirse desde la ubicación de La Clínica. Si el Condado considerara comprar un espacio o un edificio alternativo en un lote abierto, los costos estimados serían de $4-9 millones para una

[2] Análisis propiedad de Uniform Data Systems FY 17 y FY19 Health Centers National Data. Datos utilizados del informe de «Penetración de mercado de Medicaid/seguros públicos» para los códigos postales 97211, 97212, 97213, 97218 y 97220.

adquisición más la renovación de una instalación más antigua o $8-13 millones para terrenos y nuevas construcciones.

Otras necesidades de ubicación y el portafolio de capital general

El centro de salud tiene muchas otras ubicaciones con necesidades de expansión identificadas o cambios deseados en las instalaciones.

- Mid County Health Center actualmente tiene una de las medidas más pequeñas en pies cuadrados, pero tiene una de las tasas de utilización más altas para servicios dentales y de atención primaria. También sirve como centro base para el apoyo del programa de refugiados, sin embargo, no tiene un espacio dedicado para grupos de pacientes específicos o eventos comunitarios. El estacionamiento en la instalación es difícil de navegar y se considera peligroso salir debido a las líneas de visión limitadas y el tráfico de alta velocidad.
- Rockwood Health Center es la clínica de salud arrendada más grande del portafolio de capital del programa de centros de salud comunitarios. Care Oregon anunció recientemente su intención de vender el espacio y está interesado en dialogar las opciones de venta primero con el Condado de Multnomah.
- Walnut Park Complex, donde se ubica Northeast Health Center (NEHC), está planificando una renovación completa durante los próximos años —se anticipa que los servicios clínicos del centro de salud se verán afectados significativamente por las reparaciones y es posible que deba reubicarse temporalmente—. La opción Portland Community College Workforce Center podría ofrecer apoyo de servicios flexibles para los pacientes de NEHC durante la construcción.

Otros beneficios programáticos clave a considerar

Más allá del análisis de las necesidades clave de servicios de salud de la población de pacientes y la alineación estratégica de los tres servicios en un solo sitio, PCC Workforce Center ofrece la oportunidad de ampliar también las asociaciones de dos maneras clave: crecimiento interno de la fuerza laboral de salud y oportunidades educativas/comerciales directas para los pacientes del centro de salud.

- PCC ofrece actualmente un programa de capacitación para asistentes dentales y buscaría utilizar el centro de salud como socio de prácticas clínicas. Esto les daría a los estudiantes de PCC la oportunidad de capacitarse bajo un modelo de atención de centro de salud y proporcionaría un valioso apoyo directo al programa del centro de salud. Sigue habiendo una escasez nacional de asistentes dentales, por lo que un modelo de formación en la clínica proporcionaría ventajas adicionales en el proceso de contratación.
- El centro laboral ofrecerá múltiples programas sociales y educativos en este sitio, un aspecto clave para desarrollar un sistema de atención al paciente que sea receptivo y reflexivo. Los pacientes podrían acceder a orientación profesional, asistencia de vivienda asequible, programación de desarrollo de pequeñas empresas y TANF en el mismo edificio. NAYA y Home Forward se han comprometido a ser socios en este sitio, proporcionando servicios directos adicionales tales como guardería, educación para padres y alojamiento directo.

Próximos pasos

CHCB tendrá que proporcionar comentarios y asesoramiento sobre si esta propuesta continúa apoyando la misión del centro de salud y si se recomendaría el cambio de ubicación propuesto de la ubicación actual de La Clínica a PCC Workforce Center. CHCB también debe proporcionar comentarios y orientación final sobre cualquier compromiso presupuestario propuesto para apoyar el proyecto. El Condado debe proporcionar comentarios y asesoramiento sobre si podemos comprometernos con la asociación para diciembre de 2021 y si podemos asociarnos con el centro de salud en una estrategia de financiamiento para los costos estimados.

Title:	**Policy Approval by the Co-Applicant Board**		
Policy #:	**ICS.01.41**		
Section:	Integrated Clinical Services	Chapter:	**General**
Approval Date:	08/23/2021	Approved by:	Tasha Wheatt-Delancy Director, Integrated Clinical Services Harold Odiahmbo Chair, Community Health Center Board
Related Procedure(s):	Link to the procedural document(s) for this policy. Write "See section below" if included in this policy document or "Attached" if the procedure document is an attachment or write "Not Applicable.".		
Related Standing Order(s):	Not Applicable		
Applies to:	All services and staff in the scope of the Community Health Center. Includes: ICS Director, Primary Care Services Director, ICS Quality Director, Dental Director, Medical Director, Deputy Medical Director, Pharmacy and Lab Services Director, Lab Manager, CSI Manager, Health Center Operations Supervisors, Dental Operations Manager, and any other staff who develop health center policies		

PURPOSE

To describe a process for developing, reviewing, and approving clinical and administrative guidelines that require Co-Applicant Board approval to ensure compliance with the Health Resources Services Administration (HRSA) regulations and Joint Commission Standards.

DEFINITIONS

Term	Definition
Co-Applicant Board	When the public agency's board cannot independently meet all applicable health center governance requirements, a separate "co-applicant" must be established whose governing board meets Public Health Service Act (PHS) section governance 330 requirements. The Health Department's Community Health Center

	Board (CHCB) is the Co-Applicant Board for the Integrated Clinical Service's (ICS) Community Health Centers.
HRSA	The Health Resources and Services Administration. As a federally qualified health center (FQHC) and recipient of federal funds, ICS and the CHC must meet all HRSA Health Center Program Requirements.
Public Agency Status	HRSA's designation for health centers funded through a section 330 grant which include state, county, or local health departments. ICS Community Health Centers have a Public Agency Status.
Public Center	Defined by the Health Center Program's authorizing statute as a health center funded through a section of 330 grant to a public agency.
Co-Applicant Agreement	The Co-Applicant Agreement delegates the required authorities and functions of the Co-Applicant Board (the Multnomah County Community Health Center Board) and delineates the roles and responsibilities of the public agency and the co-applicant in carrying out the health center project.

POLICY STATEMENT

The following policies must be reviewed and approved by the CHC to meet HRSA program requirements:

Policy Title and #	**Policy Description**
General Policies	
ADM.01.04 ICS Vision, Mission, and Values	Describes the vision, mission, and values for ICS.
ICS.01.41 Policy approval by the Co-applicant board	Describes the process for approving guidelines with the Co-Applicant Board.
ICS.01.45 Health Center Service Area Criteria	Describes the service area where the Community Health Centers operate and provide care to patients.
ICS.01.47 HRSA Consolidated Appropriations Act and Legislative Mandate Review	Describes the Health Center's requirements and obligations to follow the HRSA Consolidated Appropriations Act(s) and related laws.
Patient Care, Quality, and Safety Policies	

ICS.01.44 ICS Quality Improvement Policy	Describes the quality improvement and assurance policy for Integrated Clinical Services and related health center programs.
ICS.01.19 Primary Care Provider Assignment and Selection	Describes the process used to link each ICS primary care client with a Primary Care Provider (PCP).
ICS.01.29 Patient Discharge from Clinical Services	Describes the reasons that can result in the discharge of an existing patient from clinical services. Describes the methods used to protect that patient's rights and needs.
ICS.04.08 Patient No show policy	Describes how clinics will address and respond to clients who do not attend or cancel scheduled appointments.
ICS.04.16 ICS Health Centers - Feedback and Complaint Policy	Describes how the Health Centers will receive, process, and address patient complaints.
ICS.04.18 Patient Rights and Responsibilities	Describes how patients' rights and responsibilities are communicated to patients and employees.
ICS.05.03 Client Eligibility Criteria – School-Based Health Centers	Describes patient eligibility for receiving services at a School-Based Health Clinic (Student Health Center).
ICS.01.50 Data Governance	Describes the patient data and management of such information to set data governace standards and the process used to share patient and health center data.
Fiscal Policies	
AGN.10.03 Integrated Clinical Services Fee Policy	Describes the payment model for services that balances the client's need for services, advocacy for the underserved, and fiscal sustainability.
FIS.01.06 Write Offs for Uncollectible Patient Accounts	Describes the specific circumstances when the health center will waive uncollected fees or payments due to any patient's inability to pay.
FIS.01.16 Credit-Balance	Describes how the health center program will manage patient accounts with credits.
ICS.12.01 Health Center Budget and Performance Monitoring	Assures that information is available and analyzed to make decisions about patient service utilization and health center performance.
ICS.12.02 Health Center Budget Compliance	Describes how expenditures and activities in the health center budget are in alignment with HRSA approved activities

ICS.12.03 Health Center Budget Development and Approval	Describes the steps and approval role of the CHCB in overseeing budget activities.
ICS.12.04 Health Center Contracts Review and Compliance	Provides guidance on how contract approvals are reviewed to be in alignment with HRSA required activities, including compliance with Federal Cost Principles.
ICS.12.05 Health Center Financial Accounting Systems and Controls	Describes the use of financial and internal control systems in governmental accounting for the health center program.
ICS.12.06 Health Center Financial Accounts Access	Assures that the health center leadership will receive information on revenue, costs, and accounts used for the health center program.
ICS.12.07 Health Center Financial Management and Reporting	Assures that the health center leadership is able to prepare financial statements and develop financial reporting packages for the CHCB.
ICS.12.08 Health Center Financial Performance Reporting	Describes the types of reports to be used and generated to track the financial health of the health center program
ICS.12.09 Health Center Patient Collections and Write-Offs	Describes the process to review and approve patient accounts recommended for write off.
ICS.12.10 Health Center Program Monitoring	Assures the monitoring and allocation of staff time, operations, and resources to be in alignment with the HRSA approved scope of services and budget for the health center.
ICS.12.11 Health Center Program Patient Accounts Monitoring	Describes the activities which are part of the billing and claims process for management of patient accounts, including aged accounts.
ICSC.12.12 Health Center Surplus and Reserves	Assures that surpluses and excess revenue from the health center program are retained for review and budgeted approval by the CHCB.
Clinical Staffing Policies	
HRS.04.03 Licensing, Credentialing, and Privileging	Describes the process and activities performed to review, assess, and verify the credentials for providers working in Multnomah County.
HRS.04.07 Provider Scope of Practice	Describes the approved procedures and scope of practice by provider field of medicine.

REFERENCES AND STANDARDS

Joint Commission Standard, LD.01.03.01 EP-6: Governance works with other leaders to annually evaluate the organization's performance in relation to its mission, vision, and goals.

HRSA Health Center Program Requirements

HRSA Health Center Program Compliance Manual

Authorizing Legislation:

Section 330 of the Public Health Service Act (42 U.S.C. 254b)

Program Regulations: 42 CFR Part 51c and 42 CFR Parts 56.201-56.604

Grant Regulations: 45 CFR Part 74

PROCEDURES AND STANDING ORDERS

1. The policies requiring Co-Applicant Board approval will be presented to the CHCB when modified and at least every three years.
2. The CHCB will discuss the details of the policies and ICS Community Health Center administration will be available to answer questions.
3. If the CHCB cannot approve the policy as submitted, the CHCB will make recommendations for the revisions. Input and feedback from the co-applicant board will be collected and incorporated into a revised policy.
4. A majority vote of the CHCB present is required for approval. A quorum of CHCB members must be present.
5. If approved, the policy will be published by ICS Community Health Center administration. The CHCB's approval will be documented in the minutes.
6. If not approved, the CHCB's reasons for rejection will be documented. Policies that have not been approved by the CHCB will be revised and brought back to the CHC for reconsideration.

Policies described above will not be implemented until CHCB approval has been obtained.

RELATED DOCUMENTS

Name	
Attachment A – Co-Applicant Board Agreement	
Attachment B – Community Health Council Bylaws, 2017-19	

POLICY REVIEW INFORMATION

Point of Contact:	Adrienne Daniels, ICS Deputy Director
Supersedes:	Not Applicable

Health Center Program Technical Assistance Site Visit Report

TA Request Details

TA Request Number: TA007976

Grantee Information: Multnomah County

426 SW Stark St., Floor 8

Portland, OR 97204-2303

Contact: Tasha Wheatt-Delancy, Health Center Executive Director

tasha.wheatt-delancy@multco.us (503) 988-6642

Type of Visit: Program Requirement Assistance Site Visit

Date(s) of Visit: 7/6/2021 - 7/8/2021

Consultants

Michael Jackson, Fiscal Consultant

Site Visit Participants

Name	Title	Interviewed	Entrance	Exit
Tasha Wheatt-Delancy	CEO/Health Center Executive Director	Yes	Yes	Yes
Deborah Kafoury	Multnomah County Chair (elected)	Yes	No	No
Lori Stegmann	County Commissioner	Yes	No	No
Susheela Jayapal	County Commissioner	Yes	No	No

Sharon Meieran	County Commissioner	Yes	No	No
Alex Lehr O'Connell	HRSA Grants Manager	Yes	Yes	Yes
Francisco Garcia	Health Center Board Engagement Strategist	No	Yes	Yes
Brieshon D'Agostini	QA/QI Interim Director	Yes	Yes	Yes
Debbie Powers	PC Clinical Deputy Director	Yes	Yes	Yes
Adrienne Daniels	Health Center Deputy Director	Yes	Yes	Yes
Hasan Bader	Health Center Finance Project Manager	Yes	Yes	Yes
Jeff Perry	Chief Financial Officer	Yes	Yes	Yes
Frederick Dolgin	Chief Operating Officer	Yes	No	Yes
Liz Smith Currie	Senior Policy Advisor to Chair Kafoury	Yes	Yes	Yes
Eric Arellano	Multnomah County Chief Financial Officer	Yes	Yes	Yes
Cora Bell	Multnomah County Deputy CFO	Yes	Yes	Yes
Ebony Clarke	Interim Health Department Director	Yes	Yes	Yes
Antoinette Payne	Health Department Financial Comptroller	Yes	Yes	Yes
Wendy Lear	Health Department	Yes	Yes	Yes

	Financial Comptroller			
Tamia Deary	Community Health Center Board Member at Large	Yes	Yes	Yes
Harold Odhiambo	Community Health Center Board Chair	Yes	Yes	Yes
Victor	(Contracted interpreter)	Yes	Yes	Yes
Ann Rodrigues	HRSA Project Officer	No	Yes	Yes
George Brown	HRSA Team Lead	No	Yes	Yes

Purpose of Visit

Improvement in the area of fiscal compliance. Moreover, to advance and accelerate the grantee's demonstration of compliance with regards to Health Center Program Compliance Manual Chapter 15: Financial Management and Accounting Systems, element e. Documenting Use of Non-Grant Funds.

List of Documents Reviewed

- Co-applicant agreement
- Corporate Bylaws
- Multnomah County's Comprehensive Annual Financial Reports (CAFRs) for past 5 years
- Multnomah County's Proposed, Adopted and Revised Budgets (All Funds) for past 5 years
- Multnomah County's Independent Auditor's Reports (w/ Management letter and Single Audit) past 5 years
- Chart of Accounts
- Federal Financial Reports (FFRs) for past 5 years
- CMS Medicare and Medicaid Cost Reports for past 5 years
- Other ad hoc financial reports requested during the TA visit

List of Documents Left With Grantee

None

Specific Actions Taken During Site Visit

Technical assistance (TA) included document review, informational interviews, and group work sessions to discuss the Health Center Program (HCP) requirements in the areas of Financial Management, Budget, and Board Authority (see agenda included as Attachment A). Multnomah County, a public entity, is the grantee of record. Multnomah County has selected the second of two approved Public Health Center structures for implementation of its Health Center Program project. Multnomah County chose an unincorporated co-applicant governing board (Community Health Board) and together, the public agency and the co-applicant must meet all Health Center Program requirements. TA was provided to the following four (4) distinct groups within this co-applicant relationship:

1) Health Center Staff
    a. Inclusive of all staff under the direction of the Health Center Executive Director
2) Health Center Board
3) County Commissioners
    a. Multnomah County governing body (elected)
4) Multnomah County Staff
    a. Inclusive of all staff not under the direction of the Health Center's Executive Director

Observations/Recommendations

The primary goal of the technical assistance visit was to provide recommendations to improve program performance and to advance the grantee's demonstration of compliance with regards to Health Center Program Compliance Manual Chapter 15: Financial Management and Accounting Systems, element e. Documenting Use of Non-Grant Funds. The report is organized by the Health Center Compliance Manual element, the current state of compliance, and recommendation.

Chapter 15: Financial Management and Accounting Systems

Element e. Documenting Use of Non-Grant Funds: The health center can document that any non-grant funds generated from Health Center Program project activities, in excess of what is necessary to support the HRSA-approved total Health Center Program project budget, were utilized to further the objectives of the project by benefiting the current or proposed patient population and were not utilized for purposes that are specifically prohibited by the Health Center Program.

Observed Current State:
The health center remains non-compliant with Financial Management and Accounting Systems element e. Documenting Use of Non-Grant Funds as was noted during the November 18-20, 2020 TA visit. There is a lack of health center procedures that detail how non-grant funds generated from Health Center Program project activities (in excess of what

is necessary to support the HRSA-approved total Health Center Program project budget), are (1) utilized to further the objectives of the project by benefiting the current or proposed patient population, (2) were not utilized for purposes that are specifically prohibited by the Health Center Program.

During the TA visit, Multnomah County staff indicated that the County Commissioners had approved a resolution establishing a separate fund for the Health Center program, which was recommended by Jennifer McGuirk (Multnomah County Auditor) in December of 2019 and again recommended by the HRSA-provided TA, November 18-20, 2020. Multnomah County staff maintains that the internally developed timeline for implementation of such a separate fund would best be operationalized on July 1, 2022. However, this timeline will not meet HRSA's progressive action timeline as outlined in Chapter 2: Health Center Program Oversight of the Health Center Program Compliance Manual. The current 60-day progressive action timeline requires demonstration of compliance by October 4, 2021. County staff has the experience and knowledge to implement such a separate fund as demonstrated by the number of non-general fund accounts found in the County's budget document (see Attachment B) and County staff has the capability of implementing separate segregated funds relatively quickly as evidenced by the establishment of a separate COVID-19 fund. It is the consultant's observation that the County possesses the knowledge, skills, and experience required to implement the authorized separate Health Center fund in the timeframe of HRSA's progressive action process. There do not appear to be any external limitations that would preclude County staff from meeting the HRSA-required timeframe, and the only internal limitations appear to be prioritization and manpower, which can be mitigated by focused attention to implementation of the separate Health Center fund.

Recommendation:

To demonstrate compliance, Multnomah County Health Department must provide updated health center procedures or systems that ensure non-grant funds generated from Health Center Program project activities: 1) Will be utilized to further the objectives of the project by benefiting the current or proposed patient population; and 2) Will not be utilized for purposes that are specifically prohibited by the Health Center Program. One way Multnomah County Staff can demonstrate compliance with this element is to complete the implementation of the Health Center program separate fund by the 30-day progressive action condition estimated due date of November 12, 2021 by prioritizing the identification and transfer of all identified program income (non-grant funds generated from Health Center Program project activities, in excess of what is necessary to support the HRSA-approved total Health Center Program project budget) along with ongoing revenue and expenditures for the Health Center program into the newly established separate Health Center fund.

Multnomah County Health Department (H80CS00149)
619 NW 6th Ave
Portland, OR 97209

Tasha Wheatt-Delancy, CEO, Phone: (503)710-7006
Email: tasha.wheatt-delancy@multco.us

Targeted Technical Assistance Visit Agenda

Health Center Staff		
Name	*Title*	*Contact*
Tasha Wheatt-Delancy	CEO/Health Center Executive Director	(503)710-7006 tasha.wheatt-delancy@multco.us
Amy Henninger	Chief Medical Officer	(503) 758-4110 amy.k.henninger@multco.us
Jeff Perry	Chief Financial Officer	(503) 679-6544 jeff.perry@multco.us
Fred Dolgin	Chief Operating Officer	frederick.dolgin@multco.us
Debbie Powers	PC Clinical Deputy Director	debbie.powers@multco.us
Brieshon D'Agostini	QA/QI Interim Director	(971) 322-312 brieshon.dagostini@multco.us
Anirudh Padmala	Business Intelligence Officer	(971) 409-4987 anirudh.padmala@multco.us
Adrienne Daniels	Health Center Deputy Director	(503) 407-3426 adrienne.daniels@multco.us
Connie Warner	Revenue Cycle Manager	(503) 347-9201, connie.warner@multco.us
Alex Lehr O'Connell	HRSA Grants Manager	alexander.oconnell@multco.us
Hasan Bader	Health Center Finance Project Manager	hasan.m.bader@multco.us
Francisco Garcia	Health Center Board Engagement Strategist	f.garcia7@multco.us
County Staff		
Name	*Title*	*Contact*
Deborah Kafoury	Multnomah County Chair (elected)	deborah.kafoury@multco.us
Liz Smith Currie	Senior Policy Advisor to Chair Kafoury	liz.smith.currie@multco.us
Shelly Kent	Multnomah County Central HR Director	shellyk@multco.us

Eric Arellano	Multnomah County Chief Financial Officer	(503) 988-6718 eric.j.arellano@multco.us
Cora Bell	Multnomah County Deputy CFO	cora.bell@multco.us
Christian Elkin	Multnomah County Budget Director	christian.m.elkin@multco.us
Debi Smith	Health Department HR Director	(503) 803-3374 debi.smith@multco.us
Ebony Clarke	Interim Health Department Director	ebony.clarke@multco.us
Wendy Lear	Health Department Deputy Director (Health Finance Director)	(503) 572-3068 wendy.r.lear@multco.us
Antoinnette Payne	Health Department Financial Comptroller	(503) 988-8689, antoinette.payne@multco.us
Virgil Gillespie	Finance Supervisor	(971) 678-6809, virgil.gillespie@multco.us
Debra Lee	IT Portfolio Manager	(503) 988- 6839, debra.lee@multco.us
Heather Drake	Finance Manager	heather.drake@multco.us
Health Center Board Members		
Name	*Title*	*Contact*
Harold Odhiambo	Community Health Center Board Chair	(503) 810-1116 haomultnomah@ymail.com
Tamia Deary	Community Health Center Board Member at Large	(971) 645-5768 tamia@pdxasc.org
David Aguayo	Community Health Center Board Finance Chair	(503) 808-0798, aguayodavid99@gmail.com
Fabiola Arreola	Community Health Center Board Vice Chair	fabiolarreolam@gmail.com

Primary Contact:
Adrienne Daniels, adrienne.daniels@multco.us (primary coordination)
Johana Jordan, johana.jordan@multco.us (calendar assistance)

IT Contact:
Debra Lee, debra.lee@multco.us *(Person to help troubleshoot technology during the VOSV)*
Alex Lehr O'Connell, alexander.oconnell@multco.us (to assist with meeting management)
Johana Jordan, johana.jordan@multco.us (to help with calendar changes)

Day 1 - July 6, 2021

8:30 AM **Entrance Conference:**
Webex: https://global.gotomeeting.com/join/286313589

Purpose of Site Visit: Ann Rodrigues, Project Officer and Michael Jackson, Fiscal Expert

MCHD Update: Tasha Wheatt-Delancy, CEO

Other Staff and Board members present
Liz Smith Currie, Eric Arellano, Ebony Clarke, Cora Bell, Wendy Lear, Antoinette Payne, Shelly Kent, Debra Lee, David Aguayo, Tamia Deary, Harold Odhiamo, Adrienne Daniels, Tasha Wheatt-Delancy, Brieshon D'Agostini, Airudh Padmala, Jeff Perry, Hasan Bader, Amy Henninger, Debbie Powers

9:00 AM - 12:30 PM

Consultant to meet with County Staff, Health Center Staff and Board Members to review, assess and provide technical assistance on: Co-Applicant Agreement and Shared Services Model

9:00 - 9:45am: County Staff - **https://global.gotomeeting.com/join/473978269**
Eric Arellano, Shelly Kent, Debi Smith, Ebony Clarke, Liz Smith Currie, Debra Lee

9:45 - 10:00 am: Health Center Staff (History of Co-A) -
https://global.gotomeeting.com/join/305395125
Adrienne Daniels

Break: 10 minutes

10:00 - 11:00 am: Health Center Staff (Overview of Purpose) -
https://global.gotomeeting.com/join/305395125
Adrienne Daniels, Jeff Perry, Brieshon D'Agostini, Anirudh Padmala, Fred Dolgin, Francisco Garcia, Alex Lehr O'Connell

11:00am - 12:00pm: Health Board - **https://global.gotomeeting.com/join/242995781**
Tasha Wheatt-Delancy, Harold Odiambo, Tamia Deary, and David Aguayo, others

12:00 - 1:00 P Lunch

1:00 - 1:30pm: Hold for Follow Up Meeting if Required for all attendees
https://global.gotomeeting.com/join/286313589 All above

1:30 PM - 5:00 PM Consultant to meet with County Staff, Health Center Staff and Board Members to review, assess and provide technical assistance on:

Chapter 15: Financial Management and Accounting Systems - Element a. Financial Management and Internal Control Systems
Chapter 15: Financial Management and Accounting Systems - Element e. Documenting Use of Non-Grant Funds

1:30 - 1:45pm: Health Center Staff and Board Members -
https://global.gotomeeting.com/join/305395125
Jeff Perry, Tasha Wheatt-Delancy, David Aguayo (optional)

1:45 - 2:05pm - Health Center Staff -
https://global.gotomeeting.com/join/305395125
Hasan Bader, Connie Warner

Break: 25 min

2:30 - 4:00 pm - County Staff and Health Center Staff -
https://global.gotomeeting.com/join/473978269
Christian Elkin, Eric Arellano, Cora Bell, Heather Drake, Wendy Lear, Antoinette Payne, Debra Lee, Jeff Perry, Connie Warner, Hasan Bader, Adrienne Daniels, Anirudh Padmala

Break: 4:00-4:30

4:30-5:00 pm: Follow Up Meeting if Required for all attendees -
https://global.gotomeeting.com/join/286313589 All above (Include David Aguayo)

5:00 PM – 5:30 PM Debrief w/Project Officer

Day 2 - July 7, 2021

9:00 AM - 12:00 PM

Consultant to meet with County Staff, Health Center Staff and Board Members to review, assess and provide technical assistance on (Multnomah County Budgeting and Financial Management):

Chapter 17: Budget- Element a. Annual Budgeting for Scope of Project
Chapter 17: Budget- Element b. Revenue Sources
Chapter 17: Budget- Element d. Other Lines of Business

9:00 - 10:30 am - County Staff: https://global.gotomeeting.com/join/473978269
Christian Elkin, Eric Arellano, Cora Bell, Heather Drake, Wendy Lear, and Antoinette Payne

10:30 - 10:40 am Break

10:40-11:00 am - Health Center Staff: https://global.gotomeeting.com/join/305395125
Tasha Wheatt-Delancy and Jeff Perry

11:00 - 11:30 am - Health Center Staff: https://global.gotomeeting.com/join/305395125
Jeff Perry, Hasan Bader, Tasha Wheatt-Delancy, Adrienne Daniels, Fred Dolgin, Alex Lehr O'Connell, Connie Warner

Break: 11:30-12:00

12:00 - 12:30pm: Follow Up Meeting if Required for all attendees -
https://global.gotomeeting.com/join/286313589
All above and include Board Members Harold Odiambo and David Aguayo

12:00 PM - 1:00 PM Lunch

1:00 PM - 4:00 PM: Additional Follow up as Required, Topics TBD

1:00 - 1:30 pm - Health Center Staff: https://global.gotomeeting.com/join/305395125
Tasha Wheatt-Delancy

1:30 - 2:15 pm - Health Center Staff: https://global.gotomeeting.com/join/305395125
Jeff Perry, Hasan Bader, Tasha Wheatt-Delancy, Adrienne Daniels, Fred Dolgin, Alex Lehr O'Connell

2:15 - 2:30 Break

2:30 - 4:00 pm - Hold for Follow Up Meeting if Required for County Staff and Health Center Staff:
https://global.gotomeeting.com/join/286313589

Liz Smith Currie, Ebony Clarke, Christian Elkin, Eric Arellano, Cora Bell, Heather Drake, Wendy Lear, Antoinette Payne, Jeff Perry, Hasan Bader, Tasha Wheatt-Delancy, Adrienne Daniels, Fred Dolgin, Alex Lehr O'Connell

Break: 4:00-4:30

4:30-5:00 pm: Follow Up Meeting if Required for Health Center Staff:
https://global.gotomeeting.com/join/305395125
Tasha Wheatt-Delancy, Harold Odiambo, David Aguayo

Day 3 - July 8, 2021

9:00 AM - 12:00 PM
Consultant to meet with County Staff, Health Center Staff and Board Members to review, assess and provide technical assistance on (Governance - Multnomah County and Co-Applicants Roles):

Chapter 19: Board Authority-c. Exercising Required Authorities and Responsibilities

9:00 am - 10:00 am - County Staff: **https://global.gotomeeting.com/join/473978269**
Liz Smith Currie, Ebony Clarke, Debi Smith, Wendy Lear, Shelly Kent

10:00 am - 10:40 am - Health Center Staff: **https://global.gotomeeting.com/join/305395125**
Tasha Wheatt-Delancy, Adrienne Daniels, Jeff Perry, Brieshon D'Agostini, Anirudh Padmala, Fred Dolgin, Francisco Garcia

10:40 - 11:20 am - Board Members: (TBD on Availability)
https://global.gotomeeting.com/join/242995781
Harold Odiabmo, David Aguayo, Tamia Deary, Fabiola Arreola, Tasha Wheatt-Delancy, Adrienne Daniels

11:20 - 11:30 Break

11:30am - 12:00 pm - County Staff and Health Center Staff and Board Members:
https://global.gotomeeting.com/join/473978269
Debory Kafoury, Liz Smith Currie, Ebony Clarke, Debi Smith, Wendy Lear, Shelly Kent, Tasha Wheatt-Delancy, Adrienne Daniels, Jeff Perry, Brieshon D'Agostini, Anirudh Padmala, Fred Dolgin, Francisco Garcia, Harold Odiambo, Tamia Deary, Fabiola Arreloa, David Aguayo

12:00 PM - 2:00 PM Lunch & Debrief w/ Project Officer & HRSA Staff

2:00 PM - 3:00 PM

Debrief w/ Key Stakeholders or follow up on topics as needed

3:00 PM -3:45 PM

Exit Conference: Consultant to provide overview, summarize findings, make recommendations and answer questions

Webex: https://global.gotomeeting.com/join/286313589
3:00 - 3:45 pm - County Staff, Health Center Staff, and Board Members: Liz Smith Currie, Eric Arellano, Ebony Clarke, Cora Bell, Wendy Lear, Antoinette Payne, David Aguayo, Tamia Deary, Harold Odhiamo, Adrienne Daniels, Tasha Wheatt-Delancy, Brieshon D'Agostini, Airudh Padmala, Jeff Perry, Fred Dolgin, Hasan Bader, Amy Henninger, Debbie Powers, Alex Lehr O'Connell

- **Time and technical assistance topics can change as needed**

WebEx Links

Entrance, Exit and Wrap/Follow up joint GoTo Meeting Link:

https://global.gotomeeting.com/join/286313589

You can also dial in using your phone.

(For supported devices, tap a one-touch number below to join instantly.)

United States: +1 (571) 317-3122

- One-touch: tel:+15713173122,,286313589#

Access Code: 286-313-589

Health Center Staff GoTo Meeting Link

https://global.gotomeeting.com/join/305395125

You can also dial in using your phone.

(For supported devices, tap a one-touch number below to join instantly.)

United States: +1 (669) 224-3412

- One-touch: tel:+16692243412,,305395125#

Access Code: 305-395-125

County Staff GoTo Meeting Link

https://global.gotomeeting.com/join/473978269

You can also dial in using your phone.

(For supported devices, tap a one-touch number below to join instantly.)

United States: +1 (408) 650-3123

- One-touch: tel:+14086503123,,473978269#

Access Code: 473-978-269

Board of Directors/Council members GoTo Meeting Link

https://global.gotomeeting.com/join/242995781

You can also dial in using your phone.

(For supported devices, tap a one-touch number below to join instantly.)

United States: +1 (224) 501-3412

- One-touch: tel:+12245013412,,242995781#

Access Code: 242-995-781

Table of Contents

Multnomah County
Health Department

Primary Care: Rate of Covid Vaccine by Race/Ethnicity and Language

Total Pages: 1 8/30/2021 monica.l.gration@multco.us

REPORT CRITERIA:

- Patients are Age 12 and Older
- Patients Have Health Maintenance Alert for Covid-19 Vaccine ("Imm-COVID-19") that is Completed or Not Due
- Patients Have a Primary Care PCP
- Patients have had an In-Person or Telemedicine Visit in the Last Year

Rate of Completed Covid-19 Vaccine by Race/Ethnicity

	ACTIVE PTS	ACTIVE PTS W/COMP VACC	% W/COMP VACC
Alaskan Native	**16**	**6**	**38%**
American Indian	**227**	**104**	**46%**
Asian	**2,780**	**2,054**	**74%**
Black/African American	**3,551**	**1,573**	**44%**
Hispanic	**10,518**	**6,137**	**58%**
Pacific Islander	**260**	**127**	**49%**
Patient Refused/Unknown	**1,121**	**592**	**53%**
White	**9,012**	**4,685**	**52%**
Native Hawaiian	**22**	**12**	**55%**
TOTAL ALL PRIMARY CARE:	**27,507**	**15,290**	**56%**

Rate of Completed Covid-19 Vaccine by Top Ten Languages

	ACTIVE PTS	ACTIVE PTS W/COMP VACC	% W/COMP VACC
English	**14,758**	**7,754**	**53%**
Spanish	**7,956**	**4,938**	**62%**
Russian	**825**	**52**	**6%**
Chinese-Cantonese	**644**	**527**	**82%**
Somali	**436**	**220**	**50%**
Vietnamese	**400**	**319**	**80%**
Arabic	**341**	**169**	**50%**
Karen	**236**	**122**	**52%**
Burmese	**196**	**146**	**74%**
Nepali	**184**	**151**	**82%**
Others	**1,531**	**892**	**58%**
TOTAL ALL PRIMARY CARE:	**27,507**	**15,290**	**56%**

Multnomah County
Health Department

ICS PATIENTS W/COVID-19 VACCINE*

***Criteria:** Excludes Canceled Orders;
Procedure Code: "91300", "91301", "91302", "91303";
Includes ICS Clinics Only

Total Pages: 7 | 9/2/2021 | taif.alshakir@multco.us

ICS PTS W/COMPLETED VACCINES*	8,109

*2 Moderna or 1 J&J

COUNT OF PTS/VACCINES BY CLINIC OF VACCINE

	TOTAL	
	PTS	VACCS
TOTAL PTS	11,710	20,150
CENTENNIAL IMMIE	44	63
DAVID DOUGLAS SBHC	12	12
EAST COUNTY PC	3,310	5,769
ECHC PC VACCINE	1,001	1,164
LCDBS PC	149	156
LCDBS PC VACCINE	113	113
MCC PC VACCINE	2,212	2,814
MID-COUNTY PC	2,738	3,842
NEHC PC VACCINE	786	940
NORTHEAST PC	2,011	3,610
PARKROSE IMMIE	450	557
PARKROSE SBHC	8	8
ROOSEVELT IMMIE	132	207
ROOSEVELT SBHC	1	1

OF PATIENTS W/DENTAL PCP BY LOCATION OF MEDICAL PCP

	DENTAL PCP
DENTAL PCP PTS	3,775
PC	3,304
HSC	61
SHC	2
NO MED PCP	408

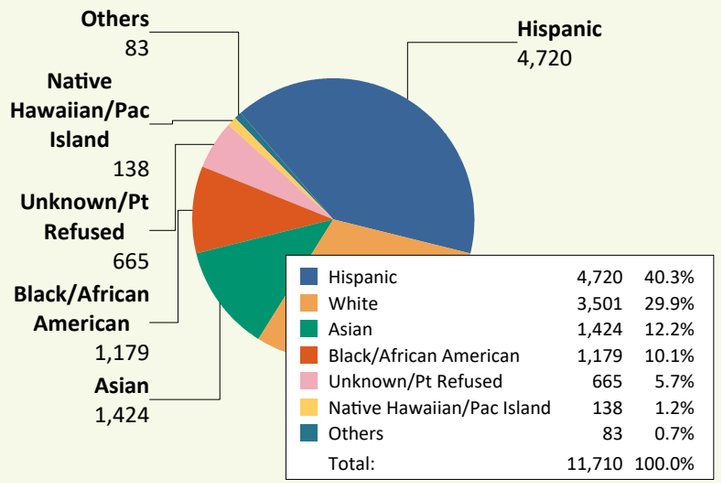
COUNT OF PATIENTS BY ASSIGNED PCP CLINIC
(BLANK = NO PCP)

TOTAL PTS	11,710
	2,962
MC DAVID DOUGLAS SBHC	8
MC DETENTION CTR CH	3
MC EAST COUNTY PC	2,054
MC HSC HLTH SVCS CTR	542
MC JEFFERSON SBHC	2
MC LCDBS PC	543
MC MID-COUNTY PC	2,102
MC NORTH PORTLAND PC	818
MC NORTHEAST PC	967
MC PARKROSE SBHC	36
MC REYNOLDS SBHC	2
MC ROCKWOOD PC	974
MC SOUTHEAST PC	697

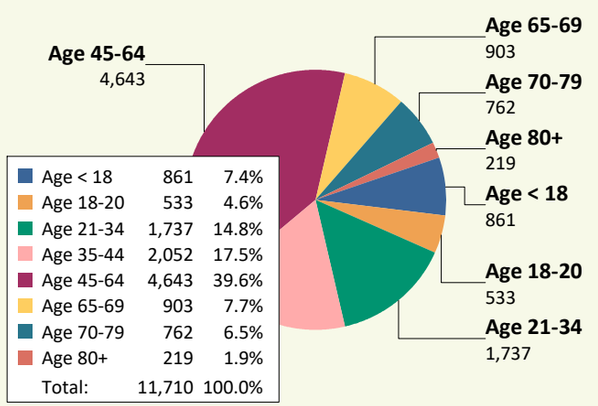
COUNT OF PTS/VACCINE BY VACCINE TYPE	PTS	VACCS
	11,710	20,150
JANSSEN SARS-COV-2 (COVID-19) VACCINE, AD26, PRESERVATIVE	655	655
MODERNA SARS-COV-2 VACCINE,MRNA-LNP,100 MCG/0.5ML	8,759	16,262
PFIZER SARS-COV-2 VACCINE,MRNA-LNP,30 MCG/0.3ML	2,304	3,233

	YES		NO		Others	
INTERPRETER NEED?	4,922	42%	6,778	58%	10	0%

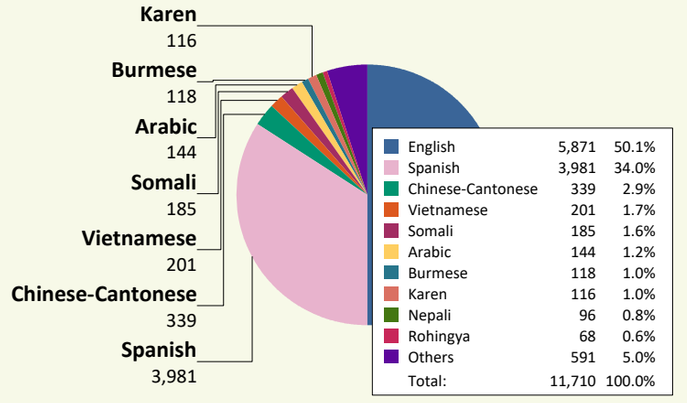
COUNT/% OF PATIENTS W/COVID-19 VACCINE BY RACE/ETHNICITY



COUNT/% OF PATIENTS W/COVID-19 VACCINE BY AGE GROUP

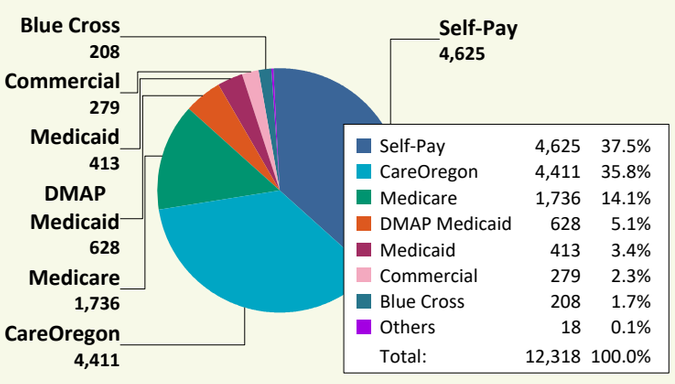


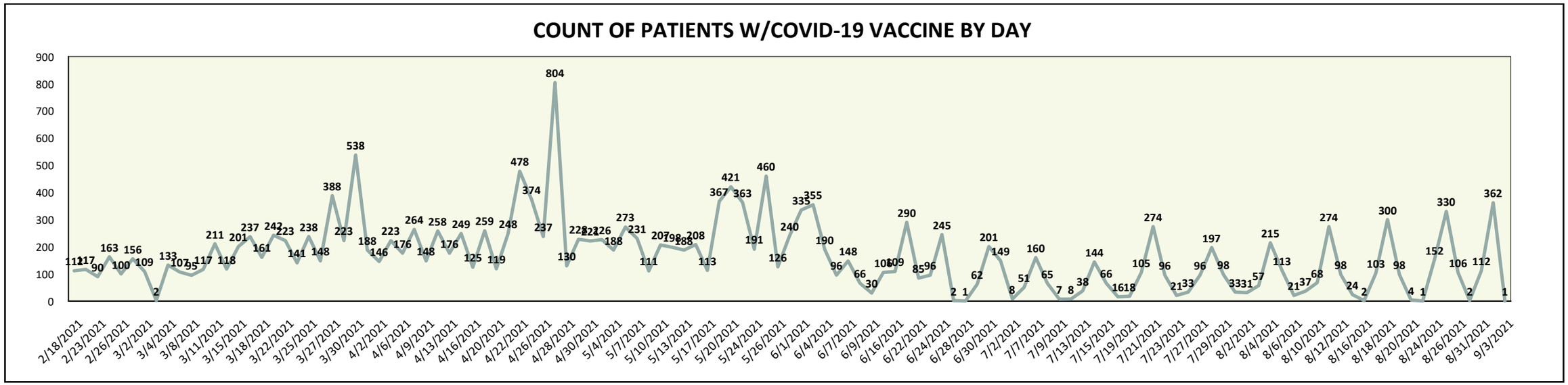
COUNT/% OF PATIENTS W/COVID-19 VACCINE BY TOP TEN LANGUAGES



*FINANCIAL CLASS MAY CHANGE OVER TIME

COUNT/% OF PATIENTS W/COVID-19 VACCINE BY VISIT *FINANCIAL CLASS





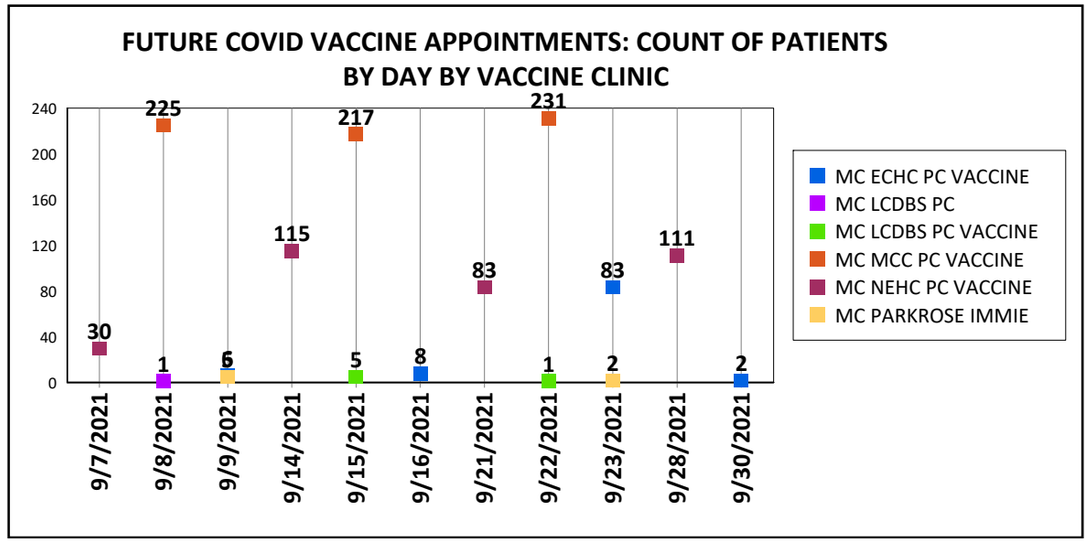
COUNT OF PATIENTS BY ALL LANGUAGES: N = INTERPRETER NOT NEEDED; Y = INTERPRETER NEEDED

	TOTAL		N	Y
TOTAL PTS	11,710	10	6,778	4,922
Acateco	15	-	1	14
Albanian	10	-	-	10
American Sign Language	5	-	-	5
Amharic	27	-	12	15
Arabic	144	-	32	112
Bengali	2	-	-	2
Bosnian	15	-	4	11
Burmese	118	-	9	109
Burmese-Chin	2	-	1	1
Burmese-Tidim	1	-	-	1
Cambodian	12	-	1	11
Cape Verdean Creole	1	-	-	1
Chinese	9	-	5	4
Chinese-Cantonese	339	-	14	325
Chinese-Mandarin	34	-	6	28
Creole French	8	-	3	5
Creoles and Pidgins, Fren	4	-	-	4
Croatian	6	-	2	4
Dari	29	-	4	25
English	5,871	7	5,864	-
Farsi	22	-	1	21
Fijian	1	-	-	1
French	5	-	4	1
Fula	1	-	-	1
Gujarati	1	-	-	1

	TOTAL
COUNT OF ALL LANGUAGES	80

COUNT OF PATIENTS BY TOP 20 ZIP CODES

TOTAL	
TOTAL PTS	11,710
97233	1,531
97236	1,261
97203	813
97030	766
97266	691
97230	663
97080	556
97220	498
97217	468
97218	463
97206	408
97211	403
97060	358
97216	291
97024	244
97202	227
97209	216
97213	192
97212	116
97214	99
Others	1,446



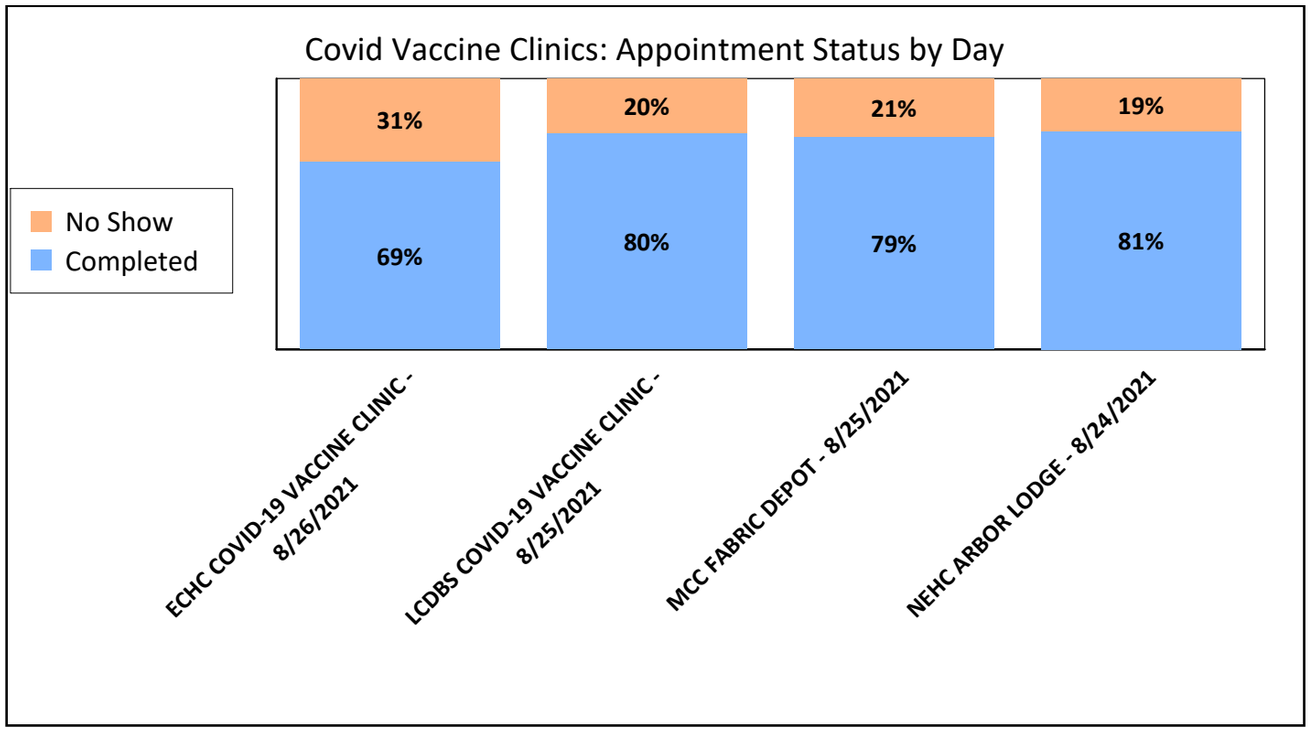
	TOTAL		N	Y
Haitian Creole	4	-	-	4
Hindi	13	-	7	6
Hmong	15	-	1	14
Indonesian	2	-	-	2
Japanese	1	-	-	1
Kanjobal	5	-	1	4
Karen	116	-	9	107
Karen-Karenni	2	-	-	2
Karenni	2	-	-	2
Khmer	2	-	1	1
Kinyarwanda	13	-	1	12
Kirundi	4	-	-	4
Korean	5	-	1	4
Krahn	2	-	1	1
Kurdish	2	-	-	2
Laotian	9	-	2	7
Mai Mai	25	-	7	18
Malay	2	-	-	2
Mayan	2	-	-	2
Mien	11	-	-	11
Mixtec	2	-	-	2
N Amer Indian	1	-	1	-
Nepali	96	-	8	88
Oromo	21	-	9	12
Oth African	4	-	-	4
Oth Pac Islands	1	-	-	1
Other	8	-	3	5
Pashto/Pashtu	3	-	1	2
Persian	1	-	-	1
Portuguese	3	-	3	-
Punjabi	1	-	-	1
Rohingya	68	-	2	66
Romanian	4	-	2	2
Russian	40	1	4	35
Samoan	2	-	-	2
Sign Language	4	-	-	4
Somali	185	-	47	138
Spanish	3,981	1	644	3,336
Swahili	22	-	5	17
Tagalog	11	-	4	7
Taishan	34	-	-	34
Taishanese	4	-	-	4
Teluga	1	-	-	1
Thai	9	-	3	6
Tibetan	3	-	1	2
Tigrinya	24	1	6	17
Togan-Isle	1	-	1	-
Tongan	6	-	4	2
Trukese/Chuukese	15	-	7	8
Turkish	1	-	-	1
Ukrainian	1	-	-	1

	TOTAL		N	Y
Unknown	14	-	13	1
Urdu	2	-	1	1
Vietnamese	201	-	13	188
Zomi	17	-	2	15

COUNT OF PATIENTS BY CLINIC BY DAY July 5, 2021 TO DATE

	TOTAL PTS	JULY 1 - 5 2021	7/6/2021	7/7/2021	7/8/2021	7/9/2021	7/12/2021	7/13/2021	7/14/2021	7/15/2021	7/16/2021	7/19/2021	7/20/2021	7/21/2021	7/22/2021	7/23/2021	7/26/2021	7/27/2021	7/28/2021	7/29/2021	7/30/2021	8/2/2021	8/3/2021	8/4/2021	8/5/2021	8/6/2021	8/9/2021	8/10/2021	8/11/2021	8/12/2021	8/13/2021	8/16/2021	8/17/2021	8/18/2021	8/19/2021	8/20/2021	8/23/2021	8/24/2021	8/25/2021	8/26/2021	8/30/2021	8/31/2021	9/1/2021	9/3/2021
TOTAL PTS/DAY	11,710	9,059	51	160	65	7	8	38	144	66	16	18	105	274	96	21	33	96	197	98	33	31	57	215	113	21	37	68	274	98	24	2	103	300	98	4	1	152	330	106	2	112	362	1
CENTENNIAL IMMIE	44	21	-	-	-	-	-	-	-	-	-	-	42	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
DAVID DOUGLAS	12	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	12	-	-	-	-	-	-	-	-	-	-
EAST COUNTY PC	3,310	3,310	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
ECHC PC VACCINE	1,001	532	-	-	62	-	-	-	-	54	-	-	-	-	81	-	-	-	-	74	-	-	-	-	84	-	-	-	-	73	-	-	-	-	98	-	-	-	-	106	-	-	-	-
LCDBS PC	149	111	-	-	-	-	-	-	-	-	-	-	-	2	-	1	1	2	-	2	2	-	1	-	3	-	6	1	5	1	1	2	1	-	-	2	-	1	3	-	2	-	4	1
LCDBS PC VACCINE	113	96	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	-	-	-	4	-	-	-	-	4	-	-	-	6	-
MCC PC VACCINE	2,212	794	-	152	-	-	-	-	138	-	-	-	-	145	-	-	-	-	180	-	-	-	-	196	-	-	-	-	248	-	-	-	-	284	-	-	-	-	323	-	-	-	352	-
MID-COUNTY PC	2,738	2,738	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
NEHC PC VACCINE	786	297	47	-	-	-	-	35	-	-	-	-	48	-	-	-	-	77	-	-	-	-	30	-	-	-	-	44	-	-	-	-	102	-	-	-	-	148	-	-	-	112	-	-
NORTHEAST PC	2,011	2,011	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
PARKROSE IMMIE	450	34	4	8	3	5	8	3	6	12	16	18	15	30	15	19	32	17	17	22	31	31	26	19	26	21	31	23	18	24	23	-	-	-	-	-	-	-	-	-	-	-	-	-
PARKROSE SBHC	8	-	-	-	-	2	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	1	2	-	-	-	-	-	-
ROOSEVELT IMMIE	132	110	-	-	-	-	-	-	-	-	-	-	-	97	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
ROOSEVELT SBHC	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-
SOUTHEAST PC	589	589	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

No-Show Report by Site for Last Week



APPT DATE/STATUS	# PATIENTS	LOCATION
8/24/2021	207	NEHC ARBOR LODGE
Completed	167	
No Show	40	
8/25/2021	482	LCDBS COVID-19 VACCINE CLINIC
Completed	380	
No Show	103	
8/26/2021	195	ECHC COVID-19 VACCINE CLINIC
Completed	136	
No Show	60	

ICS PATIENTS W/CONFIRMED, REPORTED, OR RECONCILED COVID-19 VACCINE

COUNT OF PATIENTS BY PCP CLINIC

TOTAL PTS	**4,649**
MC DAVID DOUGLAS SBH	**47**
MC EAST COUNTY PC	**765**
MC FRANKLIN SBHC	**15**
MC HSC HLTH SVCS CTR	**243**
MC INVERNESS JAIL CH	**1**
MC JEFFERSON SBHC	**6**
MC LCDBS PC	**330**
MC MID-COUNTY PC	**837**
MC NORTH PORTLAND PC	**786**
MC NORTHEAST PC	**666**
MC PARKROSE SBHC	**26**
MC REYNOLDS SBHC	**8**
MC ROCKWOOD PC	**405**
MC SOUTHEAST DENTAL	**2**
MC SOUTHEAST PC	**512**

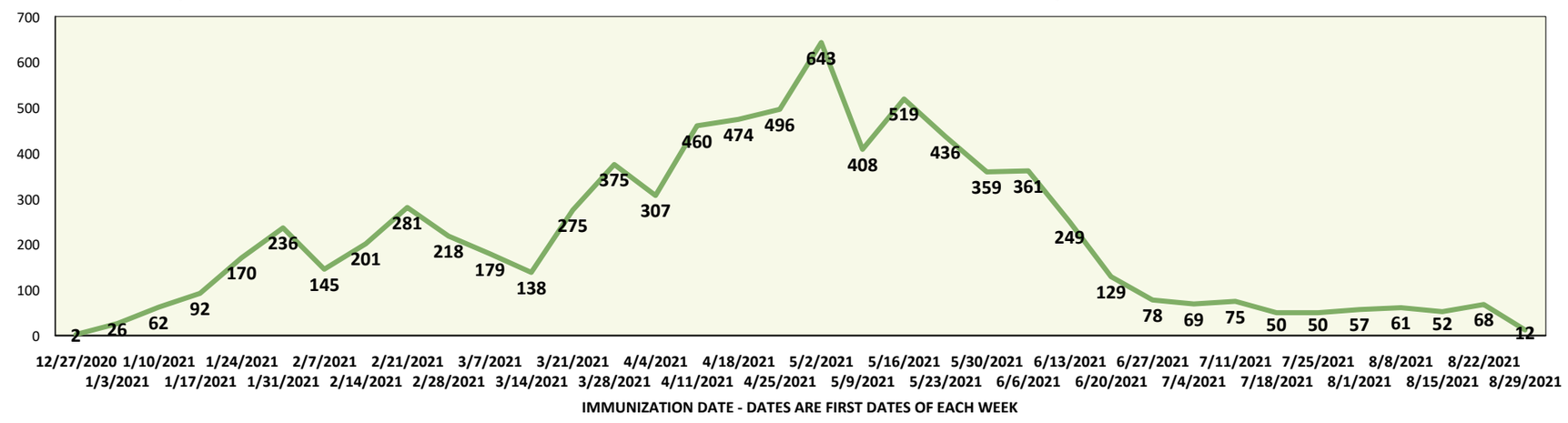
COUNT OF PATIENTS BY VACCINE TYPE

		ASTRAZENECA COVID-19 VACCINE	COVID-19,SARS-COV-2 VACCINE, UNSPECIFIED	JANSSEN COVID-19 VACCINE	MODERNA COVID-19 VACCINE	PFIZER COVID-19 VACCINE	UNKNOWN NON-US VACCINE COVID-19
TOTAL PTS	**4,649**	**3**	**86**	**117**	**934**	**3,527**	**1**
Auto Reconciled From Outside Source	**3,423**	-	-	27	595	2,804	-
Confirmed	**1,262**	3	74	86	330	772	1
Patient reported	**62**	-	13	4	20	27	-

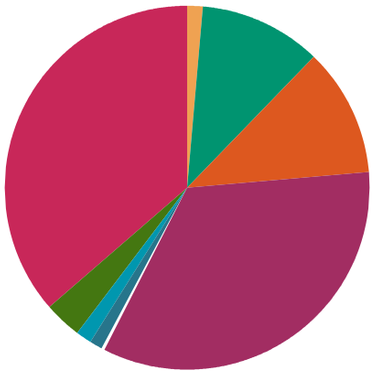
COUNT OF PATIENTS BY SERIES COMPLETION
(Completed = two reported vaccines or one J&J)

TOTAL PTS	**4,649**
COMPLETED SERIES	**3,269**
ONE EXTERNAL DOSE	**1,381**

WEEKLY (BASED ON REPORTED/CONFIRMED/RECONCILED IMMUNIZATION DATE) COUNT OF COVID VACCINE PATIENTS

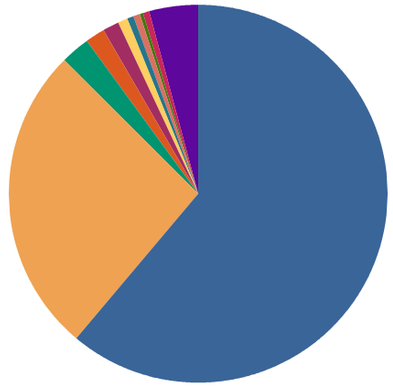


PATIENTS BY RACE/ETHNICITY



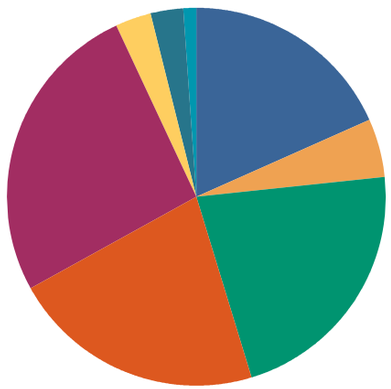
Alaskan Native	3	0.1%
American Indian	58	1.2%
Asian	521	10.9%
Black/African American	539	11.3%
Hispanic	1621	34.0%
Native Hawaiian	6	0.1%
Pacific Islander	59	1.2%
Patient Refused	65	1.4%
Unknown	162	3.4%
White	1731	36.3%
Total:	4765	100.0%

PATIENTS BY TOP TEN LANGUAGES



English	2847	61.2%
Spanish	1219	26.2%
Chinese-Cantonese	124	2.7%
Vietnamese	67	1.4%
Somali	63	1.4%
Arabic	41	0.9%
Burmese	34	0.7%
Nepali	21	0.5%
Karen	17	0.4%
Tigrinya	17	0.4%
Others	199	4.3%
Total:	4649	100.0%

PATIENTS BY AGE GROUPS



Age < 18	854	18.4%
Age 18-20	228	4.9%
Age 21-34	1028	22.1%
Age 35-44	996	21.4%
Age 45-64	1216	26.2%
Age 65-69	141	3.0%
Age 70-79	130	2.8%
Age 80+	56	1.2%
Total:	4649	100.0%