



Regular Public Meeting

December 13, 2021



**community health
center board**

Multnomah County



Public Meeting Agenda

Monday, December 13, 2021
6:00-8:15 pm

Virtual Meeting
(See Google Calendar Event for Link)
Or Call: +1 253-215-8782
ID: 951 5463 8438

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

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Board Members:

Harold Odhiambo – Chair

Fabiola Arreola – Vice Chair

Dave Aguayo – Treasurer

Aisha Hollands - Board Member

Pedro Sandoval Prieto – Secretary

Tamia Deary - Member-at-Large

Kerry Hoeschen – Member-at-Large

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

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 <ul style="list-style-type: none"> • Chair, Harold Odhiambo 	Call to order Review processes
6:05-6:10 (5 min)	Minutes Review - VOTE REQUIRED <ul style="list-style-type: none"> • Review November Public Meeting minutes for omissions/errors 	Board votes to approve
6:10-6:25 (15 min)	Conversation with Commissioner Lori Stegmann (Dist 4) <ul style="list-style-type: none"> • Chair, Harold Odhiambo 	Share priorities and improve inter-board communication
6:25-6:35 (10 min)	Bylaws Addendum - Article XVII - VOTE REQUIRED <ul style="list-style-type: none"> • Chair, Harold Odhiambo 	Board votes to approve
6:45-6:55 (10 min)	Executive Officer Elections - VOTE REQUIRED <ul style="list-style-type: none"> • Chair, Harold Odhiambo 	Board votes to elect new executive members
6:55-7:05	10 Minute Break	
7:05-7:15 (10 min)	Primary Care - Change in Hours - VOTE REQUIRED <ul style="list-style-type: none"> • Bernadette Thomas, Chief Clinical Officer 	Board votes to approve

7:15-7:25 (10 min)	Grant Opportunity - Roots and Wings - VOTE REQUIRED <ul style="list-style-type: none"> Adrienne Daniels - Interim Executive Director, ICS 	Board votes to approve
7:25-7:35 (10 min)	PAC Update <ul style="list-style-type: none"> Tony Gaines- Operations Innovation & Process Improvement Manager 	Board receives updates
7:35-7:45 (10 min)	Incidents and Complaints <ul style="list-style-type: none"> Kimmy Hicks, Project Manager, Quality Program (ICS) 	Board receives updates
7:45-7:55 (10 min)	Monthly Budget Report <ul style="list-style-type: none"> Jeff Perry, HC Chief-Financial-Officer 	Board receives updates
7:55-8:05 (10 min)	Strategic Updates <ul style="list-style-type: none"> Adrienne Daniels - Interim Executive Director, ICS 	Board receives updates
8:05-8:15 (10 min)	Council Business <ul style="list-style-type: none"> Chair, Harold Odhiambo 	Board receives updates
8:15	Meeting Adjourns	Thank you for your participation

Meet our Team

Lori Stegmann, Commissioner

503-988-5213

district4@multco.us (mailto:district4@multco.us)

Commissioner Lori Stegmann was elected to her first term as a Multnomah County Commissioner representing District 4 in 2016 and re-elected for a second term in 2020. Prior to serving on the Multnomah County Board, Commissioner Stegmann served six years on the Gresham City Council and as City Council President in 2014.



In her time on the board, she has been a champion for underserved communities in East County addressing areas of housing stability, economic development and public safety. As board vice chair in 2018, Commissioner Stegmann introduced resolutions to create the Construction Diversity Equity Fund and to dedicate funding to supportive housing in Multnomah County. She led regional efforts for a complete and accurate Census 2020 count and represents Multnomah County in a national cohort through the National Association of Counties and the Gates Foundation to develop local strategies for economic mobility and recovery. One of her first budget amendments supported the creation of a new School Based Health Clinic at Reynolds School District, a multi-year project that just opened in 2021. Commissioner Stegmann is pleased to lead efforts for a new flagship Multnomah County Library and the Vance Properties master plan which will transform 90 acres of underutilized brownfield into a regional asset.

In response to the COVID-19 pandemic, Commissioner Stegmann has prioritized testing and vaccine sites at geographically specific locations, distributed over \$1 million in business recovery grants to east Multnomah County, identified funding for a new pantry location to increase food access, and supported the capacity of Black, Indigenous, and People of Color (BIPOC) serving organizations to stabilize community resources. She has secured \$100,000 from the Gates Foundation to focus resilience and recovery efforts in East County, and has prioritized service delivery enhancements to the Tri-Met Transit Crisis Response Team and Multnomah County Sheriff's Office HOPE outreach team to better serve our communities.

Board Liaison Appointments and Committees:

- Library Advisory Board
- Greater Portland Inc.
- East Metro Economic Solutions
- Visitors Development Fund
- Association of Oregon Counties
- East Multnomah County Transportation Committee
- National Association of Counties' Large Urban Counties Caucus
- Urban Flood & Safety Water Quality Board
- Governor's Regional Solutions Leadership Council
- Transforming Justice Steering Committee
- Local Public Safety Coordinating Council Jail Management Workgroup
- East County Council on Homelessness
- Gorge Forum

District 4 begins in East Portland at 148th Avenue and ends at the Hood River County line near the Bonneville Dam. District 4 encompasses East Portland and the cities of Fairview, Gresham, Troutdale and Wood Village, as well as the unincorporated areas of Corbett, Dodson, Latourell and Warrendale. Commissioner Stegmann hosts a monthly East County Issue Forum for partners and community residents interested in issues affecting communities east of 82nd Ave in Portland.

Rebecca Stavenjord, Chief of Staff

rebecca.stavenjord@multco.us (mailto:rebecca.stavenjord@multco.us)

Rebecca is a lifelong resident of the Pacific Northwest. She grew up in rural Alaska and has lived in Oregon for more than two decades. In 2000, she began her work in local government with Clackamas County, focusing on program and policy development in the areas of juvenile justice, youth development, and community mobilization. She has worked for Multnomah County since 2008, specializing in education policy, public safety, and place-based economic mobility. While at Multnomah County, Rebecca has worked for the Commission on Children & Families, the Health Department, and the Office of Government Relations. Rebecca holds a Masters in Urban and Regional Planning, and is actively involved in community organizing and youth development when not in the office.

Layan Ammouri, Director of Planning and Policy

layan.ammouri@multco.us (mailto:layan.ammouri@multco.us)

Layan graduated from Portland State University with a Masters Degree in Public Policy where she focused her education and research on equitable policy practices. She is a first generation Arab-American and speaks Arabic fluently. Her previous experience includes working with the Commission on Black Affairs and Department of Education to conduct a study on disproportionate discipline in Oregon school districts and its impact on the academic achievement of students of color. Layan has also taken on a diverse array of policy analysis and development projects. She is a strong advocate of racial, cultural, and economic justice. She is eager to use the skills she acquired from working in higher education and the political, and non-profit realms to execute and promote inclusive policy practices here at Multnomah County. When not working, you can find her perusing through local thrift stores, making jewelry or starting a new craft project.

Proposed Addendum: CHCB Bylaws, Article VII: Term of Office

Background: The historic complications resulting from the pandemic has made it difficult to recruit new members to the Community Health Center Board to replace members who are scheduled to “term out” after six years or have indicated they will not continue for a second term. As a result, the CHCB is at risk of falling below HRSA’s minimum requirement of 9 members beginning January 2022.

This amendment will temporarily suspend the current maximum of two consecutive 3 year terms to allow the CHCB Nomination Committee time to streamline its processes and initiate a new recruitment drive to boost numbers to 15 active members. All other language in Article VII will remain in place.

Proposed Addendum Language

Emergency Board Vacancies: In the event that term limits, resignations or attrition put the board at risk of falling under HRSA minimum Board Composition requirements of nine (9) members, a board member may recommend a vote to temporarily suspend term limits for six (6) to twelve (12) months to allow for members who are retiring in order to allow recruitment of replacement members and maintain minimum board member HRSA requirements. The CHCB must vote to extend an emergency term. The extension of the term must be defined during the vote (for example: extension of 6 months, 12 months, or until a new permanent member joins). Members who complete an emergency extension are subject to full retirement requirements as stipulated by the Bylaws.



Executive Officer Elections 2022

The Executive Committee will have three (3) open positions for the 2022 :

- **Board Chair**, currently held by Harold Odhiambo (1st term)
- **Board Secretary**, currently held by Pedro Sandoval Prieto (mandatory term limit)
- **Member-at-Large (position 1)**, currently held by Kerry Hoeschen (finishing retired member term)

Any non-probationary CHCB member (those who have served for more than a year) is eligible to run for any open position. Per Article XIV, Section 2, " Board members can self-nominate or be nominated by the Nominating Committee."

Per section 5, "Officers shall be elected for a term of two (2) years, or any portion of an unexpired term thereof, and shall be eligible for reelection for one (1) additional consecutive term, for a total of 2 consecutive terms. A term of office for an officer shall start January 1, and shall terminate December 31, of the same year, or shall serve until a successor is elected."

Slate of positions and nominees

- **Board Chair** - Harold Odhiambo
- **Board Secretary** - no self-nominations
- **Member-at-Large** - no self-nominations

Election Process

Board members will have multiple access points to offer their selections. Following announcement of the election at the December 13 Public Meeting, the Chair will call for any late self-nominations, or nominations suggested by the Nominating Committee.

Board members will be offered a link to a google form (pending) with the list of all candidates to submit their votes. Board members may submit their vote via the private chat feature in Zoom directly to Board Liaison, Francisco Garcia or via text to the Liaison's phone (504-545-9576). If none of these methods are accessible to the Board Member, they can call Francisco directly during the scheduled break.

The board liaison will tabulate the results to be announced by the Nomination Committee Chair when the Public Meeting resumes. Terms for elected officers will be effective January 1, 2022.

Responsibilities of open positions extracted from Article XIV, Section 5.

The officers shall have such powers and shall perform such duties as from time to time shall be specified in these Bylaws, resolutions or other directives of the CHCB.

Chair

The Chair shall preside over meetings of the CHCB, shall serve as Chairperson of the Executive Committee and ex-officio member of all other committees, and shall perform the other specific duties prescribed by these Bylaws or that may from time to time be prescribed by the CHCB. For example:

- Attend accreditation meetings
- Act as the public face of the CHCB
- Hold board members accountable by reviewing board member expectations with each member as needed
- Leads by example that supports the mission of the Health Centers and the consumers served by the FQHC.

Secretary

The Secretary shall be responsible for ensuring that the minutes are being taken in accordance with HRSA requirements. The Secretary shall be responsible for signing the approved meeting minutes. The Secretary shall perform additional duties that may from time to time be prescribed by the CHCB. For example:

- Assuring that the Bylaws are adhered to by the CHCB and all parties involved.
- Parliamentarian and time keeper during public meetings
- Verifying votes during elections
- In the event that the Treasurer is no longer able to serve, the Secretary will succeed the Treasurer and fulfill their unexpired term after being confirmed by the full CHCB (Succession Plan).*

Members-At-Large

There shall be two (2) Members-At-Large who shall participate in all Executive Committee functions, authorities and decisions. They shall perform additional duties that may from time to time be prescribed by the CHCB. For example:

- Represent the whole membership of the body at Executive Committee meetings
- In the event that the Secretary is no longer able to serve, one of the Members-At-Large will succeed the Secretary to fulfill their unexpired term after being confirmed by the full CHCB (Succession Plan).*

**If the successor is not able to or feels uncomfortable with the succession order, the Nominating Committee will step in to make a recommendation to fulfill the unexpired term upon notice of the Executive Officer vacancy.*

Article XIV: Executive Committee / Officers:

Section 2: Nomination & Election of Executive Officers

Executive officer terms shall be staggered so that no more than one half of the Executive Committee shall turn over each year. The Nominating Committee shall be responsible for gathering the nominations and conducting the election for the upcoming open Executive Officer positions of the CHCB. Starting in late September, nominees shall be selected from the CHCB membership. Board members can self-nominate or be nominated by the Nominating Committee. After selection, the nominees for Executive Officer positions shall be presented at the regular October meeting by the Nominating Committee Chair and any adjustments or additions should be made at this time or by the next meeting. Official nominations of officers shall be made at the regular November meeting by introducing a Slate of Candidates document to be voted on at the regular December meeting. A nominee can only accept one nomination and may decline nomination. Executive Officers are elected by having more votes than the other candidates for that position. .

Nominating Committee members who are interested in running for an Executive Committee position may not participate in the collection of nominations and counting of votes, but are eligible to receive a ballot and cast their votes.

An Executive Officer may also be a member of the Nominating Committee and can only participate in the collection of nominations and counting of votes if they are not running for another term or another Executive Committee position.

If all members of the Nominating Committee are running for an Executive Officer position, non-running Executive Officers will gather self-nominations, create the slate, and have a non-running board member assist in counting votes.

- * Nominating Committee members who are interested in running for an Executive Committee position may not participate in the collection of nominations and counting of votes, but are eligible to receive a ballot and cast their votes.*
- ** An Executive Officer may also be a member of the Nominating Committee and can only participate in the collection of nominations and counting of votes if they are not running for another term or another Executive Committee position.*
- *** If all members of the Nominating Committee are running for an Executive Officer position, non-running Executive Officers will gather self-nominations, create the slate, and have a non-running board member assist in counting votes.*

Please type or copy/paste your content in the white spaces below.

Presentation Title	Temporary Hours of Operations for Health Center Medical and Dental Programs			
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:	12/13/21	Program / Area:	Medical and Pharmacy	
Presenters:	Bernadette Thomas			
Project Title and Brief Description:				
<p>Temporary Hours of Operation</p> <p>In late March of 2020 ICS curtailed hours of operations caused by staffing constraints related to the COVID-19 pandemic. Primary Care Medical and Pharmacy programs reduced hours to 8-5pm and 8:30-5:30 pm respectively Monday-Friday. These two programs are working on returning to pre-covid hours at sites that previously provided medical and pharmacy services after 5 or 5:30pm. The temporary hours are a pathway back to providing late access, however, in the case of Primary Care Medical, are not full return to pre COVID hours.</p>				
Describe the current situation:				
<p>Health Center Primary Care Medical and Pharmacy programs have had COVID-adjusted hours since March of 2020. This temporary change was made at the start of the pandemic to ensure adequate staffing to continue programming given pandemic-related staffing shortages. However, this change has limited access to medical care and prescription services for our clients who need services after 5 or 5:30pm.</p> <p>Currently, the Health Center Primary Care Medical program is still experiencing staffing constraints. High rate of vacancies in most roles and impact of staff allocated to COVID testing, vaccination, and treatment projects, three Health Centers remain unable to return to their full suite of late hours (Mid-County, Rockwood, and East County). Pharmacy programming at these sites would return to their pre-COVID hours.</p>				

Pre-Covid hours for Medical Clinics (including lab services) and Pharmacy

Hours			Pre-Covid Total Hours
HSC La Clinica* Southeast**	North Northeast Rockwood	East Mid-County	395 operating hours across all 8 sites
Medical 8am-5pm=45 hours per week/site	Medical 8am-6pm=50 hours per week/site	Medical 8am-7pm=55 hours per week/site	
Pharmacy 8:30am-5:00pm	Pharmacy 8:30am-6:00pm	Pharmacy 8:30am-7:00pm	

*Southeast is closed for 6 months related to construction. Scheduled to reopen 1/18/22

**LaClinica does not have a pharmacy.

Medical with newly adjusted hours effective 1/18/22

Pharmacy with newly adjusted hours effective 1/3/22

Temporary Hours of Operations Medical: 1/18/22, Pharmacy 1/3/22					Temporary Total Hours
HSC La Clinica* Southeast**	North Northeast	East	Rockwood	Mid-County	386 operating hours across all 8 sites
Medical 8a-5p M-F	Medical 8a-6p M-F	Medical 8a-5p M/W/F 8am-7pm T/TH	Medical 8a-5p T/TH/F 8a-7p M/W	Medical 8a-7p M-TH 8a-5p Fridays	
45 Hours Per week/site	50 hours Per week/site	49 hours	49 hours	53 hours	
Pharmacy 8:30a-5:30p M-F (exception: pre-COVID, closed at 5pm.	Pharmacy* 8:30a-6:00p M-F	Pharmacy* 8.30a-7:00p M-F	Pharmacy* 8:30a-6:00p M-F	Pharmacy* 8:30a-7:00p M-F	*Return to baseline pre-COVID hours

We are keeping our COVID hours of 8:30-5:30)					
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Why is this project, process, system being implemented now?

Medical and Pharmacy services have not had access available to clients who need care after 5 or 5:30pm for twenty one months. This presents a hardship on clients who depend on services after 5 or 5:30pm that the programs have a duty to mitigate. Clients are transferring care to alternative providers who offer extended hours and those attached to urgent care services. It is not sustainable to continue to limit services across all sites to 8-5pm (primary care) or 8:30-5:30 (pharmacy); however, a pathway back to this is necessary despite staffing constraints.

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 plan to return to baseline pre-COVID hours was intended to begin April 2011 and again in October 2021, however this plan was postponed. Our staff, who largely represent communities we serve, were still impacted personally by COVID-19: children were still in distance learning and required additional effort to transition them back to school and the impacts of the Delta variant impacted staffing as well. This has been a challenging negotiation of balancing the needs of the community with the needs of our staff.

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

None

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

Primary Care

A Yes vote will provide the interim plan to restart Health Center hours of operations after 5pm to those sites who had offered late hours prior to the pandemic. Hours of operation will decrease from pre-COVID hours by 9 hours per week however will increase from current state.

North and Northeast will return to 8-6pm. East County previously open from 8-7pm 5 days a week and will be open 8-7 two days a week and 8-5pm three days. Rockwood previously open 8-6pm M-F will be open 8-7 two days a week and 8-5 three days a week. Mid County was open 8-7pm five days a week and will be open 8-7 four days a week and 8-5 one day a week.

Pharmacy

A yes vote will allow the Health Center pharmacies to fully return to pre-COVID hours, with the exception of Westside and Southeast Pharmacies which will remain open a half hour later than baseline.

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

Primary Care

Services remain at 8-5pm at all 8 primary care clinics or may return to full pre-COVID hours of operations depending on CHCB guidance. Returning to full pre-COVID hours with the current staffing constraints will cause significant operational challenges and possibly safety concerns. Remaining at 8-5pm will continue to cause hardship to clients who need the access.

Pharmacy

Services remain at COVID hours of 8:30-5:30 at all 7 pharmacies, presenting hardship to clients who need access after 5:30pm.

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

Program leadership

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

Fred Dolgin, Bernadette Thomas, Debbie Powers, Michele Koder

What have been the recommendations so far?

The recommendation was to find a path back to late hours and, in the interim, survey clients to better understand the hours of operations that would be most helpful to them.

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

(type here) -

Board Notes:

Community Health Center Board (CHCB) Authority and Responsibility

As the governing board of the Multnomah County Health Center, the CHCB is responsible for revising and approving changes in the health centers scope; availability of services, site locations, and hours of operations; and operating budget. Reviewing and approving the submission of continuation, supplemental, and competitive grant applications is part of this review and approval process.

An approval to submit a grant application will allow for budget revisions during the application development process within and between approved budget categories up to 25 percent without CHCB approval. All budget revisions that exceed the cumulative 25% budget revision cap will be presented to the CHCB for a vote prior to grant submission. Upon Notice of Award, the budget approved by the funder will be presented to the CHCB for a final approval.

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**

Grant Title	Roots and Wings Foundation		
This funding will support: Please add an "X" in the category that applies.			
Current Operations	Expanded Services or Capacity	New Services	
X			
Date of Presentation:	12/13/2021	Program / Area:	Childhood health and healthy communities
Presenters:	Adrienne Daniels		
Project Title and Brief Description:			
Roots and Wings Foundation Grant			
What need is this addressing?:			
Opportunity to use flexible funding to support our work in childhood health programs in any of our clinical service programs.			
What is the expected impact of this project? (#of patients, visits, staff, health outcomes, etc.)			

Funding would be expected to support existing operations and is not linked to specific or required additional patients.

What is the total amount requested: \$80,000

Grant does not required a budget

Roots and Wings uses a “flexible funding” model which does not require a budget, only an attestation by the program that funds were used in accordance with childhood health, supporting healthy communities, and / or education.

Expected Award Date and project/funding period:

January 2022. Funding period is expected to be over one year.

Briefly describe the outcome of a “YES” vote by the Board:

(Please be sure to also note any financial outcomes)

The health center could receive the funding and can use it towards current programs in childhood heath, healthy community programs, or educational work.

Briefly describe the outcome of a “NO” vote or inaction by the Board:

(Please be sure to also note any financial outcomes)

The health center would not accept the funding.

Related Change in Scopes Requests:

(only applicable in cases in which project will represent a change in the scope of health center services, sites, hours or target population)

There is no proposed change in hours or services.

Proposed Budget (when applicable)

Project Name:			Start/End Date:
	Budgeted Amount	Comments (Note any supplemental or matching funds)	Total Budget
A. Personnel, Salaries and Fringe			

Position Title			
Position Description			
Position Title			
Position Description			
Total Salaries, Wages and Fringe			
B. Supplies			
Description of supplies			
Total Supplies			
C. Contract Costs			
Contract description			
Total Contractual			
D. Other Costs			
Description of training and other costs			
Total Other			
Total Direct Costs (A+B+C+D)			
Indirect Costs			
The FY 2018 Multnomah County Cost Allocation Plan has set the Health Department's indirect rate at 12.16% of Personnel Expenses (Salary and Fringe Benefits). The rate includes 2.69% for Central Services and 9.47% for Departmental. The Cost Allocation Plan is federally-approved.			
Total Indirect Costs (12.16% of A)			
Total Project Costs (Direct + Indirect)			

	Revenue	Comments (Note any special conditions)	Total Revenue
E. Direct Care Services and Visits			
Medicare			
Description of service, # of visits			

Medicaid			
Description of service, # of visits			
Self Pay			
Description of service, # of visits			
Other Third Party Payments			
Description of Service, # of visits			
Total Direct Care Revenue			
F. Indirect and Incentive Awards			
Description of special funding awards, quality payments or related indirect revenue sources			
Description of special funding awards, quality payments or related indirect revenue sources			
Total Indirect Care and Incentive Revenue			
Total Anticipated Project Revenue (E+F)			

Complaints Report

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Reported Complaints

Complaint by Type

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Reported Complaints

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

Use the filters below to further explore the data!

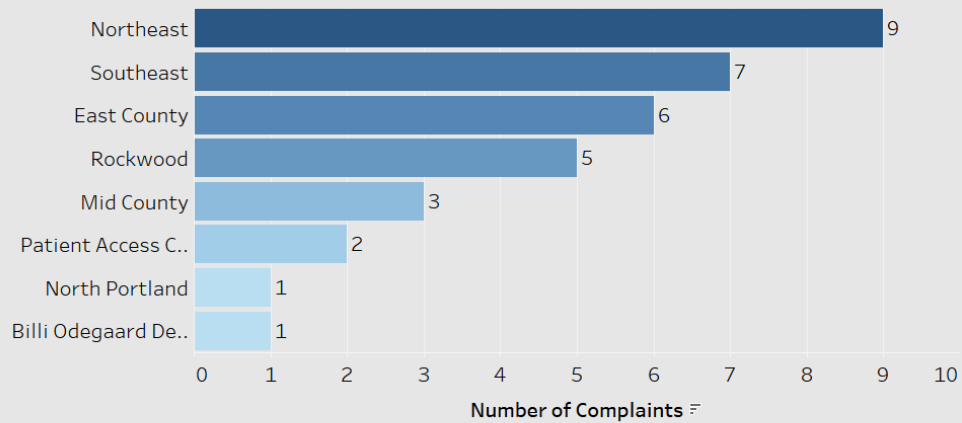
By Service Area

(All)

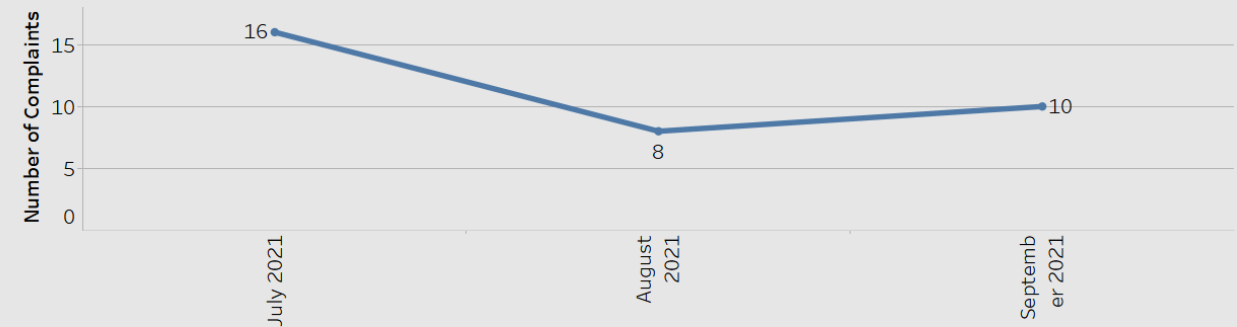
By Quarter

2021 Q3

Complaints by Location

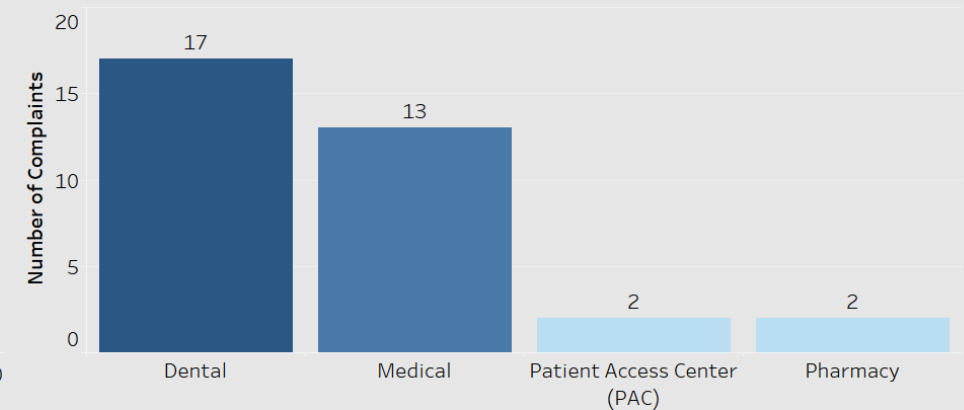


Complaints by Month



Point of Reference: From 7/1/2021 - 9/30/21: Primary Care completed 36,876 appts (includes Telehealth visits). Dental completed (aprox.) 15,645 appts.

Complaints by Service Area



Complaints Report

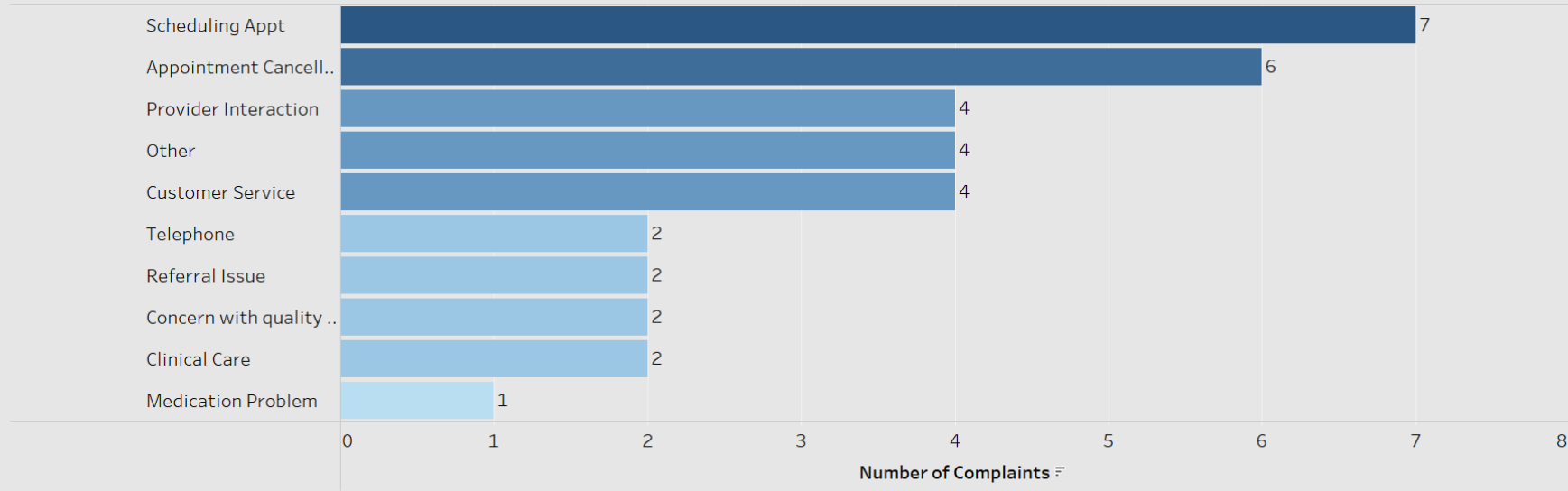
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Reported
Complaints

Complaint by
Type

>

Complaints by Type



By Service Area

(All)

Clinic Site

(All)

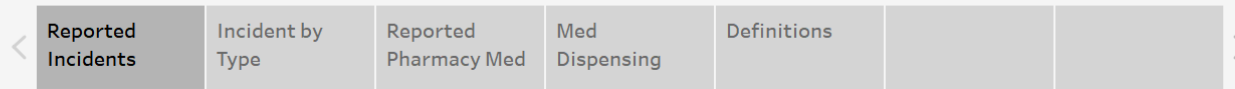
By Quarter

2021 Q3

Clinic Comparison:

None

Incidents Report



Reported Incidents

This report displays all of the incidents reported to ICS.

By Service Area

(All)

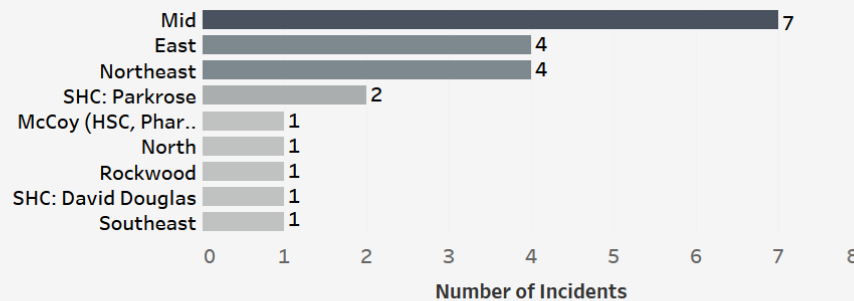
By Quarter:

2021 Q3

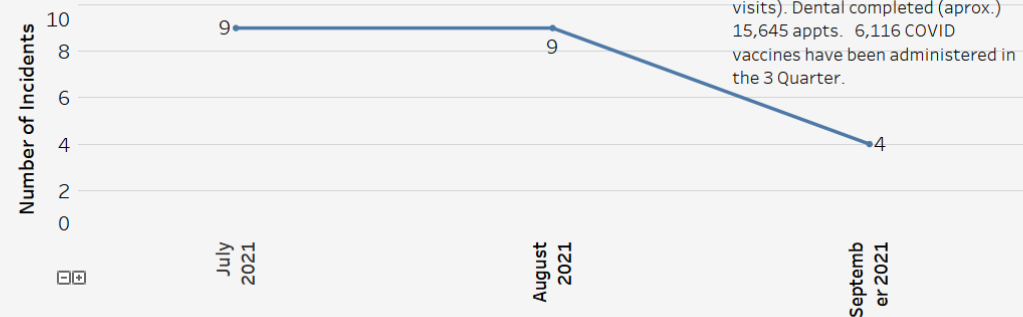
Subject Person Affected by Event:

Client

Incidents by Location

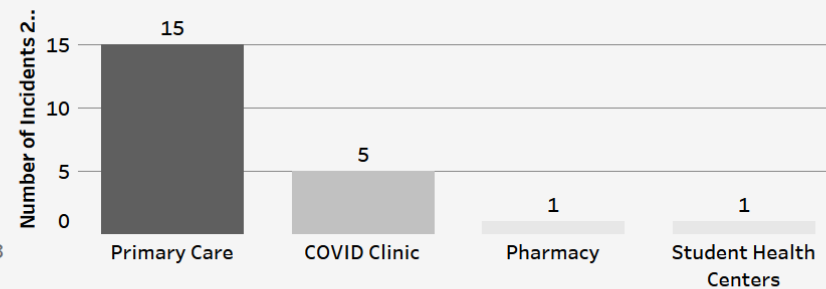


Incidents by Month



Point of Reference: From 7/1/2021 - 9/30/21: Primary Care completed 36, 876 appts (includes Telehealth visits). Dental completed (aprox.) 15,645 appts. 6,116 COVID vaccines have been administered in the 3 Quarter.

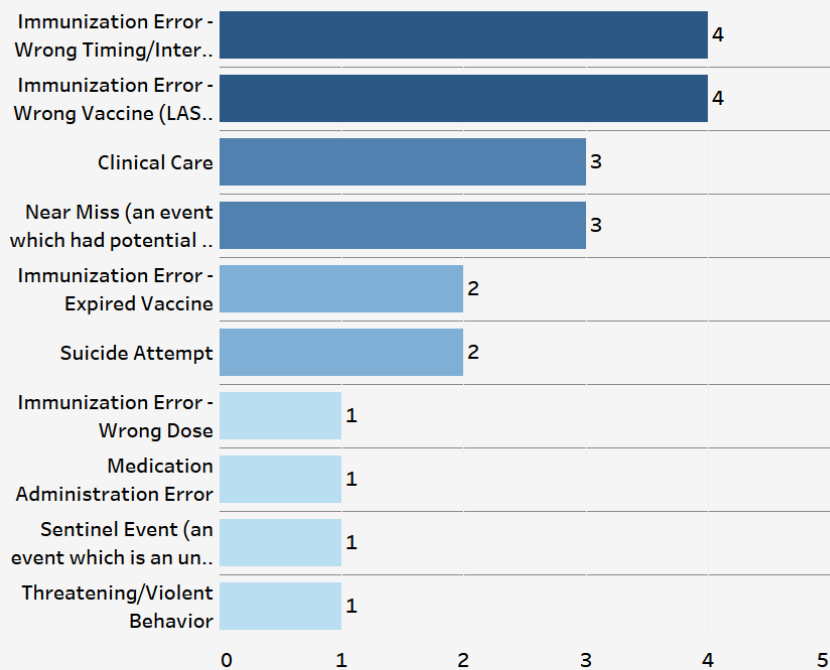
Incidents by Service Area



Incidents Report

<	Reported Incidents	Incident by Type	Reported Pharmacy Med	Med Dispensing	Definitions		>
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Type of Incident



Use the filters below to further explor..

By Quarter:

2021 Q3

By Service Area

(All)

Clinic Site

(All)

Subject Person:

Client

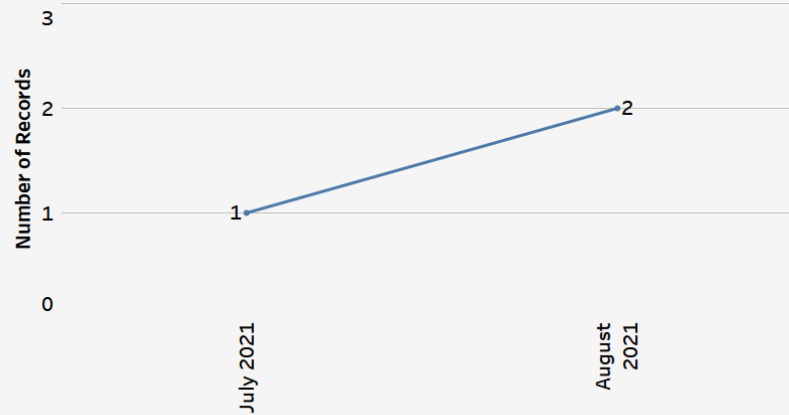
Incidents Report

<	Reported Incidents	Incident by Type	Reported Pharmacy Med	Med Dispensing	Definitions			>
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Reported Pharmacy Medication Dispensing Errors

Point of Reference: In Q3 MCHD Pharmacies filled 90,289 prescription..

Number of Med Dispensing Errors by Quarter



Use the filters below to further explore the data!

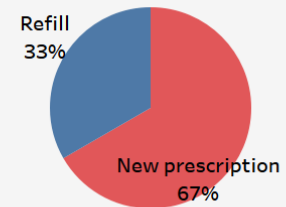
Quart.. 2021 ... ▾

By Ph.. (All) ▾

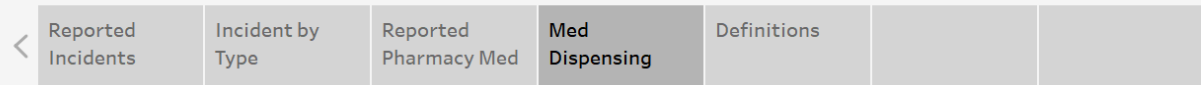
Pharmacy Name



Type of Prescription



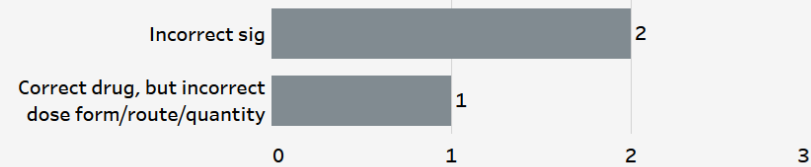
Incidents Report



Type of Pharmacy Medication Dispensing Error



Description of Error



Use the filters below to further explor..

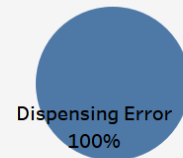
Quarters

2021 Q3

By Ph.. (All)

Point of Reference: In Q3 MCHD Pharmacies filled 90,289 prescriptions.

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





Multnomah County Federally Qualified Health Center

*Monthly Financial Reporting
Package* October FY 2022

Updated 12/07/2021

Presenter: Jeff Perry,
Chief-Financial-Officer

** The financial information in these materials are prepared for and provided to the Health Center by the Health Department's Finance and Business Management division.*



Community Health Center - Monthly Highlights

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Financial Statement:

For period 4 in Fiscal Year 2022 (July 2021 - June 2022)

	<u>YTD Actuals</u>	<u>Budget</u>	<u>Difference</u>	<u>% of Budget</u> <u>YTD</u>
<u>Revenue:</u>	\$ 41,538,628	\$155,495,490	\$113,956,863	27%
<u>Expenditures:</u>	\$ 42,831,988	\$155,495,490	\$112,663,502	28%
<u>Surplus/ (Deficit)</u>	\$ (1,293,359)			

Recent Budget Modifications:

<u>Period added</u>	<u>Budmod #</u>	<u>Description</u>	<u>Amount</u>
01 July	Budmod-HD-003-22	State CARES Act funding to increase Vaccination Rates	\$ 1,146,666
03 September	Budmod-HD-009-22	State CARES Act funding to Health for Vaccine Incentives	\$ 250,000
			\$ 1,396,666

- Grant Revenue Projection reflects \$3.03M in related expenditures invoiced in prior periods. (1)
- Expenditures are tracking at 28% which is slightly behind the expected target of 33% primarily due to Contractual costs, which are tracking at 4%.
- Received two CareOregon payments in October (approx \$1M) not reflected in the above deficit. It will be reflected in November's financials.





Community Health Center - Monthly Highlights

** The financial information in these materials are prepared for and provided to the Health Center by the Health Department's Finance and Business Management division.*

	Adopted Budget	Revised Budget	Budget Change	01 July	02 Aug	03 Sept	04 Oct	05 Nov	06 Dec	Year to Date Total	% YTD	FY21 YE Actuals
Revenue												
County General Fund Support	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0%	\$ 5,222,198
General Fund Fees and Misc Rev	\$ -	\$ -	\$ -	\$ 4,380	\$ 5,053	\$ 3,851	\$ (11,242)	\$ -	\$ -	\$ 2,042	0%	\$ 111,693
Grants- PC 330 (BPHC)	\$ 9,309,724	\$ 9,309,724	\$ -	\$ -	\$ -	\$ 1,815,488	\$ -	\$ -	\$ -	\$ 1,815,488	20%	\$ 9,515,047
Grants- COVID-19	\$ 13,000,000	\$ 14,396,666	\$ 1,396,666	\$ -	\$ -	\$ 11,571	\$ (7,764)	\$ -	\$ -	\$ 3,807	.03%	\$ 8,682,545
Grants- All Other	\$ 4,235,186	\$ 4,235,186	\$ -	\$ 40	\$ 31,261	\$ 517,640	\$ 98,422	\$ -	\$ -	\$ 647,362	15%	\$ 8,581,060
Grant Revenue Projection (1)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,033,548	\$ -	\$ -	\$ 3,033,548	0%	\$ -
Quality & Incentives Payments	\$ 7,500,159	\$ 7,500,159	\$ -	\$ 647,267	\$ 544,656	\$ 103,650	\$ 41,160	\$ -	\$ -	\$ 1,336,733	18%	\$ 11,049,279
Health Center Fees	\$ 115,169,056	\$ 115,169,056	\$ -	\$ 8,866,217	\$ 8,382,679	\$ 8,167,450	\$ 7,845,968	\$ -	\$ -	\$ 33,262,314	29%	\$ 92,485,906
Self Pay Client Fees	\$ 1,244,879	\$ 1,244,879	\$ -	\$ 51,363	\$ 57,006	\$ 56,768	\$ 58,924	\$ -	\$ -	\$ 224,061	18%	\$ 678,121
Preschool For All	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0%	\$ -
Beginning Working Capital	\$ 3,639,820	\$ 3,639,820	\$ -	\$ 303,318	\$ 303,318	\$ 303,318	\$ 303,318	\$ -	\$ -	\$ 1,213,273	33%	\$ 3,145,138
Total	\$ 154,098,824	\$ 155,495,490	\$ 1,396,666	\$ 9,872,585	\$ 9,323,973	\$ 10,979,736	\$ 11,362,334	\$ -	\$ -	\$ 41,538,629	27%	\$ 139,470,987
Expense												
Personnel	\$ 88,758,656	\$ 89,419,107	\$ 660,451	\$ 6,725,872	\$ 6,605,438	\$ 6,894,150	\$ 6,743,961	\$ -	\$ -	\$ 26,969,421	30%	\$ 88,332,034
Contracts	\$ 15,756,862	\$ 16,496,172	\$ 739,310	\$ 263,055	\$ 149,337	\$ 129,287	\$ 184,742	\$ -	\$ -	\$ 726,422	4%	\$ 3,659,777
Materials and Services	\$ 21,652,095	\$ 21,620,523	\$ (31,572)	\$ 1,332,384	\$ 1,765,936	\$ 1,402,891	\$ 2,092,054	\$ -	\$ -	\$ 6,593,266	30%	\$ 18,982,109
Internal Services	\$ 27,626,711	\$ 27,655,188	\$ 28,477	\$ 1,149,547	\$ 2,208,943	\$ 2,651,249	\$ 2,526,474	\$ -	\$ -	\$ 8,536,213	31%	\$ 24,921,085
Capital Outlay	\$ 304,500	\$ 304,500	\$ -	\$ -	\$ -	\$ -	\$ 6,666	\$ -	\$ -	\$ 6,666	2%	\$ 128,667
Total	\$ 154,098,824	\$ 155,495,490	\$ 1,396,666	\$ 9,470,859	\$ 10,729,655	\$ 11,077,577	\$ 11,553,897	\$ -	\$ -	\$ 42,831,988	28%	\$ 136,023,672
Surplus/(Deficit)	\$ -	\$ -	\$ -	\$ 401,726	\$ (1,405,681)	\$ (97,841)	\$ (191,563)	\$ -	\$ -	\$ (1,293,359)		\$ 3,447,315





FY 22 YTD Actual Revenues & Expenses by Program Group

** The financial information in these materials are prepared for and provided to the Health Center by the Health Department's Finance and Business Management division.*

	Category	Description	Admin	Dental	Pharmacy	Primary Care Clinics	Quality & Compliance	Student Health Centers
Revenues		County General Fund Support	-	-	-	-	-	-
		General Fund Fees and Miscellaneous Revenue	-	-	(0)	2,042	-	(0)
		Grants- HRSA PC 330 Health Center Cluster	371,337	74,531	-	1,214,677	-	67,717
		Grants- HRSA Healthy Birth Initiatives	-	-	-	-	-	-
		Grants- HRSA Ryan White	-	-	-	-	-	-
		Grants- DHHS and OHA Ryan White	-	-	-	-	-	-
		Grants- OHA Non-Residential Mental Health Services	-	-	-	-	-	-
		Grants- All Other	20,161	-	-	-	-	129,632
		Grants- Other COVID-19 Funding	39,150	-	-	(46,914)	-	-
		Grants- HHSCARES Act Provider Relief	-	-	-	-	-	-
		Grants- HRSA Health Center CARES Act	-	-	-	-	-	-
		Grants- HRSA Expanding Capacity for Coronavirus Testing	-	-	-	-	-	-
		Grant Revenue Projection	739,424	95,624	-	1,221,474	1,400	275,312
		Medicaid Quality and Incentive Payments	955,126	-	-	-	381,607	-
		Health Center Fees	393,875	5,525,504	11,229,130	14,206,202	8,635	910,247
		Self Pay Client Fees	-	30,287	83,973	106,702	-	-
		Beginning Working Capital	899,375	163,898	-	-	150,000	-
Revenues Total			3,418,448	5,889,844	11,313,103	16,704,182	541,642	1,382,909
Expenditures		Personnel Total	4,399,035	6,016,289	2,398,541	10,065,448	770,607	1,295,186
		Contractual Services Total	319,085	75,735	2,353	273,113	4,304	28,819
		Internal Services Total	1,376,784	1,654,272	1,059,429	3,198,506	218,220	407,632
		Materials & Supplies Total	169,909	311,674	5,488,999	317,894	14,927	76,598
		Capital Outlay Total	-	6,666	-	-	-	-
Expenditures Total			6,264,813	8,064,636	8,949,321	13,854,961	1,008,058	1,808,235
Net Income/(Loss)			(2,846,365)	(2,174,793)	2,363,783	2,849,221	(466,416)	(425,327)
Total BMC from Prior Years			2,293,860	3,593,476	-	15,850	2,575,732	2,000





FY 22 YTD Actual Revenues & Expenses by Program Group

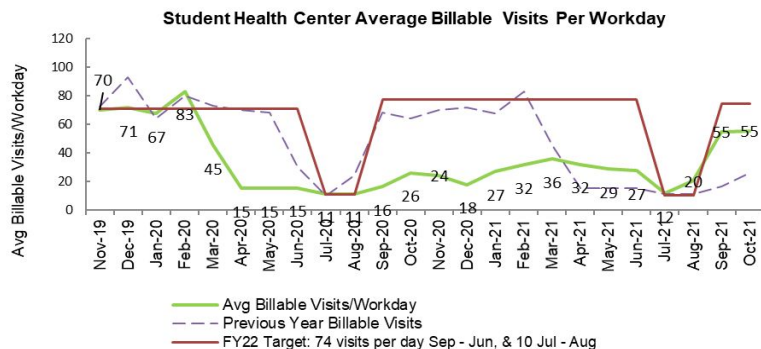
** The financial information in these materials are prepared for and provided to the Health Center by the Health Department's Finance and Business Management division.*

	Category	Description	HIV Clinic	Lab	Y-TD Actual	Y-TD Budget	Revised Budget	% of Budget	FY21 YE Actuals
Revenues	County General Fund Support		-	-	-	-	-	0%	5,222,198
	General Fund Fees and Miscellaneous Revenue		-	-	2,042	-	-	0%	111,693
	Grants - HRSA PC 330 Health Center Cluster		87,226	-	1,815,488	3,103,241	9,309,724	20%	9,515,047
	Grants - HRSA Healthy Birth Initiatives		-	-	-	-	-	0%	673,281
	Grants - HRSA Ryan White		431,050	-	431,050	841,722	2,525,167	17%	2,657,247
	Grants - DHHS and OHA Ryan White		-	-	-	118,500	355,500	0%	347,799
	Grants - OHA Non-Residential Mental Health Services		-	-	-	-	-	0%	2,970,557
	Grants - All Other		66,519	-	216,312	451,506	1,354,519	16%	1,932,177
	Grants - Other COVID-19 Funding		11,571	-	3,807	4,798,889	14,396,666	0%	8,071,838
	Grants - HHSCARES Act Provider Relief		-	-	-	-	-	0%	(0)
	Grants - HRSA Health Center CARES Act		-	-	-	-	-	0%	-
	Grants - HRSA Expanding Capacity for Coronavirus Testing		-	-	-	-	-	0%	610,707
	Grant Revenue Projection		700,314	-	3,033,548	-	-	0%	-
	Medicaid Quality and Incentive Payments		-	-	1,336,733	2,500,053	7,500,159	18%	11,049,279
	Health Center Fees		988,722	-	33,262,314	38,389,685	115,169,056	29%	92,485,906
	Self Pay Client Fees		3,099	-	224,061	414,960	1,244,879	18%	678,121
Beginning Working Capital		-	-	1,213,273	1,213,273	3,639,820	33%	3,145,138	
Revenues Total			2,288,501	-	41,538,629	51,831,830	155,495,490	27%	139,470,988
Expenditures	Personnel Total		1,515,717	508,598	26,969,421	29,806,369	89,419,107	30%	88,332,034
	Contractual Services Total		18,746	4,266	726,422	5,498,724	16,496,172	4%	3,659,777
	Internal Services Total		455,155	166,216	8,536,213	9,218,396	27,655,188	31%	24,921,085
	Materials & Supplies Total		66,969	146,296	6,593,266	7,206,841	21,620,523	30%	18,982,109
	Capital Outlay Total		-	-	6,666	101,500	304,500	2%	128,667
Expenditures Total			2,056,587	825,376	42,831,988	51,831,830	155,495,490	28%	136,023,673
Net Income/ (Loss)			231,914	(825,376)	(1,293,359)	-	-		3,447,316
Total BWC from Prior Years			724,184	-	9,205,101				



FQHC Average Billable Visits per day by month per Service Area

** The financial information in these materials are prepared for and provided to the Health Center by the Health Department's Finance and Business Management division.*



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

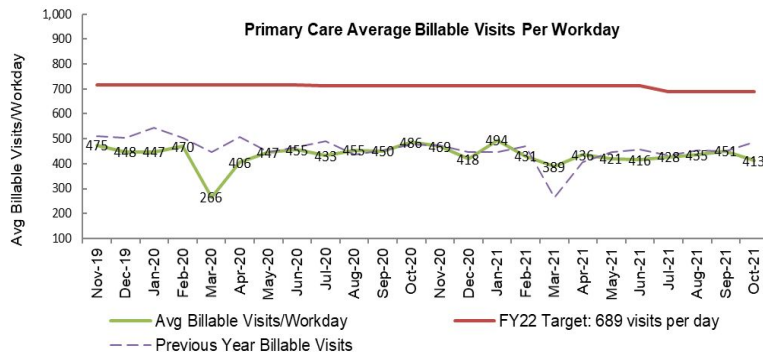
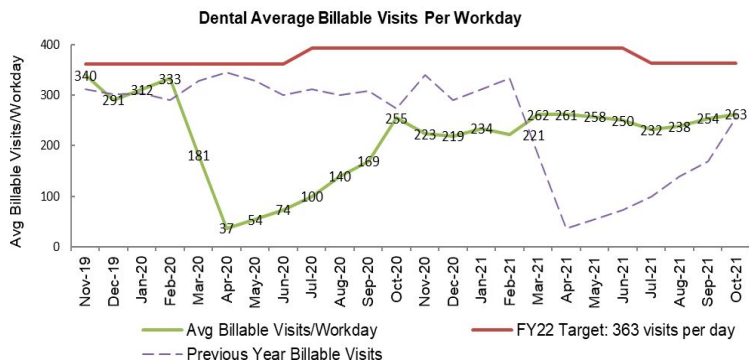
Good performance = the green “actual average” line at or above the red “target” line

Definitions:

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

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

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



Primary Care and Dental visit counts are based on an average of days worked.
School Based Health Clinic visit counts are based on average days clinics are open and school is in session.



Percentage of Uninsured Visits by Quarter

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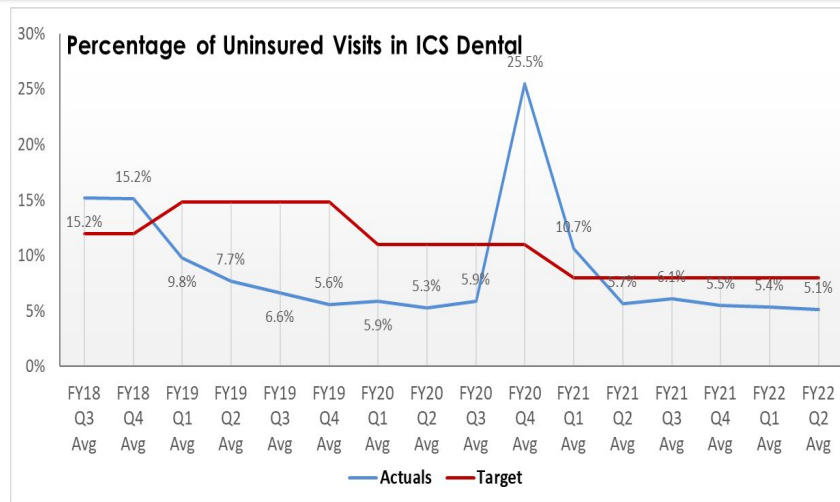
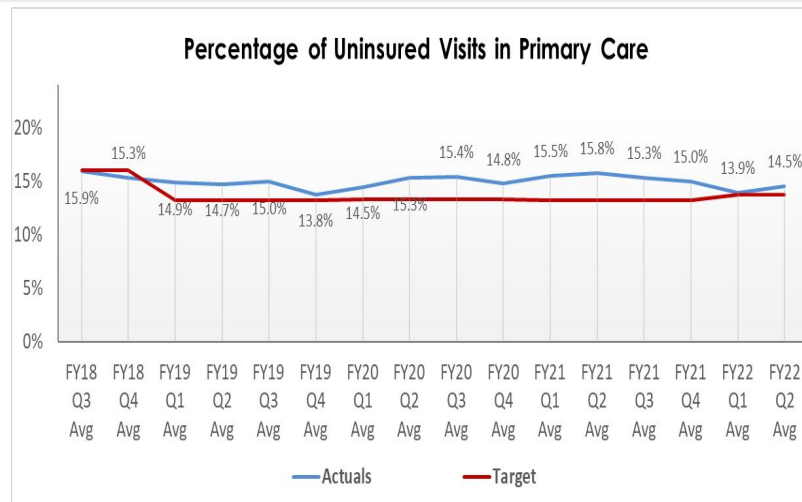
What this slide shows: This report shows the average percentage of “self pay” visits per month.

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

Definitions:

Self Pay visits: visits checked in under a “self pay” account

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



Primary Care target % of Uninsured Visits for FY18: 16%; for FY19: 13.25%; for FY20 13.27%; FY21 13.23%; FY22 13.77%.
Dental target % of Uninsured Visits for FY18: 12%; for FY19: 14.85%; for FY20 11.00%; FY21 8.00%; FY22 8.00%.



Payer Mix for ICS Primary Care Health Center

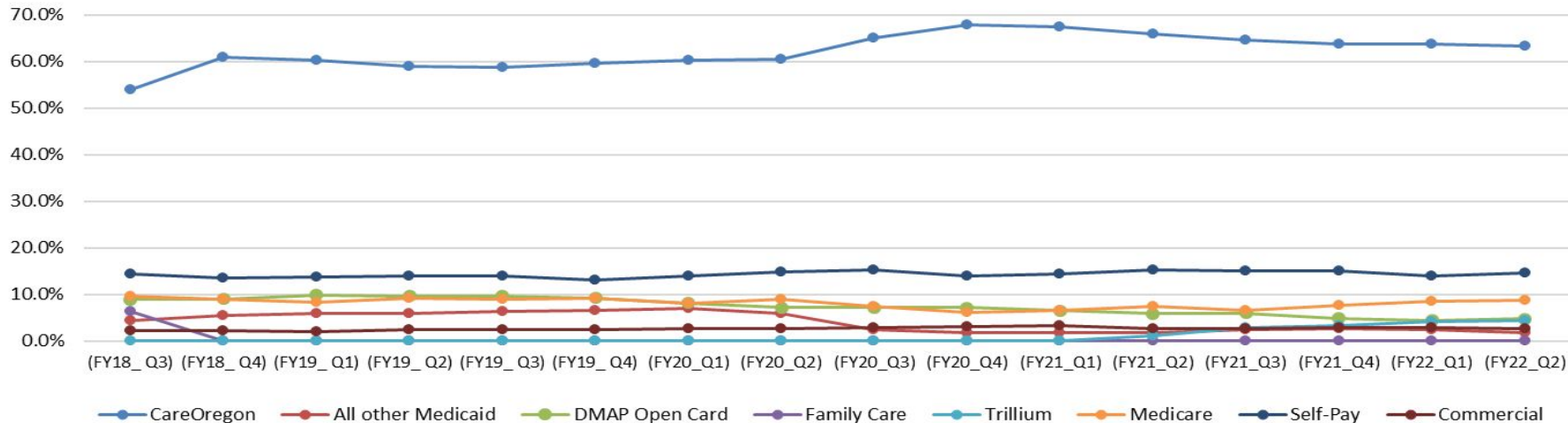
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What this slide shows: This report shows the percentage of total visits checked in to each payer for Primary Care (excludes SHC and HHSC).

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

Definitions:

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



Family Care ceased operations FY18 2nd Quarter

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



Number of OHP Clients Assigned by CCO

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What this slide shows: This report shows the total number of patients OHP has assigned to the Multnomah County Health Center Primary Care clinics.

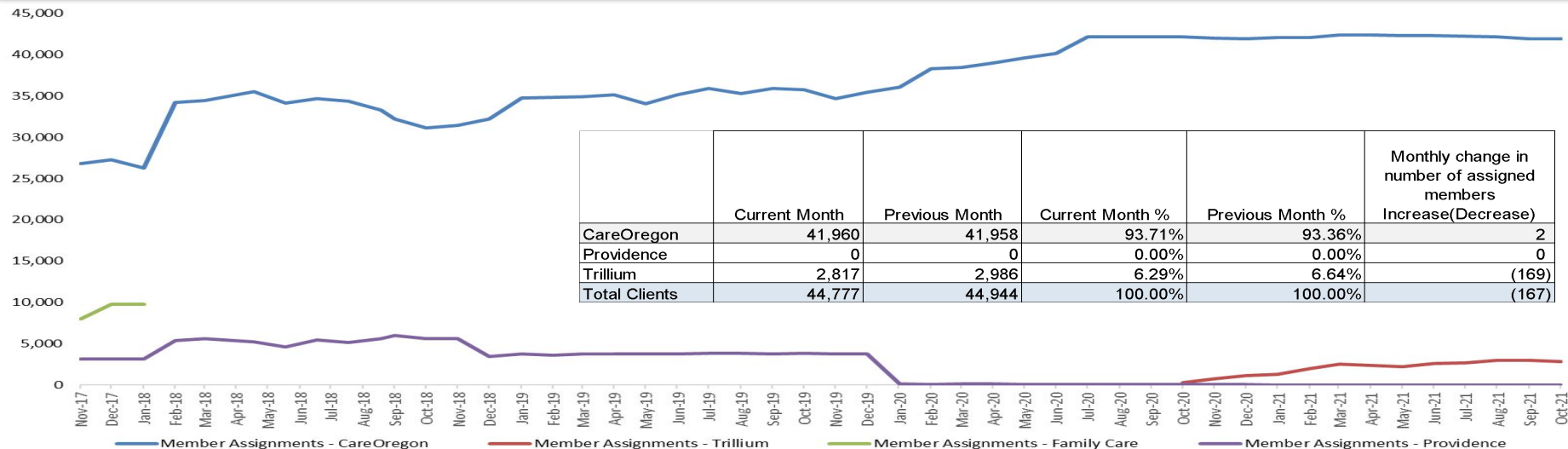
NOTE: Not all of these patients have established care.

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

Definitions:

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

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



CareOregon FY21 average 42,178 :: Providence FY21 average 22 :: Trillium FY21 average 1,684
CareOregon FY22 average 42,088 :: Providence FY22 average 0 :: Trillium FY22 average 2,857

- Trillium added October 2020