Regular Public Meeting

December 12, 2022

community health center board

Multnomah County

community health center board
Multnomah County

Public Meeting Agenda
December 12, 2022
6:00-8:00 PM (via Zoom)

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

Board Members:

Harold Odhiambo – Chair
Fabiola Arreola – Vice Chair
Pedro Sandoval Prieto – Secretary
Tamia Deary - Member-at-Large
Kerry Hoeschen – Member-at-Large
Darrell Wade – Board Member
Brandi Velasquez – Board Member
Aisha Hollands - Board Member
Susana Mendoza - Board Member
Adrienne Daniels - Interim Executive Director, Community Health Center (ICS)

Our Meeting Process Focuses on the Governance of the Health Center

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

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

Time	Topic/Presenter	Process/Desired Outcome
6:00-6:10 (10 min)	**Call to Order / Welcome** Harold Odhiambo, CHCB Chair	Call to order Review processes
6:10-6:15 (5 min)	**Minutes Review** -**VOTE REQUIRED** Review November Public Meeting minutes	Board reviews and votes receipt of documents
6:15-6:20 (5 min)	**Executive Director Update** Harold Odhiambo, Board Chair Dr. Aisha Hollands, Executive Director Recruitment Committee Chair	Board receives update
6:20-6:35 (15 min)	**ICS.04.16 Feedback and Complaint Policy** - **VOTE REQUIRED** Brieshon D'Agostini, Quality and Compliance Officer	Board votes to approve
6:35-6:50 (15 min)	**ICS.04.18 Patient Rights and Responsibilities** - **VOTE REQUIRED** Fred Dolgin, Health Center Operations Officer Anirudh Padmala, Interim Deputy Director	Board votes to approve
6:50-7:00 (10 min)	**CareOregon Dental Collaborative Quality Improvement Plan** - **VOTE REQUIRED** Azma Ahmed, Dental Director	Board votes to approve
7:00-7:15 (15 min)	**Test to Treat Grant** - **VOTE REQUIRED** Debbie Powers, Deputy Director, Clinical Operations and Integration	Board votes to approve

7:15-7:25 (10 min)	**10 Minute Break**	
7:25-7:40 (15 min)	**Labor Relations Updates** Adrienne Daniels, Interim Executive Director ***Bargaining and Negotiation Updates (Closed Executive Session)*** *CHCB to receive confidential report in separate Zoom*	Board receives updates in closed executive session
7:40-7:45 (5 min)	**Executive Officer Election Results** Hailey Murto, Board Liaison	Board receives updates
7:45-8:00 (15 min)	**Monthly Budget and Financial Reports** Jeff Perry, Chief Financial Officer, ICS Adrienne Daniels, Interim Executive Director	Board receives updates and provides feedback
8:00-8:10 (10 min)	**Executive Director's Strategic Updates** Adrienne Daniels, Interim Executive Director	Board receives updates
8:10	**Meeting Adjourns**	Thank you for your participation

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

CHCB Board Members Present:

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

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

Time Topic/Presenter	Discussion	Action	Responsible Party/ Follow up date
6:00-6:10 (10 min)	**Call to Order / Welcome** The Board Chair called the meeting to order at 6:05 PM. A quorum **was** established with 8 members present Victor Shepard and Rossy in attendance (Spanish interpretation)	N/A	N/A
6:10-6:15 (5 min)	**Consent Agenda and Minutes Review** -**VOTE REQUIRED** Kerry and Susana not available for voting Minutes: No errors or omissions stated. Consent agenda: • Student Health Center Update • REDI Committee Update	Minutes: ***Motion to approve: Aisha*** ***Second: Bee*** Yays: - 6 Nays: - 0 Abstain: - 0 **Decision: Approved** Consent agenda: ***Motion to approve: Tamia*** ***Second: Pedro*** Yays: - 6 Nays: - 0 Abstain: - 0 **Decision:**	

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		Approved	
6:15-6:20 (5 min)	**Term Limits Exemption** - **VOTE REQUIRED** Adrienne Daniels, Interim Executive Director • Adrienne presented on term limits exemption. HRSA requires a minimum of 9 board members for compliance. Last year, we approved a one-year extension for a board member to not fall below compliance. • The bylaws committee is working on longer term solutions • The board is being asked to consider a one-year term extension for Pedro Sandoval. He would be able to remain on the board until December 2023. If the board does not approve, we are at risk of falling out of compliance starting Jan 1st, 2023.	***Motion to approve: Tamia*** ***Second: Bee*** Yays: - 8 Nays: - 0 Abstain: - 0 **Decision:** **Approved**	
6:20-6:25 (5 min)	**FTCA Claims Management Policy**- **VOTE REQUIRED** Key Points: • Currently we are self insured. The County pays out claims up to 1M. • Claims are investigated and assigned by a Third Party Administrator. • Our Medical Malpractice excess policy covers excesses over 1M • We have had one paid claim in the last five years. FTCA Claims Management Policy: • Claims are received directly to Risk Management or the County Attorney's office. • Risk Management forwards the claim to our Third Party Claims Administrator copying the County Attorney's office. • If the claim is litigated, the County Attorney takes the lead. • Claims expenses are paid by the Third Party Administrator out of Risk Management Liability cost center in order to track claims costs. • **Q**: If approved, what is the timeline for it to be implemented? • **A**: Once the policy is approved, it is in effect right away. It would be available for staff and teams to review within a week. We would be able to apply for full coverage within the next 4 weeks.	**Decision:** Table this topic and make this an item for December Public Meeting, until we get deeper understanding.	Jacqueline Chandler to provide more info. Grace & Hailey to compile questions from the CHCB Due date: December 12th CHCB Public Meeting

- **Q**: With the application of welcome health, it says we are not guaranteed to be covered under Welcome Health because they're a separate entity? Would we be covered?
- **A**: Volunteers would be covered for medical malpractice. HRSA Is clear that for directors, officers, board members functions, you need a D&O insurance policy because it could be medical malpractice. However, a nurse practitioner would be covered under FTCA.

- **Q**: How does D&O work with FTCA insurance?
- **A**: FTCA covers the practice side of the health center. There could be times because the board covers policies for the health center, the FTCA would cover the board under those actions for malpractice insurance. D&O insurance covers the board under other actions. This continues to be pursued by Andrew and staff, to make sure we have the right coverage to work with FTCA coverage correctly.

- **Q**: Do we have D&O insurance yet?
- **A**: We do not currently have D&O insurance.

- **Q**: Does that mean county employees become federal employees?
- **A**: Public Health employees. We provide info to HRSA and board members become public health employees under the federal TORT claims act.

- **Q**: So it's more of a designation than employment per se?
- **A**: Correct.

- **Q**: I would like to understand more, and how this might impact people. If there are more rigorous background checks, if this changes job statuses, are there are any additional processes that come with this?
- **A**: Being HRSA-funded, our providers are required to be in the national practitioners data bank. This is essentially a background check for all providers. The information we provide to the federal

	government is the same as the one we follow for county employees. ● The additional process is to ensure that all providers are up to date on the data bank. It is not an additional hoop. ● **Motion**: Table this topic and make this an item for December Public Meeting, until we get deeper understanding. ● We will provide more information to board members between now and the next meeting. Please send specific questions to Hailey/Grace for the next meeting.		
6:25-6:40 (15 min)	**Q3 Complaints and Incidents** ● 54 total complaints. Scheduling appts is the most common complaint type. ○ Example: If patients go to the emergency room, they need to request to see a provider for follow-up. This is not automatically scheduled. ● Incidents: 36, most common type is clinical care. ○ Example: person did not receive their lab info results in a timely manner. Once caught, patient was notified. ● Top concerns for clients are: 1. Customer service 2. Clinical care 3. Scheduling an appointment ● Complaints by year (most common complaint type): ○ 2019: Customer service ○ 2020: Clinical care ○ 2021: Tie between clinical care, customer service ● **Comment**: Thanks so much for this presentation. Board member appreciates inclusion of trends. ● **Q**: How do we improve if we have the same issues every year?	N/A	N/A

	• **A**: Team based care, to address such things as timely lab notifications for clients. Something we are working on and Kimmy looks forward to bringing back info on improvements. • **Q**: For the other two? • **A**: The other two are customer service and scheduling appointments. For quality improvements, the carve-out of time. We are changing the way we carve out appointments in the short term, so we can see patients when they are sick. That is one of the recent improvements, to increase access. For customer service, Kimmy is not aware of what projects are underway right now, but she can check with operations to find out if there are projects that impact that category. • **Comment:** (Azma, Dental Director) When complaints come in, Azma sees who the patient is, who the provider is, and what the complaint is. They review the complaint, reach out to the provider, collect responses, and depending on what the situation is, there may or may not be coaching involved.		
6:40-6:55 (15 min)	**UDS Report and Patient Trends** • Will have 2022 data soon. This is a HRSA requirement. All FQHCs submit the same set of data. • We served ~53,000 patients in 2021. There are patients not included in this data set. For example, if the only thing someone gets over the course of a calendar year is a flu shot, they are not included in this dataset. This is for patients for whom we take care of the majority of their healthcare needs. • In 2018, we set our target at 73,000 patients. Since 2018, we have seen a decrease in the total number of patients. We have applied to HRSA for another 3 years of FQHC funding. • Proposed target that is being reviewed by HRSA: ~66,000. • Reasons for decline: increased competition (both other FQHCs, other private practice clinics), limitations for provider vacancies, 2020-industry-wide interruptions. Mirrors what is seen at national level. Demographic Info:	Request to send slides to Board Members before presentation	Alex Lehr O'Connell, and Grace/Hailey Next UDS report

- Patients per zip code: Patients are clustered around clinic locations. We have seen movement of patients northward and eastward, and we adjust our services accordingly.
- 22,000 patients report being best served in a language other than English, that has been consistent over the past several years.
- Patients by insurance: Since onset of affordable care act, we have seen consistent medicaid use
- Patients by sexual orientation: increase in overall ability to collect this info. 2020- update metrics between "unknown" and "don't know" there are other options not shown here, these are the HRSA defined and recognized options.
- Patients by race/ethnicity: Remains relatively stable. Latino/a has increased slightly since 2016. For next year: Asian is no longer going to be a single race category– and Latino/a status will be stratified into other categories.
- Unhoused patients: Decrease since 2017 is primarily due to better data collection. Some of the wording was misleading and confusing. We corrected between 2018-2019 and have seen a correction in the number of our patients who report being unhoused.

- HRSA badge: received Patient Centered Medical Home for 2021. Shows robust quality process.

- New clinical measures (required by HRSA) for 2021: Breast Cancer Screening, Depression Remission at 12 Months, HIV Screening
- No new measures for 2022.

Highlights:

- Improved by **6%** on Statin Therapy for Cardiovascular Disease measure
- Improved by **5%** on Dental Sealants for Children measure
- Improved by **3%** on Diabetes Control measure
- Declined by **3%** on Childhood Immunization measure
- Declined by **3%** on Use of Aspirin or other Antiplatelet Medication for Ischemic Vascular Disease measure

- **Q**: You mentioned there was a decline in patient services because county services were discontinued. What was discontinued and how did that affect patients?

	• **A**: Over the past 4 years, the CHCB approved some services to be removed from the umbrella of the health center. We lost about 2-3 thousand patients. This includes nurse family practices, some early childhood services, etc. Those services continue, just not under the umbrella of the health center. In some cases, they were not able to keep up with the reporting requirements. Two examples from past 5 years: 1. What HRSA considered a patient changed. For example, we offer dental sealant services in our SHCs. HRSA no longer considers this a patient but we still offer those services. 2. Removing services from our scope. Some programs were held in other divisions of Multnomah County. It was difficult to oversee these services. Recommendation was to fully bring under health center operations, or fully remove from the umbrella. These services still exist, but they are not counted on paper anymore. **Request**: In the future, could these slides be sent beforehand?		
6:55-7:00 (5 min)	**Executive Officer Slate** Hailey Murto, Board Liaison Executive Officer Slate: • Vice-Chair: Tamia Deary, Pedro Sandoval Prieto • Treasurer: Darrell Wade, Susana Mendoza • Member-at-Large: Bee Velasquez • **November 21**: Deadline for Board Members to let Hailey know if they would like to run for Executive Officer position • **November 28-Dec 5**: Voting will take place via survey or text • Fabiola (Nominating Committee Chair) will validate results before the 12/12 Public Meeting • **December 12**: Results will be announced at Public Meeting. Process: • Decided on by the Nominating Committee to make the process less cumbersome, but is different from what is in the Bylaws. • Also allows board members who are not able to attend the December Public meeting to be able to vote.		
7:00-7:10	**5 Minute Break**		

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(10 min)			
7:10-7:25 (15 min)	**Monthly Budget and Financial Reports** **Jeff Perry, Financial Officer** ● Fiscal year is 25% complete ● $5.4 million surplus ● Dental is still a loss, but not as much as previous years. ● Showing significant increase of primary care. Showing increased rates for primary care. ● Program income: $10.9 million for the month, $32.5 million for the year Indirect expenses: ● Billable visits: trending below target and last year ● Percentage of uninsured: Below target for the year ● Payer mix: No significant change for the quarter. ● OHP clients: Slight decrease over last month, driven by a downtick in Trillium patients. **Adrienne Daniels, Interim Executive Director** Vacancy report: ● Increase in vacancies, including an increase in the number not posted for recruitment ● Decrease in those posted for recruitment, and in the final interview stage. ● Slight increase in average vacancy length, but no change in average time to fill. This means there are a few positions that are really difficult to fill, but we are good at getting others ● Decrease in total FTE associated with direct revenue of vacancies for the month, and estimated slight decrease ● Increase in total duplicated, inactive vacancies ● In the final stages for a special recruiter for providers to help fill vacancy gaps		
7:25-7:30 (5 min)	**Executive Director's Strategic Updates** Adrienne Daniels, Interim Executive Director **Patient and Community Determined: Leveraging the collective voices of the people we serve** ● VCIN Article on virtual visits at NEHC ○ Worked with staff and patients at NEHC to collect		

feedback and held focus groups about use of virtual care
    - Work highlighted nationally about key learnings
- First Tooth Implementation
    - Expanding for toddlers at La Clinica, Mid County, SEHC for October
- Root & Wings Foundation
    - Funds supporting Youth Advisory Councils (YACs)
    - Renewed for a third year

Engaged, Expert, Diverse Workforce which reflects the communities we serve

- Projects underway to adjust salaries for critical front line workers, assuring full assessments of work experience with Oregon's Equal Pay laws:
    - In house training programs for new clinical roles
    - NP Fellowship training kick off this month
    - Retention for current clinical roles
- Provider recruitment specialist in hiring stages with phone screenings and interview panel this month
- HIPAA trainings rolling out in December
    - Housekeeping refreshers
    - OCHIN Event - No patient data compromised

Supporting Fiscally Sound and Accountable practices which advance health equity and center on racial equity

- Equity in Payment Agreements:
    - Ongoing investment conversations with insurance partners - expand outreach and impact for dental. Unique opportunity with Care Oregon to lead with racial equity as a measure of success in our payment systems.
- HRSA OSV Prep will kick off soon:
    - Anticipate our regular OSV in March/April 2023

Equitable treatment that assures all people receive high quality, safe, and meaningful care.

- Day of Dignity Event (September) - Supported community insurance outreach and enrollment for 500 persons experiencing homelessness
- PCC and La Clinica Cully Expansion work will continue - community engagement sessions kicked off this month with media highlights. Includes focus groups for December.
- T2T program with OPCA launched with pharmacy being the

	catalyst for continued COVID19 treatment **Status report on CHCB Requested Priorities/Projects** Facilities: ● Facilities director completed analysis and presented to executive committee and full board in June ● Vacant space costs for FY23 have been credited and work is in progress for crediting FY22. Discretionary Fund ● Completed with updated policies approved by the CHCB FTCA Coverage: ● Board received proposed new policies on 11/14 meeting - application to be submitted Legal Counsel Contract: ● Completed Data and Privacy Consultant: ● Completed - Executive Committee for CHCB received final report and recommendations. Quality and Compliance Director establishing a one year plan. Media and Advocacy Opportunities: ● Univision Interviews with Pedro and Suzanna on expansion of La Clinica ● KOIN 6 highlight of Day of Dignity ● National article about virtual care highlighted success of our Community Health Center's work! Financial Policy Updates: ● Completed ICS Department Analysis: ● Policy Decision of the County Chair. ● Information gathering for analysis of staff, costs and additional infrastructure in progress		
7:30-7:40 (10 min)	**Labor Relations Updates** Adrienne Daniels, Interim Executive Director ***Bargaining and Negotiation Updates (Closed Executive Session)*** *CHCB to receive confidential report in separate Zoom*	***Motion to to move into Executive Session: Tamia*** ***Second: Aisha*** Yays: - 8 Nays: - 0	

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		Abstain: - 0 **Decision:** **Approved**	
7:40-8:00 (20 min)	**Executive Director Candidate Discussion** Motus Recruiting ***(Closed Executive Session)*** *CHCB to have confidential session in separate Zoom*		
8:00	**Meeting Adjourns** Meeting adjourned at 9:03 PM		Next public meeting scheduled on 12/12/2022

Signed:_____ Date:_____
Pedro Prieto Sandoval, Secretary

Signed:_____ Date:_____
Harold Odhiambo, Board Chair

Scribe name/email:
Hailey Murto
hailey.murto@multco.us

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Board Presentation Summary

Presentation Title	ICS.04.16 Feedback and Complaint Policy

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:	12/12/2022	**Program / Area:**	Quality & Compliance
Presenters:	Brieshon D'Agostini		

Project Title and Brief Description:

Approval of Revisions to ICS.04.16 Health Center Feedback and Complaint Policy

Describe the current situation:

ICS.04.16 is due for revision and re-approval.

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

ICS.04.16 was last revised in November 2019, and was due November 2022. It is important for this policy to be updated before the HRSA Operational Site Visit expected as early as February 2023.

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):*

ICS.04.16 was reviewed by:

- REDI (Racial Equity, Diversity, and Inclusion) Policy Task Force
- Quality team and stakeholders
- CHCB Quality Committee

Changes to policy:

- Ensure clients are aware of how to submit feedback internally and externally (REDI recommendation)
- Change approver to Quality and Compliance Officer, and change Point of Contact to Quality Project Manager (REDI recommendation)
- Operational updates and clarifications, including escalation process
- Reorganizing sections for easier reference

There is ongoing work to update patient materials, such as new patient packets and signage to align with this policy.

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

This policy is included in ICS.01.41 Policy Approval by the Co-Applicant Board

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

YES would approve the revisions to the policy.

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

NO would delay approval of this policy. Additional changes would need to be made and approved by the CHCB before the HRSA OSV.

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

REDI Policy Task Force, Quality team and ops/clinical stakeholders, CHCB Quality Committee (11/16/22), presented at CHCB Exec Committee (11/28/22).

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

Brieshon D'Agostini, Quality and Compliance Officer

Kimmy Hicks, Quality Project Manager - manages complaints and incidents process

Ashley Francois, Quality Senior Program Specialist - policy coordination

What have been the recommendations so far?

See History above.
How was this material, project, process, or system selected from all the possible options?
This policy is required by Joint Commission, HRSA, and County policy.

Board Notes:

Title:	~~ICS~~ Community Health Center~~s –~~ Feedback and Complaint Policy		
Policy #:	**ICS.04.16**		
Section:	Integrated Clinical Services	Chapter:	Primary Care
Approval Date:	~~11/04/2019~~12/12/2022	Approved by:	/s/ Brieshon D'Agostini, Chief Quality and Compliance Officer~~V. Abdellatif, ICS Director (CHC Executive Director)~~ ~~/s/ Tara Marshall~~Harold Odhiambo, Community Health Center Board~~Council~~ Chair
Related Procedure(s):	Attachment A – ICS.04.16.P1		
Related Standing Order(s):	Not Applicable		
Applies to:	All ~~ICS~~ Health Center ~~and PAC~~ Staff		

PURPOSE

The purpose of this policy is to inform staff of the ways that a client complaint can be made, and how client complaints are managed and responded to.~~Integrated Clinical Services (ICS) provide a way for clients to communicate their complaint or comment. It is a requirement that clients have a means by which complaints are communicated to their health care provider. This policy focuses on how a complaint can be made, how the complaint is managed and responded to.~~

DEFINITIONS

Term	Definition
Civil Rights Complaint	A complaint based on race, color, national origin, disability, religion, age, sex/gender, sexual orientation, gender identity and expression, marital status, veteran status, source of income, or any other basis prohibited by federal, state, or local law. (Multnomah County Administrative Procedure DEI-1)~~Race, Color, National Origin, Disability, Age, or Sex*.~~

Complaint	Any statement or expression that a situation or event related to Health Center services or activities may be unacceptable or unsatisfactory.
Comment or Feedback	Any statement or expression that communicates an opinion or reaction related to Health Center services or activities.

POLICY STATEMENT

Client feedback helps the Health Center improve the quality of services, identify gaps in care, increase client satisfaction and engagement, help reduce disparities, and promote health equity. As required, the Health Center provides methods for clients to communicate complaints or comments related to Health Center services or activities, and ~~Integrated Clinical Services (ICS)~~ encourages clients and families~~y feedback about~~ to share their experiences by clearly identifying and communicating these methods. ~~obtaining feedback. ICS will identify opportunities to improve its processes, thereby enhancing satisfaction.~~

The Health Center monitors, analyzes, conducts follow up, and makes improvements based on received feedback as appropriate for the specific situation with the goal of enhancing client satisfaction. Complaints are compiled and managed by the Health Center Quality program using HIPAA compliant software.

The Health Center reports ~~On a quarterly basis~~ the number and types of complaints received by the Health Center~~ICS must be reported~~ to the ~~Board;~~ t~~T~~he Community Health Center Board (CHCB)~~ouncil~~ on a quarterly basis.

A client's access to care, treatment, or services will not be influenced by the submission of a complaint. ICS promotes a culture of safety where clients can make a complaint without fear of retaliation.[BD1]

~~PROCEDURES AND STANDING ORDERS~~

INFORMING CLIENTS OF THEIR RIGHT TO PROVIDE FEEDBACK AND COMPLAINTS

- All clients ~~need to be~~ are informed ~~about~~ of how they can make a complaint regarding the services received, their interaction with staff and the environment of care.
- Information on how to make a complaint or provide feedback is provided in:~~Clients are informed about how to make a complaint by the following:~~
    - Patient Rights and Responsibilities (posters and pamphlet)
    - HIPAA Notice of Privacy Practices (patient ~~handout~~materials)

- Notice of Non-Discrimination (posted in Hhealth Ccenter waiting area) under Section 1557 of the Patient Protection and Affordable Care Act
- New Patient Welcome PacketClient Brochures
- Multnomah County Health Department External Website (https://multco.us/health/about-health-department/complaints)

CLIENT FEEDBACK PATHWAYS

- **DIRECTLY TO STAFF:** A client, family member or their representative may express a complaint, regarding any aspect of care or treatment to any member of the staff. This may be communicated:
  - vVerbally by telephone or in person
  - , hHandwritten on a comment card, complaint form, letter, or other means
  - or eElectronically by email or through MyChart message.

  NOTE: Unless other authority is present, (e.g. parent of a minor child, individuals involved in care or payment for care), ICS staff are unable to discuss the care of a client with others who do not have a Release of Information (ROI), even when the care is associated with a complaint. For information regarding exceptions to ROI rules see Multnomah County's Administrative Procedure HIPAA-1 and AGN 14.09.
- **CONFIDENTIALITY:** Clients and/or their families may choose to communicate their complaints or other feedback anonymously. In the event of anonymous feedback, ICS If the person providing feedback requests to remain anonymous, Health Center leadership will protect their identity by keeping their name and any other personal information confidential of the person providing the feedback; if their name is included on the complaint it will be kept confidential.
- **REQUESTED ESCALATION:** If the person who made a complaint is not satisfied with the response they have received from ICS staff or leadership, they may escalate their feedback to the clinic or program manager. Further escalation should go to the Chief Operations Officer, then to the Health Center Executive Directorpursue the grievance through an escalation process leading to the ICS Director (CHC Executive Director).

Complaints or feedback may also be submitted through:If the person is still unsatisfied they may .

- ~~contact the~~ **THE MULTNOMAH COUNTY GOOD GOVERNMENT HOTLINE**: ~~at~~ 1-888-289-6839, or through the Good Government Hotline Website.

- **INSURANCE PLAN:** Clients may file a complaint about care or treatment directly to their insurance plan. Clients with Oregon Health Plan may choose to file a complaint through the ~~Clients and/or their families who are covered by Medicaid may choose to file complaints related to unsatisfactory care or treatment directly with the~~ Oregon Health Plan Client Complaint Website. ~~Clients who are insured may file a complaint with their insurance payor.~~

- **DHHS OFFICE FOR CIVIL RIGHTS:** Clients and/or their families may choose to file complaints related to suspected Civil Rights violations directly with the US Department of Health and Human Services via their website address at the Office for Civil Rights Complaint Portal.

- **MULTNOMAH COUNTY OFFICE OF DIVERSITY AND EQUITY:** Clients may submit complaints regarding violation(s) of Civil Rights, Limited English Proficiency and Disabilities to Multnomah County's Office of Diversity & Equity by contacting the Civil Rights Administrator at (503) 988-4201 or by emailing, civilrightshealth@multco.us.

- **THE JOINT COMMISSION:** Complaints regarding patient safety at a Health Center ~~directed toward ICS~~ clinic~~s~~ accredited by the Joint Commission may be directly reported to The Joint Commission on line at: Joint Commission: Report a Patient Safety Event.

- **NO SURPRISES ACT:** For information on how to submit a complaint regarding No Surprises Act rules, see the CMS website.

HEALTH CENTER FOLLOW-UP RESPONSIBILITIES

- **REVIEW AND RESPONSE:** ~~ICS~~ Health Center leadership reviews and, when possible, resolves complaints from clients, their families or representatives.

    - A response to complaints will be communicated as quickly as possible, and should not exceed five (5) ~~working~~ business days from the date ~~of the complaint~~that the complaint was received by health center staff/leadership.

    - Three varied attempts to follow-up with the client will be completed within the 5 ~~working~~ business days, unless the client does not want to be contacted or has reported anonymously.

- ~~Complaints can be escalated if the client is not satisfied with the resolution~~Upon request, a complaint must be escalated to the clinic/program manager, Chief Operations Officer, then Executive Director.

- ~~Additional client feedback is collected via patient satisfaction surveys and comment cards. If complaints are made during a~~ Complaints and feedback received through a patient satisfaction survey are routed to the Quality Program to coordinate follow-up. ~~or communicated using a comment card the complaint must be routed to ICS Quality and immediately followed up by health center management when applicable.~~

- **HR COMPLAINT:** If a complaint involves a staff member and there is a suspected violation of a~~n~~ Human Resources (HR) policy or Personnel Rule~~s~~, consult Health Center S~~s~~enior L~~l~~eadership and Health HR Business Partner for guidance and or resolution.

- **PRIVACY/HIPAA COMPLAINT:** Any complaint that involves the possibility of a breach or unlawful disclosure of protected health information ~~shall~~ must be immediately ~~communicated~~ reported to the ICS Privacy Manager for an investigation in compliance with Multnomah County's Administrative Procedure HIPAA-4; LEG.02.10.

- **ALLEGATION OF DESCRIMINATION DUE TO DISABILITY:** The Americans with Disabilities Act (ADA) has established a procedure to be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability. Clinic staff must assist persons pursuing a complaint under ADA by contacting the Health Department Human Resources Manager or designee.

- **LEGAL ACTION:** If a client's complaint involves the threat of legal action, the information must be immediately brought to the attention of County Risk Management, the County Attorney's office and the ICS Director (CHC Executive Director).

REFERENCES AND STANDARDS

- The Joint Commission Standard; RI.01.07.01: The patient, and their family, has the right to have complaints reviewed by the organization.
- HRSA Health Center Program Chapter 10 QI QA
- Administrative Procedure DEI-1
- Administrative Procedure DEI-2

- *Civil Right definition obtained from the U.S. Department of Health and Human Services, Office for Civil Rights website https://www.hhs.gov/civil-rights/for-individuals/race/index.html[BD2]

RELATED DOCUMENTS

Name
Attachment A – Feedback and Complaint Procedures ICS.04.16.P1
Attachment B – Medical and Dental Comment Card, Form G-426
Attachment C – Pharmacy Comment Card, Form G-446
Attachment D – Paper Complaint Form, PC-140

POLICY REVIEW INFORMATION

Point of Contact:	~~ICS Director (CHC Executive Director), Primary Care Services Director, Medical Director, Dental Director, Pharmacy and Support Services Director, ICS Quality Director~~Kimmy Hicks, Quality Project Manager
Supersedes:	Not Applicable

Title:	**Community Health Center Feedback and Complaint Policy**		
Policy #:	**ICS.04.16**		
Section:	Integrated Clinical Services	Chapter:	Primary Care
Approval Date:	12/12/2022	Approved by:	/s/ Brieshon D'Agostini, Chief Quality and Compliance Officer Harold Odhiambo, Community Health Center Board Chair
Related Procedure(s):	Attachment A – ICS.04.16.P1		
Related Standing Order(s):	Not Applicable		
Applies to:	All Health Center Staff		

PURPOSE

The purpose of this policy is to inform staff of the ways that a client complaint can be made, and how client complaints are managed and responded to.

DEFINITIONS

Term	Definition
Civil Rights Complaint	A complaint based on race, color, national origin, disability, religion, age, sex/gender, sexual orientation, gender identity and expression, marital status, veteran status, source of income, or any other basis prohibited by federal, state, or local law. (Multnomah County Administrative Procedure DEI-1)
Complaint	Any statement or expression that a situation or event related to Health Center services or activities may be unacceptable or unsatisfactory.
Comment or Feedback	Any statement or expression that communicates an opinion or reaction related to Health Center services or activities.

POLICY STATEMENT

Client feedback helps the Health Center improve the quality of services, identify gaps in care, increase client satisfaction and engagement, help reduce disparities, and promote health equity. As required, the Health Center provides methods for clients to communicate complaints or comments related to Health Center services or activities, and encourages clients and families to share their experiences by clearly identifying and communicating these methods.

The Health Center monitors, analyzes, conducts follow up, and makes improvements based on received feedback as appropriate for the specific situation with the goal of enhancing client satisfaction. Complaints are compiled and managed by the Health Center Quality program using HIPAA compliant software.

The Health Center reports the number and types of complaints received by the Health Center to the the Community Health Center Board (CHCB) on a quarterly basis.

A CLIENT'S ACCESS TO CARE, TREATMENT, OR SERVICES WILL NOT BE INFLUENCED BY THE SUBMISSION OF A COMPLAINT. ICS PROMOTES A CULTURE OF SAFETY WHERE CLIENTS CAN MAKE A COMPLAINT WITHOUT FEAR OF RETALIATION.INFORMING CLIENTS OF THEIR RIGHT TO PROVIDE FEEDBACK AND COMPLAINTS

- All clients are informed of how they can make a complaint regarding the services received, their interaction with staff and the environment of care.
- Information on how to make a complaint or provide feedback is provided in:
    - Patient Rights and Responsibilities (posters and pamphlet)
    - HIPAA Notice of Privacy Practices (patient materials)
    - Notice of Non-Discrimination (posted in Health Center waiting area) under Section 1557 of the Patient Protection and Affordable Care Act
    - New Patient Welcome Packet
    - Multnomah County Health Department External Website (https://multco.us/health/about-health-department/complaints)

CLIENT FEEDBACK PATHWAYS

- **DIRECTLY TO STAFF:** A client, family member or their representative may express a complaint, regarding any aspect of care or treatment to any member of the staff. This may be communicated:
    - Verbally by telephone or in person
    - Handwritten on a comment card, complaint form, letter, or other means
    - Electronically by email or through MyChart message

    NOTE: Unless other authority is present (e.g. parent of a minor child, individuals involved in care or payment for care), staff are unable to discuss the care of a client

with others who do not have a Release of Information (ROI), even when the care is associated with a complaint. For information regarding exceptions to ROI rules see Multnomah County's Administrative Procedure HIPAA-1 and AGN 14.09.

- **CONFIDENTIALITY:** Clients and/or their families may choose to communicate their complaints or other feedback anonymously. If the person providing feedback requests to remain anonymous, Health Center leadership will protect their identity by keeping their name and any other personal information confidential.
- **REQUESTED ESCALATION:** If the person who made a complaint is not satisfied with the response they have received, they may escalate their feedback to the clinic or program manager. Further escalation should go to the Chief Operations Officer, then to the Health Center Executive Director.

Complaints or feedback may also be submitted through:.

- **THE MULTNOMAH COUNTY GOOD GOVERNMENT HOTLINE**: 1-888-289-6839, or through the Good Government Hotline Website.
- **INSURANCE PLAN:** Clients may file a complaint about care or treatment directly to their insurance plan. Clients with Oregon Health Plan may choose to file a complaint through the Oregon Health Plan Client Complaint Website.
- **DHHS OFFICE FOR CIVIL RIGHTS:** Clients and/or their families may choose to file complaints related to suspected Civil Rights violations directly with the US Department of Health and Human Services via their website address at the Office for Civil Rights Complaint Portal.
- **MULTNOMAH COUNTY OFFICE OF DIVERSITY AND EQUITY:** Clients may submit complaints regarding violation(s) of Civil Rights, Limited English Proficiency and Disabilities to Multnomah County's Office of Diversity & Equity by contacting the Civil Rights Administrator at (503) 988-4201 or by emailing, civilrightshealth@multco.us.
- **THE JOINT COMMISSION:** Complaints regarding patient safety at a Health Center clinic accredited by the Joint Commission may be directly reported to The Joint Commission on line at: Joint Commission: Report a Patient Safety Event.
- **NO SURPRISES ACT:** For information on how to submit a complaint regarding No Surprises Act rules, see the CMS website.

HEALTH CENTER FOLLOW-UP RESPONSIBILITIES

- **REVIEW AND RESPONSE:** Health Center leadership reviews and, when possible, resolves complaints from clients, their families or representatives.
    - A response to complaints will be communicated as quickly as possible, and should not exceed five (5) business days from the date that the complaint was received by health center staff/leadership.
    - Three varied attempts to follow-up with the client will be completed within the 5 business days, unless the client does not want to be contacted or has reported anonymously.
    - Upon request, a complaint must be escalated to the clinic/program manager, Chief Operations Officer, then Executive Director.
- Complaints and feedback received through a patient satisfaction survey are routed to the Quality Program to coordinate follow-up. **HR COMPLAINT:** If a complaint involves a staff member and there is a suspected violation of a Human Resources (HR) policy or Personnel Rule, consult Health Center Senior Leadership and Health HR Business Partner for guidance and or resolution.
- **PRIVACY/HIPAA COMPLAINT:** Any complaint that involves the possibility of a breach or unlawful disclosure of protected health information must be immediately reported to the ICS Privacy Manager for an investigation in compliance with Multnomah County's Administrative Procedure HIPAA-4; LEG.02.10.
- **ALLEGATION OF DESCRIMINATION DUE TO DISABILITY:** The Americans with Disabilities Act (ADA) has established a procedure to be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability. Clinic staff must assist persons pursuing a complaint under ADA by contacting the Health Department Human Resources Manager or designee.
- **LEGAL ACTION:** If a client's complaint involves the threat of legal action, the information must be immediately brought to the attention of County Risk Management, the County Attorney's office and the ICS Director (CHC Executive Director).

REFERENCES AND STANDARDS

- The Joint Commission Standard; RI.01.07.01: The patient, and their family, has the right to have complaints reviewed by the organization.
- HRSA Health Center Program Chapter 10 QI QA
- Administrative Procedure DEI-1
- Administrative Procedure DEI-2
- *Civil Right definition obtained from the U.S. Department of Health and Human Services, Office for Civil Rights website https://www.hhs.gov/civil-rights/for-individuals/race/index.html

RELATED DOCUMENTS

Name
Attachment A – Feedback and Complaint Procedures ICS.04.16.P1
Attachment B – Medical and Dental Comment Card, Form G-426
Attachment C – Pharmacy Comment Card, Form G-446
Attachment D – Paper Complaint Form, PC-140

POLICY REVIEW INFORMATION

Point of Contact:	Kimmy Hicks, Quality Project Manager
Supersedes:	Not Applicable

community health center board
Multnomah County

Board Presentation Summary

Presentation Title	ICS.04.18 Client Rights and Responsibilities

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:	12/12/2022	**Program / Area:**	Health Center/Operations
Presenters:	Fred Dolgin , Anirudh Padmala		

Project Title and Brief Description:

Client Rights and Responsibilities Policy

Describe the current situation:

Updates to the Client Rights and Responsibilities Policy

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

The Policy, ICS 04.18 is being reviewed for 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):*

Updating this policy has gone through multiple stakeholder discussion and input. Particularly the Pharmacy Staff have provided input that outlines responsibilities of the clients. Updates to language in this policy is a direct outcome of the REDI committee recommendations. Senior Leadership of ICS has reviewed and provided feedback

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):***
The updated policy incorporating the feedback from staff stakeholders will be renewed for three years
Briefly describe the outcome of a "NO" vote or inaction by the Board ***(Please be sure to also note any financial outcomes):***
No updates will be made and the expired policy stays
Which specific stakeholders or representative groups have been involved so far?
Pharmacy Staff, Health Center Leadership, CHCB Executive Committee
Who are the area or subject matter experts for this project? ***(Please provide a brief description of qualifications)***
Fred Dolgin, Health Center Operations Officer; Anirudh Padmala, Health Center Deputy Director
What have been the recommendations so far?
Update the term "patient" with "client" Make updates to the names of policy approvers, responsible parties, acronym updates of CHCB Make updates to the policy statement to reflect client responsibilities Make updates to the attachments to reflect overall Health Center branding
How was this material, project, process, or system selected from all the possible options?
NA

Board Notes:

Title:	**Community Health Center Client~~Patient~~ Rights and Responsibilities**		
Policy #:	**ICS.04.18**		
Section:	Integrated Clinical Services	Chapter:	General
Approval Date:	~~08/12/2019~~	Approved by:	~~Vanetta Abdellatif~~Adrienne Daniels, MPH ~~Integrated Clinical Services~~Community Health Center Interim Executive Director ~~Tara Marshall~~Harold Odhiambo Chair, Community Health Center Board~~ouncil~~
Related Procedure(s):	Not Applicable		
Related Standing Order(s):	Not Applicable		
Applies to:	All Multnomah County Community Health Center programs~~All Dental, Lab, Pharmacy, and Primary Care Staff~~		

PURPOSE

This policy describes client~~patient~~ rights and responsibilities, and centers on the core tenets of safety, trust, and wellbeing of Health Center clients~~staff~~, staff~~clients~~, and other visitors, with the ultimate goal of clients receiving high quality care. This policy ~~ensures~~ includes both ~~that~~ the Community H~~h~~ealth C~~c~~enter's responsibility to respect~~s~~ client~~patient~~ rights, and the corresponding responsibilities of the clients/visitors toward staff and others in the Health Center. ~~providing an important aspect of care that has been shown to encourage patients to become more informed and involved in their care. These empowered patients ask questions and develop better relationships with their caregivers. This acknowledgement of patient rights also helps patients feel supported by the health center and those people directly involved in their care, treatment, and services.~~ When ~~patients~~ clients understand and accept their responsibilities, the concept of the client~~patient~~[1] as a partner in care becomes a dynamic component of the client ~~patient~~'s[2] episode of care.

DEFINITIONS

Term	Definition
N/A	

POLICY STATEMENT

All ~~patients~~ clients served within ~~ICS (Integrated Clinical Services)~~ the Health Center~~s shall~~ must be informed of their rights and responsibilities. The H~~h~~ealth C~~c~~enter defines these rights and responsibilities and ~~then relays~~ communicates them to the ~~patient~~client in a Rights and Responsibilities statement.[3]

Rights and Responsibilities statements must~~shall~~ be prominently posted throughout client~~patient~~ areas, in English and other major languages served by the ~~h~~Health ~~c~~Center in accordance with Health Center translation standards. Copies of Rights and Responsibilities statements ~~shall~~ must also be available in ~~h~~Health ~~c~~Center reception areas, and upon request from any H~~h~~ealth C~~c~~enter employee. Health Center management staff ~~shall be~~are responsible for answering questions or addressing concerns of client~~patient~~s related to their rights and responsibilities.

REFERENCES AND STANDARDS

Joint Commission Requirements regarding the Rights and Responsibilities of the Individual

- Standard RI.01.01.01: The organization respects patient rights.
- Standard RI.01.01.03: The organization respects the patient's right to receive information in a manner he or she understands.
- Standard RI.01.02.01: The organization respects the patient's right to participate in decisions about his or her own care, treatment, and services.
- Standard RI.01.03.01: The organization honors the patient's right to give or withhold informed consent.
- Standard RI.01.04.01 The organization respects the patient's right to receive information about the individual(s) responsible for the patient's care, treatment, or services.
- Standard RI.01.04.03 The organization provides the patients with information about the functions and services of the primary care medical home.

- Standard RI.01.05.01: The organization addresses patient decisions about care, treatment, and services received at the end of life.
- Standard RI.01.06.03: The patient has the right to be free from neglect; exploitation; and verbal, mental, physical, and sexual abuse.
- Standard RI.01.07.01 The patient and their family have the right to have complaints reviewed by the organization.
- Standard RI.02.01.01: The organization informs the patient about his or her responsibilities related to his or her care, treatment, and services.

PROCEDURES AND STANDING ORDERS

Not applicable

RELATED DOCUMENTS

Name	
Attachment A - Client~~Patient~~ Rights and Responsibilities Statement - PC-120 (available in Spanish, Russian and Vietnamese)	
Attachment B - Client Responsibilities flyer (In Draft)	

POLICY REVIEW INFORMATION

Point of Contact:	~~Adrienne Daniels, ICS Deputy Director~~Anirudh Padmala, Health Center Deputy Director Fred Dolgin, Health Center Chief Operations Officer
Supersedes:	Not applicable

Title:	**Patient Rights and Responsibilities**		
Policy #:	**ICS.04.18**		
Section:	Integrated Clinical Services	Chapter:	General
Approval Date:	08/12/2019	Approved by:	Vanetta Abdellatif, MPH Integrated Clinical Services Director Tara Marshall Chair, Community Health Council
Related Procedure(s):	Not Applicable		
Related Standing Order(s):	Not Applicable		
Applies to:	All Dental, Lab, Pharmacy, and Primary Care Staff		

PURPOSE

This policy ensures that the health center respects patient rights, providing an important aspect of care that has been shown to encourage patients to become more informed and involved in their care. These empowered patients ask questions and develop better relationships with their caregivers. This acknowledgement of patient rights also helps patients feel supported by the health center and those people directly involved in their care, treatment, and services. When patients understand and accept their responsibilities, the concept of the patient as a partner in care becomes a dynamic component of the patient's episode of care.

DEFINITIONS

Term	Definition
N/A	

POLICY STATEMENT

All patients served within ICS (Integrated Clinical Services) Health Centers shall be informed of their rights and responsibilities. The health center defines these responsibilities and then relays them to the patient.

Rights and Responsibilities statements shall be prominently posted throughout patient areas, in English and other major languages served by the health center. Copies of Rights and Responsibilities statements shall also be available in health center reception areas, and upon request from any health center employee. Health Center management staff shall be responsible for answering questions or addressing concerns of patients related to their rights and responsibilities.

REFERENCES AND STANDARDS

Joint Commission Requirements regarding the Rights and Responsibilities of the Individual

- Standard RI.01.01.01: The organization respects patient rights.
- Standard RI.01.01.03: The organization respects the patient's right to receive information in a manner he or she understands.
- Standard RI.01.02.01: The organization respects the patient's right to participate in decisions about his or her own care, treatment, and services.
- Standard RI.01.03.01: The organization honors the patient's right to give or withhold informed consent.
- Standard RI.01.05.01: The organization addresses patient decisions about care, treatment, and services received at the end of life.
- Standard RI.02.01.01: The organization informs the patient about his or her responsibilities related to his or her care, treatment, and services.

PROCEDURES AND STANDING ORDERS

Not applicable

RELATED DOCUMENTS

Name	
Attachment A - Patient Rights and Responsibilities Statement - PC-120 (available in Spanish, Russian and Vietnamese)	

POLICY REVIEW INFORMATION

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

community health center board
Multnomah County

Board Presentation Summary

Presentation Title	CareOregon Dental Collaborative Quality Improvement Plan

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:	12/12/2022	**Program / Area:**	Dental
Presenters:	Azma Ahmed, DDS, ICS Dental Director		

Project Title and Brief Description: CareOregon Dental Quality Improvement Project

ICS dental, in collaboration with CareOregon Dental, has developed a business plan to support improvement efforts with patient access and engagement, oral health outcomes, workforce shortages and patient satisfaction.

Describe the current situation:

MCHD dental is the largest FQHC system in Oregon. We provide extensive dental benefits, and a wide range of programming, for our assigned members - 95% of which are CareOregon Dental members. Only about half of our assigned membership are accessing care, despite multiple attempts to engage them by our dedicated outreach staff.

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

The pandemic has crippled our organization. As a result, staff are being asked to do too many things, without enough time to do any of them well. With such limited resources, we do not have bandwidth to properly outreach to and engage our assigned membership, or measure oral health outcomes in our communities – especially our marginalized and BIPOC communities, who endure worse dental problems over their life course. In order to craft solutions that will result in improved patient engagement and population-based oral health outcomes – we require additional dedicated resources to plan for, initiate,

implement and evaluate strategic improvement projects. We cannot accomplish this with the resources we already have. The data has demonstrated that it is not working.

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):*

CareOregon and Dental leadership have met on several occasions to outline the major goals, objectives and related key performance indicators of this project. Ensuring health equity and leading with race is a primary focus that will be threaded throughout the work, so that decisions and/or processes do not perpetuate health inequities that exist within our communities. This proposal intends to dive deeper than the program ever has to identify oral health disparities and improve them. Dr. Azma Ahmed has presented a summary of the project to the CHCB board, in order to obtain general feedback and reactions. The business plan outlines project objectives and strategies that will intentionally seek to include community members in the process.

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

Board makes a decision on whether to accept the funding or not. ICS makes decisions on how to operationalize the project.

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

A yes vote will result in the funding of Phase 1 of the project, which will focus on setting up the infrastructure of the project, including: hiring of staff, scoping and project charter development, convening of a project team and steering committee, implementing a communications plan, development and implementation of targeted strategies to meet objectives, and developing and applying related data reporting and analysis systems to evaluate success. Successful completion of phase one metrics will result in the release of phase 2 funding.

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 will result in the status quo. The dental program will continue to make small and incremental changes to improve patient engagement and related oral health outcomes, workforce improvement and financial sustainability using existing clinical and operational staff. This work will be in addition to day to day duties and responsibilities. Frequently, this work will be pushed to the back burner due to inadequate staff, time and resources. Financial viability of the program will continue to be uncertain and unstable.

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

Thus far, ICS executive primary care staff and dental leadership have been engaged, as well as CareOregon primary care and dental leadership. The CHCB board has been briefed on a summary of the project.

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

Dr. Alyssa Franzen, CareOregon
Dr. Amit Shah, CareOregon

Dr. Azma Ahmed, DDS, Multnomah County Health Department Dental Director

- Clinical dental care provider, strategic planning and development, demonstrated program planning and oversight.

Daniel Martinez Tovar, EPDH, MBA, Multnomah County Health Department Dental Senior Manager

- Senior Dental Operations Manager with a strong background in FQHCs with extensive clinical experience as an Expanded Practice Dental Hygienist in various settings. A detail-oriented and highly articulate professional providing project management, coaching, and consultation to achieve strategic goals. Demonstrated clinical and operational experience and success, program planning and development, financial savvy, LEAN Green Belt certified, and native Spanish speaker

Aron Goffin, MPH, Multnomah County Health Department Dental Senior Specialist

- Training and demonstrated application of public health and life course lens, including social determinants of health and racial/social justice framework, trauma informed care trained, PSU certification in project management, quality improvement/ LEAN green belt certified, awareness of ADKAR change management methodology and application to project management and system change, trained in Health Literacy principles and practices, as well as Writing for the Web. Public health communications savvy and keen understanding of data analysis and measurement.

Dr. Maciej Dolata - Multnomah County Health Department Deputy Dental Director

- Clinical dental care provider, assisting with strategic planning and development, demonstrated program planning and oversight.

Tony Gaines -Patient Access & Engagement Program Director

- Experience leading our current patient access strategies . Tony will collaborate with dental leadership on patient outreach and engagement strategies and alignment with the member services team.

ICS Senior leadership will be involved in higher level oversight of this project.

What have been the recommendations so far?

The CHCB had many questions about the proposal based on the initial presentation. The main question was, *"If we are already doing high quality work, why is this funding needed?"*.

The short answer to this question is this: While we have historically provided excellent and high quality service to our community members, we do not measure and have the ability to measure population health outcomes. This work seeks to both improve member engagement (and therefore improve health outcomes as well as visit revenue), while also implementing creative ways to enhance and sustain our workforce, so that we are able to more effectively engage with our assigned membership and improve the oral health of our communities - especially those facing steep health inequities.

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

Over the past year and a half, dental leadership have developed and implemented a series of recommendations for clinical and process improvements in an effort to improve efficiency, reduce waste, and increase visit revenue. This funding proposal is significant in consequence – an exciting opportunity to see significant and sustained positive change for our program and our community.

Board Notes:

community health center board
Multnomah County

Board Presentation Summary

Presentation Title	Test to Treat Grant

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:	12/12/2022	**Program / Area:**	Health Center/Operations
Presenters:	Debbie Powers		

Project Title and Brief Description:

Test to Treat- One-time-only grant from OPCA to support existing COVID testing and treatment services within the health center and expand access to community members in existing client households. Integrated Clinical Services (ICS) requests the appropriation of $250,000 in funds from the Oregon Primary Care Association (OPCA).

The Multnomah County Health Department Community Health Center was selected by OPCA as a pilot site in August 2022. The pilot runs from 7/1/2022 to 6/30/2023. The Health Center is responsible for invoicing OPCA by the 15th of each month for costs associated with providing COVID 19 testing and treatment. Funds will help cover staffing and other costs associated with activities at the Patient Access Center, including Nursing, Communications, and Community Outreach, Interpretation Services, and Educational Materials.

Describe the current situation:

Emerging data confirms that people of color and other communities lack adequate access to COVID 19 therapeutics. The Oregon Health Authority has partnered with the Oregon Primary Care Association to support FQHCs, Federally Qualified Health Centers, by bolstering their existing infrastructure to expand access to COVID-19 testing and therapeutics in communities disproportionately impacted by COVID-19.

The goal of the pilot program is to provide COVID-19 treatment to existing health center clients and community-wide target populations including migrant seasonal farmworkers, individuals experiencing homelessness, racial and ethnic minorities, refugees, and immigrants.

The FQHCs will then share lessons learned with OPCA for the purposes of developing a toolkit or guide on the Administration of COVID 19 Treatments in Primary Care.

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

This work was put into place during the pandemic incrementally as testing and antivirals because available. With each development came a rush to implement. At this point, there is a need for process improvement and expansion of services along with an improved communication plan.

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):*

Appropriation of OPCA funds will cover existing costs of COVID 19 testing and treatment and expand access to COVID 19 Home Test Kits.

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

The Board decides whether to accept the funding or not. ICS makes decisions on how to operationalize the project.

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

For the current fiscal year, this budget modification increases revenue of $250,000 over the course of FY23. The process improvement, expansion, and communication work needs to be done at this point. A "yes" vote helps to provide the funding.

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

The process improvement, expansion, and communication work needs to be done at this point. A "no" vote means that Health Center funds absorb the cost.

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

Oregon Health Authority, Oregon Primary Care Association

Who are the area or subject matter experts for this project? *(Please provide a brief description of qualifications)*
Community Health Workers, Clinical Staff, Program Managers, Pharmacy and Medical Leadership.
What have been the recommendations so far?
Oregon Health Authority and Oregon Primary Care Association have made funds available to improve and expand connections to care for the purposes of testing and treatment.
How was this material, project, process, or system selected from all the possible options?
This was a published funding opportunity with goals in alignment with current projects lacking a specific funding source.

Board Notes:

Monthly Financial Packet

December 12, 2022

community health center board

Multnomah County

community health center board
Multnomah County

Monthly Financial Packet
Table of Contents

December 12 2022

Item 1. A revenue and expense monthly report.

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

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

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

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

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

Multnomah County
Federally Qualified Health Center

Monthly Financial Reporting Package

October FY 2023

Updated 11/23/2022

Prepared by: Financial and Business Management Division

Multnomah County Health Department
Community Health Center Board - Financial Statement
For Period Ending October 31, 2022
Prepared using the Modified Accrual Basis of Accounting
Percentage of Year Complete: 33.3%
[A Pro Forma Financial Statement]

Community Health Center - Monthly Highlights

Financial Statement: For period 4 in Fiscal Year 2023 (July 2022 - June 2023)

	YTD Actuals	Budget	Difference	% of Budget YTD
Revenue:	$ 55,233,226	$ 166,436,730	$ 111,203,504	33%
Expenditures:	$ 47,932,544	$ 166,436,730	$ 118,504,186	29%
Net Income/(Loss)	$ 7,300,682			

Multnomah County Health Department
Community Health Center Board - Financial Statement

For Period Ending October 31, 2022

Prepared using the Modified Accrual Basis of Accounting

Percentage of Year Complete: 33.3%

[A Pro Forma Financial Statement]

Community Health Center

	Adopted Budget	Revised Budget	Budget Change	01 July	02 Aug	03 Sept	04 Oct	Year to Date Total	% YTD	FY22 YE Actuals
Revenue										
Miscellaneous Revenue	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	0%	$ 2,042
Grants - PC 330 (BPHC)	$ 9,809,191	$ 9,809,191	$ -	$ -	$ 88,674	$ 1,419,429	$ 766,120	$ 2,274,223	23%	$ 8,880,564
Grants - COVID-19	$ -	$ -	$ -	$ -	$ 1,121	$ 17,629	$ 114,237	$ 132,987	0%	$ 7,437,487
Grants - ARPA	$ 8,075,272	$ 8,075,272	$ -	$ -	$ -	$ 1,724,643	$ 937,567	$ 2,662,210	33%	$ -
Grants - All Other	$ 4,774,390	$ 4,774,390	$ -	$ -	$ 25,838	$ 641,076	$ 1,189,357	$ 1,856,271	39%	$ 4,008,471
Grant Revenue Accrual	$ -	$ -	$ -	$ -	$ -	$ -	$ 500,612	$ 500,612	0%	$ -
Quality & Incentives Payments	$ 7,671,495	$ 7,671,495	$ -	$ 156,788	$ 892,752	$ 813,774	$ 977,193	$ 2,840,507	37%	$ 9,910,993
Health Center Fees	$ 131,217,155	$ 131,217,155	$ -	$ 9,796,157	$ 11,737,344	$ 10,823,733	$ 11,148,285	$ 43,505,519	33%	$ 132,854,683
Self Pay Client Fees	$ 1,089,227	$ 1,089,227	$ -	$ 53,184	$ 49,810	$ 46,366	$ 44,871	$ 194,231	18%	$ 680,758
Beginning Working Capital	$ 3,800,000	$ 3,800,000	$ -	$ 316,667	$ 316,667	$ 316,667	$ 316,667	$ 1,266,667	33%	$ 3,298,126
Total	**$ 166,436,730**	**$ 166,436,730**	**$ -**	**$ 10,322,795**	**$ 13,112,204**	**$ 15,803,318**	**$ 15,994,909**	**$ 55,233,226**	**33%**	**$ 167,073,124**
Expense										
Personnel	$ 106,322,509	$ 106,322,509	$ -	$ 6,727,729	$ 6,954,872	$ 6,894,286	$ 6,912,956	$ 27,489,843	26%	$ 82,144,356
Contracts	$ 3,518,134	$ 3,518,134	$ -	$ 238,764	$ 385,592	$ 497,003	$ 808,107	$ 1,929,466	55%	$ 5,571,994
Materials and Services	$ 25,949,574	$ 25,949,574	$ -	$ 3,012,870	$ 1,840,086	$ 2,281,493	$ 885,330	$ 8,019,778	31%	$ 20,538,983
Internal Services	$ 30,296,513	$ 30,296,513	$ -	$ 1,232,325	$ 2,916,645	$ 2,155,437	$ 2,394,463	$ 8,698,870	29%	$ 26,603,582
Capital Outlay	$ 350,000	$ 350,000	$ -	$ -	$ -	$ 741,207	$ 1,053,380	$ 1,794,587	513%	$ 94,279
Total	**$ 166,436,730**	**$ 166,436,730**	**$ -**	**$ 11,211,688**	**$ 12,097,194**	**$ 12,569,426**	**$ 12,054,237**	**$ 47,932,544**	**29%**	**$ 134,953,193**
Net Income/(Loss)	**$ -**	**$ -**	**$ -**	**$ (888,892)**	**$ 1,015,010**	**$ 3,233,892**	**$ 3,940,672**	**$ 7,300,682**		**$ 32,119,931**

Multnomah County Health Department
Community Health Center Board

FY 2023 YTD Actual Revenues & Expenses by Program Group
Prepared using the Modified Accrual Basis of Accounting
For Period Ending October 31, 2022
Percentage of Year Complete: 33.3%
[A Pro Forma Financial Statement]

Category	Description	Admin	Dental	Pharmacy	Primary Care Clinics	Quality & Compliance	Student Health Centers
Revenues	Miscellaneous Revenue	-	-	-	-	-	-
	Grants - PC 330 (BPHC)	474,768	86,567	-	1,595,791	-	83,041
	Grants - COVID-19	99,158	-	-	-	-	33,829
	Grants - ARPA	2,622,741	-	-	39,470	-	-
	Grants - All Other	-	704,755	-	-	-	418,240
	Grant Revenue Accrual	500,612	-	-	-	-	-
	Quality & Incentives Payments	2,366,066	-	-	-	474,440	-
	Health Center Fees	13,889	6,705,946	12,029,155	21,959,738	8,489	1,434,645
	Self Pay Client Fees	-	21,765	85,497	86,563	-	-
	Beginning Working Capital	1,100,000	-	-	-	166,667	-
Revenues Total		7,177,234	7,519,033	12,114,651	23,681,562	649,596	1,969,755
Expenditures	Personnel Total	5,647,280	5,652,539	2,900,492	9,482,379	696,260	1,414,745
	Contractual Services Total	1,506,864	57,817	13,144	280,811	21,534	29,950
	Internal Services Total	1,546,382	1,652,366	1,047,354	3,107,187	241,156	478,134
	Materials & Supplies Total	603,379	295,923	6,460,010	480,256	11,035	71,212
	Capital Outlay Total	1,411,837	-	382,750	-	-	-
Expenditures Total		10,715,741	7,658,644	10,803,750	13,350,634	969,985	1,994,041
Net Income/(Loss)		(3,538,507)	(139,611)	1,310,901	10,330,928	(320,389)	(24,287)
Total BWC from Prior Years		36,941,462	-	-	15,850	500,000	-

Multnomah County Health Department
Community Health Center Board

FY 2023 YTD Actual Revenues & Expenses by Program Group
Prepared using the Modified Accrual Basis of Accounting
For Period Ending October 31, 2022
Percentage of Year Complete: 33.3%
[A Pro Forma Financial Statement]

	Category	Description	HIV Clinic	Lab	Y-T-D Actual	Y-T-D Budget	Revised Budget	% of Budget	FY22 YE Actuals
Revenues	Miscellaneous Revenue		-	-	-	-	-	0%	2,042
	Grants - PC 330 (BPHC)		34,056	-	2,274,223	3,269,730	9,809,191	23%	8,880,564
	Grants - COVID-19		-	-	132,987	-	-	0%	7,437,487
	Grants - ARPA		-	-	2,662,210	2,691,757	8,075,272	33%	-
	Grants - All Other		733,276	-	1,856,271	1,591,463	4,774,390	39%	4,008,471
	Grant Revenue Accrual		-	-	500,612	-	-	0%	-
	Quality & Incentives Payments		-	-	2,840,507	2,557,165	7,671,495	37%	9,910,993
	Health Center Fees		1,353,656	-	43,505,519	43,739,052	131,217,155	33%	132,854,683
	Self Pay Client Fees		406	-	194,231	363,076	1,089,227	18%	680,758
	Beginning Working Capital		-	-	1,266,667	1,266,667	3,800,000	33%	3,298,126
Revenues Total			2,121,394	-	55,233,226	55,478,910	166,436,730	33%	167,073,124
Expenditures	Personnel Total		1,201,113	495,035	27,489,843	35,440,836	106,322,509	26%	82,144,356
	Contractual Services Total		17,969	1,377	1,929,466	1,172,711	3,518,134	55%	5,571,994
	Internal Services Total		442,368	183,922	8,698,870	10,098,838	30,296,513	29%	26,603,582
	Materials & Supplies Total		51,278	46,686	8,019,778	8,649,858	25,949,574	31%	20,538,983
	Capital Outlay Total		-	-	1,794,587	116,667	350,000	513%	94,279
Expenditures Total			1,712,728	727,021	47,932,544	55,478,910	166,436,730	29%	134,953,194
Net Income/(Loss)			408,666	(727,021)	7,300,682	-	-		32,119,930
Total BWC from Prior Years			896,489	-	38,353,801				

Multnomah County Health Department

Community Health Center Board

FY 2023 Program Revenue by Fiscal Period

For Period Ending October 31, 2022

Percentage of Year Complete: 33.3%

Revenue Category	01 July	02 August	03 September	04 October	05 November	06 December	Grand Total
Health Center Fees							
Program Income	9,794,115	11,732,097	10,819,553	11,048,144	-	-	43,393,909
Other	2,042	5,247	4,180	100,141	-	-	111,610
Health Center Fees Total	**9,796,157**	**11,737,344**	**10,823,733**	**11,148,285**	**-**	**-**	**43,505,519**
Self Pay Client Fees							
Program Income	53,184	49,810	46,366	44,871	-	-	194,231
Other	-	-	-	-	-	-	-
Self Pay Client Fees Total	**53,184**	**49,810**	**46,366**	**44,871**	**-**	**-**	**194,231**
Grand Total	**9,849,341**	**11,787,154**	**10,870,100**	**11,193,156**	**-**	**-**	**43,699,750**

Multnomah County Health Department

Community Health Center Board

FY 2023 YTD Internal Services Expenditures by Program Group

For Period Ending October 31, 2022

Percentage of Year Complete: 33.3%

Category	Administrative	Dental	HIV Clinic	Lab	Pharmacy	Primary Care Clinics	Quality and Compliance	Student Health Centers	Grand Total
Indirect Expense	710,809	759,701	131,530	66,533	389,826	1,274,432	93,577	179,635	3,606,043
Internal Service Data Processing	442,760	461,210	225,646	54,552	480,671	1,063,895	98,956	199,933	3,027,623
Internal Service Distribution	15,116	34,999	370	10,368	8,634	32,213	2,811	73,192	177,702
Internal Service Enhanced Building Services	31,895	41,352	8,371	5,562	15,540	66,319	4,831	-	173,870
Internal Service Facilities & Property Management	232,605	301,566	61,046	40,560	113,333	483,654	35,235	-	1,267,998
Internal Service Facilities Service Requests	64,659	17,180	2,096	-	15,316	83,373	120	9,894	192,640
Internal Service Fleet Services	-	5,455	-	-	-	-	-	-	5,455
Internal Service Motor Pool	255	63	43	-	38	19	190	258	867
Internal Service Other	18,041	4,447	694	18	6,427	25,694	230	277	55,828
Internal Service Records	110	3,448	2,817	2,810	9,139	7,305	0	148	25,778
Internal Service Telecommunications	30,131	22,945	9,755	3,520	8,430	70,283	5,206	14,797	165,066
Grand Total	1,546,382	1,652,366	442,368	183,922	1,047,354	3,107,187	241,156	478,134	8,698,870

Multnomah County Health Department

Community Health Center Board

FY 2023 Internal Services Expenditures by Fiscal Period

For Period Ending October 31, 2022

Percentage of Year Complete: 33.3%

Category	01 July	02 August	03 September	04 October	Grand Total	Total Budget	YTD % of Budget
Indirect Expense	886,125	907,452	895,759	916,707	3,606,043	13,228,133	27.3%
Internal Service Data Processing	256,531	1,221,206	665,914	883,971	3,027,623	10,020,693	30.2%
Internal Service Distribution	43,781	45,109	44,036	44,776	177,702	525,575	33.8%
Internal Service Enhanced Building Services	-	3,100	-	170,770	173,870	1,164,363	14.9%
Internal Service Facilities & Property Manageme	-	614,488	331,392	322,118	1,267,998	4,043,263	31.4%
Internal Service Facilities Service Requests	37,021	24,554	46,000	85,064	192,640	336,434	57.3%
Internal Service Fleet Services	115	2,614	946	1,780	5,455	22,019	24.8%
Internal Service Motor Pool	217	217	217	217	867	5,123	16.9%
Internal Service Other	2,090	7,528	33,833	12,377	55,828	-	0.0%
Internal Service Records	6,445	6,445	102,423	(89,533)	25,778	104,143	24.8%
Internal Service Reimbursement	-	-	-	-	-	-	0.0%
Internal Service Telecommunications	-	83,931	34,918	46,217	165,066	846,767	19.5%
Grand Total	1,232,325	2,916,645	2,155,437	2,394,463	8,698,870	30,296,513	

Multnomah County Health Department
Community Health Center Board - Notes & Definitions
For Period Ending October 31, 2022
Percentage of Year Complete: 33.3%

Community Health Center - Footnotes:

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

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

The Revised Budget differs from the Adopted Budget due to budget modifications, see those listed on the budget adjustments page.

All non-ICS Service Programs were removed from the health center scope effective June 30th, 2021.

Administrative Programs include the following: ICS Administration, ICS Health Center Operations, ICS Primary Care Admin & Support

Multnomah County Health Department
Community Health Center Board - Notes & Definitions

For Period Ending October 31, 2022

Percentage of Year Complete: 33.3%

Community Health Center - Definitions

Budget: Adopted budget is the financial plan adopted by the Board of County Commissioners for the current fiscal year. Revised Budget is the Adopted budget plus any changes made through budget modifications as of the current period.

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

General Fund 1000: The primary sources of revenue are property taxes, business income taxes, motor vehicle rental taxes, service charges, intergovernmental revenue, fees and permits, and interest income.

Miscellaneous Revenue: Revenues from services provided from Pharmacy related activities, including: refunds fro outdated/recalled medications and reimbursements from the state for TB and STD medications.

Grants – PC 330 (BPHC): Federal funding from the Bureau of Primary Care (BPHC) at the Health Resources and Services Administration (HRSA). Funding is awarded to federally qualified health centers (FQHC) to support services to un-/under-insured clients. This grant is awarded on a calendar year, January to December. Sometimes called the 330 grant, the H80 grant or the HRSA grant. Invoicing typically occurs one month after the close of the period because this is a cost reimbursement grant.

Grants - COVID-19, Fund 1515**:** Accounts for revenues and expenditures associated with the County's COVID-19 public health emergency response. Expenditures are restricted to public health services, medical services, human services, and measures taken to facilitate COVID-19 public health measures (e.g., care for homeless population). Revenues are primarily from federal, state and local sources directed at COVID relief.

Grants – All Other, Federal/State Fund 1505**:** Accounts for the majority of grant restricted revenues and expenditures related to funding received from federal, state and local programs. The fund also includes some non-restricted operational revenues in the form of fees and licenses.

Quality & Incentives Payments (formerly Grants – Incentives): Payments received for serving Medicaid clients and achieving specific quality metrics and health outcomes

Grant Revenue Accrual: Accrual amounts for current and prior periods

Health Center Fees: Revenue from services provided in the clinics that are payable by insurance companies.

Self Pay Client Fees: Revenue from services provided in the clinics that are payable by our clients.

Beginning working capital: Funding that has been earned in a previous period but unspent. It is then carried over into the next fiscal year to cover expenses in the current period if needed. Current balances have been earned over multiple years.

Write-offs: A write-off is a cancellation from an account of a bad debt. The health department cancels bad debt when it has determined that it is uncollectible.

Multnomah County Health Department
Community Health Center Board - Notes & Definitions

For Period Ending October 31, 2022

Percentage of Year Complete: 33.3%

Community Health Centers - Definitions cont.

Expenses: are what the County spends to provide services to the community. Expenditure categories include personnel, materials and supplies, internal services, contracted services, and capital.

Personnel: Costs of salaries and benefits. Includes the cost of temporary employees.

Contracts: professional services that are provided by non County employees: e.g., lab and x-ray services, interpretation services, etc.

Materials and Services: non personnel expenses the program needs to perform its mission: e.g., medical and dental supplies, repairs & maintenance, supplies, etc.

Internal Services	Allocation Method
Facilities/Building Mgmt	FTE Count Allocation
IT/Data Processing	PC Inventory, Multco Align
Department Indirect	FTE Count (Health HR, Health Business Ops)
Central Indirect	FTE Count (HR, Legal, Central Accounting)
Telecommunications	Telephone Inventory
Mai/Distribution	Active Mail Stops, Frequency, Volume
Records	Items Archived and Items Retrieved
Motor Pool	Actual Usage

Capital Outlay: Capital Expenditures- purchase of capital items that cost $5,000 or more that have an expected useful life of more than one fiscal year: e.g., medical and dental equipment.

Unearned revenue is generated when the County receives payment in advance for a particular grant or program. The funding is generally restricted to a specific purpose, and the revenue will be earned and recorded when certain criteria are met (spending the funds on the specified program, meeting benchmarks, etc.) The unearned revenue balance is considered a liability because the County has an obligation to spend the funds in a particular manner or meet certain programmatic goals. If these obligations are not met, the funder may require repayment of these funds.

Modified Accrual Basis of Accounting: The County accounts for certain expenditures of the enterprise funds for budgetary purposes on the modified accrual basis of accounting. For financial reporting purposes, the accrual basis of accounting is used. The difference in the accounting basis used relates primarily to the methods of accounting for depreciation and capital outlay. Revenues are recognized when they are both measurable and available. Expenditures, however, are recorded on a full accrual basis because they are always measurable when they are incurred.

Pro Forma Financial Statement: A pro forma financial statement leverages hypothetical data or assumptions about future values to project performance over a period that hasn't yet occurred.

Multnomah County Health Department
Community Health Center Board - Budget Adjustments

For Period Ending October 31,2022

Percentage of Year Complete: 33.3%

Community Health Centers

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

Balance Sheet (incl Trial Balance)

Balance Sheet (Full Accrual)
As of October 31, 2022

	October	September	$ Change	% Change
ASSETS				
10000:Cash	$ 103,047,454	$ 97,772,306	$ 5,275,148	5 %
10100:Undeposited Payments	293,063	375	292,688	78034 %
10450:Investments - Local Government Investment Pool (LGIP)	1,026,917	936,860	90,057	10 %
10600:Interfund Cash Clearing	(78,442,257)	(72,167,667)	(6,274,590)	9 %
Cash & Cash Equivalents	**$ 25,925,177**	**$ 26,541,874**	**$ (616,697)**	**(2)%**
CURRENT ASSETS				
72100:Accounts Receivable, General	$ 24,156,989	$ 20,449,203	$ 3,707,785	18 %
20345:Allowance for Discounts & Returns	(2,505,346)	(2,093,868)	(411,478)	20 %
Accounts Receivable, Net	21,651,643	18,355,336	3,296,307	18 %
20602:Prepaid Other Expenses	-	-	-	
Total Current Assets	**$ 47,576,820**	**$ 44,897,210**	**$ 2,679,610**	**6 %**
NON-CURRENT ASSETS				
21186:Net OPEB Asset - Retirement Health Insurance Account (RHIA)	$ 729,127	$ 729,127	$ -	0 %
40070:Buildings - Asset	2,134,899	2,134,899	-	0 %
40090:Machinery & Equipment - Asset	1,665,917	1,665,917	-	0 %
41070:Accumulated Depreciation - Buildings	(428,218)	(423,771)	(4,448)	1 %
41090:Accumulated Depreciation - Machinery & Equipment	(1,521,244)	(1,511,134)	(10,110)	1 %
Total Non-Current Assets	**$ 2,580,481**	**$ 2,595,038**	**$ (14,557)**	**(1)%**
Total Assets	**$ 50,157,301**	**$ 47,492,248**	**$ 2,665,053**	**6 %**
DEFERRED OUTFLOW OF RESOURCES				
28005:Deferred Outflows, OPEB - County Plan	$ 1,023,161	$ 1,023,161	$ -	0 %
28006:Deferred Outflows, OPEB - Retirement Health Insurance Account (RHIA)	956,099	956,099	-	0 %
28000:Deferred Outflows, Pension	19,652,740	19,652,740	-	0 %
Total Deferred Outflow of Resources	$ 21,632,000	$ 21,632,000	-	0 %
LIABILITIES AND NET POSITION				
CURRENT LIABILITIES				
70000:Accounts Payable, General	$ 848,957	$ 904,266	$ 55,309	(6)%
30090:Payroll Payable	1,514,472	1,452,103	(62,369)	4 %
30705:Compensated Absences, Current	720,255	720,255	-	0 %
30805:Accrued Payables	-	-	-	
30830:Procurement Cards Payable	215,919	215,453	(466)	0 %
30831:MMP-Card Clearing	(315)	(315)	-	0 %
30905:Unearned Revenue, Health Department	334,117	334,117	-	0 %
Total Current Liabilities	**$ 3,633,405**	**$ 3,625,879**	**$ (7,526)**	**0 %**
NON-CURRENT LIABILITIES				
30700:Compensated Absences, Noncurrent	$ 2,872,279	$ 2,872,279	$ -	0 %
31180:Net Pension Liability	32,172,161	32,172,161	-	0 %
31185:Net OPEB Liability - County Plan	10,268,514	10,268,514	-	0 %
Total Non-Current Liabilities	**$ 45,312,954**	**$ 45,312,954**	**$ -**	**0 %**
Total Liabilities	**$ 48,946,359**	**$ 48,938,833**	**$ (7,526)**	**0 %**
DEFERRED INFLOW OF RESOURCES				
38005:Deferred Inflows, OPEB - County Plan	$ 1,564,045	$ 1,564,045	$ -	0 %
38006:Deferred Inflows, OPEB - Retirement Health Insurance Account (RHIA)	594,448	594,448	-	0 %
38000:Deferred Inflows, Pension	25,353,909	25,353,909	-	0 %
Total Deferred Inflow of Resources	$ 27,512,402	$ 27,512,402	$ -	0 %
NET POSITION	**$ (4,669,460)**	**$ (7,326,987)**	**$ 2,657,527**	**(36)%**

Modified Balance Sheet (incl Trial Balance)

Balance Sheet (Modified - Operational)
As of October 31, 2022

	October	September	$ Change	% Change
ASSETS				
10000:Cash	$ 103,047,454	$ 97,772,306	$ 5,275,148	5 %
10100:Undeposited Payments	293,063	375	292,688	78034 %
10450:Investments - Local Government Investment Pool (LGIP)	1,026,917	936,860	90,057	10 %
10600:Interfund Cash Clearing	(78,442,257)	(72,167,667)	(6,274,590)	9 %
Cash & Cash Equivalents	**$ 25,925,177**	**$ 26,541,874**	**$ (616,697)**	**(2)%**
CURRENT ASSETS				
72100:Accounts Receivable, General	$ 24,156,989	$ 20,449,203	$ 3,707,785	18 %
20345:Allowance for Discounts & Returns	(2,505,346)	(2,093,868)	(411,478)	20 %
Accounts Receivable, Net	21,651,643	18,355,336	3,296,307	18 %
20602:Prepaid Other Expenses	-	-	-	
Current Assets	**$ 47,576,820**	**$ 44,897,210**	**$ 2,679,610**	**6 %**
Total Assets	**47,576,820**	**44,897,210**	**2,679,610**	**6 %**
LIABILITIES AND NET ASSETS				
CURRENT LIABILITIES				
70000:Accounts Payable, General	$ 848,957	$ 904,266	$ 55,309	(6)%
30090:Payroll Payable	1,514,472	1,452,103	(62,369)	4 %
30805:Accrued Payables	-	-	-	
30830:Procurement Cards Payable	215,919	215,453	(466)	0 %
30831:MMP-Card Clearing	(315)	(315)	-	0 %
30905:Unearned Revenue, Health Department	334,117	334,117	-	0 %
Current Liabilities	**$ 2,913,150**	**$ 2,905,624**	**$ (7,526)**	**0 %**
Total Liabilities	**$ 2,913,150**	**$ 2,905,624**	**$ (7,526)**	**0 %**
Net Assets	**$ 44,663,670**	**$ 41,991,586**	**$ 2,687,136**	**6 %**
Total Liabilities & Net Assets	**$ 47,576,820**	**$ 44,897,210**	**$ 2,679,610**	**6 %**

ICS CASH FLOW PROJECTION TEMPLATE FY2023

Board Members sent Excel spreadsheet

	JULY	AUGUST	SEPTEMBER	QUARTER 1 TOTALS	OCTOBER	NOVEMBER	DECEMBER	QUARTER 2 TOTALS	JANUARY	FEBRUARY	MARCH	QUARTER 3 TOTALS	APRIL	MAY	JUNE	QUARTER 4 TOTALS	FISCAL YEAR TOTALS
BEGINNING BALANCE | CASH ON HAND	$ 29,110,279.00	$ 26,565,768.00	$ 25,569,739.00	$ 81,245,786.00	$ 28,320,540.00	$ 26,439,014.98	$ 27,684,234.89	$ 82,443,789.87	$ 29,081,874.60	$ 27,110,753.15	$ 25,318,824.55	$ 81,511,452.30	$ 26,671,704.52	$ 28,279,775.93	$ 26,219,058.04	$ 81,170,538.49	$ 326,371,566.66
(+) CASH RECEIPTS																	
(+) GRANTS																	
HRSA PC 330 Health Center Cluster	$ -	$ 88,674.00	$ 1,419,429.00	$ 1,508,103.00	$ 804,660.20	$ 766,343.05	$ 842,977.35	$ 2,413,980.60	$ 842,977.35	$ 766,343.05	$ 881,294.50	$ 2,490,614.90	$ 766,343.05	$ 881,294.50	$ 804,660.20	$ 2,452,297.75	$ 8,864,996.25
HRSA Ryan White Part A	$ -	$ 8,130.00	$ 176,468.00	$ 184,598.00	$ 113,185.32	$ 107,795.55	$ 118,575.10	$ 339,555.97	$ 118,575.10	$ 107,795.55	$ 123,964.88	$ 350,335.53	$ 107,795.55	$ 123,964.88	$ 113,185.32	$ 344,945.75	$ 1,219,435.25
HRSA Ryan White Part C	$ -	$ 7,551.00	$ 156,729.00	$ 164,280.00	$ 62,659.98	$ 59,676.17	$ 65,643.79	$ 187,979.94	$ 65,643.79	$ 59,676.17	$ 68,627.60	$ 193,947.56	$ 59,676.17	$ 68,627.60	$ 62,659.98	$ 190,963.75	$ 737,171.25
OHA Ryan White Part B	$ -	$ 1,828.00	$ -	$ 1,828.00	$ 29,162.11	$ 27,773.44	$ 30,550.78	$ 87,486.33	$ 30,550.78	$ 27,773.44	$ 31,939.45	$ 90,263.67	$ 27,773.44	$ 31,939.45	$ 29,162.11	$ 88,875.00	$ 268,453.00
OHA School-Based Health Centers	$ -	$ 531.00	$ 242,430.00	$ 242,961.00	$ 92,821.15	$ 88,401.09	$ 97,241.20	$ 278,463.45	$ 97,241.20	$ 88,401.09	$ 101,661.26	$ 287,303.55	$ 88,401.09	$ 101,661.26	$ 92,821.15	$ 282,883.50	$ 1,091,611.50
All other Non-COVID	$ -	$ 7,797.00	$ 91,286.00	$ 99,083.00	$ 93,820.62	$ 89,352.97	$ 98,288.27	$ 281,461.85	$ 98,288.27	$ 89,352.97	$ 102,755.91	$ 290,397.15	$ 89,352.97	$ 102,755.91	$ 93,820.62	$ 285,929.50	$ 956,871.50
Other / Misc - All Other Non-COVID	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Intergovernmental - Other COVID-19 Funding	$ -	$ 1,121.00	$ 1,743,393.00	$ 1,744,514.00	$ 662,424.66	$ 630,880.63	$ 693,968.69	$ 1,987,273.97	$ 693,968.69	$ 630,880.63	$ 725,512.72	$ 2,050,362.03	$ 630,880.63	$ 725,512.72	$ 662,424.66	$ 2,018,818.00	$ 7,800,968.00
HHS CARES Act Provider Relief	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
(+) FEES AND MISCELLANEOUS																	
Other / Miscellaneous Revenue	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Misc. Medicaid (Quality & Incentive Payments)	$ 156,788.00	$ 892,752.00	$ 813,774.00	$ 1,863,314.00	$ 629,302.32	$ 599,335.55	$ 659,269.10	$ 1,887,906.97	$ 659,269.10	$ 599,335.55	$ 689,235.88	$ 1,947,840.53	$ 599,335.55	$ 689,235.88	$ 629,302.32	$ 1,917,873.75	$ 7,616,935.25
Other / Misc - Medical Fees	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
APM - Service Charges	$ 4,486,908.00	$ 4,906,137.00	$ 4,875,586.00	$ 14,268,631.00	$ 3,371,577.64	$ 3,211,026.33	$ 3,532,128.96	$ 10,114,732.93	$ 3,532,128.96	$ 3,211,026.33	$ 3,692,680.28	$ 10,435,835.57	$ 3,211,026.33	$ 3,692,680.28	$ 3,371,577.64	$ 10,275,284.25	$ 45,094,483.75
APM - One Time Change In Scope	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medicaid Service Charges	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical Fees (Service Charges)	$ 3,970,296.00	$ 5,103,406.00	$ 4,521,650.00	$ 13,595,352.00	$ 5,822,523.33	$ 5,545,260.31	$ 6,099,786.34	$ 17,467,569.98	$ 6,099,786.34	$ 5,545,260.31	$ 6,377,049.36	$ 18,022,096.02	$ 5,545,260.31	$ 6,377,049.36	$ 5,822,523.33	$ 17,744,833.00	$ 66,829,851.00
Self Pay Client Fees	$ 53,184.00	$ 49,810.00	$ 46,366.00	$ 149,360.00	$ 89,350.65	$ 85,095.86	$ 93,605.45	$ 268,051.96	$ 93,605.45	$ 85,095.86	$ 97,860.24	$ 276,561.54	$ 85,095.86	$ 97,860.24	$ 89,350.65	$ 272,306.75	$ 966,280.25
Wrap - Service Charges	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
(+) OTHER REVENUE SOURCES																	
CASH SALES	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
CUSTOMER ACCOUNT COLLECTIONS	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
LOAN / CASH INJECTION	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
INTEREST INCOME	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
INVESTMENT INCOME	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SPECIAL EVENTS	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
PROGRAM SERVICE FEES	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TAX REFUND	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
OTHER	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
OTHER	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
OTHER	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
(+) YEAR PREVIOUS RECEIVABLES																	
WRAPAROUND (Oct21-Dec21)	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,037,148.51	$ 3,037,148.51	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,037,148.51
WRAPAROUND (Jan22-Mar22)	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,368,761.16	$ 3,368,761.16	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,368,761.16
WRAPAROUND (Apr22-Jun22)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,413,597.85	$ 3,413,597.85	$ -	$ -	$ -	$ -	$ 3,413,597.85
WRAPAROUND (Jul22-Sep22)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,400,000.00	$ -	$ -	$ 3,400,000.00	$ 3,400,000.00
RECEIVABLE 5	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
RECEIVABLE 6	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL CASH RECEIPTS	$ 8,667,176.00	$ 11,067,737.00	$ 14,087,111.00	$ 33,822,024.00	$ 11,771,487.98	$ 14,248,089.45	$ 15,700,796.19	$ 41,720,373.62	$ 12,332,035.03	$ 11,210,940.94	$ 16,306,179.93	$ 39,849,155.90	$ 14,610,940.94	$ 12,892,582.08	$ 11,771,487.98	$ 39,275,011.00	$ 154,666,564.52
(–) CASH PAYMENTS																	
(–) COST OF GOODS SOLD																	
DIRECT PRODUCT - PHARMACEUTICALS	$ 1,537,556.00	$ 1,489,001.00	$ 1,596,987.00	$ 4,623,544.00	$ 1,843,156.05	$ 1,755,386.72	$ 1,930,925.39	$ 5,529,468.16	$ 1,930,925.39	$ 1,755,386.72	$ 2,018,694.73	$ 5,705,006.84	$ 1,755,386.72	$ 2,018,694.73	$ 1,843,156.05	$ 5,617,237.50	$ 21,475,256.50
DIRECT PRODUCT - MEDICAL & DENTAL SUPPLIES	$ 1,296,478.00	$ 110,765.00	$ 54,155.00	$ 1,461,398.00	$ 114,647.45	$ 109,188.05	$ 120,106.85	$ 343,942.35	$ 120,106.85	$ 109,188.05	$ 125,566.25	$ 354,861.15	$ 109,188.05	$ 125,566.25	$ 114,647.45	$ 349,401.75	$ 2,509,603.25
PAYROLL TAXES / BENEFITS - DIRECT	$ 946,861.00	$ 960,248.00	$ 946,346.00	$ 2,853,455.00	$ 1,067,221.31	$ 1,016,401.25	$ 1,118,041.38	$ 3,201,663.94	$ 1,118,041.38	$ 1,016,401.25	$ 1,168,861.44	$ 3,303,304.06	$ 1,016,401.25	$ 1,168,861.44	$ 1,067,221.31	$ 3,252,484.00	$ 12,610,907.00
SALARIES - DIRECT	$ 4,211,620.00	$ 4,390,158.00	$ 4,367,421.00	$ 12,969,199.00	$ 5,109,344.54	$ 4,866,042.42	$ 5,352,646.66	$ 15,328,033.63	$ 5,352,646.66	$ 4,866,042.42	$ 5,595,948.79	$ 15,814,637.87	$ 4,866,042.42	$ 5,595,948.79	$ 5,109,344.54	$ 15,571,335.75	$ 59,683,206.25
SUPPLIES	$ 66,014.00	$ 110,765.00	$ 54,155.00	$ 230,934.00	$ 77,421.67	$ 73,734.92	$ 81,108.41	$ 232,265.00	$ 81,108.41	$ 73,734.92	$ 84,795.16	$ 239,638.50	$ 73,734.92	$ 84,795.16	$ 77,421.67	$ 235,951.75	$ 938,789.25
CONTRACT - DIRECT CLIENT ASSISTANCE	$ 9,478.00	$ 2,572.00	$ 38,555.00	$ 50,605.00	$ 4,742.14	$ 4,516.33	$ 4,967.96	$ 14,226.43	$ 4,967.96	$ 4,516.33	$ 5,193.78	$ 14,678.07	$ 4,516.33	$ 5,193.78	$ 4,742.14	$ 14,452.25	$ 93,961.75
OTHER	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
OTHER	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL COST OF GOODS SOLD	$ 8,068,007.00	$ 7,063,509.00	$ 7,057,619.00	$ 22,189,135.00	$ 8,216,533.17	$ 7,825,269.69	$ 8,607,796.66	$ 24,649,599.52	$ 8,607,796.66	$ 7,825,269.69	$ 8,999,060.14	$ 25,432,126.48	$ 7,825,269.69	$ 8,999,060.14	$ 8,216,533.17	$ 25,040,863.00	$ 97,311,724.00
(–) OPERATING EXPENSES																	
ACCOUNT FEES	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
ADVERTISING	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
BANK FEES	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
COMMUNICATIONS	$ 2,055.00	$ 1,995.00	$ 2,055.00	$ 6,105.00	$ 1,684.92	$ 1,604.69	$ 1,765.16	$ 5,054.77	$ 1,765.16	$ 1,604.69	$ 1,845.39	$ 5,215.23	$ 1,604.69	$ 1,845.39	$ 1,684.92	$ 5,135.00	$ 21,510.00
CONTINUING EDUCATION	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
DUES / SUBSCRIPTIONS	$ 2,811.00	$ 2,040.00	$ 8,539.00	$ 13,390.00	$ 9,815.04	$ 9,347.66	$ 10,282.42	$ 29,445.12	$ 10,282.42	$ 9,347.66	$ 10,749.80	$ 30,379.88	$ 9,347.66	$ 10,749.80	$ 9,815.04	$ 29,912.50	$ 103,127.50
INDIRECT EXPENSE	$ 886,125.00	$ 907,452.00	$ 895,759.00	$ 2,689,336.00	$ 1,085,120.29	$ 1,033,447.89	$ 1,136,792.68	$ 3,255,360.86	$ 1,136,792.68	$ 1,033,447.89	$ 1,188,465.07	$ 3,358,705.64	$ 1,033,447.89	$ 1,188,465.07	$ 1,085,120.29	$ 3,307,033.25	$ 12,610,435.75
INSURANCE	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
INTERNAL SERVICE DATA PROCESSING	$ 256,531.00	$ 1,221,206.00	$ 665,914.00	$ 2,143,651.00	$ 822,009.97	$ 782,866.64	$ 861,153.30	$ 2,466,029.92	$ 861,153.30	$ 782,866.64	$ 900,296.64	$ 2,544,316.58	$ 782,866.64	$ 900,296.64	$ 822,009.97	$ 2,505,173.25	$ 9,659,170.75
INTERNAL SERVICE DISTRIBUTION	$ 43,781.00	$ 45,109.00	$ 44,036.00	$ 132,926.00	$ 43,113.57	$ 41,060.55	$ 45,166.60	$ 129,340.72	$ 45,166.60	$ 41,060.55	$ 47,219.63	$ 133,446.78	$ 41,060.55	$ 47,219.63	$ 43,113.57	$ 131,393.75	$ 527,107.25
INTERNAL SERVICE ENHANCED BUILDING SERVICES	$ -	$ 3,100.00	$ -	$ 3,100.00	$ 95,514.15	$ 90,965.86	$ 100,062.45	$ 286,542.46	$ 100,062.45	$ 90,965.86	$ 104,610.74	$ 295,639.04	$ 90,965.86	$ 104,610.74	$ 95,514.15	$ 291,090.75	$ 876,372.25
INTERNAL SERVICE FACILITIES & PROPERTY MGMT	$ -	$ 614,488.00	$ 331,392.00	$ 945,880.00	$ 331,673.92	$ 315,879.92	$ 347,467.91	$ 995,021.75	$ 347,467.91	$ 315,879.92	$ 363,261.91	$ 1,026,609.75	$ 315,879.92	$ 363,261.91	$ 331,673.92	$ 1,010,815.75	$ 3,978,327.25
INTERNAL SERVICE FACILITIES SERVICE REQUESTS	$ 37,021.00	$ 24,554.00	$ 46,000.00	$ 107,575.00	$ 27,598.10	$ 26,283.91	$ 28,912.30	$ 82,794.30	$ 28,912.30	$ 26,283.91	$ 30,226.49	$ 85,422.70	$ 26,283.91	$ 30,226.49	$ 27,598.10	$ 84,108.50	$ 359,900.50
INTERNAL SERVICE FLEET SERVICES	$ 115.00	$ 2,614.00	$ 946.00	$ 3,675.00	$ 1,806.25	$ 1,720.23	$ 1,892.26	$ 5,418.74	$ 1,892.26	$ 1,720.23	$ 1,978.27	$ 5,590.76	$ 1,720.23	$ 1,978.27	$ 1,806.25	$ 5,504.75	$ 20,189.25
INTERNAL SERVICE MOTOR POOL	$ 217.00	$ 217.00	$ 217.00	$ 651.00	$ 420.25	$ 400.23	$ 440.26	$ 1,260.74	$ 440.26	$ 400.23	$ 460.27	$ 1,300.76	$ 400.23	$ 460.27	$ 420.25	$ 1,280.75	$ 4,493.25
INTERNAL SERVICE OTHER	$ 2,090.00	$ 7,528.00	$ 33,833.00	$ 43,451.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 43,451.00
INTERNAL SERVICE RECORDS	$ 6,445.00	$ 6,445.00	$ 102,423.00	$ 115,313.00	$ 8,542.98	$ 8,136.17	$ 8,949.79	$ 25,628.94	$ 8,949.79	$ 8,136.17	$ 9,356.60	$ 26,442.56	$ 8,136.17	$ 9,356.60	$ 8,542.98	$ 26,035.75	$ 193,420.25
INTERNAL SERVICE TELECOMMUNICATIONS	$ -	$ 83,931.00	$ 34,918.00	$ 118,849.00	$ 69,461.36	$ 66,153.67	$ 72,769.04	$ 208,384.07	$ 72,769.04	$ 66,153.67	$ 76,076.72	$ 214,999.43	$ 66,153.67	$ 76,076.72	$ 69,461.36	$ 211,691.75	$ 753,924.25
INTERNET	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
LICENSES / PERMITS	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
OCCUPANCY	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
OFFICE SUPPLIES	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
PASS-THROUGH & PROGRAM SUPPORT	$ -	$ -	$ -	$ -	$ 8,008.79	$ 7,627.42	$ 8,390.16	$ 24,026.38	$ 8,390.16	$ 7,627.42	$ 8,771.54	$ 24,789.12	$ 7,627.42	$ 8,771.54	$ 8,008.79	$ 24,407.75	$ 73,223.25
PAYROLL PROCESSING	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
PAYROLL TAXES / BENEFITS - INDIRECT	$ 324,028.00	$ 315,206.00	$ 320,209.00	$ 959,443.00	$ 617,720.09	$ 588,304.84	$ 647,135.33	$ 1,853,160.26	$ 647,135.33	$ 588,304.84	$ 676,550.57	$ 1,911,990.74	$ 588,304.84	$ 676,550.57	$ 617,720.09	$ 1,882,575.50	$ 6,607,169.50
POSTAGE / SHIPPING	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
PRINTING	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
PROFESSIONAL SERVICES	$ 229,286.00	$ 383,019.00	$ 458,448.00	$ 1,070,753.00	$ 275,845.99	$ 262,710.47	$ 288,981.52	$ 827,537.98	$ 288,981.52	$ 262,710.47	$ 302,117.04	$ 853,809.02	$ 262,710.47	$ 302,117.04	$ 275,845.99	$ 840,673.50	$ 3,592,773.50
REFUNDS	$ 234.00	$ 1,272.00	$ 134.00	$ 1,640.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,640.00
RENTAL FEES	$ 1,455.00	$ 39,386.00	$ 3,740.00	$ 44,581.00	$ 6,930.66	$ 6,600.63	$ 7,260.69	$ 20,791.97	$ 7,260.69	$ 6,600.63	$ 7,590.72	$ 21,452.03	$ 6,600.63	$ 7,590.72	$ 6,930.66	$ 21,122.00	$ 107,947.00
REPAIRS & MAINTENANCE	$ -	$ 62.00	$ 3,627.00	$ 3,689.00	$ 3,932.17	$ 3,744.92	$ 4,119.41	$ 11,796.50	$ 4,119.41	$ 3,744.92	$ 4,306.66	$ 12,171.00	$ 3,744.92	$ 4,306.66	$ 3,932.17	$ 11,983.75	$ 39,640.25

SALARIES - INDIRECT	$ 1,245,220.00	$ 1,289,261.00	$ 1,240,310.00	$ 3,794,791.00	$ 1,927,482.38	$ 1,835,697.50	$ 2,019,267.25	$ 5,782,447.13	$ 2,019,267.25	$ 1,835,697.50	$ 2,111,052.13	$ 5,966,016.88	$ 1,835,697.50	$ 2,111,052.13	$ 1,927,482.38	$ 5,874,232.00	$ 21,417,487.00
TRAINING	$ 10,582.00	$ 27,741.00	$ 16,603.00	$ 54,926.00	$ 46,034.71	$ 43,842.58	$ 48,226.84	$ 138,104.12	$ 48,226.84	$ 43,842.58	$ 50,418.96	$ 142,488.38	$ 43,842.58	$ 50,418.96	$ 46,034.71	$ 140,296.25	$ 475,814.75
TRAVEL	$ 2,989.00	$ 2,659.00	$ 5,137.00	$ 10,785.00	$ 6,653.72	$ 6,336.88	$ 6,970.56	$ 19,961.16	$ 6,970.56	$ 6,336.88	$ 7,287.41	$ 20,594.84	$ 6,336.88	$ 7,287.41	$ 6,653.72	$ 20,278.00	$ 71,619.00
UTILITIES	$ -	$ 2,652.00	$ -	$ 2,652.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,652.00
WEB DOMAIN, HOSTING & SOFTWARE	$ 92,695.00	$ 18,320.00	$ 44,451.00	$ 155,466.00	$ 18,399.61	$ 17,523.44	$ 19,275.78	$ 55,198.83	$ 19,275.78	$ 17,523.44	$ 20,151.95	$ 56,951.17	$ 17,523.44	$ 20,151.95	$ 18,399.61	$ 56,075.00	$ 323,691.00
OTHER	$ -	$ -	$ -	$ -	$ 28,710.94	$ 27,343.75	$ 30,078.13	$ 86,132.81	$ 30,078.13	$ 27,343.75	$ 31,445.31	$ 88,867.19	$ 27,343.75	$ 31,445.31	$ 28,710.94	$ 87,500.00	$ 262,500.00
OTHER	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL OPERATING EXPENSES	**$ 3,143,680.00**	**$ 5,000,257.00**	**$ 4,278,691.00**	**$ 12,422,628.00**	**$ 5,436,479.84**	**$ 5,177,599.84**	**$ 5,695,359.83**	**$ 16,309,439.51**	**$ 5,695,359.83**	**$ 5,177,599.84**	**$ 5,954,239.82**	**$ 16,827,199.49**	**$ 5,177,599.84**	**$ 5,954,239.82**	**$ 5,436,479.84**	**$ 16,568,319.50**	$ 62,127,586.50
(–) ADDITIONAL EXPENSES																	
CASH DISBURSEMENTS TO OWNERS	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
CHARITABLE CONTRIBUTIONS	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
INTEREST EXPENSE	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
INCOME TAX EXPENSE	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
PRIOR YEAR ACCRUALS	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
OTHER	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
OTHER	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
OTHER	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL ADDITIONAL EXPENSES	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	$ -
TOTAL CASH PAYMENTS	**$ 11,211,687.00**	**$ 12,063,766.00**	**$ 11,336,310.00**	**$ 34,611,763.00**	**$ 13,653,013.01**	**$ 13,002,869.53**	**$ 14,303,156.48**	**$ 40,959,039.02**	**$ 14,303,156.48**	**$ 13,002,869.53**	**$ 14,953,299.96**	**$ 42,259,325.98**	**$ 13,002,869.53**	**$ 14,953,299.96**	**$ 13,653,013.01**	**$ 41,609,182.50**	$ 159,439,310.50
NET CASH CHANGE (CASH RECEIPTS – CASH PAYMENTS)	**$ (2,544,511.00)**	**$ (996,029.00)**	**$ 2,750,801.00**	**$ (789,739.00)**	**$ (1,881,525.02)**	**$ 1,245,219.92**	**$ 1,397,639.71**	**$ 761,334.60**	**$ (1,971,121.45)**	**$ (1,791,928.59)**	**$ 1,352,879.97**	**$ (2,410,170.08)**	**$ 1,608,071.41**	**$ (2,060,717.88)**	**$ (1,881,525.02)**	**$ (2,334,171.50)**	$ (4,772,745.98)
MONTH ENDING CASH POSITION (CASH ON HAND + CASH RECEIPTS – CASH PAYMENTS)	**$ 26,565,768.00**	**$ 25,569,739.00**	**$ 28,320,540.00**	**$ 80,456,047.00**	**$ 26,439,014.98**	**$ 27,684,234.89**	**$ 29,081,874.60**	**$ 83,205,124.47**	**$ 27,110,753.15**	**$ 25,318,824.55**	**$ 26,671,704.52**	**$ 79,101,282.22**	**$ 28,279,775.93**	**$ 26,219,058.04**	**$ 24,337,533.02**	**$ 78,836,366.99**	$ 321,598,820.68

Vacancy Report: Devcember 2022

Represents vacancies as of Dec 2, 2022

Total Vacant Positions, December 2022	143

Table 1: Vacant Positions without duplication	#	Increase or Decrease over previous month	Explanation / Definitions
Total non duplicated vacancies	129	Decrease	These are the total number of positions which are vacant and planned for recruitment.
Non duplicated: Not posted	51	Decrease	Of the total number of planned recruitments this represents the number of positions which have not been posted or started the recruitment process. It is measured by total budgeted roles. This includes new positions created for FY23
Non duplicated: Posted for recruitment	27	Decrease	Total non duplicated roles which are in active recruitment. Active recruitment is measured by: posted on internal and / or external platforms for candidates to apply to or are in a review stage by HR or managers to evaluate qualifications for the role.
Non duplicated: Interview or final hire stage	51	Increase	Total non duplicated roles which are in the final stages of recruitment. Final stage is measured by completing reference checks, issuing an offer letter, or completed offers with a future hire date.
Non Duplicated Vacancy Data	**Days**	**Increase or Decrease over previous month**	**Explanation / Definition**
Average vacancy length (days)	209	Increase	This represents the average time to fill a vacancy for all planned recruitments. The average time measures all time that a budgeted position is not filled, which means it includes vacancies not in current recruitment.
Average Time to Fill (days)	80.0	Increase	Average time to fill represents the time to complete a recruitment once posted through the final offer. It is an average of total active open positions it takes recruiting department and managers to fill a posted vacancy. The national average for healthcare organizations for the time to fill for registered nurses averages 89 days based on a recent report from the Organization of Nurse Leaders. Other organizations report an average of 132 days, approximately three times as long compared to pre-COVID19 operations.

Financial impact of non-duplicated vacancies	Days or $$	Increase or Decrease over previous month	Explanation / Definition
Total FTE associated with direct revenue vacancies	42	Increase	This is the approximate number of vacancies which can directly bill for their services. Roles include: physicians, nurse practitioners, physician assistants, pharmacists, clinical pharmacists, registered nurses, community health workers and clinical specialists, denists, and dental hygenists.
Estimated sum of lost revenue	$5,697,036.00	Increase	Estimation of lost revenue is calculated by the total days of a direct revenue vacancy compared to budgeted revenue from each position for the entire year.

Table 2: Duplicate, inactive vacancies	#	Increase or Decrease over previous month	Explanation / Definition
Total duplicated, inactive vacancies	14	Increase	This represents the number of vacancies which are recorded within our health center but are duplicated due to work out of class assignments, filled by temp staff, or under review based on operational need of the program. These positions are not currently considered active recruitments.

Financial impact of duplicated, inactive vacancies		Increase or Decrease over previous month	Explanation / Definition
Total FTE associated with direct revenue, inactive vacancies	1	No change	This is the approximate number of vacancies which can directly bill for their services but are inactive. Roles include: physicians, nurse practitioners, physician assistants, pharmacists, clinical pharmacists, registered nurses, community health workers and clinical specialists, denists, and dental hygenists.
Estimated sum of lost revenue	$9,438.90	Slight increase	Estimation of lost revenue is calculated by the total days of a direct revenue vacancy compared to budgeted revenue from each position for the entire year.

Total vacancies by position (includes duplication)

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

Program Group	Job Title	FY22 Budgeted FTE	Vacant Since	Days Vacant	Estimated Financial Impact to date (total annual revenue x days vacant)	Notes
HD FQHC Integrated BH Administration	Clinical Services Specialist	0.68	9/1/2022	92	$37,808.22	Non duplicated: Interview or final hire stage
HD FQHC HIV Clinic Services	Clinical Services Specialist	1	3/16/2022	261	$107,260.27	Non duplicated: Interview or final hire stage
HD FQHC Integrated BH Administration	Clinical Services Specialist	1	7/13/2022	142	$58,356.16	Non duplicated: Interview or final hire stage

HD FQHC Integrated BH Administration	Clinical Services Specialist	1	7/22/2022	133	$54,657.53	Non duplicated: Interview or final hire stage
HD FQHC Integrated BH Administration	Clinical Services Specialist	1	7/22/2022	133	$54,657.53	Non duplicated: Posted for recruitment
HD FQHC HIV Clinic Services	Clinical Services Specialist	1	4/11/2022	235	$96,575.34	Non duplicated: Interview or final hire stage
HD FQHC Integrated BH Administration	Clinical Services Specialist	0.4	7/1/2022	154	$63,287.67	Non duplicated: Not posted
HD FQHC Integrated BH Administration	Clinical Services Specialist	0.3	7/1/2022	154	$63,287.67	Non duplicated: Not posted
HD FQHC Integrated BH Administration	Clinical Services Specialist	0.5	7/1/2022	154	$63,287.67	Non duplicated: Not posted
HD FQHC PC Southeast Clinic	Community Health Nurse	1	8/26/2022	98	$53,698.63	Non duplicated: Interview or final hire stage
HD FQHC Clinical Support and Development	Community Health Nurse	1	7/13/2022	142	$77,808.22	Non duplicated: Interview or final hire stage
HD FQHC Clinical Support and Development	Community Health Nurse	1	7/13/2022	142	$77,808.22	Non duplicated: Interview or final hire stage
HD FQHC PC East County Clinic	Community Health Nurse	0.8	10/24/2022	39	$21,369.86	Non duplicated: Posted for recruitment
HD FQHC HIV Clinic Services	Community Health Nurse	0.8	5/14/2022	202	$110,684.93	Non duplicated: Posted for recruitment
HD FQHC Quality Improvement (QI) Services	Community Health Nurse	1	4/23/2022	223	$122,191.78	Non duplicated: Interview or final hire stage
HD FQHC PC Southeast Clinic	Community Health Nurse	1	7/5/2022	150	$82,191.78	Non duplicated: Not posted
HD FQHC PC Southeast Clinic	Community Health Nurse	1	10/30/2021	398	$218,082.19	Non duplicated: Not posted
HD FQHC PC Mid County Clinic	Community Health Nurse	1	7/1/2022	154	$84,383.56	Non duplicated: Not posted
HD FQHC Clinical Support and Development	Community Health Specialist 2	0.8	11/17/2021	380	$13,742.47	Non duplicated: Interview or final hire stage
HD FQHC Clinical Support and Development	Community Health Specialist 2	1	6/8/2022	177	$6,401.10	Non duplicated: Interview or final hire stage
HD FQHC Clinical Support and Development	Community Health Specialist 2	1	10/11/2022	52	$1,880.55	Non duplicated: Interview or final hire stage
HD FQHC Community Health Workers	Community Health Specialist 2	1	3/16/2022	261	$9,438.90	Total duplicated, inactive vacancies
HD FQHC Clinical Support and Development	Community Health Specialist 2	1	9/29/2022	64	$2,314.52	Non duplicated: Not posted
HD FQHC Dental Southeast Clinic	Dental Assistant (EFDA)	1	10/3/2022	60		Non duplicated: Interview or final hire stage
HD FQHC Dental Northeast Clinic	Dental Assistant (EFDA)	0.75	2/22/2021	648		Non duplicated: Interview or final hire stage
HD FQHC Dental Southeast Clinic	Dental Assistant (EFDA)	1	10/12/2022	51		Non duplicated: Interview or final hire stage
HD FQHC Dental Billi Odegaard Clinic	Dental Assistant (EFDA)	0.75	8/12/2022	112		Non duplicated: Interview or final hire stage
HD FQHC Dental North Portland Clinic	Dental Assistant (EFDA)	1	8/1/2022	123		Non duplicated: Interview or final hire stage
HD FQHC Dental East County Clinic	Dental Assistant (EFDA)	1	5/3/2021	578		Non duplicated: Not posted
HD FQHC Dental Southeast Clinic	Dental Assistant (EFDA)	1	5/18/2020	928		Non duplicated: Not posted
HD FQHC Dental School Community Oral Health	Dental Hygienist	1	7/21/2022	134	$139,506.85	Non duplicated: Posted for recruitment
HD FQHC Dental Northeast Clinic	Dental Hygienist	0.75	3/11/2022	266	$276,931.51	Non duplicated: Not posted
HD FQHC Dental Southeast Clinic	Dental Hygienist	0.75	8/18/2022	106	$110,356.16	Non duplicated: Not posted
HD FQHC ICS Business Intelligence	Development Analyst	1	7/1/2022	154		Total duplicated, inactive vacancies
HD FQHC ICS Business Intelligence	Development Analyst	1	2/3/2021	667		Total duplicated, inactive vacancies
HD FQHC ICS Business Intelligence	Development Analyst Senior	1	7/1/2021	519		Non duplicated: Not posted
HD FQHC ICS Business Intelligence	Development Analyst Senior	1	7/1/2022	154		Non duplicated: Not posted
HD FQHC OHP Enrollment	Eligibility Specialist	1	10/17/2022	46		Non duplicated: Interview or final hire stage
HD FQHC OHP Enrollment	Eligibility Specialist	1	2/15/2022	290		Non duplicated: Not posted
HD FQHC OHP Enrollment	Eligibility Specialist	1	8/23/2022	101		Total duplicated, inactive vacancies
HD FQHC Pharmacy Administration	Executive Specialist	1	10/20/2022	43		Non duplicated: Posted for recruitment
HD FQHC Health Center Finance	Finance Specialist 1	1	5/31/2022	185		Total duplicated, inactive vacancies
HD FQHC Health Center Finance	Finance Specialist Senior	1	8/5/2021	484		Non duplicated: Not posted
HD FQHC Health Center Finance	Finance Specialist Senior	1	8/5/2021	484		Non duplicated: Not posted
HD FQHC Health Center Finance	Finance Supervisor	1	8/13/2021	476		Non duplicated: Interview or final hire stage
HD FQHC Dental Mid County Clinic	Health Assistant 2	1	7/28/2022	127		Non duplicated: Not posted
HD FQHC Dental Northeast Clinic	Health Assistant 2	0.75	7/25/2022	130		Non duplicated: Not posted
HD FQHC Dental Northeast Clinic	Health Assistant 2	1	7/28/2022	127		Non duplicated: Not posted
HD FQHC ICS Administration	Integrated Clinical Services Director	1	#N/A	#N/A		Total duplicated, inactive vacancies
HD FQHC ICS Business Intelligence	IT Manager	1	5/16/2022	200		Total duplicated, inactive vacancies
HD FQHC PC North Portland Clinic	Licensed Community Practical Nurse	1	11/19/2022	13		Non duplicated: Interview or final hire stage
HD FQHC Central Call Center	Manager 1	1	7/13/2022	142		Non duplicated: Posted for recruitment
HD FQHC HIV Clinic Services	Manager 1	1	8/26/2022	98		Non duplicated: Interview or final hire stage
HD FQHC Clinical Support and Development	Manager 1	0.8	6/15/2020	900		Non duplicated: Not posted
HD FQHC Clinical Support and Development	Manager 1	1	7/1/2022	154		Non duplicated: Not posted
HD FQHC Central Call Center	Manager 1	1	7/1/2022	154		Total duplicated, inactive vacancies
HD FQHC Dental Billi Odegaard Clinic	Manager 2	1	9/26/2022	67		Non duplicated: Interview or final hire stage
HD FQHC PC Northeast Clinic	Medical Assistant	1	4/4/2022	242		Non duplicated: Interview or final hire stage
HD FQHC PC Northeast Clinic	Medical Assistant	1	10/14/2022	49		Non duplicated: Interview or final hire stage
HD FQHC HIV Clinic Services	Medical Assistant	1	9/2/2022	91		Non duplicated: Interview or final hire stage
HD FQHC PC East County Clinic	Medical Assistant	1	9/28/2022	65		Non duplicated: Interview or final hire stage
HD FQHC PC North Portland Clinic	Medical Assistant	1	3/3/2022	274		Non duplicated: Interview or final hire stage
HD FQHC HIV Clinic Services	Medical Assistant	1	8/15/2022	109		Non duplicated: Interview or final hire stage
HD FQHC HIV Clinic Services	Medical Assistant	1	9/2/2022	91		Non duplicated: Interview or final hire stage
HD FQHC PC Rockwood Clinic	Medical Assistant	1	9/6/2022	87		Non duplicated: Interview or final hire stage
HD FQHC PC Rockwood Clinic	Medical Assistant	1	10/26/2022	37		Non duplicated: Interview or final hire stage
HD FQHC PC North Portland Clinic	Medical Assistant	1	4/30/2022	216		Non duplicated: Interview or final hire stage
HD FQHC PC Northeast Clinic	Medical Assistant	1	1/16/2022	320		Non duplicated: Interview or final hire stage
HD FQHC PC Northeast Clinic	Medical Assistant	1	3/21/2022	256		Non duplicated: Interview or final hire stage
HD FQHC PC Mid County Clinic	Medical Assistant	1	8/11/2022	113		Non duplicated: Interview or final hire stage
HD FQHC HIV Clinic Services	Medical Assistant	1	9/23/2022	70		Non duplicated: Not posted
HD FQHC Clinical Pharmacy Program	Program Specialist	1	11/2/2022	30		Non duplicated: Not posted
HD FQHC PC La Clinica Clinic	Medical Assistant	1	7/1/2022	154		Non duplicated: Not posted

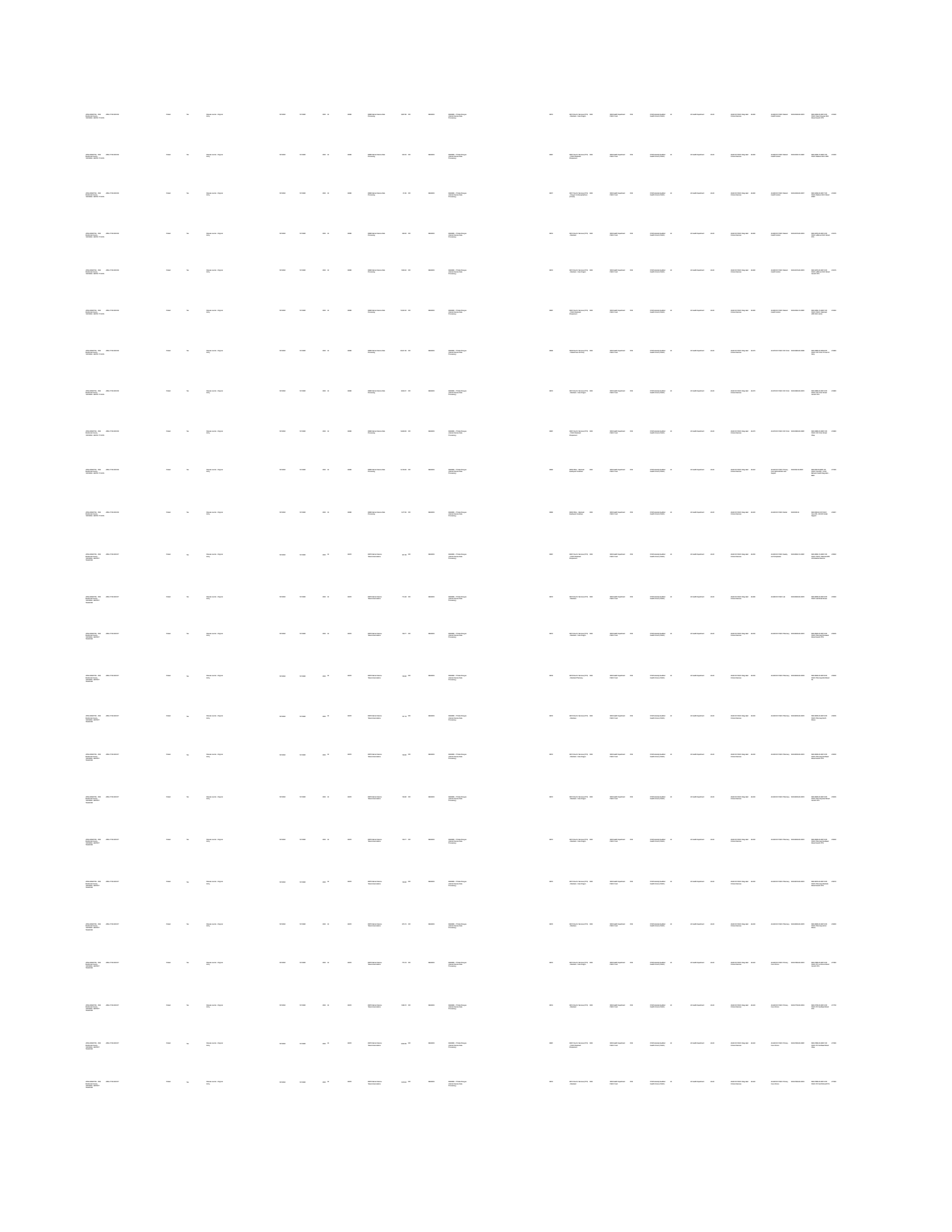
HD FQHC Dental Administration	Medical Assistant	1	7/1/2022	154		Non duplicated: Not posted
HD FQHC PC Mid County Clinic	Medical Assistant	1	7/1/2022	154		Non duplicated: Not posted
HD FQHC Clinical Pharmacy Program	Medical Assistant	1	7/1/2022	154		Non duplicated: Not posted
HD FQHC Clinical Pharmacy Program	Medical Assistant	1	7/1/2022	154		Non duplicated: Not posted
HD FQHC Central Lab Svcs	Medical Laboratory Technician	1	3/1/2022	276		Non duplicated: Posted for recruitment
HD FQHC Central Lab Svcs	Medical Laboratory Technician	1	12/18/2021	349		Non duplicated: Posted for recruitment
HD FQHC Central Lab Svcs	Medical Laboratory Technician	1	7/1/2021	519		Non duplicated: Not posted
HD FQHC Central Lab Svcs	Medical Technologist	1	3/23/2021	619		Non duplicated: Posted for recruitment
HD FQHC Central Lab Svcs	Medical Technologist	1	7/13/2022	142		Non duplicated: Not posted
HD FQHC Central Lab Svcs	Medical Technologist	1	4/15/2022	231		Non duplicated: Not posted
HD FQHC PC East County Clinic	Nurse Practitioner	0.8	10/12/2021	416	$370,410.96	Non duplicated: Interview or final hire stage
HD FQHC PC East County Clinic	Nurse Practitioner	0.8	7/15/2022	140	$124,657.53	Non duplicated: Posted for recruitment
HD FQHC PC East County Clinic	Nurse Practitioner	0.5	4/11/2022	235	$209,246.58	Non duplicated: Posted for recruitment
HD FQHC PC Rockwood Clinic	Nurse Practitioner	0.8	7/9/2022	146	$130,000.00	Non duplicated: Posted for recruitment
HD FQHC PC East County Clinic	Nurse Practitioner	0.8	5/21/2022	195	$173,630.14	Non duplicated: Posted for recruitment
HD FQHC PC East County Clinic	Nurse Practitioner	0.8	10/31/2020	762	$678,493.15	Non duplicated: Not posted
HD FQHC PC East County Clinic	Nurse Practitioner	0.8	12/30/2021	337	$300,068.49	Non duplicated: Not posted
HD FQHC SHC McDaniel	Nurse Practitioner	0.67	10/19/2022	44	$39,178.08	Non duplicated: Interview or final hire stage
HD FQHC SHC McDaniel	Nurse Practitioner	0.68	7/1/2022	154	$137,123.29	Non duplicated: Not posted
HD FQHC HIV Clinic Services	Nursing Supervisor	1	8/26/2022	98		Non duplicated: Interview or final hire stage
HD FQHC PC Northeast Clinic	Office Assistant 2	1	10/1/2022	62		Non duplicated: Not posted
HD FQHC Dental Southeast Clinic	Office Assistant 2	1	9/17/2022	76		Non duplicated: Posted for recruitment
HD FQHC Dental Northeast Clinic	Office Assistant 2	1	3/16/2022	261		Non duplicated: Posted for recruitment
HD FQHC Dental North Portland Clinic	Office Assistant 2	1	9/16/2022	77		Non duplicated: Posted for recruitment
HD FQHC Dental Billi Odegaard Clinic	Office Assistant 2	1	10/3/2022	60		Non duplicated: Posted for recruitment
HD FQHC PC Rockwood Clinic	Office Assistant 2	1	11/16/2022	16		Non duplicated: Interview or final hire stage
HD FQHC PC North Portland Clinic	Office Assistant 2	1	10/20/2022	43		Non duplicated: Interview or final hire stage
HD FQHC Dental School Community Oral Health	Office Assistant 2	0.8	10/10/2022	53		Non duplicated: Posted for recruitment
HD FQHC Dental Southeast Clinic	Office Assistant 2	1	7/1/2022	154		Non duplicated: Not posted
HD FQHC Central Call Center	Office Assistant 2	1	11/10/2022	22		Non duplicated: Posted for recruitment
HD FQHC PC Southeast Clinic	Office Assistant 2	1	11/17/2022	15		Non duplicated: Posted for recruitment
HD FQHC PC Mid County Clinic	Office Assistant 2	1	11/1/2022	31		Non duplicated: Posted for recruitment
HD FQHC Central Call Center	Office Assistant 2	1	4/1/2022	245		Total duplicated, inactive vacancies
HD FQHC Central Call Center	Office Assistant 2	1	10/22/2022	41		Non duplicated: Not posted
HD FQHC Central Call Center	Office Assistant 2	1	10/13/2022	50		Non duplicated: Interview or final hire stage
HD FQHC Pharmacy Administration	Office Assistant 2	1	1/19/2021	682		Non duplicated: Not posted
HD FQHC Dental North Portland Clinic	Office Assistant 2	1	10/8/2021	420		Non duplicated: Not posted
HD FQHC PC Rockwood Clinic	Office Assistant 2	1	7/1/2022	154		Non duplicated: Not posted
HD FQHC PC North Portland Clinic	Office Assistant Senior	1	10/26/2022	37		Non duplicated: Interview or final hire stage
HD FQHC Central Call Center	Office Assistant Senior	1	4/5/2022	241		Non duplicated: Not posted
HD FQHC Dental East County Clinic	Office Assistant Senior	1	11/3/2022	29		Non duplicated: Not posted
HD FQHC Dental Northeast Clinic	Office Assistant Senior	1	6/4/2022	181		Non duplicated: Not posted
HD FQHC Central Call Center	Operations Supervisor	1	10/4/2022	59		Total duplicated, inactive vacancies
HD FQHC Clinical Pharmacy Program	Pharmacist	1	11/4/2022	28	$23,013.70	Non duplicated: Interview or final hire stage
HD FQHC Clinical Pharmacy Program	Pharmacist	1	4/28/2022	218	$179,178.08	Non duplicated: Posted for recruitment
HD FQHC Clinical Pharmacy Program	Pharmacist	1	4/28/2022	218	$179,178.08	Non duplicated: Posted for recruitment
HD FQHC Pharmacy Float Staff	Pharmacy Technician	1	4/7/2022	239		Non duplicated: Posted for recruitment
HD FQHC Pharmacy Westside	Pharmacy Technician	1	10/15/2022	48		Non duplicated: Interview or final hire stage
HD FQHC Pharmacy Float Staff	Pharmacy Technician	1	10/21/2022	42		Non duplicated: Interview or final hire stage
HD FQHC Pharmacy East County Clinic	Pharmacy Technician	1	10/11/2022	52		Non duplicated: Interview or final hire stage
HD FQHC Pharmacy North Portland Clinic	Pharmacy Technician	1	10/25/2022	38		Non duplicated: Interview or final hire stage
HD FQHC Pharmacy Float Staff	Pharmacy Technician	1	7/16/2020	869		Non duplicated: Not posted
HD FQHC PC Mid County Clinic	Physician	1	10/1/2021	427	$488,417.81	Non duplicated: Posted for recruitment
HD FQHC PC Mid County Clinic	Physician	0.6	7/1/2022	154	$176,150.68	Non duplicated: Interview or final hire stage
HD FQHC PC Northeast Clinic	Physician	0.5	9/7/2022	86	$98,369.86	Non duplicated: Not posted
HD FQHC PC North Portland Clinic	Physician Assistant	0.6	2/4/2022	301	$289,454.79	Non duplicated: Interview or final hire stage
HD FQHC PC Mid County Clinic	Physician Assistant	0.9	8/18/2022	106	$101,934.25	Non duplicated: Posted for recruitment
HD FQHC Pharmacy Administration	Program Specialist	1	10/18/2022	45		Non duplicated: Interview or final hire stage
HD FQHC Quality Improvement (QI) Services	Program Specialist	1	2/26/2021	644		Non duplicated: Not posted
HD FQHC Clinical Support and Development	Program Specialist	1	5/26/2020	920		Non duplicated: Not posted
HD FQHC Community Health Center Board	Program Specialist Senior	1	4/29/2021	582		Non duplicated: Posted for recruitment
HD FQHC Medical Director	Program Specialist Senior	1	7/1/2022	154		Non duplicated: Not posted
HD FQHC Dental North Portland Clinic	Program Supervisor	1	8/4/2022	120		Total duplicated, inactive vacancies
HD FQHC Dental Mid County Clinic	Program Supervisor	1	9/12/2022	81		Total duplicated, inactive vacancies
HD FQHC OHP Enrollment	Program Supervisor	1	8/16/2022	108		Total duplicated, inactive vacancies
HD FQHC Clinical Support and Development	Program Supervisor	1	7/1/2022	154		Non duplicated: Not posted
HD FQHC ICS Administration	Project Manager Represented	1	9/22/2022	71		Non duplicated: Interview or final hire stage
HD FQHC Health Center Finance	Project Manager Represented	1	10/18/2021	410		Non duplicated: Not posted
HD FQHC HIV Clinic Services	Project Manager Represented	1	7/1/2022	154		Non duplicated: Not posted
HD FQHC ICS Support and Infrastructure	Quality Manager	1	11/1/2020	761		Total duplicated, inactive vacancies

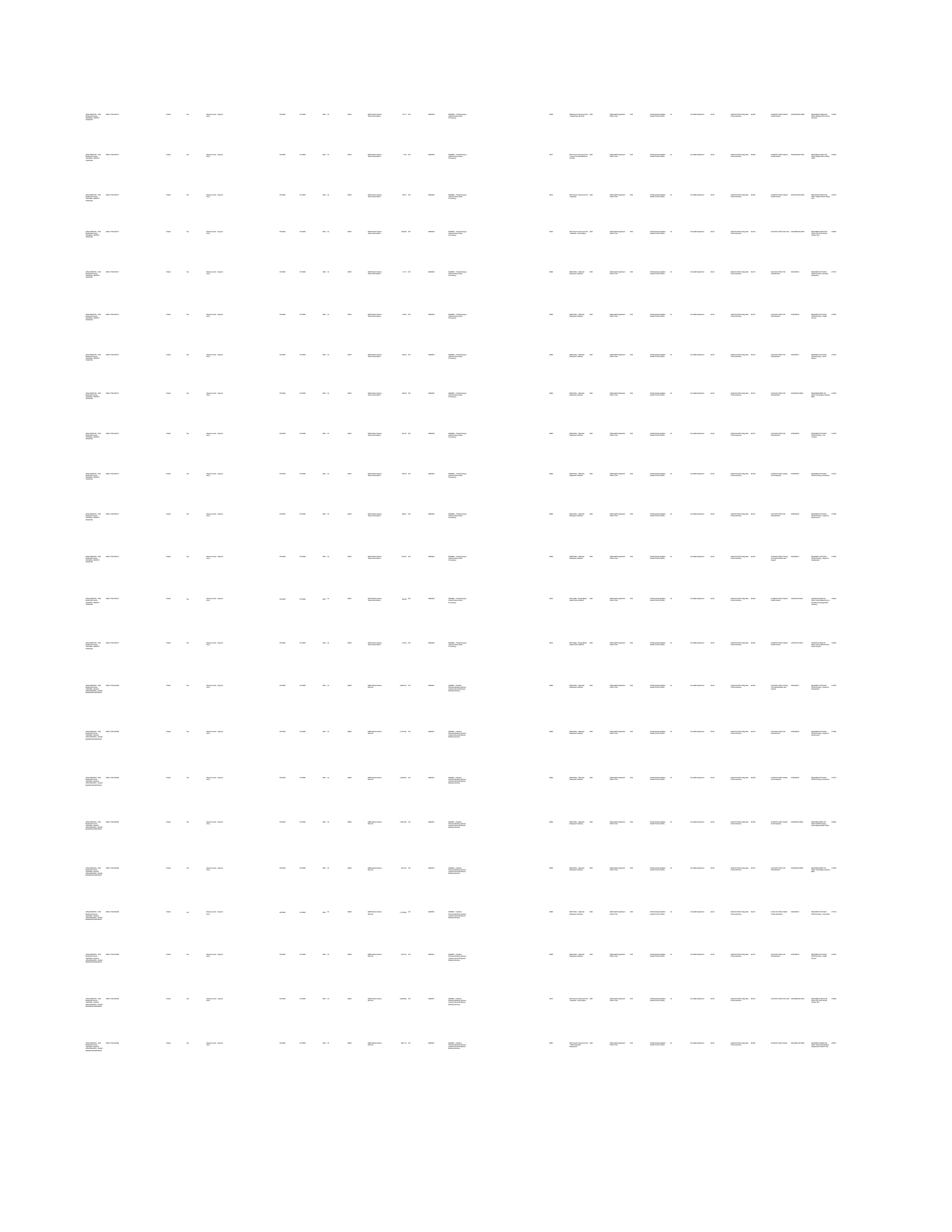
1. Itemized General Journal Entries Pivot Table

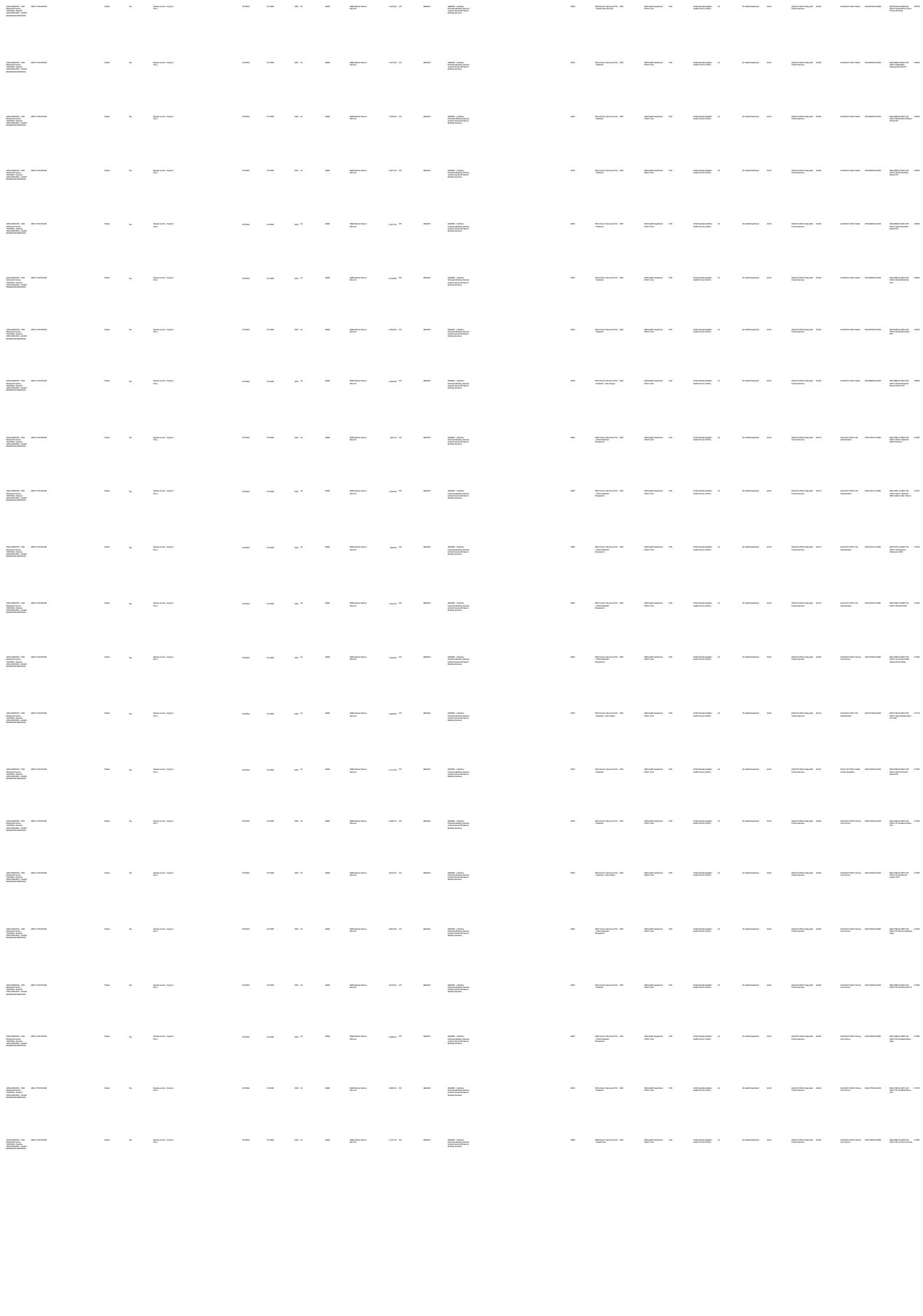
Row Labels	Sum of Amount
01000 General Fund	324.75
01505 Federal/State Program Fund	374.51
03003 Health Department FQHC Fund	58607.59
10020 Medicaid Quality and Incentives	500.03
19067 ARPA Federal Multco American Rescue Plan Act	-52443.04
19077 ARPA Federal Community Health Centers 93.224	62581.64
19088 ARPA Federal Health Center Infrastructure Support 93.526	3516.91
19093 COVID-19 State PE44 School Based Health and Recovery	0
19100 COVID-19 Local Administration of COVID-19 Treatments in Primary Care	530.23
30001 Fee for Services (FFS) - FQHC Medicaid Wraparound	357196.99
30002 Other - Medicaid Quality and Incentives	159018.39
30004 Federal - Primary Care (PC) 330 - 93.224	-50.03
30005 Other Roots & Wings Strong Start for Kids	-95000
30007 Federal - Homeless General - 93.224	-250.03
30012 State - School Based Health Clinics (SBHC)	28024.31
30013 Fee for Services (FFS) - Medicaid - Care Oregon	2003909.8
30014 Fee for Services (FFS) - Medicaid	513342.07
30015 Fee for Services (FFS) - Medicare	476644.52
30017 Fee for Services (FFS) - Oregon ContraceptiveCare (CCare)	1013.39
30018 Fee for Services (FFS) - Medicaid Pharmacy	5194.66
30044 Federal - Rapid Start - Special Projects - 93.928	0
30049 Fee for Services (FFS) - Patient Fees 3rd Party	174834.3
30050 Fee for Services (FFS) - Patient Fees	5363.62
33007 **DNU** Other Roots & Wings Strong Start for Kids	95000
Grand Total	3798234.61

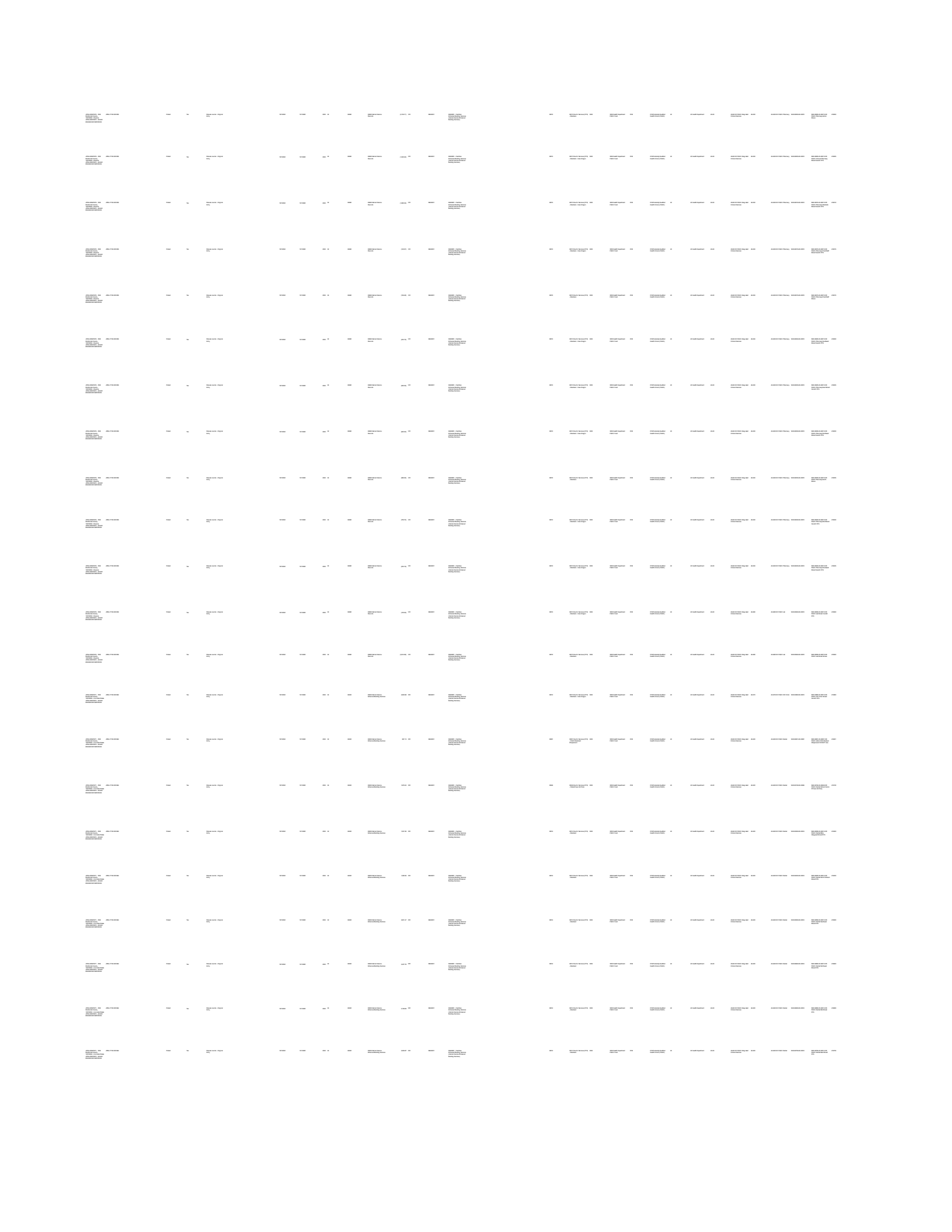
Cost Center Hierarchies	40-60 HD FQHC Integrated Clinical Services 40-70 HD Integrated Clinical Services
Journal Source	Manual Journal - Correcting Entry Manual Journal - Original Entry

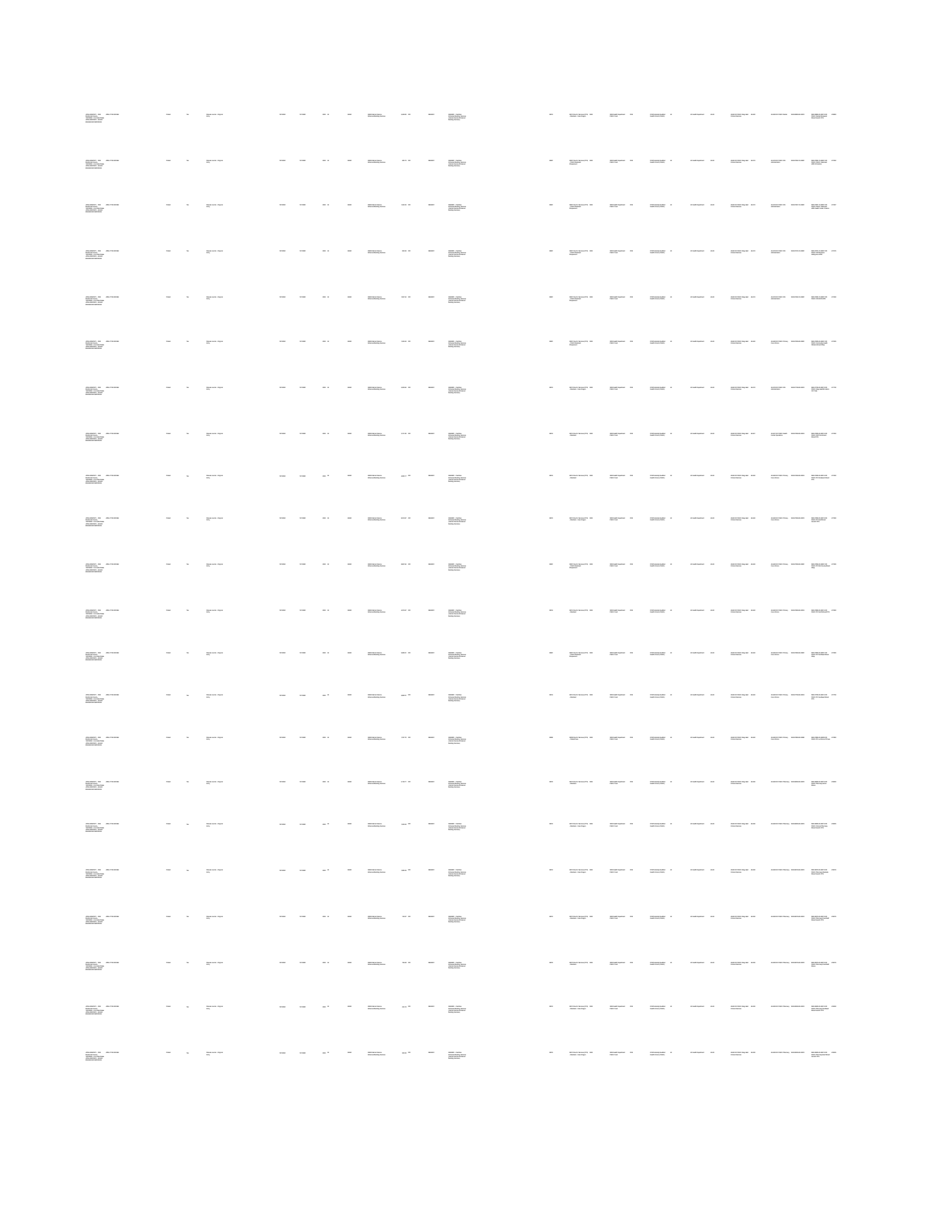
Journal	Journal Sequence Number	Operational Transaction	Operational Transaction	Status	From Web Service	Journal Source	Supplier Invoice Type	Book Code	Operational Document	Accounting Date	Fiscal Year	Fiscal Period	Ledger Account ID	Ledger Account	Amount	DR/CR	Spend Category ID	Spend Category	Pay Component	Revenue Category ID	Revenue Category	Posting Rule Override	Fund ID	Fund	Fund Hierarchy ID	Fund Hierarchy	Business Unit ID	Business Unit	Department ID	Department	Division ID	Division	Program Group ID	Program Group	Primary Cost Object ID	Primary Cost Object	Cost Center ID
JRNL.000921772 - 1000 Multnomah County - 10/01/2022 - SEP22 FLEET SVCS	JRNL.FY23.0001394			Posted	Yes	Manual Journal - Original Entry			10/1/2022	10/1/2022	2023	04	60411	60411:Internal Service Fleet Services	446.27	DR	99040301	99040301 - Fleet Services (Internal Service Fleet Services)					03003	03003 Health Department FQHC Fund	3003	3003 Health Department FQHC Fund	0130	0130 Federally Qualified Health Clinics (FQHC)	40	40 Health Department	40-60	40-60 HD FQHC Integrated Clinical Services	40-620	40-620 HD FQHC Dental	416001	416001 HD FQHC Dental Administration	416001
JRNL.000921772 - 1000 Multnomah County - 10/01/2022 - SEP22 FLEET SVCS	JRNL.FY23.0001394			Posted	Yes	Manual Journal - Original Entry			10/1/2022	10/1/2022	2023	04	60411	60411:Internal Service Fleet Services	387.73	DR	99040301	99040301 - Fleet Services (Internal Service Fleet Services)					03003	03003 Health Department FQHC Fund	3003	3003 Health Department FQHC Fund	0130	0130 Federally Qualified Health Clinics (FQHC)	40	40 Health Department	40-60	40-60 HD FQHC Integrated Clinical Services	40-620	40-620 HD FQHC Dental	416150	416150 HD FQHC Dental School Community Oral Health	416150
JRNL.000921773 - 1000 Multnomah County - 10/01/2022 - SEP22 FLEET REPL	JRNL.FY23.0001393			Posted	Yes	Manual Journal - Original Entry			10/1/2022	10/1/2022	2023	04	60411	60411:Internal Service Fleet Services	434.00	DR	99040010	99040010 - Fleet Asset Replacement (Internal Service Fleet Services)					03003	03003 Health Department FQHC Fund	3003	3003 Health Department FQHC Fund	0130	0130 Federally Qualified Health Clinics (FQHC)	40	40 Health Department	40-60	40-60 HD FQHC Integrated Clinical Services	40-620	40-620 HD FQHC Dental	416001	416001 HD FQHC Dental Administration	416001
JRNL.000921773 - 1000 Multnomah County - 10/01/2022 - SEP22 FLEET REPL	JRNL.FY23.0001393			Posted	Yes	Manual Journal - Original Entry			10/1/2022	10/1/2022	2023	04	60411	60411:Internal Service Fleet Services	342.00	DR	99040010	99040010 - Fleet Asset Replacement (Internal Service Fleet Services)					03003	03003 Health Department FQHC Fund	3003	3003 Health Department FQHC Fund	0130	0130 Federally Qualified Health Clinics (FQHC)	40	40 Health Department	40-60	40-60 HD FQHC Integrated Clinical Services	40-620	40-620 HD FQHC Dental	416150	416150 HD FQHC Dental School Community Oral Health	416150
JRNL.000921774 - 1000 Multnomah County - 10/01/2022 - SEP22 FLEET REPL ADMIN	JRNL.FY23.0001392			Posted	Yes	Manual Journal - Original Entry			10/1/2022	10/1/2022	2023	04	60411	60411:Internal Service Fleet Services	30.38	DR	99040303	99040303 - Fleet Replacement Administration (Internal Service Fleet Services)					03003	03003 Health Department FQHC Fund	3003	3003 Health Department FQHC Fund	0130	0130 Federally Qualified Health Clinics (FQHC)	40	40 Health Department	40-60	40-60 HD FQHC Integrated Clinical Services	40-620	40-620 HD FQHC Dental	416001	416001 HD FQHC Dental Administration	416001
JRNL.000921774 - 1000 Multnomah County - 10/01/2022 - SEP22 FLEET REPL ADMIN	JRNL.FY23.0001392			Posted	Yes	Manual Journal - Original Entry			10/1/2022	10/1/2022	2023	04	60411	60411:Internal Service Fleet Services	23.94	DR	99040303	99040303 - Fleet Replacement Administration (Internal Service Fleet Services)					03003	03003 Health Department FQHC Fund	3003	3003 Health Department FQHC Fund	0130	0130 Federally Qualified Health Clinics (FQHC)	40	40 Health Department	40-60	40-60 HD FQHC Integrated Clinical Services	40-620	40-620 HD FQHC Dental	416150	416150 HD FQHC Dental School Community Oral Health	416150
JRNL.000921794 - 1000 Multnomah County - 10/01/2022 - SEP22 IT DATA	JRNL.FY23.0001418			Posted	Yes	Manual Journal - Original Entry			10/1/2022	10/1/2022	2023	04	60380	60380:Internal Service Data Processing	5,652.59	DR	99040003	99040003 - IT Data Charges (Internal Service Data Processing)					30002	30002 Other - Medicaid Quality and Incentives	3003	3003 Health Department FQHC Fund	0130	0130 Federally Qualified Health Clinics (FQHC)	40	40 Health Department	40-60	40-60 HD FQHC Integrated Clinical Services	40-610	40-610 HD FQHC ICS Administration	M40 0028 33	M40 0028 33 HD FQHC PCPM Funding - Business Intelligence	417015
JRNL.000921794 - 1000 Multnomah County - 10/01/2022 - SEP22 IT DATA	JRNL.FY23.0001418			Posted	Yes	Manual Journal - Original Entry			10/1/2022	10/1/2022	2023	04	60380	60380:Internal Service Data Processing	513.88	DR	99040003	99040003 - IT Data Charges (Internal Service Data Processing)					30002	30002 Other - Medicaid Quality and Incentives	3003	3003 Health Department FQHC Fund	0130	0130 Federally Qualified Health Clinics (FQHC)	40	40 Health Department	40-60	40-60 HD FQHC Integrated Clinical Services	40-610	40-610 HD FQHC ICS Administration	M40 0028 32	M40 0028 32 HD FQHC PCPM Funding - Health Council	417003
JRNL.000921794 - 1000 Multnomah County - 10/01/2022 - SEP22 IT DATA	JRNL.FY23.0001418			Posted	Yes	Manual Journal - Original Entry			10/1/2022	10/1/2022	2023	04	60380	60380:Internal Service Data Processing	4,996.32	DR	99040003	99040003 - IT Data Charges (Internal Service Data Processing)					30002	30002 Other - Medicaid Quality and Incentives	3003	3003 Health Department FQHC Fund	0130	0130 Federally Qualified Health Clinics (FQHC)	40	40 Health Department	40-60	40-60 HD FQHC Integrated Clinical Services	40-610	40-610 HD FQHC ICS Administration	M40 0028 31	M40 0028 31 HD FQHC PCPM Funding - Admin Support	417002
JRNL.000921794 - 1000 Multnomah County - 10/01/2022 - SEP22 IT DATA	JRNL.FY23.0001418			Posted	Yes	Manual Journal - Original Entry			10/1/2022	10/1/2022	2023	04	60380	60380:Internal Service Data Processing	15,057.47	DR	99040003	99040003 - IT Data Charges (Internal Service Data Processing)					30002	30002 Other - Medicaid Quality and Incentives	3003	3003 Health Department FQHC Fund	0130	0130 Federally Qualified Health Clinics (FQHC)	40	40 Health Department	40-60	40-60 HD FQHC Integrated Clinical Services	40-641	40-641 HD FQHC Health Center Operations	M40 0028 07-BWC	M40 0028 07-BWC HD FQHC PCPM Funding BWC	417100
JRNL.000921794 - 1000 Multnomah County - 10/01/2022 - SEP22 IT DATA	JRNL.FY23.0001418			Posted	Yes	Manual Journal - Original Entry			10/1/2022	10/1/2022	2023	04	60380	60380:Internal Service Data Processing	3,059.53	DR	99040003	99040003 - IT Data Charges (Internal Service Data Processing)					30002	30002 Other - Medicaid Quality and Incentives	3003	3003 Health Department FQHC Fund	0130	0130 Federally Qualified Health Clinics (FQHC)	40	40 Health Department	40-60	40-60 HD FQHC Integrated Clinical Services	40-610	40-610 HD FQHC ICS Administration	M40 0028 06-BWC	M40 0028 06-BWC HD FQHC CareOregon Incentive BWC	417050
JRNL.000921794 - 1000 Multnomah County - 10/01/2022 - SEP22 IT DATA	JRNL.FY23.0001418			Posted	Yes	Manual Journal - Original Entry			10/1/2022	10/1/2022	2023	04	60380	60380:Internal Service Data Processing	7,194.22	DR	99040003	99040003 - IT Data Charges (Internal Service Data Processing)					30002	30002 Other - Medicaid Quality and Incentives	3003	3003 Health Department FQHC Fund	0130	0130 Federally Qualified Health Clinics (FQHC)	40	40 Health Department	40-60	40-60 HD FQHC Integrated Clinical Services	40-650	40-650 HD FQHC Quality and Compliance	M40 0028 05-BWC	M40 0028 05-BWC HD FQHC PCPM Funding - School Based Health Center	418502
JRNL.000921794 - 1000 Multnomah County - 10/01/2022 - SEP22 IT DATA	JRNL.FY23.0001418			Posted	Yes	Manual Journal - Original Entry			10/1/2022	10/1/2022	2023	04	60380	60380:Internal Service Data Processing	6,307.09	DR	99040003	99040003 - IT Data Charges (Internal Service Data Processing)					30002	30002 Other - Medicaid Quality and Incentives	3003	3003 Health Department FQHC Fund	0130	0130 Federally Qualified Health Clinics (FQHC)	40	40 Health Department	40-60	40-60 HD FQHC Integrated Clinical Services	40-610	40-610 HD FQHC ICS Administration	M40 0028 04-BWC	M40 0028 04-BWC HD FQHC PCPM Funding	417020
JRNL.000921794 - 1000 Multnomah County - 10/01/2022 - SEP22 IT DATA	JRNL.FY23.0001418			Posted	Yes	Manual Journal - Original Entry			10/1/2022	10/1/2022	2023	04	60380	60380:Internal Service Data Processing	197.61	DR	99040003	99040003 - IT Data Charges (Internal Service Data Processing)					30002	30002 Other - Medicaid Quality and Incentives	3003	3003 Health Department FQHC Fund	0130	0130 Federally Qualified Health Clinics (FQHC)	40	40 Health Department	40-60	40-60 HD FQHC Integrated Clinical Services	40-610	40-610 HD FQHC ICS Administration	M40 0028 04	M40 0028 04 HD FQHC PCPM Funding - CSI Training	417020
JRNL.000921794 - 1000 Multnomah County - 10/01/2022 - SEP22 IT DATA	JRNL.FY23.0001418			Posted	Yes	Manual Journal - Original Entry			10/1/2022	10/1/2022	2023	04	60380	60380:Internal Service Data Processing	3,083.20	DR	99040003	99040003 - IT Data Charges (Internal Service Data Processing)					30002	30002 Other - Medicaid Quality and Incentives	3003	3003 Health Department FQHC Fund	0130	0130 Federally Qualified Health Clinics (FQHC)	40	40 Health Department	40-60	40-60 HD FQHC Integrated Clinical Services	40-610	40-610 HD FQHC ICS Administration	M40 0028 02	M40 0028 02 HD FQHC PCPM Funding - Support & Infrastructure	417006
JRNL.000921794 - 1000 Multnomah County - 10/01/2022 - SEP22 IT DATA	JRNL.FY23.0001418			Posted	Yes	Manual Journal - Original Entry			10/1/2022	10/1/2022	2023	04	60380	60380:Internal Service Data Processing	12,933.09	DR	99040003	99040003 - IT Data Charges (Internal Service Data Processing)					30002	30002 Other - Medicaid Quality and Incentives	3003	3003 Health Department FQHC Fund	0130	0130 Federally Qualified Health Clinics (FQHC)	40	40 Health Department	40-60	40-60 HD FQHC Integrated Clinical Services	40-642	40-642 HD FQHC Primary Care Administration and Support	M40 0028 01	M40 0028 01 HD FQHC PCPM Funding - Support & Development	417005
JRNL.000921794 - 1000 Multnomah County - 10/01/2022 - SEP22 IT DATA	JRNL.FY23.0001418			Posted	Yes	Manual Journal - Original Entry			10/1/2022	10/1/2022	2023	04	60380	60380:Internal Service Data Processing	2,042.67	DR	99040003	99040003 - IT Data Charges (Internal Service Data Processing)					30012	30012 State - School Based Health Clinics (SBHC)	3003	3003 Health Department FQHC Fund	0130	0130 Federally Qualified Health Clinics (FQHC)	40	40 Health Department	40-60	40-60 HD FQHC Integrated Clinical Services	40-660	40-660 HD FQHC Student Health Centers	G40 0037 26 S44A	G40 0037 26 S44A HD FQHC School Based Clinics Outreach and Engagement (inactive)	414504
JRNL.000921794 - 1000 Multnomah County - 10/01/2022 - SEP22 IT DATA	JRNL.FY23.0001418			Posted	Yes	Manual Journal - Original Entry			10/1/2022	10/1/2022	2023	04	60380	60380:Internal Service Data Processing	1,897.78	DR	99040003	99040003 - IT Data Charges (Internal Service Data Processing)					30012	30012 State - School Based Health Clinics (SBHC)	3003	3003 Health Department FQHC Fund	0130	0130 Federally Qualified Health Clinics (FQHC)	40	40 Health Department	40-60	40-60 HD FQHC Integrated Clinical Services	40-660	40-660 HD FQHC Student Health Centers	G40 0037 24 S44A	G40 0037 24 S44A HD FQHC School Based Clinics Centennial	414585
JRNL.000921794 - 1000 Multnomah County - 10/01/2022 - SEP22 IT DATA	JRNL.FY23.0001418			Posted	Yes	Manual Journal - Original Entry			10/1/2022	10/1/2022	2023	04	60380	60380:Internal Service Data Processing	11,305.23	DR	99040003	99040003 - IT Data Charges (Internal Service Data Processing)					30015	30015 Fee for Services (FFS) - Medicare	3003	3003 Health Department FQHC Fund	0130	0130 Federally Qualified Health Clinics (FQHC)	40	40 Health Department	40-60	40-60 HD FQHC Integrated Clinical Services	40-680	40-680 HD FQHC Lab	M40 48300-00-30015	M40 48300-00-30015 HD FQHC Lab Mcaid Mcare	418300
JRNL.000921794 - 1000 Multnomah County - 10/01/2022 - SEP22 IT DATA	JRNL.FY23.0001418			Posted	Yes	Manual Journal - Original Entry			10/1/2022	10/1/2022	2023	04	60380	60380:Internal Service Data Processing	2,589.39	DR	99040003	99040003 - IT Data Charges (Internal Service Data Processing)					30013	30013 Fee for Services (FFS) - Medicaid - Care Oregon	3003	3003 Health Department FQHC Fund	0130	0130 Federally Qualified Health Clinics (FQHC)	40	40 Health Department	40-60	40-60 HD FQHC Integrated Clinical Services	40-630	40-630 HD FQHC Pharmacy	M40 48245-00-30013	M40 48245-00-30013 HD FQHC Pharmacy Rockwood Mcaid CareOr FFS	418245
JRNL.000921794 - 1000 Multnomah County - 10/01/2022 - SEP22 IT DATA	JRNL.FY23.0001418			Posted	Yes	Manual Journal - Original Entry			10/1/2022	10/1/2022	2023	04	60380	60380:Internal Service Data Processing	3,597.14	DR	99040003	99040003 - IT Data Charges (Internal Service Data Processing)					30018	30018 Fee for Services (FFS) - Medicaid Pharmacy	3003	3003 Health Department FQHC Fund	0130	0130 Federally Qualified Health Clinics (FQHC)	40	40 Health Department	40-60	40-60 HD FQHC Integrated Clinical Services	40-630	40-630 HD FQHC Pharmacy	M40 48240-00-30018	M40 48240-00-30018 HD FQHC Pharmacy Mid Mcaid Rx	418240
JRNL.000921794 - 1000 Multnomah County - 10/01/2022 - SEP22 IT DATA	JRNL.FY23.0001418			Posted	Yes	Manual Journal - Original Entry			10/1/2022	10/1/2022	2023	04	60380	60380:Internal Service Data Processing	4,624.89	DR	99040003	99040003 - IT Data Charges (Internal Service Data Processing)					30015	30015 Fee for Services (FFS) - Medicare	3003	3003 Health Department FQHC Fund	0130	0130 Federally Qualified Health Clinics (FQHC)	40	40 Health Department	40-60	40-60 HD FQHC Integrated Clinical Services	40-630	40-630 HD FQHC Pharmacy	M40 48235-00-30015	M40 48235-00-30015 HD FQHC Pharmacy North Mcare	418235
JRNL.000921794 - 1000 Multnomah County - 10/01/2022 - SEP22 IT DATA	JRNL.FY23.0001418			Posted	Yes	Manual Journal - Original Entry			10/1/2022	10/1/2022	2023	04	60380	60380:Internal Service Data Processing	3,083.26	DR	99040003	99040003 - IT Data Charges (Internal Service Data Processing)					30013	30013 Fee for Services (FFS) - Medicaid - Care Oregon	3003	3003 Health Department FQHC Fund	0130	0130 Federally Qualified Health Clinics (FQHC)	40	40 Health Department	40-60	40-60 HD FQHC Integrated Clinical Services	40-630	40-630 HD FQHC Pharmacy	M40 48230-00-30013	M40 48230-00-30013 HD FQHC Pharmacy Northeast Mcaid CareOr FFS	418230
JRNL.000921794 - 1000 Multnomah County - 10/01/2022 - SEP22 IT DATA	JRNL.FY23.0001418			Posted	Yes	Manual Journal - Original Entry			10/1/2022	10/1/2022	2023	04	60380	60380:Internal Service Data Processing	4,624.89	DR	99040003	99040003 - IT Data Charges (Internal Service Data Processing)					30013	30013 Fee for Services (FFS) - Medicaid - Care Oregon	3003	3003 Health Department FQHC Fund	0130	0130 Federally Qualified Health Clinics (FQHC)	40	40 Health Department	40-60	40-60 HD FQHC Integrated Clinical Services	40-630	40-630 HD FQHC Pharmacy	M40 48225-00-30013	M40 48225-00-30013 HD FQHC Pharmacy East Mcaid CareOr FFS	418225

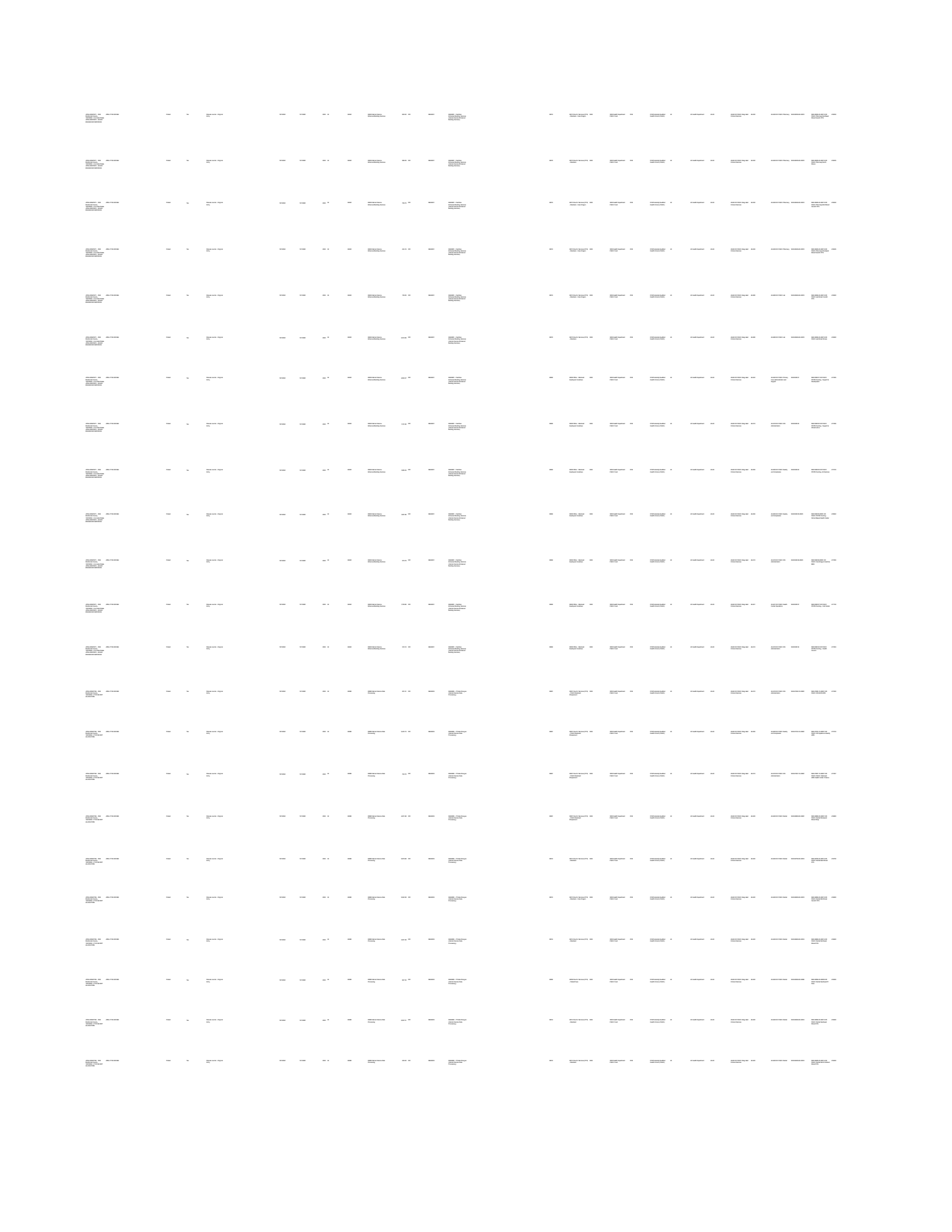


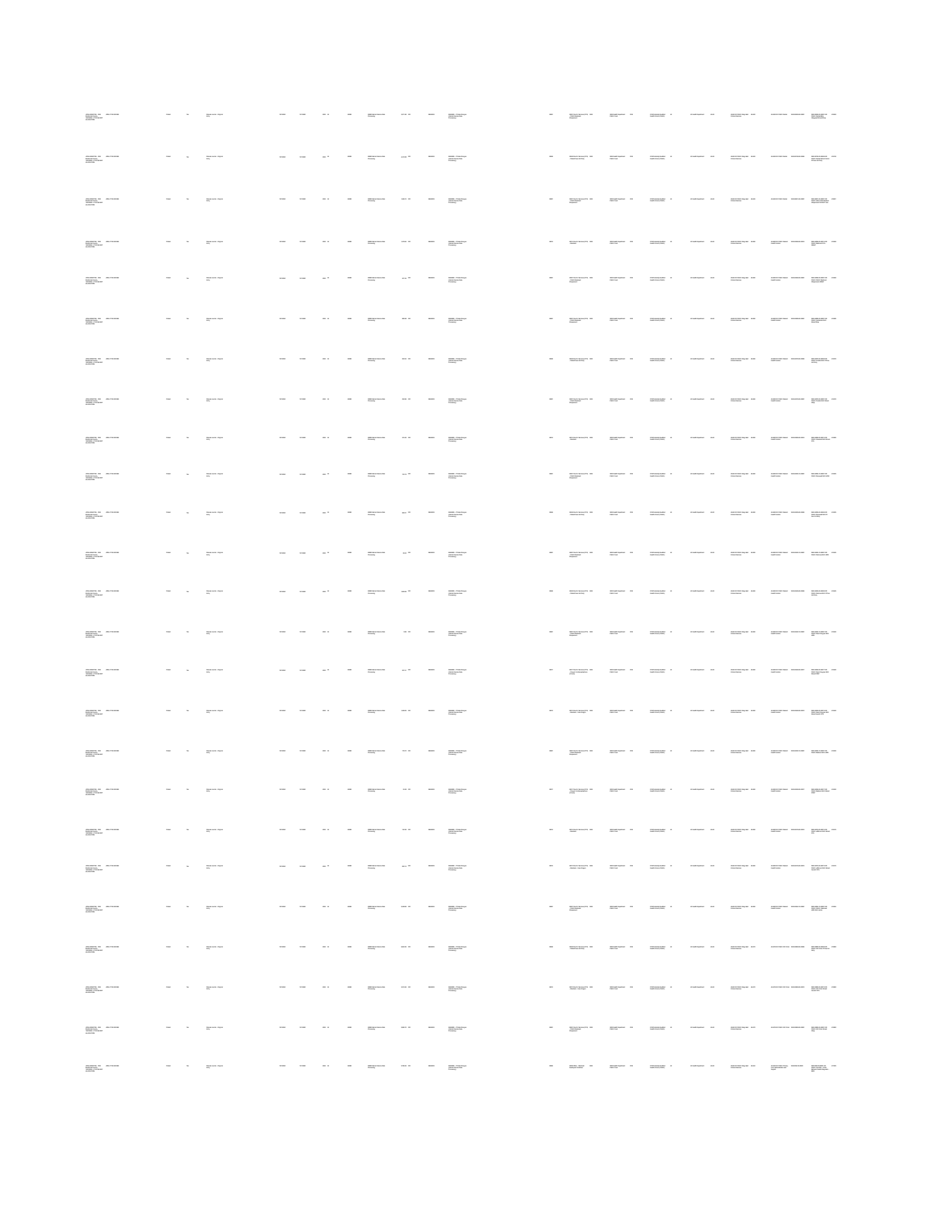


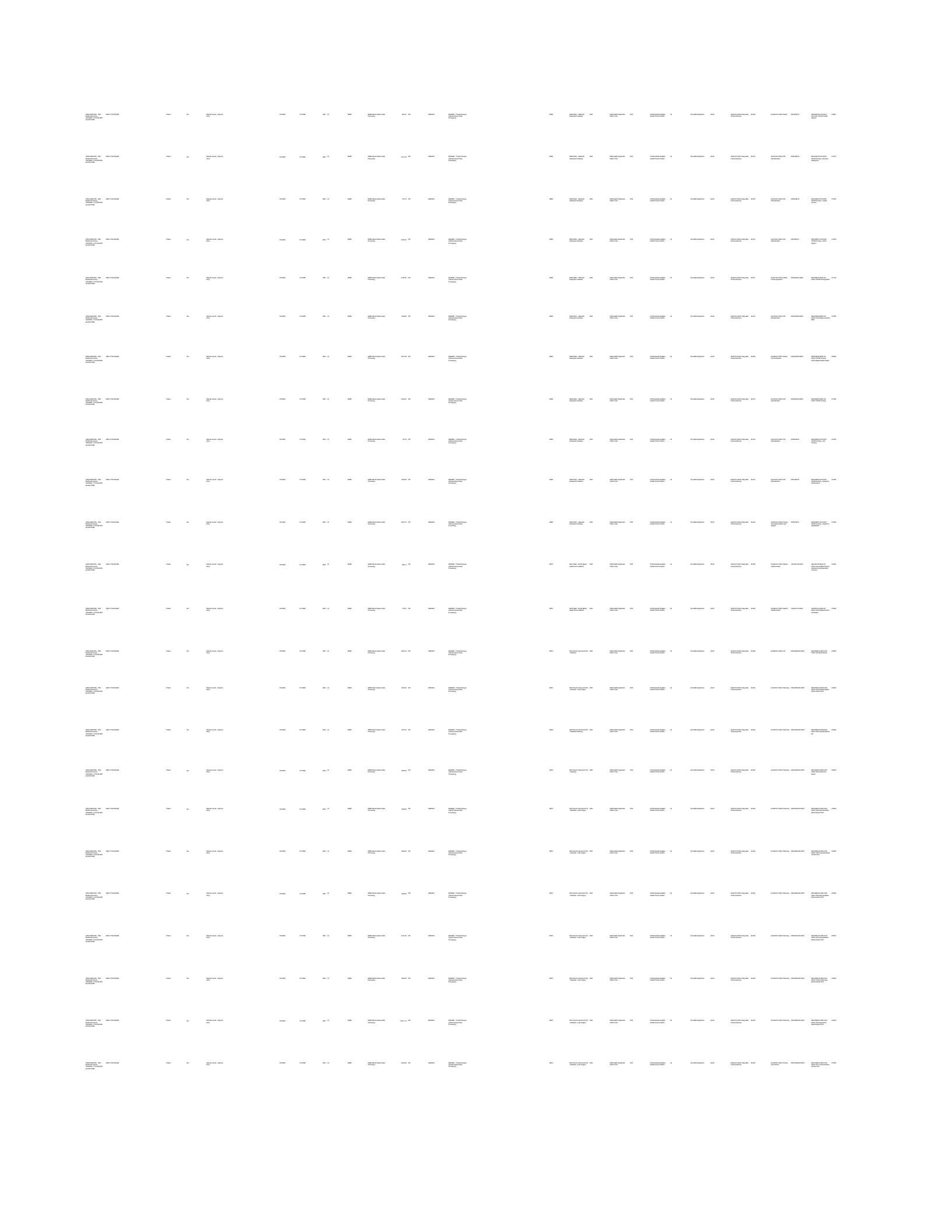


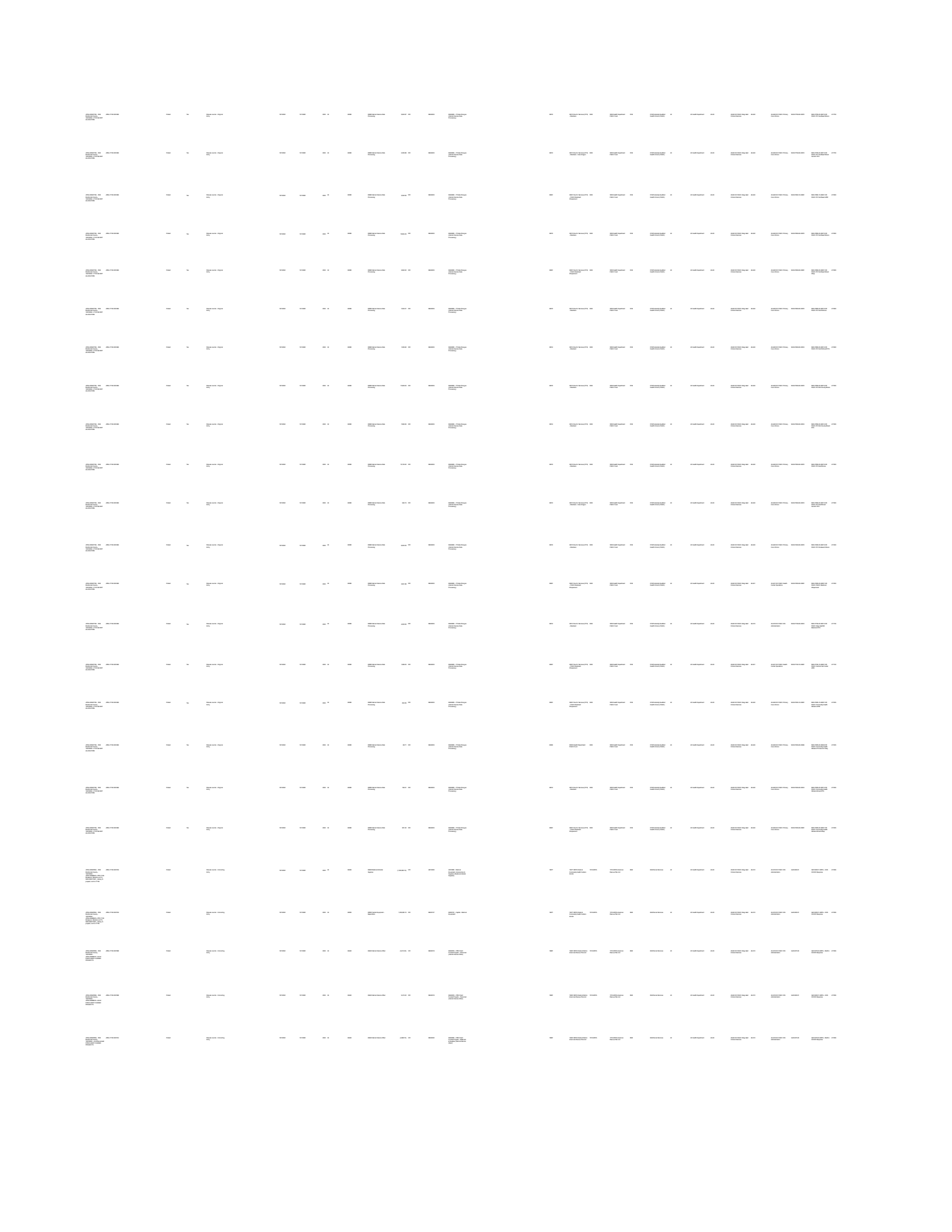


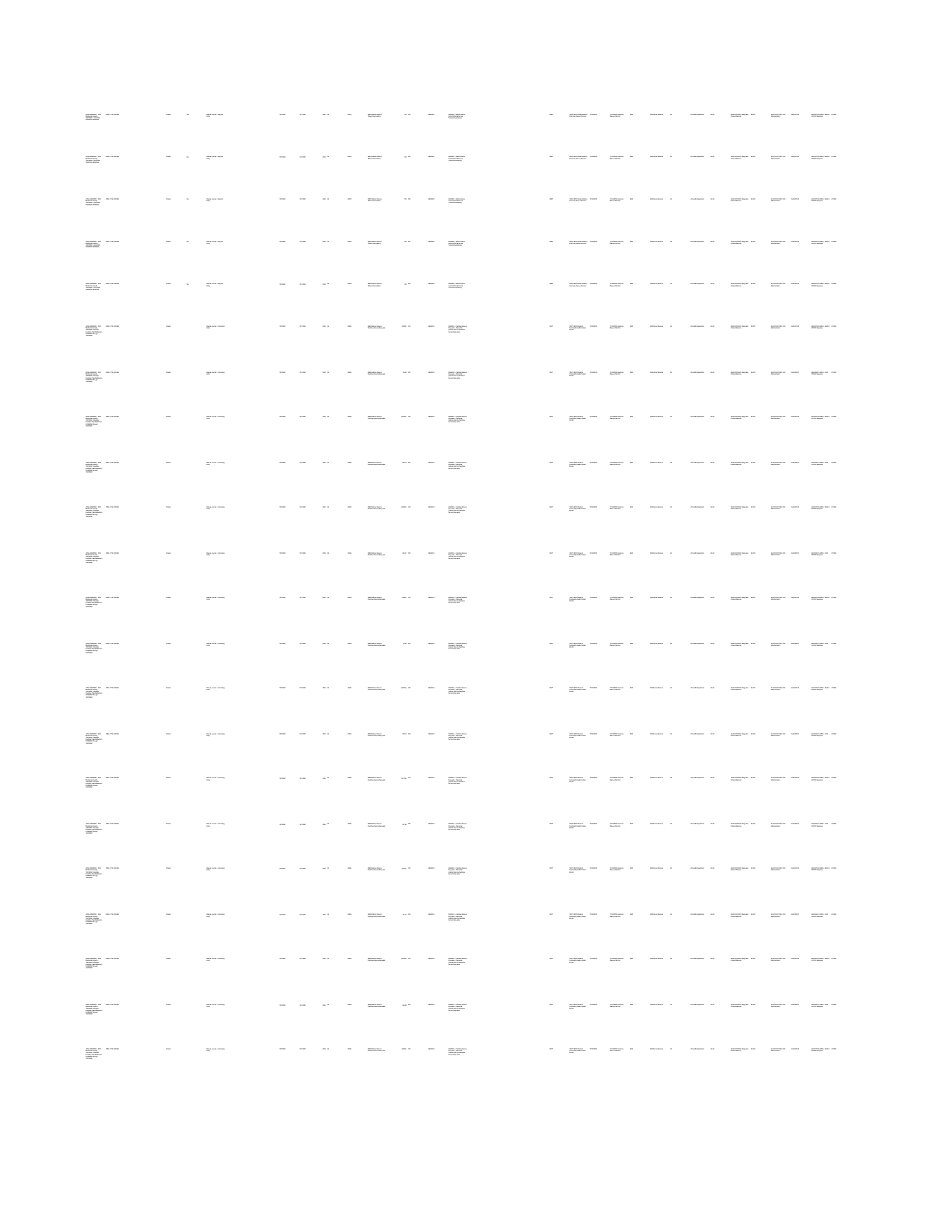


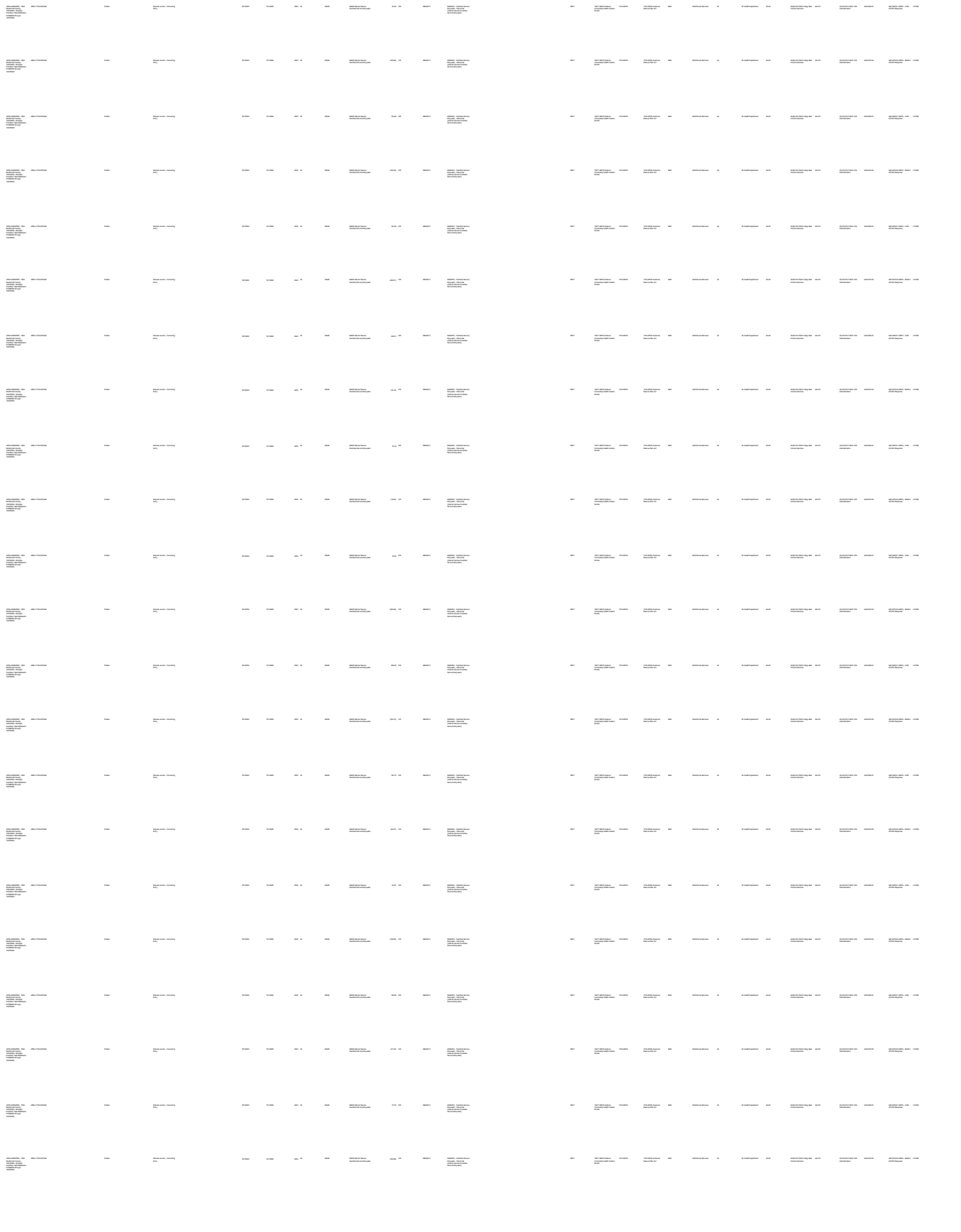


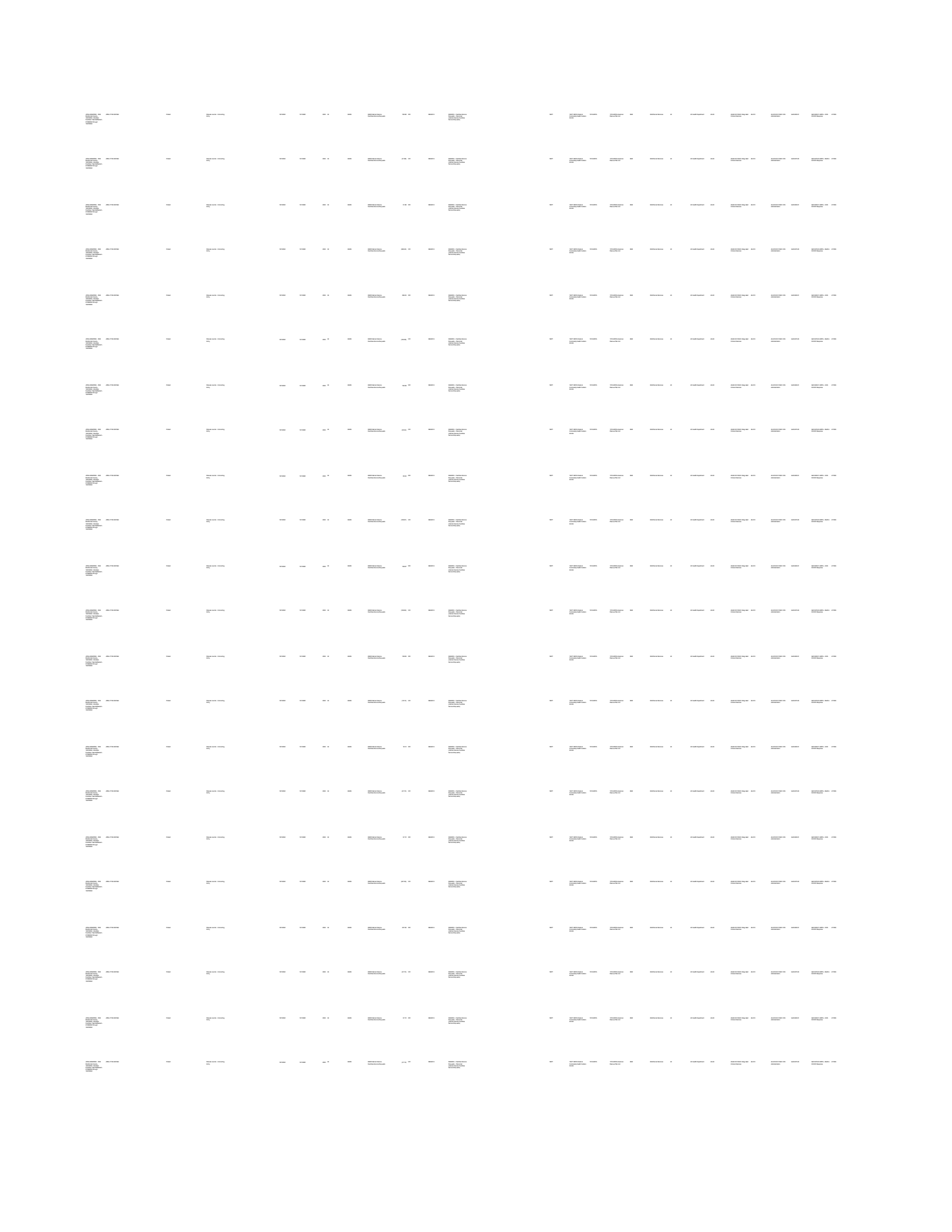


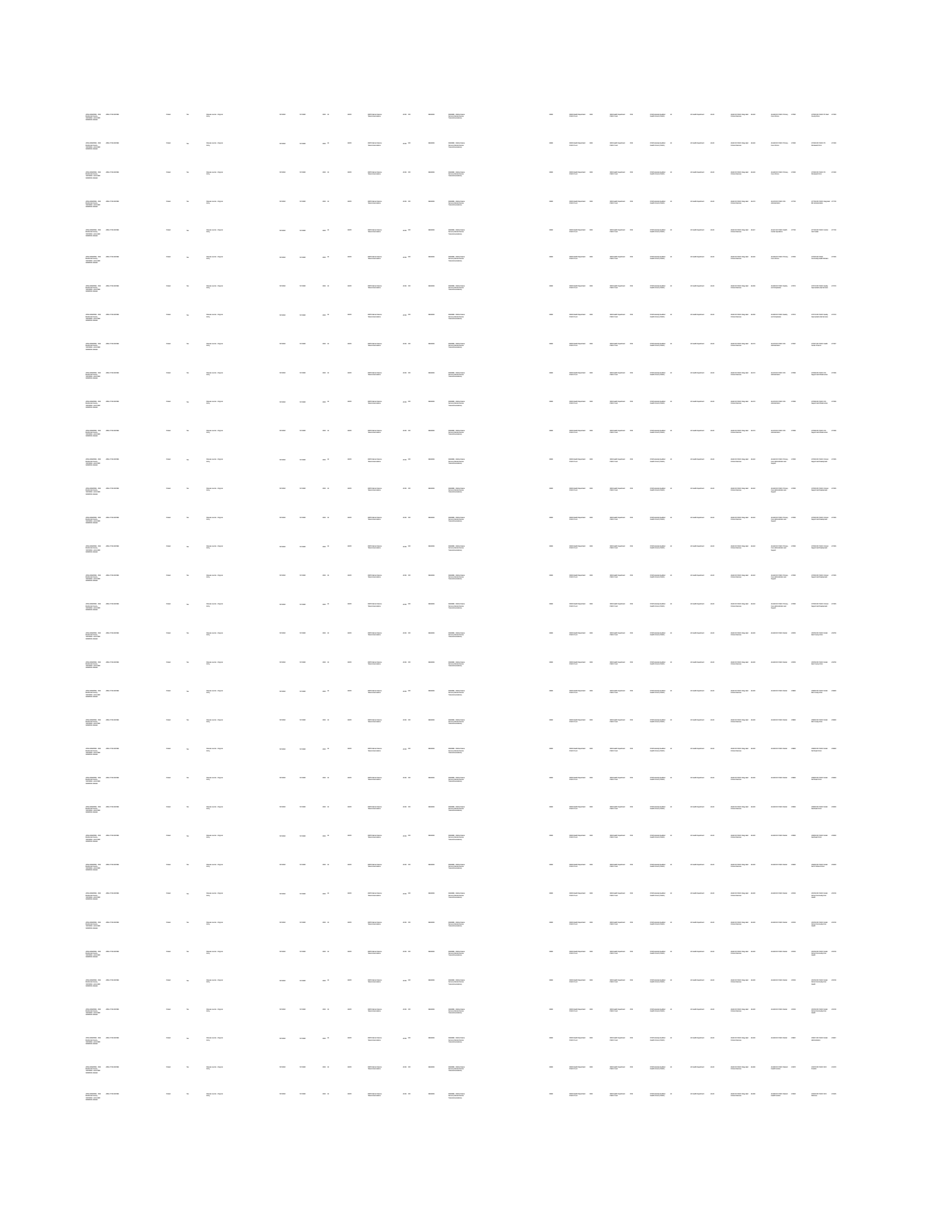


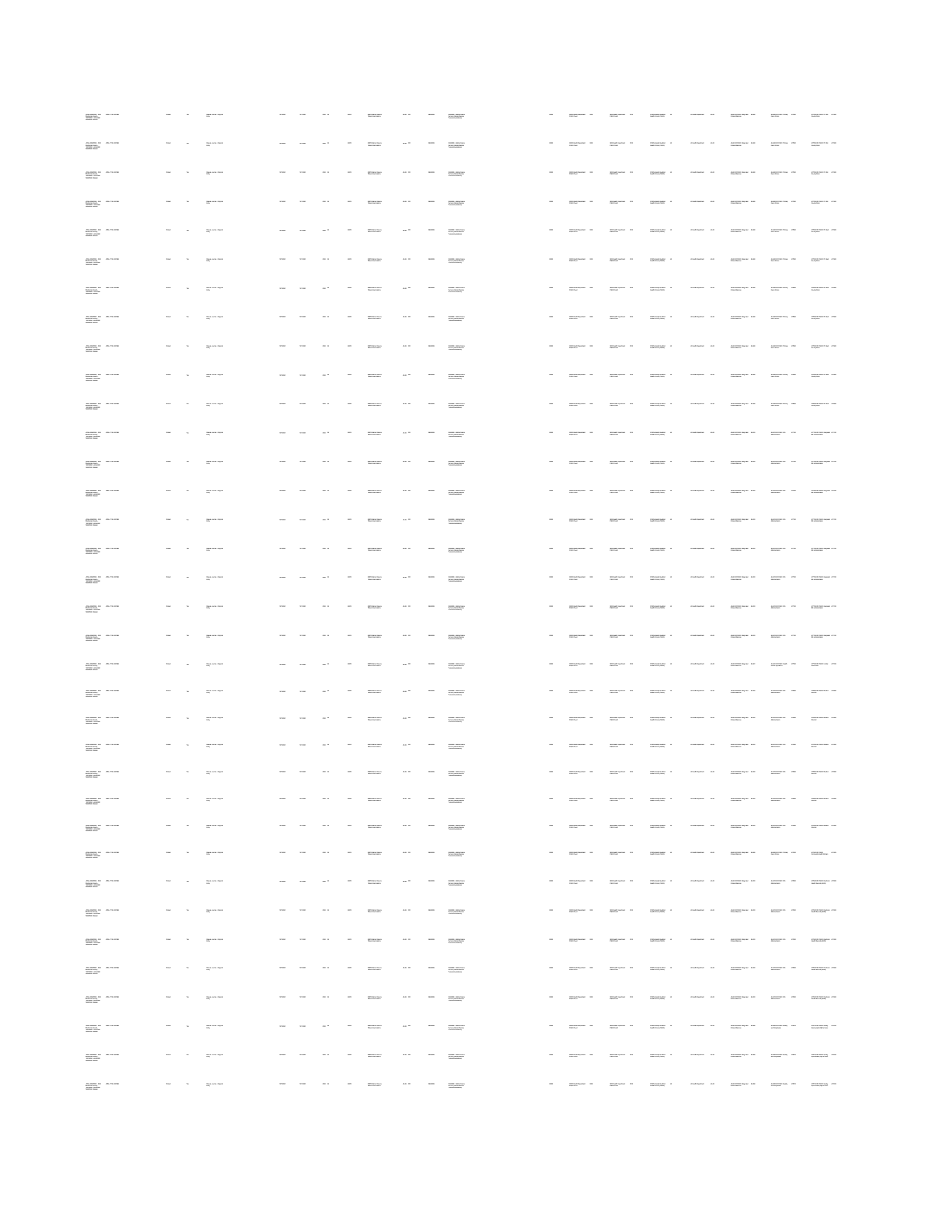


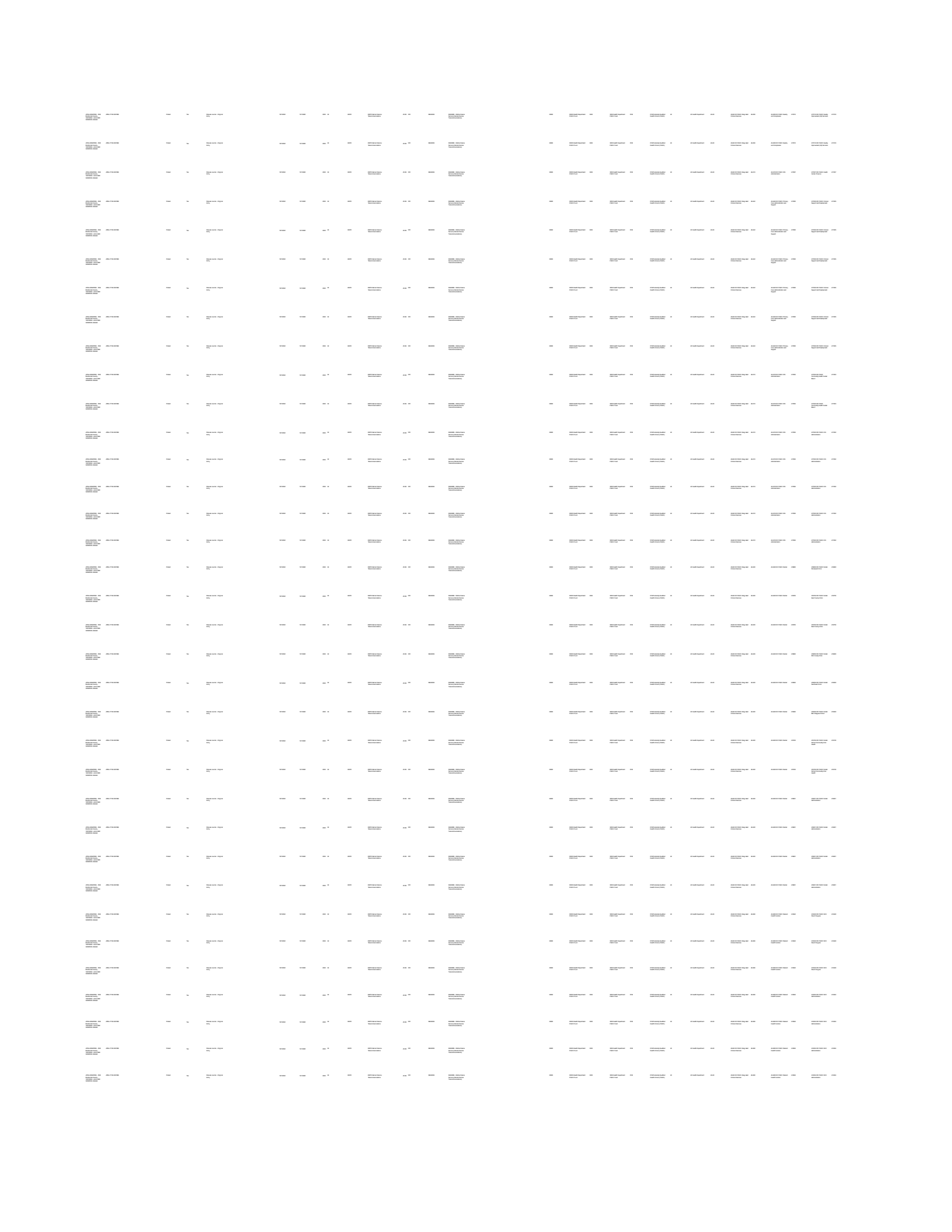








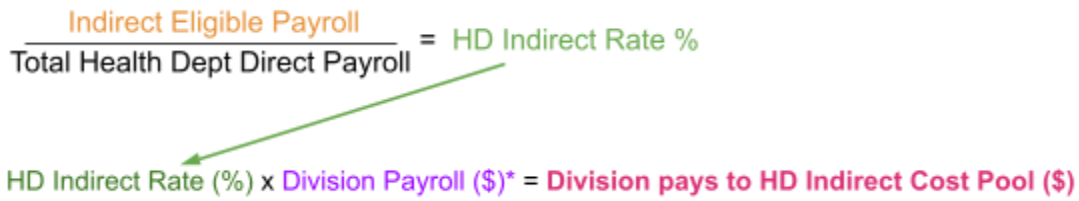




Reference Guide: Internal Services and Indirect Charges

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

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



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

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

Separate from indirect rate are internal services, which includes Fleet Management, Information Technology, Mail & Distribution, Facilities, and Risk Management. Internal services are directly charged to departmental users. Charges to the County departments are calculated to recover costs and maintain capital. Below is a short description of each internal service. Rates for the internal service providers are posted on the County's public website at:
https://multco.us/budget/fy-2023-county-assets-cost-allocations