Regular Public Meeting

January 9, 2023

community health center board

Multnomah County

community health center board
Multnomah County

Public Meeting Agenda
January 9, 2023
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
Tamia Deary – Vice-Chair
Pedro Sandoval Prieto – Secretary
Darrell Wade – Treasurer
Kerry Hoeschen – Member-at-Large
Brandi Velasquez – Member-at-Large
Fabiola Arreola – 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 and Consent Agenda Review** -**VOTE REQUIRED** September 22 Emergency Meeting Minutes, October 3 Closed Executive Session Minutes, December 5 Budget Retreat Minutes, December 12 Public Meeting minutes Consent agenda items: New Provider Updates, Quality Work Plan Update	Board reviews and votes receipt of documents
6:15-6:20 (5 min)	**2023 CHCB Meeting Calendar** -**VOTE REQUIRED** Review 2023 CHCB Meeting Calendar	Board reviews and votes to confirm 2023 meeting calendar
6:20-6:25 (5 min)	**Executive Director Appointment** -**VOTE REQUIRED** Harold Odhiambo, Board Chair Dr. Aisha Hollands, Executive Director Recruitment Committee Chair	Board votes to approve
6:25-6:40 (15 min)	**ICS.01.29 Patient Discharge from Clinical Services** -**VOTE REQUIRED** Bernadette Thomas, Chief Clinical Officer	Board votes to approve
6:40-6:50 (10 min)	**HRS.04.07 Provider Scope of Practice** -**VOTE REQUIRED** Bernadette Thomas, Chief Clinical Officer	Board votes to approve

6:50-7:00 (10 min)	**ICS.01.19 Primary Care Provider Assignment and Selection** -**VOTE REQUIRED** Tony Gaines, Patient Access & Engagement Program Director	Board votes to approve
7:00-7:10 (10 min)	**HRSA Ryan White Part D Supplement FY 2023** -**VOTE REQUIRED** Nick Tipton, Regional Manager Senior Marcee Kerr, Project Manager, ICS Quality	Board votes to approve
7:10-7:20 (10 min)	**10 Minute Break**	
7:20-7:35 (15 min)	**FTCA Claims Management Policy** -**VOTE REQUIRED** Jacqueline Chandler, Project Manager, Quality & Compliance Team Brieshon D'Agostini, Quality and Compliance Officer	Board votes to approve
7:35-7:45 (10 min)	**HRSA COVID19 Supplemental Award** -**VOTE REQUIRED** Debbie Powers, Deputy Director, Clinical Operations and Integration	Board votes to approve
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
8:00-8:05 (5 min)	**Committee Updates** Harold Odhiambo, CHCB Chair Tamia Deary, CHCB Vice-Chair and Quality Committee Lead Darrell Wade, incoming CHCB Treasurer	Board receives updates
8:05-8:15 (10 min)	**Executive Director's Strategic Updates** Adrienne Daniels, Interim Executive Director	Board receives updates
8:15	**Meeting Adjourns**	Thank you for your participation

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Public Meeting Minutes
September 22, 2022
5:45-6:00 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
Dave Aguayo – Treasurer *(Absent)*
Pedro Sandoval Prieto – Secretary
Tamia Deary - Member-at-Large
Kerry Hoeschen – Member-at-Large
Darrell Wade – Board Member *(Absent)*
Brandi Velasquez – Board Member
Aisha Hollands - Board Member
Susana Mendoza -Board Member

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

Board Members Excused/Absent: Darrell, Dave

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
Call to Order / Welcome Harold Odhiambo, CHCB Chair	The Board Chair called the meeting to order at 5:47 PM. A quorum **was** established with 8 members present Lucia Cabrejos in attendance (Spanish interpretation) Fabiola needed to leave right at 6:00pm and missed voting.	N/A	N/A	N/A
Healthier Oregon Grant **VOTE REQUIRED** Jeff Perry, Chief Financial Officer, ICS	Jeff presented on the Healthier Oregon Grant, and addressed some questions and concerns from the 9/12/22 Public Meeting regarding staff workload. The grant will fund ongoing outreach activities but will not increase workload for staff. If needed, funds can be used to hire on-call or temporary staff. This grant money will be used in place of program revenue for funding these programs. Questions and Answers: -Tamia: When did we start recording meetings? When did we agree to that? -Harold: All of our meetings are recorded. -Tamia: Thanks. I didn't recall.	***Motion to approve:*** Dr. Hollands ***Second:*** Tamia Yays: -7 Nays: 0 Abstain: 0 (Fabiola left meeting prior to		

	-Dr. Hollands: Follow up question, will Grace or Hailey send us the recording? -Hailey: I can send the recordings. They are mostly used for meeting minutes. -Dr. Hollands: Thank you. -Dr. Hollands: How does the staff capacity change? Are staff working more? Are staff volunteering? Can you clarify the operational questions rather than the financial pieces? -Jeff: This does not change their current workload. This does not put additional responsibilities on staff. There is overtime built into this grant if staff would like to pursue external events. The detail is broken down in the packets. -Dr. Hollands: That was helpful to hear about the overtime piece because I don't remember it being stated at the previous board meeting. -Harold: Are there examples of outreach or other programs you can share, so that Board Members can get clarity on what this look like? -Jeff: This past weekend there was an OHP event where we sent our 4 eligibility staff. -Harold: Any more questions? Now is the time to ask questions. No further questions.	casting a vote) **Decision: Passed**		
Meeting Adjourns	Meeting adjourned at 6:04 PM			Next public meeting scheduled on 10/10/22

Signed:_____ Date:_____
Pedro Prieto Sandoval, Secretary

Signed:_____ Date:_____
Harold Odhiambo, Board Chair

Scribe taker name/email:
Grace Savina
grace.savina4@multco.us

community health center board
Multnomah County

Closed Executive Session Meeting Minutes
October 3, 2022
6:00-7:00 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
Dave Aguayo – Treasurer *(Absent)*
Pedro Sandoval Prieto – Secretary
Tamia Deary - Member-at-Large
Kerry Hoeschen – Member-at-Large *(Absent)*
Darrell Wade – Board Member *(Absent)*
Brandi Velasquez – Board Member
Aisha Hollands - Board Member
Susana Mendoza -Board Member *(Absent)*

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

Board Members Excused/Absent: Darrell, Dave, Kerry, Susana

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
Call to Order / Welcome Harold Odhiambo, CHCB Chair	This is a closed executive session meeting with Motus Recruiting. Board Members, interpreters, and guests from Motus Recruiting entered a breakout room upon start of meeting. Hailey and Grace stayed in the main room for technical and other support. No minutes were taken inside the closed executive session.	N/A	N/A	N/A
Meeting Adjourns	Meeting adjourned at 6:27PM			Next public meeting scheduled on 10/9/22

Signed:_____ Date:_____
Pedro Prieto Sandoval, Secretary

Signed:_____ Date:_____
Harold Odhiambo, Board Chair

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

Budget Retreat Minutes
December 5, 2022
6-8 PM, Southeast Health Center

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:
Tamia Deary- Member-at-Large
Pedro Sandoval Prieto- Secretary
Susana Mendoza- Consumer Board Member

CHC Staff Present:

Adrienne Daniels- Interim Executive Director
Hailey Murto - Board Liaison
Grace Savina- Community Engagement Strategist
Jeff Perry- Chief Financial Officer
Maya Jabar-Muhammad- Executive Support Manager
Bernadette Thomas- Chief Clinical Officer
Debbie Powers- Deputy Director, Clinical Operations and Integration
Anirudh Padmala- Deputy Director

Time Topic/Presenter	Discussion	Action Items/ Follow-Up
6:00-6:05 **(5 min)**	Meeting starts 6:21 PM Ice breaker: Name, title, did you make a snowman in the snow yesterday?	
6:05-8 pm **Jeff Perry** Budget Presentation	<u>Role of the board in budget planning</u>: Provide input to ensure the health center has all of the resources they need to do their work. Finance committee gives input and helps steer financial decisions, but this does not get the input of the full board <u>Goal of tonight</u>: make sure board is able to give feedback on priorities and budget needs. <u>Our Strategic Values:</u> Our People: this is our center, and leads/drives our decisions 1. Health Center of Choice 2. Financial Stewardship 3. Operational Excellence 4. Advance Health Equity Q: How did you identify these strategic values? Did you find out through surveys and questionnaires or through the clinics? A: The CHCB Board. This was created/identified through the strategic plan with the board. <u>SWOT Analysis:</u>	Future presentation request: Practice Management Redesign

S-strengths
W-weaknesses
O-opportunities
T-threats

Identifying what we do well: our locations, our communication

Weaknesses: what can we do better? Areas where we can move a weakness into a strength– for example, we work for a large government agency– that means we can't always act quickly,

Opportunities: new markets

Threats: program stability, federal/state policy changes, political effects, sustaining inter capabilities, loss of staff, inflation

When putting together the budget, these are things we have to keep in mind.

Q: So we have fewer threats, or more strengths to balance them?
A: We want the threats list to be as small as possible.

Comment: Would recommend adding competition and compliance to list of threats

Q: Are there other items we should add to these categories?
A: Client dissatisfaction could be a threat, but improving client satisfaction could also be an opportunity.
A: Innovation and program expansion should be added as opportunities.

Q: Under weaknesses, what is meant by bureaucratic paralysis?
A: In a big organization, we can't always get things done as quickly as we would like to. There are a lot of rules that often guide how quickly we are able to get things done.

Q: What do you mean when you say innovation?
A: New ideas, that either improve programs or the way we do things, i.e. we brought in a new company to do patient surveys, and in a way that was more innovative than before. It brings info from other sources, including other languages. Innovating is looking to do things in new and improved ways than we were before.

Q: How would this impact the budget? Would we be adding things?
A: This means we are making a decision to change how we do the work. Sometimes this would impact the budget, sometimes it

wouldn't.

Budget questions: These are questions that are recommended for board members to think about when considering budget planning.

Q: Would we be able to edit these questions?
A: Yes, this list is just for ideas. We can ask any question we want.

<u>Pharmacy:</u>

You'll notice these slides align with the strategic goals from the previous slide.

Financial Stewardship:

- Reinvestment of pharmacy revenue into direct pt care services
    - Identify alternate funding source for ICS laboratory
    - Expansion of the clinical pharmacy program

Optimize revenue

- Expansion of contract pharmacy agreements
- Increase pharmacy capture rate
- Expansion of mail and delivery services

Operational Excellence:

- Leading with race
- Establish clinical quality metrics

Health center of choice

- New PCC/La Clinica pharmacy

Advance health equity

- Workforce shortage
    - Launch of WFD program for pharmacy technicians

Comment: Pharmacy bought the robot. It would be great to bring someone from pharmacy back to discuss the robot, because that's a great example of innovation.

Q: How would the robot help the PCC students or recruiting for new staff?
A: Many of our patients who get complex sets of medications, the robot does the filling of those prepackaged medications for us. This helps us stay competitive in the market. The humans do the work the humans need to do, which is interact with patients, while the robot

fills the medication.

We hope to increase the number of patients who use our pharmacy services.

Dental Program:
Operation excellence:

- Quality, Access, and Engagement
    - COD/ICS partnership
- Improve operational efficiency
    - Increase schedule utilization and decrease no-shows

Q: How do we decrease the no-shows?
A: We already do follow up with the patient. In FY24 we will bring advanced access to the dental program. This means decreasing time between when a patient is scheduled and when their appt is.

Financial Stewardship:

- Performance improvement
    - Increase collection rate

Advance Health Equity

- Workforce shortage
    - Launch PCC climbs to address EFDA and hygienists

Health center of choice:

- PCC/La Clinica

Primary Care:

Our People:

- workforce development
    - advanced practice clinician (APC) fellowship

Comment: Having a program like this (APC fellowship) lets people come into the program, learn, and make sure good people are doing good work. They can make sure for themselves if this is a good fit for them, and then they can get a panel of patients.

- provider retention
    - indirect patient care time
    - team anchor model
    - long visits for complex patients

Comment: Having longer visits for patients who need it is great. As someone who needs an interpreter, I would love to have longer visits.

Health center of choice:

- Optimize access
    - Advanced access scheduling- allows for patients to schedule sooner, less wait time before their appt
    - Practice management redesign

Advance health equity

- Supportive Programming
    - Hospital transitions of care (delayed because of the pandemic)
    - eReferrals (allows us to connect our patients more quickly to care)
    - RN Care Management and Standing Order (getting nurses closer to pts)
    - Growth of Clinical Pharmacy program (more participation of clinical pharmacists in team-based care)

Q: If we're referring patients somewhere else to see a specialist- is that every clinic?
A: I anticipate that most referrals will be managed virtually. The referral will be managed by a computer, and patients will get their results at their clinic. At every health clinic.

Comment: I would like every clinic to have every type of specialist referral. He was at Rockwood, and he had to travel far to reach that specialist. There isn't a specific person for patients to go to to get a specialist referral.

<u>Integrated Behavioral Health:</u>

Health Center of Choice:

- Increase Access
    - Mental health services expansion
    - Advanced Access Scheduling

Q: Why don't we provide more behavioral health services?
A: It's a function of how we get paid. We don't get paid for these services, so we don't provide them as much. We are working with a specialist to figure out how to do this, and we go through Care Oregon / Integrated Behavioral Health.

Q: Is that because it's something they don't think needs to be covered by an FQHC? We have the worst access in the country. How does the federal program not supersede the state rules?
A: States decide how, and how much, you get paid. The crisis is a function of the way the payment system is designed. The model is designed to reinforce the scarcity in the system.

The reimbursement rate is the majority of our revenue. We can't get paid, because we don't have an opportunity through OHA. Is that correct?

Q: Will these clinicians be available in all languages?
A: Trying to recruit linguistically and culturally diverse clinicians. We are trying to change the way we recruit for these positions.

Q: Why does the organization do a bridge with PCC?
A: We are hoping to do that with PCC when we move clinics, and we do that with dental assistants.

- Transitions of care

<u>Student Health Centers:</u>
Our People
- Maintain staffing status quo

Health Center of Choice
- Increase partnership with primary care

<u>Medical Director's Office:</u>

Our People:
- Recruitment
    - Development of provider support specialist (in languages our patients speak, shorten time for recruitments)
- Expansion of credentialing and enrollment
    - Advance payor enrollment
    - Quarterly peer review for ICS clinicians and providers

Advancing health equity
- Advancement of leading with race

Bargaining
- Pharmacist -new unit (more to come)
- Dental -successor (more to come)

Anirudh-
Population Health Approach

- Looks at how the things around us impacts care and care delivery

Population Health: Years ahead

- Transformative medicaid 1115 waiver
- Re-envision programs that are interoperable and connect different aspects of cre
- CoE 2.0

Allows for housing assistance for more than 6 months, allows for food assistance, care for children– looking at how these interact with how we deliver care.

Population health program: Centers of Excellence model– launched last fiscal year– re-envision this model, so we can try to get at care that is community-centered and community-driven. In the next year, we hope to look at where things intersect and interact, so we can do it differently and do it better.

Adrienne (filling in for Brieshon):
Quality and Compliance:

- Quality Improvement
- Quality Assurance
- Compliance
- Safety
- Privacy and Medical Records
- Patient Experience

Making sure care is high-quality, safe. Medicaid waiver changes the way we are paid, and is based on quality metrics. This is always important, but especially this year.

In the past, we have done this by

- co-led trainings
- shared communications
- standard tools
- equity as standard work
- process and system improvement

Looking at what we can do to be more efficient, innovating, and improve outcomes

Would like to focus on these in the next year as main points of

improvement in Quality:

- Lifting administrative burden (identified as a weakness)
- Quality improvement (continuing complaints and satisfaction work, Ryan White grant,
- Systems and technology (improving how we receive complaints– investing in software so we can centrally analyze the data we collect on complaints)

Ryan White– lifts administrative burden from providers, improves quality

Comment: Providing mental health services is amazing. If you don't know how to access mental health services– this affects other aspects of your life, and the lives of people around you.

Comment: At our last meeting, there was a great question about customer service. Right now, we are looking at individual cases, but we also need to be looking at trends, so we can see at the programmatic level what we need to change.

Comment: Tamia has been asking everyone who provides us quarterly reports to also provide trends, so we can see how things are going in a visually simple way. That is something we'll see more of in the future, as we get more data year by year.

Comment: At quality, we're looking at how we can better look at social determinants of health and info we get from feedback surveys, and look at are we impacting SDHs? It is not fully formed yet, but we are hoping to take information from multiple sources.

Comment: We talked about programs to introduce more folks from the community to the health center. We've been in touch with PCC, Mt Hood, and other schools where our medical assistants get their education, so we can introduce them to our programs, get service hours, and want to continue to work with the county.

Call for feedback for next steps/alignment with budget planning:

Q: How often do we need to approve this budget? Every time there is a change?

A: The board needs to approve the budget annually. That is what we're doing now. The other time is when we submit to HRSA, because they are on the calendar year. That means it's the budget the board already approved, but 6 months in the past and 6 months in the future. The board does not need to approve the budget every

time there is a change to it. If you had to come together every did you did or did not hire someone. The board does need to approve bigger changes, i.e. if we are moving 25% of our resources somewhere else. They also need to approve new funding.

Q: What kind of help do you need from us board members to approve the budget?
A: We would like to know: Do the strategic goals and visions that we went over in this presentation feel like they still feel right for this year? Or should there be changes to our focus for this upcoming year for the board to do the work they want to do?

Comment: Like I mentioned before, I think we need to focus on having fewer threats and weaknesses so we can have more strengths and more opportunities.

Comment: Would like to call out some of these threats. Loss of staff. We have been strengthening the program to build up doctors to be good providers, so they're less likely to leave. I need to hear from board members if they see that as a threat that needs to be addressed, so we can keep/increase resources for that program.

Comment: I appreciate that we got this information in Spanish, because in our meeting last year, we did not have this info. Now, we can converse, and we can understand better what is going on.

Jeff: That's great feedback. Soon, we'll be seeing this presentation with numbers, so we can start to put this all together.

Comment: When we talked today about the loss of staff. What we talked about today would help keep staff longer. If doctors have less stress, and can stay longer with clients, that will help with keeping staff.

Comment: Every time we talk about the budget, it helps for us to all come together, learn about it. We need more board members to show up and participate.

Comment: Critical that we focus on pharmacy expansion, mail-in delivery services– expand revenue where revenue is occurring. For workforce program, we do not always have the ability to give staff competitive pay. These are all well-thought out and we are doing a good job at proactively addressing issues. There are a couple of things that need to be expanded in terms of priorities– PCC/La Clinica needs to be an effective transition. Would like expansion of that transition as a priority. I would also like to see concrete

	language around prioritizing value-based care, so we are able to optimize value-based care. Measuring success is a work in progress, so we know what we need to do to get paid. Board members are asking for more information about this. Q: Practice management redesign: does that have anything to do with how the appts are scheduled? A: Yes, we are working on that. We can present on this in the future. It's an exciting project, and I think we're going to get a lot of good responses from our patients.	

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

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

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

community health center board
Multnomah County

CHCB Public Meeting
Meeting Minutes
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 *(Absent)*
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 *(Absent)*

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

Board Members Excused/Absent:

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
Call to Order / Welcome Harold Odhiambo, CHCB Chair	Meeting begins 6:04 PM Fabiola and Susana are absent. We do have a quorum with 7 members present.			
Minutes Review -**VOTE REQUIRED** Review November Public Meeting minutes	No errors or omissions stated.	***Motion to approve: Kerry*** ***Second: Darrell*** Yays: - 7 Nays: - 0 Abstain: - 0 **Decision:**		

		Approved		
Executive Director Update Harold Odhiambo, Board Chair Dr. Aisha Hollands, Executive Director Recruitment Committee Chair	Harold is giving an update on the Executive Director Negotiations. In November, the Board decided on a first choice candidate, Miku Sohdi. We are on the path of negotiations regarding a start date. Our wish was that the candidate would start Jan/Feb. However, given the magnitude of the role, we are still in discussion on this timeline.			
ICS.04.16 Feedback and Complaint Policy - **VOTE REQUIRED** Brieshon D'Agostini, Quality and Compliance Officer	Brieshon is here to review the updates and changes to ICS.04.16 Feedback and Complaint Policy. **Overview** • Last updated Nov 19, 2019 • Required by HRSA, Joint Commission, and County policy • Reviewed by REDI Policy Task Force, Quality Team and stakeholders, and CHCB Quality Committee **Summary of Changes** • Internal and external pathways for submitting complaints *Ongoing work to update patient materials* • Update approver/point of contact • Operational updates and clarifications, including escalation process • Reorganizing for easier reference	***Motion to approve: Tamia*** ***Second: Pedro*** Yays: - 7 Nays: - 0 Abstain: - 0 **Decision:** **Approved**		

	Q: ICS was crossed off and was replaced by CHC? A: Yes, we are changing the terminology for consistency. ICS will be replaced by CHC where appropriate. Q: Is there a communications strategy around making sure staff knows the transition from ICS to CHC langage? A: I have been moving to this language where it is appropriate/approved by the health center. You might still see ICS in some cases. A: The Board has let us know that they prefer CHC. You might still see ICS/Integrated Clinical Services in some documents, but we are updating where necessary/appropriate. Q: When a patient makes a complaint, how can we make sure the complaint is heard? A: If the pt wants follow up, we will make sure that happens. If the pt does not want follow up, we make sure that we still document it so we can reference it if necessary.			
ICS.04.18 Patient Rights and Responsibilities - **VOTE REQUIRED** Fred Dolgin, Health Center Operations Officer Anirudh Padmala, Interim Deputy Director	Fred here to review updates and changes to ICS.04.18 -Client Rights and Responsibilities Policy. This policy describes client rights and responsibilities, and centers on the core tenets of safety, trust, and wellbeing of Health Center staff, clients, and other visitors, with the ultimate goal of clients receiving high quality care. New updates on the policy: • Names of Approvers, point of contact for policy • Update CHCB name and acronym • Clean up of names to bring consistency, use “client” instead of	***Motion to approve with suggested changes: Tamia Second: Kerry*** Yays: - 7 Nays: - 0 Abstain: - 0 **Decision:** **Approved**	Fred/Anirudh : Amend language. Community health center language to be substituted for ICS as	

	"patient" per recommendations of REDI committee. ● Clear language around the responsibilities of clients towards staff, other clients, and visitors. ● Additional references in the references and standards section ● Update content and links in Attachments section Staff and Clients were engaged in review– ● REDI task force reviewed this policy form an equity lens ● Pharmacy staff had high levels of engagement and feedback – those who were on the receiving end of aggressions, trauma, including microaggressions In action, this policy looks like: ● Emphasize our values on creating a welcoming environment for clients and staff together ● Posting in multiple languages to meet Joint Commission requirements and visibility accessibility Q: Does changing the word "patient" to "client" change who we are working with? We did not vote to change this term. A: We decided to make this change, maybe not in an official capacity, at the strategic board retreat in 2021. A: We are aiming for consistency, uniformity, to cover all the different types of care we provide at the health center. A client is more comprehensive of the services we provide, i.e. people who come in for services, but also preventive and supportive services. A: There is a big debate over whether we should say client or patient. One of the main arguments we have heard is that when we say the word patient, it can conjure a power imbalance. A "patient" listens to what they		appropriate.	

	need to do to stay in our care. Using the word "client" gives more agency to the individual. They are able to get care elsewhere. There is some background about not wanting to use the word patient for those reasons. Comment: Client does not necessarily mean a patient. I'm glad you were able to clarify that. A client is also someone who might provide services to the health center. I'm glad we were able to get clarity as we move ahead. Comment: We have addressed the importance of consistency of language, but I am not seeing this here. Can we adopt this policy with the suggested changes of using "Community Health Center" where appropriate. **Motion to approve this policy, with the amendment that community health center language be substituted in, as appropriate.**			
CareOregon Dental Collaborative Quality Improvement Plan - **VOTE REQUIRED** Azma Ahmed, Dental Director	Azma is here to discuss the Multco CHC/COD Collaborative Quality Improvement Project. **Overview:** CareOregon has a special interest in us as we serve more than half of their patients. • This is a multi- year partnership opportunity with CareOregon • Overall goal is to improve patient access and engagement, and oral health outcomes • The landscape is changing for healthcare systems and we need to adapt – Primary care is ahead of dental in the area of value-based care. We want to address the health of our population and where we can improve. Leading with Health and Racial Equity to address oral health disparities: • Quality and Health Outcomes	***Motion to approve: Tamia*** ***Second: Darrell*** Yays: - 7 Nays: - 0 Abstain: - 0 **Decision:** **Approved**		

	• Access and Engagement
	• Patient Experience
	• Workforce
	• Collaboration
	
	Funding and project implementation will be completed in phases.
	
	• **Phase I** funding from Care Oregon Dental : **~$950,000**
	  • Hiring project manager: This person will put together a business plan and budget for the overall project
	  • Able to hire additional staff necessary for this project
	  • Perform review of our overall data collection pathways to determine what can be used and what we need to build
	  • Will be used for planning and additional staffing necessary to carry out and sustain project deliverables
	  • Will be released to ICS from COD before the end of this year or early 2023			

Test to Treat Grant - **VOTE REQUIRED** Debbie Powers, Deputy Director, Clinical Operations and Integration	Debbie is here to present on the Test to Treat Grant. • The Oregon Primary Care Association (OPCA) is allocating funds to several community health centers (CHC), including the Multnomah County CHC, throughout the state of Oregon to support and expand COVID-19 testing and treatment services to disproportionately impacted communities. • The pass-through funding is a total of $250,000 from July 2022 through June 2023. • 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	***Motion to approve: Pedro*** ***Second: Aisha*** Yays: - 7 Nays: - 0 Abstain: - 0 **Decision:** **Approved**		

	experiencing houselessness, 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. Health Center Use of Funds: • Pharmacy distribution of free COVID-19 Home Test Kits to clients and their households • Support personnel costs to triage clients who report positive tests for evaluation of treatment • Supplies and communication materials– so people know how to connect back to the clinic, especially if you are someone who has not been seen at the clinic. Q: Will this give you enough money to do all the things you have listed in your goals? A: We think so, at least at first. Q: What would you prioritize if it turns out not to be enough money? A: This is additional funding for the work we're having to do. For prioritization– expanding to household numbers may get tricky, but I don't see that being an issue in the next year or so.			
10 Minute Break	**7:06-7:16 PM**			
Labor Relations Updates Adrienne Daniels, Interim Executive Director ***Bargaining and Negotiation Updates***	CHCB received confidential reports in a separate meeting room related to bargaining and labor agreements.	***Motion to approve: Aisha*** ***Second: Darrell*** Yays: - 6 Nays: - 0 Abstain: - 0		

(Closed Executive Session) *CHCB to receive confidential report in separate Zoom*		**Decision:** **Approved**		
Executive Officer Election Results Hailey Murto, Board Liaison	Hailey is here to announce the results of the 2023-2024 CHCB Executive Officers election. Nominating Committee worked to fine-tune elections process. Fabiola, as Nominating Committee Chair, validated the results but individual votes were kept confidential. Executive Officers for 2023-2024: Vice-Chair: **Tamia Deary** Treasurer: **Darrell Wade** Member-at-Large: **Bee Velasquez** Thank you to everyone who ran. Thank you to Fabiola and Tamia, for their roles in vice-chair and member-at-large. Congratulations to our new Executive Officers!			
Monthly Budget and Financial Reports Jeff Perry, Chief Financial Officer, ICS Adrienne Daniels, Interim Executive Director	Health Center is showing $7.3 million surplus. Pharmacy: $1.3 million surplus, primary care: $10.3 million Program income: 70% of total revenue. SHC: 56 billable visits, tracking below last year Dental: 272, tracking above last year about still below target			

PC: 474, tracking below last year, and tracking below target

CareOregon has moved up to 69% of our mix.

Vacancy Report: 143 total vacant positions.

Decreases in total non duplicated vacancies, non duplicated not posted and non duplicated posted for recruitment

Increase in interview or final hire stage (usually a good sign).

Increase in both average vacancy length and average time to fill.

Increase in total FTE associated with direct revenue vacancies and estimated sum of lost revenue ($5.7 million)

- Increase in the past month of total estimated financial impact, likely associated with total number of provider vacancies
- Note: List includes “on call” and non-permanent roles

Intended vacancies:

Increases in total, duplicated inactive vacancies. No change in FTE associated revenue, slight increase in estimated sum of lost revenue.

Q: When we talk about the number of vacant positions, would it be possible to send board members the highlights on the number of vacancies? They are still high. It might be helpful if you could break down those numbers by position, so we can see the larger trends in vacancies. We are getting into another fiscal year, what is being done to address this?

A: Yes, I do address this in strategic updates. We got a new recruiter to address health center provider roles. Recruitment and advertising. There

	was also a week-long event hosted by Kaizen, to look at the ways we waste time and effort. This will hopefully improve cycle times and hiring timelines. In the board packet, there is a full listing of the 147 positions that are currently vacant in the health center. I would be happy to highlight these vacancies, but would like to bring the board's attention to this in the board packet.			
Executive Director's Strategic Updates Adrienne Daniels, Interim Executive Director	***Patient and Community Determined: Leveraging the collective voices of the people we serve*** ● Regional patient advisory committees kick off ● Influenza Vaccine Dashboard now piloted ○ Flu vaccines delivered by both primary care and dental staff, including dentists and hygienists ***Engaged, Expert, Diverse Workforce which reflects the communities we serve*** ● Provider recruiter specialist - offer made! ● Kaizen event held over four days to identify improvements in the recruitment cycle - multiple process measures identified to decrease cycle times and hiring timelines ○ Example: Reduction in average posting to onboarding could save >30 days ● Adjustments in pay for Medical Assistants will take effect based on equity analysis. ○ Will help align with local market changes in pay ● Agreement with union partners for launch of our workforce training program ○ Includes partnership work with Portland Community College and Care Oregon to train Expanded Function Dental Assistants and Pharmacy Technicians ***Supporting Fiscally Sound and Accountable practices which advance health equity and center on racial equity***			

- Budget season will kick off this month
  - Board members completed budget planning on December 5. Emphasis to plan for value based care, where we can be innovative, staff retention, and identify support for PCC transition
  - Board Budget survey to be sent out for feedback as well
  - Feedback will be used to develop draft budget plans with our Board Finance Committee
- Dental Quality Performance from 2021 released
  - Met goals in preventative dental care outcomes, including excellent performance in fluoride varnish
  - Highest performance amongst all other health centers for Diabetes management in Latinx populations!!!
  - Performance means that we hit our anticipated quality incentive payments

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

- HRSA Notice of Award-
  - Our 3 year health center re-awarded
  - This 330 funding provides critical access to our uninsured patient populations, quality programs, and infrastructure
  - NEW HRSA funding also to be released for all health centers for COVID19 support
- Ongoing pandemic response and staffing
  - Evaluating access options for our downtown corridor- staffing shortages disproportionately impact two clinics and may need to evaluate operational access to preserve access to care

Facilities Cost:

- 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 policy on 11/14 meeting - application to be submitted in 2023 after CHCB approval. Directors and Officers Insurance evaluation underway– quotes expected in January 2023.

Legal Counsel Contract: Completed
Data and Privacy Consultant: Completed- Executive Committee for CHCB received final report and recommendations. Quality and Compliance Director establishing one year plan.
Media and Advocacy Opportunities:
- RSV awareness and support with public health partners in communicating preventive practices
- World AIDS day
- Advocacy and testimony submitted regarding rule changes for Board of Pharmacy

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

Q: Newer dental clinic, out of OHSU, is that impacting us in any way in terms of staff or any way we can anticipate in the future?
A: OHSU- Russell St Clinic. It is close-ish but on the other side of the river. I haven't heard of this clinic, but we can look into that but we have not seen impacts from OHSU-Russell St. Most of our patients from Billie Odegaard are in Old Town.

Q: When you talk about these two clinics with staffing, could you highlight more about that? Is that because of the environment in downtown Portland?
A: We are competing for a small group of highly specialized staff. We recently hired two new staff members, but they gave feedback about safety issues, as well as high cost of parking. They did decide to leave. However, we serve safety net populations, and that means being where folks live work and play. But yes, location does impact staffing in some for some of our clinics.

Meeting Adjourns	Meeting adjourns 8:15 PM			Next public meeting scheduled on 1/9/22

Signed:_____ Date:_____
Pedro Prieto Sandoval, Secretary

Signed:_____ Date:_____
Harold Odhiambo, Board Chair

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

community health center board
Multnomah County

Consent Agenda

Consent Item (Summary with Detail Reports following)

New Providers Update	The health center has hired multiple new providers in the past few months. These providers are all dedicated to working with safety net patient populations and bring unique skills sets with them to their team practices. September 1, 2022 - January 3, 2023 hires: Medical Providers: 14 Behavioral Health: 0 Dental: 0 Pharmacy: 1
Quality Work Plan Update	Progress Report on ongoing Quality Activities for FY 2023. This report includes a description of the activities, outcomes, key deliverables/timeline, and status updates.

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Multnomah County

Consent Agenda

Multnomah County
Integrated Clinical Services

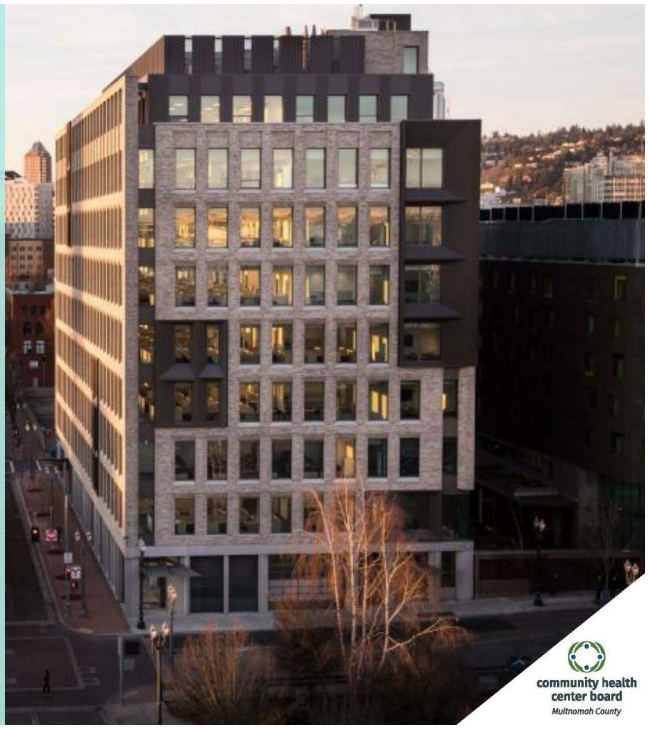
New Provider Report

09/01/2022-1/03/-2023

community health center board
Multnomah County

September 1, 2022 - January 3, 2023

MEDICAL	14
BEHAVIORAL HEALTH	
DENTAL	0
PHARMACY	1



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Multnomah County

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Consent Agenda

Jon Froyd (he/his)
Physician at North Portland Health Center

community health center board
Multnomah County

What to know about Me.

- I trained at the UCSF Family Medicine Residency - Martinez CA and A.T. Still School of Osteopathic Medicine
- I am certified by the American Board of Family Medicine
- I am bilingual (English and Spanish)
- I choose to work at CHC because of the location, population and benefits.

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Multnomah County

Consent Agenda

Robyn Phan (she/her/hers) Nurse Practitioner at North Portland Health Center

community health center board
Multnomah County

What to know about Me.

- I studied at Vanderbilt University, am Board Certified, and speak Nepali.
- I chose to work at CHC because during my clinicals at NPHC, I fell in love with the patients, work, and team. I found that my core values and passions aligned with the work at CHC.

community health center board
Multnomah County

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Multnomah County

Consent Agenda

Lidija Stjepanovic (she/her/hers) Nurse Practitioner Mid County Health Center

What to know about Me.

- I am a certified nurse practitioner and speak Bosnian/Serbian/Croatian
- Croatian
- I chose to work at CHC because I like work with refugees

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Multnomah County

Vivian Tsang (she/her/hers) Nurse Practitioner Fellow Mid County Health Center

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community health center board
Multnomah County

Consent Agenda

What to know about Me.

- I studied at the Emory University School of Nursing and speak Mandarin Chinese
- I chose to work at CHC in order to be part of a team and purpose that strives to provide attentive care to diverse patient populations, and alleviate some of the burdens that come with navigating a complex healthcare system. And to continue learning and growing as a clinician.

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Multnomah County

Cecile Steinbeck (she/her/hers) Nurse Practitioner Rockwood Health Center

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Multnomah County

Consent Agenda

What to know about Me.

- I studied at the OHSU School of Nursing
- I am a certified nurse practitioner, a member of AANP, and am certified in Point of Care Ultrasound
- I speak French fluently and can communicate at an elementary level in Spanish & German
- I chose to work at CHC to address a breadth of patient needs and made a positive impact on the health of many underserved patients.

community health center board
Multnomah County

Monique Barte (she/her/hers) Nurse Practitioner Mid County Health Center

What to know about Me.

- I studied at Oregon Health and Science University
- I chose to work at CHC because it was important for me to work with diverse patient population. As a minority myself, I understand a lot of the common struggles many immigrants encounter when navigating a country that is not familiar to them. CHC allows me to work with people from all over the world to integrate culturally-competent care that aligns with their health goals.

community health center board
Multnomah County

community health center board
Multnomah County

Consent Agenda

Natasha Malik (she/her/hers) Clinical Pharmacist East County Health Center

What to know about Me.

- I studied at Oregon State University and Oregon Health and Science University, am Residency trained in ambulatory care pharmacy, and speak Arabic
- I chose to work at CHC because this is my dream job!

community health center board
Multnomah County

Kimberly Bradley (she/her/hers) Nurse Practitioner Northeast Health Center

What to know about Me.

- I studied at from Purdue University Global and have an AANP certification

community health center board
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community health center board
Multnomah County

Consent Agenda

Zach Krush (he/him/his) Nurse Practitioner Fellow Southeast Health Center

What to know about Me.

- I studied at Rocky Mountain University of Health Professions. Provo, Utah
- I chose to work at CHC to be a part of something bigger than myself and be a part of positive change. The opportunity to be heavily involved in the lives of patients and make a significant impact on their health

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Additional new team members include:

- ★ Whitney Thomas, Nurse Practitioner Fellow, Mid County Health Center
- ★ Monique Reina Reagan, Nurse Practitioner Fellow, East County Health Center
- ★ Nancy Heisel, Physician, Rockwood Community Health Center
- ★ Laura Rogers, Physician Assistant, East County Health Center
- ★ Natasha Avalon Gardner, Psychiatric Mental Health Nurse Practitioner, HIV Health Services Center and Southeast Health Center

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Consent Agenda

Quality Work Plan - Progress Report FY2023

Quality Activity	Desired Outcome	Key Deliverables/Timeline	Mid Year Status		End of Year Status	
OCHIN Security Tool Analysis	Analysis of available tools through OCHIN to audit and alert inappropriate use of PHI.	**December 2022:** Assessment of available tools **June 2023:** Recommendation for implementation	In progress - on track	Exploration of tools is underway with OCHIN. Potential tool (Maize) has been identified and demo completed. Costing/funding options in discussion.		
Policy Management Framework	Develop framework and standards for development, review, approval, implementation, and training on new and updated policies.	**March 2023:** Finalize policy standards and socialize leadership and stakeholders	In progress - on track	In progress - policy guidebook outline being drafted		
Quality & Safety Software	Implement new software for tracking patient safety incidents, patient complaints, and quality audits.	**December 2022:** Implement Phase 1 - Patient Safety Incidents **March 2023:** Implement Phase 2 - Patient Complaints **June 2023:** Implement Phase 3 - Audit tracking	In progress - delayed	Contracting delayed, final execution expected Dec 2022, implementation of Phase 1 expected by March 2023.		
Open for Business Audit	Implement and optimize a comprehensive "Open for Business Audit" tool that combines separate safety and quality audits into a clear and defined process with reportable results.	**Summer 2022:** Pilot first draft of Open for Business Audit **December 2022:** Develop tracking and reporting framework **March 2023:** Quality Improvement/Process Improvement pathway	In progress - delayed	Operations still rolling out audits to all sites. Audit tool updates in process. Expected to align with timing for phase 3 of Quality and Safety Software project.		
Training & Competency Framework	Develop a robust framework to support training and competencies that improves quality of care and reduces risk for the Health Center.	**December 2022:** Identify knowledge and training gaps and risks **June 2023:** Full implementation of robust training and competency framework	In progress - delayed	In procurement to work with a contractor to help identify training/competency gaps		
Racial Equity in Patient Care	Build structure, capacity, and tools to enable analysis and improvement of racial disparities in our healthcare system.	**December 2022:** Determine criteria and framework needed to enable analysis, and written recommendation for a tool to support data-driven decision-making **June 2023:** Develop tool, such as a dashboard, based on need for analysis	In progress - on track	Starting with development of tool for REDI Policy Task Force to guide policy review.		
Medication Management	Reduce errors related to medication safety; Reduce 340B diversion	**July 2022:** COVID19 Vaccine Policy/Procedures implemented **August 2022:** Standard med fridge labeling and layout **January 2023:** Standard immunization training and competency assessments for all staff **July 2022:** Open for Business Survey (above) includes med/immi inventory management, launched Medication and Immunization Inventory Management Policy & Procedure **March 2023:** Implement barcode scanners for clinic-administered medications and immunizations	In progress - on track	Policies and procedures complete Standard fridge layout complete Open for Business survey update complete On track for standard immi training/competencies On track for barcode scanners in March		
Credentialing Improvement	Develop and implement a robust credentialing program for Other Licensed or Certified Healthcare Practitioners. This position will monitor competency programs to ensure patient safety and Health Center compliance.	**July 2022:** Develop new position description **September 2022:** Onboard new credentialing Specialist	Deliverables complete	Second credentialing specialist has been onboarded. Workflows and division of tasks in process. Planning to include HD HR portion of credentialing work in updated SLA	Deliverables complete	
Contracts Management	Develop quality assurance procedures with respect to contracted services: Language, EPIC Imaging, Quest Diagnostics	**July 2022:** Develop evaluation plan as it relates to billing for services, vendor invoicing, and verification of services with invoices.	In progress - on track	Evaluation plan in progess - ongoing work.		

community health center board
Multnomah County

2023 Meeting Calendar

January						
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February						
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March						
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30						

May						
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June						
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July						
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27	**28**	29	30	31		

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October						
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November						
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December						
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31						

Community Health Center Board Meetings
2nd Monday of every month
6:00pm – 8:00pm

Executive Committee Meetings
4th Monday of every month *except December
5:45pm-7:15pm

community health center board

2023 Meeting Calendar

January	Council Business	ICS Strategic Update	Budget Report	**Meeting Cal. Approval**	**Committee Appts**	New Providers		**Quality Work Plan Update**	**Committees Finance Quality**
February	Council Business	ICS Strategic Update	Budget Report					**Q4 Complaints & Incidents**	**Committees Finance Quality**
March	Council Business	ICS Strategic Update	Budget Report				**FY23 Budget By Program Overview**	**Q4 Patient Exp. Survey**	**Committees Finance Quality**
April	Council Business	ICS Strategic Update	Budget Report				**Annual Budget Approval**		**Committees Finance Quality**
May	Council Business	ICS Strategic Update	Budget Report		New Providers	**UDS Report**		**Q1 Complaints & Incidents**	**Committees Finance Quality**
June	Council Business	ICS Strategic Update	Budget Report	**Annual Quality Plan**				**Q1 Patient Exp. Survey Fiscal Year 24 Quality Plan**	**Committees Finance Quality**
July	Council Business	ICS Strategic Update	Budget Report						**Committees Finance Quality**
August	Council Business	ICS Strategic Update	Budget Report	**Needs Assessment**	New Providers	**FY Closeout Report**		**Q2 Complaints & Incidents**	**Committees Finance Quality**
September	Council Business	ICS Strategic Update	Budget Report		**CEO Eval Survey Overview**			**Q2 Patient Exp. Survey**	**Committees Finance Quality**
October	Council Business	ICS Strategic Update	Budget Report	**Annual Retreat**		**UDS Report**	**Q1 Financial Report**	**Quality Plan Final Report**	**Committees Finance Quality**
November	Council Business	ICS Strategic Update	Budget Report			**Exec Officer Nomination Slate**		**Q3 Complaints & Incidents**	**Committees Finance Quality**
December	Council Business	ICS Strategic Update	Budget Report	New Providers	**CEO Eval Report**	**Exec Officer Elections**		**Q3 Patient Exp. Survey**	**Committees Finance Quality**

community health center board **2023 Meeting Calendar**

CHCB 2023 Calendar Tracker : Vote Required Required Report Standard Report

Public Meeting January 9	CHCB Meeting Calendar - Board Liaison(10) **Executive Session (Bargaining)**(10) Policies- Write-offs for Uncollectible Patient Accounts- Jeff (5) Policies- Patient Credit Accounts- Jeff (5) Quality Work Plan Update New Provider Update	**Executive Committee January 23**	Q3 Pt Experience Surveys -Linda (20) **FinComm - 01.19.23** - Review Alina & Patricia's bios (potentially) Pharmacy's fee schedule for prescriptions- Michele Koder Discussion about community member feedback for La Clinica Discussion about CHCB appreciation dinner
Public Meeting February 13	4th Qtr Complaint & Incidents - Kimmy Hicks (10) Q3 Pt Experience Surveys -Linda (20) **Executive Session** (10)	**Executive Committee February 27**	
Public Meeting March 13	**Executive Session (Bargaining)** (10) Q4 Pt Experience Surveys -Linda (20)	**Executive Committee March 27**	
Public Meeting April 10	FY24 Health Center/ICS Budget Approval - AD JP (10) SHC Updates - Alex Lowell **Executive Session (Bargaining)?** (10)	**Executive Committee April 24**	
Public Meeting May 8	Q1 Complaints & Incidents - Kimmy Hicks **Executive Session (Bargaining)?** (10) New Provider Update UDS Report	**Executive Committee May 22**	
Public Meeting June 12	Q1 Patient Experience Surveys -Linda Annual Quality Plan - Brieshon SHC Eligibility Policy - Alex Lowell **Executive Session (Bargaining)?** (10) Policies- Data Governance- Brieshon (5)	**Executive Committee June 26**	
Public Meeting July 10	**Executive Session (Bargaining)?** (10) SHC Updates - Alex Lowell	**Executive Committee July 24**	
Public Meeting August 14	**Annual Needs Assessment** - Grants Q2 Complaints & Incidents - Kimmy Hicks (10) FY Closeout Report - Jeff **Executive Session (Bargaining)?** (10) New Provider Update	**Executive Committee August 28**	
Public Meeting September 11	**Executive Session** (10 Q2 Patient Experience Surveys -Linda CEO Eval Survey Overview	**Executive Committee September 25**	Retreat Planning
Public Meeting October 9	Announce Retreat Date Quality Plan Final Report- Brieshon (20) Q1 Financial Report - Jeff (10) SHC Update - Alex Lowell UDS Report- Alex (20) **Annual CHCB Retreat - Date TBD**	**Executive Committee October 23**	
Public Meeting November 13	Announce Executive Officers Slate Q3 Complaints & Incidents - Kimmy Hicks Policies- Licensing, Credentialing, and Privileging- Anirudh? (15)	**Executive Committee November 27**	*(CEO Evaluation Report)* - (10)
Public Meeting December 11	Executive Officer Elections - (10) Q3 Patient Experience Surveys -Linda *(CEO Evaluation Report)* - (10)	**Executive Committee December 18**	

community health center board
Multnomah County

Board Presentation Summary

Presentation Title	ICS.01.29 Patient Discharge from Clinical Services

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

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

Date of Presentation:	January 9, 2023	**Program / Area:**	Clinical Services
Presenters:	Bernadette Thomas, Chief Clinical Officer		

Project Title and Brief Description:

Updating policy ICS.01.29 Client Dismissal from Health Center Services

This policy ensures an equitable and just process for clients when a staff member requests client discharge/dismissal from services.

Describe the current situation:

Current process: Individual health centers or programs would discharge clients without applying a standard of ethical principles.

Proposed process: Interdisciplinary team of all stakeholder review all patient discharges/dismissals and propose a plan of care.

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

This policy is due for routine review and update.

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

This policy update has had input from the Health Center REDI taskforce, managers, staff, and labor unions.

Update was informed by the Principles of Ethics (Kevin Irwin & Seddon Savage) and is guided by the following principles:

- Honor the unique and complex biopsychosocial nature of health and wellness
- Respect the human rights, cultural values, beliefs, and dignity of all people
- Are evidence-informed, pragmatic, non-coercive and non-discriminatory
- Are consumer-driven, strengths-based, solution-focused, and promote self-determination
- Are continuously improved with timely and reliable data
- Are trauma-informed, resilience & recovery oriented
- Are equally accessible to all
- Are informed by the wisdom of lived experience

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

The CHCB is responsible for policy approval, but not generally responsible for operationalizing the approved policy.

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

A "yes" vote would approve the policy as presented.

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

A "no" vote would maintain the status quo.

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

Staff, patients, insurance case managers, security officer, REDI task force members.

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

Bernadette Thomas Brieshon D'Agostini Kevin Minor

What have been the recommendations so far?

To adopt a new standard process ensuring equitable review for our patients, ensuring a care of plan is in place, and ensuring the safety of patients, their visitors and our staff.
How was this material, project, process, or system selected from all the possible options?
This is a routine policy renewal, and is currently due for review.

Board Notes:

Title:	**~~Patient Discharge~~Client Dismissal from ~~Clinical~~Health Center Services**		
Policy #:	**ICS.01.29**		
Section:	Integrated Clinical Services	Chapter:	General
Approval Date:	~~11/04/2019~~01/09/2023	Approved by:	~~Vanetta Abdellatif /s/, ICS Director~~ ~~Tara Marshall /s/, CHC~~Bernadette Thomas, Chief Clinical Officer Harold Odhiambo, CHCB Chair
Related Procedure(s):	Attached		
Related Standing Order(s):	Not Applicable		
Applies to:	All ICS~~, Excluding Corrections Health~~		

PURPOSE

This policy provides guidelines and directions to ensure a uniform process across ~~ICS clinics and programs~~the Health Center in the event of the necessity to exclude a client from care.

DEFINITIONS

Term	Definition
Dismissal	The termination of a relationship with a patient/client by the Health Center.
~~Habitual~~Incident Review Committee	~~Done regularly or repeatedly~~The Incident Review Committee includes clinical and operational leadership from medical, dental, behavioral health, and pharmacy, as well as ad hoc care team members from ICS Quality and Compliance, County security, Health HR, and/or the client's health plan.
Program Manager	Primary Care Clinic Manager or Dental Services Manager

~~REFERENCES AND STANDARDS~~

~~Joint Commission Standard PC.04.01.01~~

POLICY STATEMENT

Termination of care decisions are made based upon established legal and ethical grounds which are communicated to the ~~patient~~client; and, when invoked, will allow sufficient notice and appropriate transition to arrange future care. ~~The patient's needs and rights are the foremost consideration in any decision to discharge a patient from the clinical services offered by the Multnomah County Health Department.~~

~~For Primary Care,~~ Health Center staff will bring all escalated concerns or incidents to site/program leadership for assistance and/or review. Any event or threat of physical violence or harm to clinic staff, other clients or visitors, or to the facility site must be reported immediately.

Each review outcome is determined on a case by case basis by ~~the Primary Care Services Director and Medical Director, with input from clinical provider(s) and site leadership.~~

~~For Dental, each review outcome is determined on a case~~an interdisciplinary Incident Review Committee (IRC). A manager or supervisor may request an IRC review by ~~case basis by~~completing the IRC Request form~~Dental Director or Dental Operations Manager.~~.

~~Discharging a patient~~**Dismissal should be considered after other options, such as:**

- Patient behavior agreement ~~(see HAZ.02.01)~~
- Transfer to different Health Center provider ~~within clinic~~ or ~~county~~location

A patient may be discharged from care for the following reasons:

~~1. The patient no longer meets eligibility requirements to receive services through the Multnomah County Health Department.~~
~~2. A change of residence to outside of Multnomah County is not necessarily reason for immediate discharge. Considerations for continuity of care may be made per department policy ICS.01.19 and ICS.01.45.~~

- The client presents a clear threat and/or exhibits disruptive or abusive behavior toward staff, other clients, or visitors at the facility where services are received.
- The ~~patient habitually~~client regularly refuses to cooperate with the provider or staff, creating continual adverse outcomes in care or operational processes.
- The ~~patient~~client has committed fraudulent or illegal acts such as: altering a prescription, illegally selling or distributing medications they have received, theft, fraud, or other criminal acts related to clinical services.

~~3. The patient presents a clear and unmitigated threat to staff, other patients or visitors at the facility where services are received.~~

A patient may NOT be discharged from care for the following reasons:

- Inability to pay for services~~.~~

~~If a patient's care is to be terminated for any of the reasons listed above, the patient:~~

1. ~~Will have the right to respond to the alleged reasons for discharge to clinic site leadership.~~
- ~~Will always have~~A change of residence outside of Multnomah County

Notice of Dismissal

If a client's care is to be terminated, the Health Center will provide a Notice of Dismissal from Care letter (Attachment A), and review the content of the letter with the patient either by phone or in person. The letter will also be sent to the client's insurance care coordinator if applicable. The letter will inform the client of the following:

- The patient can still receive care for 30 days from the date of the Notice of Dismissal from Care letter. Care may be limited to telemed (phone or video) visits based on safety concerns.
- The reasons for dismissal and any transitional care information.

2. That a provider will review their health record to determine the current care needs~~.~~
3. ~~Will be informed of how long their care will be continued while they find other services.~~
- ~~Will be advised~~ and advise the client of other resources that may be available for continued care elsewhere~~.~~

4. ~~Will have the notice of discharge, the reasons for the action, and any transitional care information communicated in writing.~~
- ~~Will be informed that~~That they have the right to request their health records or they can have all health records sent to their next service provider. (AGN.14.11 Client Right to Access Protected Health Information.
- That they will be furnished with a complete and reconciled list of their medications at ~~the~~ time of ~~the discharge~~dismissal.
- ~~May~~That they will receive prescriptions for a 90-day supply of appropriate medications to an external community pharmacy.
- That they have a right to submit an appeal request for review through their health insurance carrier ~~(for CCO assignments) and/~~or directly to ~~MCHD.~~the ICS Quality Team.

~~Clinic staff will bring all escalated concerns or incidents to site leadership for assistance and/or review. Any actual event or threat of physical violence or harm to clinic staff, other patients, or to the facility site must be reported immediately.~~

~~Corrections Health services are not included in the scope of this policy.~~

Appeals

The Quality and Compliance program will review appeals along with Health Center senior leadership and provide a response to the client within 45 days.

REFERENCES AND STANDARDS

~~N/A~~

Joint Commission Standard PC.04.01.01, Rights of the Individual (RI.02.01.01)

PROCEDURES AND STANDING ORDERS

Attached

RELATED DOCUMENTS

Name	
Attachment A – Notice of Dismissal from Care Letter~~Attachment A – Notice of Discharge from Care~~	
Attachment B – Dismissal Appeal Form~~Attachment B – Discharge Care Appeal Form~~	
~~Attachment C – Behavior Agreement (pending completion)~~	
~~HAZ.02.01 – Threatening or Inappropriate Behavior by Clients / Visitors in Department Facilities~~	
~~ICS.01.19 – Primary Care Provider Assignment and Selection~~	
~~ICS.01.45 – Health Centers New Patient & Service Area Criteria~~	

POLICY REVIEW INFORMATION

Point of Contact:	Brieshon D'Agostini, ~~Primary Care Strategy~~Quality and ~~Innovation Manager~~ ~~Christine Palermo, Dental Operations Manager~~Compliance Officer
Supersedes:	N/A

Title:	**Client Dismissal from Health Center Services**		
Policy #:	**ICS.01.29**		
Section:	Integrated Clinical Services	Chapter:	General
Approval Date:	01/09/2023	Approved by:	Bernadette Thomas, Chief Clinical Officer Harold Odhiambo, CHCB Chair
Related Procedure(s):	Attached		
Related Standing Order(s):	Not Applicable		
Applies to:	All ICS		

PURPOSE

This policy provides guidelines and directions to ensure a uniform process across the Health Center in the event of the necessity to exclude a client from care.

DEFINITIONS

Term	Definition
Dismissal	The termination of a relationship with a patient/client by the Health Center.
Incident Review Committee	The Incident Review Committee includes clinical and operational leadership from medical, dental, behavioral health, and pharmacy, as well as ad hoc care team members from ICS Quality and Compliance, County security, Health HR, and/or the client's health plan.
Program Manager	Primary Care Clinic Manager or Dental Services Manager

POLICY STATEMENT

Termination of care decisions are made based upon established legal and ethical grounds which are communicated to the client; and, when invoked, will allow sufficient notice and appropriate transition to arrange future care.

Health Center staff will bring all escalated concerns or incidents to site/program leadership for assistance and/or review. Any event or threat of physical violence or harm to clinic staff, other clients or visitors, or to the facility site must be reported immediately.

Each review outcome is determined on a case by case basis by an interdisciplinary Incident Review Committee (IRC). A manager or supervisor may request an IRC review by completing the IRC Request form.**Dismissal should be considered after other options, such as:**

- Patient behavior agreement
- Transfer to different Health Center provider or location

A patient may be discharged from care for the following reasons:

- The client presents a clear threat and/or exhibits disruptive or abusive behavior toward staff, other clients, or visitors at the facility where services are received.
- The client regularly refuses to cooperate with the provider or staff, creating continual adverse outcomes in care or operational processes.
- The client has committed fraudulent or illegal acts such as: altering a prescription, illegally selling or distributing medications they have received, theft, fraud, or other criminal acts related to clinical services.

A patient may NOT be discharged from care for the following reasons:

- Inability to pay for services
- A change of residence outside of Multnomah County

Notice of Dismissal

If a client's care is to be terminated, the Health Center will provide a Notice of Dismissal from Care letter (Attachment A), and review the content of the letter with the patient either by phone or in person. The letter will also be sent to the client's insurance care coordinator if applicable. The letter will inform the client of the following:

- The patient can still receive care for 30 days from the date of the Notice of Dismissal from Care letter. Care may be limited to telemed (phone or video) visits based on safety concerns.
- The reasons for dismissal and any transitional care information.
- That a provider will review their health record to determine the current care needs and advise the client of other resources that may be available for continued care elsewhere
- That they have the right to request their health records or they can have all health records sent to their next service provider. (AGN.14.11 Client Right to Access Protected Health Information.

- That they will be furnished with a complete and reconciled list of their medications at time of dismissal.
- That they will receive prescriptions for a 90-day supply of appropriate medications to an external community pharmacy.
- That they have a right to submit an appeal request for review through their health insurance carrier or directly to the ICS Quality Team.

Appeals

The Quality and Compliance program will review appeals along with Health Center senior leadership and provide a response to the client within 45 days.

REFERENCES AND STANDARDS

Joint Commission Standard PC.04.01.01, Rights of the Individual (RI.02.01.01)

PROCEDURES AND STANDING ORDERS

Attached

RELATED DOCUMENTS

Name	
Attachment A – Notice of Dismissal from Care Letter	
Attachment B – Dismissal Appeal Form	

POLICY REVIEW INFORMATION

Point of Contact:	Brieshon D'Agostini, Quality and Compliance Officer
Supersedes:	N/A

Procedure	Multnomah County Health Department

Title:	ICS.01.29 ~~Patient Discharge~~Client Dismissal from Clinical Services
Procedure #:	Attachment A – Notice of ~~Discharge~~Dismissal from Care
Program:	Integrated Clinical Services
Point of Contact:	Brieshon D'Agostini, Quality and Compliance Officer
Approver:	Bernadette Thomas, Clinical Officer, ICS
Updated:	11/18/2022

This is the template for the letter informing a patient ~~if discharge~~of dismissal from services.

Clinic leadership should use this letter once the patient has been approved for ~~discharge~~dismissal per policy ICS.01.29 ~~Patient Discharge~~Client Dismissal from Clinical Services. The reason for ~~discharge~~dismissal should describe specific behavior in clear, non-judgmental language.

~~Dear (Patient name):~~

~~This letter is to let you know that you will not receive medical / dental care from NAME OF CLINIC starting DATE OF DISCHARGE. The reason this is happening is because EXPLAIN THE REASON(S) FOR THE DISCHARGE.~~

~~You can receive medical / dental care at the NAME OF CLINIC for 30 days from the date of this letter. If you need any medication refills that have been prescribed by your medical / dental provider during this time, call your pharmacy. They will share your request with your medical / dental provider. If you need help finding a new medical / dental provider, contact~~

DATE

Dear [Patient name]

As of the date on this letter, [CLINIC/PROVIDER NAME] will no longer provide you with health care services. This is because [BRIEFLY DESCRIBE REASON*].

To get health care in the next 30 days:

Your continued health care is important. To help support your transition, we will continue to provide

telephone or video visits for the next 30 days. To schedule a telephone or video visit, please call [PHONE NUMBER]. During this time, a provider will also review your health record for your current health needs and can recommend other resources.

To refill your medications:
A list of your current medications is included with this letter. This list includes which medications may be refilled for the next 90 days, and what pharmacy you can use to refill them.

To find a new provider:
You may choose to:

Contact your ~~health~~ insurance plan~~. You can also contact "211" for community information of health care resources in your area.~~

~~We will send your health care records to your new medical / dental provider when you tell us where to send them. We will need to get a release of information from your new provider. This is a form that you sign to say it is okay for us to share your records with the new provider.~~

~~Sincerely,~~

~~cc: Care Coordinator @ Insurance Carrier (ID # XXXX) (if applicable)~~
~~Clinic leadership~~
~~ICS Quality Manager~~

- ~~ICS Director~~ to find a provider who meets your health care needs
- Call 2-1-1 from any phone to find health care and other resources in your area

To get your medical record:
If you are using MyChart, you will still be able to access your medical record, but will no longer be able to use other functions such as scheduling appointments or sending messages.

You can request a copy of your own medical records by filling out the enclosed Release of Information (ROI) form and mailing to the address on the form. You can also use this ROI form to request that we send your medical records to your new provider.

To submit an appeal:
You have the right to submit an appeal. You may choose to:

- Contact your insurance plan's member services
- Submit an appeal to the Multnomah Community Health Center's Quality and Compliance program using the enclosed appeal form

Thank you,
[CLINIC MANAGER]

cc: Care Coordinator @ Insurance Carrier (ID # XXXX) (if applicable)
Clinic leadership
Chief Clinical Officer
Chief Operations Officer

Chief Quality and Compliance Officer

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*REASONS FOR DISMISSAL:
Per ICS.01.29, dismissals are done on a case by case basis only after other options have been considered and after review and approval by the Interdisciplinary Review Committee (IRC). The reason(s) for dismissal in this letter should be clear and include a level of detail appropriate for the specific situation. It should never include specific names or other information for staff or other patients.

Example: This change is happening because you have continued to show disruptive and inappropriate behavior toward staff, patients, or others in the clinic.

DOCUMENTS TO ATTACH TO THE DISCHARGE LETTER:
Reconciled list of medications
Attachment B – Dismissal From Care Appeal Form
Release of Information Form

Procedure	Multnomah County Health Department

Title:	ICS.01.29 Client Dismissal from Clinical Services
Procedure #:	Attachment A – Notice of Dismissal from Care
Program:	Integrated Clinical Services
Point of Contact:	Brieshon D'Agostini, Quality and Compliance Officer
Approver:	Bernadette Thomas, Clinical Officer, ICS
Updated:	11/18/2022

This is the template for the letter informing a patient of dismissal from services.

Clinic leadership should use this letter once the patient has been approved for dismissal per policy ICS.01.29 Client Dismissal from Clinical Services. The reason for dismissal should describe specific behavior in clear, non-judgmental language.

DATE

Dear [Patient name]

As of the date on this letter, [CLINIC/PROVIDER NAME] will no longer provide you with health care services. This is because [BRIEFLY DESCRIBE REASON*].

To get health care in the next 30 days:
Your continued health care is important. To help support your transition, we will continue to provide telephone or video visits for the next 30 days. To schedule a telephone or video visit, please call [PHONE NUMBER]. During this time, a provider will also review your health record for your current health needs and can recommend other resources.

To refill your medications:
A list of your current medications is included with this letter. This list includes which medications may be refilled for the next 90 days, and what pharmacy you can use to refill them.

To find a new provider:
You may choose to:

- Contact your insurance plan to find a provider who meets your health care needs
- Call 2-1-1 from any phone to find health care and other resources in your area

To get your medical record:
If you are using MyChart, you will still be able to access your medical record, but will no longer be able to use other functions such as scheduling appointments or sending messages.

You can request a copy of your own medical records by filling out the enclosed Release of Information (ROI) form and mailing to the address on the form. You can also use this ROI form to request that we send your medical records to your new provider.

To submit an appeal:
You have the right to submit an appeal. You may choose to:
- Contact your insurance plan's member services
- Submit an appeal to the Multnomah Community Health Center's Quality and Compliance program using the enclosed appeal form

Thank you,
[CLINIC MANAGER]

cc: Care Coordinator @ Insurance Carrier (ID # XXXX) (if applicable)
Clinic leadership
Chief Clinical Officer
Chief Operations Officer
Chief Quality and Compliance Officer

---
*REASONS FOR DISMISSAL:
Per ICS.01.29, dismissals are done on a case by case basis only after other options have been considered and after review and approval by the Interdisciplinary Review Committee (IRC). The reason(s) for dismissal in this letter should be clear and include a level of detail appropriate for the specific situation. It should never include specific names or other information for staff or other patients.

Example: This change is happening because you have continued to show disruptive and inappropriate behavior toward staff, patients, or others in the clinic.

DOCUMENTS TO ATTACH TO THE DISCHARGE LETTER:
Reconciled list of medications
Attachment B – Dismissal From Care Appeal Form
Release of Information Form

community health center board
Multnomah County

Board Presentation Summary

Presentation Title	HRS.04.07 Provider Scope of Practice

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

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

Date of Presentation:	January 9, 2023	**Program / Area:**	Clinical Services
Presenters:	Bernadette Thomas, Chief Clinical Officer		

Project Title and Brief Description:

Retire HRS.04.07 "Provider Scope of Practice"

Describe the current situation:

"Defines which areas of medical practice are appropriate for each provider type."

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

The policy is up 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):*

- Scope of practice is defined by a state licensing board (ex: nursing, medicine, pharmacy).
- The health center grants privileges to providers to practice through a defined credentialing and privileging process defined in HRS.04.03 "Licensing, Credentialing, and Privileging." This process is required by HRSA and The Joint Commission.

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

The CHCB is responsible for policy approval, but not generally responsible for operationalizing the approved policy.

Briefly describe the outcome of a "YES" vote by the Board ***(Please be sure to also note any financial outcomes):***
Yes: We will retire this policy.
Briefly describe the outcome of a "NO" vote or inaction by the Board ***(Please be sure to also note any financial outcomes):***
No: We will renew this policy against the recommendation of the Chief Clinical Officer. If audited by the Joint Commision, we would need to demonstrate to the Joint Commission how we enact this policy at our health center. We would be out of compliance.
Which specific stakeholders or representative groups have been involved so far?
Medical Directors
Who are the area or subject matter experts for this project? ***(Please provide a brief description of qualifications)***
Clinical Officer, Quality and Compliance Officer, Medical Directors.
What have been the recommendations so far?
Eliminate the policy.
How was this material, project, process, or system selected from all the possible options?
It is our standard operating procedure to review policies for accuracy and relevance at a regular cadence.

Board Notes:

community health center board
Multnomah County

Board Presentation Summary

Presentation Title	ICS.01.19 Primary Care Provider Assignment and Selection

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

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

Date of Presentation:	January 9, 2023	**Program / Area:**	Primary Care
Presenters:	Tony Gaines, Patient Access & Engagement Program Director		

Project Title and Brief Description:

Renew ICS.01.19 Provider Assignment and Selection Policy

This policy ensures the accurate and timely assignment of Primary Care patients to a Primary Care Provider (PCP). It aims to increase patient and provider satisfaction, improve continuity of care, to ensure care is both equitable and patient centered, and improve delivery of care.

This is a regular review and audit of this policy and minor edits were made in an effort to adhere to the Health Center's expectations, goals, and objectives.

Describe the current situation:

More specificity is needed in order to clarify the various scenarios in which a PCP needs to be added, updated, and/or removed.

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

This policy is being updated to ensure all staff adhere to the process and procedure surrounding the assignment of a PCP to new, established, and internal and external transferring patients. The enhancements being made to this policy should solidify our programmatic understanding and expectations, as well as meet the requirements for updating our system.

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

The historical practice has been to assign each Health Center patient a PCP. To also, value client choice in selecting a PCP.

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

The CHCB is responsible for policy approval, but not generally responsible for operationalizing the approved policy or procedure.

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

A "Yes" vote would: 1.) Clarify expectations regarding PCP assignment system updates/documentation 2.) Ensure each patient is assigned a PCP, in a timely manner, based on their status or request with the Health Center. 3.) Would also approve the minor edits that were made 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):

A "No" vote would: 1.) Make it more difficult to establish ongoing expectations on how PCPs should be assigned. 2.) Would keep the policy as is

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

Tony Gaines, Ashley Francois, Bernadette Thomas, and Brieshon D'Agostini are a few of the primary stakeholders that have contributed to the review of this policy. With each person having varying degrees of support or oversight of the policy itself.

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

Tony Gaines - Patient Access & Engagement Program Director (responsible for how patients access the Health Center and evaluates the ease and experience for patients to do so, while also eliminating barriers and other inequities)

Ashley Francois - Program Specialist Senior - ICS Training and Policy Coordinator (responsible for oversight and accuracy of the Health Center's policies)

Bernadette Thomas - Medical Director (ensures this policy and others are both sound and medically supported)

Brieshon D'Agostini - Quality and Compliance Officer (has oversight of the team/staff that monitors the Health Center's policies; works to ensure that our policies and procedures align and that they adhere to our quality standards)

What have been the recommendations so far?

Remove/replace the following:

1.) Remove references to Dental provider assignment and instead reference the Dental policy regarding Provider of Record
2.) PCP using the appropriate Epic Termination Code
3.) Remove ICS (where applicable)
4.) Unnecessary capitalization (i.e. such as the word "HAS")

Added the following:

1.) Added specific PCPCH (Patient-Centered Primary Care Home) and Joint Commission standards
2.) Added that every Health Center patient should be assigned a PCP
3.) Add "Health Center" in place of "ICS" (where applicable)

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

Policy was due for a regular review and audit. Minor edits were made to align with current Health Center expectations, goals, and objectives as it relates to assigning PCPs.

Board Notes:

Multnomah County
Health Department

EFFECTIVE DATE: 12/9/2019

Title:	**Primary Care Provider Assignment and Selection**		
Policy #:	**ICS.01.19**		
Section:	Integrated Clinical Services	Chapter:	General
Approval Date:	~~12/09/2019~~01/XX/2023	Approved by:	Bernadette Thomas, ICS ~~Director~~Clinical Officer Harold Odhiambo, CHCB Chair
Procedure(s):	ICS.01.19.P1 Primary Care Provider Assignment and Selection Procedure~~N/A~~		
Related Standing Order(s):	N/A		
Applies to:	~~Health Center Managers and Supervisors, Physicians, Nurse Practitioners, Physician Assistants, Clinic Staff, and Patient Access Center (PAC) Staff~~ Integrated Clinical Services, Primary Care		

PURPOSE

This policy ensures the accurate and timely assignment of Primary Care ~~(Medical and Dental)~~ clients to a Primary Care Provider (PCP). It aims to increase client and provider satisfaction, improve continuity of care, to ensure care is both equitable and patient centered, and improve delivery of care. ~~It clarifies ambiguous language, states strategies, defines requirements and provides references to related standards~~For Dental program patients, see DEN.01.13 Provider of Record and Second Opinions policy.

DEFINITIONS

Term	Definition
New Patient	**Primary Care:** A new Primary Care patient is defined as someone who HAS NOT had an ICS *primary care* health center visit~~*~~ within the last 3 years. ~~**Dental:**~~ *A ~~new Dental patient is defined as someone who HAS NOT had a~~ primary care visit~~* in~~ includes an ICS ~~dental clinic~~behavioral health, nurse, or immunization visit. Visits within the ~~last 3 years.~~*

	~~** Includes nurse, immi, flu, etc visits. A Corrections~~*Dental Department or other divisions of the Health* ~~*visit does*~~*Department are not* ~~*count as a Primary Care or Dental*~~*included in the definition of a "primary care" visit*.
Established Patient	~~*A patient's status with Primary Care and Dental are completely independent of each other.*~~ **Primary Care:** An established Primary Care patient is defined as someone who HAS had an ICS *primary care* health center visit within the last 3 years. This includes Refugee Screening visits with a provider ~~**Dental:** An established Dental patient is defined as someone who HAS had a comprehensive dental exam visit in an ICS dental clinic within the last 3 years.~~, integrated behavioral health, nurse, or immunization visits.

POLICY STATEMENT

~~Multnomah County~~The Health Center is committed to a client centered approach to Primary Care Provider (PCP) assignment/reassignment and to equity in client volumes for PCPs. Every ICS patient shall be assigned a PCP. We value patient choice and work to accommodate patients' and families' needs during visits to health centers. We work to contact patients before removing them from our care. ~~Procedures address specific application of this policy statement~~ PCPs will be assigned or removed in accordance with ICS.01.19.P1 Primary Care Provider Assignment and Selection Procedure above.

REFERENCES AND STANDARDS

Patient Centered Primary Care Home (PCPCH)

- Standard 4.A Personal Clinician Assigned
- Standard 4.B Personal Clinician Continuity

The Joint Commission

- PC.02.01.01 : The organization provides care, treatment, or services for each patient.

PROCEDURES AND STANDING ORDERS

See procedures above

RELATED DOCUMENTS

Name	
~~Attachment A – Primary Care~~DEN.01.13 Provider ~~Assignment, Selection,~~of Record and ~~Removal Procedures~~Second Opinions	

POLICY REVIEW INFORMATION

Point of Contact:	Tony Gaines– Patient Access & Engagement Director
Supersedes:	N/A

Multnomah County
Health Department

EFFECTIVE DATE: 12/9/2019

Title:	**Primary Care Provider Assignment and Selection**		
Policy #:	**ICS.01.19**		
Section:	Integrated Clinical Services	Chapter:	General
Approval Date:	01/XX/2023	Approved by:	Bernadette Thomas, ICS Clinical Officer Harold Odhiambo, CHCB Chair
Procedure(s):	ICS.01.19.P1 Primary Care Provider Assignment and Selection Procedure		
Related Standing Order(s):	N/A		
Applies to:	Integrated Clinical Services, Primary Care		

PURPOSE

This policy ensures the accurate and timely assignment of Primary Care clients to a Primary Care Provider (PCP). It aims to increase client and provider satisfaction, improve continuity of care, to ensure care is both equitable and patient centered, and improve delivery of care. For Dental program patients, see DEN.01.13 Provider of Record and Second Opinions policy.

DEFINITIONS

Term	Definition
New Patient	**Primary Care:** A new Primary Care patient is defined as someone who HAS NOT had an ICS *primary care* health center visit within the last 3 years. *A primary care visit includes an ICS behavioral health, nurse, or immunization visit. Visits within the Dental Department or other divisions of the Health Department are not included in the definition of a "primary care" visit.*
Established Patient	**Primary Care:** An established Primary Care patient is defined as someone who HAS had an ICS *primary care* health center visit within the last 3 years. This includes Refugee Screening visits with a provider, integrated behavioral health, nurse, or immunization visits.

Multnomah County
Health Department

EFFECTIVE DATE: 12/9/2019

POLICY STATEMENT

The Health Center is committed to a client centered approach to Primary Care Provider (PCP) assignment/reassignment and to equity in client volumes for PCPs. Every ICS patient shall be assigned a PCP. We value patient choice and work to accommodate patients' and families' needs during visits to health centers. We work to contact patients before removing them from our care. PCPs will be assigned or removed in accordance with ICS.01.19.P1 Primary Care Provider Assignment and Selection Procedure above.

REFERENCES AND STANDARDS

Patient Centered Primary Care Home (PCPCH)

- Standard 4.A Personal Clinician Assigned
- Standard 4.B Personal Clinician Continuity

The Joint Commission

- PC.02.01.01 : The organization provides care, treatment, or services for each patient.

PROCEDURES AND STANDING ORDERS

See procedures above

RELATED DOCUMENTS

Name	
DEN.01.13 Provider of Record and Second Opinions	

POLICY REVIEW INFORMATION

Point of Contact:	Tony Gaines– Patient Access & Engagement Director
Supersedes:	N/A

community health center board
Multnomah County

Grant Approval Request Summary

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

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

Grant Title	HRSA Ryan White Part D Supplement FY 2023		
This funding will support: *Please add an **"X"** in the category that applies.*			
Current Operations	**Expanded Services or Capacity**	**New Services**	
	X	**X**	
Date of Presentation:	**January 9, 2022**	**Program / Area:**	**HIV Health Services Center**
Presenters:	Nick Tipton, Regional Manager Senior Marcee Kerr, Project Manager, ICS Quality		
Project Title and Brief Description:			
• Ryan White HIV/AIDS Program Part D – Women, Infants, Children, and Youth (WICY) Grant Supplemental Funding • The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2023 WICY Grant Supplemental Funding Competing Supplement. The purpose of this supplement is to strengthen organizational capacity to respond to the changing health care landscape and increase access to high quality family-centered HIV primary health care services for low income WICY with HIV.			
What need is this addressing?:			

The care and treatment of transgender and gender diverse people with HIV are a priority for HRSA HAB. In December 2021, HRSA HAB released a program letter, Gender Affirming Care in the Ryan White HIV/AIDS Program, to RWHAP service providers reaffirming the importance of providing gender-affirming health care and social services to the transgender community as a key component to improving the lives of transgender people with HIV and eliminating health disparities.

What is the expected impact of this project? *(#of patients, visits, staff, health outcomes, etc.)*

- Grant funds will support training related to Stigma and Discrimination and Gender-Affirming Medical Treatment.

- HHSC is committed to ensuring services are accessible to marginalized and hard-to-reach populations. HHSC's primary focus is on serving PLWH who are uninsured, underinsured, and low income, and as a result, slightly over one-fifth of these clients are homeless or unstably housed. MCHD conducts outreach and provides ancillary services, such as transportation assistance, to facilitate engagement in care. Case managers support engagement and retention in care, especially for clients dually or multiply diagnosed with mental illness and/or substance abuse disorders.

- Over the past several years, the number of low-income PLWH with complex medical and psychosocial needs has continued to increase, accompanied by an increase in the cost of care for these individuals and a decrease in insurance reimbursement. This has put an increased burden on the HHSC to provide more services with less funding. Ryan White funds are essential to ensure that low-income PLWH, especially those who are uninsured and underinsured, have access to comprehensive, quality medical care.

What is the total amount requested:
Please see attached budget

Up to $150,000 for one year (8/1/2023-7/31/2024)

Expected Award Date and project/funding period:

The funding period is from 8/1/2023 -7/31/2024.

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

A "yes" vote means MCHD will submit the Ryan White Part D Supplemental Application to support efforts to enhance gender-affirming care strategies.
Briefly describe the outcome of a "NO" vote or inaction by the Board: *(Please be sure to also note any financial outcomes)*
A "no" vote means the Health Center will not apply for this Ryan White Part D Supplemental opportunity currently available to support gender affirming care at our HHSC site. This would mean that the Health Center would either need to find alternate resources to support training for staff to provide gender affirming care for Ryan White clients, or not provide that training. Current Health Center staffing would not be affected, as this is a one-time only opportunity focused on this specific initiative aimed at enhancing quality of gender affirming care.
Related Change in Scopes Requests: *(only applicable in cases in which project will represent a change in the scope of health center services, sites, hours or target population)*

Proposed Budget – The budtool is not yet ready to be completed. If Nick Tipton, Regional Manager will have budget details by the full CHCB meeting, he can share at that time. If Nick is not able to share the details for the meeting, the full budget will be shared as soon as available and if the CHCB does not approve the application will be rescinded.

Part D Supplemental funds will cover (partial) FTE/fringe for staff, including funds to support providers attending training, training consultant contracts, education/training supplies.

Proposed Budget (when applicable)

Project Name:	**Start/End Date:**

	Budgeted Amount	**Comments** (Note any supplemental or matching funds)	**Total Budget**
A. Personnel, Salaries and Fringe			
Position Title			

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

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

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

community health center board
Multnomah County

Board Presentation Summary

Presentation Title	FTCA Claims Management 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	X

Date of Presentation:	January 9, 2023	**Program / Area:**	FTCA Claims Management
Presenters:	Jacqueline Chandler, Project Manager, Quality and Compliance		

Project Title and Brief Description:

FTCA Claims Management Policy - This policy is necessary in order to apply for Federal Tort Claims Act (FTCA) coverage. FTCA coverage is offered through the federal government and is comparable to medical malpractice insurance coverage.

Describe the current situation:

We are currently self-insured, and Multnomah County pays out claims up to $1M. Claims are investigated and determined by a Third Party Administrator. We also have a Medical Malpractice excess policy, which primarily covers excesses over the $1M and is paid for by the Health Center. We have had one paid claim in the last five years.

Our current claims process is handled by Risk Management and the County Attorney's offices, with a Third Party Administrator (TPA) investigating the claims. Litigation is handled by the County Attorney. In general, paid claims up to $1M comes out of County Risk Management funds, and additional eligible claims are covered by the excess policy.

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

Application for FTCA insurance was identified as a priority by the CHCB in spring 2022.

FTCA Medical Malpractice coverage is provided at no cost to HRSA-designated Federally Qualified Health Centers. The Federal government would handle claims, litigation and paid claims instead of the County. The Health Center will need to purchase Gap insurance for claims not covered under FTCA. Together, FTCA and Gap insurance would replace the County's self-insured and excess policy.

We must have a policy and procedure for claims in order to apply for FTCA coverage. This policy is intended to meet this requirement.

With the application of Welcome Health as a 501c3, questions were asked about formal coverage for volunteer Board Members because the County cannot guarantee coverage for a separate entity. The Health Center explored whether FTCA could provide this coverage. FTCA would cover Medical Malpractice claims for clinical Board members who volunteer their time as clinicians at the Health Center, but does not cover Board-related activities. Welcome Health will need to purchase Directors and Officers coverage for the purpose of Board activities regardless of FTCA coverage for the Health Center.

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):*

Progress updates:

- Work done so far (see CHCB Presentation Summary from 11/14/22 for details)
  - Assessing current state/gaps
  - Education, skill building, best practices
  - System and process improvements
- Translated CHCB Presentation materials sent to CHCB members.
- CHCB members were asked for questions when materials were sent and at the 12/12 CHCB meeting

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

The CHCB is generally responsible for establishing and/or approving policies that govern health center operations, while the health center's staff is generally responsible for implementing and ensuring adherence to these policies (i.e. through procedures).

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

The Board will accept the policy as written and we move forward applying for FTCA coverage.

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

The policy will not be approved, and the Health Center cannot yet apply for FTCA coverage. Priorities and resources to dedicate to FTCA deeming will need to be reassessed.
Which specific stakeholders or representative groups have been involved so far?
Quality and Compliance Officer, Medical Director, Pharmacy Director, Dental Director, Lab Director, County Risk Management, the Health Center Executive Director, the Health Center Deputy Director, Health Center Division Operations Director, The CHCB Executive Committee, the County Attorney's office
Who are the area or subject matter experts for this project? ***(Please provide a brief description of qualifications)***
Jacqueline Chandler, Project Manager Quality and Compliance Casey O'Donnell, Insurance Program Manager Finance and Risk management Division Bernadette Thomas, Medical Director Brieshon D'Agostini, Quality and Compliance Officer Alex Lehr O'Conell, Senior Grants Management Specialist, HRSA SME Robert Sinnot, Senior Assistant County Attorney
What have been the recommendations so far?
Approve FTCA Claims Management Policy in order to be able to apply for FTCA insurance coverage.
How was this material, project, process, or system selected from all the possible options?
We gathered claims policy examples from two other community health centers who are already deemed, worked with Risk Management and the County Attorney's office to review and document the current and future process, the policy was then edited and defined by the Medical Director.

Board Notes:

community health center board
Multnomah County

Grant Approval Request Summary

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

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

Grant Title	HRSA Expanding COVID-19 Vaccination		
This funding will support: *Please add an **"X"** in the category that applies.*			
Current Operations	**Expanded Services or Capacity**	**New Services**	
X	**X**		
Date of Presentation:	**January 9, 2022**	**Program / Area:**	**Health Center Program**
Presenters:	Debbie Powers, Deputy Director, Clinical Operations and Integration		
Project Title and Brief Description:			
• Health Resources and Services Administration (HRSA) Expanding COVID-19 Vaccination (ECV) • The Health Center Program was awarded funds based on the following formula: Base Value of $47,650 plus $9 per patient reported in the Calendar Year 2021 Uniform Data System. A budget and activities table must be submitted to HRSA post award. These one-time funds are focused on increasing updated COVID-19 vaccinations among underserved populations. Allowable activities include outreach and education, working with community partners, vaccine administration, enabling services, personnel, hours and availability, training, and supplies.			
What need is this addressing?:			

The Health Center Program will use these funds to address needs related to outreach and education, vaccine administration, hours and availability, training, and supplies. Example activities include supporting communications staff and well campaigns focused on COVID-19 vaccination; immunization quality improvement projects and staff trainings; mobile van for outreach and expanded hours/availability; supplies for vaccine transportation and storage; facilities and IT costs needed to better provide immunizations in service sites; and Health Center Program staff who support vaccine administration work.

What is the expected impact of this project? *(#of patients, visits, staff, health outcomes, etc.)*

Grant funds will enable the Health Center Program to improve COVID-19 vaccination services, resulting in the following outcomes:

- Primary series and booster vaccination rates will be improved.
- Patient outreach will be expanded.
- Vaccination related errors will be reduced.

What is the total amount requested:
Please see attached budget

$523,849

Expected Award Date and project/funding period:

The funding period is from 12/1/2022 - 5/31/2023.

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

A "yes" vote means MCHD will submit the required post award materials to HRSA and implement activities to support COVID-19 vaccination.

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

A "no" vote means the Health Center will not submit the required post award materials. This would mean that the Health Center would need to find alternate resources to support some COVID-19 vaccination activities.

Current Health Center staffing would not be affected, as this is a one-time only opportunity focused on increasing COVID-19 vaccination.

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

Not applicable.

*Please see attached Budget Narrative.

Proposed Budget (when applicable)

Project Name:	**Start/End Date:**

	Budgeted Amount	**Comments** (Note any supplemental or matching funds)	**Total Budget**
A. Personnel, Salaries and Fringe			
Position Title			
Position Description			
Position Title			
Position Description			
Total Salaries, Wages and Fringe			
B. Supplies			
Description of supplies			
Total Supplies			
C. Contract Costs			
Contract description			
Total Contractual			
D. Other Costs			
Description of training and other costs			
Total Other			
Total Direct Costs (A+B+C+D)			

Indirect Costs			
The FY 2018 Multnomah County Cost Allocation Plan has set the Health Department's indirect rate at 12.16% of Personnel Expenses (Salary and Fringe Benefits). The rate includes 2.69% for Central Services and 9.47% for Departmental. The Cost Allocation Plan is federally-approved.			
Total Indirect Costs (12.16% of A)			
Total Project Costs (Direct + Indirect)			

	Revenue	**Comments** (Note any special conditions)	**Total Revenue**
E. Direct Care Services and Visits			
Medicare			
Description of service, # of visits			
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Description of special funding awards, quality payments or related indirect revenue sources			
Total Indirect Care and Incentive Revenue			
Total Anticipated Project Revenue (E+F)			

	Multnomah County Health Department	
	FY 2023 Expanding COVID-19 Vaccination Budget Narrative	
		Federal Request
A.	**PERSONNEL**	**148,011**
	Salaries (See Personnel Justification Table. Staff will support vaccine administration, outreach and education, training, and supply procurement and distribution.)	148,011
B.	**FRINGE BENEFITS**	**57,815**
	Salary related expenses: FICA (7.65%), Retirement PERS (21.26%-25.09%), PERS Bond (7.35%), Family Leave (0.2%), and Transit tax (0.80%) for a total of 37.26%-41.09% of pay. **Salary related insurance benefits:** workers compensation, liability, unemployment, long term/short term disability, retiree medical, and benefits administration for a total of 7.25% of base pay. Flat rate insurance benefits budgeted at $18,918 per full-time employee. For Local 88 three-quarter time employees, they are $14,188. For half-time employees, they are $10,798 per employee.	57,815
E.	**SUPPLIES**	**52,309**
	Vaccine Transport Coolers: 36 coolers x $850 per cooler = $30,600. **Vaccine Refrigerators**: 4 refrigerators x $4,000 per refrigerator = $16,000. **Outreach and Education Materials** to support increasing vaccine confidence and promote health center efforts. Estimated at $3,709. **Training materials** for staff to improve vaccine administration. Estimated at $2,000.	52,309
F.	**CONTRACTUAL**	**67,250**
	Staffing Agencies: Contracted staffing services to support vaccine administration. Amount is based on 0.15 FTE.	21,250
	OCHIN: Contract with the Health Center Program's Electronic Health Record vendor to support the build of a vaccine platform to improve vaccine administration.	40,000
	Consultant: Consultant services to build training sessions to improve vaccine administration.	6,000
H.	**OTHER**	**170,801**

	Training: Costs to cover 4 hours of training focused on improving vaccine admininstration for 130 Medical Assistants. Calculated at an average salary of $26.00 per hour plus fringe benefits x 520 hours.	18,801
	Multnomah County Facilities and IT: Costs associated with adding vaccine workstations in community health centers to improve vaccine administration. There are no capital costs or equipment purchases for these improvements.	152,000
I.	**TOTAL DIRECT CHARGES**	**496,186**
J.	**INDIRECT CHARGES**	**27,663**
	The Health Department's FY23 Indirect Cost Rate is 13.44% of salary and fringe benefit costs.	27,663
K.	**TOTAL COSTS**	**523,849**

Monthly Financial Packet

January 9, 2023

community health center board

Multnomah County

community health center board
Multnomah County

Monthly Financial Packet
Table of Contents

January 9 2023

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 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 4. 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 5. A summary report for all indirect cost charges and internal services charges

Multnomah County
Federally Qualified Health Center

Monthly Financial Reporting Package

November FY 2023

Updated 12/29/2022

Prepared by: Financial and Business Management Division

Multnomah County Health Department
Community Health Center Board - Financial Statement

For Period Ending November 30, 2022

Prepared using the Modified Accrual Basis of Accounting

Percentage of Year Complete: 41.7%

[A Pro Forma Financial Statement]

Community Health Center - Monthly Highlights

Financial Statement: For period 5 in Fiscal Year 2023 (July 2022 - June 2023)

	YTD Actuals	Budget	Difference	% of Budget YTD
Revenue:	$ 73,924,798	$ 166,686,730	$ 92,761,932	44%
Expenditures:	$ 59,768,394	$ 166,686,730	$ 106,918,336	36%
Net Income/(Loss)	$ 14,156,404			

Budget Modifications:

Period added	Budmod #	Description	Budget Change Amount
05 November	Budmod-HD-012-23	Appropriation of $250k Local Admin of COVID-19 Treatments in Primary Care	$ 250,000

Multnomah County Health Department
Community Health Center Board - Financial Statement

For Period Ending November 30, 2022

Prepared using the Modified Accrual Basis of Accounting

Percentage of Year Complete: 41.7%

[A Pro Forma Financial Statement]

Community Health Center

	Adopted Budget	Revised Budget	Budget Change	01 July	02 Aug	03 Sept	04 Oct	05 Nov	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	$ 675,990	$ 2,950,213	30%	$ 8,880,564
Grants - COVID-19	$ -	$ 250,000	$ 250,000	$ -	$ 1,121	$ 17,629	$ 114,237	$ 6,250	$ 139,237	56%	$ 7,437,487
Grants - ARPA	$ 8,075,272	$ 8,075,272	$ -	$ -	$ -	$ 1,724,643	$ 937,567	$ 597,887	$ 3,260,097	40%	$ -
Grants - All Other	$ 4,774,390	$ 4,774,390	$ -	$ -	$ 25,838	$ 641,076	$ 1,189,357	$ 321,717	$ 2,177,988	46%	$ 4,008,471
Grant Revenue Accrual	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,046,724	$ 2,046,724	0%	$ -
Quality & Incentives Payments	$ 7,671,495	$ 7,671,495	$ -	$ 156,788	$ 892,752	$ 813,774	$ 977,193	$ 1,283,737	$ 4,124,244	54%	$ 9,910,993
Health Center Fees	$ 131,217,155	$ 131,217,155	$ -	$ 9,796,157	$ 11,737,344	$ 10,823,733	$ 11,148,285	$ 13,896,054	$ 57,401,573	44%	$ 132,854,683
Self Pay Client Fees	$ 1,089,227	$ 1,089,227	$ -	$ 53,184	$ 49,810	$ 46,366	$ 44,871	$ 47,158	$ 241,389	22%	$ 680,758
Beginning Working Capital	$ 3,800,000	$ 3,800,000	$ -	$ 316,667	$ 316,667	$ 316,667	$ 316,667	$ 316,667	$ 1,583,333	42%	$ 3,298,126
Total	**$ 166,436,730**	**$ 166,686,730**	**$ 250,000**	**$ 10,322,795**	**$ 13,112,204**	**$ 15,803,318**	**$ 15,494,297**	**$ 19,192,183**	**$ 73,924,798**	**44%**	**$ 167,073,124**
Expense											
Personnel	$ 106,322,509	$ 106,513,081	$ 190,572	$ 6,727,729	$ 6,954,872	$ 6,894,286	$ 6,912,956	$ 7,118,838	$ 34,608,681	32%	$ 82,144,356
Contracts	$ 3,518,134	$ 3,523,137	$ 5,003	$ 238,764	$ 385,592	$ 497,003	$ 808,107	$ 734,457	$ 2,663,923	76%	$ 5,571,994
Materials and Services	$ 25,949,574	$ 25,978,387	$ 28,813	$ 3,012,870	$ 1,840,086	$ 2,281,493	$ 885,330	$ 1,807,593	$ 9,827,372	38%	$ 20,538,983
Internal Services	$ 30,296,513	$ 30,322,125	$ 25,612	$ 1,232,325	$ 2,916,645	$ 2,155,437	$ 2,394,463	$ 2,174,961	$ 10,873,831	36%	$ 26,603,582
Capital Outlay	$ 350,000	$ 350,000	$ -	$ -	$ -	$ 741,207	$ 1,053,380	$ -	$ 1,794,587	513%	$ 94,279
Total	**$ 166,436,730**	**$ 166,686,730**	**$ 250,000**	**$ 11,211,688**	**$ 12,097,194**	**$ 12,569,426**	**$ 12,054,237**	**$ 11,835,850**	**$ 59,768,394**	**36%**	**$ 134,953,193**
Net Income/(Loss)	**$ -**	**$ -**	**$ -**	**$ (888,892)**	**$ 1,015,010**	**$ 3,233,892**	**$ 3,440,060**	**$ 7,356,334**	**$ 14,156,404**		**$ 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 November 30, 2022
Percentage of Year Complete: 41.7%
[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)	631,295	102,263	-	2,081,809	-	118,228
	Grants - COVID-19	99,158	-	-	-	-	40,079
	Grants - ARPA	3,217,110	-	-	42,987	-	-
	Grants - All Other	5,000	711,620	-	-	-	504,550
	Grant Revenue Accrual	983,638	-	-	950,022	-	-
	Quality & Incentives Payments	3,325,801	-	-	-	798,443	-
	Health Center Fees	2,841,030	8,236,404	15,191,608	27,350,225	10,788	2,050,187
	Self Pay Client Fees	-	27,028	100,609	112,849	-	-
	Beginning Working Capital	1,375,000	-	-	-	208,333	-
Revenues Total		12,478,032	9,077,315	15,292,217	30,537,891	1,017,565	2,713,045
Expenditures	Personnel Total	7,240,864	7,066,969	3,672,107	11,867,083	796,757	1,867,682
	Contractual Services Total	2,111,927	87,431	18,043	352,116	21,679	50,411
	Internal Services Total	1,947,588	2,065,482	1,309,119	3,871,819	291,826	608,442
	Materials & Supplies Total	660,354	423,633	7,859,185	630,100	23,519	104,624
	Capital Outlay Total	1,411,837	-	382,750	-	-	-
Expenditures Total		13,372,570	9,643,515	13,241,205	16,721,118	1,133,781	2,631,158
Net Income/(Loss)		(894,539)	(566,200)	2,051,012	13,816,773	(116,216)	81,887
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 November 30, 2022
Percentage of Year Complete: 41.7%
[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)		16,617	-	2,950,213	4,087,163	9,809,191	30%	8,880,564
	Grants - COVID-19		-	-	139,237	104,167	250,000	56%	7,437,487
	Grants - ARPA		-	-	3,260,097	3,364,697	8,075,272	40%	-
	Grants - All Other		956,818	-	2,177,988	1,989,329	4,774,390	46%	4,008,471
	Grant Revenue Accrual		113,064	-	2,046,724	-	-	0%	-
	Quality & Incentives Payments		-	-	4,124,244	3,196,456	7,671,495	54%	9,910,993
	Health Center Fees		1,721,331	-	57,401,573	54,673,815	131,217,155	44%	132,854,683
	Self Pay Client Fees		903	-	241,389	453,845	1,089,227	22%	680,758
	Beginning Working Capital		-	-	1,583,333	1,583,333	3,800,000	42%	3,298,126
Revenues Total			2,808,733	-	73,924,798	69,452,804	166,686,730	44%	167,073,124
Expenditures	Personnel Total		1,475,408	621,810	34,608,681	44,380,450	106,513,081	32%	82,144,356
	Contractual Services Total		20,516	1,799	2,663,923	1,467,974	3,523,137	76%	5,571,994
	Internal Services Total		548,754	230,802	10,873,831	12,634,219	30,322,125	36%	26,603,582
	Materials & Supplies Total		70,936	55,022	9,827,372	10,824,328	25,978,387	38%	20,538,983
	Capital Outlay Total		-	-	1,794,587	145,833	350,000	513%	94,279
Expenditures Total			2,115,614	909,433	59,768,394	69,452,804	166,686,730	36%	134,953,194
Net Income/(Loss)			693,119	(909,433)	14,156,404	-	-		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 November 30, 2022

Percentage of Year Complete: 41.7%

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	13,850,936	-	57,244,845
Other	2,042	5,247	4,180	100,141	20,640	-	132,250
Health Center Fees Total	**9,796,157**	**11,737,344**	**10,823,733**	**11,148,285**	**13,871,576**	**-**	**57,377,095**
Self Pay Client Fees							
Program Income	53,184	49,810	46,366	44,871	47,158	-	241,389
Other	-	-	-	-	-	-	-
Self Pay Client Fees Total	**53,184**	**49,810**	**46,366**	**44,871**	**47,158**	**-**	**241,389**
Grand Total	**9,849,341**	**11,787,154**	**10,870,100**	**11,193,156**	**13,918,734**	**-**	**57,618,484**

Multnomah County Health Department

Community Health Center Board

FY 2023 YTD Internal Services Expenditures by Program Group

For Period Ending November 30, 2022

Percentage of Year Complete: 41.7%

Category	Administrative	Dental	HIV Clinic	Lab	Pharmacy	Primary Care Clinics	Quality and Compliance	Student Health Centers	Grand Total
Indirect Expense	914,531	949,801	161,565	83,571	493,531	1,594,937	107,084	233,280	4,538,301
Internal Service Data Processing	547,080	569,878	278,811	67,405	593,923	1,314,563	122,271	247,041	3,740,972
Internal Service Distribution	19,839	44,561	463	12,960	10,792	40,330	3,479	91,452	223,874
Internal Service Enhanced Building Services	44,839	58,134	11,768	7,819	21,847	93,234	6,792	-	244,433
Internal Service Facilities & Property Management	291,883	378,418	76,603	50,897	142,215	606,910	44,215	-	1,591,142
Internal Service Facilities Service Requests	66,561	20,005	2,771	-	15,316	94,132	877	16,436	216,099
Internal Service Fleet Services	-	7,307	-	-	-	-	-	-	7,307
Internal Service Motor Pool	319	78	54	-	47	24	238	323	1,084
Internal Service Other	23,148	4,447	694	18	8,568	31,577	230	427	69,108
Internal Service Records	152	4,734	3,867	3,859	12,548	10,030	(0)	203	35,392
Internal Service Telecommunications	39,235	28,119	12,158	4,274	10,331	86,081	6,640	19,280	206,118
Grand Total	1,947,588	2,065,482	548,754	230,802	1,309,119	3,871,819	291,826	608,442	10,873,831

Multnomah County Health Department

Community Health Center Board

FY 2023 Internal Services Expenditures by Fiscal Period

For Period Ending November 30, 2022

Percentage of Year Complete: 41.7%

Category	01 July	02 August	03 September	04 October	05 November	Grand Total	Total Budget	YTD % of Budget
Indirect Expense	886,125	907,452	895,759	916,707	932,258	4,538,301	13,253,745	34.2%
Internal Service Data Processing	256,531	1,221,206	665,914	883,971	713,350	3,740,972	10,020,693	37.3%
Internal Service Distribution	43,781	45,109	44,036	44,776	46,172	223,874	525,575	42.6%
Internal Service Enhanced Building Services	-	3,100	-	170,770	70,563	244,433	1,164,363	21.0%
Internal Service Facilities & Property Manageme	-	614,488	331,392	322,118	323,143	1,591,142	4,043,263	39.4%
Internal Service Facilities Service Requests	37,021	24,554	46,000	85,064	23,459	216,099	336,434	64.2%
Internal Service Fleet Services	115	2,614	946	1,780	1,853	7,307	22,019	33.2%
Internal Service Motor Pool	217	217	217	217	217	1,084	5,123	21.2%
Internal Service Other	2,090	7,528	33,833	12,377	13,280	69,108	-	0.0%
Internal Service Records	6,445	6,445	102,423	(89,533)	9,614	35,392	104,143	34.0%
Internal Service Reimbursement	-	-	-	-	-	-	-	0.0%
Internal Service Telecommunications	-	83,931	34,918	46,217	41,052	206,118	846,767	24.3%
Grand Total	1,232,325	2,916,645	2,155,437	2,394,463	2,174,961	10,873,831	30,322,125	

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

For Period Ending November 30, 2022

Percentage of Year Complete: 41.7%

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 November 30, 2022

Percentage of Year Complete: 41.7%

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 November 30, 2022

Percentage of Year Complete: 41.7%

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 November 30,2022

Percentage of Year Complete: 41.7%

Community Health Centers

	Original Adopted Budget	Budmod-HD-012-23		Revised Budget	Budget Modifications
Revenue					
Grants - PC 330 (BPHC)	$ 9,809,191	$ -	$ -	$ 9,809,191	$ -
Grants - COVID-19	$ -	$ 250,000	$ -	$ 250,000	$ 250,000
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**	**$ 250,000**	**$ -**	**$ 166,686,730**	**$ 250,000**
Expense					
Personnel	$ 106,322,509	$ 189,614	$ -	$ 106,513,081	$ 189,614
Contracts	$ 3,518,134	$ 5,003	$ -	$ 3,523,137	$ 5,003
Materials and Services	$ 25,949,574	$ 29,899	$ -	$ 25,978,387	$ 29,899
Internal Services	$ 30,296,513	$ 25,484	$ -	$ 30,322,125	$ 25,484
Capital Outlay	$ 350,000	$ -	$ -	$ 350,000	$ -
Total	**$ 166,436,730**	**$ 250,000**	**$ -**	**$ 166,686,730**	**$ 250,000**

Notes:

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

Budget Modification #	Budget Modification Description
Budmod-HD-012-23	Appropriation of $250k COVID-19 Local Administration of COVID-19 Treatments in Primary Care

Balance Sheet (incl Trial Balance)

Balance Sheet (Full Accrual)
As of November 30, 2022

	November	October	$ Change	% Change
ASSETS				
10000:Cash	$ 121,852,694	$ 103,047,454	$ 18,805,240	18 %
10100:Undeposited Payments	33,331	293,063	(259,733)	(89)%
10450:Investments - Local Government Investment Pool (LGIP)	1,026,917	1,026,917	-	0 %
10600:Interfund Cash Clearing	(84,458,368)	(78,442,257)	(6,016,111)	8 %
Cash & Cash Equivalents	**$ 38,454,573**	**$ 25,925,177**	**$ 12,529,396**	**48 %**
CURRENT ASSETS				
72100:Accounts Receivable, General	$ 16,599,720	$ 24,156,989	$ (7,557,269)	(31)%
20345:Allowance for Discounts & Returns	(2,251,443)	(2,505,346)	253,903	(10)%
Accounts Receivable, Net	14,348,277	21,651,643	(7,303,366)	(34)%
20602:Prepaid Other Expenses	-	-	-	
Total Current Assets	**$ 52,802,850**	**$ 47,576,820**	**$ 5,226,030**	**11 %**
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	(432,666)	(428,218)	(4,448)	1 %
41090:Accumulated Depreciation - Machinery & Equipment	(1,531,353)	(1,521,244)	(10,110)	1 %
Total Non-Current Assets	**$ 2,565,924**	**$ 2,580,481**	**$ (14,557)**	**(1)%**
Total Assets	**$ 55,368,773**	**$ 50,157,301**	**$ 5,211,473**	**10 %**
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	$ 915,384	$ 848,957	$ (66,428)	8 %
30090:Payroll Payable	1,500,007	1,514,472	14,464	(1)%
30705:Compensated Absences, Current	720,255	720,255	-	0 %
30805:Accrued Payables	-	-	-	
30830:Procurement Cards Payable	235,266	215,919	(19,347)	9 %
30831:MMP-Card Clearing	(509)	(315)	194	62 %
30905:Unearned Revenue, Health Department	334,117	334,117	-	0 %
Total Current Liabilities	**$ 3,704,522**	**$ 3,633,405**	**$ (71,116)**	**2 %**
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	**$ 49,017,475**	**$ 48,946,359**	**$ (71,116)**	**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	**$ 470,896**	**$ (4,669,460)**	**$ 5,140,356**	**(110)%**

Modified Balance Sheet (incl Trial Balance)

Balance Sheet (Modified - Operational)
As of November 30, 2022

	November	October	$ Change	% Change
ASSETS				
10000:Cash	$ 121,852,694	$ 103,047,454	$ 18,805,240	18 %
10100:Undeposited Payments	33,331	293,063	(259,733)	(89)%
10450:Investments - Local Government Investment Pool (LGIP)	1,026,917	1,026,917	-	0 %
10600:Interfund Cash Clearing	(84,458,368)	(78,442,257)	(6,016,111)	8 %
Cash & Cash Equivalents	**$ 38,454,573**	**$ 25,925,177**	**$ 12,529,396**	**48 %**
CURRENT ASSETS				
72100:Accounts Receivable, General	$ 16,599,720	$ 24,156,989	$ (7,557,269)	(31)%
20345:Allowance for Discounts & Returns	(2,251,443)	(2,505,346)	253,903	(10)%
Accounts Receivable, Net	14,348,277	21,651,643	(7,303,366)	(34)%
20602:Prepaid Other Expenses	-	-	-	
Current Assets	**$ 52,802,850**	**$ 47,576,820**	**$ 5,226,030**	**11 %**
Total Assets	**52,802,850**	**47,576,820**	**5,226,030**	**11 %**
LIABILITIES AND NET ASSETS				
CURRENT LIABILITIES				
70000:Accounts Payable, General	$ 915,384	$ 848,957	$ (66,428)	8 %
30090:Payroll Payable	1,500,007	1,514,472	14,464	(1)%
30805:Accrued Payables	-	-	-	
30830:Procurement Cards Payable	235,266	215,919	(19,347)	9 %
30831:MMP-Card Clearing	(509)	(315)	194	62 %
30905:Unearned Revenue, Health Department	334,117	334,117	-	0 %
Current Liabilities	**$ 2,984,266**	**$ 2,913,150**	**$ (71,116)**	**2 %**
Total Liabilities	**$ 2,984,266**	**$ 2,913,150**	**$ (71,116)**	**2 %**
Net Assets	**$ 49,818,584**	**$ 44,663,670**	**$ 5,297,146**	**12 %**
Total Liabilities & Net Assets	**$ 52,802,850**	**$ 47,576,820**	**$ 5,226,030**	**11 %**

Vacancy Report: January 2023

Represents vacancies as of Dec 23, 2022

Total Vacant Positions, January 2023	153

Table 1: Vacant Positions without duplication	#	Increase or Decrease over previous month	Explanation / Definitions
Total non duplicated vacancies	134	Decrease	These are the total number of positions which are vacant and planned for recruitment.
Non duplicated: Not posted	49	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	39	Increase	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	46	Decrease	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)	221	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)	84	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	35.45	Decrease	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	$5,754,320	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	19	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	$10,198	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 ICS Administration	Clinical Psychologist	1	7/13/2022	163	$66,986.30	Interview W/HM & Selection
HD FQHC HIV Clinic	Clinical Services Specialist	1	3/16/2022	282	$115,890.41	Reference Check
HD FQHC ICS Administration	Clinical Services Specialist	0.4	7/1/2022	175	$71,917.81	New FY23
HD FQHC ICS Administration	Clinical Services Specialist	0.3	7/1/2022	175	$71,917.81	New FY23
HD FQHC ICS Administration	Clinical Services Specialist	0.5	7/1/2022	175	$71,917.81	New FY23
HD FQHC ICS Administration	Clinical Services Specialist	1	7/22/2022	154	$63,287.67	Interview W/HM & Selection
HD FQHC ICS Administration	Clinical Services Specialist	1	7/22/2022	154	$63,287.67	Job Posted in WD
HD FQHC ICS Administration	Clinical Services Specialist	1	7/22/2022	154	$63,287.67	Reclassed to 745815 CSS
HD FQHC ICS Administration	Clinical Services Specialist	0.68	12/13/2022	10	$4,109.59	Offer Letter
HD FQHC Primary Care Clinics	Community Health Nurse	1	10/30/2021	419	$229,589.04	No RAP submitted
HD FQHC Quality and Compliance	Community Health Nurse	1	4/23/2022	244	$133,698.63	Job Posted in WD
HD FQHC HIV Clinic	Community Health Nurse	0.8	5/14/2022	223	$122,191.78	Job Posted in WD
HD FQHC Primary Care Clinics	Community Health Nurse	0.5	7/1/2022	175	$95,890.41	New FY23
HD FQHC Primary Care Administration	Community Health Nurse	1	7/13/2022	163	$89,315.07	Interview W/HM & Selection
HD FQHC Primary Care Administration	Community Health Nurse	1	7/13/2022	163	$89,315.07	Interview W/HM & Selection
HD FQHC Primary Care Clinics	Community Health Nurse	0.8	10/24/2022	60	$32,876.71	Job Posted in WD
HD FQHC HIV Clinic	Community Health Nurse	0.8	11/17/2022	36	$19,726.03	Job Posted in WD
HD FQHC Primary Care Administration	Community Health Specialist 2	0.8	11/17/2021	401	$14,501.92	Interview W/HM & Selection
HD FQHC Primary Care Clinics	Community Health Specialist 2	1	3/16/2022	282	$10,198.36	Incumbent in WOC assignment, position not available to fill
HD FQHC Primary Care Administration	Community Health Specialist 2	1	6/8/2022	198	$7,160.55	Interview W/HM & Selection
HD FQHC Primary Care Administration	Community Health Specialist 2	1	9/29/2022	85	$3,073.97	Lateral Transfer Posted
HD FQHC Primary Care Administration	Community Health Specialist 2	1	10/11/2022	73	$2,640.00	Interview W/HM & Selection
HD FQHC HIV Clinic	Community Health Specialist 2	1	11/10/2022	43	$1,555.07	No RAP submitted
HD FQHC Dental	Dental Assistant (EFDA)	1	5/18/2020	949		On-Hold
HD FQHC Dental	Dental Assistant (EFDA)	0.75	2/22/2021	669		Interview W/HM & Selection
HD FQHC Dental	Dental Assistant (EFDA)	1	5/3/2021	599		Difficult recruitment
HD FQHC Dental	Dental Assistant (EFDA)	0.75	7/25/2022	151		New FY23
HD FQHC Dental	Dental Assistant (EFDA)	1	7/28/2022	148		New FY23
HD FQHC Dental	Dental Assistant (EFDA)	1	7/28/2022	148		New FY23
HD FQHC Dental	Dental Assistant (EFDA)	1	8/1/2022	144		Interview W/HM & Selection
HD FQHC Dental	Dental Assistant (EFDA)	0.75	8/12/2022	133		Interview W/HM & Selection
HD FQHC Dental	Dental Assistant (EFDA)	1	10/3/2022	81		Interview W/HM & Selection
HD FQHC Dental	Dental Assistant (EFDA)	1	10/12/2022	72		Interview W/HM & Selection
HD FQHC Dental	Dental Assistant (EFDA)	0.75	12/5/2022	18		Incumbent in WOC assignment, position not available to fill
HD FQHC Dental	Dental Assistant (EFDA)	1	12/6/2022	17		Lateral Transfer Posted
HD FQHC Dental	Dental Assistant (EFDA)	1	12/15/2022	8		Lateral Transfer Posted
HD FQHC Dental	Dental Assistant (EFDA)	0.75	12/17/2022	6		Lateral Transfer Posted
HD FQHC Dental	Dental Hygienist	0.75	3/11/2022	287	$298,794.52	On-hold
HD FQHC Dental	Dental Hygienist	1	7/21/2022	155	$161,369.86	Offer Letter
HD FQHC Dental	Dental Hygienist	0.75	8/18/2022	127	$132,219.18	No RAP submitted
HD FQHC ICS Administration	Development Analyst	1	2/3/2021	688		WD Draft Job Posting Review by HM
HD FQHC ICS Administration	Development Analyst	1	7/1/2022	175		Incumbent in WOC assignment, position not available to fill
HD FQHC ICS Administration	Development Analyst Senior	1	7/1/2021	540		Pending Class Comp - Position # Created by Central Budget

HD FQHC ICS Administration	Development Analyst Senior	1	7/1/2022	175		New FY23
HD FQHC Health Center Operations	Eligibility Specialist	1	2/15/2022	311		No RAP submitted
HD FQHC Health Center Operations	Eligibility Specialist	1	8/23/2022	122		Incumbent in WOC assignment, position not available to fill
HD FQHC Health Center Operations	Eligibility Specialist	1	10/17/2022	67		Reference Check
HD FQHC Pharmacy	Executive Specialist	1	10/18/2022	66		Hired, internal employee promoted
HD FQHC ICS Administration	Finance Specialist 1	1	5/31/2022	206		Filled by agency staff
HD FQHC ICS Administration	Finance Specialist Senior	1	8/5/2021	505		No RAP submitted
HD FQHC ICS Administration	Finance Specialist Senior	1	8/5/2021	505		No RAP submitted
HD FQHC ICS Administration	Finance Supervisor	1	8/13/2021	497		Interview W/HM & Selection
HD FQHC ICS Administration	Integrated Clinical Services Director	1	#N/A	#N/A		Filled with WOC
HD FQHC ICS Administration	IT Manager	1	5/16/2022	221		Incumbent in WOC assignment, position not available to fill
HD FQHC Primary Care Clinics	Licensed Community Practical Nurse	1	11/19/2022	34		Job Posted in WD
HD FQHC Primary Care Administration	Manager 1	0.8	6/15/2020	921		Pending possible reclass to Nursing Supervisor
HD FQHC HIV Clinic	Manager 1	1	7/17/2021	524		Pending reclass to Nursing Supervisor 746069
HD FQHC Primary Care Administration	Manager 1	1	7/1/2022	175		New FY23
HD FQHC Health Center Operations	Manager 1	1	7/13/2022	163		Eligible List Sent to HM
HD FQHC HIV Clinic	Manager 1	1	8/26/2022	119		Hired-previous employee
HD FQHC Primary Care Clinics	Medical Assistant	1	1/16/2022	341		Interview W/HM & Selection
HD FQHC Primary Care Clinics	Medical Assistant	1	3/3/2022	295		Interview W/HM & Selection
HD FQHC Primary Care Clinics	Medical Assistant	1	3/21/2022	277		Verbal Offer
HD FQHC Primary Care Clinics	Medical Assistant	1	4/4/2022	263		Interview W/HM & Selection
HD FQHC Primary Care Clinics	Medical Assistant	1	4/30/2022	237		Interview W/HM & Selection
HD FQHC Dental	Medical Assistant	1	7/1/2022	175		New FY23
HD FQHC Primary Care Clinics	Medical Assistant	1	7/1/2022	175		New FY23
HD FQHC Primary Care Clinics	Medical Assistant	0.8	7/1/2022	175		New FY23
HD FQHC Pharmacy	Medical Assistant	1	7/1/2022	175		New FY23
HD FQHC Primary Care Clinics	Medical Assistant	1	8/11/2022	134		Verbal Offer
HD FQHC HIV Clinic	Medical Assistant	1	8/15/2022	130		Interview W/HM & Selection
HD FQHC HIV Clinic	Medical Assistant	1	9/2/2022	112		Interview W/HM & Selection
HD FQHC HIV Clinic	Medical Assistant	1	9/2/2022	112		Interview W/HM & Selection
HD FQHC Primary Care Clinics	Medical Assistant	1	9/6/2022	108		Interview W/HM & Selection
HD FQHC HIV Clinic	Medical Assistant	1	9/23/2022	91		No RAP submitted
HD FQHC Primary Care Clinics	Medical Assistant	1	9/28/2022	86		Interview W/HM & Selection
HD FQHC Primary Care Clinics	Medical Assistant	1	10/1/2022	83		Interview W/HM & Selection
HD FQHC Primary Care Clinics	Medical Assistant	1	10/14/2022	70		Interview W/HM & Selection
HD FQHC Primary Care Clinics	Medical Assistant	1	10/24/2022	60		Interview W/HM & Selection
HD FQHC Primary Care Clinics	Medical Assistant	1	10/26/2022	58		Interview W/HM & Selection
HD FQHC Pharmacy	Medical Assistant	1	11/2/2022	51		No RAP submitted
HD FQHC Primary Care Clinics	Medical Assistant	1	11/23/2022	30		Interview W/HM & Selection
HD FQHC Student Health Centers	Medical Assistant	0.9	12/19/2022	4		Lateral Transfer Posted
HD FQHC Primary Care Clinics	Medical Assistant	1	12/19/2022	4		Waiting RAP Approval
HD FQHC Lab	Medical Laboratory Technician	1	12/18/2021	370		Job Posted in WD
HD FQHC Lab	Medical Laboratory Technician	1	3/1/2022	297		Job Posted in WD
HD FQHC Lab	Medical Laboratory Technician	1	7/1/2022	175		No RAP submitted
HD FQHC Lab	Medical Technologist	1	3/23/2021	640		Reference Check
HD FQHC Lab	Medical Technologist	1	4/15/2022	252		No RAP submitted
HD FQHC Lab	Medical Technologist	1	7/13/2022	163		No RAP submitted
HD FQHC Primary Care Clinics	Nurse Practitioner	0.8	10/31/2020	783	$697,191.78	No Candidates/Hard to Fill
HD FQHC Primary Care Clinics	Nurse Practitioner	0.8	10/12/2021	437	$389,109.59	Interview W/HM & Selection
HD FQHC Primary Care Clinics	Nurse Practitioner	0.8	12/30/2021	358	$318,767.12	No Candidates/Hard to Fill

HD FQHC Primary Care Clinics	Nurse Practitioner	0.5	4/11/2022	256	$227,945.21	Job Posted in WD
HD FQHC Primary Care Clinics	Nurse Practitioner	0.8	5/21/2022	216	$192,328.77	Job Posted in WD
HD FQHC Primary Care Clinics	Nurse Practitioner	0.8	7/15/2022	161	$143,356.16	Job Posted in WD
HD FQHC Primary Care Clinics	Nurse Practitioner	0.8	11/29/2022	24	$21,369.86	RAP Approved
HD FQHC Primary Care Clinics	Nurse Practitioner	0.8	12/2/2022	21	$18,698.63	Job Posted in WD
HD FQHC Student Health Centers	Nurse Practitioner	0.67	12/13/2022	10	$8,904.11	Lateral Transfer - Filled
HD FQHC Pharmacy	Office Assistant 2	1	1/19/2021	703		No RAP submitted
HD FQHC Dental	Office Assistant 2	1	10/8/2021	441		Pending Class Comp - Position # Created by Central Budget
HD FQHC Dental	Office Assistant 2	1	3/16/2022	282		Create Eligible List
HD FQHC Health Center Operations	Office Assistant 2	1	4/1/2022	266		Incumbent in WOC assignment, position not available to fill
HD FQHC Primary Care Clinics	Office Assistant 2	1	4/8/2022	259		Filled by LDA
HD FQHC Health Center Operations	Office Assistant 2	1	5/28/2022	209		Job Posted in WD
HD FQHC Dental	Office Assistant 2	1	7/1/2022	175		New FY23
HD FQHC Primary Care Clinics	Office Assistant 2	1	7/1/2022	175		New FY23
HD FQHC Health Center Operations	Office Assistant 2	1	8/15/2022	130		Bilingual Exam
HD FQHC Dental	Office Assistant 2	1	9/16/2022	98		Eligible List Sent to HM
HD FQHC Dental	Office Assistant 2	1	9/17/2022	97		Create Eligible List
HD FQHC Primary Care Clinics	Office Assistant 2	1	10/1/2022	83		Lateral Transfer Posted
HD FQHC Dental	Office Assistant 2	1	10/3/2022	81		Eligible List Sent to HM
HD FQHC Dental	Office Assistant 2	0.8	10/10/2022	74		Eligible List Sent to HM
HD FQHC Primary Care Clinics	Office Assistant 2	1	10/17/2022	67		Incumbent in WOC assignment, position not available to fill
HD FQHC Primary Care Clinics	Office Assistant 2	1	10/20/2022	64		Bilingual Exam
HD FQHC Primary Care Clinics	Office Assistant 2	1	11/1/2022	52		Scoring - HM Assessment
HD FQHC Primary Care Clinics	Office Assistant 2	1	11/17/2022	36		Scoring - HM Assessment
HD FQHC Dental	Office Assistant 2	0.75	11/28/2022	25		No RAP submitted
HD FQHC Primary Care Clinics	Office Assistant 2	1	12/13/2022	10		Lateral Transfer Posted
HD FQHC Primary Care Clinics	Office Assistant 2	1	12/23/2022	0		Filled by LDA
HD FQHC Health Center Operations	Office Assistant Senior	1	4/5/2022	262		No RAP submitted
HD FQHC Dental	Office Assistant Senior	1	6/4/2022	202		No RAP submitted
HD FQHC Primary Care Clinics	Office Assistant Senior	1	10/26/2022	58		Reference Check
HD FQHC Dental	Office Assistant Senior	1	12/5/2022	18		Filled - OA Srs coving 2 clinics
HD FQHC Student Health Centers	Office Assistant Senior	0.83	12/12/2022	11		Interview W/HM & Selection
HD FQHC Health Center Operations	Operations Supervisor	1	10/4/2022	80		Filled with Limited Duration
HD FQHC Pharmacy	Pharmacist	1	4/28/2022	239	$196,438.36	Recruitment Paused
HD FQHC Pharmacy	Pharmacist	1	4/28/2022	239	$196,438.36	Recruitment Paused
HD FQHC Pharmacy	Pharmacist	1	11/4/2022	49	$40,273.97	Filled - New Hire
HD FQHC Pharmacy	Pharmacy Technician	1	7/16/2020	890		Evergreen
HD FQHC Pharmacy	Pharmacy Technician	1	4/7/2022	260		Job Posted in WD
HD FQHC Pharmacy	Pharmacy Technician	1	10/11/2022	73		Lateral Transfer Posted
HD FQHC Pharmacy	Pharmacy Technician	1	10/15/2022	69		Lateral Transfer Posted
HD FQHC Pharmacy	Pharmacy Technician	1	10/25/2022	59		Lateral Transfer Posted
HD FQHC Primary Care Clinics	Physician	1	10/1/2021	448	$512,438.36	No Candidates/Hard to Fill
HD FQHC Primary Care Clinics	Physician	0.6	7/1/2022	175	$200,171.23	No Candidates/Hard to Fill
HD FQHC Primary Care Clinics	Physician	0.5	9/7/2022	107	$122,390.41	No RAP submitted
HD FQHC Primary Care Clinics	Physician Assistant	0.6	2/4/2022	322	$309,649.32	Filled - New Hire
HD FQHC Primary Care Clinics	Physician Assistant	0.9	8/18/2022	127	$122,128.77	Job Posted in WD
HD FQHC Primary Care Administration	Program Specialist	1	5/26/2020	941		No RAP submitted
HD FQHC Quality and Compliance	Program Specialist	1	2/26/2021	665		No RAP submitted
HD FQHC Primary Care Administration	Program Specialist	1	11/15/2022	38		Filled by WOC
HD FQHC ICS Administration	Program Specialist Senior	1	4/29/2021	603		Scoring - HM Assessment

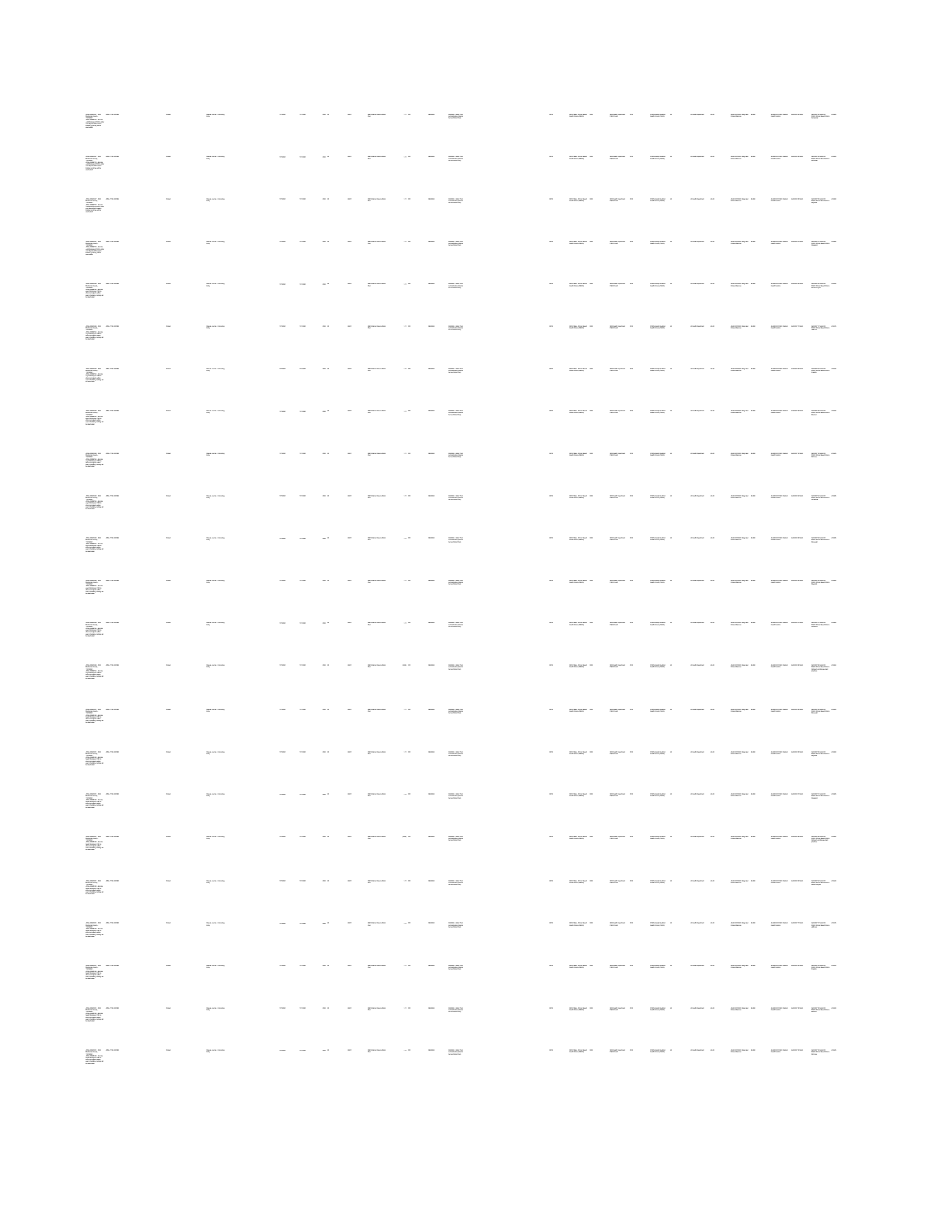
HD FQHC Student Health Centers	Program Supervisor	0.9	6/13/2022	193		FIlled
HD FQHC Dental	Program Supervisor	1	8/4/2022	141		Filled with Limited Duration
HD FQHC Health Center Operations	Program Supervisor	1	8/16/2022	129		Filled with WOC
HD FQHC Dental	Program Supervisor	1	9/12/2022	102		Incumbent in WOC assignment, position not available to fill
HD FQHC Quality and Compliance	Project Manager Represented	1	12/3/2020	750		Filled by WOC
HD FQHC ICS Administration	Project Manager Represented	1	10/18/2021	431		No RAP submitted
HD FQHC HIV Clinic	Project Manager Represented	1	7/1/2022	175		New FY23
HD FQHC HIV Clinic	Project Manager Represented	1	7/1/2022	175		New FY23
HD FQHC Quality and Compliance	Project Manager Represented	1	7/1/2022	175		New FY23
HD FQHC ICS Administration	Project Manager Represented	1	12/23/2022	0		Interview W/HM & Selection
HD FQHC ICS Administration	Quality Manager	1	11/1/2020	782		Incumbent in WOC assignment, position not available to fill

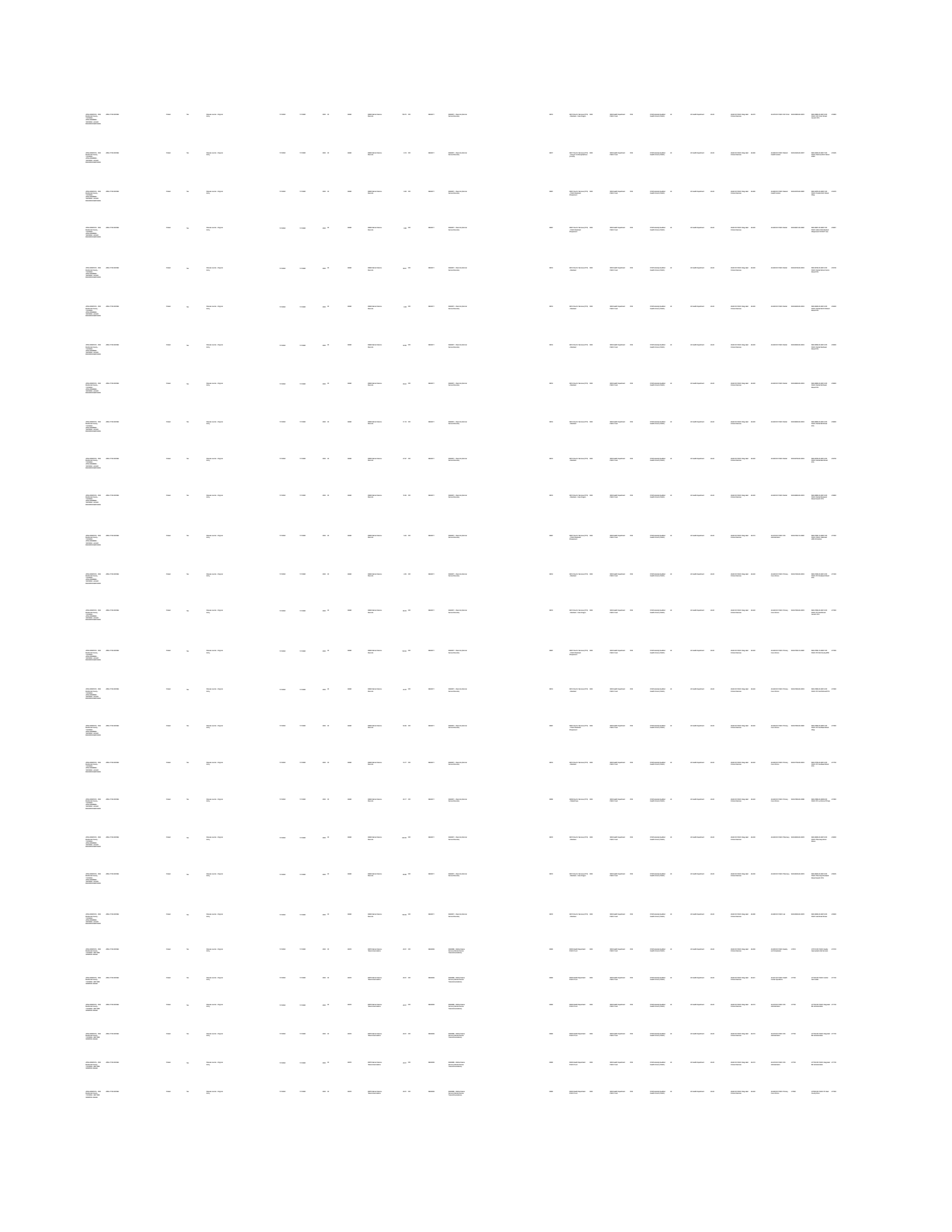
Itemized General Journal Entries Pivot Table

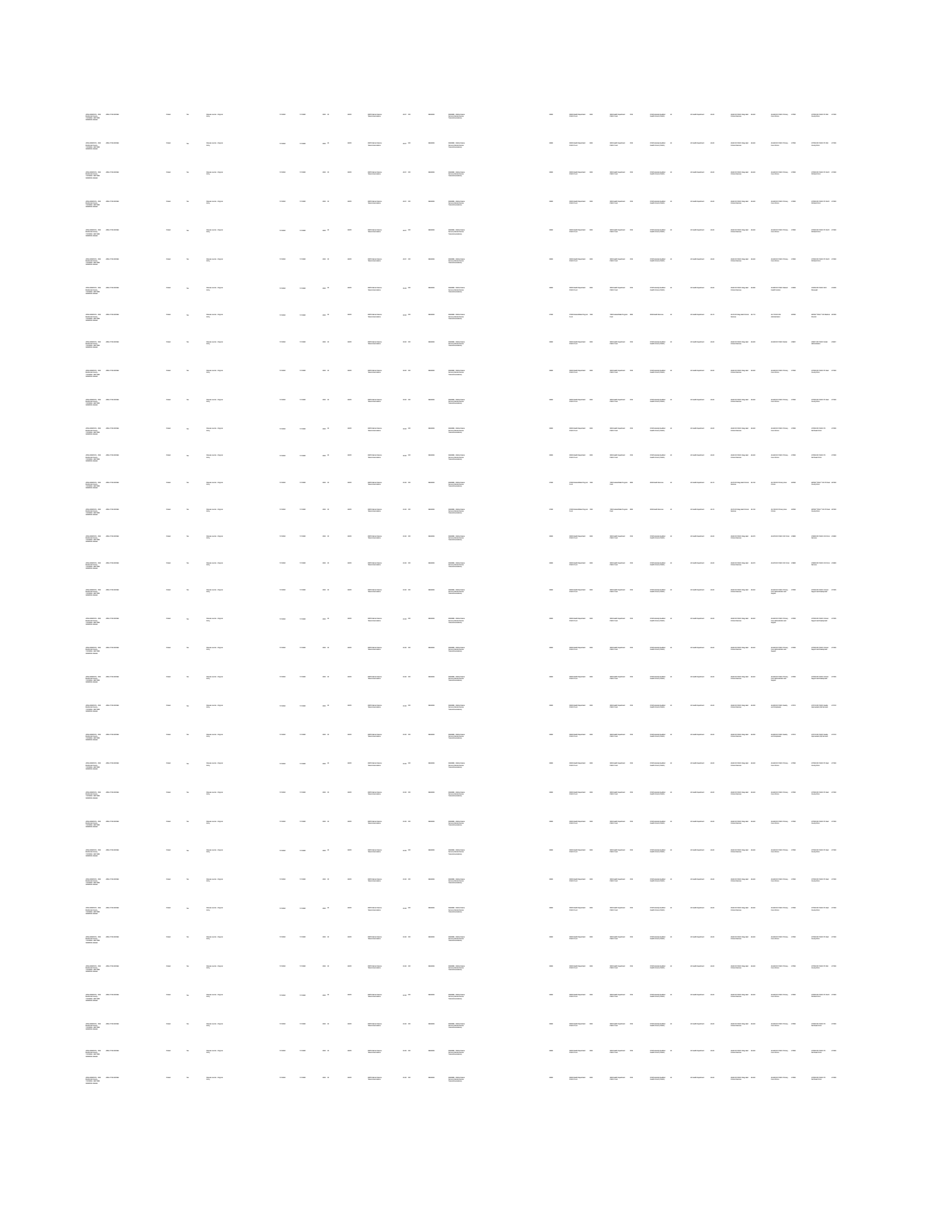
Row Labels	Sum of Amount
01000 General Fund	156.32
01505 Federal/State Program Fund	569.24
03003 Health Department FQHC Fund	-183276.31
10020 Medicaid Quality and Incentives	0
19067 ARPA Federal Multco American Rescue Plan Act	-3685.28
19077 ARPA Federal Community Health Centers 93.224	9198.89
19088 ARPA Federal Health Center Infrastructure Support 93.526	1050.76
19093 COVID-19 State PE44 School Based Health and Recovery	0
19100 COVID-19 Local Administration of COVID-19 Treatments in Primary Care	-6.5
30001 Fee for Services (FFS) - FQHC Medicaid Wraparound	311345.78
30002 Other - Medicaid Quality and Incentives	138211.04
30004 Federal - Primary Care (PC) 330 - 93.224	-16334.86
30007 Federal - Homeless General - 93.224	-250.02
30012 State - School Based Health Clinics (SBHC)	5118.1
30013 Fee for Services (FFS) - Medicaid - Care Oregon	1925473.88
30014 Fee for Services (FFS) - Medicaid	496888.26
30015 Fee for Services (FFS) - Medicare	476313.9
30017 Fee for Services (FFS) - Oregon ContraceptiveCare (CCare)	841.91
30018 Fee for Services (FFS) - Medicaid Pharmacy	4196.45
30044 Federal - Rapid Start - Special Projects - 93.928	-202.56
30049 Fee for Services (FFS) - Patient Fees 3rd Party	155164.16
30050 Fee for Services (FFS) - Patient Fees	4883.32
Grand Total	3325656.48

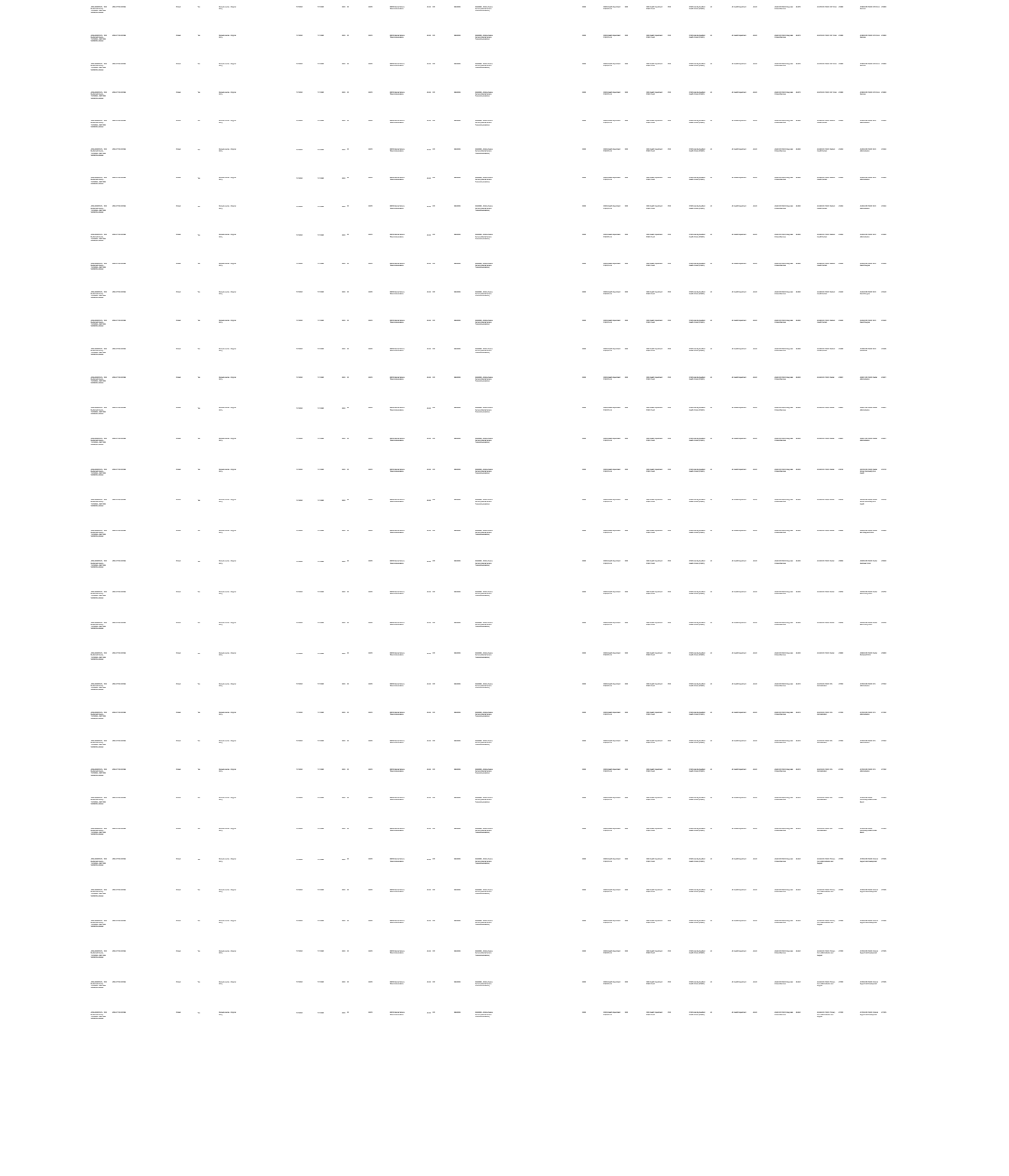
Cost Center Hierarchies	40-60 HD FQHC Integrated Clinical Services 40-70 HD Integrated Clinical Services
Journal Source	Manual Journal - Correcting Entry Manual Journal - Original Entry

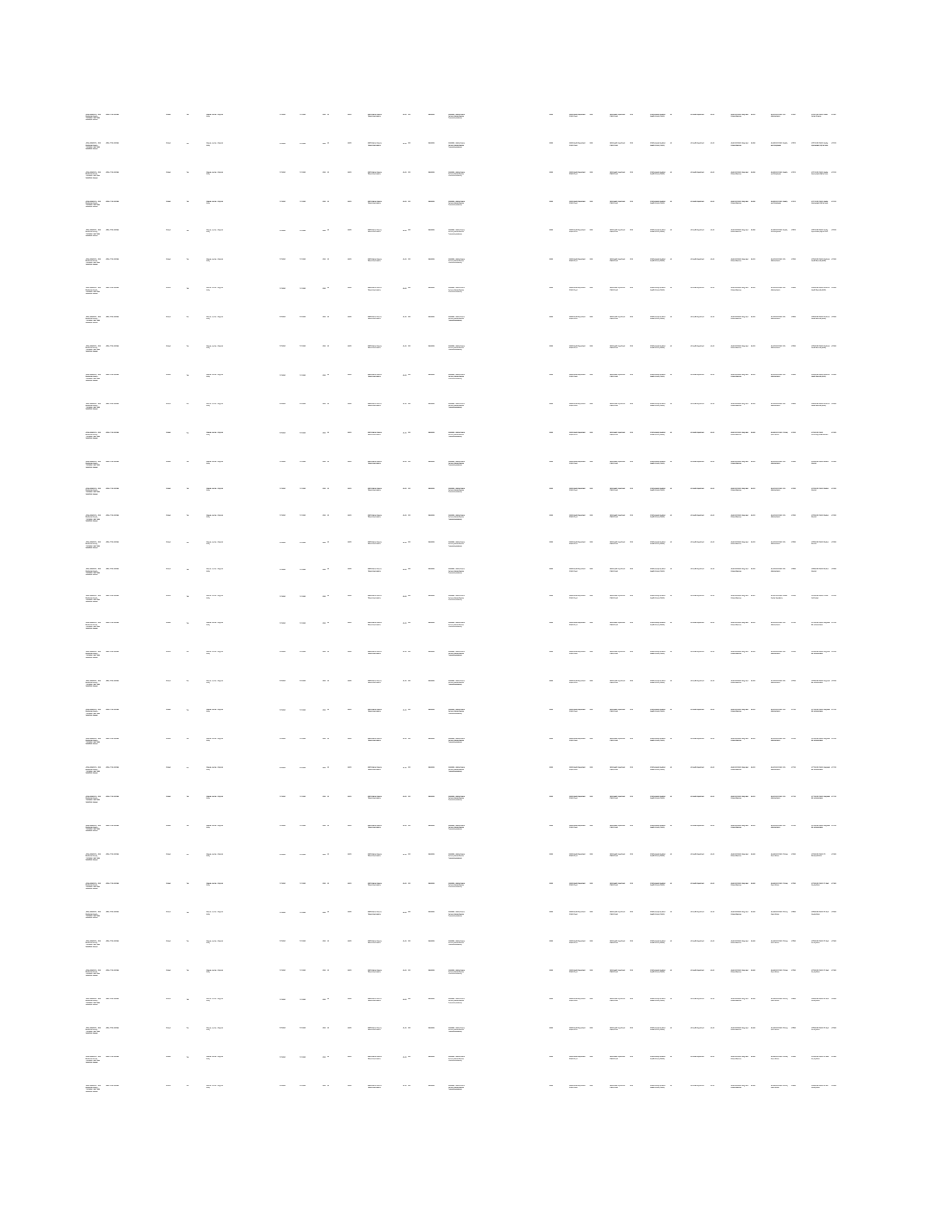
Journal	Journal Sequence Number	Operational Transaction	Operational Transaction	Status	From Web Service	Journal Source	Supplier Invoice Type	Book Code	Operational Document	Accounting Date	Fiscal Year	Fiscal Period	Ledger Account ID	Ledger Account	Amount	DR/CR	Spend Category ID	Spend Category	Pay Component	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.000951218 - 1000 Multnomah County - 11/01/2022 - OCT22 FLEET SVCS	JRNL.FY23.0001748			Posted	Yes	Manual Journal - Original Entry			11/1/2022	11/1/2022	2023	05	60411	60411:Internal Service Fleet Services	387.73	DR	99040001	99040001 - 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.000951218 - 1000 Multnomah County - 11/01/2022 - OCT22 FLEET SVCS	JRNL.FY23.0001748			Posted	Yes	Manual Journal - Original Entry			11/1/2022	11/1/2022	2023	05	60411	60411:Internal Service Fleet Services	519.37	DR	99040001	99040001 - 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.000951330 - 1000 Multnomah County - 11/01/2022 - OCT22 FLEET REPL	JRNL.FY23.0001787			Posted	Yes	Manual Journal - Original Entry			11/1/2022	11/1/2022	2023	05	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.000951330 - 1000 Multnomah County - 11/01/2022 - OCT22 FLEET REPL	JRNL.FY23.0001787			Posted	Yes	Manual Journal - Original Entry			11/1/2022	11/1/2022	2023	05	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.000951219 - 1000 Multnomah County - 11/01/2022 - OCT22 FLEET REPL ADMIN	JRNL.FY23.0001789			Posted	Yes	Manual Journal - Original Entry			11/1/2022	11/1/2022	2023	05	60411	60411:Internal Service Fleet Services	23.94	DR	99040003	99040003 - 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.000951219 - 1000 Multnomah County - 11/01/2022 - OCT22 FLEET REPL ADMIN	JRNL.FY23.0001789			Posted	Yes	Manual Journal - Original Entry			11/1/2022	11/1/2022	2023	05	60411	60411:Internal Service Fleet Services	30.38	DR	99040003	99040003 - 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.000951337 - 1000 Multnomah County - 11/01/2022 - JRNL.000896195 - allocate Jul22 IT Telecom to other cost objects within award. Debited grant tag will be inactivated.	JRNL.FY23.0001795			Posted		Manual Journal - Correcting Entry			11/1/2022	11/1/2022	2023	05	60370	60370:Internal Service Telecommunications	179.83	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 17 S44A	G40 0037 17 S44A HD FQHC School Based Clinics Jefferson	414515
JRNL.000951337 - 1000 Multnomah County - 11/01/2022 - JRNL.000896195 - allocate Jul22 IT Telecom to other cost objects within award. Debited grant tag will be inactivated.	JRNL.FY23.0001795			Posted		Manual Journal - Correcting Entry			11/1/2022	11/1/2022	2023	05	60370	60370:Internal Service Telecommunications	179.83	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 18 S44A	G40 0037 18 S44A HD FQHC School Based Clinics Madison	414530
JRNL.000951337 - 1000 Multnomah County - 11/01/2022 - JRNL.000896195 - allocate Jul22 IT Telecom to other cost objects within award. Debited grant tag will be inactivated.	JRNL.FY23.0001795			Posted		Manual Journal - Correcting Entry			11/1/2022	11/1/2022	2023	05	60370	60370:Internal Service Telecommunications	179.83	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 19 S44A	G40 0037 19 S44A HD FQHC School Based Clinics Parkrose	414545
JRNL.000951337 - 1000 Multnomah County - 11/01/2022 - JRNL.000896195 - allocate Jul22 IT Telecom to other cost objects within award. Debited grant tag will be inactivated.	JRNL.FY23.0001795			Posted		Manual Journal - Correcting Entry			11/1/2022	11/1/2022	2023	05	60370	60370:Internal Service Telecommunications	179.83	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 20 S44A	G40 0037 20 S44A HD FQHC School Based Clinics Roosevelt	414555
JRNL.000951337 - 1000 Multnomah County - 11/01/2022 - JRNL.000896195 - allocate Jul22 IT Telecom to other cost objects within award. Debited grant tag will be inactivated.	JRNL.FY23.0001795			Posted		Manual Journal - Correcting Entry			11/1/2022	11/1/2022	2023	05	60370	60370:Internal Service Telecommunications	179.83	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 21 S44A	G40 0037 21 S44A HD FQHC School Based Clinics Cleveland	414565
JRNL.000951337 - 1000 Multnomah County - 11/01/2022 - JRNL.000896195 - allocate Jul22 IT Telecom to other cost objects within award. Debited grant tag will be inactivated.	JRNL.FY23.0001795			Posted		Manual Journal - Correcting Entry			11/1/2022	11/1/2022	2023	05	60370	60370:Internal Service Telecommunications	179.83	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 22 S44A	G40 0037 22 S44A HD FQHC School Based Clinics David Douglas	414540
JRNL.000951337 - 1000 Multnomah County - 11/01/2022 - JRNL.000896195 - allocate Jul22 IT Telecom to other cost objects within award. Debited grant tag will be inactivated.	JRNL.FY23.0001795			Posted		Manual Journal - Correcting Entry			11/1/2022	11/1/2022	2023	05	60370	60370:Internal Service Telecommunications	179.83	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 23 S44A	G40 0037 23 S44A HD FQHC School Based Clinics Franklin	414570
JRNL.000951337 - 1000 Multnomah County - 11/01/2022 - JRNL.000896195 - allocate Jul22 IT Telecom to other cost objects within award. Debited grant tag will be inactivated.	JRNL.FY23.0001795			Posted		Manual Journal - Correcting Entry			11/1/2022	11/1/2022	2023	05	60370	60370:Internal Service Telecommunications	179.82	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.000951337 - 1000 Multnomah County - 11/01/2022 - JRNL.000896195 - allocate Jul22 IT Telecom to other cost objects within award. Debited grant tag will be inactivated.	JRNL.FY23.0001795			Posted		Manual Journal - Correcting Entry			11/1/2022	11/1/2022	2023	05	60370	60370:Internal Service Telecommunications	179.83	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 25 S44A	G40 0037 25 S44A HD FQHC School Based Clinics Reynolds	414590
JRNL.000951337 - 1000 Multnomah County - 11/01/2022 - JRNL.000896195 - allocate Jul22 IT Telecom to other cost objects within award. Debited grant tag will be inactivated.	JRNL.FY23.0001795			Posted		Manual Journal - Correcting Entry			11/1/2022	11/1/2022	2023	05	60370	60370:Internal Service Telecommunications	(1,618.46)	CR	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.000951338 - 1000 Multnomah County - 11/01/2022 - JRNL.000905402 - allocate Aug22 IT Telecom to other cost objects within award. Debited grant tag will be inactivated.	JRNL.FY23.0001794			Posted		Manual Journal - Correcting Entry			11/1/2022	11/1/2022	2023	05	60370	60370:Internal Service Telecommunications	54.49	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.000951338 - 1000 Multnomah County - 11/01/2022 - JRNL.000905402 - allocate Aug22 IT Telecom to other cost objects within award. Debited grant tag will be inactivated.	JRNL.FY23.0001794			Posted		Manual Journal - Correcting Entry			11/1/2022	11/1/2022	2023	05	60370	60370:Internal Service Telecommunications	54.50	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 25 S44A	G40 0037 25 S44A HD FQHC School Based Clinics Reynolds	414590
JRNL.000951338 - 1000 Multnomah County - 11/01/2022 - JRNL.000905402 - allocate Aug22 IT Telecom to other cost objects within award. Debited grant tag will be inactivated.	JRNL.FY23.0001794			Posted		Manual Journal - Correcting Entry			11/1/2022	11/1/2022	2023	05	60370	60370:Internal Service Telecommunications	(490.48)	CR	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.000951338 - 1000 Multnomah County - 11/01/2022 - JRNL.000905402 - allocate Aug22 IT Telecom to other cost objects within award. Debited grant tag will be inactivated.	JRNL.FY23.0001794			Posted		Manual Journal - Correcting Entry			11/1/2022	11/1/2022	2023	05	60370	60370:Internal Service Telecommunications	54.50	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 17 S44A	G40 0037 17 S44A HD FQHC School Based Clinics - Jefferson	414515
JRNL.000951338 - 1000 Multnomah County - 11/01/2022 - JRNL.000905402 - allocate Aug22 IT Telecom to other cost objects within award. Debited grant tag will be inactivated.	JRNL.FY23.0001794			Posted		Manual Journal - Correcting Entry			11/1/2022	11/1/2022	2023	05	60370	60370:Internal Service Telecommunications	54.50	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 18 S44A	G40 0037 18 S44A HD FQHC School Based Clinics Madison	414530
JRNL.000951338 - 1000 Multnomah County - 11/01/2022 - JRNL.000905402 - allocate Aug22 IT Telecom to other cost objects within award. Debited grant tag will be inactivated.	JRNL.FY23.0001794			Posted		Manual Journal - Correcting Entry			11/1/2022	11/1/2022	2023	05	60370	60370:Internal Service Telecommunications	54.50	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 19 S44A	G40 0037 19 S44A HD FQHC School Based Clinics Parkrose	414545
JRNL.000951338 - 1000 Multnomah County - 11/01/2022 - JRNL.000905402 - allocate Aug22 IT Telecom to other cost objects within award. Debited grant tag will be inactivated.	JRNL.FY23.0001794			Posted		Manual Journal - Correcting Entry			11/1/2022	11/1/2022	2023	05	60370	60370:Internal Service Telecommunications	54.50	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 20 S44A	G40 0037 20 S44A HD FQHC School Based Clinics Roosevelt	414555

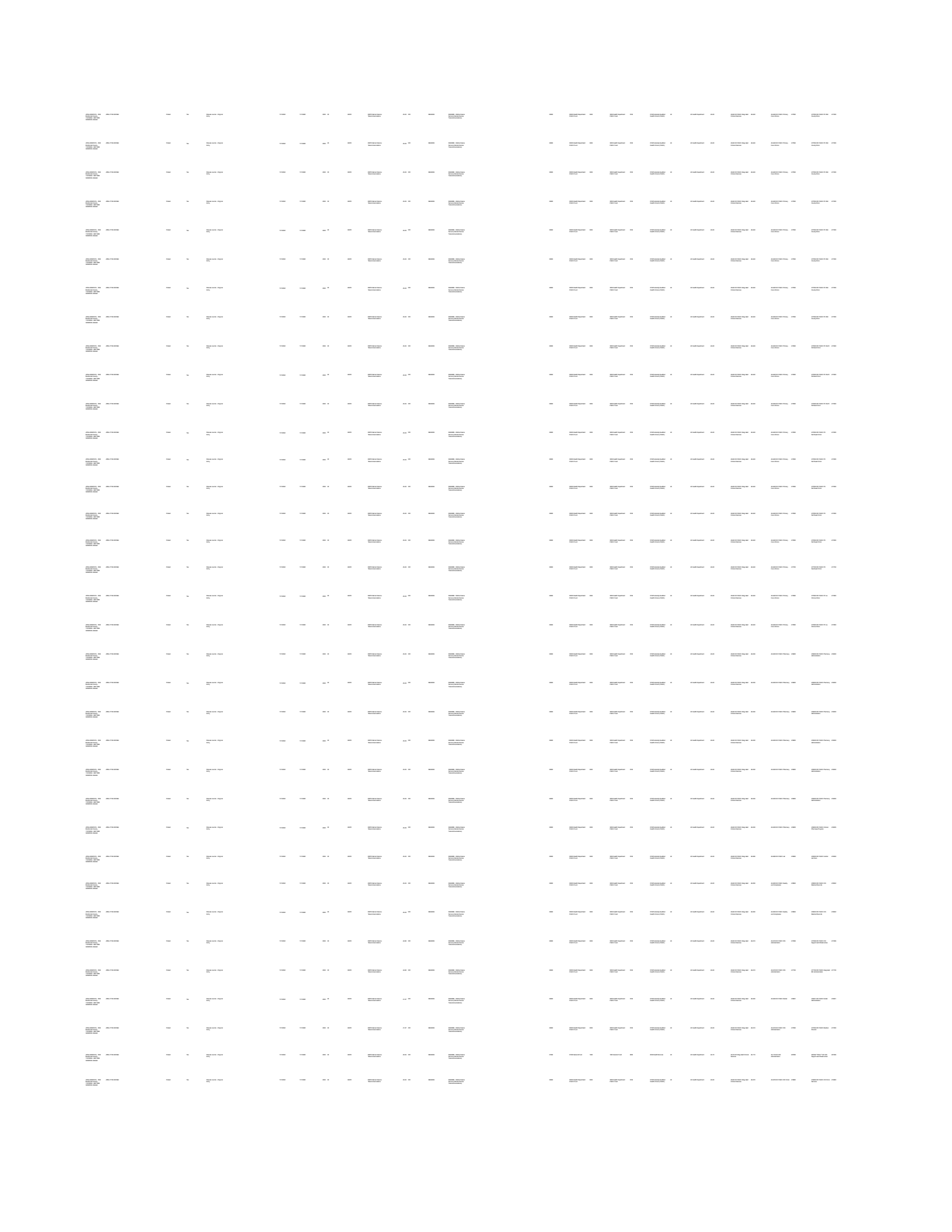


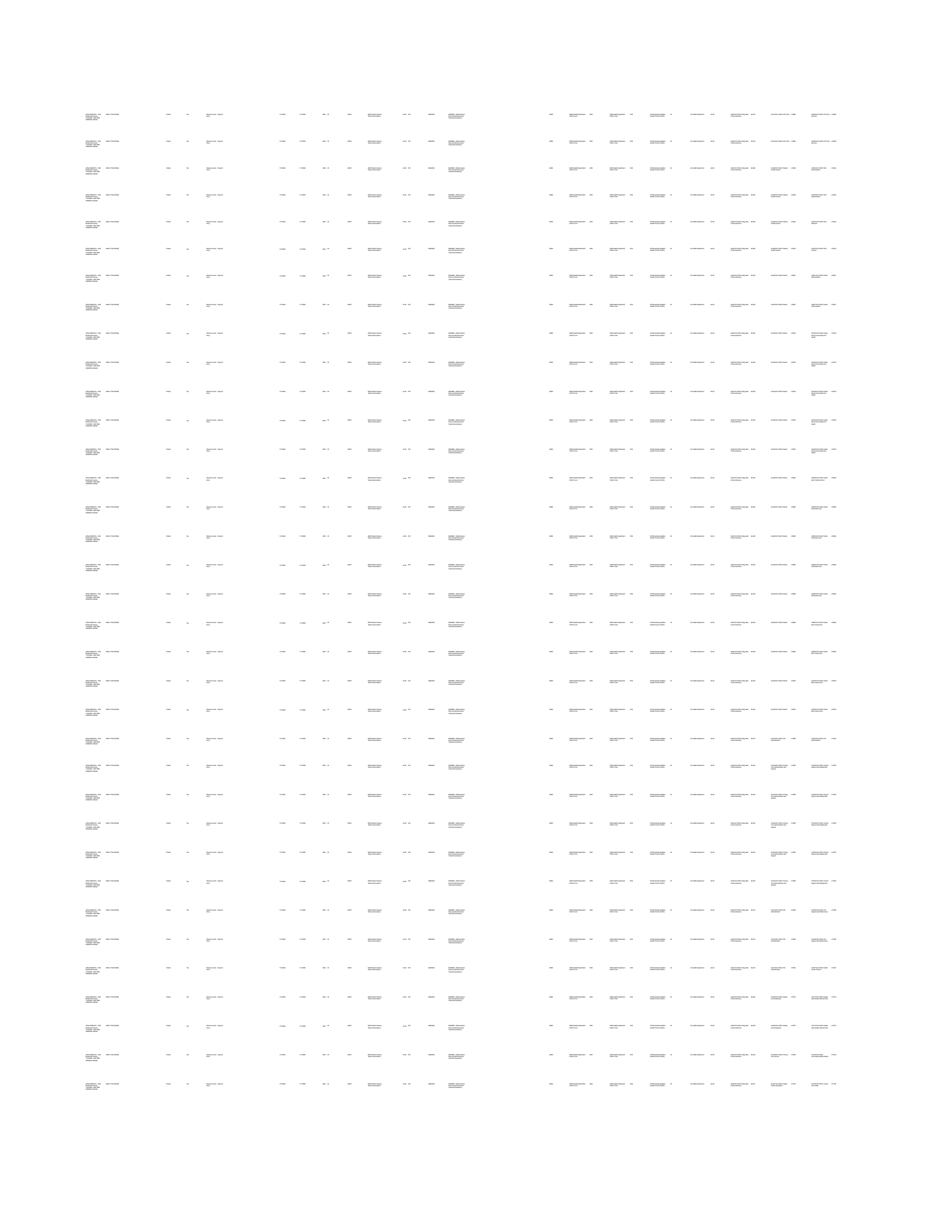


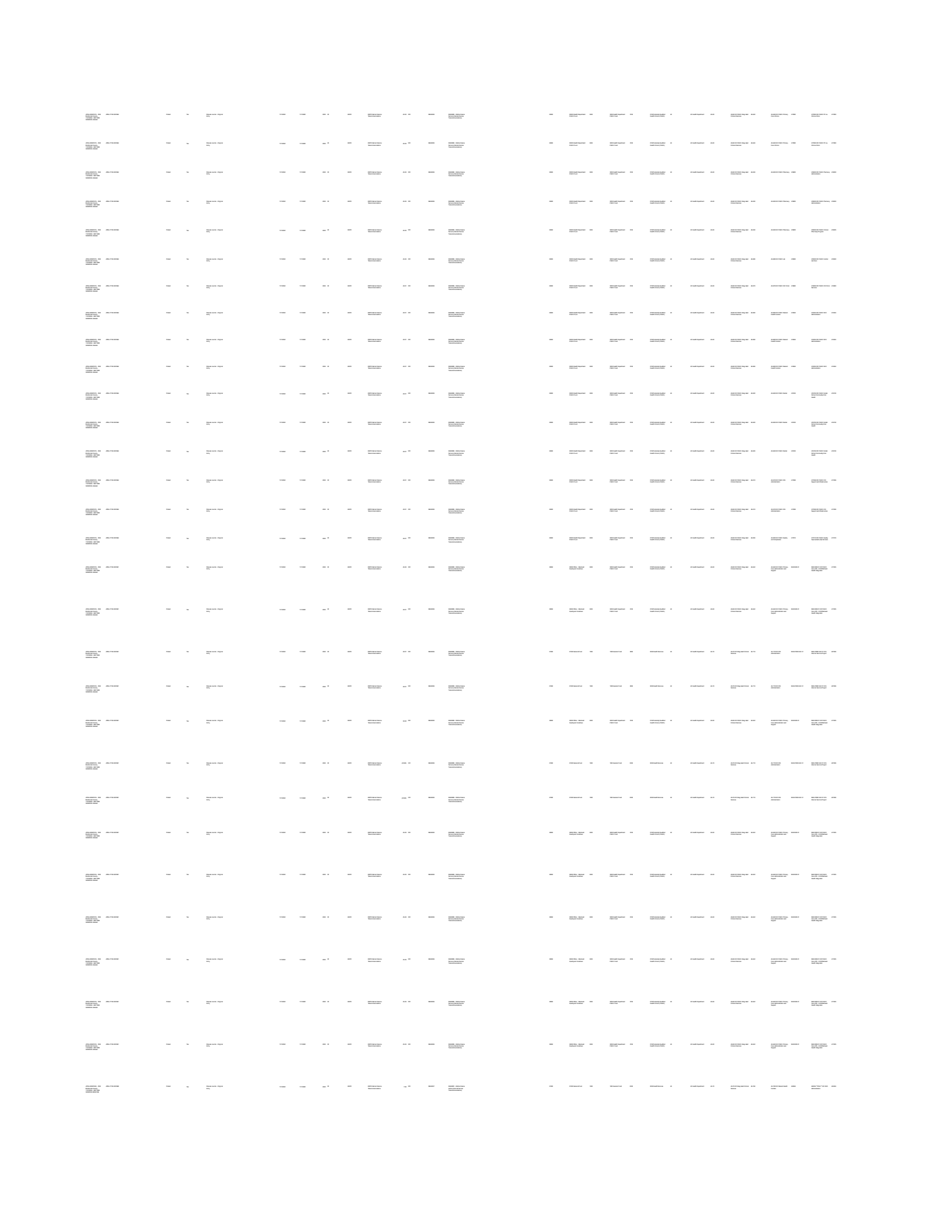


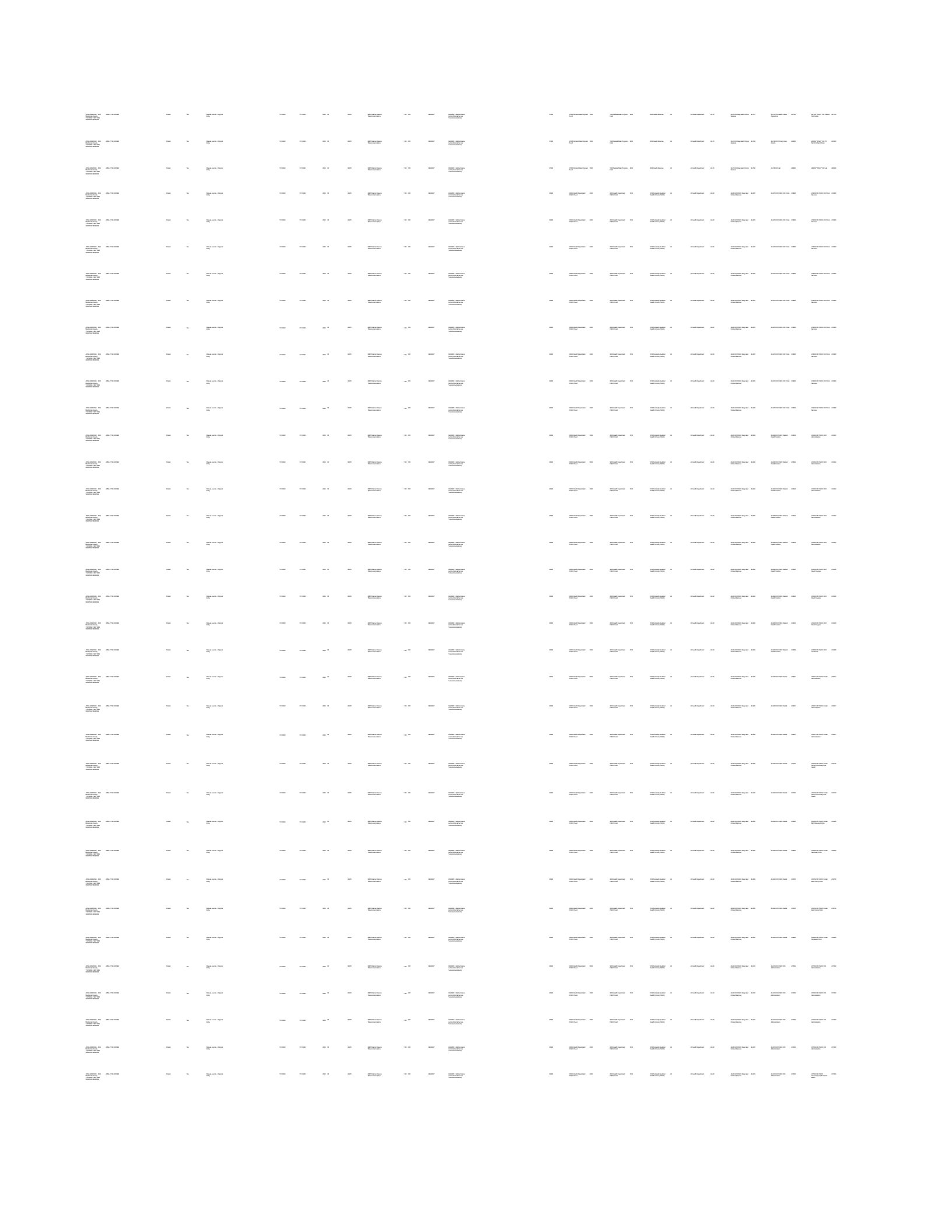


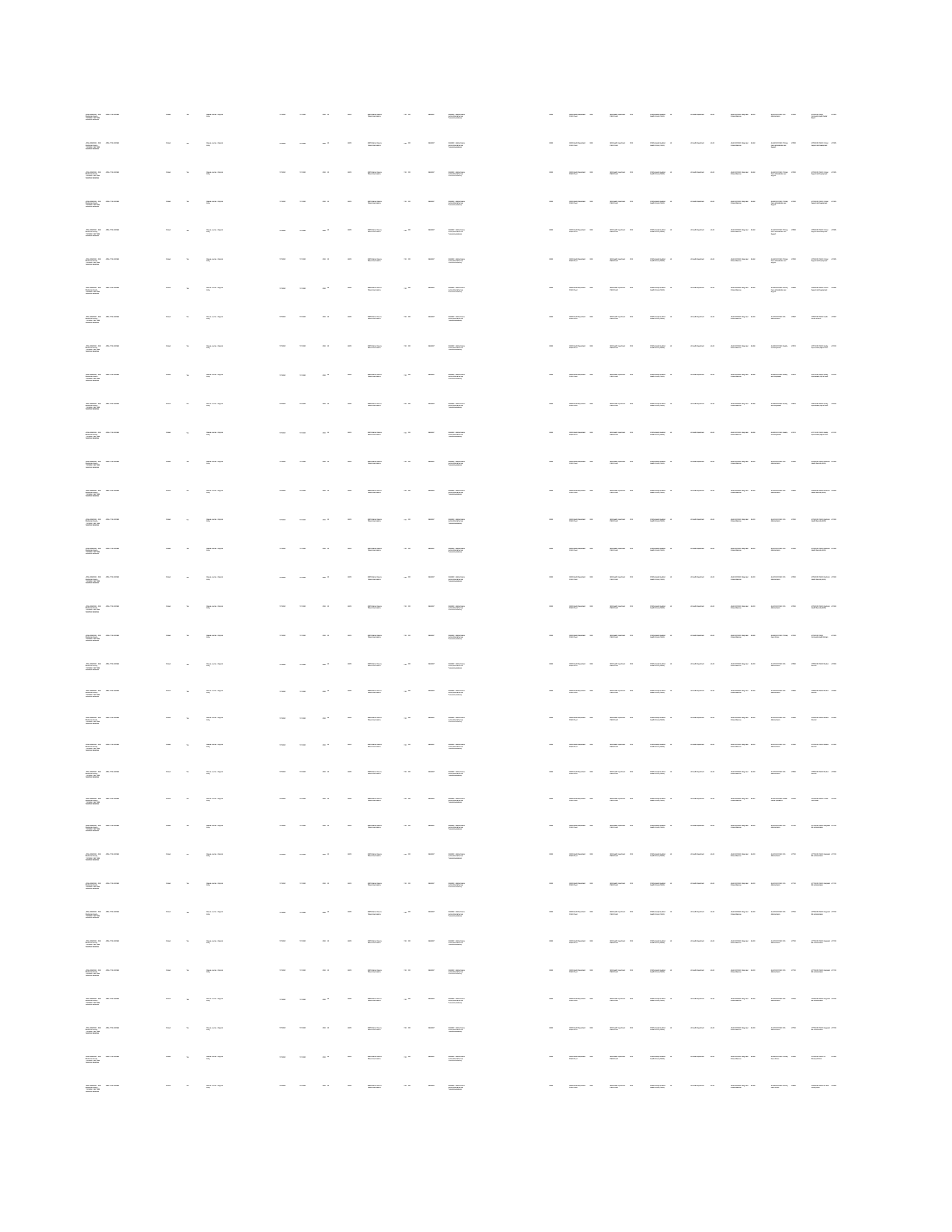


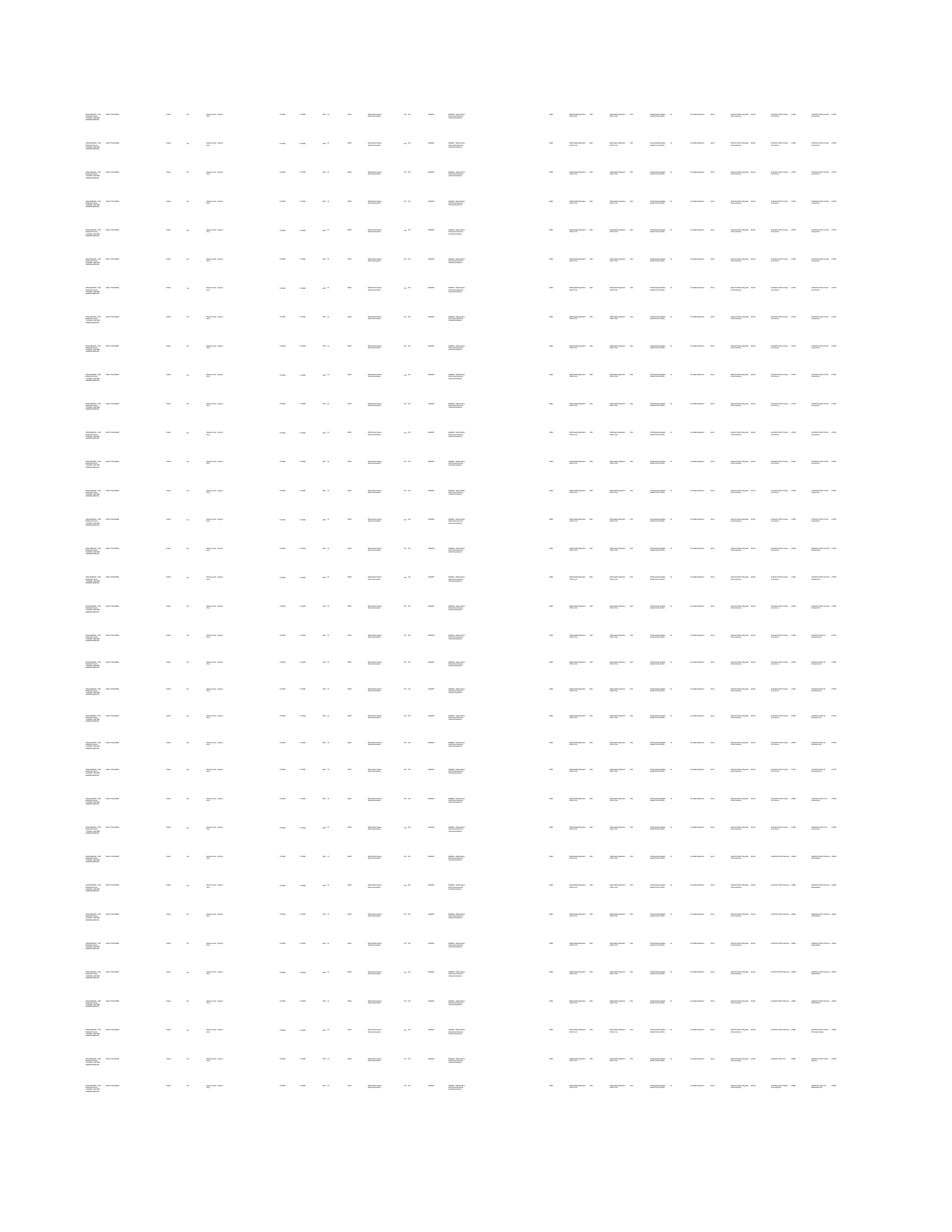


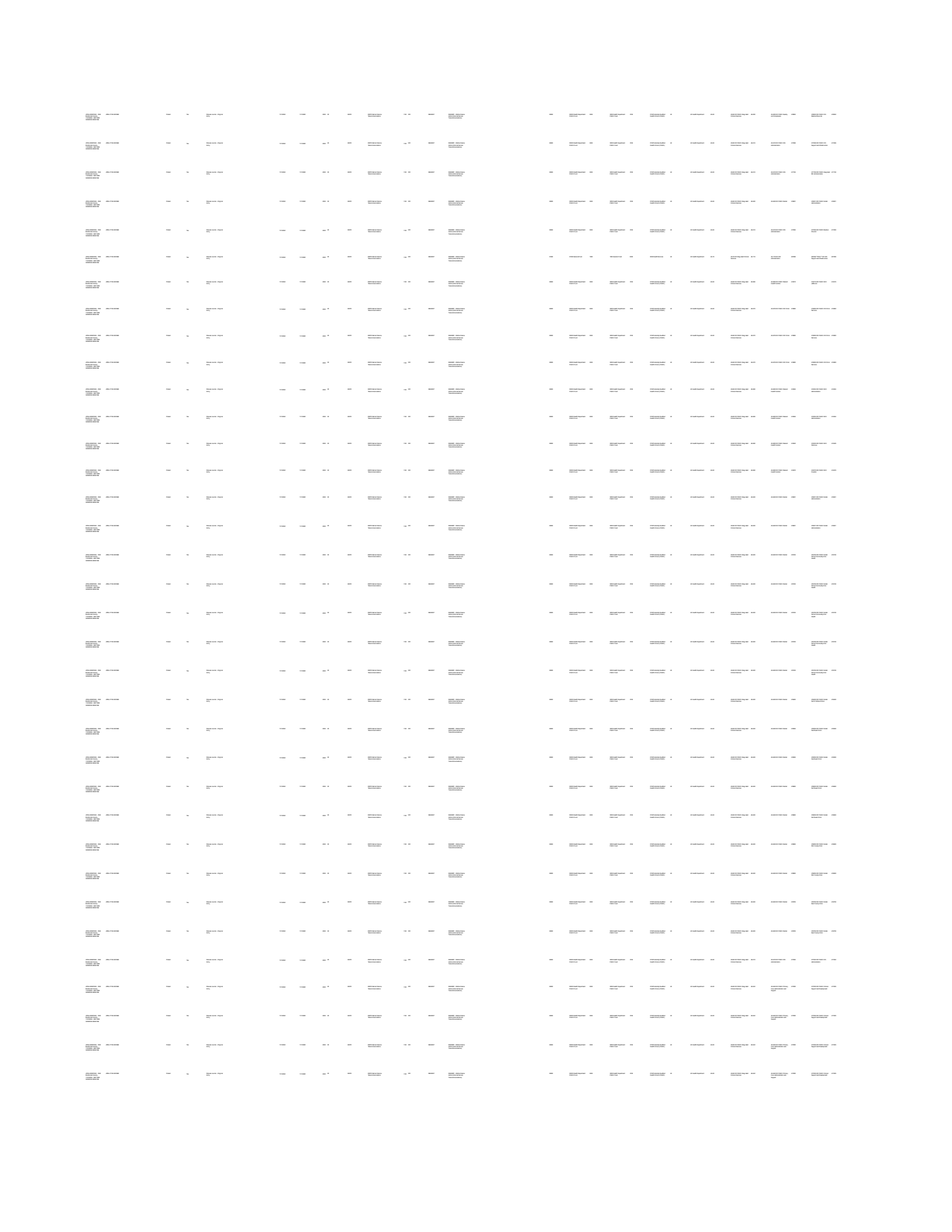


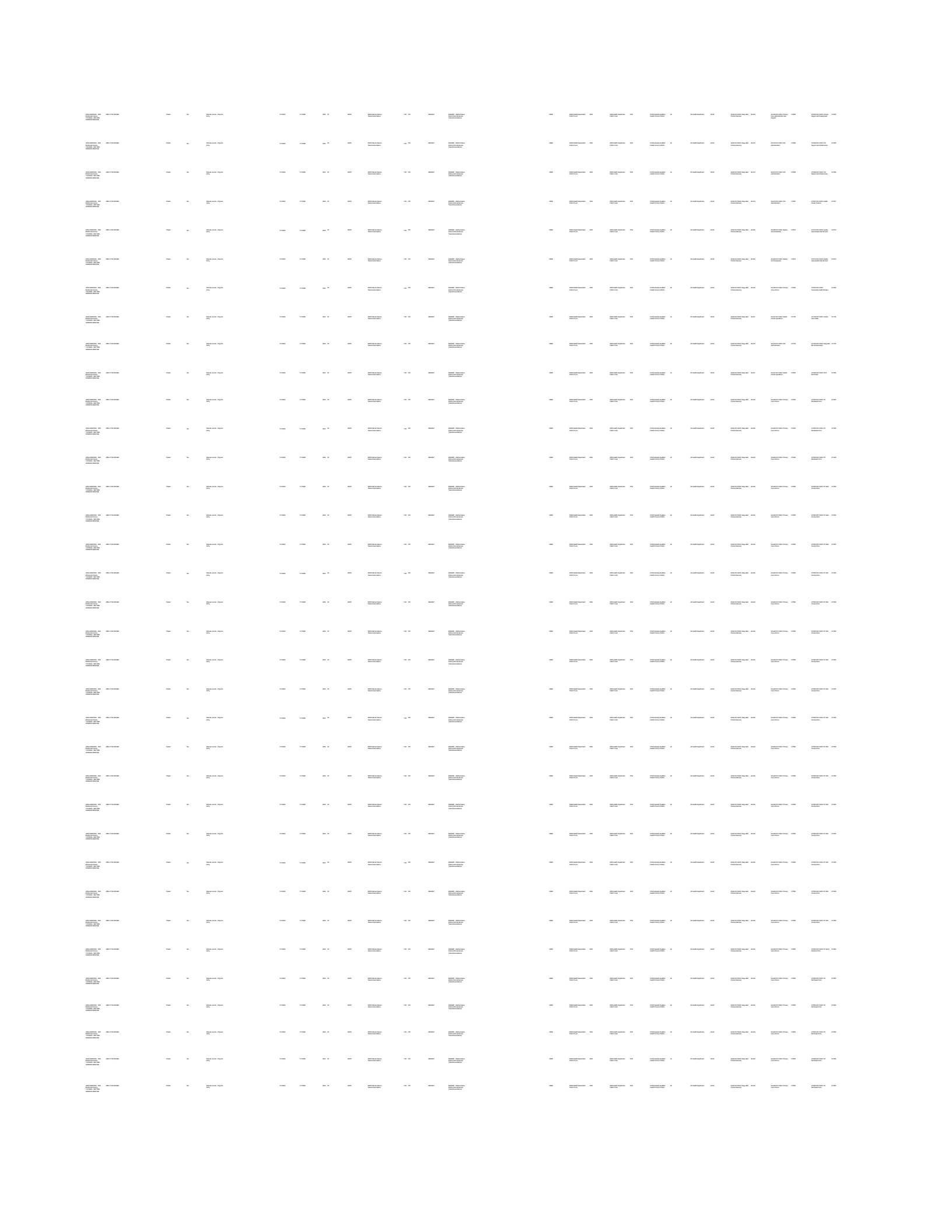


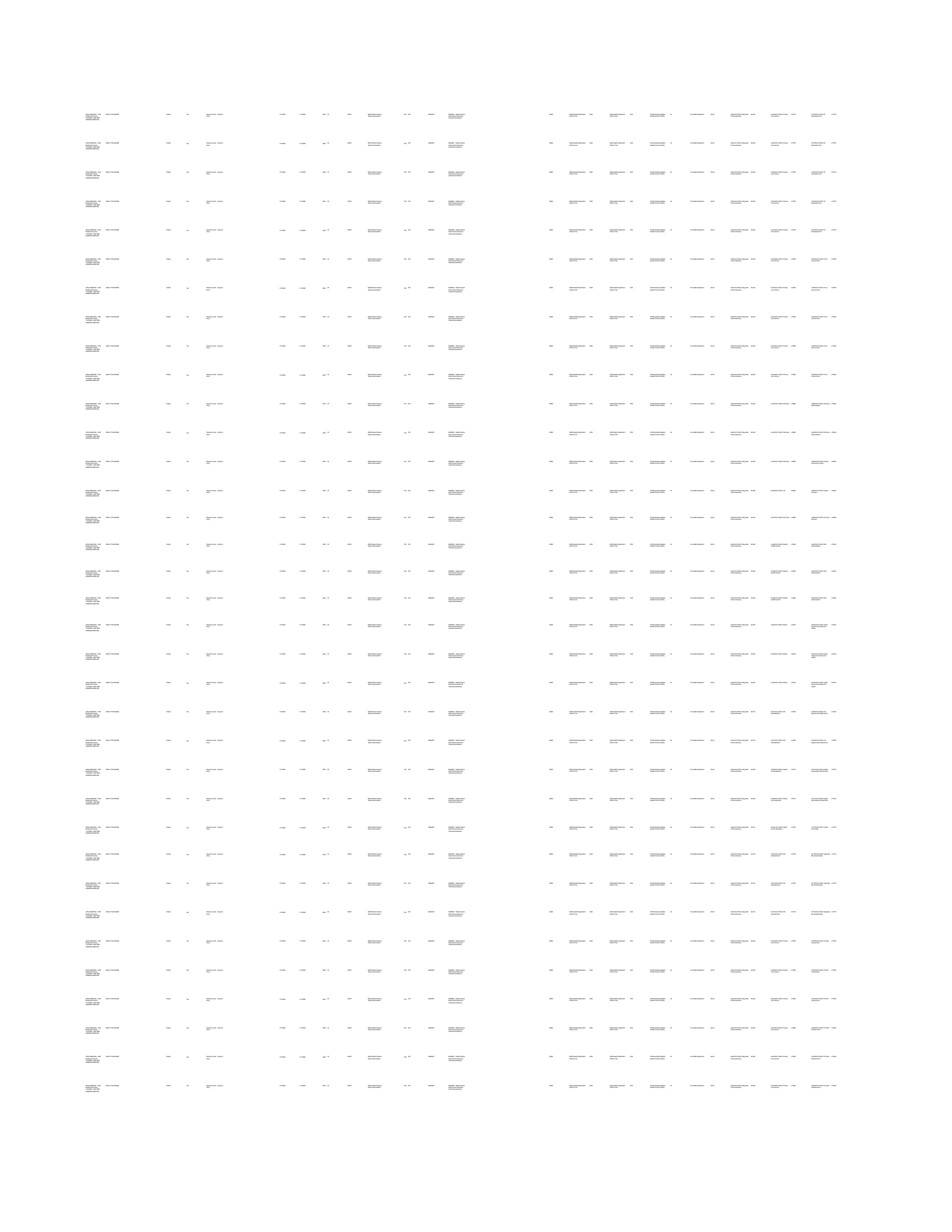


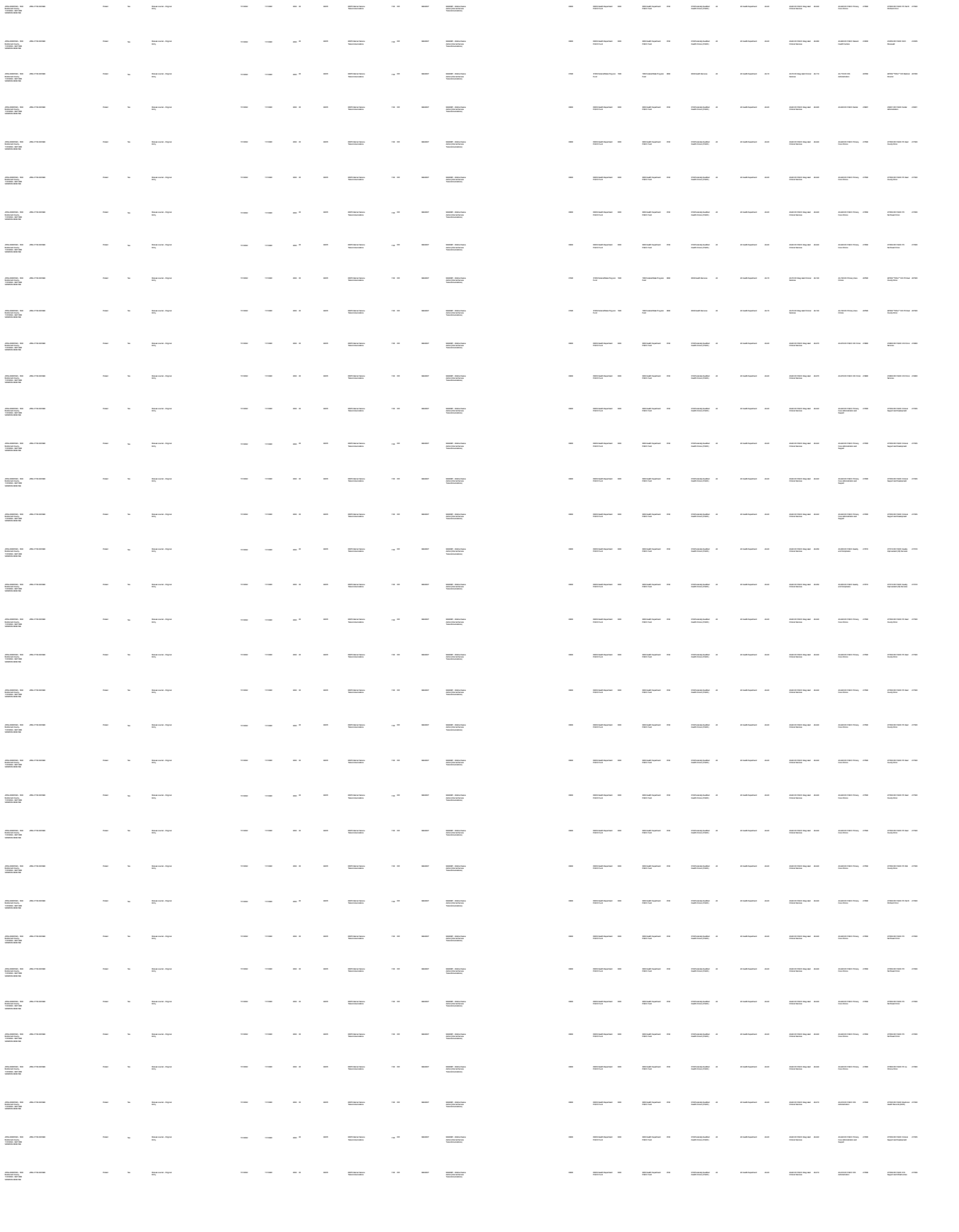


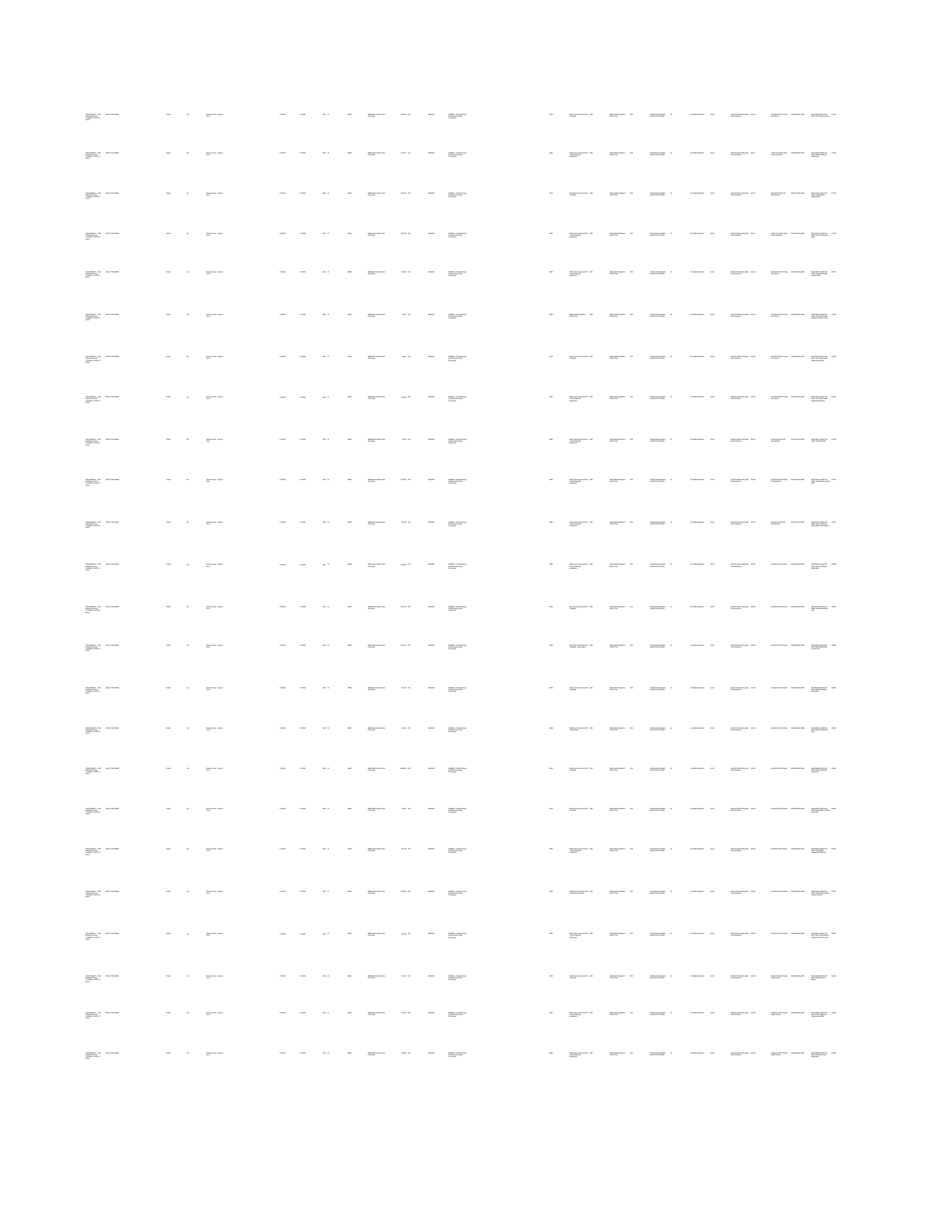


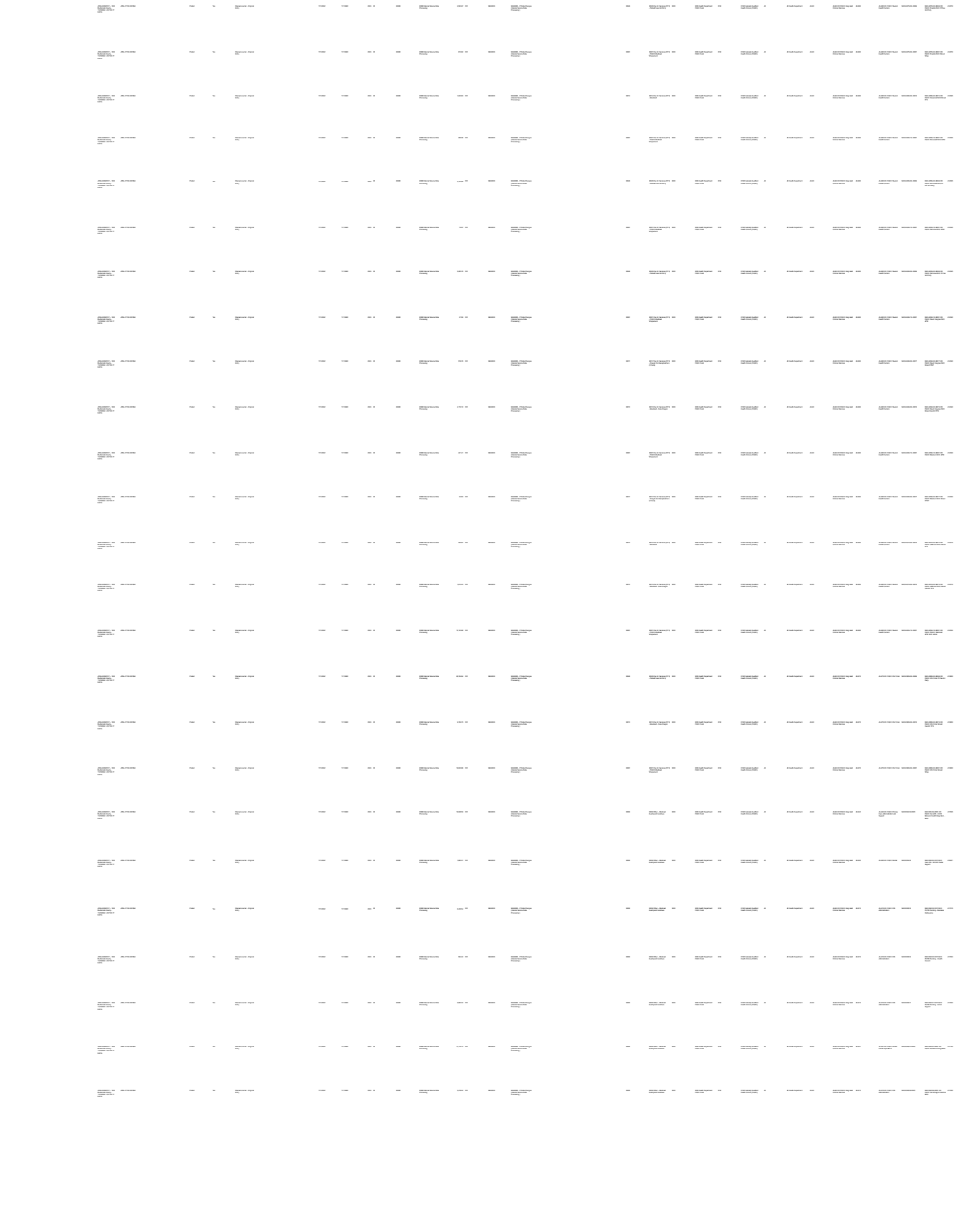


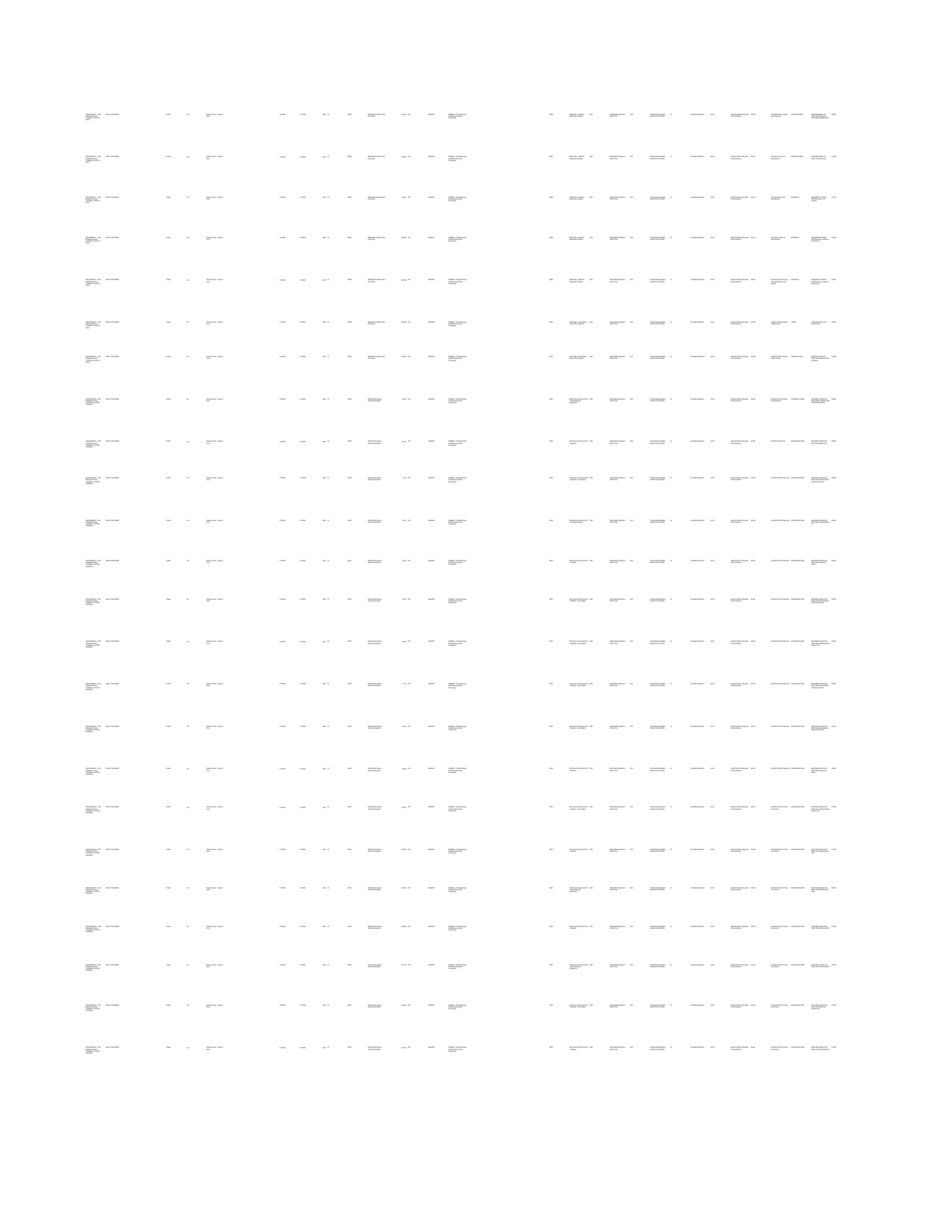


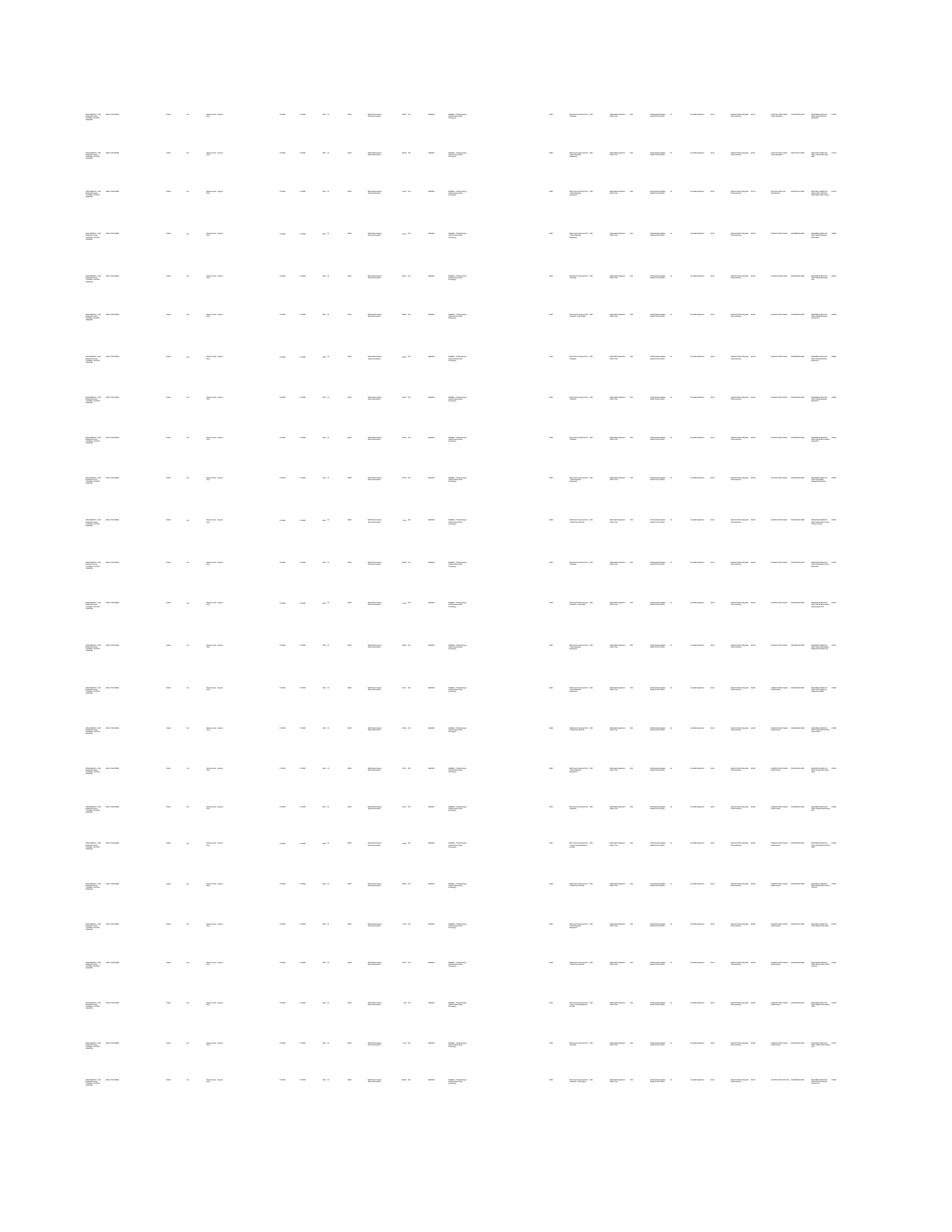


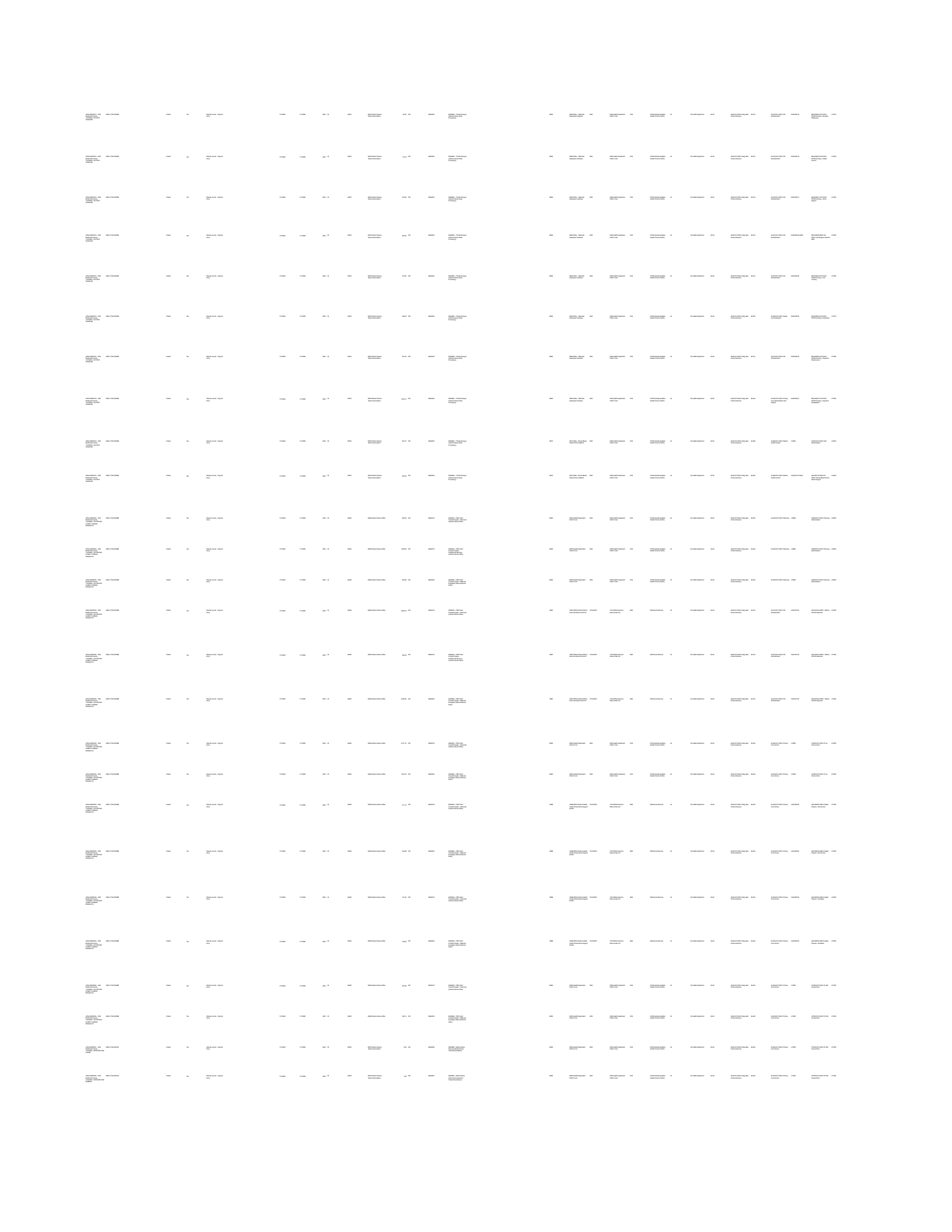


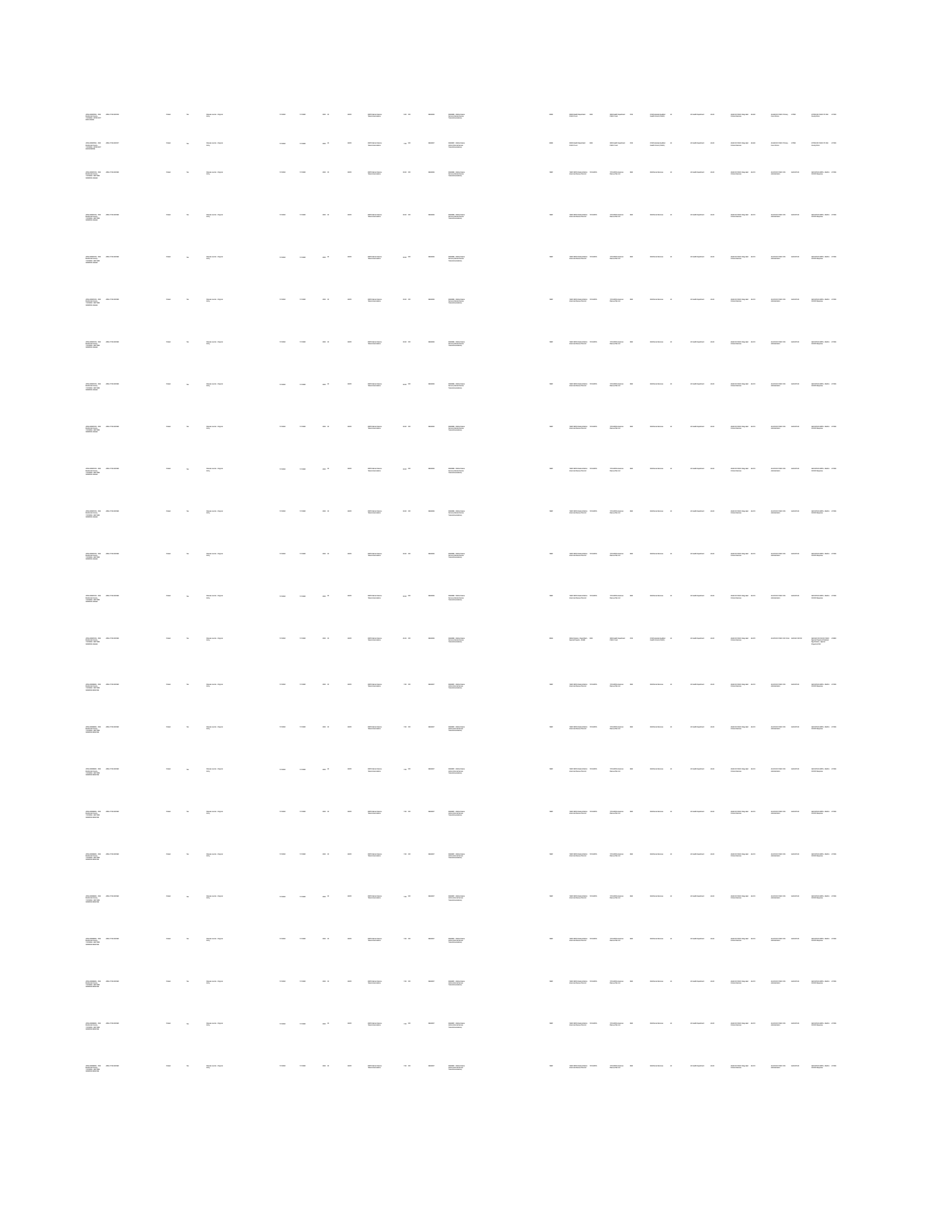


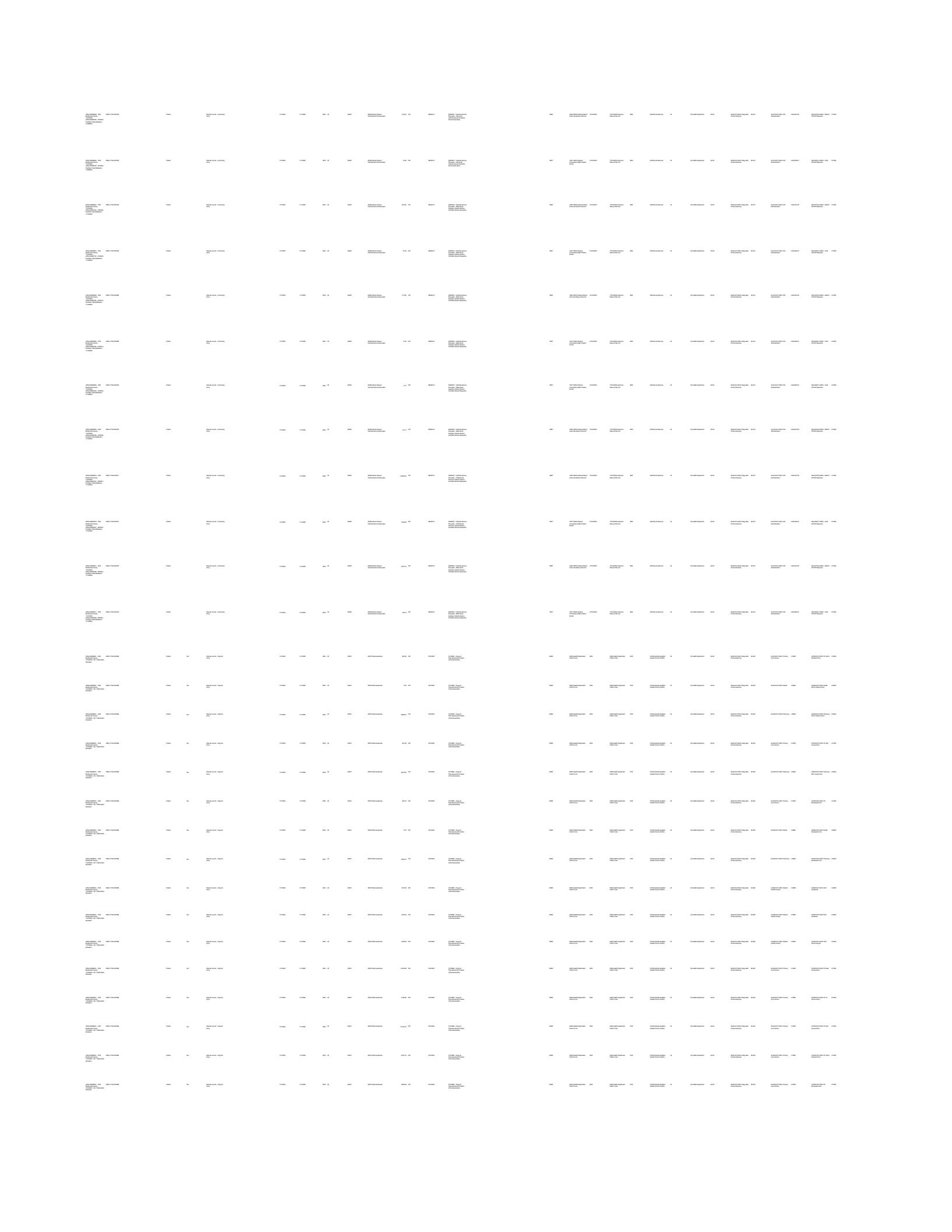


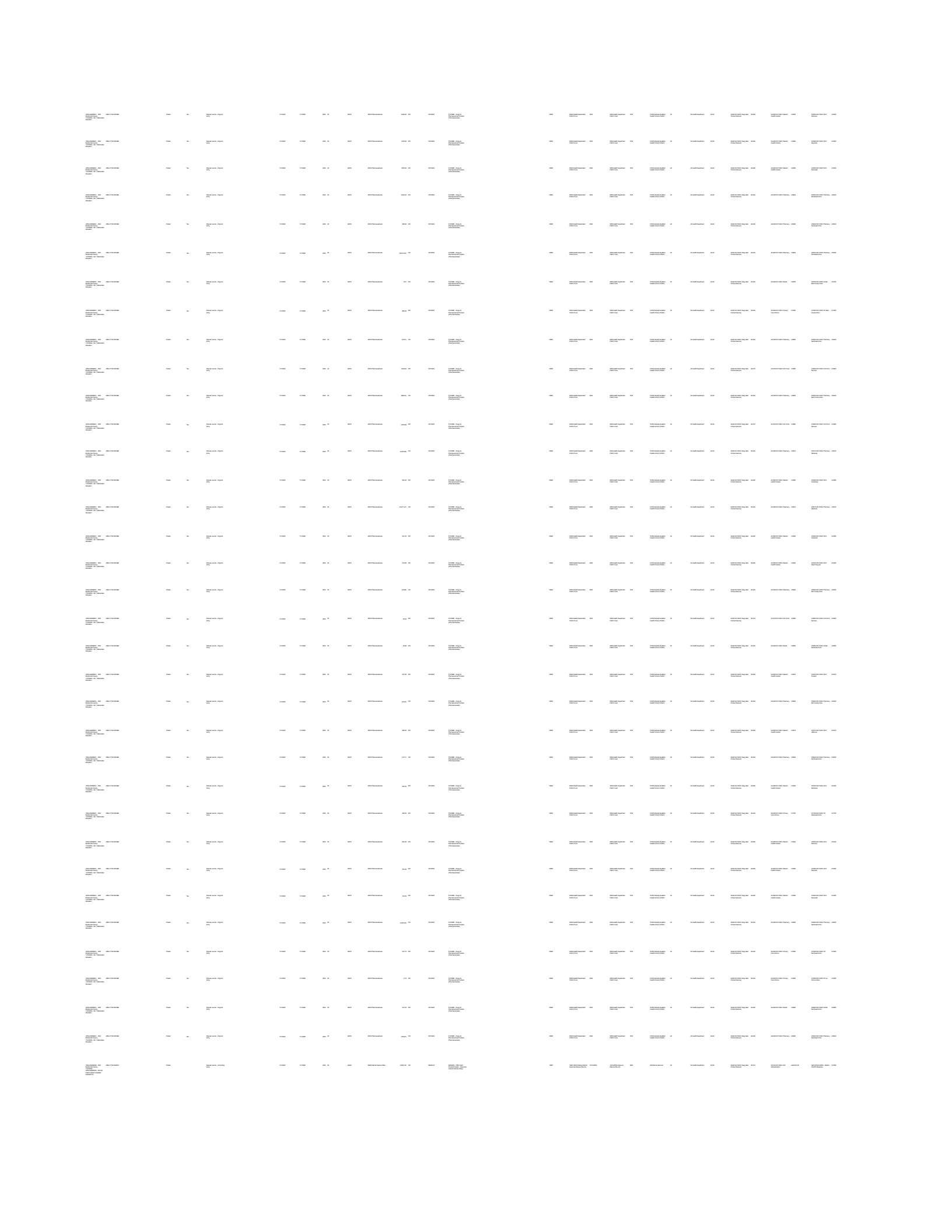


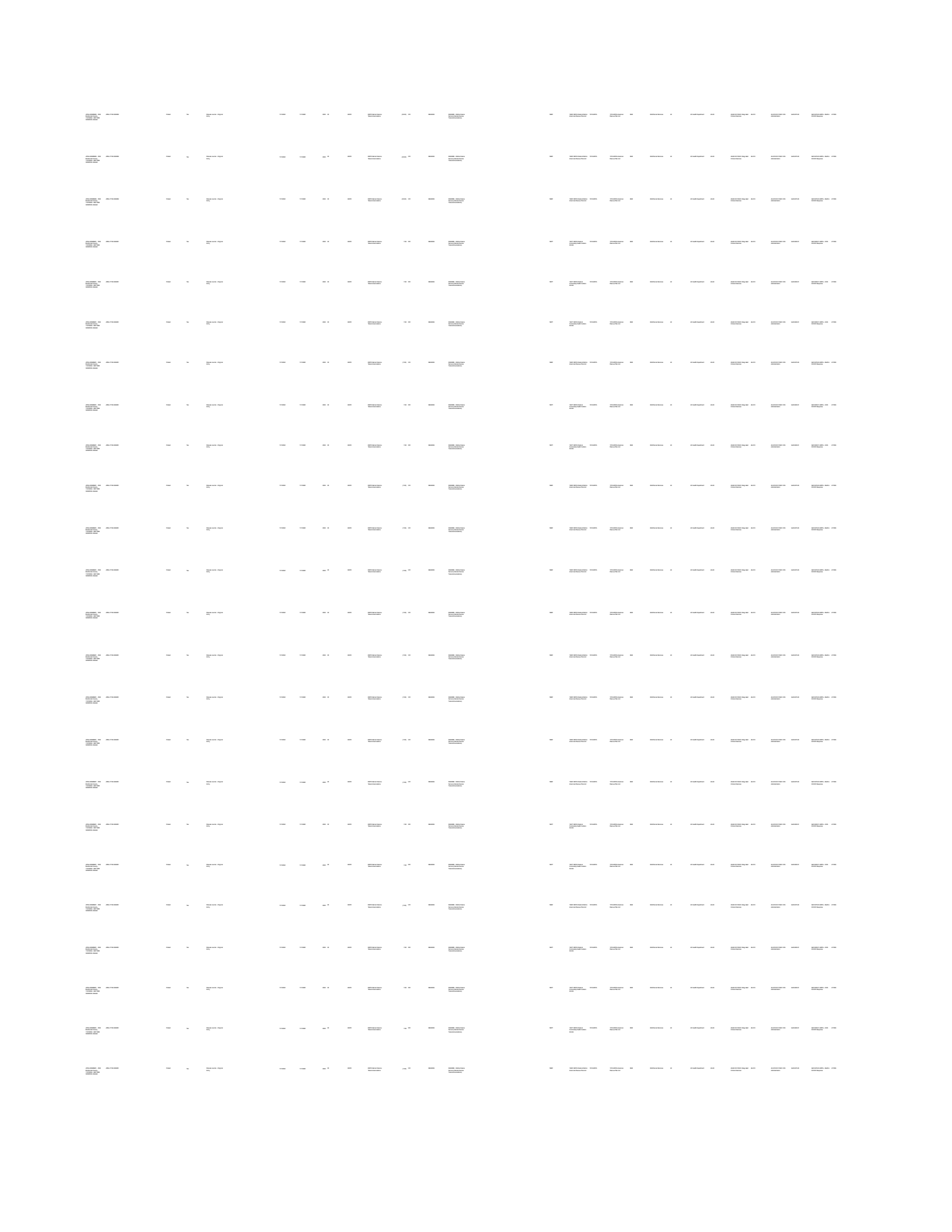


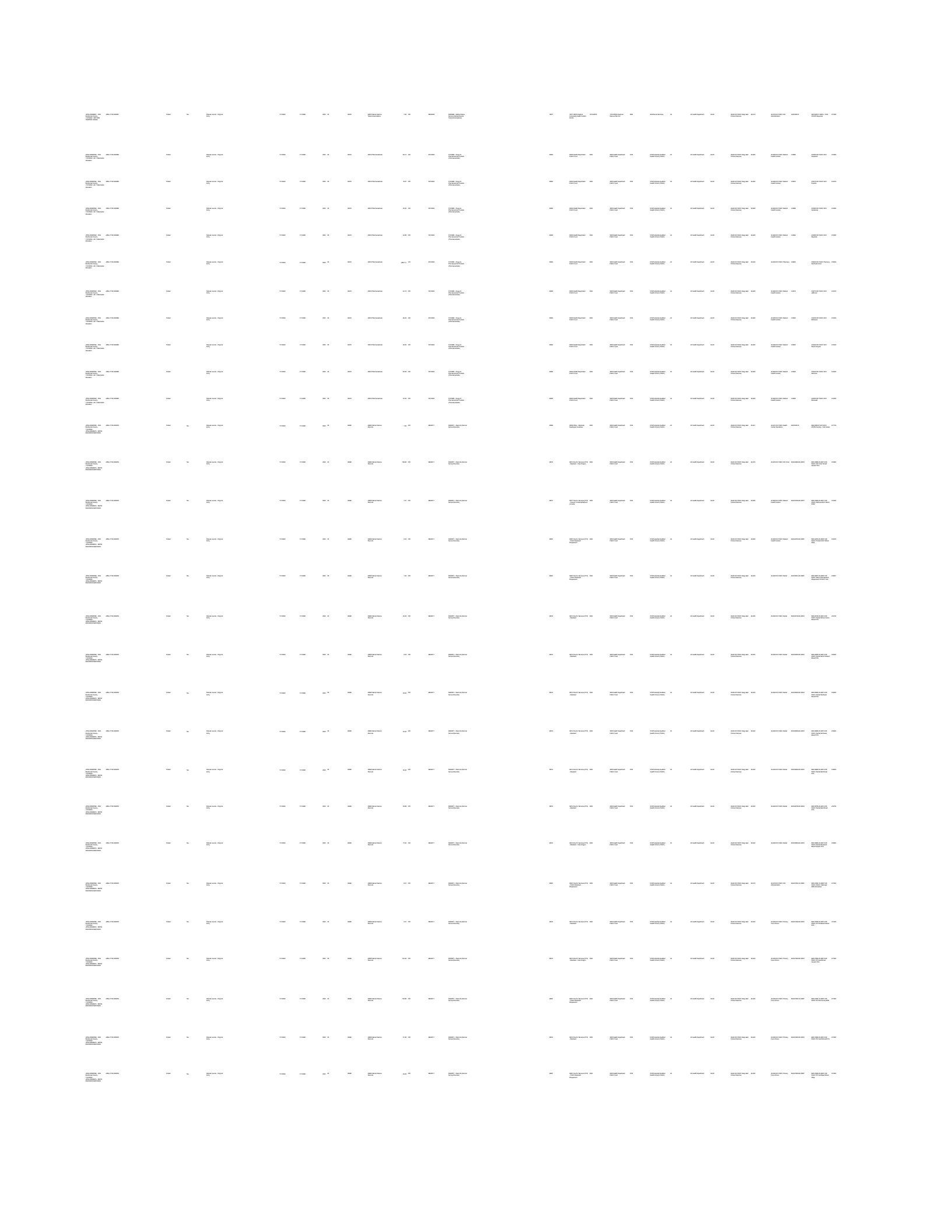


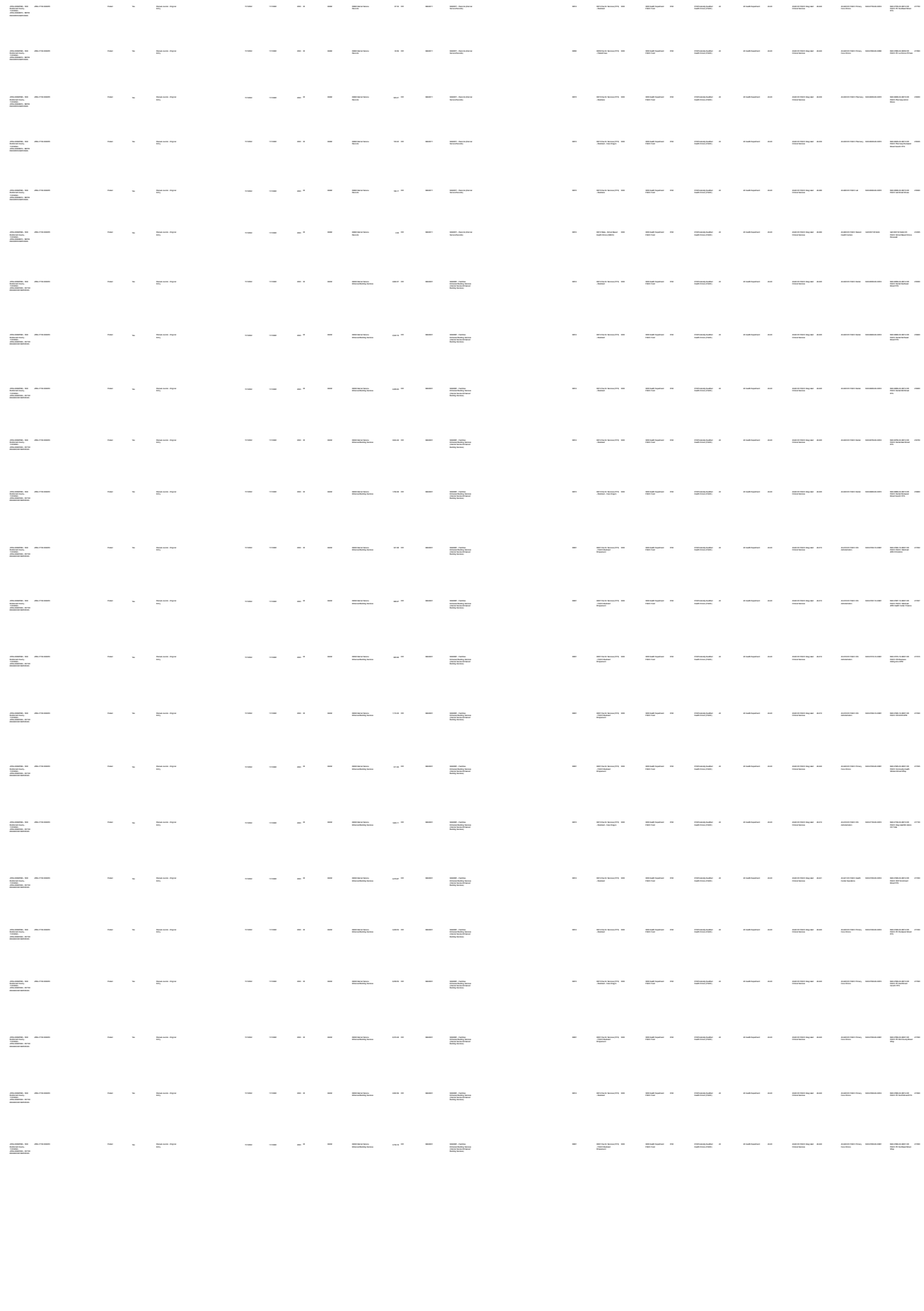


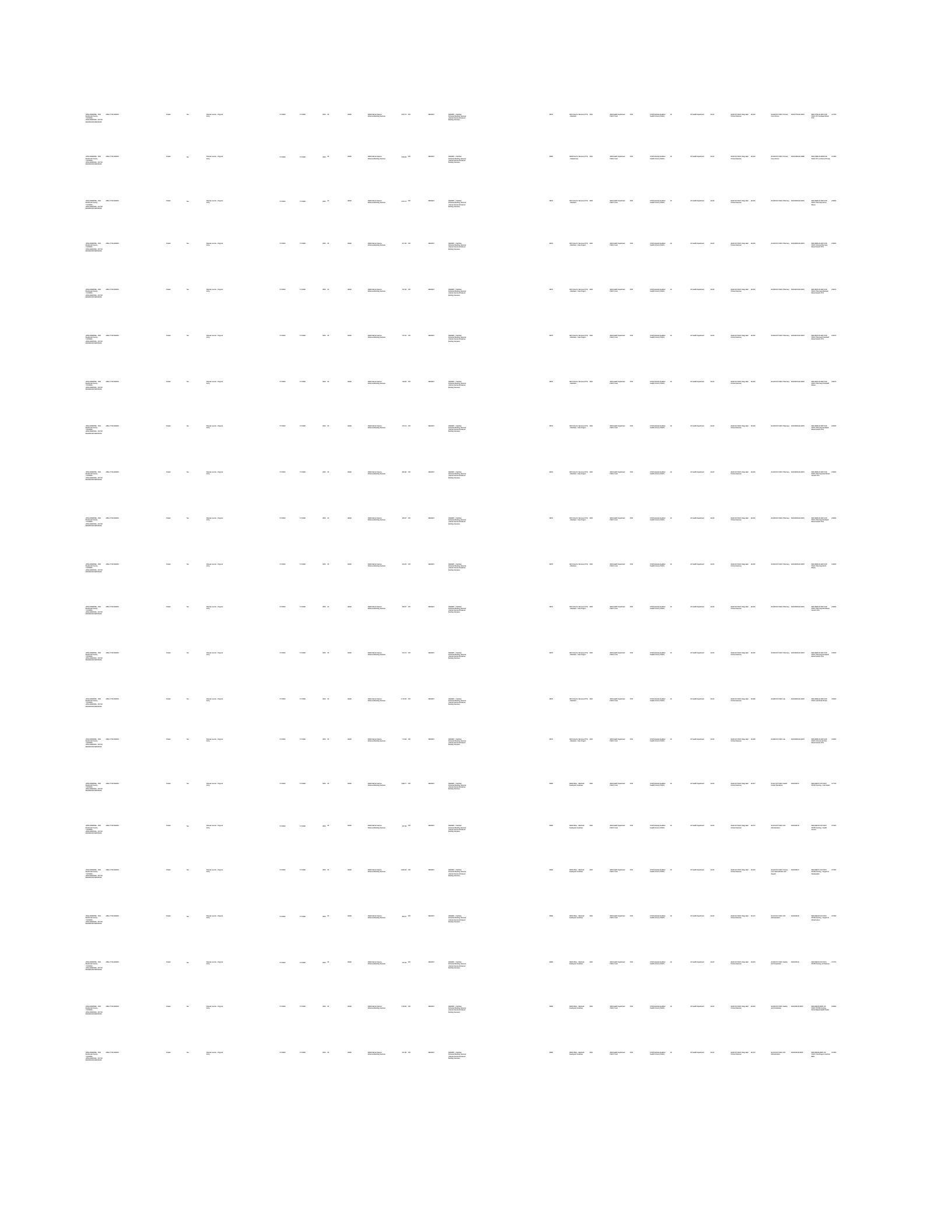


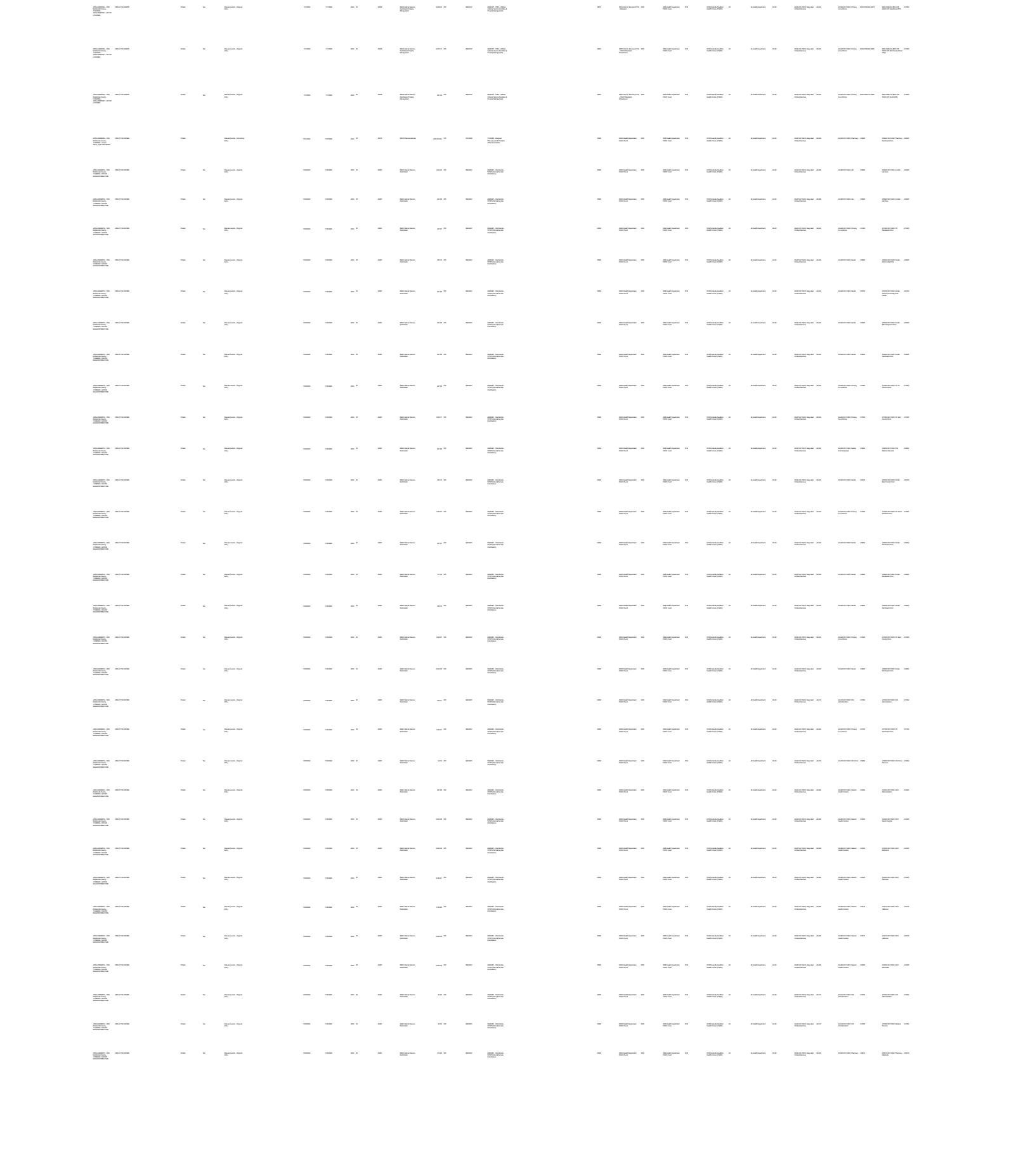


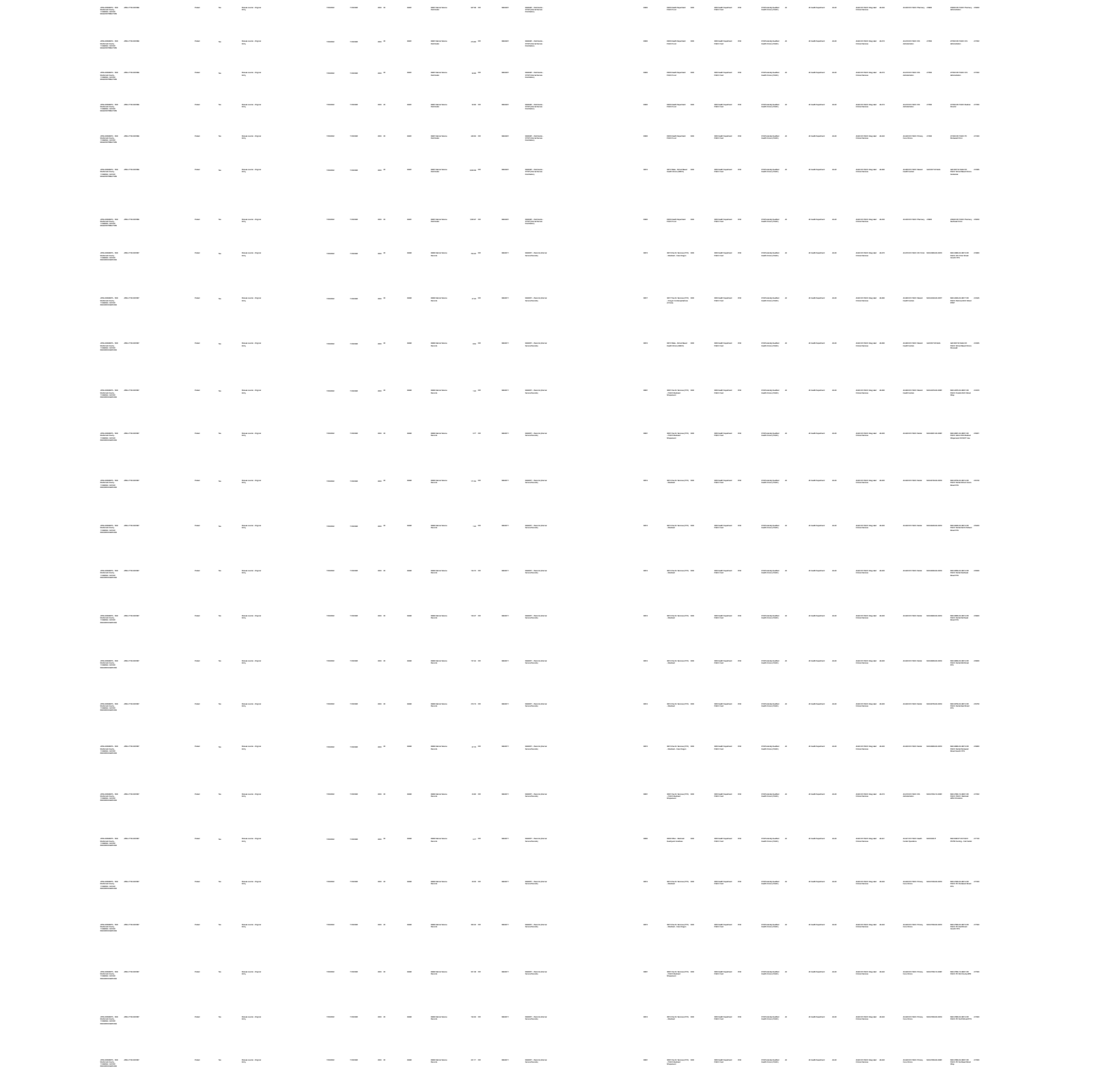


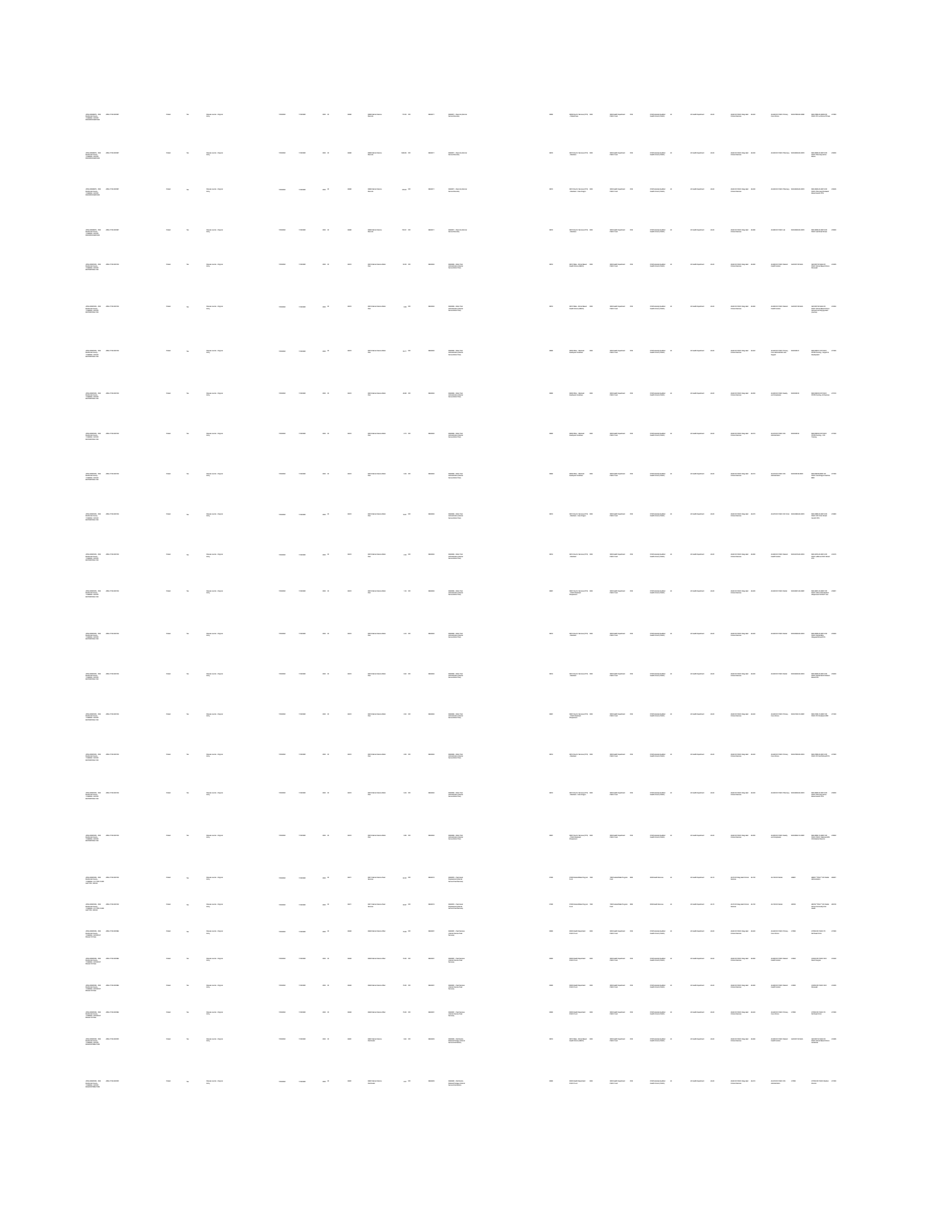


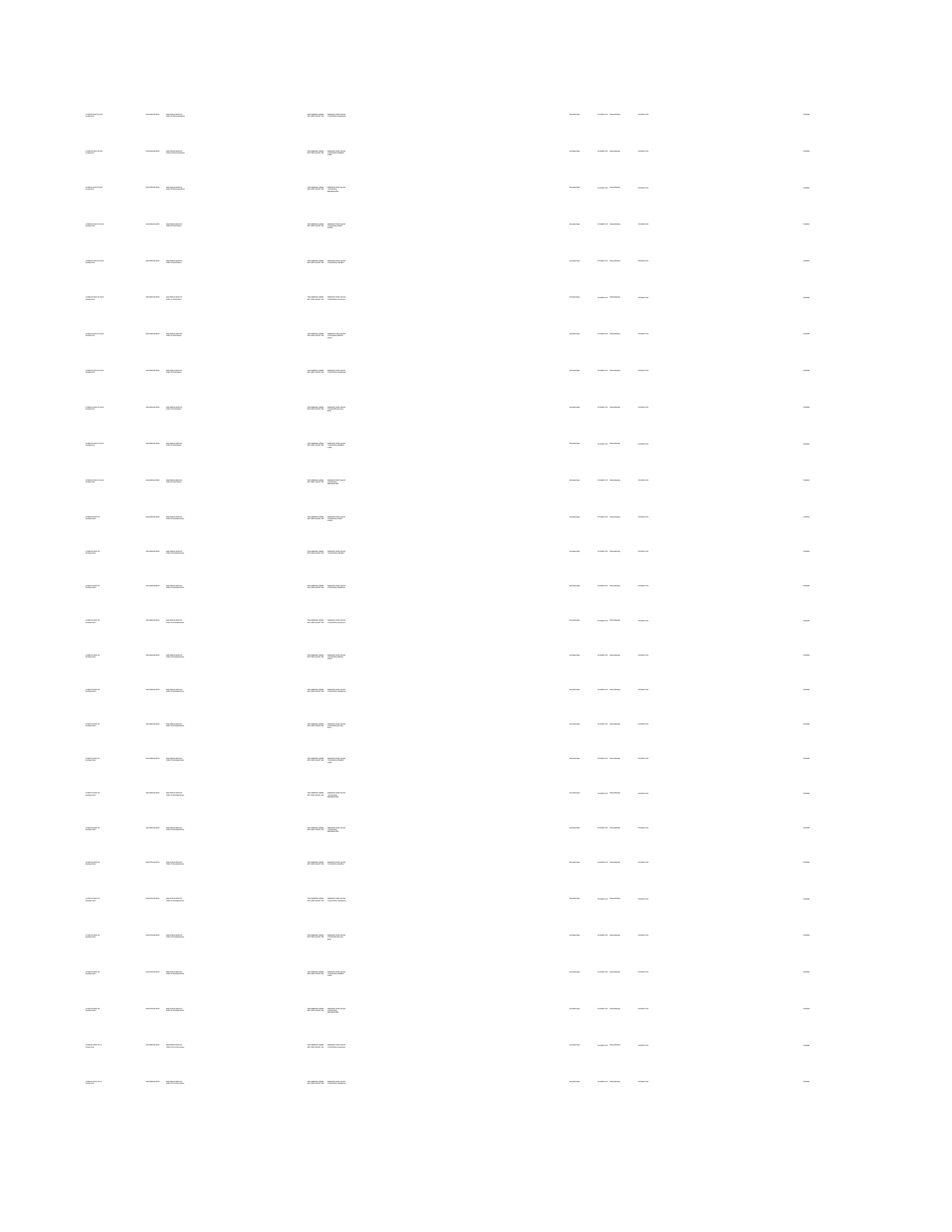








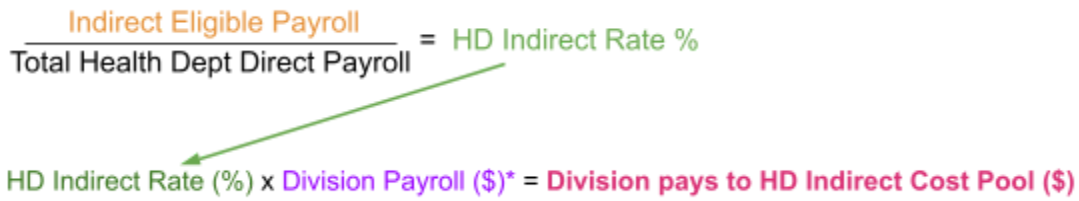




Reference Guide: Internal Services and Indirect Charges

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