



Regular Public Meeting

February 2023



**community health
center board**

Multnomah County

Public Meeting Agenda February 13, 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

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

Darrell Wade - Treasurer

Kerry Hoeschen – Member-at-Large

Bee Velasquez – Member-at-Large

Susana Mendoza - Board Member

Fabiola Arreola - Board Member

Our Meeting Process Focuses on the Governance of the Health Center

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

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

Time	Topic/Presenter	Process/Desired Outcome
6:00-6:10 (10 min)	Call to Order / Welcome Harold Odhiambo, CHCB Chair	Call to order Review processes
6:10-6:15 (5 min)	Minutes Review -VOTE REQUIRED Review October 17 Meet and Greet Minutes, October 18 Meet and Greet Minutes, October 19 Meet and Greet Minutes, November 22 Special Public Meeting Minutes, January 9 Public Meeting Minutes	Board reviews and votes receipt of documents
6:15-6:40 (25 min)	Q3 Patient Experience Surveys Linda Niksich, Program Specialist Senior, Quality Team	Board hears presentation and has discussion
6:40-7:05 (25 min)	Q4 Complaints and Incidents Kimmy Hicks, Project Manager, Quality Team	Board hears presentation and has discussion
7:05-7:10 (5 min)	Executive Director Evaluation Steven Sutton, Human Resources Director	Board hears presentation and has discussion
	10 Minute Break	
7:20-7:35 (15 min)	Monthly Budget and Financial Reports Jeff Perry, Chief Financial Officer, ICS Adrienne Daniels, Interim Executive Director	Board receives updates and provides feedback



7:35-7:40 (5 min)	Committee Updates Finance Committee: Darrell Wade, Treasurer Quality Committee: Tamia Deary, Quality Chair Executive Committee: Harold Odhiambo, Board Chair Nominating Committee	Board receives updates
7:40-7:50 (10 min)	Executive Director's Strategic Updates Adrienne Daniels, Interim Executive Director	Board receives updates
7:50	Meeting Adjourns	Thank you for your participation



Executive Director Candidate Meet and Greet Minutes

October 17, 2022, 6-7:30 PM

Nakhon Sawan Thai
4147 SE Division St, Portland, OR 97202

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

CHCB Board Members Present:

Harold Odhiambo- Chair

Tamia Deary - Member-at-Large

Susana Mendoza- Board Member

Darrell Wade- Board Member

Pedro Sandoval Prieto- Secretary

Aisha Hollands- Board Member

CHC Staff Present:

Adrienne Daniels- Interim Executive Director

Grace Savina- Community Engagement Strategist

Motus Staff Present:

Orlando Williams- Chief Executive Officer at Motus Recruiting

Time Topic/Presenter	Discussion	Action Items/ Follow-Up
6-7:30pm Executive Director Meet and Greet Everyone	<ul style="list-style-type: none">Board members met with an Executive Director candidate 1 to ask questions about their qualifications and interest in the position.Motus Recruiting should be contacted for further questions regarding the candidate.	
Meeting adjourns	Meeting adjourns 8:00pm.	

Scribe name/email:

Grace Savina

grace.savina4@multco.us



Executive Director Candidate Meet and Greet Minutes October 18, 2022, 6-7:30 PM Brix Tavern 1338 NW Hoyt St, Portland, OR 97209

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

CHCB Board Members Present:

Harold Odhiambo- Chair

Tamia Deary - Member-at-Large

Darrell Wade- Board Member

Aisha Hollands- Board Member

CHC Staff Present:

Hailey Murto- Board Liaison

Motus Staff Present:

Dreshawn Vance- Director of Executive Search

Time Topic/Presenter	Discussion	Action Items/ Follow-Up
6-7:30pm Executive Director Meet and Greet Everyone	<ul style="list-style-type: none">Board members met with an Executive Director candidate 2 to ask questions about their qualifications and interest in the position.Motus Recruiting should be contacted for further questions regarding the candidate.	
Meeting adjourns	Meeting adjourns 8:15pm.	

Scribe name/email:

Hailey Murto

hailey.murto@multco.us



Executive Director Candidate Meet and Greet Minutes October 19, 2022, 6-7:30 PM Eleni's Philoxenia 112 NW 9th Ave, Portland, OR 97209

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

CHCB Board Members Present:

Harold Odhiambo- Chair

Tamia Deary - Member-at-Large

Bee Velasquez- Board Member

Aisha Hollands- Board Member

CHC Staff Present:

Maya Jabar-Muhammad- Executive Support Manager

Motus Staff Present:

John Paschal- Director of Executive Search

Time Topic/Presenter	Discussion	Action Items/ Follow-Up
6-7:30pm Executive Director Meet and Greet Everyone	<ul style="list-style-type: none">Board members met with an Executive Director candidate 3 to ask questions about their qualifications and interest in the position.Motus Recruiting should be contacted for further questions regarding the candidate.	
Meeting adjourns	Meeting adjourns 8:00pm.	

Scribe name/email:

Maya Jabar-Muhammad

maya.jabar@multco.us



CHCB Special Public Meeting Meeting Minutes November 22, 2022 6:30-7:30 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 - Member-at-Large	Brandi Velasquez – Board Member
Fabiola Arreola – Vice Chair	Kerry Hoeschen – Member-at-Large	Aisha Hollands - Board Member
Pedro Sandoval Prieto – Secretary	Darrell Wade – Board Member	Susana Mendoza -Board Member

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 called to order 6:34 PM All members present.			
Executive Director Candidate Discussion Motus Recruiting (Closed Executive Session) <i>CHCB to have confidential session in separate Zoom</i>	Executive session began at 6:40 PM. No minutes were taken inside the closed executive session. Bee needed to leave the meeting at 7:10 PM.	Motion to approve: Tamia Second: Kerry Yays: - 9 Nays: - 0 Abstain: - 0 Decision: Approved		
Executive Director Candidate Selection VOTE REQUIRED Harold Odhiambo, CHCB Chair	The CHCB closed the executive session and rejoined the meeting at 7:36PM Miku Sodhi selected as first choice candidate for the Executive Director of the Health Center. Bee Velasquez needed to leave the meeting early and	Motion to approve: Darrell Second: Fabiola Yays: - 8 Nays: - 0		



	was not available for voting.	Abstain: - 0 Decision: Approved		
Meeting Adjourns	Meeting adjourned at 7:39PM			Next public meeting scheduled on 12/12/22

Signed: _____ Date: _____

Pedro Prieto Sandoval, Secretary

Signed: _____ Date: _____

Harold Odhiambo, Board Chair

Scribe taker name/email:

Hailey Murto

hailey.murto@multco.us



CHCB Public Meeting Meeting Minutes 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

Brandi Velasquez - Member-at-Large

Kerry Hoeschen – Member-at-Large

Fabiola Arreola – Board Member

(Absent)

Aisha Hollands - Board Member

Susana Mendoza -Board Member

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

Board Members Excused/Absent: Fabiola Arreola

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
Call to Order / Welcome Harold Odhiambo, CHCB Chair	Meeting begins 6:05 PM We <u>do have a quorum</u> with 8 members present. Fabiola is absent. Susana joined late at 6:24 PM.			
Minutes Review -VOTE REQUIRED Review Public Meeting minutes	Reviewed September 22 Emergency Meeting Minutes October 3 Closed Executive Session Minutes December 5 Budget Retreat Minutes December 12 Public Meeting minutes.	Motion to approve: Tamia Second: Darrell Yays: - 7 Nays: - 0 Abstain: - 0		



	No errors or omissions stated.	Decision: Approved (Susana unavailable for voting)		
Consent Agenda- VOTE REQUIRED	Harold called attention to the consent agenda items (listed below) and asked if Board Members had further questions. <ul style="list-style-type: none"> • New Provider Updates • Quality Work Plan No requests from Board Members to move consent agenda items for further discussion.	Motion to approve: Kerry Second: Tamia Yays: - 7 Nays: - 0 Abstain: - 0 Decision: Approved (Susana unavailable for voting)		
2023 CHCB Meeting Calendar - VOTE REQUIRED	Board votes to approve the 2023 CHCB Meeting Calendar. No questions, errors, or omissions regarding the 2023 CHCB Meeting Calendar.	Motion to approve: Tamia Second: Bee Yays: - 7 Nays: - 0 Abstain: - 0 Decision: Approved (Susana unavailable for voting)		



Executive Director Selection - VOTE REQUIRED	<p>Board votes to officially select and appoint Dr. Miku Sodhi as the Executive Director of the Community Health Center. Dr. Sodhi to start the Executive Director role effective April 17th.</p>	<p>Motion to approve: Tamia Second: Darrell Yays: - 7 Nays: - 0 Abstain: - 0 Decision: Approved</p> <p>(Susana unavailable for voting)</p>		
ICS.01.29 Patient Discharge from Clinical Services - VOTE REQUIRED Bernadette Thomas, Chief Clinical Officer	<p>Bernadette is here to present the ICS.01.29 Patient Discharge from Clinical Services (Client Dismissal from Health Center Services) Policy.</p> <p>This is an existing policy created to ensure an equitable and just process for patients when a staff member requests patient discharge from services.</p> <p>PRIOR STATE: individual health centers or programs would discharge patients without apply a standard of ethical principles.</p> <p>PROPOSED FUTURE STATE: Interdisciplinary team of all stakeholder review all patient discharges and propose a plan of care.</p> <p>INPUT: from health center REDI taskforce, managers, staff, and labor unions.</p> <p>EVALUATION:</p> <ul style="list-style-type: none"> • Staff and managers feel heard • Consistency of process • Patients have a care plan, which may not be discharge. 	<p>Motion to approve: Tamia Second: Kerry Yays: - 7 Nays: - 0 Abstain: - 1 Decision: Approved</p>		



Follow Principles of Ethics, by Kevin Irwin and Seddon Savage. These include:

- 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

Interdisciplinary Review Team:

- Clinical Officer
- Operations Officer/Deputy
- Medical Director
- BH Manager
- Dental Director/Deputy
- Pharmacy Director/Deputy
- Safety Officer
- Nurse Manager
- Regional Manager
- Health Insurance Case Manager (if needed)
- Other involved staff

Q: Under what circumstances/at what point would a patient be allowed to rejoin the health center? Under what criteria would that happen?

A: Want to emphasize that dismissal would be an option of last resort. We



	<p>want to keep all of our patients within the health center and develop care plans that provide physical and psychological safety for our staff and for the patients and visitors of the Health Center. The patient can apply to return to the Health Center at any time with an agreement on behavior. However, there are certain behaviors that may bar a person from the Health Center permanently, which include acts of violence and physical threats– especially if the security advisor advises that we do not allow the patient to return. But in general, patients who are able to engage effectively will be allowed to return to our Health Center.</p> <p>Q: If there is an issue or misunderstanding due to language barriers or cultural differences, how will we make sure we are treating this fairly?</p> <p>A: We recognize that there are both language and cultural differences that our staff might recognize as a behavioral issue. That is why we are committed to our interdisciplinary process that includes behavioral health and case managers, to try to ensure that our patients are heard and understood. We try to have these conversations in-person with an interpreter present. The reaction from patients also may be due to how our staff reacts. That is how we’re trying to address those linguistic and cultural differences.</p> <p>Comment: Thank you to everyone who contributed to this project. This is very thorough, and seems to be a much fairer process than before.</p>			
<p>HRS.04.07 Provider Scope of Practice - VOTE REQUIRED Bernadette Thomas, Chief</p>	<p>Bernadette is also here to present on the HRS.04.07 Provider Scope of Practice Policy, and why she recommends retiring the policy.</p> <p>Context of Policy:</p>	<p><i>Motion to approve:</i> <i>Kerry</i> <i>Second: Bee</i> Yays: - 8</p>		



Clinical Officer	<ul style="list-style-type: none"> “Defines which areas of medical practice are appropriate for each provider type.” <p>Health Center Practice:</p> <ul style="list-style-type: none"> 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. <p>Recommendation:</p> <ul style="list-style-type: none"> Eliminate HRS.04.07 <p>Policy is redundant, and we would not be able to show the Joint Commission how we are enacting this policy. Because we are not able to show how we enact the policy, we would be out of compliance.</p> <p>Motion to retire the HRS.04.07 Provider Scope of Practice Policy.</p>	<p>Nays: - 0 Abstain: - 0</p> <p>Decision: Approved</p>		
<p>ICS.01.19 Primary Care Provider Assignment and Selection Policy</p> <p>Tony Gaines, Patient Access & Engagement Program Director</p>	<p>Tony is here to present the ICS.01.19 Primary Care Provider Assignment and Selection Policy.</p> <p>Description of the Policy:</p> <p>Renew ICS.01.19 Provider Assignment and Selection Policy</p> <p>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.</p>	<p><i>Motion to approve:</i> <i>Aisha</i> <i>Second: Bee</i></p> <p>Yays: - 8 Nays: - 0 Abstain: - 0</p> <p>Decision: Approved</p>		



	<p>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.</p> <p>Why is this project, process, system being implemented now?</p> <p>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.</p> <p>What have been the recommendations so far?</p> <p><u>Remove/replace the following:</u></p> <ol style="list-style-type: none"> 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") <p><u>Add the following:</u></p> <ol style="list-style-type: none"> 1.) Add specific PCPCH (Patient-Centered Primary Care Home) and Joint Commission standards 2.) Add that every Health Center patient should be assigned a PCP 3.) Add "Health Center" in place of "ICS" (where applicable) 			
HRSA Ryan White Part D Supplement FY 2023	Ryan White Program makes available funds which may be applied for. Part D supports underserved women, infants, and youth, including people who	Motion to approve: Bee	Nick to send CHCB Liaison	Once complete.



<p>Nick Tipton, Regional Clinical Manager, ICS/HSC & SEHC Marcee Kerr, Project Manager, ICS Quality/HSC</p>	<p>identify as transgender.</p> <ul style="list-style-type: none">• Multnomah County HIV Health Services Center (HHSC) was established in 1990 with Part D.• Supports primary care services targeted for underserved women, infants, and youth, including people who identify as transgender.• Competitive application for one-year funding cycle period (Sep. 1 2023 - Aug. 31 2024)• Funds gender affirming care training and personnel costs associated with attending the training event. <p>Q: Which staff members will be trained for this? All staff or specific staff members?</p> <p>A: This training would be for the entire staff at the HSC Clinic. Engaging and retaining staff in care means that all staff needs to be trained in providing an inclusive environment for all.</p> <p>Q: I received a blank budget. Was this a mistake?</p> <p>A: Budget was not completed by the time materials were sent out. In overview of budget: the main cost is the costs associated with closing down the clinic for the training for all of our staff. This is the bulk of the costs. The other cost would be for consultants to run the training, the training itself, and a small amount for associated supplies. However, the vast majority is to cover the salaries for the staff during the training. The completed budget will be sent to board members as part of our standard practice for the grant submission when the timelines do not align with</p>	<p>Second: Aisha Yays: - 8 Nays: - 0 Abstain: - 0 Decision: Approved</p>	<p>the budget once it is completed to be sent out to Board Members.</p>	
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	board document submission.			
FTCA Claims Management Policy Jacqueline Chandler	<p>Jacqueline is here to present on FTCA Claims Management Policy.</p> <ul style="list-style-type: none"> Applying for FTCA Coverage was identified as a CHCB priority in Spring of 2022 The policy has been reviewed by the CHCB Executive Committee and the CHCB in the Public Meeting on November 14th The vote was not passed at the November 14th CHCB Public Meeting Board Presentation Summary materials were translated and sent to Board Members after the November 14th meeting- there was an ask for any questions when the materials were sent and on December 16th The policy has been created as a requirement of applying for FTCA coverage Benefits of FTCA coverage and program participation: <ul style="list-style-type: none"> Provides greater insurance coverage for clinics and services Expectation to reduce insurance costs for the Health Center programs Program has resources and site visits (external audits) Will help mitigate risk and improve patient care Staff have attended over 50 hours of required training to help strengthen our Quality, Compliance and Risk Management program requirements 	<p>Motion to approve: Tamia Second: Aisha Yays: - 8 Nays: - 0 Abstain: - 0 Decision: Approved</p>		
10 Minute Break	6:57 - 7:07 PM			
HRSA Expanding COVID-19 Vaccination	<p>Debbie Powers is here to present on HRSA Expanding COVID-19 Vaccination.</p>	<p>Motion to approve: Tamia Second: Pedro</p>		



<p>Debbie Powers, Deputy Director, Clinical Operations and Integration</p>	<p>Background:</p> <ul style="list-style-type: none">• Health Resources and Services Administration (HRSA) Expanding COVID-19 Vaccination (ECV) Grant is a one time only-funding opportunity focused on increasing 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.• The funding period is from 12/1/2022 - 5/31/2023.• Total Amount \$523,849 <p>Objectives:</p> <ul style="list-style-type: none">• The Health Center Program will use these funds to address needs related to outreach and education, vaccine administration, hours and availability, training, and supplies. <p>Example activities include:</p> <ul style="list-style-type: none">• 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. <p>Project Impact:</p> <p>Grant funds will enable the Health Center Program to improve COVID-19 vaccination services, resulting in the following outcomes:</p> <ul style="list-style-type: none">• Primary series and booster vaccination rates will be improved.	<p>Yays: - 8 Nays: - 0 Abstain: - 0 Decision: Approved</p>		
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	<ul style="list-style-type: none"> • Patient outreach will be expanded. • Vaccination related errors will be reduced. <p>Q: Is the project manager just at one clinic, and what would they be doing?</p> <p>A: Project Manager doing programmatic work across all sites to help with standardization of training. This is a position focused on quality work across all the sites.</p> <p>Q: Will this project manager be working alongside a specific doctor or specialty doctors?</p> <p>A: No, not working with a particular doctor. They will be working with Debbie, Bernadette, Maya (Immunization Team Lead), along with our MA supervisors to help ensure that medical systems and nurses are continuing to do work to minimize errors, which also helps to build trust. When there is a vaccine error, there is usually not a physical issue/harm but there is a breach in trust with the patient or the patient's family.</p> <p>Comment: Happy to hear that there will be this type of person to help to minimize errors. Experienced an error while getting the COVID-19 vaccine, and was not happy with this experience, but was happy with care they received afterwards.</p> <p>Q: This is one-time funding. Does this position disappear afterwards or</p> <p>A: This position already exists, but now we have additional funding. This is an already staffed role. This allow us to fund this position with additional funds, instead of funds from our budget.</p>			
Monthly Budget and	<u>Regular monthly financial updates (Jeff Perry):</u>		Adrienne to	Next

**Financial Reports**

Jeff Perry, Chief Financial Officer, ICS
Adrienne Daniels, Interim Executive Director

We are about 5 months into the fiscal year.

Revenue is \$73.9 million, 44% of the budget.
Expenses are \$59.8 million, 36% of the budget.
\$14,156,404 net income/surplus.

Monthly basis:

Revenue is running \$19.2 million,
Expenses are around \$11.8 million,
Surplus of \$7.4 million for the month

Program income: 72% of revenue for the month.

FQHC Average Billable Visits: Student Health Center is tracking below last year, 60: tracking below target of 74. Dental is tracking above last year, but below target. Primary care is roughly the same as last year, but still tracking below target.

Uninsured patients: Primary care is tracking about on target. Dental is tracking below target.

Payer mix is consistent, not much movement the past few quarters. Care Oregon up a bit, Trillium has dipped.

Q: For indirect costs, normally runs around 6k. There is a big in, and big out again. What happened there?

A: Something happened when running these, and it needed to be reclassified. Someone put some data in the records that didn't belong there. They needed to reverse it out. It was done in error.

Vacancy Report (Adrienne Daniels):

bring
month-to-month
comparison
of vacancy
trends.

Public
Meeting,
2/13.



	<ul style="list-style-type: none">• Increase in vacancies from the past month, but total non-duplicated vacancies is down for the month.• Increase in vacancies that are being actively recruited for.• Final offers: decrease is not necessary bad, it could mean that we closed out those final stages.• Increase in average vacancy length.• Approximately 35 FTE associated with direct revenue vacancies• \$5,754,320 estimated sum of lost revenue <p>Increase in duplicated inactive vacancies: not as impactful of a metric</p> <ul style="list-style-type: none">• National trends in hiring continue to show high levels of market competition• Added many new roles in 2022 to support COVID19 response and recovery efforts <p>Q: When you do the deeper dive, could you bring month-by-month trends? That would be helpful.</p> <p>A: Yes, I can look into this.</p>			
Committee Updates	<p>Tamia: The Board saw most of the work the Quality Committee has done in the policy changes that we approved this evening. The committee is also continuing to work on fine-tuning the surveys to make sure we can get as much info as we can from them. Cleaning up processes and policies, so we can better assure quality in quality improvement. You can also see the projects Quality is working on in the Work Plan in this month's Consent Agenda.</p> <p>Darrell: Finance Committee met on 12/15, and discussed further updates to the balance sheet and budget planning. Also supported a previous recommendation made on the 12/5 Budget Retreat on budget planning.</p> <p>Harold: Executive Committee has been hearing budget updates, reviewing</p>			



	policies due for renewal, and discussing CHCB meeting logistics.			
Executive Director's Strategic Updates Adrienne Daniels, Interim Executive Director	Patient and Community Determined: Leveraging the collective voices of the people we serve <ul style="list-style-type: none">• Patient feedback surveys now allows greater comparison between in person and telemedicine services:<ul style="list-style-type: none">○ Scores are a comparison in overall satisfaction, but some increases in satisfaction with wait times for telemedicine. Scores by age, race, and language can be compared○ New benchmarks also allow comparisons to national results, but still investigating if these are comparable by geographic and governmental based organizations○ Overall, seeing improvements in satisfaction with phone wait times, which has been a priority for our call center staff and board for several months. Average wait times have now consistently dropped under 10 mins for the past 3 months! Engaged, Expert, Diverse Workforce which reflects the communities we serve <ul style="list-style-type: none">• Recruitment for in house dental assistants kicked off this month. The health center will provide training and cover tuition costs for staff who want to begin a new career. Goal is to have three staff enroll in the program and train directly with the health center.• Will be planning to launch a health center specific staffing survey this spring<ul style="list-style-type: none">○ Will build upon Countywide feedback survey from last year○ Allows us to tailor questions and actions oriented just for clinic programs Supporting Fiscally Sound and Accountable practices which advance health equity and center on racial equity			



- Analysis of program access for FY24 budget year completed, will shape the proposed budget in the coming weeks. Board budget retreat and finance committee emphasized the need to include resources dedicated to staff engagement, retention, and increasing patient access.
- Service Level Agreements in negotiation for the 2023-2024 year - these agreements help define the needed support for the health center as part of our infrastructure (IT, HR, Communications, and other shared functions)

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

- Patient Centered Primary Care Home Site Visit for HSC Clinic Completed in December 2022
 - Tier IV achieved
- Reproductive Health Care Certification Approved
 - Oregon rejoined the program last year, allowing health care sites to re-apply
- Partnering with Kaiser Center for Health Research to advance HPV vaccination interventions for school aged populations, beginning in late 2023
- Quality Investments into medication management with community pharmacy program to expand our current capacity for mail order services will kick off this spring

Status report on CHCB Requested Priorities/Projects:

Facilities Costs

- 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



	<ul style="list-style-type: none"> 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. <p>Legal Counsel Contract - Completed</p> <p>Data and Privacy Consultant</p> <ul style="list-style-type: none"> Completed - Executive Committee for CHCB received final report and recommendations. Quality and Compliance Director establishing a one year plan. <p>Media and Advocacy Opportunities</p> <ul style="list-style-type: none"> Ongoing test kit and mask distribution to local public and social care partners for COVID19 School vaccination exclusion day planning anticipated media work in January <p>Financial Policy Updates- Completed!</p> <p>ICS Department Analysis</p> <ul style="list-style-type: none"> Policy Decision of the County Chair. Information gathering for analysis of staff, costs and additional infrastructure in progress 			
Meeting Adjourns	Meeting adjourns 7:44 PM			Next public meeting scheduled on 2/13/23

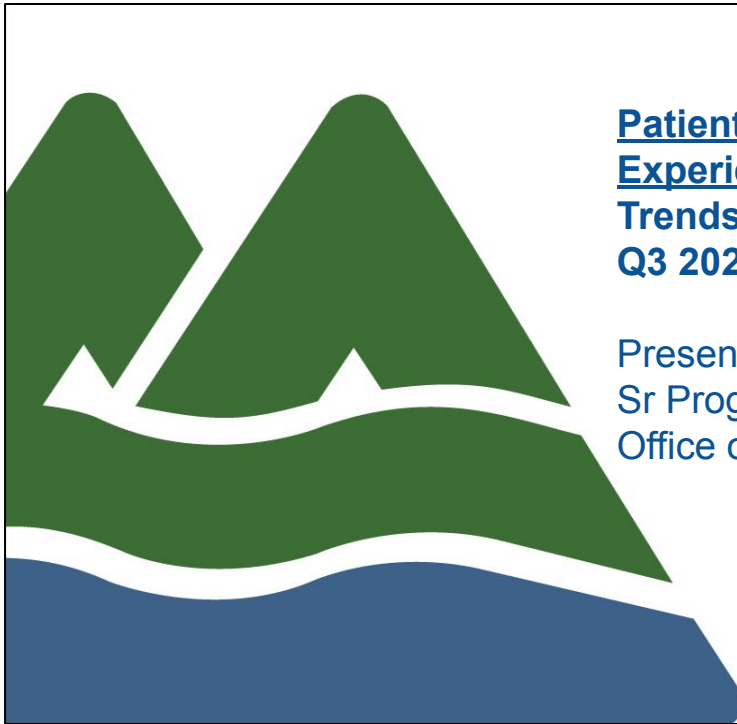
Signed: _____ Date: _____
Pedro Prieto Sandoval, Secretary

Signed: _____ Date: _____
Harold Odhiambo, Board Chair

Scribe name/email:



Hailey Murto
hailey.murto@multco.us



**Patient Satisfaction &
Experience:**
Trends and Benchmarks
Q3 2022

Presented by, Linda Niksich
Sr Program Specialist
Office of Patient Experience

Primary Care // Introduction, Key, and Definitions

This report focuses on downward trends and the demographic factors affecting those trends.

Downward Trends show us where we need to improve

National Benchmark (BM) in Green

Multco Community Health Center Benchmark (BM) and/or scores in Red

BM = Benchmark; point of reference to which our health center is being compared; National average/mean



Satisfaction refers to the patients' expectations of care

Experience refers to the patients' perception of care

Loyalty Intentions refer to the likelihood that patients will continue to use our clinics for their primary care services.

Referral Intentions refer to the likelihood that patients would refer friends and/or family to our health Center.



Primary Care // Benchmark Measures (National)

Satisfaction Question

Phone Attendant Courtesy & Helpfulness

Portal Satisfaction

Appointment Wait

Reception Staff Courtesy & Respect

Reception Staff Helpfulness

Provider Wait

Provider Asst. Courtesy & Helpfulness

Provider Listening

Provider Respect

Provider Explanation

Quality of Care

Provider Knowledge of Health History

Provider Time Spent

Cultural & Language Needs Met

Overall Satisfaction

[Telephone] Ease of Connecting with Care Team

Likelihood Question

Loyalty Intentions 3pt

Referral Intentions 3pt

Experience Question

Provider Involved You in Healthcare Decisions?

Asked About Difficulties Caring for Health? (6m)

Asked About Causes of Worry/Stress? (6m)

Same-Day Response to Question(s)? (3m)

Test Results Received Quickly Enough?



- **OPCA and State of Oregon (Q3)** Falling below the benchmark for ALL measures except “Provider Wait”
- **Western Region and Nationally (Q3)** Falling below the benchmark for ALL measures except “Provider Wait” and “Test Results Communication”
- **Similar results for Q1 and Q2** with a couple of exceptions



Primary Care // Overall Satisfaction Trends

Overall Satisfaction **National BM 90.4%** **Q3=87.29%** (Mean)

- **By Language:** Russian Speakers scores have been trending down over the past 3 quarters (Q1=86.2% Q2=84.4% to Q3=77.4%) more so than Chinese, English, Somali, Spanish.
*Chinese Speakers had reported lower scores over the 1st 2 quarters, however, the 3rd quarter marked a 4.4% improvement from 81.3% to 85.7%.
- **MidCounty and Southeast** scores went down by close to 4 percentage points each in Q3, which may be a sign of a trend.



Primary Care // Loyalty Intentions

Overall Loyalty Intentions

National BM 90.4% Q3=85.35% Top Box (Very Likely)

- **By Language;** Chinese Speakers Q1=46.4%, Q2=42.9%, Q3=42.9%
Russian Speakers Q1=25.9%, Q2=41.4%, Q3=17.9%
- **By Race;** Asian population Q1=77.1%, Q2=70.3%, Q3=75%
- **By Site;** MidCounty Q1=77.7%, Q2=78%, Q3=74%



Primary Care // Referral Intentions

Overall Referral Intentions

National BM 79.5% Q3=70.1% Top Box (Very Likely)

- **By Language;**

Chinese Q1=32.1%, Q2=12%, Q3=20%

Russian Q1=8%, Q2=25.9%, Q3=19.2%;

English Q1=65.6%, Q2=66.6%, Q3=62.9%

- **By Race;**

Asian Q1=66.2%, Q2=58.3%, Q3=55.4%

White Q1=67.5%, Q2=68.3%, Q3=66%

- **All Clinics but one received scores of below 73.3% (la Clinica received 87.7%) indicating an organization-wide trend.**



Primary Care // Satisfaction Trends by Question

- **Appointment Wait Time**

National BM 83.8 % Q1=78.5%, Q2=77.5%, Q3=77%

Lower Scores for Urgent vs Routine Appointments

- **Phone Attendant Courtesy and Helpfulness**

National BM 91% Q1=86%, Q2=83.%, Q3=85.6%

Languages other than English reported lowest satisfaction

- **Cultural & Language Needs Met**

National BM 90.5% Q1=89.7%, Q2=89.3%, Q3=85.6%

Chinese, Russian, and Somali* speaking clients reported lowest satisfaction



Primary Care // Satisfaction Trends by Question

- **Provider Knowledge of Health History**

National BM 91% Q1=87.6%, Q2=88.7%, Q3=88.7%

Chinese and Russian Speaking Clients reported lowest satisfaction

- **Provider Time Spent**

National BM 91.4% Q1=88.4%, Q2=89.2%, Q3=89%

Patients speaking Languages other than English reported the lowest satisfaction

- **Quality of Care**

National BM 91.9% Q1=89.2%, Q2=89.4%, Q3=89.4%

Chinese, Russian, Somali*, reporting lowest satisfaction



Primary Care // Satisfaction Trends by Question

- **Reception Staff Courtesy and Respect**

National BM 91.1% Q1=88.5%, Q2=88.5%, Q3=88.7%

Chinese, Russian and Somali speaking clients reported lowest satisfaction

- **Reception Staff Helpfulness**

National BM 91.2% Q1=88.1%, Q2=88.9%, Q3=89.7%

Patients Speaking Languages other than English reported lowest satisfaction



Primary Care // Experience Trends by Question

- **Same Day Response to Questions**

National BM 80.9% Q1=80.8%, Q2=85.3%, Q3=77.7%

Black/African American and White populations reported lowest satisfaction

- **Test Results Communication**

National BM 86.7 Q1=89.8%, Q2=88.7%, Q3=87.1%***

***Although we met BM; trending down since Q1 and could be the sign of a trend



Primary Care // Experience Trends by Question

- **Asked About Causes of Worry or Stress**

National BM 46.3% Q1=46.2%, Q2=46.2%, Q3=39.1%

Similar results across all races but BIPOC reported lower satisfaction

Language/Race; Chinese speakers reported 0% reinforced by our Asian population reporting the lowest satisfaction

- **Asked About Difficulties Caring for Health**

National BM 41.3% Q1=35.9%, Q2=38.2%, Q3=32.4%

All across the board with BIPOC reporting lowest satisfaction



Primary Care // Survey Trend Takeaways

- Patients who speak Languages other than English (Especially Chinese, Russian, and *Somali Speakers) reported lower satisfaction and experience consistently over the past 3 quarters (*Somali added in Q3)
- BIPOC (Especially Asian populations) reported lower satisfaction and experience than other races/ethnicities



Behavioral Health // Watching for Trends

- **Referral Intentions** BM 78.8% (Top Box) 66.5% overall for Q2/Q3
- **Appointment Wait Time** BM 85.1% (Mean) 80.5% overall for Q2/Q3
- **Phone Attendant Courtesy and Helpfulness** BM 92.1% (Mean) 88.2% overall for Q2/Q3
- **Asked About Difficulties Caring for Health** BM n/a (Top Box) 45% overall for Q2/Q3
- **Same Day Response to Questions** BM n/a (Top Box) 80% overall for Q2/Q3



PC and BH // Phone Access

- **Phone Wait** National BM n/a (Top Box-Over 15 minute wait) Q1=45.3%, Q2=37.6%, Q3=37.1%
- **Attendant Courtesy and Helpfulness** National BM 91%* (Mean) Q1=86%, Q2=83.8%, Q3=85.7%

Patients speaking languages other than English reported lower satisfaction with Russian and Chinese speakers reporting the lowest satisfaction.



PC and BH // Ease of Connecting w/ Care Team

- **Phone** National BM 86%* (Mean)

Q1=80.4%, Q2=80.1%, Q3=79.4%

Similar results across the board, however patients speaking languages other than English reported slightly lower than English speakers.



Pharmacy // Overall Satisfaction Survey Trends

- **Uninsured or Partially Insured Meds** # of patients who use our pharmacies and reported that their medications aren't covered or are only partially covered by insurance has increased over the last 3 quarters
Q1=34.5%, Q2=46.3%, Q3=48.19%
- The #1 Barrier to getting medications continues to be **Transportation**
- The # of patients wishing to receive meds by mail has increased Q1=57.46%, Q2=53.57%, Q3=71.6%



Dental // Overall Satisfaction Survey Trends

- **Appointment Accessibility (Always/Usually):** Q1=80%, Q2=80%, Q3=77%
URGENT appointments lower scores vs ROUTINE
- **Questions Answered w/in 2 Biz Days (Always/Usually):**
Q1=83%, Q2=79%, Q3=92 %





Q4 Complaints and Incidents

Kimmy Hicks,
Project Manager,
Quality
Program



**community health
center board**

Multnomah County

Q4 2022 Complaints By Location

Complaints Report

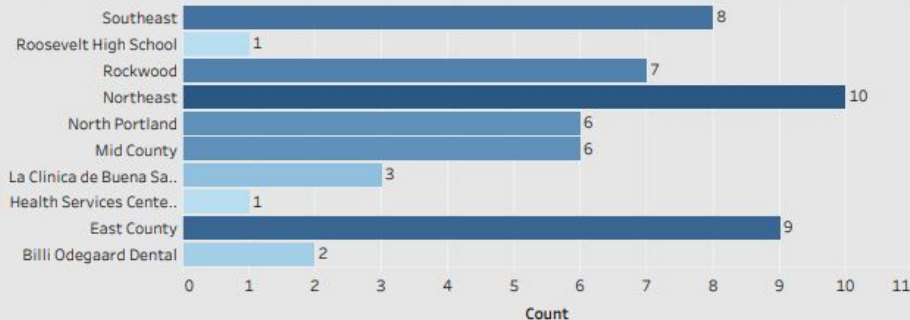
Reported Complaints

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

By Servi... All

By Quar.. 2022 Q4

Complaints by Location

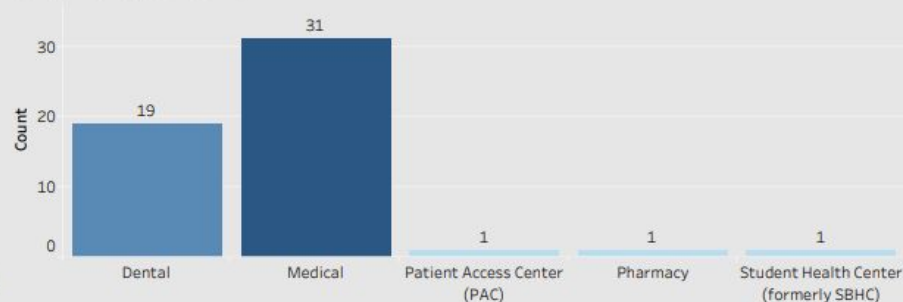


Complaints by Month



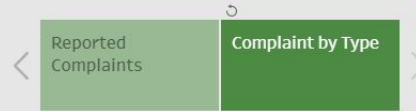
Point of Reference: From 10/01/2022 - 12/31/22: Primary Care completed 34,742 appts (includes Telehealth visits). Dental completed (aprox.) 15,743 appts.

Complaints by Service Area

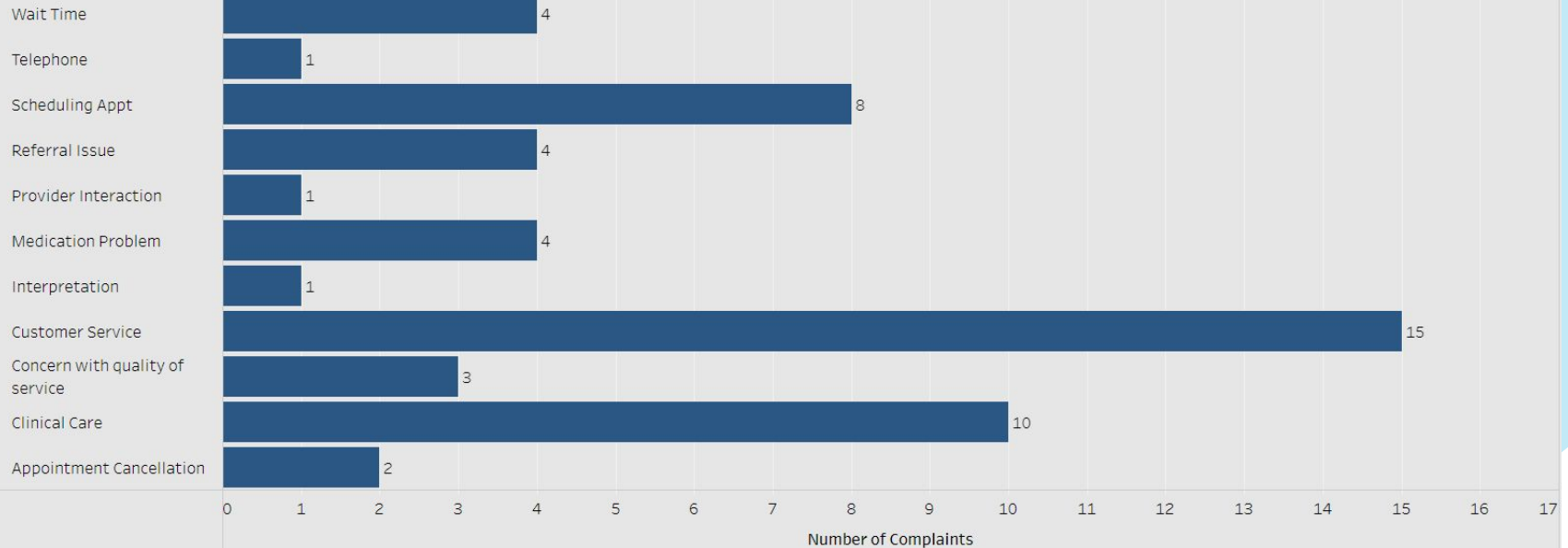


Q4 2022 Complaints By Type

Complaints Report



Complaints by Type



Q4 2022 Incidents By Location

Incidents Report

Reported Incidents	Incident by Type	Reported Pharmacy Med Dispensing Errors	Med Dispensing Error by Type	Definitions
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Reported Incidents

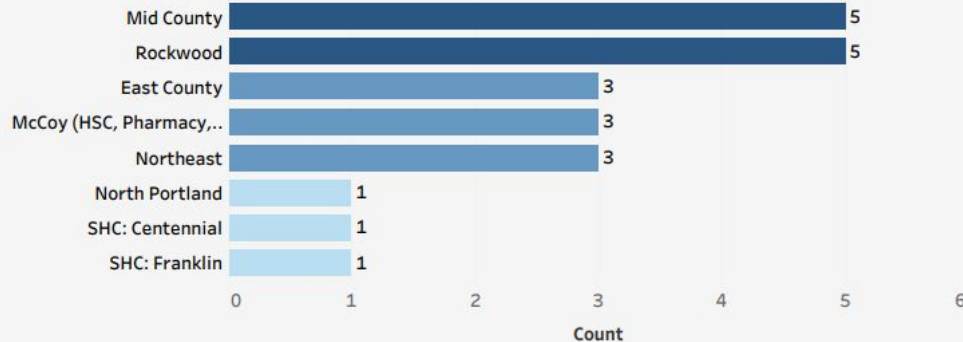
This report displays all of the incidents reported to ICS.

By Service Area
All

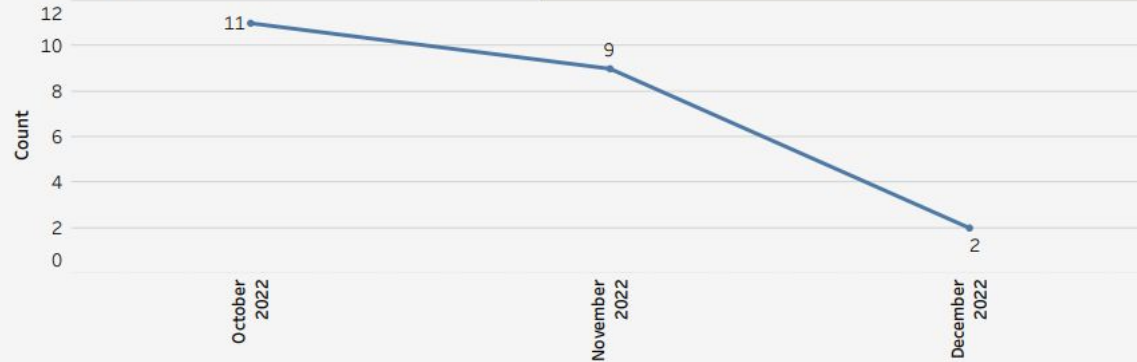
By Quarter:
2022 Q4

Subject Person Affected by Event:
Client

Incidents by Location

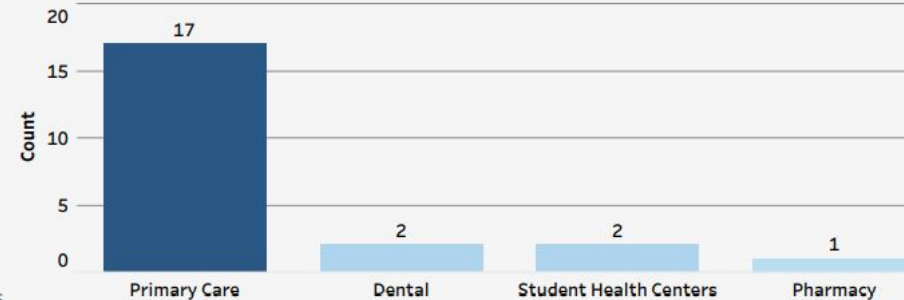


Incidents by Month



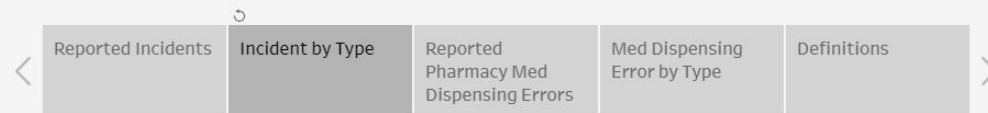
Point of Reference: From 10/01/2022 - 12/31/22: Primary Care completed 34,742 appts (includes Telehealth visits). Dental completed (aprox.) 15,743 appts.

Incidents by Service Area

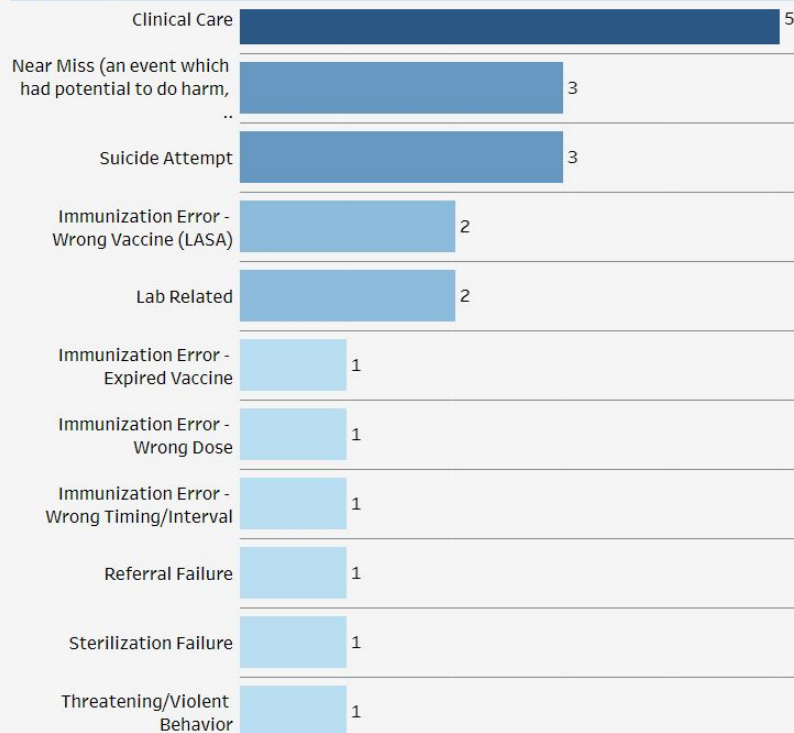


Q4 2022 Incidents By Type

Incidents Report



Type of Incident



Use the filters below to further explore the data!

By Quarter:

2022 Q4

By Service Area

(All)

Clinic Site

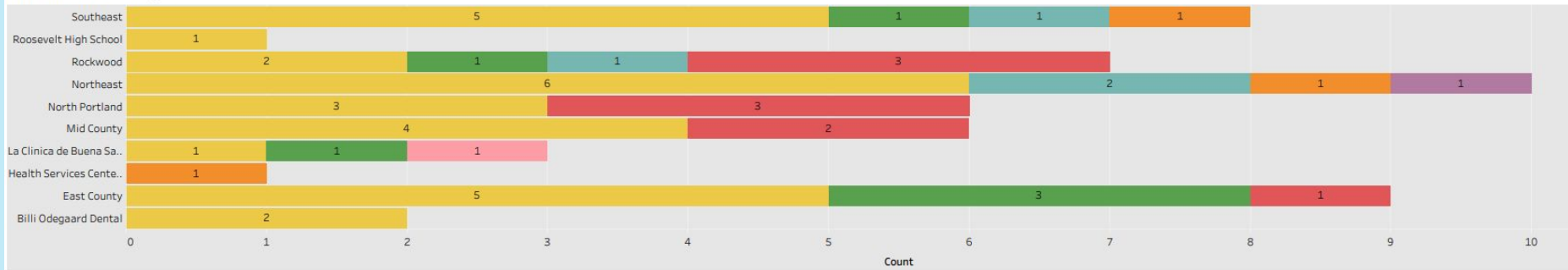
(All)

Subject Person:

Client

Q4 2022 Complaints By Location By Race

Location and Race Analysis



RACE

- Null
- Asian
- Black/African American
- Pacific Islander
- Patient Refused
- Unknown
- White

Related Quality Improvement Projects

QI for Clinical Care:

- New Initiative: Quarterly peer review*
- Implementation Date: March - June 2023
- Plan: Providers will have a training on a clinical topic, use an audit tool and review several charts from their peers; complete a report out and discuss learnings from the chart review.

**having a peer review process is also required by FTCA*

Related Quality Improvement Projects

Sterilization Improvement Project

Began: Fall 2022

Sterilization incidents, place quality of care and patient safety as risk. A committee was created to assess the:

- Map out the current state of the sterilization process
- Identify gaps/opportunities for improvement
- Make recommendations for standardization in training
- Conduct an evaluation

The committee is accountable to and provides regular reports on status to the Dental Director.

Related Quality Improvement Projects

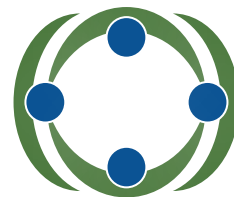
QI for Scheduling & Customer Service Complaints

- New Initiative: Patient Access Center (PAC) Redesign
- Implementation Date: March - June 2023
- Improve:
 - Phone tree messaging and call routing options
 - Wait time notifications and call back feature
 - Improve abandonment rate to less than 10%



Executive Director Evaluation Results

Steven Sutton,
Human Resources
Director



**community health
center board**

Multnomah County

Executive Director Evaluation Results

Top 5 high performing areas:

1. Demonstrates a complete knowledge of the Community Health Center's operations and management.
2. Demonstrates appropriate knowledge of financial matters and demonstrates the ability to operate the program within financial constraints.
3. Sets a positive organizational tone for quality, teamwork, accountability, and excellence.
4. Maintains a work environment that attracts, retains, and motivates a diverse staff of highly skilled professionals.
5. Develops and maintains effective external relationships with housing resource programs and other community organizations, federal agencies, and local health care systems.

Top 4 areas for growth:

1. Facilitates communication and collaboration between the CHCB and the Board of County Commissioners (BoCC).
2. Supports the CHCB in implementing their governing authority to satisfy their board duties including maintaining HRSA compliance, fiscal oversight, patient data privacy, and quality assurance and improvement.
3. Values and encourages CHCB participation in the Health Center strategic planning process.
4. Provides accurate, pertinent, and timely information at Board meetings.

“ICS Director does a wonderful job in making sure that things that are not clear both to Board members and staff is well understood.”



Monthly Financial Packet

February 13, 2023



**community health
center board**

Multnomah County

Item 1. A revenue and expense monthly report.

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

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

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

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

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

A stylized graphic on the left side of the slide. It features two dark green mountain peaks with rounded tops. Below the mountains is a dark green wavy band representing a forest or a body of water. At the bottom is a blue wavy band representing water. The entire graphic is composed of solid-colored shapes with no outlines.

Multnomah County Federally Qualified Health Center

Monthly Financial Reporting Package

December FY 2023

Updated 2/1/2023

Prepared by: Financial and Business Management Division



Multnomah County Health Department Community Health Center Board - Financial Statement

For Period Ending December 31, 2022

Prepared using the Modified Accrual Basis of Accounting

Percentage of Year Complete: 50.0%

[A Pro Forma Financial Statement]

Community Health Center - Monthly Highlights

Financial Statement:

For period 6 in Fiscal Year 2023 (July 2022 - June 2023)

	<u>YTD Actuals</u>	<u>Budget</u>	<u>Difference</u>	<u>% of Budget</u> <u>YTD</u>
<u>Revenue:</u>	\$ 88,335,325	\$ 166,686,730	\$ 78,351,405	53%
<u>Expenditures:</u>	\$ 71,938,790	\$ 166,686,730	\$ 94,747,940	43%
<u>Net Income/(Loss)</u>	\$ 16,396,535			

Budget Modifications:

<u>Period added</u>	<u>Budmod #</u>	<u>Description</u>	<u>Budget Change Amount</u>
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 December 31, 2022

Prepared using the Modified Accrual Basis of Accounting

Percentage of Year Complete: 50.0%

[A Pro Forma Financial Statement]

Community Health Center

	Adopted Budget	Revised Budget	Budget Change	01 July	02 Aug	03 Sept	04 Oct	05 Nov	06 Dec	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	\$ 1,466,468	\$ 4,416,681	45%	\$ 8,880,564
Grants - COVID-19	\$ -	\$ 250,000	\$ 250,000	\$ -	\$ 1,121	\$ 17,629	\$ 114,237	\$ 6,250	\$ 21,264	\$ 160,502	64%	\$ 7,437,487
Grants - ARPA	\$ 8,075,272	\$ 8,075,272	\$ -	\$ -	\$ -	\$ 1,724,643	\$ 937,567	\$ 597,887	\$ 672,706	\$ 3,932,802	49%	\$ -
Grants - All Other	\$ 4,774,390	\$ 4,774,390	\$ -	\$ -	\$ 25,838	\$ 641,076	\$ 1,189,357	\$ 321,717	\$ 153,499	\$ 2,331,487	49%	\$ 4,008,471
Grant Revenue Accrual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,770,282	\$ 1,770,282	0%	\$ -
Quality & Incentives Payments	\$ 7,671,495	\$ 7,671,495	\$ -	\$ 156,788	\$ 892,752	\$ 813,774	\$ 977,193	\$ 1,283,737	\$ 188,834	\$ 4,313,078	56%	\$ 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	\$ 11,827,355	\$ 69,228,928	53%	\$ 132,854,683
Self Pay Client Fees	\$ 1,089,227	\$ 1,089,227	\$ -	\$ 53,184	\$ 49,810	\$ 46,366	\$ 44,871	\$ 47,158	\$ 40,177	\$ 281,566	26%	\$ 680,758
Beginning Working Capital	\$ 3,800,000	\$ 3,800,000	\$ -	\$ 316,667	\$ 316,667	\$ 316,667	\$ 316,667	\$ 316,667	\$ 316,667	\$ 1,900,000	50%	\$ 3,298,126
Total	\$ 166,436,730	\$ 166,686,730	\$ 250,000	\$ 10,322,795	\$ 13,112,204	\$ 15,803,318	\$ 15,494,297	\$ 17,145,460	\$ 16,457,251	\$ 88,335,325	53%	\$ 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	\$ 6,858,663	\$ 41,467,344	39%	\$ 82,144,356
Contracts	\$ 3,518,134	\$ 3,523,137	\$ 5,003	\$ 238,764	\$ 385,592	\$ 497,003	\$ 808,107	\$ 734,457	\$ 1,034,801	\$ 3,698,724	105%	\$ 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	\$ 2,339,337	\$ 12,166,709	47%	\$ 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	\$ 1,937,596	\$ 12,811,427	42%	\$ 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	\$ 12,170,396	\$ 71,938,790	43%	\$ 134,953,193
Net Income/(Loss)	\$ -	\$ -	\$ -	\$ (888,892)	\$ 1,015,010	\$ 3,233,892	\$ 3,440,060	\$ 5,309,610	\$ 4,286,855	\$ 16,396,535		\$ 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 December 31, 2022
Percentage of Year Complete: 50.0%
[A Pro Forma Financial Statement]

	Category	Description	Admin	Dental	Pharmacy	Primary Care Clinics	Quality & Compliance
Revenues		Miscellaneous Revenue	-	-	-	-	-
		Grants - PC 330 (BPHC)	1,083,896	110,676	-	3,047,681	-
		Grants - COVID-19	114,173	-	-	-	-
		Grants - ARPA	3,888,765	-	-	44,037	-
		Grants - All Other	5,000	711,620	-	-	-
		Grant Revenue Accrual	906,065	-	-	559,173	-
		Quality & Incentives Payments	3,467,506	-	-	-	845,571
		Health Center Fees	3,242,558	9,748,054	18,337,528	33,341,489	13,275
		Self Pay Client Fees	-	32,189	115,984	132,406	-
		Beginning Working Capital	1,650,000	-	-	-	250,000
Revenues Total			14,357,963	10,602,539	18,453,512	37,124,786	1,108,846
Expenditures		Personnel Total	8,719,485	8,426,523	4,373,262	14,221,291	969,225
		Contractual Services Total	2,725,813	191,352	20,609	548,255	36,939
		Internal Services Total	2,300,561	2,432,862	1,536,610	4,563,638	346,076
		Materials & Supplies Total	722,927	559,294	9,842,260	720,542	38,065
		Capital Outlay Total	1,411,837	-	382,750	-	-
Expenditures Total			15,880,624	11,610,030	16,155,490	20,053,725	1,390,305
Net Income/(Loss)			(1,522,660)	(1,007,490)	2,298,022	17,071,061	(281,459)
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 December 31, 2022
Percentage of Year Complete: 50.0%
[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)		20,120	-	4,416,681	4,904,596	9,809,191	45%	8,880,564
	Grants - COVID-19		-	-	160,502	125,000	250,000	64%	7,437,487
	Grants - ARPA		-	-	3,932,802	4,037,636	8,075,272	49%	-
	Grants - All Other		1,110,316	-	2,331,487	2,387,195	4,774,390	49%	4,008,471
	Grant Revenue Accrual		171,095	-	1,770,282	-	-	0%	-
	Quality & Incentives Payments		-	-	4,313,078	3,835,748	7,671,495	56%	9,910,993
	Health Center Fees		2,031,052	-	69,228,928	65,608,578	131,217,155	53%	132,854,683
	Self Pay Client Fees		987	-	281,566	544,614	1,089,227	26%	680,758
	Beginning Working Capital		-	-	1,900,000	1,900,000	3,800,000	50%	3,298,126
Revenues Total			3,333,570	-	88,335,325	83,343,365	166,686,730	53%	167,073,124
Expenditures	Personnel Total		1,772,095	744,105	41,467,344	53,256,541	106,513,081	39%	82,144,356
	Contractual Services Total		65,541	12,521	3,698,724	1,761,569	3,523,137	105%	5,571,994
	Internal Services Total		644,146	272,280	12,811,427	15,161,063	30,322,125	42%	26,603,582
	Materials & Supplies Total		80,376	80,283	12,166,709	12,989,194	25,978,387	47%	20,538,983
	Capital Outlay Total		-	-	1,794,587	175,000	350,000	513%	94,279
Expenditures Total			2,562,159	1,109,189	71,938,790	83,343,365	166,686,730	43%	134,953,194
Net Income/(Loss)			771,412	(1,109,189)	16,396,535	-	-		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 December 31, 2022

Percentage of Year Complete: 50.0%

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	11,808,996	69,053,842
Other	2,042	5,247	4,180	100,141	45,117	18,359	175,086
Health Center Fees Total	9,796,157	11,737,344	10,823,733	11,148,285	13,896,054	11,827,355	69,228,928
Self Pay Client Fees							
Program Income	53,184	49,810	46,366	44,871	47,158	40,177	281,566
Other	-	-	-	-	-	-	-
Self Pay Client Fees Total	53,184	49,810	46,366	44,871	47,158	40,177	281,566
Grand Total	9,849,341	11,787,154	10,870,100	11,193,156	13,943,211	11,867,532	69,510,494





Multnomah County Health Department
Community Health Center Board
FY 2023 YTD Internal Services Expenditures by Program Group
For Period Ending December 31, 2022
Percentage of Year Complete: 50.0%

Category	Administrative	Dental	HIV Clinic	Lab	Pharmacy	Primary Care Clinics	Quality and Compliance	Student Health Centers	Grand Total
Indirect Expense	1,100,854	1,132,525	194,538	100,008	587,766	1,911,342	130,264	278,248	5,435,544
Internal Service Data Processing	632,989	659,366	322,593	77,989	687,187	1,520,989	141,471	285,833	4,328,417
Internal Service Distribution	23,362	53,557	555	15,552	12,949	48,449	4,157	109,697	268,278
Internal Service Enhanced Building Services	46,211	59,912	12,128	8,058	22,515	96,086	7,000	-	251,910
Internal Service Facilities & Property Management	350,682	454,649	92,035	61,150	170,864	729,170	53,121	-	1,911,669
Internal Service Facilities Service Requests	69,147	21,391	3,116	-	15,343	113,539	2,079	18,469	243,084
Internal Service Fleet Services	-	9,087	-	-	-	-	-	-	9,087
Internal Service Motor Pool	383	94	65	-	57	29	285	387	1,301
Internal Service Other	32,317	4,447	694	18	13,280	33,446	230	427	84,859
Internal Service Records	179	5,596	4,572	4,561	14,833	11,856	(0)	240	41,837
Internal Service Telecommunications	44,438	32,238	13,852	4,945	11,814	98,733	7,468	21,952	235,440
Grand Total	2,300,561	2,432,862	644,146	272,280	1,536,610	4,563,638	346,076	715,254	12,811,427





Multnomah County Health Department

Community Health Center Board

FY 2023 Internal Services Expenditures by Fiscal Period

For Period Ending December 31, 2022

Percentage of Year Complete: 50.0%

Category	01 July	02 August	03 September	04 October	05 November	06 December	Grand Total	Total Budget	YTD % of Budget
Indirect Expense	886,125	907,452	895,759	916,707	932,258	897,243	5,435,544	13,253,745	41.0%
Internal Service Data Processing	256,531	1,221,206	665,914	883,971	713,350	587,445	4,328,417	10,020,693	43.2%
Internal Service Distribution	43,781	45,109	44,036	44,776	46,172	44,404	268,278	525,575	51.0%
Internal Service Enhanced Building Services	-	3,100	-	170,770	70,563	7,476	251,910	1,164,363	21.6%
Internal Service Facilities & Property Management	-	614,488	331,392	322,118	323,143	320,528	1,911,669	4,043,263	47.3%
Internal Service Facilities Service Requests	37,021	24,554	46,000	85,064	23,459	26,985	243,084	336,434	72.3%
Internal Service Fleet Services	115	2,614	946	1,780	1,853	1,780	9,087	22,019	41.3%
Internal Service Motor Pool	217	217	217	217	217	217	1,301	5,123	25.4%
Internal Service Other	2,090	7,528	33,833	12,377	13,280	15,751	84,859	-	0.0%
Internal Service Records	6,445	6,445	102,423	(89,533)	9,614	6,445	41,837	104,143	40.2%
Internal Service Reimbursement	-	-	-	-	-	-	-	-	0.0%
Internal Service Telecommunications	-	83,931	34,918	46,217	41,052	29,323	235,440	846,767	27.8%
Grand Total	1,232,325	2,916,645	2,155,437	2,394,463	2,174,961	1,937,596	12,811,427	30,322,125	





Multnomah County Health Department
Community Health Center Board - Notes & Definitions
For Period Ending December 31, 2022
Percentage of Year Complete: 50.0%

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 December 31, 2022
Percentage of Year Complete: 50.0%

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 from out dated/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 December 31, 2022

Percentage of Year Complete: 50.0%

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

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

Allocation Method

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

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

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 December 31, 2022

Percentage of Year Complete: 50.0%

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

Budmod-HD-012-23

Budget Modification Description

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 December 31, 2022

	December	November	\$ Change	% Change
ASSETS				
10000:Cash	\$ 127,804,734	\$ 121,852,694	\$ 5,952,040	5 %
10100:Undeposited Payments	19,600	33,331	(13,731)	(41)%
10450:Investments - Local Government Investment Pool (LGIP)	1,054,550	1,026,917	27,633	3 %
10600:Interfund Cash Clearing	(89,332,010)	(84,458,368)	(4,873,642)	6 %
Cash & Cash Equivalents	\$ 39,546,873	\$ 38,454,573	\$ 1,092,300	3 %
CURRENT ASSETS				
72100:Accounts Receivable, General	\$ 17,927,635	\$ 16,599,720	\$ 1,327,915	8 %
20345:Allowance for Discounts & Returns	(2,179,756)	(2,251,443)	71,687	(3)%
Accounts Receivable, Net	15,747,879	14,348,277	1,399,602	10 %
20602:Prepaid Other Expenses	-	-	-	
Total Current Assets	\$ 55,294,752	\$ 52,802,850	\$ 2,491,902	5 %
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	2,048,667	1,665,917	382,750	23 %
41070:Accumulated Depreciation - Buildings	(437,114)	(432,666)	(4,448)	1 %
41090:Accumulated Depreciation - Machinery & Equipment	(1,541,463)	(1,531,353)	(10,110)	1 %
Total Non-Current Assets	\$ 2,934,116	\$ 2,565,924	\$ 368,193	14 %
Total Assets	\$ 58,228,868	\$ 55,368,773	\$ 2,860,095	5 %
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	\$ 938,805	\$ 915,384	\$ (23,420)	3 %
30090:Payroll Payable	1,441,606	1,500,007	58,402	(4)%
30705:Compensated Absences, Current	720,255	720,255	-	0 %
30805:Accrued Payables	-	-	-	
30830:Procurement Cards Payable	522,322	235,266	(287,056)	122 %
30831:MMP-Card Clearing	(509)	(509)	-	0 %
30905:Unearned Revenue, Health Department	334,117	334,117	-	0 %
Total Current Liabilities	\$ 3,956,596	\$ 3,704,522	\$ (252,075)	7 %
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	\$ 49,269,550	\$ 49,017,475	\$ (252,075)	1 %
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	\$ 3,078,916	\$ 470,896	\$ 2,608,020	554 %

Modified Balance Sheet (incl Trial Balance)

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

	December	November	\$ Change	% Change
ASSETS				
10000:Cash	\$ 127,804,734	\$ 121,852,694	\$ 5,952,040	5 %
10100:Undeposited Payments	19,600	33,331	(13,731)	(41)%
10450:Investments - Local Government Investment Pool (LGIP)	1,054,550	1,026,917	27,633	3 %
10600:Interfund Cash Clearing	(89,332,010)	(84,458,368)	(4,873,642)	6 %
Cash & Cash Equivalents	\$ 39,546,873	\$ 38,454,573	\$ 1,092,300	3 %
CURRENT ASSETS				
72100:Accounts Receivable, General	\$ 17,927,635	\$ 16,599,720	\$ 1,327,915	8 %
20345:Allowance for Discounts & Returns	(2,179,756)	(2,251,443)	71,687	(3)%
Accounts Receivable, Net	15,747,879	14,348,277	1,399,602	10 %
20602:Prepaid Other Expenses	-	-	-	
Current Assets	\$ 55,294,752	\$ 52,802,850	\$ 2,491,902	5 %
Total Assets	55,294,752	52,802,850	2,491,902	5 %
LIABILITIES AND NET ASSETS				
CURRENT LIABILITIES				
70000:Accounts Payable, General	\$ 938,805	\$ 915,384	\$ (23,420)	3 %
30090:Payroll Payable	1,441,606	1,500,007	58,402	(4)%
30805:Accrued Payables	-	-	-	
30830:Procurement Cards Payable	522,322	235,266	(287,056)	122 %
30831:MMP-Card Clearing	(509)	(509)	-	0 %
30905:Unearned Revenue, Health Department	334,117	334,117	-	0 %
Current Liabilities	\$ 3,236,341	\$ 2,984,266	\$ (252,075)	8 %
Total Liabilities	\$ 3,236,341	\$ 2,984,266	\$ (252,075)	8 %
Net Assets	\$ 52,058,411	\$ 49,818,584	\$ 2,743,977	4 %
Total Liabilities & Net Assets	\$ 55,294,752	\$ 52,802,850	\$ 2,491,902	5 %

3.1E+00

Updated: February 6, 2023

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	205	\$84,247	Interview W/HM & Selection
HD FQHC ICS Administration	Clinical Services Specialist	1	7/22/2022	196	\$80,548	Job Posted in WD
HD FQHC ICS Administration	Clinical Services Specialist	1	7/22/2022	196	\$80,548	Interview W/HM & Selection
HD FQHC HIV Clinic	Community Health Nurse	0.8	5/14/2022	265	\$116,164	Job Posted in WD
HD FQHC HIV Clinic	Community Health Nurse	0.8	2/2/2023	1	\$438	Pre-Offer
HD FQHC Primary Care Administration and Support	Community Health Nurse	1	7/13/2022	205	\$112,329	Interview W/HM & Selection
HD FQHC Quality and Compliance	Community Health Nurse	1	4/23/2022	286	\$156,712	Job Posted in WD
HD FQHC Primary Care Clinics	Community Health Nurse	0.8	10/24/2022	102	\$44,712	Job Posted in WD
HD FQHC HIV Clinic	Community Health Specialist 2	1	1/3/2023	31	\$1,121	Posted for Lateral Transfer
HD FQHC Primary Care Administration and Support	Community Health Specialist 2	1	6/8/2022	240	\$8,679	Interview W/HM & Selection
HD FQHC Primary Care Administration and Support	Community Health Specialist 2	1	9/29/2022	127	\$4,593	Interview W/HM & Selection
HD FQHC Primary Care Administration and Support	Community Health Specialist 2	1	10/11/2022	115	\$4,159	Interview W/HM & Selection
HD FQHC Primary Care Clinics	Community Health Specialist 2	1	3/16/2022	324	\$11,717	Incumbent in WOC assignment, position not available to fill
HD FQHC Dental	Dental Assistant (EFDA)	0.75	8/12/2022	175		Interview W/HM & Selection
HD FQHC Dental	Dental Assistant (EFDA)	1	8/1/2022	186		Interview W/HM & Selection
HD FQHC Dental	Dental Assistant (EFDA)	1	5/18/2020	991		Difficult to fill
HD FQHC Dental	Dental Assistant (EFDA)	1	10/12/2022	114		Interview W/HM & Selection
HD FQHC Dental	Dental Assistant (EFDA)	1	10/3/2022	123		Interview W/HM & Selection
HD FQHC Dental	Dental Assistant (EFDA)	1	12/23/2022	42		No RAP
HD FQHC Dental	Dental Assistant (EFDA)	0.75	2/22/2021	711		Interview W/HM & Selection
HD FQHC Dental	Health Assistant 2	1	7/25/2022	193		Pending reclass to Hlth Ast 2 from Dental Ast EFDA
HD FQHC Dental	Health Assistant 2	1	7/28/2022	190		Pending reclass to Hlth Ast 2 from Dental Ast EFDA
HD FQHC Dental	Dental Assistant (EFDA)	0.75	12/5/2022	60		Incumbent in WOC assignment, position not available to fill
HD FQHC Dental	Dental Assistant (EFDA)	1	12/15/2022	50		Filled - LT
HD FQHC Dental	Dental Assistant (EFDA)	0.75	12/17/2022	48		Interview W/HM & Selection
HD FQHC Dental	Health Assistant 2	1	7/28/2022	190		Pending reclass to Hlth Ast 2 from Dental Ast EFDA
HD FQHC Dental	Dental Assistant (EFDA)	0.75	1/7/2023	27		No RAP
HD FQHC Dental	Dental Assistant (EFDA)	1	5/3/2021	641		Difficult to fill
HD FQHC Dental	Dental Assistant (EFDA)	1	12/6/2022	59		Filled - LT
HD FQHC Dental	Dental Hygienist	1	7/21/2022	197	\$205,096	Job Posted in WD
HD FQHC Dental	Dental Hygienist	0.75	8/18/2022	169	\$131,959	No RAP
HD FQHC Dental	Dental Hygienist	0.75	3/11/2022	329	\$256,890	On Hold
HD FQHC ICS Administration	Development Analyst	1	7/1/2022	217		Incumbent in WOC assignment, position not available to fill
HD FQHC ICS Administration	Development Analyst	1	2/3/2021	730		Job Posted in WD
HD FQHC ICS Administration	Development Analyst Senior	1	1/19/2023	15		Recent Class Comp approval
HD FQHC ICS Administration	Development Analyst Senior	1	1/24/2023	10		Pending reclass from Dev Analyst Sr to Dev Analyst
HD FQHC Primary Care Administration and Support	Division Director 1	1	1/30/2023	4		Incumbent in WOC assignment, position not available to fill
HD FQHC Health Center Operations	Eligibility Specialist	1	2/15/2022	353		No RAP
HD FQHC Health Center Operations	Eligibility Specialist	1	8/23/2022	164		Incumbent in WOC assignment, position not available to fill
HD FQHC ICS Administration	Finance Specialist 1	1	5/31/2022	248		No RAP submitted
HD FQHC ICS Administration	Finance Specialist Senior	1	8/5/2021	547		No RAP submitted
HD FQHC ICS Administration	Finance Specialist Senior	1	8/5/2021	547		No RAP submitted
HD FQHC ICS Administration	Finance Supervisor	1	8/13/2021	539		Interview W/HM & Selection
HD FQHC Primary Care Administration and Support	Health Centers Division Operations Director	1	2/2/2023	1		Filled with WOC
HD FQHC ICS Administration	Integrated Clinical Services Director	1	2/12/2022	356		Filled with WOC
HD FQHC ICS Administration	IT Manager	1	5/16/2022	263		Incumbent in WOC assignment, position not available to fill
HD FQHC Primary Care Clinics	Licensed Community Practical Nurse	1	11/19/2022	76		Job Posted in WD

HD FQHC Primary Care Clinics	Licensed Community Practical Nurse	1	1/7/2023	27		Lateral Transfer Posted
HD FQHC Primary Care Administration and Support	Manager 1	0.8	6/15/2020	963		Pending possible reclass to Nursing Supervisor
HD FQHC Health Center Operations	Nursing Supervisor	1	1/18/2023	16		No RAP
HD FQHC HIV Clinic	Medical Assistant	1	9/2/2022	154		Interview W/HM & Selection
HD FQHC HIV Clinic	Medical Assistant	1	9/2/2022	154		Interview W/HM & Selection
HD FQHC HIV Clinic	Medical Assistant	1	8/15/2022	172		Interview W/HM & Selection
HD FQHC HIV Clinic	Medical Assistant	1	9/23/2022	133		No RAP submitted
HD FQHC Student Health Centers	Medical Assistant	0.72	1/9/2023	25		Filled
HD FQHC Primary Care Administration and Support	Medical Assistant	1	12/31/2022	34		No RAP
HD FQHC Primary Care Clinics	Medical Assistant	1	9/6/2022	150		Interview W/HM & Selection
HD FQHC Primary Care Clinics	Medical Assistant	1	10/26/2022	100		Interview W/HM & Selection
HD FQHC Primary Care Clinics	Medical Assistant	1	11/23/2022	72		Interview W/HM & Selection
HD FQHC Primary Care Clinics	Medical Assistant	1	2/1/2023	2		No RAP
HD FQHC Primary Care Clinics	Medical Assistant	1	12/28/2022	37		Interview W/HM & Selection
HD FQHC Primary Care Clinics	Medical Assistant	1	9/28/2022	128		Interview W/HM & Selection
HD FQHC Primary Care Clinics	Medical Assistant	1	10/24/2022	102		Interview W/HM & Selection
HD FQHC Primary Care Clinics	Medical Assistant	1	12/19/2022	46		Interview W/HM & Selection
HD FQHC Primary Care Clinics	Medical Assistant	1	3/3/2022	337		Verbal Offer
HD FQHC Primary Care Clinics	Medical Assistant	1	4/30/2022	279		Interview W/HM & Selection
HD FQHC Primary Care Clinics	Medical Assistant	1	1/6/2023	28		No RAP
HD FQHC Primary Care Clinics	Medical Assistant	1	3/21/2022	319		Interview W/HM & Selection
HD FQHC Primary Care Clinics	Medical Assistant	1	4/4/2022	305		Interview W/HM & Selection
HD FQHC Primary Care Clinics	Medical Assistant	1	1/16/2022	383		Interview W/HM & Selection
HD FQHC Primary Care Clinics	Medical Assistant	1	10/14/2022	112		Interview W/HM & Selection
HD FQHC Pharmacy	Medical Assistant	1	11/2/2022	93		No RAP submitted
HD FQHC Lab	Medical Laboratory Technician	1	12/18/2021	412		Job Posted in WD
HD FQHC Lab	Medical Laboratory Technician	1	3/1/2022	339		Job Posted in WD
HD FQHC Lab	Medical Laboratory Technician	1	7/1/2021	582		On Hold for FY24 budget
HD FQHC Lab	Medical Technologist	1	3/23/2021	682		Job Posted in WD
HD FQHC Lab	Medical Technologist	1	4/15/2022	294		On Hold for FY24 budget
HD FQHC Lab	Medical Technologist	1	7/13/2022	205		On Hold for FY24 budget
HD FQHC Primary Care Clinics	Nurse Practitioner	0.8	11/29/2022	66	\$47,014	Job Posted in WD
HD FQHC Primary Care Clinics	Nurse Practitioner	0.8	10/31/2020	825	\$587,671	No Candidates/Hard to Fill
HD FQHC Primary Care Clinics	Nurse Practitioner	0.8	10/12/2021	479	\$341,205	Interview W/HM & Selection
HD FQHC Primary Care Clinics	Nurse Practitioner	0.5	4/11/2022	298	\$132,671	Job Posted in WD
HD FQHC Primary Care Clinics	Nurse Practitioner	0.8	7/15/2022	203	\$144,603	Job Posted in WD
HD FQHC Primary Care Clinics	Nurse Practitioner	0.8	12/30/2021	400	\$284,932	No Candidates/Hard to Fill
HD FQHC Primary Care Clinics	Nurse Practitioner	0.8	5/21/2022	258	\$183,781	Job Posted in WD
HD FQHC Primary Care Clinics	Nurse Practitioner	0.8	12/2/2022	63	\$44,877	Job Posted in WD
HD FQHC HIV Clinic	Office Assistant 2	1	2/2/2023	1		RAP Submitted
HD FQHC Dental	Office Assistant 2	0.8	10/10/2022	116		Interview W/HM & Selection
HD FQHC Dental	Office Assistant 2	1	9/16/2022	140		Eligible List Sent to HM
HD FQHC Dental	Office Assistant 2	1	10/8/2021	483		Pending Class Comp - Position # Created by Central Budget
HD FQHC Dental	Office Assistant 2	1	9/17/2022	139		Create Eligible List
HD FQHC Dental	Office Assistant 2	1	3/16/2022	324		Create Eligible List
HD FQHC Dental	Office Assistant 2	0.75	11/28/2022	67		No RAP submitted
HD FQHC Health Center Operations	Office Assistant 2	1	4/1/2022	308		Incumbent in WOC assignment, position not available to fill
HD FQHC Health Center Operations	Office Assistant 2	1	5/28/2022	251		Job Posted in WD
HD FQHC Health Center Operations	Office Assistant 2	1	2/1/2023	2		Open Evergreen
HD FQHC Health Center Operations	Office Assistant 2	1	1/1/2023	33		Open Evergreen
HD FQHC Health Center Operations	Office Assistant 2	1	12/30/2022	35		Open Evergreen
HD FQHC Primary Care Clinics	Office Assistant 2	1	12/23/2022	42		Filled by LDA
HD FQHC Primary Care Clinics	Office Assistant 2	1	10/17/2022	109		Incumbent in WOC assignment, position not available to fill
HD FQHC Primary Care Clinics	Office Assistant 2	1	1/17/2023	17		Job Posted in WD

HD FQHC Primary Care Clinics	Office Assistant 2	1	10/1/2022	125		Eligible List Sent to HM
HD FQHC Primary Care Clinics	Office Assistant 2	1	1/23/2023	11		Incumbent in WOC assignment, position not available to fill
HD FQHC Primary Care Clinics	Office Assistant 2	1	11/17/2022	78		Scoring - HM Assessment
HD FQHC Pharmacy	Office Assistant 2	1	1/19/2021	745		No RAP submitted
HD FQHC Student Health Centers	Office Assistant Senior	0.83	12/12/2022	53		Interview W/HM & Selection
HD FQHC Dental	Office Assistant Senior	1	12/5/2022	60		Filled - OA Srs coving 2 clinics
HD FQHC Dental	Office Assistant Senior	1	2/1/2023	2		Will not be filled
HD FQHC Health Center Operations	Office Assistant Senior	1	4/5/2022	304		No RAP submitted
HD FQHC Health Center Operations	Operations Supervisor	1	10/4/2022	122		Filled with Limited Duration
HD FQHC Pharmacy	Pharmacist	1	4/28/2022	281	\$230,959	Recruitment Paused
HD FQHC Pharmacy	Pharmacist	1	4/28/2022	281	\$230,959	Recruitment Paused
HD FQHC Pharmacy	Pharmacist	1	11/4/2022	91	\$74,795	Filled - New Hire
HD FQHC Pharmacy	Pharmacist	0.6	12/31/2022	34	\$16,767	Job Posted in WD
HD FQHC Pharmacy	Pharmacy Technician	1	10/15/2022	111		Lateral Transfer Posted
HD FQHC Pharmacy	Pharmacy Technician	1	7/16/2020	932		Evergreen
HD FQHC Pharmacy	Pharmacy Technician	1	1/23/2023	11		No RAP
HD FQHC Pharmacy	Pharmacy Technician	1	10/11/2022	115		Lateral Transfer Posted
HD FQHC Pharmacy	Pharmacy Technician	1	10/25/2022	101		Lateral Transfer Posted
HD FQHC Primary Care Clinics	Physician	0.6	7/1/2022	217	\$148,927	No Candidates/Hard to Fill
HD FQHC Primary Care Clinics	Physician	1	10/1/2021	490	\$560,479	No Candidates/Hard to Fill
HD FQHC Primary Care Clinics	Physician	0.5	9/7/2022	149	\$85,216	No RAP submitted
HD FQHC Primary Care Clinics	Physician Assistant	0.9	8/18/2022	169	\$146,266	Job Posted in WD
HD FQHC Primary Care Clinics	Physician Assistant	0.6	1/7/2023	27	\$15,579	Filled - New Hire
HD FQHC Primary Care Administration and Support	Program Specialist	1	5/26/2020	983		No RAP submitted
HD FQHC Primary Care Administration and Support	Program Specialist	1	11/15/2022	80		Filled by WOC
HD FQHC Quality and Compliance	Program Specialist	1	2/26/2021	707		No RAP submitted
HD FQHC ICS Administration	Program Specialist Senior	1	4/29/2021	645		Scoring - HM Assessment
HD FQHC Dental	Program Supervisor	1	9/12/2022	144		Incumbent in WOC assignment, position not available to fill
HD FQHC Health Center Operations	Program Supervisor	1	8/16/2022	171		Filled with WOC
HD FQHC ICS Administration	Project Manager Represented	1	9/22/2022	134		Filled
HD FQHC ICS Administration	Project Manager Represented	1	10/18/2021	473		No RAP submitted
HD FQHC ICS Administration	Quality Manager	1	11/1/2020	824		Incumbent in WOC assignment, position not available to fill

Vacancy Report (Feb 2023)

Total Vacant Positions

Represents Vacancies as of Feb 03, 2022

133

Metric	#/ Days/ \$\$	Explanation	Change	
Vacant Positions without Duplication				
Total Non Duplicated Vacancies	115	These are the total number of positions which are vacant and planned for recruitment.	Decrease	↓
Non duplicated: Not posted	32	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.	Decrease	↓
Non duplicated: Posted for Recruitment	45	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.	Increase	↑
Non Duplicated: Interview or final hire stage	38	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.	Decrease	↓
Non Duplicated Vacancy Data				
Average vacancy length (days)	240	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.	Increase	↑
Average Time to Fill (days)	110	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.	Increase	↑
Financial Impact of Non Duplicated Vacancies				
Total FTE associated with direct revenue vacancies	28.2	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.	Decrease	↓
Estimated sum of lost revenue	\$4,576,613	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.	Decrease	↓
<div> <div>\$5.2M</div> <div>\$4.5M</div> <div>\$5.7M</div> <div>\$5.8M</div> <div>\$4.6M</div> </div> <div>Oct 22 Nov 22 Dec 22 Jan 23 Feb 23</div>	Duplicate, Inactive Vacancies			
Total duplicated, inactive vacancies	18	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.	Decrease	↓
Financial Impact of duplicated, Inactive Vacancies				
Total FTE associated with direct revenue, inactive vacancies	1	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.	No Change	●
Estimated sum of lost revenue	\$11,717	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.	Increase	↑

Itemized General Journal Entries Pivot Table

Row Labels	Sum of Amount
01000 General Fund	-574.1
01505 Federal/State Program Fund	116.76
03003 Health Department FQHC Fund	14016.88
19067 ARPA Federal Multco American Rescue Plan Act	8944.46
19077 ARPA Federal Community Health Centers 93.224	-250
19088 ARPA Federal Health Center Infrastructure Support 93.526	537.87
19093 COVID-19 State PE44 School Based Health and Recovery	0
19100 COVID-19 Local Administration of COVID-19 Treatments in Primary Care	0.7
30001 Fee for Services (FFS) - FQHC Medicaid Wraparound	278377.77
30002 Other - Medicaid Quality and Incentives	115925.35
30004 Federal - Primary Care (PC) 330 - 93.224	16041.83
30007 Federal - Homeless General - 93.224	249.97
30012 State - School Based Health Clinics (SBHC)	4754.47
30013 Fee for Services (FFS) - Medicaid - Care Oregon	1996846.41
30014 Fee for Services (FFS) - Medicaid	515200.78
30015 Fee for Services (FFS) - Medicare	416235.18
30017 Fee for Services (FFS) - Oregon ContraceptiveCare (CCare)	725.43
30018 Fee for Services (FFS) - Medicaid Pharmacy	3486.86
30044 Federal - Rapid Start - Special Projects - 93.928	-117.2
30049 Fee for Services (FFS) - Patient Fees 3rd Party	133805.85
30050 Fee for Services (FFS) - Patient Fees	3310.5
Grand Total	3507635.77

Project Information		Financial Summary		Operational Metrics		Compliance & Risk		Performance Indicators		Resource Allocation		Timeline & Milestones		Reporting & Audit		Stakeholder Engagement		Overall Status	
Project ID	Project Name	Budget (USD)	Actual (USD)	Progress (%)	Completion Date	Compliance Score	Risk Level	Efficiency Index	Quality Score	Team Size	Equipment Count	Start Date	End Date	Last Report	Audit Status	Client Satisfaction	Internal Feedback	On Track	Completed
P001	Project Alpha	1000000	980000	95%	2023-12-31	98%	Low	92%	95%	15	5	2023-01-01	2023-12-31	2023-12-15	Passed	90%	85%	Yes	Yes
P002	Project Beta	1200000	1150000	88%	2024-01-15	95%	Medium	88%	90%	18	7	2023-02-01	2024-01-15	2023-12-20	Passed	88%	82%	Yes	Yes
P003	Project Gamma	800000	790000	92%	2023-11-30	99%	Low	94%	96%	12	3	2023-03-01	2023-11-30	2023-12-10	Passed	92%	88%	Yes	Yes
P004	Project Delta	1500000	1480000	90%	2024-02-28	96%	Medium	90%	92%	20	8	2023-04-01	2024-02-28	2023-12-25	Passed	89%	84%	Yes	Yes
P005	Project Epsilon	900000	890000	93%	2023-12-15	97%	Low	93%	97%	14	4	2023-05-01	2023-12-15	2023-12-12	Passed	91%	89%	Yes	Yes
P006	Project Zeta	1100000	1080000	89%	2024-01-31	96%	Medium	89%	91%	17	6	2023-06-01	2024-01-31	2023-12-28	Passed	88%	83%	Yes	Yes
P007	Project Eta	700000	690000	91%	2023-11-15	98%	Low	94%	96%	10	2	2023-07-01	2023-11-15	2023-12-05	Passed	92%	89%	Yes	Yes
P008	Project Theta	1300000	1280000	87%	2024-02-15	95%	Medium	88%	90%	19	7	2023-08-01	2024-02-15	2023-12-22	Passed	88%	83%	Yes	Yes
P009	Project Iota	600000	590000	94%	2023-12-01	99%	Low	95%	98%	8	1	2023-09-01	2023-12-01	2023-11-25	Passed	93%	91%	Yes	Yes
P010	Project Kappa	1400000	1380000	86%	2024-03-01	94%	Medium	87%	89%	21	9	2023-10-01	2024-03-01	2023-12-30	Passed	87%	82%	Yes	Yes
P011	Project Lambda	500000	490000	96%	2023-11-01	99%	Low	96%	99%	6	1	2023-11-01	2023-11-01	2023-10-25	Passed	94%	92%	Yes	Yes
P012	Project Mu	1600000	1580000	85%	2024-03-15	93%	Medium	86%	88%	22	10	2023-11-01	2024-03-15	2023-12-27	Passed	86%	81%	Yes	Yes
P013	Project Nu	400000	390000	97%	2023-10-31	99%	Low	97%	99%	4	1	2023-12-01	2023-10-31	2023-10-20	Passed	95%	93%	Yes	Yes
P014	Project Xi	1700000	1680000	84%	2024-04-01	92%	Medium	85%	87%	23	11	2023-12-01	2024-04-01	2023-12-29	Passed	85%	80%	Yes	Yes
P015	Project Omicron	300000	290000	98%	2023-10-15	99%	Low	98%	99%	3	1	2023-11-01	2023-10-15	2023-10-10	Passed	96%	94%	Yes	Yes
P016	Project Pi	1800000	1780000	83%	2024-04-15	91%	Medium	84%	86%	24	12	2023-12-01	2024-04-15	2023-12-26	Passed	84%	79%	Yes	Yes
P017	Project Rho	200000	190000	99%	2023-09-30	99%	Low	99%	99%	2	1	2023-11-01	2023-09-30	2023-09-25	Passed	97%	95%	Yes	Yes
P018	Project Sigma	1900000	1880000	82%	2024-05-01	90%	Medium	83%	85%	25	13	2023-12-01	2024-05-01	2023-12-28	Passed	83%	78%	Yes	Yes
P019	Project Tau	250000	240000	100%	2023-09-15	99%	Low	100%	100%	1	1	2023-11-01	2023-09-15	2023-09-10	Passed	98%	96%	Yes	Yes
P020	Project Upsilon	2100000	2080000	81%	2024-05-15	89%	Medium	82%	84%	26	14	2023-12-01	2024-05-15	2023-12-27	Passed	82%	77%	Yes	Yes
P021	Project Phi	350000	340000	100%	2023-10-01	99%	Low	100%	100%	5	2	2023-11-01	2023-10-01	2023-09-20	Passed	99%	97%	Yes	Yes
P022	Project Chi	2200000	2180000	80%	2024-06-01	88%	Medium	81%	83%	27	15	2023-12-01	2024-06-01	2023-12-29	Passed	81%	76%	Yes	Yes
P023	Project Psi	450000	440000	100%	2023-11-01	99%	Low	100%	100%	7	3	2023-11-01	2023-11-01	2023-10-20	Passed	99%	97%	Yes	Yes
P024	Project Omega	2300000	2280000	79%	2024-06-15	87%	Medium	80%	82%	28	16	2023-12-01	2024-06-15	2023-12-28	Passed	80%	75%	Yes	Yes
P025	Project A	550000	540000	100%	2023-12-01	99%	Low	100%	100%	9	4	2023-11-01	2023-12-01	2023-11-20	Passed	99%	97%	Yes	Yes
P026	Project B	650000	640000	100%	2023-11-15	99%	Low	100%	100%	10	5	2023-11-01	2023-11-15	2023-11-10	Passed	99%	97%	Yes	Yes
P027	Project C	750000	740000	100%	2023-12-01	99%	Low	100%	100%	11	6	2023-11-01	2023-12-01	2023-11-20	Passed	99%	97%	Yes	Yes
P028	Project D	850000	840000	100%	2023-11-30	99%	Low	100%	100%	12	7	2023-11-01	2023-11-30	2023-11-20	Passed	99%	97%	Yes	Yes
P029	Project E	950000	940000	100%	2023-12-15	99%	Low	100%	100%	13	8	2023-11-01	2023-12-15	2023-12-05	Passed	99%	97%	Yes	Yes
P030	Project F	1050000	1040000	100%	2023-12-31	99%	Low	100%	100%	14	9	2023-11-01	2023-12-31	2023-12-20	Passed	99%	97%	Yes	Yes
P031	Project G	1150000	1140000	100%	2024-01-15	99%	Low	100%	100%	15	10	2023-11-01	2024-01-15	2024-01-05	Passed	99%	97%	Yes	Yes
P032	Project H	1250000	1240000	100%	2024-02-01	99%	Low	100%	100%	16	11	2023-11-01	2024-02-01	2024-01-20	Passed	99%	97%	Yes	Yes
P033	Project I	1350000	1340000	100%	2024-02-15	99%	Low	100%	100%	17	12	2023-11-01	2024-02-15	2024-02-05	Passed	99%	97%	Yes	Yes
P034	Project J	1450000	1440000	100%	2024-03-01	99%	Low	100%	100%	18	13	2023-11-01	2024-03-01	2024-02-20	Passed	99%	97%	Yes	Yes
P035	Project K	1550000	1540000	100%	2024-03-15	99%	Low	100%	100%	19	14	2023-11-01	2024-03-15	2024-03-05	Passed	99%	97%	Yes	Yes
P036	Project L	1650000	1640000	100%	2024-04-01	99%	Low	100%	100%	20	15	2023-11-01	2024-04-01	2024-03-20	Passed	99%	97%	Yes	Yes
P037	Project M	1750000	1740000	100%	2024-04-15	99%	Low	100%	100%	21	16	2023-11-01	2024-04-15	2024-04-05	Passed	99%	97%	Yes	Yes
P038	Project N	1850000	1840000	100%	2024-05-01	99%	Low	100%	100%	22	17	2023-11-01	2024-05-01	2024-04-20	Passed	99%	97%	Yes	Yes
P039	Project O	1950000	1940000	100%	2024-05-15	99%	Low	100%	100%	23	18	2023-11-01	2024-05-15	2024-05-05	Passed	99%	97%	Yes	Yes
P040	Project P	2050000	2040000	100%	2024-06-01	99%	Low	100%	100%	24	19	2023-11-01	2024-06-01	2024-05-20	Passed	99%	97%	Yes	Yes
P041	Project Q	2150000	2140000	100%	2024-06-15	99%	Low	100%	100%	25	20	2023-11-01	2024-06-15	2024-06-05	Passed	99%	97%	Yes	Yes
P042	Project R	2250000	2240000	100%	2024-07-01	99%	Low	100%	100%	26	21	2023-11-01	2024-07-01	2024-06-20	Passed	99%	97%	Yes	Yes
P043	Project S	2350000	2340000	100%	2024-07-15	99%	Low	100%	100%	27	22	2023-11-01	2024-07-15	2024-07-05	Passed	99%	97%	Yes	Yes
P044	Project T	2450000	2440000	100%	2024-08-01	99%	Low	100%	100%	28	23	2023-11-01	2024-08-01	2024-07-20	Passed	99%	97%	Yes	Yes
P045	Project U	2550000	2540000	100%	2024-08-15	99%	Low	100%	100%	29	24	2023-11-01	2024-08-15	2024-08-05	Passed	99%	97%	Yes	Yes
P046	Project V	2650000	2640000	100%	2024-09-01	99%	Low	100%	100%	30	25	2023-11-01	2024-09-01	2024-08-20	Passed	99%	97%	Yes	Yes
P047	Project W	2750000	2740000	100%	2024-09-15	99%	Low	100%	100%	31	26	2023-11-01	2024-09-15	2024-09-05	Passed	99%	97%	Yes	Yes
P048	Project X	2850000	2840000	100%	2024-10-01	99%	Low	100%	100%	32	27	2023-11-01	2024-10-01	2024-09-20	Passed	99%	97%	Yes	Yes
P049	Project Y	2950000	2940000	100%	2024-10-15	99%	Low	100%	100%	33	28	2023-11-01	2024-10-15	2024-10-05	Passed	99%	97%	Yes	Yes
P050	Project Z	3050000	3040000	100%	2024-11-01	99%	Low	100%	100%	34	29	2023-11-01	2024-11-01	2024-10-20	Passed	99%	97%	Yes	Yes

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1. The first part of the document discusses the importance of maintaining accurate records of all transactions and the role of the accounting system in this process. It highlights the need for a robust system that can handle large volumes of data and provide real-time reporting.

2. The second part of the document focuses on the implementation of the accounting system, including the selection of software and the training of staff. It emphasizes the importance of a smooth transition and the need for ongoing support and maintenance.

3. The third part of the document discusses the challenges of integrating the accounting system with other business systems, such as CRM and ERP. It provides strategies for overcoming these challenges and ensuring data consistency across all systems.

4. The fourth part of the document addresses the security of the accounting system, including the implementation of firewalls, encryption, and regular security audits. It also discusses the importance of user access controls and the need for a disaster recovery plan.

5. The fifth part of the document discusses the future of accounting systems, including the use of cloud computing, artificial intelligence, and blockchain technology. It provides insights into how these technologies will shape the accounting landscape in the coming years.

6. The sixth part of the document discusses the importance of data backup and recovery, including the use of off-site storage and the need for regular testing of recovery procedures. It also discusses the importance of data retention policies and the need for a clear data governance framework.

7. The seventh part of the document discusses the importance of user training and support, including the use of online resources and the need for a dedicated support team. It also discusses the importance of user feedback and the need for a continuous improvement process.

8. The eighth part of the document discusses the importance of compliance with accounting standards and regulations, including the use of audit trails and the need for a clear compliance framework. It also discusses the importance of staying up-to-date with the latest accounting standards and regulations.

9. The ninth part of the document discusses the importance of data integrity and the need for a clear data governance framework. It also discusses the importance of data quality and the need for a clear data quality framework.

10. The tenth part of the document discusses the importance of data security and the need for a clear data security framework. It also discusses the importance of data privacy and the need for a clear data privacy framework.

11. The eleventh part of the document discusses the importance of data availability and the need for a clear data availability framework. It also discusses the importance of data performance and the need for a clear data performance framework.

12. The twelfth part of the document discusses the importance of data consistency and the need for a clear data consistency framework. It also discusses the importance of data accuracy and the need for a clear data accuracy framework.

13. The thirteenth part of the document discusses the importance of data completeness and the need for a clear data completeness framework. It also discusses the importance of data timeliness and the need for a clear data timeliness framework.

14. The fourteenth part of the document discusses the importance of data reliability and the need for a clear data reliability framework. It also discusses the importance of data validity and the need for a clear data validity framework.

15. The fifteenth part of the document discusses the importance of data integrity and the need for a clear data integrity framework. It also discusses the importance of data security and the need for a clear data security framework.

16. The sixteenth part of the document discusses the importance of data availability and the need for a clear data availability framework. It also discusses the importance of data performance and the need for a clear data performance framework.

17. The seventeenth part of the document discusses the importance of data consistency and the need for a clear data consistency framework. It also discusses the importance of data accuracy and the need for a clear data accuracy framework.

18. The eighteenth part of the document discusses the importance of data completeness and the need for a clear data completeness framework. It also discusses the importance of data timeliness and the need for a clear data timeliness framework.

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1. The first part of the document discusses the importance of maintaining accurate records of all transactions and the role of the accounting system in this process.

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1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes the need for transparency and accountability in financial reporting.

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3. The third part of the document explores the challenges and opportunities associated with global trade and international relations. It discusses the impact of trade agreements and the role of multilateral organizations.

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4. The fourth part of the document addresses the environmental impact of human activities and the need for sustainable development. It discusses the role of governments and businesses in reducing carbon footprints and promoting green practices.

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5. The fifth part of the document discusses the importance of innovation and research in driving economic growth and progress. It highlights the role of universities, research institutions, and private industry in fostering a culture of innovation.

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6. The sixth part of the document discusses the role of education in shaping the future of society. It emphasizes the importance of providing quality education to all children and the need for continuous learning and skill development.

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7. The seventh part of the document discusses the importance of maintaining a healthy and safe environment for all. It highlights the need for strict regulations and enforcement to protect public health and the environment.

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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:

$$\frac{\text{Indirect Eligible Payroll}}{\text{Total Health Dept Direct Payroll}} = \text{HD Indirect Rate \%}$$


$$\text{HD Indirect Rate (\%)} \times \text{Division Payroll (\$)}^* = \text{Division pays to HD Indirect Cost Pool (\$)}$$

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>