



Regular Public Meeting

March 2023



**community health
center board**

Multnomah County

Public Meeting Agenda March 13, 2023 6:00-8:00 PM (via Zoom)

Community 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 February 13 Public Meeting Minutes	Board reviews and votes
6:15-6:25 (10 min)	HRSA H8F ARPA grant- Budget Revision- VOTE REQUIRED Alex Lehr O'Connell, Senior Grants Management Specialist	Board reviews and votes
6:25-6:30 (5 min)	HRSA H8F ARPA grant- Request for an Extension Without Funds until 12/31/2023 - VOTE REQUIRED Alex Lehr O'Connell, Senior Grants Management Specialist	Board reviews and votes
6:30-6:40 (10 min)	Ryan White Part D - VOTE REQUIRED Nick Tipton, Regional Manager Senior	Board reviews and votes
6:40-6:50 (10 min)	Auditor report from Moss Adams- annual 330 grant audit Ashley Osten, Auditor	Board receives updates and provides feedback
	10 Minute Break	
7:00-7:15 (15 min)	FY24 Budget approval- VOTE REQUIRED Jeff Perry, Chief Financial Officer Adrienne Daniels, Interim Executive Director	Board reviews and votes on the proposed FY24 budget



7:15-7:30 (15 min)	Q4 Patient Experience Surveys Linda Niksich, Program Specialist Senior, Quality Team	Board receives updates and provides feedback
7:30-7:40 (10 min)	Confirm new board members: Alina Stircu & Patricia Patron- VOTE REQUIRED Grace Savina, Community Engagement Strategist	Board reviews and votes on new board members
7:40-7:50 (10 min)	Labor Relations Updates Adrienne Daniels, Interim Executive Director <i>Bargaining and Negotiation Updates (Closed Executive Session)</i> <i>CHCB to receive confidential report in separate Zoom</i>	Board receives updates in an executive session
7:50-8:05 (15 min)	Monthly Budget and Financial Reports Jeff Perry, Chief Financial Officer	Board receives updates and provides feedback
8:05pm	Meeting Adjourns	Thank you for your participation



CHCB Public Meeting Meeting Minutes 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

Darrell Wade – Treasurer

Fabiola Arreola – Board Member (Absent)

Tamia Deary - Vice-Chair

Brandi Velasquez - Member-at-Large

Susana Mendoza -Board Member

Pedro Sandoval Prieto – Secretary

Kerry Hoeschen – Member-at-Large (*Absent*)

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

Board Members Excused/Absent: Kerry Hoeschen, Fabiola Arreola

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
Call to Order / Welcome Harold Odhiambo, CHCB Chair	Meeting begins 6:07 PM We <u>do have a quorum</u> with 6 members present. Victor and Rosie were present as Spanish Interpreters			
Minutes Review -VOTE REQUIRED Review Public Meeting minutes	Reviewed 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	Motion to approve: Bee Second: Darell Yays: 5 Nays: Abstain: 1 Decision: Approved		
Q3 Patient Experience Surveys Linda Niksich, Program Specialist Senior, Quality Team	Linda presented a trends summary of the Quarter 3 Patient Surveys that was presented to the QualComm <ul style="list-style-type: none">● Linda present Q4 next month on monitored trends(Q3 delayed to CHCB due to long agenda in Jan)			



- Crossroads uses standardized surveys and compares with over 100 Community Health Centers. Benchmarks are compared to OPCA, the State, Western region and Nationally. The surveys are divided into three categories (along with benchmarks) our trends are showing for Primary Care :
 - Satisfaction
 - Below national benchmark and demographics factors affecting were by language
 - Monitoring trends for Q4
 - Will report back to CHCB next month
 - Likelihood
 - Factors affecting benchmark goal is patient results by language and race
 - Referral intentions are similar results
 - Experiences
 - Trends showing that same day responses to questions
 - Monitoring test results communications as trend shows down
 - Somali patients were added in Q3
 - Behavioral Health added in Q2
 - watching for trends with referral intentions
 - Q4 data will show better data



	<ul style="list-style-type: none"> ● Pharmacy: Transportation for prescriptions biggest barrier for patients ● Dental : Access to appointments and cancellations are reported by patients as most dissatisfied <p>Q's: Interested in who is providing people doing the phone surveys and vetting process (in languages other than English)? How are they hired? Are the following the same guidelines, certifications as interpreters? We want to ensure there is still the same due diligence in place as interpreters get.</p> <p>A: Crossroads surveyors get full training and hired for their languages they speak and expertise</p> <ul style="list-style-type: none"> ○ They translate they surveys for language and cultural meaning and content <p>Q: Concern that we are below the benchmark is alarming as we have progressed. What will be a remedial action to get to a better percentage and better patient satisfaction?</p> <p>A: Strategies with management are in progress. Q4 results will be relayed and show signs of improvement and will relay back to the Board. Our benchmarks show only a little difference in percentage from nation. It helps improve our metrics and measure the information provided. Quality plan is addressing these trends and tracking</p> <p>Comment: Pedro thanks Linda - mentioned a recent good interaction with a scheduler</p>		Linda to follow up Project Manager to connect with Crossroads policies for their onboarding process	Future Quality Committee meeting
Q4 Complaints and Incidents	<ul style="list-style-type: none"> ● Kimmy presented Q4 data on patient complaints and incident reports 			



Kimmy Hicks, Project Manager, Quality Team	<ul style="list-style-type: none">○ Location<ul style="list-style-type: none">■ Complaints:<ul style="list-style-type: none">● Medical shows most complaints - likely due to more appointments scheduled than dental■ Incidents :<ul style="list-style-type: none">● Data remaining consistent across health centers○ Type<ul style="list-style-type: none">■ Complaints :<ul style="list-style-type: none">● Scheduling, customer service and clinical care are top 3 categories● Referral issues and medication problems■ Incidents :<ul style="list-style-type: none">● Reduced in last 3 months with Primary Care showing higher data○ Quality improvement projects:<ul style="list-style-type: none">■ New initiative, Quarterly Peer review to launch March-June '23<ul style="list-style-type: none">● Providers will get trainings and report out using an audit tool reviewed by their peers● Meets FTCA requirement■ Sterilization project began in Fall 2022<ul style="list-style-type: none">● Reviewing current state of our process● Looking at gaps● Make recommendations for improvements			
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Kimmy to bring back to the Board provider participation

After peer review completes



	<ul style="list-style-type: none"> ○ New Initiative : PAC redesign implementation March-June '23 <ul style="list-style-type: none"> ■ Improved phone tree and call routing ■ Lessen wait times ■ Hit abdomen rate target at less than 10 percent <p>Q: Noticed an increase of complaints at the Student health Centers . What kind of complaints are these?</p> <ul style="list-style-type: none"> ● Numbers are by summation vs exact complaint as we are protecting identifying information 		Kimmy to provide SHC complaint type to CHCB liaison for Board member access	
Executive Director Evaluation Steven Sutton, Human Resources Director	<p>Steve presents a high level overview of the 2022 results for the annual CHC Executive Director evaluation</p> <ul style="list-style-type: none"> ● Board recognizes the current interim ED's outstanding skills and provided great feedback for future development <ul style="list-style-type: none"> ○ Understanding of CHC operations and management ○ Strong grasp of financial matters ○ Creates a positive working environment to attract, retain and motivate a diverse staff ○ Established effective relationships with internal and external organizations ○ Potential growth needed in enhancing relationship with the CHCB and BOCC ○ More support requested in CHCB governing duties and cultivating Board participation ins strategic planning process ○ Request for more accurate and timely information at 	Steve to connect with Board members prior to next year survey		



	<p>board meetings</p> <p>Comment: Board previously discussed improvement of the access to the evaluation survey process and need to improve ability in areas as to get feedback from staff to assist board members providing a thorough evaluation. Possibly bring to ExComm do evaluation two times a year.</p>			
10 min break	7: 03- 7:13 PM			
<p>Monthly Budget and Financial Reports</p> <p>-Jeff Perry, Chief Financial Officer, ICS</p> <p>-Adrienne Daniels, Interim Executive Director</p> <p>-Joe Berhost, Interim Health Human Resource Deputy Director</p>	<p><u>Regular monthly financial updates (Jeff Perry):</u></p> <p>We are about 6 months into the fiscal year.</p> <p>YTD</p> <ul style="list-style-type: none"> ● Revenue is \$88.3 million, 53% of the budget. ● Expenses are \$71.9 million, 43% of the budget. ● \$16.4m net income/surplus. <p>Monthly basis December</p> <ul style="list-style-type: none"> ● Revenue is running \$16.5 million, ● Expenses are around \$12.2 million, ● Surplus of \$4.3million for the month <p>Program Level</p> <ul style="list-style-type: none"> ● Dental : Deficit \$1million ● Pharmacy: Surplus \$2.3million ● Primary Care : Surplus \$17.1million ● Student Health Centers : Breaking Even ● HIV : Surplus \$770K <p>Program income:</p>			



- \$119mil ; 73% of revenue for the month
- YTD \$69.5mil ; 79% revenue

FQHC Average Internal Service costs:

- \$12.8 mil indirect/internal costs

FQHC Average Billable Visits:

- Student Health Center is tracking below last year, 38 tending below last year's target.
- Dental is tracking similar to last year, but below target.
- Primary care is tracking similar as last year, but still tracking below target.

Uninsured patients:

- Primary care is tracking higher than target.
- Dental is tracking below target.

Payer mix is consistent, not much changed the past few quarters. Care Oregon is still predominant

OHP Patients Assigned to our services; Care Oregon added additional 141 patients for the month

Vacancy Report (Adrienne Daniels):

- Board members previously requested interest in trends for report out presentations
- Variation Sept '22 - Feb '23 downward trends - decrease total number of vacancies
- Downward trend decrease vacancies as of 2022
- Predict ongoing wait time to fill positions



- Linear trend constantly same positions

Trends from past year and Operational Investments (Joe Berhorst):

- 156 hires in 2022 and 87 of those were regular positions
 - Increase in BIPOC hires which is representative of frontline staff
- 175 exited organization in 2022 with the majority having 0-1 year with the organization
 - Other employment opportunities retirements and relocation show consistent reasons for leaving
- Looking at best practices to retraining staff
 - Onboarding process improvements
 - Kaizen event was held recently to look at current workflow and identify areas to improve
 - Reduced workflows to hire
 - Changed hiring criteria for MA roles to allow higher compensation
 - EFDA training program provided for staff
 - Increased supervisor salary compensation
 - Working in hiring bonus
 - Attending career fairs to engage local market and outreach
 - Working with partners in diversity and worksource to build relationships with community

Q: The data that shows terminations, does that include those that don't stay after the probation period? Does that number stay consistent year to year?

A: Yes, the probationary period is included. Stays consistent but would need to pull data to look year to year.

Joe to provide year to year data on terminations to Board members



			to look at if COVID related or changing	
Committee Updates -Finance Committee: Darrell Wade, Treasurer -Quality Committee: Tamia Deary, Quality Chair -Executive Committee: Harold Odhiambo, Board Chair -Nominating Committee: Harold Odhiambo, Board Chair	Tamia, Quality Committee : QualComm meeting scheduled for tomorrow (Feb.14th) so no recent updates; Committee is prioritizing implementation of the complaint policy and looking at trends that were presented today. Committee on identifying and working on the Quality plan Darrell, Finance Committee : <i>(mic issues)</i> Harold, Executive Committee : Board priorities which include discussing budget updates, evaluations of the Executive Director results and committee appointments. Concluded new Board applicants will attend 3 full meetings			
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"> ● La clinica Site expansion <ul style="list-style-type: none"> ○ Arranging focus groups this month with Spanish and Somali to gain feedback and recommendations on transition planning ○ Collaborated with PCC and opportunity partners to hear about most demanded questions from students and how to partner with community engagement and workforce development ○ Health Services Center location that recently completed a patient medical home certification renewal. Feedback was high and recognized from the State to be highlighted nationally which reflects the 		Adrienne to provide more in depth presentation to the Board later this year	



	<p>work of being community centered</p> <p>Supporting Fiscally Sound and Accountable practices which advance health equity and center on racial equity</p> <ul style="list-style-type: none">○ Nearing completion of our service Level Agreements (SLA) which determine what services the Health centers pay through indirect rates for our budget. Completion set to be by end of February○ Negotiation with the OHA to advocate for importance of Z-coding, and the inappropriate impact it has on our refugee and asylum patients denials <p>Equitable treatment that assures all people receive high quality, safe, and meaningful care</p> <ul style="list-style-type: none">● Dental and Primary Care are showing high rates with access to care<ul style="list-style-type: none">○ Special access for patients with Diabetes met all all but one clinic● Performance improvements in 2022 with breast cancer, depression and HIV screenings● Working with community partners on our mobile clinics to be presented to the Board in spring● Dental opioid prescription rates have decreased due to advocacy and education from our providers without sacrificing our patient care <p>Engaged, Expert, Diverse Workforce which reflects the communities we serve</p> <ul style="list-style-type: none">● New hire bonuses for nursing roles			
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	<ul style="list-style-type: none"> ● New process in place for recruitments which is a better experience for staff ● Working with OCHIN to support CHWs to become certified through State training and financially support the cost to reduce barriers to allow more staff to be certified 			
Executive Director Update (Closed Session) <i>CHCB Board Members to discuss in a confidential separate Zoom</i>	<p>The Board Chair discussed the recent resignation of the chosen incoming Executive Director</p> <p>Board members expressed concerns with the process that are in place and priorities set. Request was to move forward with an executive session to discuss employment of the role.</p> <p>Board moved to confidential session at : 7:52pm</p>	Motion to approve: Tamia Second: Darell Yays: 6 Nays: Abstain: Decision: Approved	Board Members to email CHCB Liaison with shared interest on participating with new recruitment	2/17/23
Meeting Adjourns	Meeting adjourns 8:22 PM			Next public meeting scheduled on 3/13/23

Signed: _____ Date: _____

Pedro Prieto Sandoval, Secretary

Signed: _____ Date: _____

Harold Odhiambo, Board Chair

Scribe name/email:
Crystal Cook
crystal.cook@multco.us

Grant Approval Request Summary

Community Health Center Board (CHCB) Authority and Responsibility

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

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

Please type or copy/paste your content in the white spaces below. When complete, please return/share the document with **Board Liaison, CHCB.Liaison@multco.us**

Grant Title									
This funding will support: <i>Please add an "X" in the category that applies.</i> <table border="1" data-bbox="483 1087 1135 1272"> <tr> <td>Current Operations</td> <td>Expanded Services or Capacity</td> <td>New Services</td> </tr> <tr> <td>X</td> <td></td> <td></td> </tr> </table>				Current Operations	Expanded Services or Capacity	New Services	X		
Current Operations	Expanded Services or Capacity	New Services							
X									
Date of Presentation:	2/27/2023	Program / Area:	HRSA Compliance / Budget						
Presenters:	Alex Lehr O'Connell								
Project Title and Brief Description:									
Budget Revision for existing HRSA ARPA H8F COVID-19 Grant									
What need is this addressing?:									
CHCB previously approved purchase of equipment to support ongoing efforts responding to the COVID-19 pandemic. At the time, the intent was to use funds received by Multnomah County overall from the American Rescue Plan Act (ARPA). However, those items were not received in time to meet that grant's									



deadline. Thus, we need to use an alternate funding source to cover those costs. We have sufficient funds remaining in our existing approximately \$11M HRSA ARPA H8F grant to cover the equipment costs. In order to do so, we need to submit a Prior Approval request to HRSA to revise the budget to include equipment costs, an allowable expense under that grant program.

Additionally, we initially budgeted significant funds from the HRSA ARPA H8F grant to cover personnel costs. Hiring additional personnel has proven a major challenge, so we have shifted reliance on new personnel to agency staff, which are budgeted under the separate Professional Services category. This requires us to move funds from the Personnel category to Professional services.

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

The budget revision, if approved by CHCB and HRSA, will allow us to cover prior and ongoing costs related to equipment and staffing, and ensuring that we make use of all funds available to our health center through the HRSA ARPA H8F grant.

What is the total amount requested: \$

Please see attached budget

Expected Award Date and project/funding period:

The current grant ends 3/31/2023, but we plan to submit a separate request to extend the grant period until 12/31/2023.

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

(Please be sure to also note any financial outcomes)

With a yes vote, we will submit a Prior Approval budget revision request to HRSA.

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

(Please be sure to also note any financial outcomes)

With a no vote, we will not submit a budget revision request to HRSA, and will need to find alternate funds to cover equipment and Professional Services costs. We would also risk losing any HRSA ARPA H8F funds we are unable to spend.

Related Change in Scopes Requests:



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

N/A

Proposed Budget (when applicable)

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



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

Total Indirect Costs (12.16% of A)			
Total Project Costs (Direct + Indirect)			

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



Grant Approval Request Summary

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Please type or copy/paste your content in the white spaces below. When complete, please return/share the document with **Board Liaison, CHCB.Liaison@multco.us**

Grant Title									
This funding will support: <i>Please add an "X" in the category that applies.</i> <table border="1" data-bbox="483 1087 1135 1272"> <tr> <td>Current Operations</td> <td>Expanded Services or Capacity</td> <td>New Services</td> </tr> <tr> <td>X</td> <td></td> <td></td> </tr> </table>				Current Operations	Expanded Services or Capacity	New Services	X		
Current Operations	Expanded Services or Capacity	New Services							
X									
Date of Presentation:	2/27/2023	Program / Area:	HRSA Compliance / Budget						
Presenters:	Alex Lehr O'Connell								
Project Title and Brief Description:									
Extension Without Funds request for existing HRSA ARPA H8F COVID-19 Grant									
What need is this addressing?:									
CHCB previously approved our grant application and budget for the approximately \$11M grant from HRSA's ARPA H8F funding program. This grant supports ongoing efforts responding to the COVID-19 pandemic. To date, we have spent just over 50% of the grant, which has an end date of 3/31/2023. We plan									



to request that HRSA issue us an Extension Without Funds which would extend the timeframe for us to use these funds until 12/31/2023. The extension would not carry any new funding.

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

The Extension Without Funds would allow us to continue to cover ongoing costs related to COVID-19 response, and ensure that we make use of all funds available to our health center through the HRSA ARPA H8F grant.

What is the total amount requested: \$

Please see attached budget

Expected Award Date and project/funding period:

The current grant ends 3/31/2023, but the extension request would extend the grant period until 12/31/2023.

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

(Please be sure to also note any financial outcomes)

With a yes vote, we will submit a Prior Approval Extension Without Funds request to HRSA.

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

(Please be sure to also note any financial outcomes)

With a no vote, we will not submit an extension request to HRSA, and will need to find alternate funds to cover ongoing efforts to address COVID-19. We would also risk losing any HRSA ARPA H8F funds we are unable to spend by 3/31/2023.

Related Change in Scopes Requests:

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

N/A

Proposed Budget (when applicable)



Project Name:		Start/End Date:	
	Budgeted Amount	Comments (Note any supplemental or matching funds)	Total Budget
A. Personnel, Salaries and Fringe			
Position Title			
Position Description			
Position Title			
Position Description			
Total Salaries, Wages and Fringe			
B. Supplies			
Description of supplies			
Total Supplies			
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Contract description			
Total Contractual			
D. Other Costs			
Description of training and other costs			
Total Other			
Total Direct Costs (A+B+C+D)			
Indirect Costs			
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Total Indirect Costs (12.16% of A)			
Total Project Costs (Direct + Indirect)			



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

Presentation Summary

RYAN WHITE PART D Non-Competing Continuation

**Print your own copy of this document prior to filling it out...*

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Date of Presentation: 3/13/2023

Program / Service Area: HIV Health Services Center

Presenters: Nick Tipton/Marcee Kerr

This funding will support: Primary care for Women and Youth living with HIV

☒ Current Operations

☐ Expanded services or capacity

☐ New services

Project Title and Brief Description:

- Ryan White Part D – Services for Women and Youth
- The purpose of the RWHAP Part D Women, Infants, Children and Youth (WICY) program is to provide family-centered health care services in an outpatient or ambulatory care setting for low income WICY with HIV. Under this announcement, applicants must propose to provide family-centered care in outpatient or ambulatory care settings to low income women (25 years and older) with HIV, infants (up to two years of age) exposed to or with HIV, children (ages two to 12) with HIV, and youth (ages 13 to 24) with HIV. HHSC serves women and youth (age 18 -25) and works to connect pediatric cases/exposed infants to OHSU.

What need is this addressing?

- The number of low-income WICY Living with HIV (LWH) with complex medical and psychosocial needs has continued to increase, accompanied by an increase in the cost of care for these individuals and a decrease in insurance reimbursement. This has put an increased burden on the HHSC to provide more services with less funding. Part D funds complement other funds (e.g. Parts A, C, revenue, etc.) are an essential component of the funding model to ensure that low-income WICY LWH, especially those who are uninsured and underinsured, have access to comprehensive, quality medical care.

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

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

Over the past several years, the number of low-income PLWH with complex medical and psychosocial needs has continued to increase, accompanied by an increase in the cost of care for these individuals and a decrease in insurance reimbursement. This has put an increased burden on the HHSC to provide more services with less funding. Ryan White funds are essential to ensure that low-income PLWH, especially those who are uninsured and underinsured, have access to comprehensive, quality medical care. These funds have been instrumental in helping the HHSC create a unique primary care medical home focused on the needs of PLWH. This model of care helps HHSC achieve high rates of retention in care that help improve health outcomes for PLWH and help them to achieve viral load suppression, thus preventing new infections. HHSC serves approximately 1,500 patients/year - approximately 16 % of HHSC patients are women and/or youth.

What is the total amount requested: Up to \$374,930/ year for 4 years

Please see year one budget below – year two budget is in process

Expected Award Date and project/funding period: The funding period is from 8/1/2022 -7/31/2026. Year two spans 8/1/2023-7/31/2024

Presentation Summary

Briefly describe the outcome of a “YES” vote by the Council *(be sure to also note any financial outcomes)*

A “yes” vote means MCHD will submit the Ryan White Part D Non-competing continuation application that will support HHSC efforts to provide care to WICY LWH in the region.

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

A “no” vote means HHSC will not be able to submit the non-competing continuation application which means that clinical services for WICY LWH will not continue at current capacity unless alternative resources are made available.

Related Change in Scopes Requests: N/A

Ryan White Part D

8/1/2023-7/31/2024 (DRAFT- based on 8/1/2022-7/31/2023)

*Revised budget will be completed by full CHCB meeting

	Annual Salary	% FTE	Total
1. Salaries and Wages			
Regional Clinic Manager, Nicholas Tipton (in-kind)	\$128,353	0.05	\$0
Project Director/ Quality Project Manager, Marcee Kerr (in-kind)	\$90,849	0.05	\$0
Site Medical Director/Physician, Paul DenOuden	\$203,700	0.05	\$9,965
Nurse Practitioner, Lori-Ann Lima	\$134,321	0.20	\$26,864
Psychiatric Mental Health Nurse Practitioner, Gardner	\$136,357	0.05	\$6,818
Physician Assistant, Mary Tegger	\$146,808	0.20	\$29,362
Physician, Virginia Weeks	\$203,700	0.05	\$9,965
Clinic Medical Assistant, Vacant	\$57,483	0.2	\$11,497
Clinic Medical Assistant, Vacant	\$54,796	0.2	\$10,959
Clinic Medical Assistant, Alicia Rainer	\$54,027	0.2	\$10,805
Clinic Medical Assistant, Vacant	\$52,593	0.20	\$10,519
Behavioral Health/Medical Case Manager, David Zambrano	\$81,496	0.10	\$8,150

Behavioral Health/Medical Case Manager, Emily Burchell	\$78,754	0.10	\$7,875
Behavioral Health/Medical Case Manager, Alexandra Vitale	\$83,256	0.05	\$4,163
Behavioral Health/Medical Case Manager, Sarah Abuelkhair	\$76,763	0.10	\$7,676
Behavioral Health/Medical Case Manager, Lou Kurtz	\$76,763	0.10	\$7,676
Community Health Specialist/Navigator, Vacant	\$54,693	0.10	\$5,469
Lead Community Health Specialist/Navigator, Shane Wilson	\$61,684	0.20	\$12,337
Community Health Specialist/Navigator, Vacant	\$53,375	0.10	\$5,338
Clinical Psychologist, Renata Ackerman	\$106,425	0.05	\$5,321
On-call Clinic Medial Assistants	\$20.06/hr	200 hrs.	\$4,012
On-call Psychiatric Mental Health Nurse Practitioner	\$54.97/hr	150 hrs.	\$8,246
Total Salaries and Wages			\$203,016
2. Fringe Benefits			
Fringe benefit costs include percentage-based and flat rate fringe benefits. Please see the Budget Narrative for details.			\$133,400
			\$0
4. Equipment			\$0
5. Supplies			\$1,022
6. Contractual			\$0
7. Construction			\$0
8. Other			\$0
9. Total Direct Costs Summary			
Salaries and Wages			\$203,016
Fringe Benefits			\$133,400
Travel			\$0
Equipment			\$0
Supplies			\$1,022
Contractual			\$0
Construction			\$0
Other			\$0
Total Direct Costs			\$337,438
10. Indirect Costs			
MCHD charges an indirect cost rate of 13.44 % of personnel costs. Included are costs up to the indirect cap rate of 10%, the remainder is provided in-kind.			\$37,492
Total Indirect Costs			\$37,492
11. Total Project Costs			\$374,930



MOSSADAMS

Audit Results

Better Together: Moss Adams & Multnomah County

[illegible]



Agenda

1. Overview of Auditor's Role
2. Overview of the Audit Process
3. Auditor Opinions and Reports



What is the Auditor's Role?

Express an opinion
on the financial
statements

Plan and perform the
audit to obtain
reasonable, not
absolute, assurance

Consider internal
controls over
financial reporting as
a basis for designing
audit procedures

Communicate
findings that are
relevant to your
responsibilities

Remain independent
of management



Audit Process



Internal Controls

- Includes walkthroughs and testing of key controls over significant accounting cycles
- Includes information technology



Analytical Procedures

- Revenue and expenses
- Trends, comparisons, and expectations



Substantive Procedures

- Confirm account balances
- Vouch to supporting documentation
- Representations from attorneys and management
- Examine objective evidence



Auditor Reports on the County's Financial Statements

Report of Independent Auditors

- Unmodified opinion
- Financial statements are presented fairly in accordance with US GAAP

Report of Independent Auditors Required by Oregon State Regulations

- No control findings
- No compliance findings



Other Auditor Reports – Single Audit

GAGAS Report on Internal Control Over Financial Reporting and on Compliance and Other Matters

- No control findings
- No compliance findings

Report on Compliance with Requirements that could have a Direct and Material Effect on the Major Federal Programs and on Internal Control Over Compliance in accordance with the Uniform Guidance for Federal Awards (2 CFR Part 200)

- No control findings with respect to the 330 grant were identified
- No compliance findings with respect to the 330 grant were identified



Contact Us



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ashley.osten@mossadams.com

(503) 478-2251



THANK
YOU

Community Health Center
FY24 Proposed Budget
Feb 23, 2023

Please refer to the FY24 Budget Presentation Powerpoint for full financial references.

FY24 Budget Summary:

Multnomah County's Community Health Center is the largest Federally Qualified Health Center (FQHC) in Oregon, providing high-quality, patient-centered health care and related services to communities across Multnomah County. Together, our eight primary care clinics, seven dental clinics, nine student health centers, seven pharmacies, and laboratory services serve more than 56,000 unique clients per year, with a focus on people who otherwise have limited access to health care. Health Center services include highly specified care for persons living with HIV, as well as for immigrant and refugee populations. As a Federally Qualified Health Center, the program must follow federal Health Resources and Services Administration (HRSA) regulatory requirements and specific governance, financial, operational, and clinical quality policies.

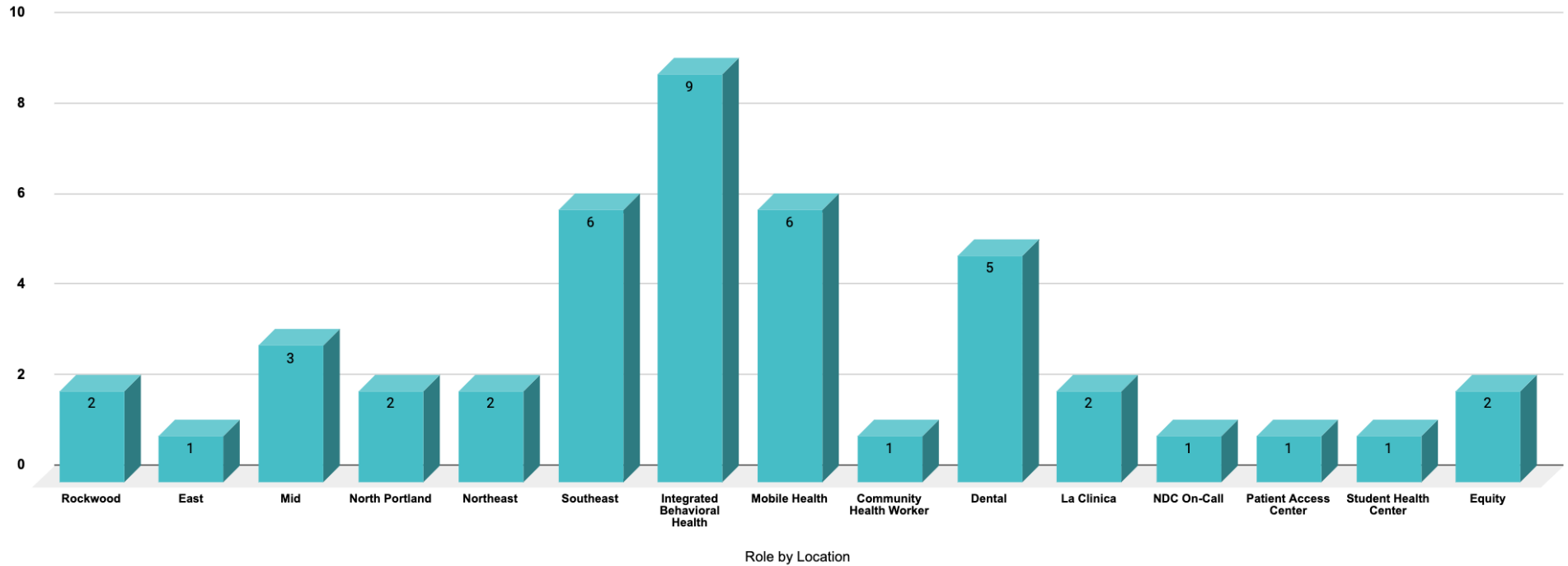
The FY24 Proposed budget represents approximately \$175M in funding to provide comprehensive healthcare services across 18 clinical locations and begin new services through a mobile care program. It applies funding from our health center 330 primary care grants, revenue projected from Medicaid and state Alternative Payment Methodology agreements, and quality incentive payments for performance. Service projections for FY24 are predicted under the following assumptions:

- Conservative dental recovery (modest increase in patients post COVID19 recovery) which will also require supplemental support in beginning working capital savings for the upcoming year
- Conservative primary care growth (including new clients through mobile health programs)
- No predicted change in Student Health Center client growth
- Extending certain roles from ARPA funding will promote continuity of care for patients, expand access to behavioral health, and increase workforce development roles, but will require strategic investments to sustain
- Increased uninsured patients due to the Medicaid redetermination beginning in 2024 will increase costs

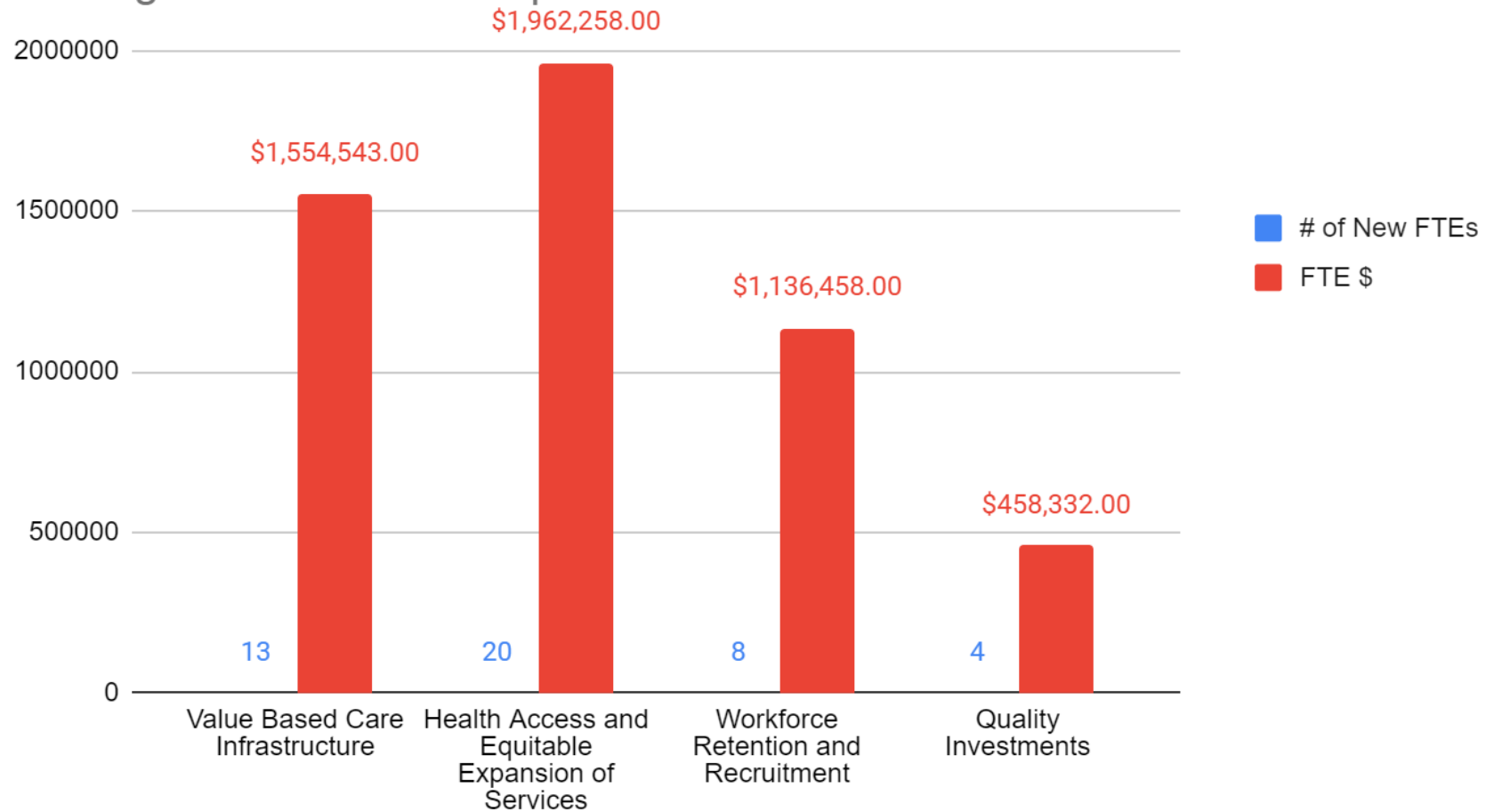
Strategic Investments and Board Identified Goals in the FY24 Proposed Budget

Distribution of new FTE by clinic and program

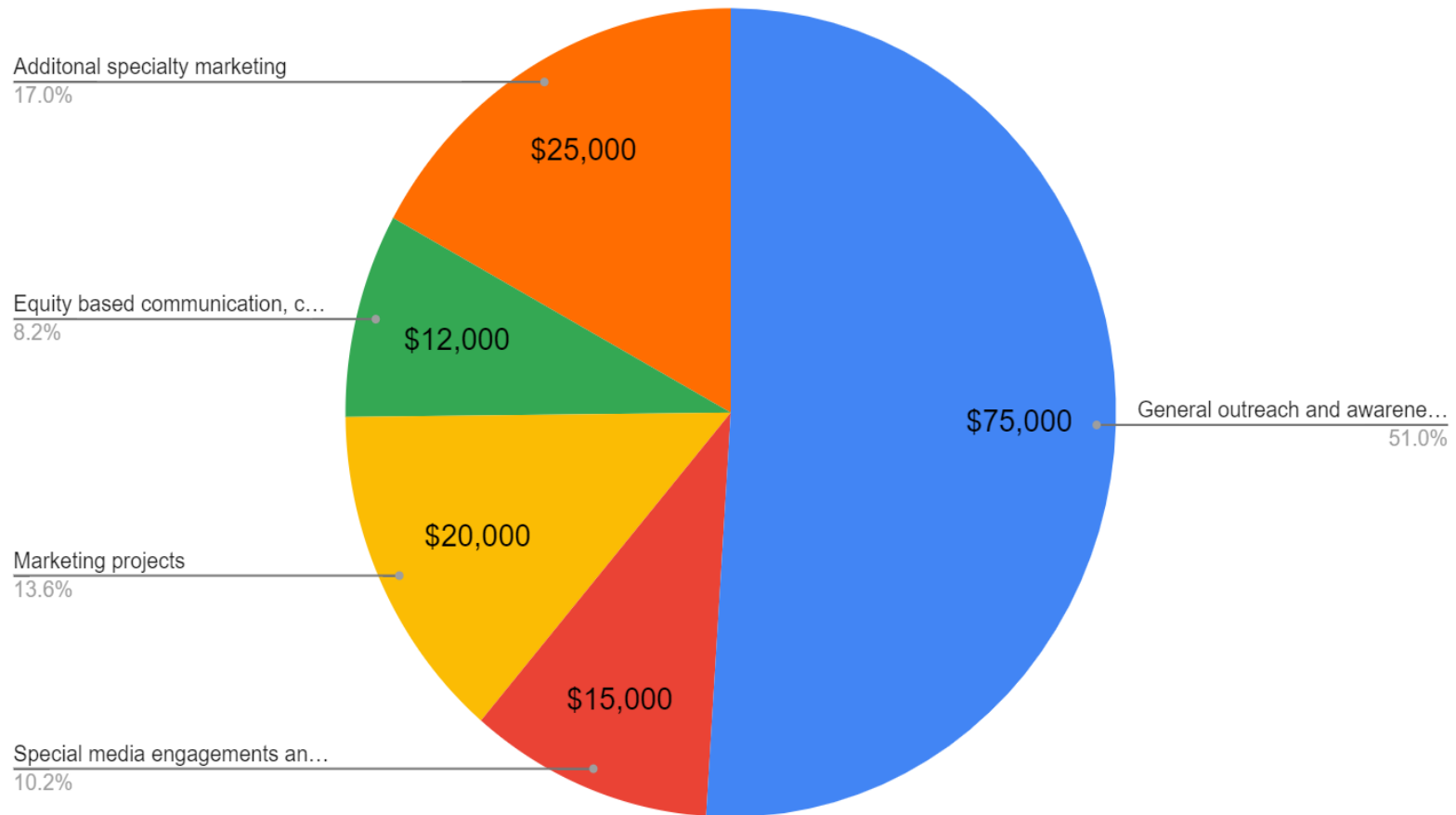
New FTE by clinic and program



Strategic Investments Proposed for FY24



FY24 Proposed Marketing and Communications Support



Total Proposed investments of \$147K in FY24 will support anticipated media and marketing projects to engage clients and increase outreach. These funds are split into multiple projects.



HANDOUT
Patient Satisfaction &
Experience:
Trends and Benchmarks
Q4 2022

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

Q4 Patient Survey Report // Introduction and Definitions

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

Downward Trends show us where we need to improve

National Benchmark (BM) in Green

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



Some definitions to help in understanding this report...

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.



Q4 Patient Survey Report // 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)

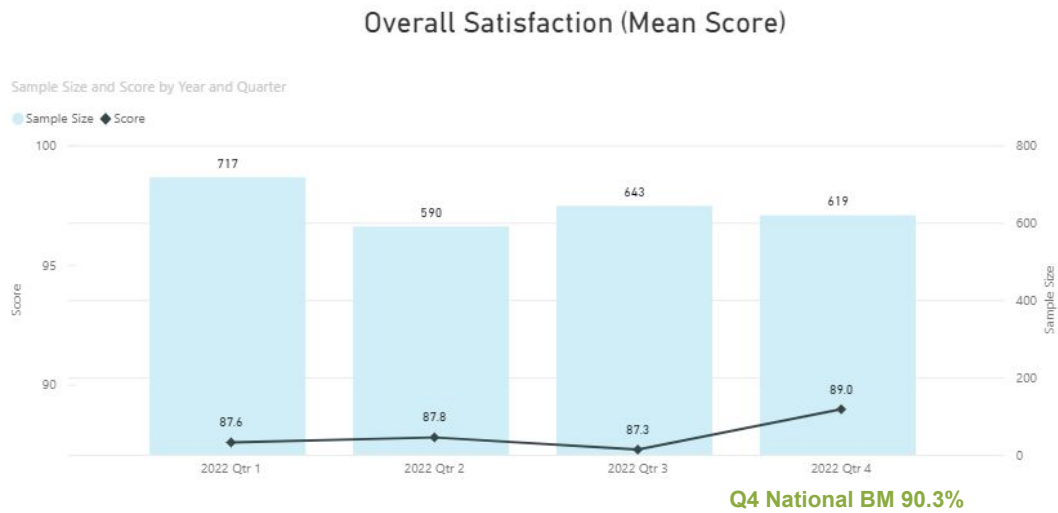
Same-Day Response to Question(s)? (3m)

Test Results Received Quickly Enough?



There are 3 main categories in the Patient Surveys; Satisfaction, Likelihood, and Experience. This enables Crossroads to compare us with over 100 other health centers across the nation. The points of reference to which our health center is being compared are called Benchmarks. The Benchmark for each measure is the average (or mean) score of all health centers being compared in a report. Crossroads creates 4 Benchmark Reports; Nationally (110 CHCs), Western Region (47 CHCs), OPCA (8 CHCs), and Oregon (7 CHCs) for Q4. Each service line is benchmarked separately within each report (PC/BH/Dental/Pharm).

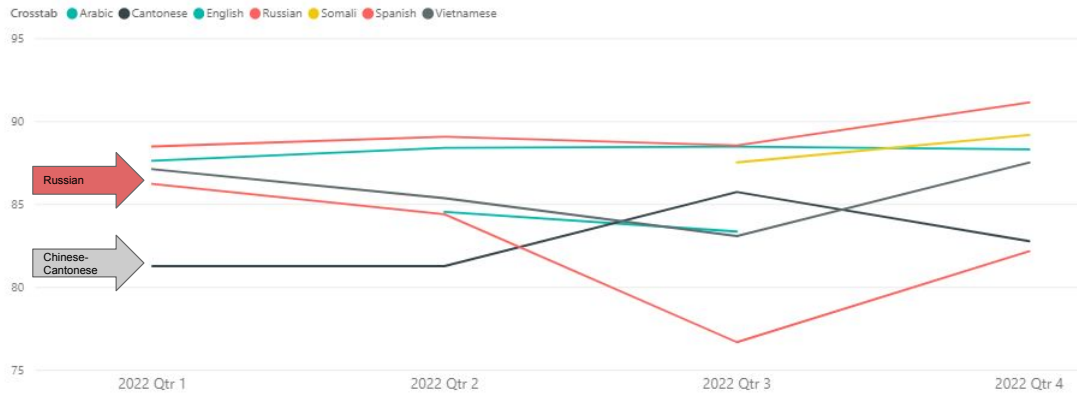
Primary Care // Overall Satisfaction Trends



“Overall” Satisfaction” refers to the patients’ satisfaction with the entire primary care visit.

Primary Care // Overall Satisfaction Trend Factors

By Language



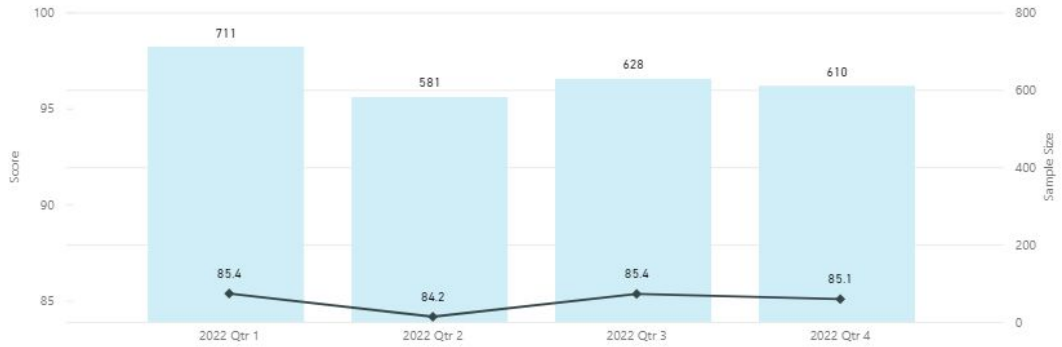
Chinese-Cantonese (black line) and Russian (red line) speakers are reporting lower and inconsistent satisfaction over time.

Primary Care // Loyalty Intentions

Loyalty Intentions 3pt (Top Box)

Sample Size and Score by Year and Quarter

● Sample Size ◆ Score



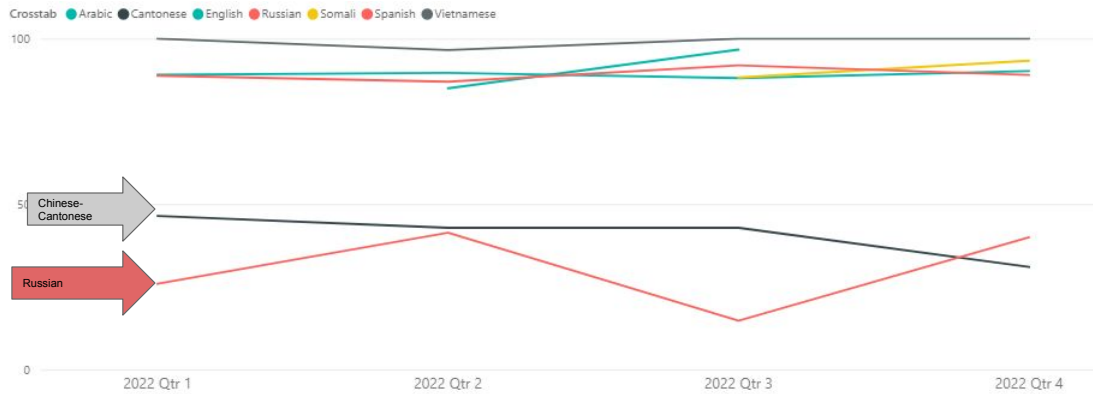
Q4 National BM 90.3%



Loyalty Intentions refer to the likelihood that patients will continue to seek primary care at our health centers.

Primary Care // Loyalty Intentions Trend Factors

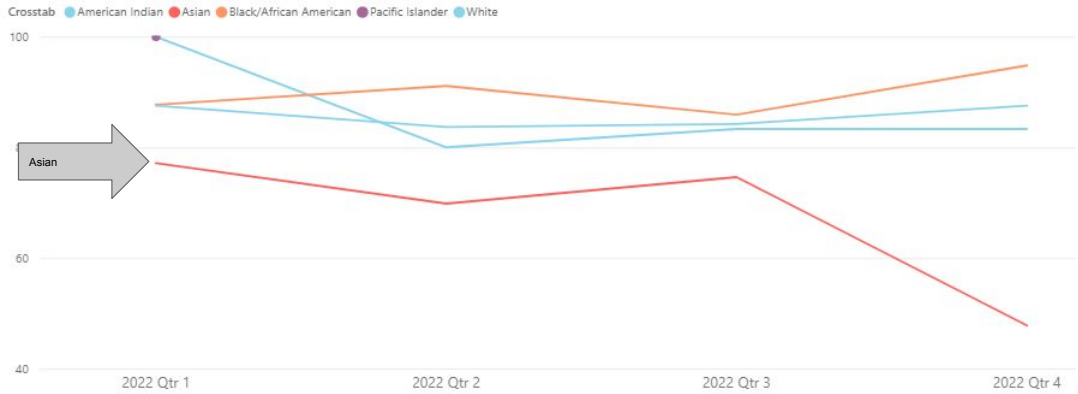
By Language



Chinese-Cantonese (black line) and Russian (red line) speakers are reporting that they are less likely to return to our health center for primary care services.

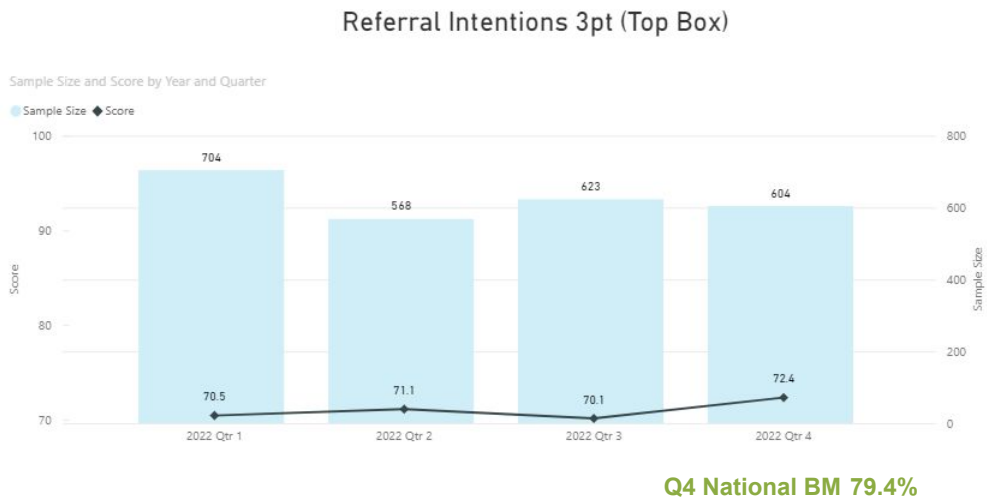
Primary Care // Loyalty Intentions Trend Factors

By Race



Patients who identify as Asian report that they are the least likely to return to our health centers, compared to other races surveyed.

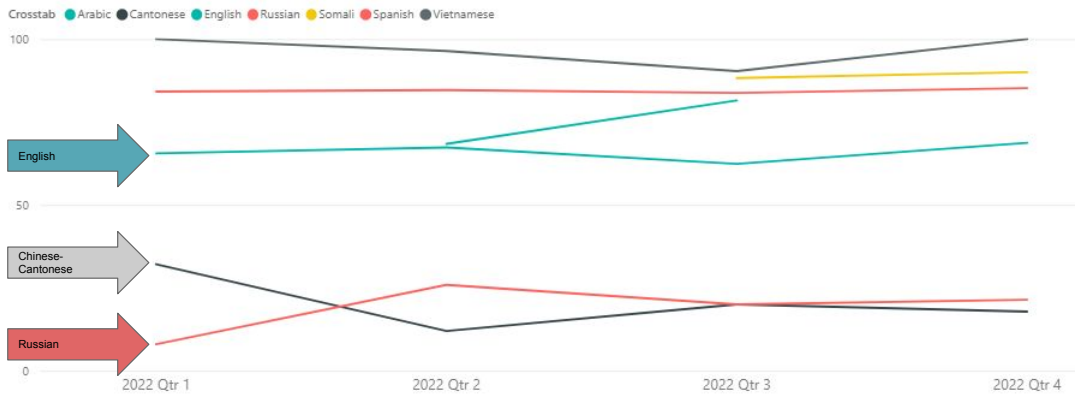
Primary Care // Referral Intentions



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

Primary Care // Referral Intentions Trend Factors

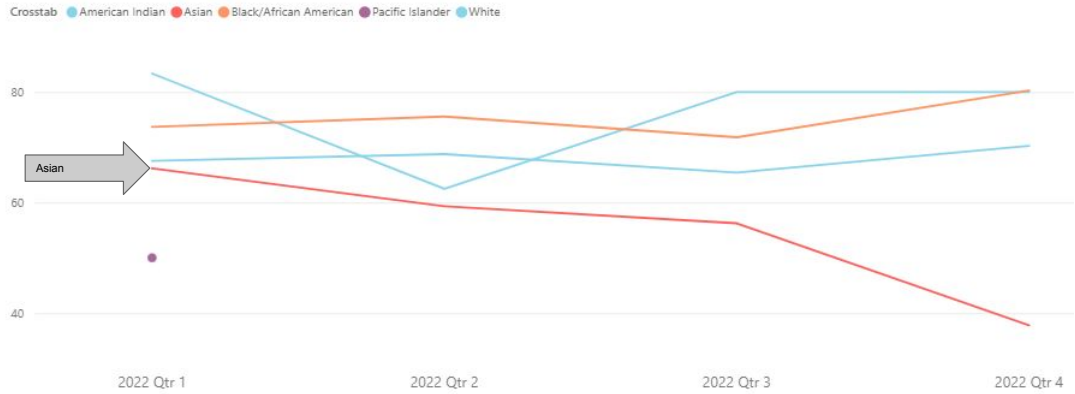
By Language



English (teal line), Chinese-Cantonese (black line), and Russian (red line) speakers are reporting lower referral intentions than other language speakers surveyed.

Primary Care // Referral Intentions Trend Factors

By Race



By Race-Our Asian populations are still telling us that they are less likely to refer friends and family to us...While White and African/American populations referral intentions are showing some improvement.

Primary Care // Satisfaction Trends by Question



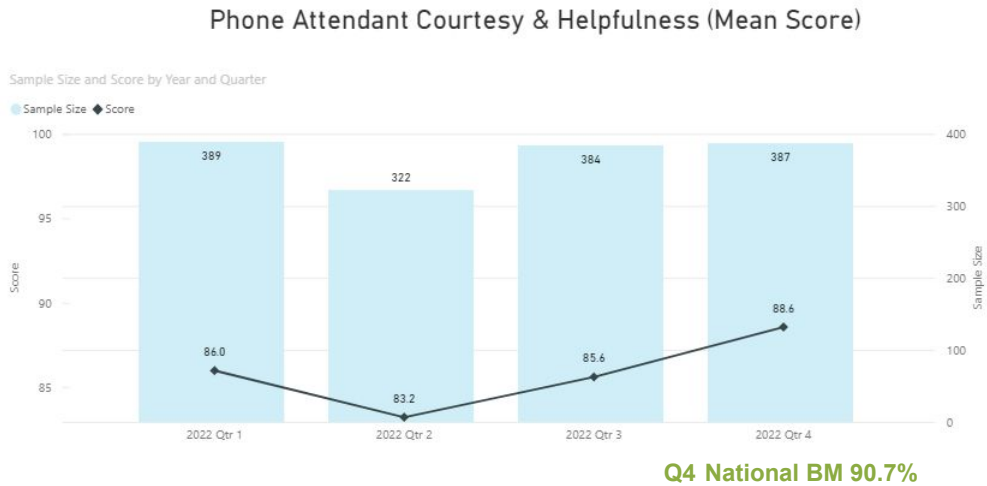
Lower Scores for Urgent vs Routine Appointments (consistent with OPCA Benchmarks)



Now we'll take a look at trends by Satisfaction Question topics...

Q4 showed some improvements for these trends that we have been monitoring...

Primary Care // Satisfaction Trends by Question



Languages other than English reported lowest satisfaction

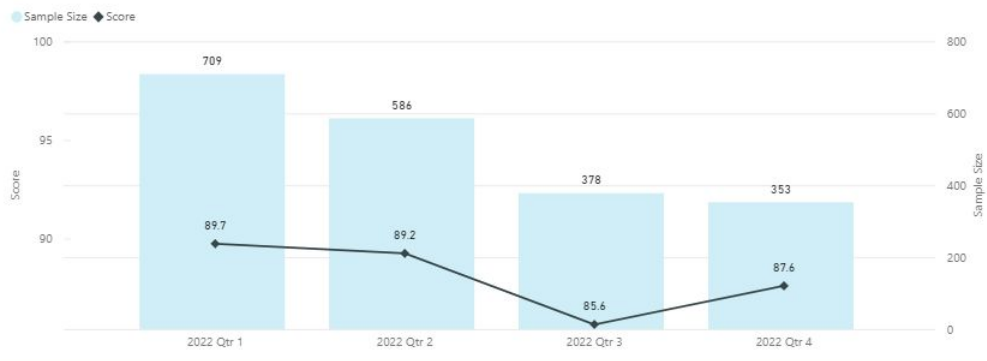


Q3 and Q4 showed some improvements for these trends that we have been monitoring...(see slide)

Primary Care // Satisfaction Trends by Question

Cultural & Language Needs Met (Mean Score)

Sample Size and Score by Year and Quarter



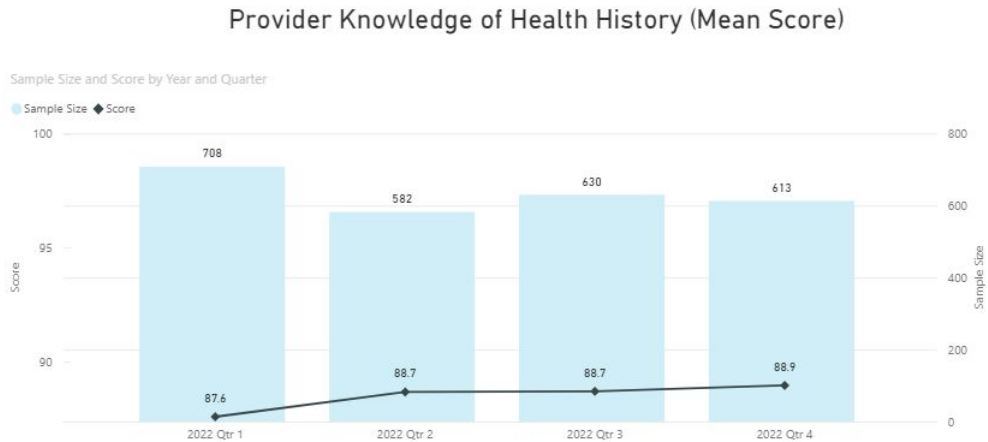
Q4 National BM 91.5%

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



Q4 showed some improvements for these trends that we have been monitoring...(see slide)

Primary Care // Satisfaction Trends by Question



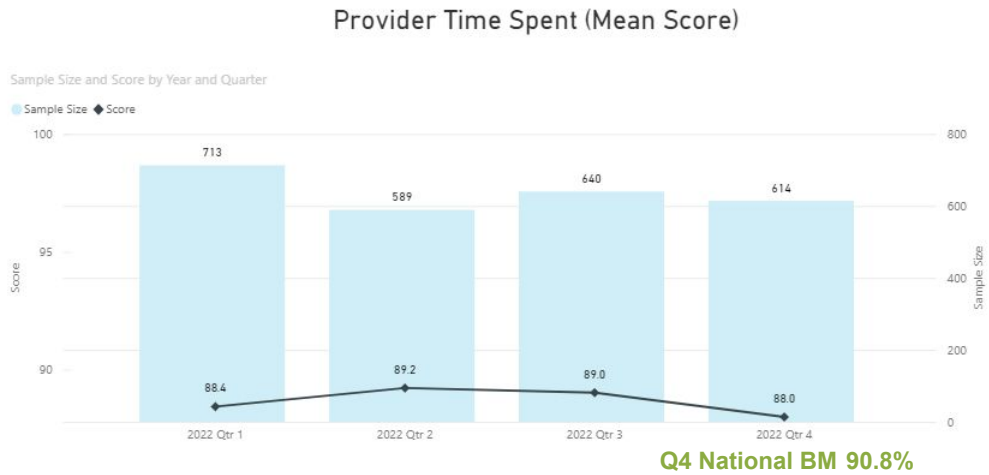
Q4 National BM 90.7%

Chinese and Russian Speaking Clients reported lowest satisfaction



Provider Related Questions...still about the same as previous quarters, so we will continue to monitor these trends.

Primary Care // Satisfaction Trends by Question

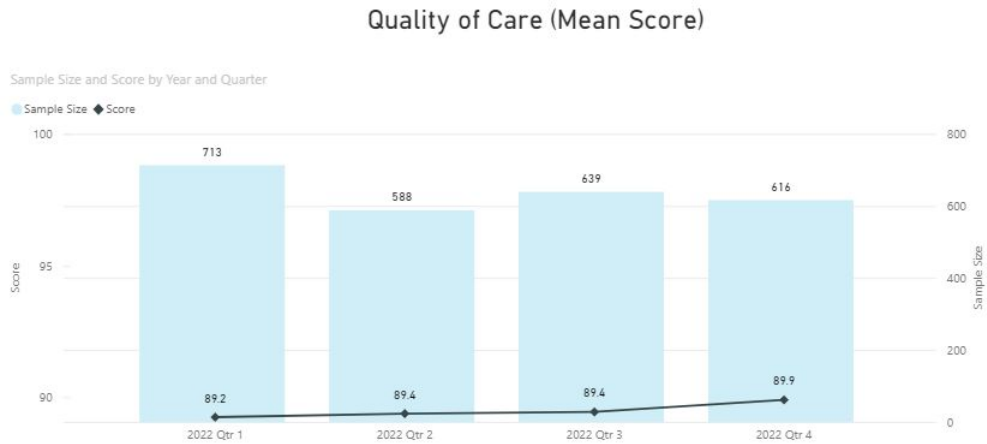


Patients speaking Languages other than English reported the lowest satisfaction



Provider Related Questions...still about the same as previous quarters, so we will continue to monitor these trends.

Primary Care // Satisfaction Trends by Question



Q4 National BM 91.7%

Chinese, Russian, Somali*, reporting lowest satisfaction

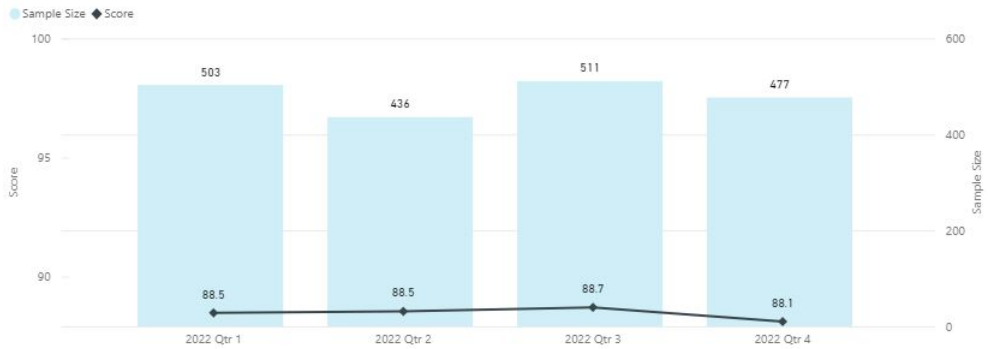


Provider Related Questions...still about the same as previous quarters, so we will continue to monitor these trends.

Primary Care // Satisfaction Trends by Question

Reception Staff Courtesy & Respect (Mean Score)

Sample Size and Score by Year and Quarter



Q4 National BM 91.1%

Chinese, Russian and Somali speaking clients reported lowest satisfaction

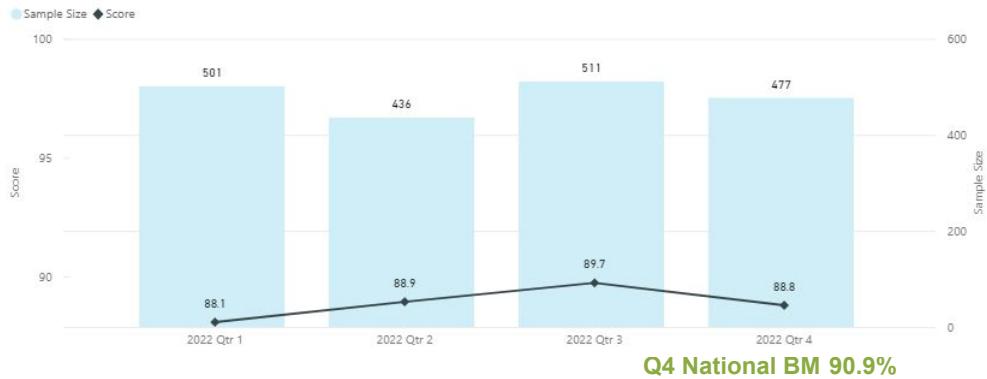


For Reception Staff Courtesy and Respect; this measure is hovering around the same scores over time and also not meeting benchmarks.

Primary Care // Satisfaction Trends by Question

Reception Staff Helpfulness (Mean Score)

Sample Size and Score by Year and Quarter



Patients Speaking Languages other than English reported lowest satisfaction



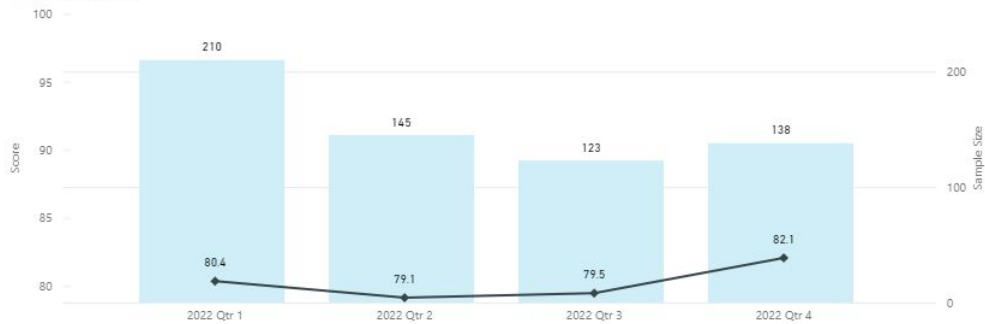
For Reception Staff Helpfulness, this measure is hovering around the same score over time and also not meeting benchmarks.

Primary Care // Satisfaction Trends by Question

[Telephone] Ease of Connecting with Care Team (Mean Score)

Sample Size and Score by Year and Quarter

Sample Size ◆ Score



Q4 National BM 84.1%

Patients speaking Languages other than English report the lowest satisfaction



Although this measure is trending upward, we are still below the National Benchmark.

Primary Care // Experience Trends by Question

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

Sample Size and Score by Year and Quarter

Sample Size ◆ Score



Q4 National BM 80.6%

Black/African American and White populations reported lowest satisfaction



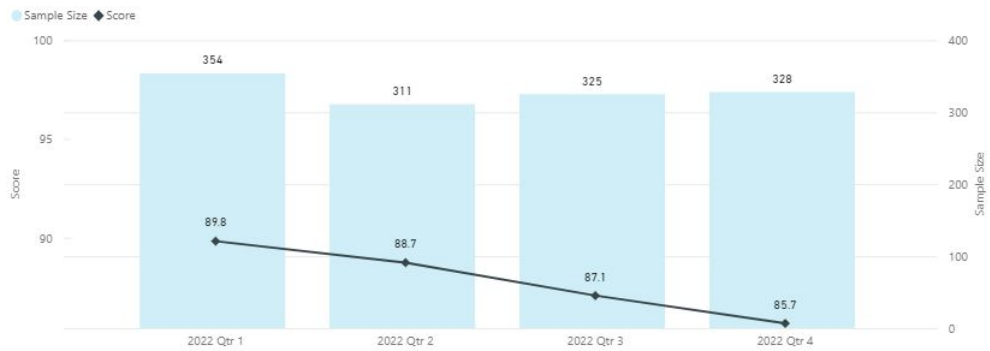
Now we'll go into Experience Questions which are in a separate category from Satisfaction Questions...In brief; patient experience is associated with a patient's **perception of care** vs patient **satisfaction being about the patient's expectations for care**.

Same Day Response to Questions; trending down over time.

Primary Care // Experience Trends by Question

Test Results Received Quickly Enough? (Top Box)

Sample Size and Score by Year and Quarter



Q4 National BM 86.4%

Although we met BMs earlier in the year; trending down since Q1 and could be the sign of a trend



Primary Care // Experience Trends by Question



Similar results across all races but BIPOC reported lower satisfaction;
Chinese speakers and Asian populations reporting the lowest scores



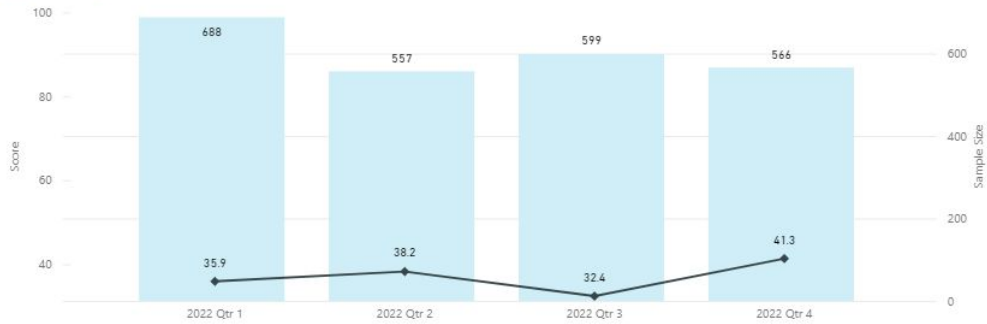
Q4 marked some improvement...exceeded benchmark for Q4

Primary Care // Experience Trends by Question

Asked About Difficulties Caring for Health? (6m) (Top Box)

Sample Size and Score by Year and Quarter

Sample Size ◆ Score



Q4 National BM 42.4%

All across the board with BIPOC reporting lowest satisfaction



Q4 marked some improvement...

Primary Care // Survey Trend Factor Takeaways

- Patients who speak Languages other than English (Especially Chinese, Russian, and *Somali Speakers) reported lower satisfaction and experience consistently over the past 4 quarters (*Somali added in Q3)
 - Overall Satisfaction
 - Loyalty/Referral Intentions
 - Phone Attendant Courtesy/Helpfulness
 - Cultural/Language Needs Being Met
 - Provider Knowledge of Health History
 - Provider Time Spent
 - Quality of Care
 - Reception Staff Courtesy/Respect/Helpfulness
 - Asked About Causes of Worry/Stress
 - Ease of Connecting with Care Team



Primary Care // Survey Trend Factor Takeaways

- BIPOC (Especially Asian populations) still reporting lower satisfaction and experience than other races/ethnicities
 - Overall Satisfaction
 - Loyalty/Referral Intentions
 - Same Day Response to Questions
 - Asked About Causes of Worry/Stress
 - Asked About Difficulties Caring for Health



Behavioral Health // Overall Satisfaction



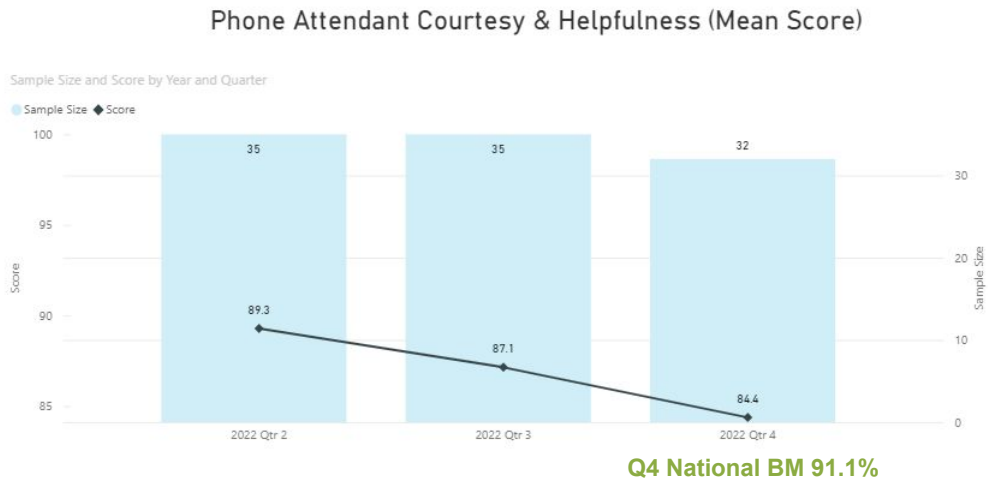
Q4 National BM 90.8%

Met National Benchmark in Q4



Starting with Overall Satisfaction...BH met the Benchmark in Q4

Behavioral Health // Satisfaction Trends by Question



Spanish Speakers and Hispanic or Latino/a reporting the lowest satisfaction



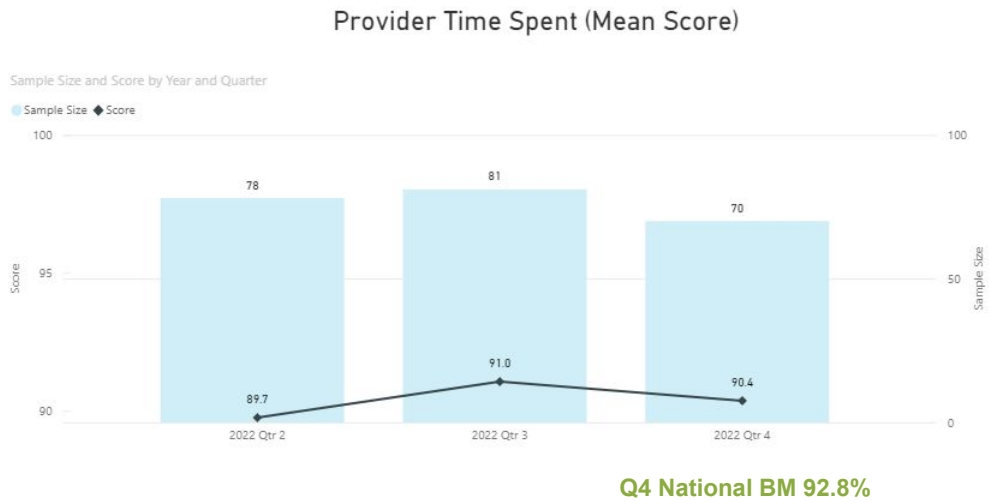
Trending down over time...although small sample size for this measure.

Behavioral Health // Satisfaction Trends by Question



Q4 marked some improvement...

Behavioral Health // Satisfaction Trends by Question

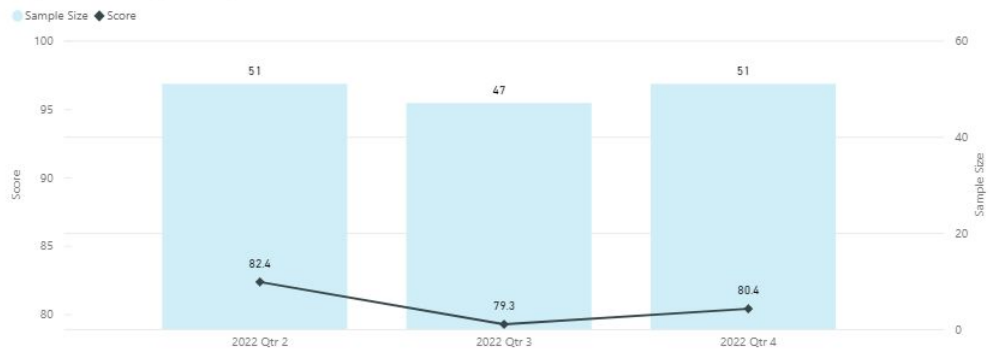


Scores went down slightly in Q3...could be the sign of a trend.

Behavioral Health // Satisfaction Trends by Question

[Telephone] Ease of Connecting with Care Team (Mean Score)

Sample Size and Score by Year and Quarter



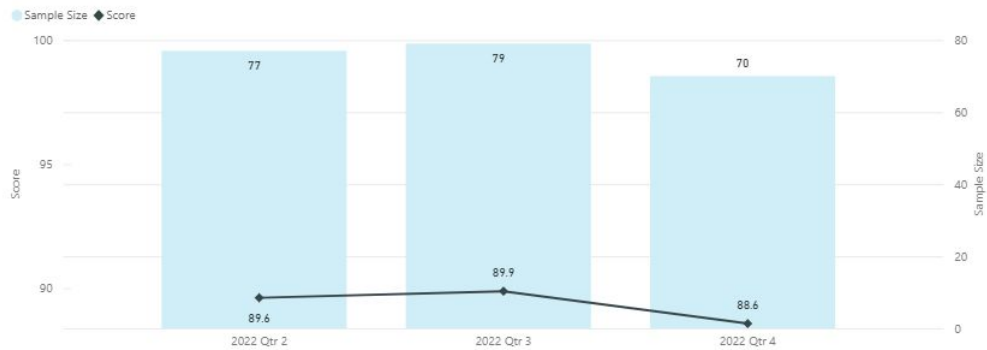
Q4 National BM 87%



Behavioral Health // Loyalty Intentions

Loyalty Intentions 3pt (Top Box)

Sample Size and Score by Year and Quarter



Q4 National BM 91%

Spanish speaking patients reporting lower intentions.

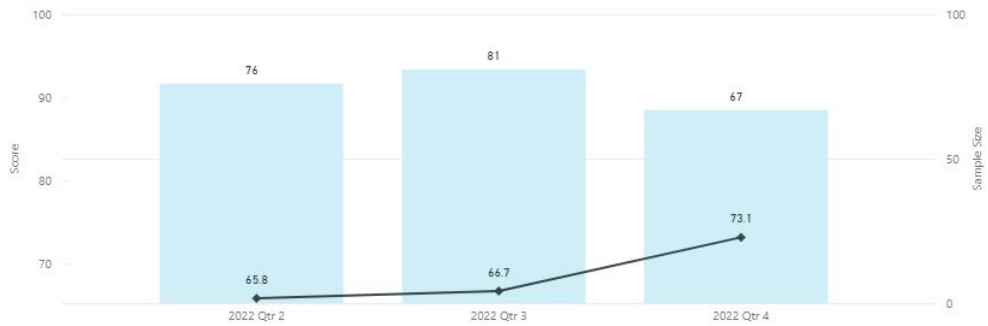


Behavioral Health // Referral Intentions

Referral Intentions 3pt (Top Box)

Sample Size and Score by Year and Quarter

● Sample Size ◆ Score



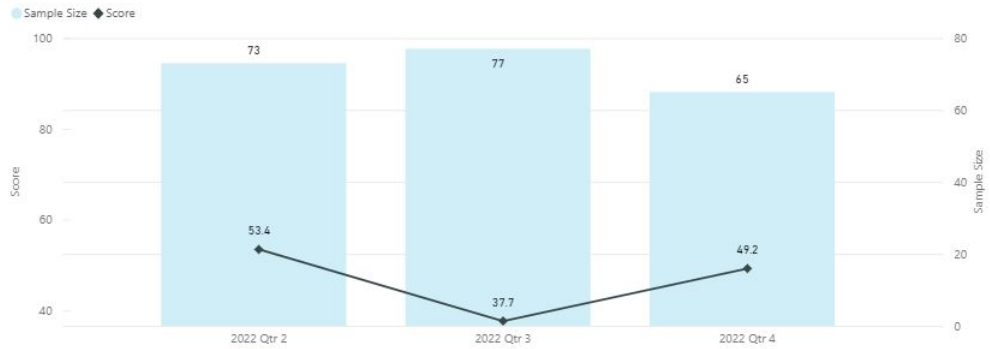
Q4 National BM 78%



Behavioral Health // Experience Trends by Question

Asked About Difficulties Caring for Health? (6m) (Top Box)

Sample Size and Score by Year and Quarter



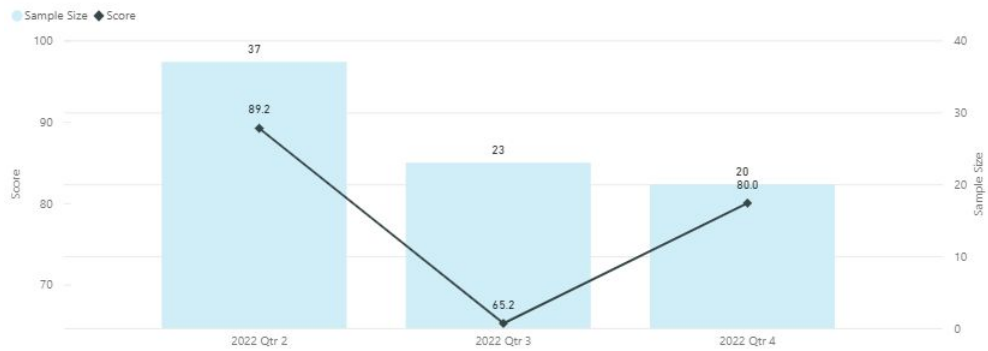
Q4 National BM n/a



Behavioral Health // Experience Trends by Question

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

Sample Size and Score by Year and Quarter



Q4 National BM 83.6%



Behavioral Health // Survey Trend Factor Takeaways

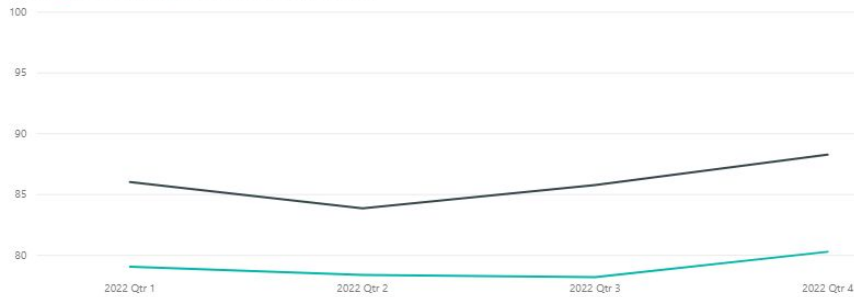
- There are signs of disparities between English and Spanish speakers; however the numbers not statistically significant so we will continue to monitor over time.



Health Center // Phone Access Scores

Response Wait	Phone Wait Experience	
	%	n
A. 0 Seconds - Instant	2.5%	33
B. 1 - 10 Seconds	3.7%	49
C. Over 10 Seconds - 1 Minute	7.0%	94
D. Over 1 Minute - 5 Minutes	24.5%	329
E. Over 5 Minutes - 10 Minutes	14.5%	194
F. Over 10 Minutes - 15 Minutes	9.7%	130
G. Over 15 Minutes	38.2%	512
Total	100.0%	1341

Question ● Appointment Wait ● Phone Attendant Courtesy & Helpfulness

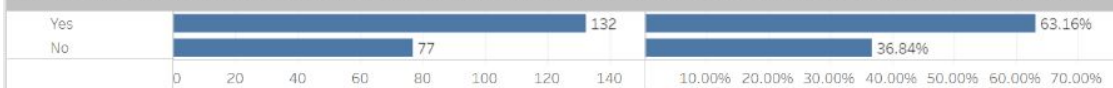


This measure includes PC and BH. Teal line shows how phone wait time has trended over the past year (improvement from Q3 to Q4). Black line shows higher scores for Phone Attendant Courtesy and Helpfulness and also how those scores are improving since Q2.

Pharmacy // Patronage and Overall Satisfaction

Out of 209 Patients Surveyed...

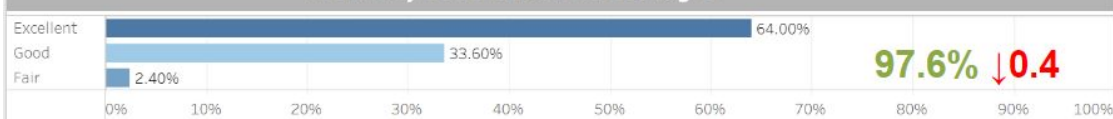
Did you pick up your medication at a Multnomah County Health Department-Health Center Pharmacy?



↓ 4.3%

Overall Pharmacy Satisfaction...

Pharmacy Satisfaction Percentages



This is the last quarter that Pharmacy Surveys were done by our in-house surveyors. Crossroads has taken over the surveying for Q1 2023 and moving forward. Their questionnaires are much more in depth and will yield new insights for us. Over the past 4 quarters, our in-house surveys have shown some signs of possible trends, but the overall scores are really high and our sample sizes tend to be smaller for some demographics. With Crossroads taking over, you will see more reporting in line with Primary Care as well as Benchmarking for Pharmacy and Dental.

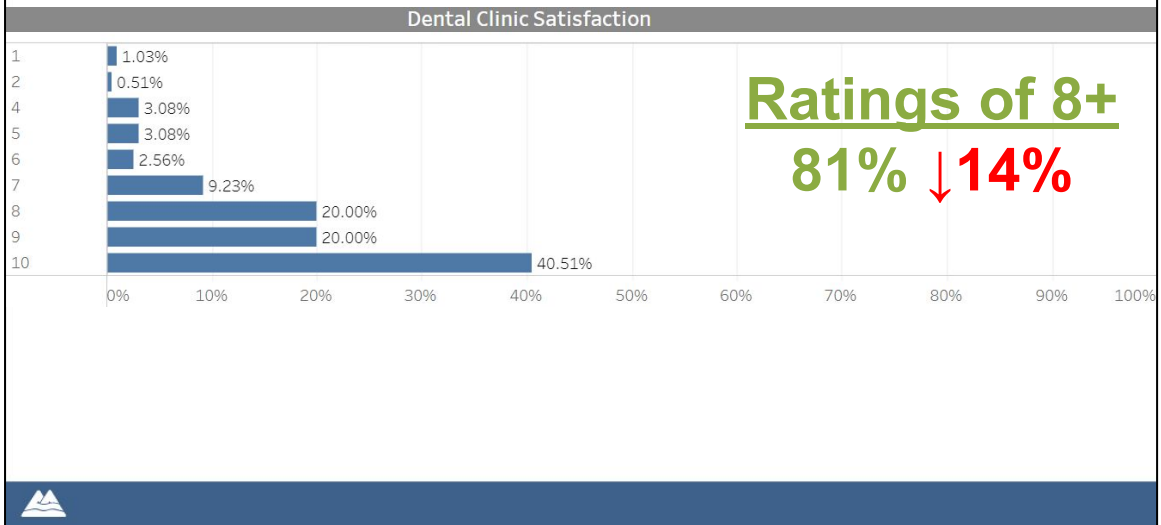
Pharmacy // Overall Satisfaction Survey Trends

- The top 3 barriers to getting medications
 - Transportation
 - Difficulty Getting Pain Meds
 - Pharmacy Hours
- There were no glaring disparities among Race/Ethnicity/Languages Other Than English; results distributed fairly evenly across all demographics



Dental // Overall Satisfaction

201 Dental surveys were completed for Q4



This is the last quarter that Dental Surveys were done by our in-house surveyors. Crossroads has taken over the surveying for Q1 2023 and moving forward. Their questionnaires are much more in depth and will yield new insights for us. Over the past 4 quarters, our in-house surveys have shown some signs of possible trends, but the overall scores are really high and our sample sizes tend to be smaller for some demographics. With Crossroads taking over, you will see reporting more in line with Primary Care as well as Benchmarking for Pharmacy and Dental.

Dental // Overall Satisfaction Survey Trends

- Signs of a possible trend;
 - Appointment Access
 - Hearing back w/in 2 Biz Days when calling w/questions
- There are signs of disparities among Race/Ethnicity/Languages Other Than English
 - Sample sizes are small



Questions?



Alina Stircu

Community Member Nominee

Pronouns: she/her/

Interests

Access to health care

Public policy & government

Maternal and child health

Self-Identified Skills

“I am a first generation American, my parents are from Romania. I am a medical interpreter. I have spent a lot of time in FQHCs both as a patient and as an interpreter. I am interested in healthcare access, quality of care, and decreasing language barriers for patients. I am currently applying for law school and am interested in medical law.”



About Alina

Alina is a medical interpreter and often provides interpretation services for people without legal immigration status. She is currently applying for law school. She is interested in improving access to healthcare and quality of healthcare for people with language barriers.. She works with Roma and Ukrainian populations and gets asked frequently about immigration lawyers. Alina is very excited about this opportunity. She wants to further her involvement in healthcare systems and gain board experience.

Patricia Patrón

Community Member Nominee

Pronouns: she/her/ella

Interests

Access to health care

Nutrition/access to food

Health equity

Self-Identified Skills

“I have lived through the journey of becoming a legal resident in this country. I currently work with the Latino community which includes many undocumented folks. I am committed to working and improving health care access to people who are undocumented, or who might not speak English.”



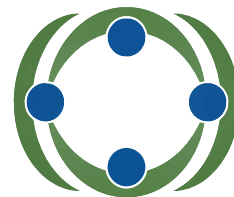
About Patricia

Patricia currently works for Familias en Acción, a nonprofit organization that provides wraparound services to Latino populations. She has previous board and fundraising experience. Her background is in health center administration. She previously worked for a Community Health Center in North Dakota and was impressed by the level of service that was provided to patients. She believes the work being done by health centers is very critical and wants to be involved. She is very excited for this opportunity.



Monthly Financial Packet

March 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*) – *Pending CFO, will update once received.*

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*)- *Pending CFO, will update once received.*

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. (*Board Members sent Excel spreadsheet*) – *Pending CFO, will update once received.*

Item 6. A summary report for all indirect cost charges and internal services charges – *Pending CFO, will update once received.*

Item 7. A report with the following items: adjustments to health center general fund sub-funds, and transfers of health center resources. – *Pending CFO, will update once received.*

A stylized graphic on the left side of the page. It features two dark green mountain peaks with rounded tops. Below the mountains is a dark green wavy line representing a shoreline or a body of water. At the bottom is a solid dark blue area representing water. The entire graphic is composed of simple geometric shapes and solid colors.

Multnomah County Federally Qualified Health Center

Monthly Financial Reporting Package

January FY 2023

Updated 2/22/2023

Prepared by: Financial and Business Management Division



**Multnomah County Health Department
Community Health Center Board - Financial Statement**

For Period Ending January 31, 2023
Prepared using the Modified Accrual Basis of Accounting
Percentage of Year Complete: 58.3%
[A Pro Forma Financial Statement]

Community Health Center - Monthly Highlights

Financial Statement: For period 7 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>	\$ 103,364,922	\$ 166,686,730	\$ 63,321,808	62%
<u>Expenditures:</u>	\$ 85,451,838	\$ 166,686,730	\$ 81,234,892	51%
<u>Net Income/(Loss)</u>	\$ 17,913,083			

<u>Budget Modifications:</u>				
<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 January 31, 2023

Prepared using the Modified Accrual Basis of Accounting

Percentage of Year Complete: 58.3%

[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	\$ 5,340,443	54%	\$ 8,880,564
Grants - COVID-19	\$ -	\$ 250,000	\$ 250,000	\$ -	\$ 1,121	\$ 17,629	\$ 114,237	\$ 6,250	\$ 21,264	\$ 172,607	69%	\$ 7,437,487
Grants - ARPA	\$ 8,075,272	\$ 8,075,272	\$ -	\$ -	\$ -	\$ 1,724,643	\$ 937,567	\$ 597,887	\$ 672,706	\$ 4,541,631	56%	\$ -
Grants - All Other	\$ 4,774,390	\$ 4,774,390	\$ -	\$ -	\$ 25,838	\$ 641,076	\$ 1,189,357	\$ 321,717	\$ 153,499	\$ 2,376,972	50%	\$ 4,008,471
Grant Revenue Accrual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,043,944	\$ 1,043,944	0%	\$ -
Quality & Incentives Payments	\$ 7,671,495	\$ 7,671,495	\$ -	\$ 156,788	\$ 892,752	\$ 813,774	\$ 977,193	\$ 1,283,737	\$ 188,834	\$ 6,709,999	87%	\$ 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	\$ 80,632,459	61%	\$ 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	\$ 330,200	30%	\$ 680,758
Beginning Working Capital	\$ 3,800,000	\$ 3,800,000	\$ -	\$ 316,667	\$ 316,667	\$ 316,667	\$ 316,667	\$ 316,667	\$ 316,667	\$ 2,216,667	58%	\$ 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	\$ 15,730,913	\$ 103,364,922	62%	\$ 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	\$ 49,523,525	46%	\$ 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	\$ 4,410,278	125%	\$ 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	\$ 14,294,993	55%	\$ 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	\$ 15,428,456	51%	\$ 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	\$ 85,451,838	51%	\$ 134,953,193
Net Income/(Loss)	\$ -	\$ -	\$ -	\$ (888,892)	\$ 1,015,010	\$ 3,233,892	\$ 3,440,060	\$ 5,309,610	\$ 3,560,517	\$ 17,913,083		\$ 32,119,931





Multnomah County Health Department Community Health Center Board - Financial Statement

For Period Ending January 31, 2023

Prepared using the Modified Accrual Basis of Accounting

Percentage of Year Complete: 58.3%

[A Pro Forma Financial Statement]

Community Health Center

	Adopted Budget	Revised Budget	Budget Change	07 Jan	08 Feb	09 Mar	10 Apr	11 May	12 Jun	Year to Date Total	% YTD	FY22 YE Actuals
Revenue												
Miscellaneous Revenue	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0%	\$ 2,042
Grants - PC 330 (BPHC)	\$ 9,809,191	\$ 9,809,191	\$ -	\$ 923,762	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,340,443	54%	\$ 8,880,564
Grants - COVID-19	\$ -	\$ 250,000	\$ 250,000	\$ 12,106	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 172,607	69%	\$ 7,437,487
Grants - ARPA	\$ 8,075,272	\$ 8,075,272	\$ -	\$ 608,829	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,541,631	56%	\$ -
Grants - All Other	\$ 4,774,390	\$ 4,774,390	\$ -	\$ 45,485	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,376,972	50%	\$ 4,008,471
Grant Revenue Accrual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,043,944	0%	\$ -
Quality & Incentives Payments	\$ 7,671,495	\$ 7,671,495	\$ -	\$ 2,396,921	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 6,709,999	87%	\$ 9,910,993
Health Center Fees	\$ 131,217,155	\$ 131,217,155	\$ -	\$ 11,403,531	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 80,632,459	61%	\$ 132,854,683
Self Pay Client Fees	\$ 1,089,227	\$ 1,089,227	\$ -	\$ 48,634	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 330,200	30%	\$ 680,758
Beginning Working Capital	\$ 3,800,000	\$ 3,800,000	\$ -	\$ 316,667	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,216,667	58%	\$ 3,298,126
Total	\$ 166,436,730	\$ 166,686,730	\$ 250,000	\$ 15,755,935	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 103,364,922	62%	\$ 167,073,124
Expense												
Personnel	\$ 106,322,509	\$ 106,513,081	\$ 190,572	\$ 8,056,182	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 49,523,525	46%	\$ 82,144,356
Contracts	\$ 3,518,134	\$ 3,523,137	\$ 5,003	\$ 711,553	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,410,278	125%	\$ 5,571,994
Materials and Services	\$ 25,949,574	\$ 25,978,387	\$ 28,813	\$ 2,128,284	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 14,294,993	55%	\$ 20,538,983
Internal Services	\$ 30,296,513	\$ 30,322,125	\$ 25,612	\$ 2,617,029	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 15,428,456	51%	\$ 26,603,582
Capital Outlay	\$ 350,000	\$ 350,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,794,587	513%	\$ 94,279
Total	\$ 166,436,730	\$ 166,686,730	\$ 250,000	\$ 13,513,048	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 85,451,838	51%	\$ 134,953,193
Net Income/(Loss)	\$ -	\$ -	\$ -	\$ 2,242,887	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 17,913,083		\$ 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 January 31, 2023

Percentage of Year Complete: 58.3%

[A Pro Forma Financial Statement]

	Category	Description	Admin	Dental	Pharmacy	Primary Care Clinics	Quality & Compliance	Student Health Centers
Revenues		Miscellaneous Revenue	-	-	-	-	-	-
		Grants - PC 330 (BPHC)	1,380,144	127,027	-	3,622,704	-	187,240
		Grants - COVID-19	120,028	-	-	-	-	52,579
		Grants - ARPA	4,497,056	-	-	44,576	-	-
		Grants - All Other	5,000	711,620	-	-	-	504,550
		Grant Revenue Accrual	571,195	-	-	-	-	182,996
		Quality & Incentives Payments	4,335,189	1,241,364	-	-	1,133,445	-
		Health Center Fees	3,242,751	11,644,655	21,131,577	39,138,659	14,800	3,128,209
		Self Pay Client Fees	-	37,023	136,996	154,542	-	-
		Beginning Working Capital	1,925,000	-	-	-	291,667	-
Revenues Total			16,076,364	13,761,690	21,268,573	42,960,480	1,439,912	4,055,574
Expenditures		Personnel Total	10,554,602	10,041,637	5,118,290	16,923,426	1,171,565	2,666,280
		Contractual Services Total	3,187,164	214,432	21,003	707,396	48,517	133,207
		Internal Services Total	2,797,759	2,929,056	1,828,023	5,483,216	420,291	859,271
		Materials & Supplies Total	803,293	626,711	11,501,823	923,883	38,693	175,188
		Capital Outlay Total	1,411,837	-	382,750	-	-	-
Expenditures Total			18,754,656	13,811,836	18,851,889	24,037,921	1,679,065	3,833,945
Net Income/(Loss)			(2,678,292)	(50,146)	2,416,684	18,922,559	(239,153)	221,629
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 January 31, 2023

Percentage of Year Complete: 58.3%

[A Pro Forma Financial Statement]

		HIV Clinic	Lab	Y-T-D Actual	Y-T-D Budget	Revised Budget	% of Budget	FY22 YE Actuals
Category	Description							
Revenues	Miscellaneous Revenue	-	-	-	-	-	0%	2,042
	Grants - PC 330 (BPHC)	23,328	-	5,340,443	5,722,028	9,809,191	54%	8,880,564
	Grants - COVID-19	-	-	172,607	145,833	250,000	69%	7,437,487
	Grants - ARPA	-	-	4,541,631	4,710,575	8,075,272	56%	-
	Grants - All Other	1,155,802	-	2,376,972	2,785,061	4,774,390	50%	4,008,471
	Grant Revenue Accrual	289,752	-	1,043,944	-	-	0%	-
	Quality & Incentives Payments	-	-	6,709,999	4,475,039	7,671,495	87%	9,910,993
	Health Center Fees	2,331,808	-	80,632,459	76,543,340	131,217,155	61%	132,854,683
	Self Pay Client Fees	1,638	-	330,200	635,382	1,089,227	30%	680,758
	Beginning Working Capital	-	-	2,216,667	2,216,667	3,800,000	58%	3,298,126
Revenues Total		3,802,329	-	103,364,922	97,233,926	166,686,730	62%	167,073,124
Expenditures	Personnel Total	2,139,779	907,947	49,523,525	62,132,631	106,513,081	46%	82,144,356
	Contractual Services Total	84,691	13,868	4,410,278	2,055,163	3,523,137	125%	5,571,994
	Internal Services Total	780,275	330,565	15,428,456	17,687,906	30,322,125	51%	26,603,582
	Materials & Supplies Total	131,854	93,548	14,294,993	15,154,059	25,978,387	55%	20,538,983
	Capital Outlay Total	-	-	1,794,587	204,167	350,000	513%	94,279
Expenditures Total		3,136,599	1,345,927	85,451,838	97,233,926	166,686,730	51%	134,953,194
Net Income/(Loss)		665,730	(1,345,927)	17,913,083	-	-		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 January 31, 2023

Percentage of Year Complete: 58.3%

Revenue Category	01 July	02 August	03 September	04 October	05 November	06 December	07 January	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	11,403,338	80,457,180
Other	2,042	5,247	4,180	100,141	45,117	18,359	193	175,279
Health Center Fees Total	9,796,157	11,737,344	10,823,733	11,148,285	13,896,054	11,827,355	11,403,531	80,632,459
Self Pay Client Fees								
Program Income	53,184	49,810	46,366	44,871	47,158	40,177	48,634	330,200
Other	-	-	-	-	-	-	-	-
Self Pay Client Fees Total	53,184	49,810	46,366	44,871	47,158	40,177	48,634	330,200
Grand Total	9,849,341	11,787,154	10,870,100	11,193,156	13,943,211	11,867,532	11,452,165	80,962,659





Multnomah County Health Department
Community Health Center Board
FY 2023 YTD Internal Services Expenditures by Program Group
For Period Ending January 31, 2023
Percentage of Year Complete: 58.3%

Category	Administrative	Dental	HIV Clinic	Lab	Pharmacy	Primary Care Clinics	Quality and Compliance	Student Health Centers	Grand Total
Indirect Expense	1,336,606	1,349,596	236,562	122,028	687,898	2,274,508	157,458	335,432	6,500,089
Internal Service Data Processing	755,501	786,984	385,030	93,084	820,190	1,815,371	168,852	341,155	5,166,168
Internal Service Distribution	26,745	63,312	648	18,144	15,107	56,841	4,845	127,938	313,580
Internal Service Enhanced Building Services	76,888	99,685	20,179	13,407	37,462	159,873	11,647	-	419,141
Internal Service Facilities & Property Management	410,688	532,446	107,783	71,613	200,101	853,940	62,211	-	2,238,782
Internal Service Facilities Service Requests	71,965	25,150	4,163	-	15,501	136,007	3,746	22,298	278,830
Internal Service Fleet Services	-	10,867	-	-	-	-	-	-	10,867
Internal Service Motor Pool	447	110	76	-	66	34	333	452	1,518
Internal Service Other	59,997	12,628	2,576	564	18,852	45,229	1,530	3,458	144,834
Internal Service Records	213	6,650	5,433	5,421	17,627	14,090	(0)	286	49,719
Internal Service Telecommunications	58,709	41,630	17,826	6,305	15,218	127,323	9,668	28,252	304,930
Grand Total	2,797,759	2,929,056	780,275	330,565	1,828,023	5,483,216	420,291	859,271	15,428,456





Multnomah County Health Department
 Community Health Center Board
 FY 2023 Internal Services Expenditures by Fiscal Period
 For Period Ending January 31, 2023
 Percentage of Year Complete: 58.3%

Category	01 July	02 August	03 September	04 October	05 November	06 December	07 January	Total Budget	YTD % of Budget
Indirect Expense	886,125	907,452	895,759	916,707	932,258	897,243	1,064,545	13,253,745	49.0%
Internal Service Data Processing	256,531	1,221,206	665,914	883,971	713,350	587,445	837,751	10,020,693	51.6%
Internal Service Distribution	43,781	45,109	44,036	44,776	46,172	44,404	45,302	525,575	59.7%
Internal Service Enhanced Building Services	-	3,100	-	170,770	70,563	7,476	167,231	1,164,363	36.0%
Internal Service Facilities & Property Management	-	614,488	331,392	322,118	323,143	320,528	327,113	4,043,263	55.4%
Internal Service Facilities Service Requests	37,021	24,554	46,000	85,064	23,459	26,985	35,746	336,434	82.9%
Internal Service Fleet Services	115	2,614	946	1,780	1,853	1,780	1,780	22,019	49.4%
Internal Service Motor Pool	217	217	217	217	217	217	217	5,123	29.6%
Internal Service Other	2,090	7,528	33,833	12,377	13,280	15,751	59,975	-	0.0%
Internal Service Records	6,445	6,445	102,423	(89,533)	9,614	6,445	7,882	104,143	47.7%
Internal Service Reimbursement	-	-	-	-	-	-	-	-	0.0%
Internal Service Telecommunications	-	83,931	34,918	46,217	41,052	29,323	69,489	846,767	36.0%
Grand Total	1,232,325	2,916,645	2,155,437	2,394,463	2,174,961	1,937,596	2,617,029	30,322,125	





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

For Period Ending January 31, 2023

Percentage of Year Complete: 58.3%

Community Health Center - Footnotes:

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

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

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

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

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





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

For Period Ending January 31, 2023

Percentage of Year Complete: 58.3%

Community Health Center - Definitions

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

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

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

Miscellaneous Revenue: Revenues from services provided from Pharmacy related activities, including: refunds 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 January 31, 2023
Percentage of Year Complete: 58.3%

Community Health Centers - Definitions cont.

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

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

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

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

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

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

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

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

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





Multnomah County Health Department Community Health Center Board - Budget Adjustments

For Period Ending January 31, 2023

Percentage of Year Complete: 58.3%

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





Vacancy Report (Feb 2023)

Total Vacant Positions

Represents Vacancies as of Dec 23, 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.	No Change	↑
Average Time to Fill (days)	84	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.	No Change	↑
<div><div>\$4.49M</div><div>\$5.71M</div><div>\$5.75M</div><div>\$4.58M</div></div> <div>Novem..Decemb..January..Februar..</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.	Decrease	↑

Updated: March 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	Finance Specialist 1	1.00	5/31/2022	276		Non duplicated: Not posted
HD FQHC Primary Care Clinics	Community Health Specialist 2	1.00	6/8/2022	268	\$ 9,692.05	Non duplicated: Interview or final hire stage
HD FQHC Primary Care Clinics	Community Health Specialist 2	1.00	2/27/2023	4	\$ 144.66	Non duplicated: Interview or final hire stage
HD FQHC Primary Care Clinics	Community Health Specialist 2	1.00	9/29/2022	155	\$ 5,605.48	Non duplicated: Interview or final hire stage
HD FQHC Health Center Operations	Community Health Nurse	0.75	7/13/2022	233	\$ 95,753.42	Non duplicated: Interview or final hire stage
HD FQHC Health Center Operations	Office Assistant 2	0.75	4/1/2022	336		Total duplicated, inactive vacancies
HD FQHC Health Center Operations	Office Assistant 2	0.75	5/28/2022	279		Non duplicated: Interview or final hire stage
HD FQHC Health Center Operations	Office Assistant 2	1.00	2/1/2023	30		Non duplicated: Interview or final hire stage
HD FQHC Health Center Operations	Office Assistant 2	1.00	12/30/2022	63		Non duplicated: Interview or final hire stage
HD FQHC Health Center Operations	Office Assistant 2	1.00	1/1/2023	61		Non duplicated: Interview or final hire stage
HD FQHC Health Center Operations	Office Assistant Senior	0.75	4/5/2022	332		Non duplicated: Not posted
HD FQHC Health Center Operations	Operations Supervisor	1	10/4/2022	150		Total duplicated, inactive vacancies
HD FQHC Health Center Operations	Manager 1	1.00	7/13/2022	233		Non duplicated: Not posted
HD FQHC Health Center Operations	Office Assistant 2	1.00	2/8/2023	23		Non duplicated: Not posted
HD FQHC ICS Administration	Quality Manager	1.00	11/1/2020	852		Total duplicated, inactive vacancies
HD FQHC Lab	Medical Assistant	1.00	7/1/2022	245		Non duplicated: Not posted
HD FQHC Pharmacy	Pharmacist	1.00	4/28/2022	309	\$ 253,972.60	Non duplicated: Not posted
HD FQHC Pharmacy	Pharmacist	1.00	4/28/2022	309	\$ 253,972.60	Non duplicated: Not posted
HD FQHC Primary Care Administration and Support	Health Centers Division Operations Director	1.00	2/2/2023	29		Non duplicated: Posted for recruitment
HD FQHC Primary Care Administration and Support	Division Director 1	1	1/30/2023	32		Total duplicated, inactive vacancies
HD FQHC Primary Care Administration and Support	Program Specialist	1.00	5/26/2020	1011		Non duplicated: Not posted
HD FQHC Primary Care Administration and Support	Program Specialist	1.00	11/15/2022	108		Total duplicated, inactive vacancies
HD FQHC Primary Care Clinics	Community Health Specialist 2	1	3/16/2022	352	\$ 12,729.86	Total duplicated, inactive vacancies
HD FQHC Pharmacy	Medical Assistant	1.00	7/1/2022	245		Non duplicated: Not posted
HD FQHC Dental	Dental Assistant (EFDA)	0.55	8/12/2022	203		Non duplicated: Interview or final hire stage
HD FQHC Dental	Dental Assistant (EFDA)	0.77	2/21/2023	10		Non duplicated: Interview or final hire stage
HD FQHC Dental	Dental Assistant (EFDA)	0.75	12/6/2022	87		Non duplicated: Interview or final hire stage
HD FQHC Dental	Office Assistant 2	1.00	2/21/2023	10		Non duplicated: Posted for recruitment
HD FQHC Dental	Dental Assistant (EFDA)	0.75	1/7/2023	55		Non duplicated: Interview or final hire stage
HD FQHC Dental	Office Assistant 2	1	2/6/2023	25		Total duplicated, inactive vacancies
HD FQHC Dental	Office Assistant 2	0.75	9/16/2022	168		Non duplicated: Posted for recruitment
HD FQHC Dental	Office Assistant Senior	1.00	2/1/2023	30		Non duplicated: Not posted
HD FQHC Dental	Dental Assistant (EFDA)	0.75	8/1/2022	214		Non duplicated: Interview or final hire stage
HD FQHC Dental	Dental Assistant (EFDA)	0.58	5/3/2021	669		Non duplicated: Not posted
HD FQHC Dental	Dental Assistant (EFDA)	0.37	12/5/2022	88		Total duplicated, inactive vacancies
HD FQHC Dental	Dental Assistant (EFDA)	0.57	2/16/2023	15		Non duplicated: Interview or final hire stage
HD FQHC Dental	Dental Assistant (EFDA)	0.56	2/16/2023	15		Non duplicated: Posted for recruitment
HD FQHC Dental	Dental Hygienist	0.75	7/21/2022	225	\$ 175,684.93	Non duplicated: Posted for recruitment
HD FQHC Dental	Health Assistant 2	1.00	2/13/2023	18		Non duplicated: Posted for recruitment
HD FQHC Dental	Dental Assistant (EFDA)	0.75	2/16/2023	15		Non duplicated: Interview or final hire stage
HD FQHC Dental	Dental Assistant (EFDA)	0.75	2/21/2023	10		Non duplicated: Posted for recruitment
HD FQHC Dental	Dental Assistant (EFDA)	0.75	12/23/2022	70		Non duplicated: Not posted
HD FQHC Dental	Dental Assistant (EFDA)	0.75	2/23/2023	8		Non duplicated: Posted for recruitment
HD FQHC ICS Administration	Program Specialist Senior	1.00	9/23/2022	161		Non duplicated: Not posted
HD FQHC ICS Administration	Project Manager Represented	1.00	10/21/2022	133		Non duplicated: Not posted
HD FQHC Health Center Operations	Program Supervisor	1.00	8/16/2022	199		Total duplicated, inactive vacancies
HD FQHC ICS Administration	Finance Specialist Senior	1.00	8/5/2021	575		Non duplicated: Not posted
HD FQHC ICS Administration	Finance Specialist Senior	1.00	8/5/2021	575		Non duplicated: Not posted
HD FQHC ICS Administration	Finance Supervisor	1.00	8/13/2021	567		Non duplicated: Posted for recruitment
HD FQHC ICS Administration	Project Manager Represented	1.00	10/18/2021	501		Non duplicated: Not posted

HD FQHC ICS Administration	IT Manager 1	1.00	5/16/2022	291		Total duplicated, inactive vacancies
HD FQHC ICS Administration	Development Analyst	1	7/1/2022	245		Total duplicated, inactive vacancies
HD FQHC ICS Administration	Business Process Consultant	1	7/1/2022	245		Total duplicated, inactive vacancies
HD FQHC ICS Administration	Business Process Consultant	1	6/27/2022	249		Total duplicated, inactive vacancies
HD FQHC ICS Administration	Clinical Services Specialist	1.00	7/13/2022	233	\$ 95,753.42	Non duplicated: Interview or final hire stage
HD FQHC ICS Administration	Clinical Services Specialist	1.00	7/22/2022	224	\$ 92,054.79	Non duplicated: Posted for recruitment
HD FQHC ICS Administration	Clinical Services Specialist	1.00	7/22/2022	224	\$ 92,054.79	Non duplicated: Posted for recruitment
HD FQHC ICS Administration	Clinical Services Specialist	1.00	7/1/2022	245	\$ 100,684.93	Non duplicated: Not posted
HD FQHC Primary Care Clinics	Nurse Practitioner	1.00	9/30/2022	154	\$ 137,123.29	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	1.00	9/30/2022	154		Non duplicated: Not posted
HD FQHC HIV Clinic	Office Assistant 2	1.00	1/16/2023	46		Non duplicated: Interview or final hire stage
HD FQHC HIV Clinic	Community Health Specialist 2	1.00	1/3/2023	59	\$ 2,133.70	Non duplicated: Posted for recruitment
HD FQHC Health Center Operations	Eligibility Specialist	1	8/23/2022	192		Total duplicated, inactive vacancies
HD FQHC Primary Care Clinics	Office Assistant 2	1	10/17/2022	137		Total duplicated, inactive vacancies
HD FQHC Primary Care Clinics	Nurse Practitioner	0.80	7/15/2022	231	\$ 164,547.95	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Nurse Practitioner	0.80	10/31/2020	853	\$ 607,616.44	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Nurse Practitioner	0.50	4/11/2022	326	\$ 145,136.99	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Nurse Practitioner	0.80	10/12/2021	507	\$ 361,150.68	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Nurse Practitioner	0.80	12/30/2021	428	\$ 304,876.71	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Physician Assistant	0.80	2/8/2023	23	\$ 17,694.25	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	0.75	9/28/2022	156		Non duplicated: Interview or final hire stage
HD FQHC Primary Care Clinics	Medical Assistant	0.75	2/23/2023	8		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Office Assistant 2	1.00	2/16/2023	15		Non duplicated: Interview or final hire stage
HD FQHC Primary Care Clinics	Nurse Practitioner	1.00	12/2/2022	91	\$ 81,027.40	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Physician Assistant	1.00	8/18/2022	197	\$ 189,443.84	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	1.00	12/19/2022	74		Non duplicated: Interview or final hire stage
HD FQHC Primary Care Clinics	Community Health Nurse	0.50	7/1/2022	245	\$ 67,123.29	Non duplicated: Not posted
HD FQHC Primary Care Clinics	Medical Assistant	0.75	7/1/2022	245		Non duplicated: Not posted
HD FQHC Primary Care Clinics	Physician	0.70	7/1/2022	245	\$ 196,167.81	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Physician	1.00	10/1/2021	518	\$ 592,506.85	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	0.75	4/30/2022	307		Non duplicated: Interview or final hire stage
HD FQHC Primary Care Clinics	Medical Assistant	0.75	1/6/2023	56		Non duplicated: Not posted
HD FQHC Primary Care Clinics	Medical Assistant	0.75	3/3/2022	365		Non duplicated: Interview or final hire stage
HD FQHC Primary Care Clinics	Nurse Practitioner	0.80	5/21/2022	286	\$ 203,726.03	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Licensed Community Practical Nurse	1.00	11/19/2022	104		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Nurse Practitioner	0.80	2/4/2023	27	\$ 19,232.88	Non duplicated: Not posted
HD FQHC Primary Care Clinics	Office Assistant 2	0.75	1/23/2023	39		Total duplicated, inactive vacancies
HD FQHC Primary Care Clinics	Office Assistant 2	0.75	10/1/2022	153		Non duplicated: Interview or final hire stage
HD FQHC Primary Care Clinics	Physician	0.60	9/7/2022	177	\$ 121,475.34	Non duplicated: Not posted
HD FQHC Primary Care Clinics	Medical Assistant	1.00	2/13/2023	18		Non duplicated: Not posted
HD FQHC Primary Care Clinics	Medical Assistant	0.75	11/23/2022	100		Non duplicated: Interview or final hire stage
HD FQHC Primary Care Clinics	Medical Assistant	0.75	12/28/2022	65		Non duplicated: Interview or final hire stage
HD FQHC Primary Care Clinics	Medical Assistant	0.75	10/26/2022	128		Non duplicated: Interview or final hire stage
HD FQHC Primary Care Clinics	Medical Assistant	1.00	2/1/2023	30		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Nurse Practitioner	0.80	11/29/2022	94	\$ 66,958.90	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Office Assistant 2	0.75	11/17/2022	106		Total duplicated, inactive vacancies
HD FQHC Primary Care Clinics	Medical Assistant	1.00	2/6/2023	25		Non duplicated: Posted for recruitment
HD FQHC Primary Care Administration and Support	Medical Assistant	1.00	12/31/2022	62		Non duplicated: Not posted
HD FQHC Health Center Operations	Office Assistant 2	1.00	2/13/2023	18		Total duplicated, inactive vacancies
HD FQHC Primary Care Clinics	Medical Assistant	1.00	1/23/2023	39		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Case Manager 2	1.00	9/30/2022	154		Non duplicated: Not posted
HD FQHC Primary Care Clinics	Dental Hygienist	1.00	9/30/2022	154	\$ 160,328.77	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	1.00	9/30/2022	154		Non duplicated: Not posted
HD FQHC ICS Administration	Integrated Clinical Services Director	1.00	2/12/2022	384		Total duplicated, inactive vacancies
HD FQHC ICS Administration	Development Analyst	1.00	2/3/2021	758		Non duplicated: Interview or final hire stage
HD FQHC Pharmacy	Pharmacy Technician	1.00	2/22/2023	9		Non duplicated: Posted for recruitment
HD FQHC Pharmacy	Pharmacy Technician	1.00	7/16/2020	960		Non duplicated: Posted for recruitment

HD FQHC Pharmacy	Pharmacy Technician	1.00	2/22/2023	9		Non duplicated: Posted for recruitment
HD FQHC Pharmacy	Pharmacy Technician	1.00	2/22/2023	9		Non duplicated: Posted for recruitment
HD FQHC Pharmacy	Pharmacy Technician	1.00	2/13/2023	18		Non duplicated: Not posted
HD FQHC Pharmacy	Pharmacy Technician	1.00	10/15/2022	139		Non duplicated: Posted for recruitment
HD FQHC HIV Clinic	Community Health Nurse	0.80	2/2/2023	29	\$ 12,712.33	Non duplicated: Posted for recruitment
HD FQHC HIV Clinic	Community Health Nurse	0.80	2/24/2023	7	\$ 3,068.49	Non duplicated: Interview or final hire stage
HD FQHC HIV Clinic	Medical Assistant	1.00	9/2/2022	182		Non duplicated: Interview or final hire stage
HD FQHC HIV Clinic	Medical Assistant	1.00	9/2/2022	182		Non duplicated: Interview or final hire stage
HD FQHC HIV Clinic	Medical Assistant	1.00	9/23/2022	161		Non duplicated: Not posted
HD FQHC HIV Clinic	Medical Assistant	1.00	8/15/2022	200		Non duplicated: Interview or final hire stage
HD FQHC ICS Administration	Operations Process Specialist	1	7/18/2022	228		Total duplicated, inactive vacancies
HD FQHC ICS Administration	Operations Process Specialist	1	7/18/2022	228		Total duplicated, inactive vacancies
HD FQHC Quality and Compliance	Community Health Nurse	0.75	4/23/2022	314	\$ 129,041.10	Non duplicated: Not posted
HD FQHC Quality and Compliance	Nursing Director	1.00	2/26/2021	735		Non duplicated: Not posted
HD FQHC ICS Administration	Project Manager Represented	1.00	2/4/2023	27		Non duplicated: Not posted
HD FQHC ICS Administration	Project Manager Represented	1.00	2/25/2023	6		Non duplicated: Not posted