Regular Public Meeting
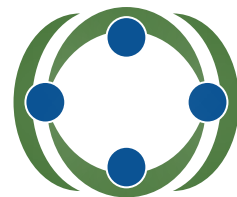
August 14, 2022

community health center board

Multnomah County

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AGENDA

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Public Meeting Agenda
August 8 14, 2023
6:00-8:00 PM
Via Zoom

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

Board Members:

Harold Odhiambo – Chair

Tamia Deary – Vice Chair

Pedro Sandoval Prieto – Secretary

Darrell Wade - Treasurer

Kerry Hoeschen – Member-at-Large

Bee Velasquez – Member-at-Large

Susana Mendoza - Board Member

Fabiola Arreola - Board Member

Patricia Patron - Board Member

Alina Stircu - Board Member

DJ Rhodes - Executive Director - Community Health Center (ICS)

Our Meeting Process Focuses on the Governance of the Health Center

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

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

Time	Topic/Presenter	Process/Desired Outcome
6:00-6:05 (5 min)	**Call to Order / Welcome** Harold Odhiambo, CHCB Chair	Call to order Review processes
6:05-6:10 (5 min)	**Minutes Review** - **VOTE REQUIRED** July 10th Public Meeting Minutes	Board reviews and votes
6:10-6:20 (10 min)	**HRSA BPR Health Center Program FY24 Budget Period Renewal Grant** - **VOTE REQUIRED** Marc Harris, Strategy & Grant Development Manager	Board reviews and votes
6:20-6:35 (15 min)	**Annual Needs Assessment Update** Marc Harris, Strategy & Grant Development Manager	Board reviews and votes
6:35-6:45 (10 min)	**HRS Trillium Health Plan Grant** - **VOTE REQUIRED** Adrienne Daniels, Deputy Director & Strategy Officer	Board reviews and votes
6:45-7:00 (15 min)	**Q2 Complaints and Incidents** Kimmy Hicks, Project Manager, Quality Team	Board hears presentation and has discussion
7:00-7:10	**10 Minute Break**	
7:10-7:20 (10 min)	**National Health Center Week Proclamation and Events** Harold Odhiambo, CHCB Chair	Board receives updates and provides feedback

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7:20-7:25 (5 min)	**Committee Updates** Finance Committee: Darrell Wade, Finance Chair Quality Committee: Tamia Deary, Quality Chair Bylaws Committee: Tamia Deary, Bylaws Chair Executive Committee: Harold Odhiambo, Board Chair	Board receives updates
7:25-7:35 (10 min)	**Legal Support -** VOTE REQUIRED Harold Odhiambo, Chair	Committee discusses next steps on legal support and votes
7:35-7:45 (10 min)	**Labor Relations Updates** DJ Rhodes, Executive Director ***Bargaining and Negotiation Updates (Closed Executive Session)***	Board receives updates in an executive session and has discussion
7:45	**Meeting Adjourns**	Thank you for your participation

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PUBLIC MEETING MINUTES

community health center board

Multnomah County

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

Susan Mendoza - Board Member

Tamia Deary - Vice-Chair

Patricia Patron -Board Member

Pedro Sandoval Prieto – Secretary

Darrell Wade – Treasurer

DJ Rhodes - Executive Director

Board Members Excused/Absent: Kerry Hoeschen – Member-at-Large, **Alina Stircu**- Board Member, **Brandi Velaquez** - Member-at-Large, **Fabiola Arreola** – Board Member

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
Call to Order / Welcome Harold Odhiambo, CHCB Chair	Meeting begins 6:13 PM We do have a quorum with 6 members present. Spanish Interpreters: Victor, Louisa, and Jorge			
Minutes Review -VOTE REQUIRED Review Public Meeting minutes	Reviewed June 12th Public Meeting Minutes. Page. 4 pp. 1 "Such as the incident and complaints in patient surveys and compliances." Example of a process that took longer time to develop. Page 4. Under follow up date column Correct "does not address" to is "unclear" Page 11. Change wording to "point or order" or "point of information" Page 13 Correct spelling of "MyChart"	***Motion to approve June 12th public meeting minutes:*** ***Second:*** Yays: 6 Nays: Abstain: **Decision:** **Approved**	CHCB Staff: Update minutes with corrections.	As soon as possible.

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	Page 7 updating wording from "Social drivers" to "Social determinant of health"			
Annual Quality Plan - **VOTE REQUIRED** Brieshon D'Agostin, Quality and Compliance Officer	Presenting the Annual Quality Plan gain based on feedback from previous public meeting. Annual quality report that would provide trends and new quality metrics. Would use this fiscal year to develop metric and reporting and in the future provide more monthly or quality measures. At the previous meeting questions and requests were made for more frequent and high level quality reporting. Draft sample monthly quality metrics snapshot report and timeline of the development of the original quality metrics along with the new metrics snapshot. Shared an example of a metric of the snapshot report and explained the example. Monthly snapshot would not provide detailed information but a snapshot of the specific metric. Continue to receive fully quality reports. Currently quality reports are quality and development of monthly reports which need to be developed. Quality metrics timeline for the next fiscal year. Includes	*Motion to approve Annual Quality Plan:* *Darrell* *Second: Tamia* Yays: 4 Nays: 2 Abstain: **Decision:** **Approved**		

development period for the monthly snapshots for the annual report and the additional metrics listed in the quality plan.

Expected Timeline
- Nov 2023 - monthly snapshots for current metrics
- Feb 2023 monthly snapshots expanded to new metrics
- August 2024 - fully snapshot report, first annual report

Question: Why are the metrics showing up just for July, August, September are these from last year?

Answers: Sample of what the report would look like, the data is just an example of what the data would look like.

Comment: The example that you are giving is not very clear, it seems that the information is combined but not specific what each category is.

Response: Would it be helpful to have another discussion on how you would like to receive the data. The report sample is a first try on developing it and we can make adjustments to receiving the information in different formats.

Question: Would you clarify in the report packet in page 42 there is an example of KIP, are you planning to develop the metrics based on each one of those subjects on the page?

Answer: This is our first attempt at creating monthly snapshot report quality metrics. Each row would be a different, separate quality metrics. Formatting would be adjusted to make the data more clear.

	Question: Timeline related to the UDS report, do you expect some challenges on reporting? How granular will this information be for board members? **Answer:** UDS reports are done annually per HRSA, we submit them in January and hear back in the Spring if they are accepted. We will continue to provide information as soon as it is available to share. We also want to include it in our annual quality report. **Question:** Are you or the team able to see data more frequently to implement quality improvement work instead of waiting until the annual report? **Answer:** UDS report does not run quarterly, however our business intelligence is working at being able to see that data more regularly. There are other systems and reports that allow us to see the information more regularly. **Question:** Will she present something differently than what we are looking at now, because I do not understand. **Answer:** Would propose having another conversation to understand how you would like to receive information and that it is understandable.			
Policy: ICS.01.50 Data Governance - **VOTE REQUIRED** Brieshon D'Agostini, Quality and Compliance	Provided background of policy: ● Created in 2020, approved by ED and CHCB in June 2020 ● Established standard to assure the quality and integrity of data generated by and related to Health Center	*Motion to approve ICS.01.50 Data Governance:*		

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Officer	programs. Since the development we have learned about data governance and our system and have discussions with our partners at the Health Department as our systems are integrated. *New Changes* ● Provide clarity/guidance, no changes to operation ● Updated wording to "Health Center" vs. "ICS" ● Guidance on how data is requested and what is included ● Clarified Health Center business ● Define Health Center role as "gatekeepers" of Health Center data Reviewed by CHCB Quality Committee and shared agreement with the Health Department partners. No questions or comments by board members.	*Patricia* *Second: Pedro* Yays: 5 Nays: Abstain: 1 **Decision:** **Approved**		
Oregon School Based Health Alliance ACTION Grant - **VOTE REQUIRED** Alexandra Lowell, Student Health Center Manager	Oregon School Based Health Alliance is a non-profit that supports CHC and the field of CHCs they do advocacy, program development, and they give grants to multiple school based health center programs throughout the state. This is the 5th year that we receive this grant. Grants go to our youth action council work and community engagement work.	*Motion to approve Oregon School Based Health Alliance ACTION Grant:* *Pedro* *Second: Tamia* Yays: 6 Nays: Abstain: **Decision:**		

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Grants fund projects that support healthy youth relationships, adolescent sexual health and SBHC staff skill development related to youth social and sexual health	**Approved**	

Biannual funding will go thru June 30, 2025

Grant will be distributed to our Parkrose and McDaniel High School Youth Action Council:
- Complete Youth Participatory Action Research project
- Healthy relationship-themed campaigns
- Creating partnerships with in–school affinity groups for youth of color

Total Award Amount $20,000
- YAC Intern(s)
- YAC meeting/project supplies
- Youth stipends
- Travel to OSBHA School Health Action Day

Question: Is the amount that you need for two years or do you need more than this?

Answer: We are asking for the max that OSBHA ACTION Grant allows. We have other grant funding that support this work as well

Question: Are the interns high school students?
Answer: These are college students that work about 10 hours a week with our program.

Question: This grant will be going to Parkrose and McDaniel High School, is this grant on rotation to other schools.

	Answer: We propose something that is within our realm or capacity of making sure that we meet that work. The other 7 sites may not have the means for an action project that meets the deliverable of this grant. Grant has been rotated at other sites in the past and we share certain strategies and tools to use at other sites.			
10 min break	**6:59- 7: 10PM**			
Monthly Budget and Financial Reports -Jeff Perry, Chief Financial Officer, ICS	**Monthly highlights** ● **Revenue $175 million** ● **Expenditures $138 million** ● **Net Income : $37 million** **Month of May** ● $17.9 million dollar in revenue ● $13.5 million dollar in expenses ● $4.3 million dollars in net income **Programmatic Level** ● Dental YTD loss, loss is narrowing down $531,055 ● Pharmacy YTD gain, $3.8 million dollars ● Primary Care YTD gain, $28.8 million dollars ● Student health center YTD gain, $1 million dollar ● HIV Clinic YTD gain, $1 million dollar **Program income** ● **Indirect Cost Expense that FQHC pays to the health department and County.** ● **Budget Adjustment** ● Month of May Program income of $12 million dollar			

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	● Year to day income of $135 million dollar **Internal Services Expenses Paid to other agencies and County** ● Month of May $2.4 million dollars ● Year to Date $25 million dollars **Question:** What is "Internal Service Other", can you tell what the money is being spent on. **Answer:** Will need to look at the specifics and report back. **Question:** On the revenue by program, noticed Lab does not have any revenue. **Answer:** Lab is a particular cost center and any revenue generated is billed to primary care. **Question:** The lost show is not covered? **Answer:** We cover the cost of the lab. **Comment:** Admin generating revenue. **Response:** We allocated the COVID-19 dollars money in the Admin category to keep it one place. **Comment:** Even though [COVID-19 dollars] are being used for clinical services. **Response:** We wanted to keep the money in one place, we won't see those funds next fiscal year.		CHCB Staff: follow up with Jeff regarding the "Internal Service other" and report back to board	Answer provided later in the meeting: An example is our mail delivery and distribution.

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	Comment: In the new fiscal year, will this account for the additional coverage or where? **Response:** It will be captured in our program income.			

Committee Updates
-Quality Committee: Tamia Deary, Quality Chair
-Executive Committee: Harold Odhiambo, Board Chair
-Darrell Wade, Finance committee:
	Tamia Deary, Quality Committee :
	
	● No updates as quality meeting has not occurred since last public meeting (scheduled for July 11th)
	
	Tamia Deary, Bylaws Committee :
	
	● List of priority of topics once our legal support is contracted
	● Bylaws wording about voting
	● Wording around address board members needs
	● Retreat on Robert Rules
	● Access around materials in board members preferred language
	  ○ Agenda and minutes be a priority
	  ○ Larger documents such as annual quality plan
	
	Comment: Wanted to thank you for the support you have provided us in receiving material in Spanish.
	
	Question: Is there a reason why we are using Roberts Rules or is it more accessible?
	
	Answer: Open to suggestions. We work overtime to meet the board's needs. Currently, in our policies and procedure we default to Roberts rules if there is nothing in our Bylaws
	
	Comment: Once we have our legal support we will be able to			

	review this matter with legal support. Darrell Wade, Finance committee: • Met on July 6th and reviewed our financials with Jeff • Next meeting August 3rd Harold Odhiambo, Executive Committee : • Legal support will be reviewed in an agenda item. Harold Odhiambo, Nominating Committee & Finance Committee: • No updates from nominating			
NWRPCA Spring Summit Update Harold Odhiambo, CHCB Chair Bee Velasquez, Member-at-Large Alina Stircu, Board member	Reyna on behalf of Alina read comments submitted by Alina who was not present. Harold shared comments regarding attendance.			
Legal Support Harold Odhiambo, Chair	We met with Steven Ogden with Ogden Law Firm, LLC on July 5th to potential contract to meet our boards need with DJ Rhodes, Executive Director and Tamia Deary, Vice Chair. Meet with team members with various areas of expertise with FQHC and Co-applicant agreements.			

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	Once we have them contracted they can share with the board who they are and what they stand for. Based in Seattle but support Health Centers in other states. More updates to be shared with the entire board once available. No comments.			
Executive Director Update (Closed Session) *CHCB Board Members to discuss in a confidential separate Zoom*	Board moved to confidential session at: 7:46 pm	***Motion to move to a closed session: Tamia Second: Darrell*** Yays: Nays: Abstain: **Decision:**		
Meeting Adjourns	Meeting adjourns 7:46 PM			Next public meeting scheduled on 8/14/23

Signed:_____ Date:_____
        Pedro Prieto Sandoval, Secretary

Signed:_____ Date:_____
        Harold Odhiambo, Board Chair

Scribe name/email:
Reyna Martinez-Martinez
reyna.martinez-martinez@multco.us

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SUMMARIES

community health
center board

Multnomah County

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	HRSA BPHC Health Center Program FY 24 Budget Period Renewal

This funding will support: *Please add an **"X"** in the category that applies.*

Current Operations	Expanded Services or Capacity	New Services
X		

Date of Presentation:	**Requested August 14**	Program / Area:	**Health Center Program**
Presenters:	Claire Nystrom, Marc Harris		

Project Title and Brief Description:

Health Center Program Budget Period Renewal (BPR)

The Multnomah County Health Department (MCHD) has been receiving Health Center Program (Section 330) funds since 1980. Multnomah County is the grantee, but the program is fully overseen and managed by the Community Health Center Board and Integrated Clinical Services. As part of this award, MCHD receives Community Health Center and Healthcare for the Homeless funding. Health Center Program funds are used to operate the Health Center's seven Community Health Centers, nine student health centers, seven dental clinics, seven pharmacies, and HIV Health Services Center. MCHD must submit a Service Area Competition (SAC) (a competing continuation) application every three years. In non-SAC years, MCHD submits Budget Period Renewal (BPR) applications. The most recent SAC was submitted last year. The next BPR is due August 18, 2023.

What need is this addressing?:

MCHD's Community Health Centers provide comprehensive primary care, dental, and behavioral health services for the 26% of the Multnomah County service area's population that lives on incomes below 200% of the Federal Poverty Level (about 230,000). About 6% of the service area's population is uninsured, 18% are covered by Medicaid, and over 6,000 people experience homelessness.

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

The patient goal for the project period is set at 66,170, requiring MCHD to serve a minimum of that many patients annually by 2024. In 2022, MCHD served 53,056 patients.

MCHD has also set goals for clinical and financial performance measures to track over the grant period to improve health outcomes for patients.

Grant funds support salaries for Health Center Program staff. Example staff include: Administrative Analysts, Administrative Specialists, Business Process Consultants, Clerical Unit Coordinators, Clinical Services Specialists, Community Health Nurses, Community Health Specialists, Data Analysts, Dental Assistants, Dental Hygienists, Eligibility Specialists, Finance Specialists, Finance Technicians, Laboratory Technicians, Licensed Practical Nurses, Medical Assistants, Nurse Practitioners, Nurse Practitioner Manager, Nursing Supervisors, Office Assistants, Operations Supervisors, Physicians, Physician Assistants, Program Coordinators, Program Specialists, Program Technicians, and Project Managers.

What is the total amount requested: $$9,809,194
Please see attached budget

Funds will be used for personnel, fringe benefits, and indirect costs. A full budget will be presented at the August CHCB public meeting.

Expected Award Date and project/funding period:

This budget period is for 1/1/2024 - 12/31/2024, which is the second of three years of the current grant period.

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

A "yes" vote means MCHD will submit the BPR application to the HRSA Bureau of Primary Health Care, allowing it to continue operating the Health Center Program. The board will continue to vote on annual budget appropriations and grant appropriations in accordance with the regular budget cycle.

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

A "no" vote means MCHD will not submit the BPR application and will not be eligible to receive continued funding.

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

N/A

Proposed Budget (when applicable)

Project Name: Health Center Program Budget Period Renewal		Start/End Date: 1/1/2024-12/31/2024	
	Budgeted Amount	**Comments** (Note any supplemental or matching funds)	**Total Budget**
A. Personnel, Salaries and Fringe			
Salaries - including all Primary Care Clinics, Student Health Centers, Dental Program, Eligibility Outreach Program and other Enabling Services, HIV Treatment Program, Information and Referral Program, and Pharmacy Services	$5,157,111	$57,404,648	$62,561,759
Salary-related expenses - FICA (7.65%), Retirement PERS (25.42%), PERS Bond (6.5%), Family Leave (0.4%), and Transit tax (0.81%) for a total of 40.78% of pay. Retirement for employees hired after August 03 is (21.99%) with a total expense of 37.35% of pay.	$1,995,110	$22,048,880	$24,003,990
Salary-related insurance benefits - Includes workers compensation, liability, unemployment, long term/short term disability, retiree medical, and benefits administration for a total of 7.45% of base pay. Flat rate insurance benefits budgeted at $20,053 per full-time employee. For Local 88 three-quarter time employees, it is $15,040. For half-time employees, the rate is $11,446 per employee.	$1,494,601	$16,684,016	$18,178,617
Total Personnel, Salaries, and Fringe	$8,606,822	$96,137,544	$104,744,366
B. Supplies			
Pharmaceuticals, medical and dental supplies, office supplies	$0	$26,042,188	$26,042,188

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Total Supplies	$0	$26,042,188	$26,042,188
C. Contract Costs			
Patient care and non-patient care contracts	$0	$3,303,782	$3,303,782
Total Contracts	**$0**	**$3,303,782**	**$3,303,782**
D. Other Costs			
Travel and training	$0	$82,931	$82,931
Internal services and other costs	$0	$26,913,024	$26,913,024
Total Other	**$0**	**$26,995,995**	**$26,995,995**
Total Direct Costs (A+B+C+D)	**$8,606,822**	**$152,479,469**	**$161,086,291**
Indirect Costs			
Total Indirect Costs (13.97% of A)	**$1,202,372**	**$14,372,809**	**$15,575,181**
Total Project Costs (Direct + Indirect)	**$9,809,194**	**$166,852,278**	**$176,661,472**

Community Health Center Board (CHCB) Authority and Responsibility

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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	Trillium Community Health Plan Small Grant

This funding will support: *Please add an "X" in the category that applies.*

Current Operations	Expanded Services or Capacity	New Services
	X	

Date of Presentation:	Requested August 14	Program / Area:	Community Health Workers
Presenters:	Adrienne Daniels		

Project Title and Brief Description:

Improving access to Flexible Funds and Care Coordination

What need is this addressing?:

Coordinated Care Organizations offer "health related services flex funding" which may be used to support general wellness and purchases which address the social determinants of health, alleviate health disparities, and improve overall community wellbeing. Examples include supporting purchases of air conditioning units, therapy stretch bands, bus passes, yoga ball, bug bed extermination, and others. Submitting flex funding requests often requires significant CHW advocacy and coordination to document

demonstrated health needs or diagnosis of the patient and associated impact. The OHA 1115 Waiver has committed to increasing the amount of flex funding available, which is projected to increase the number of total requests for patient support. This grant funding would increase CHW staff capacity to administer and coordinate social benefits and related activities which reduce health disparities, address social determinants of health, or improve wellness.

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

The grant funding would increase the total number of staff available to support flexible funding requests for patients. Adding 1.0 FTE is projected to increase support for flex funding requests and social services coordination to approximately 1,200 requests per year.

What is the total amount requested: $113,033.73
Please see attached budget

This supports 1.0 FTE and associated salary benefits, travel, and training.

Expected Award Date and project/funding period:

Awards will be determined by December 31, 2023. There is no funding period limit, but funds would be expected to be used within 18 months.

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

Application would continue to be submitted to Trillium Health Plan for increased capacity in supporting flex funding coordination and support.

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

The application would be withdrawn. There would not be increased support for flex funding requests for patients.

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

There is no change in scope impact.

Proposed Budget (when applicable)

Project Name: Trillium Community Health Small Plan Grant		Start/End Date: Jan 1, 2024 - Dec 31, 2023	
	Budgeted Amount	**Comments** (Note any supplemental or matching funds)	**Total Budget**
A. Personnel, Salaries and Fringe			
Community Health Specialist	$100,779	Assumes mid range salary	$100,779
Total Salaries, Wages and Fringe			**$100,779**
B. Supplies			
Description of supplies			
Total Supplies			
C. Contract Costs			
Contract description			
Total Contractual			
D. Other Costs			
Associated travel, communications, and supplies	$1,000	Travel and training, supplies	$1,000
Total Other			**$1,000**
Total Direct Costs (A+B+C+D)			**$101,779**
Indirect Costs			
The FY24 Multnomah County Cost Allocation Plan has set the Health Department's indirect rate at 13.97% of Personnel Expenses (Salary and Fringe Benefits). The rate includes 3.58% for Central Services and 10.39% for Departmental. The Cost Allocation Plan is federally-approved.			
Total Indirect Costs (13.97% of A)			**$14,079**
Total Project Costs (Direct + Indirect)			**$114,858**

Board Presentation Summary

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

Presentation Title	Annual Needs Assessment Update

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

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

Date of Presentation:	Requested August 14	Program / Area:	Health Center Program

Presenters:	Claire Nystrom, and Marc Harris

Project Title and Brief Description:

Health Center Program Annual Needs Assessment Update

Health Center Programs are required to review community needs assessment information for their service area each year. Because a comprehensive Needs Assessment is part of Service Area Competition (SAC) applications, we typically conduct the needs assessment review at the time of year when the SAC is being prepared, or in non-SAC years, when the Budget Period Renewal (BPR) application is being prepared. The most recent SAC was submitted in 2022, and a needs assessment was presented at that time. The next BPR application is due August 18, 2023. The BPR does not include a Needs Assessment, but at this time, we will do our annual needs assessment review, focusing on major changes since submission of the SAC last year.

Describe the current situation:

MCHD's Community Health Centers provide comprehensive primary care, dental, and behavioral health services for the 26% of the Multnomah County service area's population that lives on incomes below 200% of the Federal Poverty Level (about 230,000). About 6% of the service area's population is uninsured, 18% are covered by Medicaid, and over 6,000 people experience homelessness.

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

As described above, the CHCB is required to review needs assessment information every year. SAC applications, which occur every three years include a comprehensive Needs Assessment, so they are good opportunities to do the review. While BPR applications include little or no needs assessment information,

they occur in annual increments between SAC applications, so they are logical points in time at which to do the needs assessment review during non-SAC years.

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

The MCHD Strategy and Grants Development Team has gathered existing data that either has changed significantly since submission of the SAC last year or was not available at the time. Local community health needs assessments that entail robust and diverse community engagement are among the data sources reviewed.

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

The Board may request additional data they would like to see.

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

N/A - No vote is required for this agenda item.

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

N/A - No vote is required for this agenda item.

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

ICS leadership has been involved in deciding the scope of the presentation. The Healthy Columbia Willamette Collaborative 2022 Community Health Needs Assessment and regional 2022 and preliminary 2023 Point-in-Time count of homelessness are among included data sources.

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

Claire Nystrom with MCHD's Strategy and Grants Development Team has been compiling data and information for the annual needs assessment review, as well as writing Needs Assessments for SAC and, when required, BPR applications, for 12 years. She relies on Research and Evaluation Analysts throughout the Health Department, especially Community Epidemiology Services and Program Design and Evaluation Services for data access, analysis, and expertise.

What have been the recommendations so far?

Recommendations have been to continue presenting comprehensive needs assessment information during years where a SAC is submitted and presenting updates and major changes during years when a BPR is submitted.

How was this material, project, process, or system selected from all the possible options?
This process is standard for an annual needs assessment review.

Board Notes:

PRESENTATIONS

community health
center board

Multnomah County
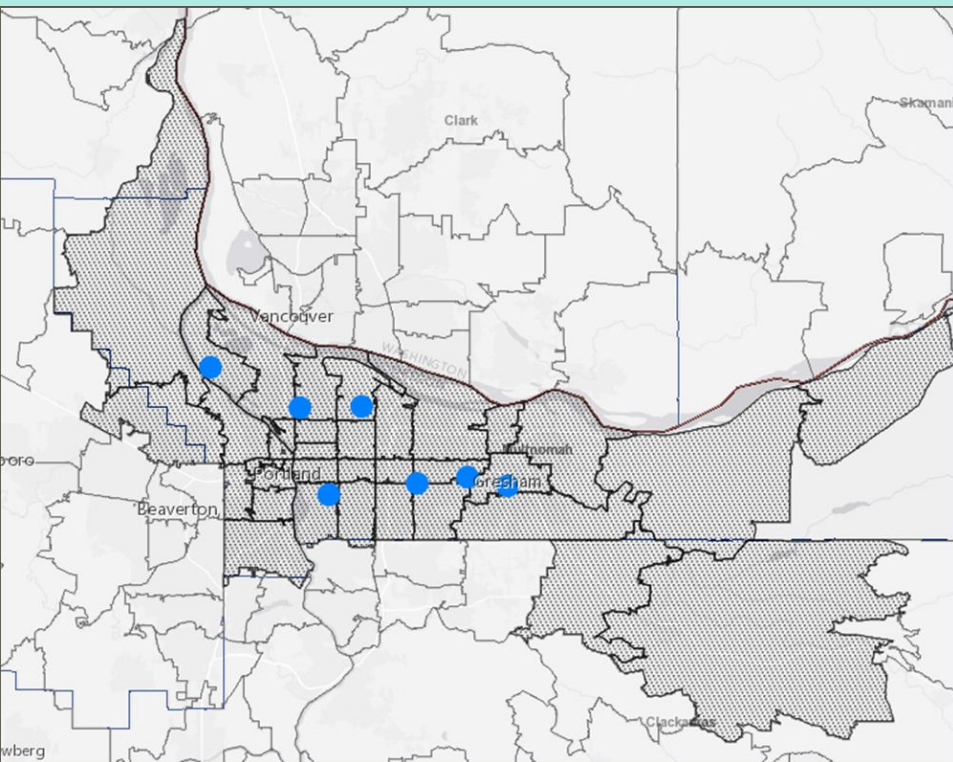
Service Area Community Needs Assessment Update

Presenter:
Claire Nystrom,
Project Manager, MCHD
Strategy & Grant
Development

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Needs Assessment Update - Background

- CHCB is required to review Needs Assessment information annually

- Comprehensive Needs Assessment every three years in the Service Area Competition (SAC) application

- In non-SAC years, we submit a Budget Period Renewal (BPR) for the Health Center Program (Section 330) grant

- BPR no longer asks for any Needs Assessment information

- Opportunity for updates and major changes

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Needs Assessment Update - Review

Service Area and Population of Focus

31
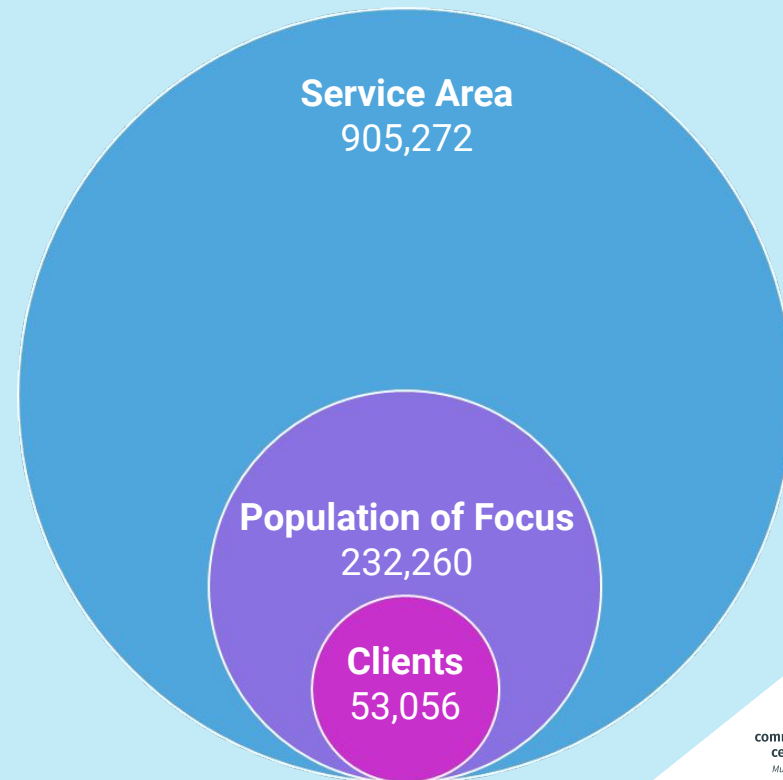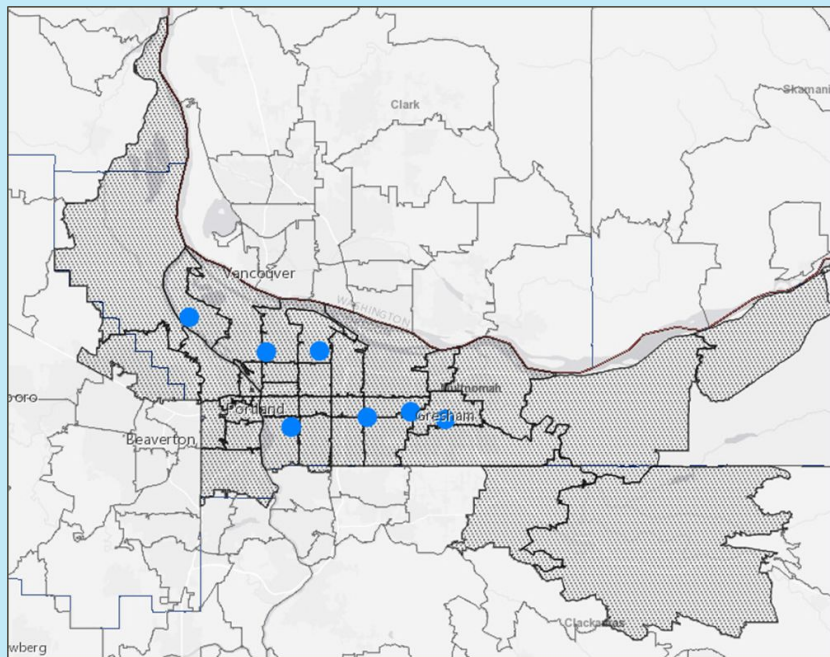
Typical Needs Assessment framework

Local story we told:

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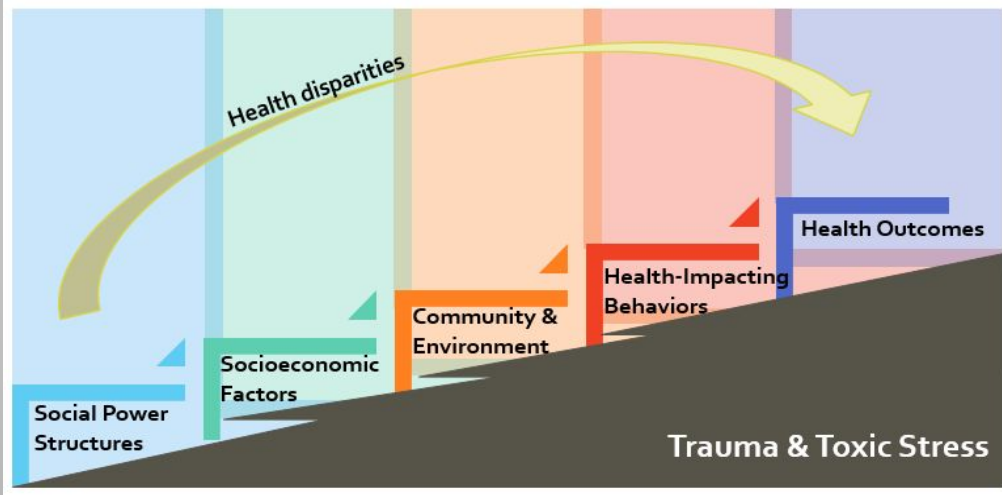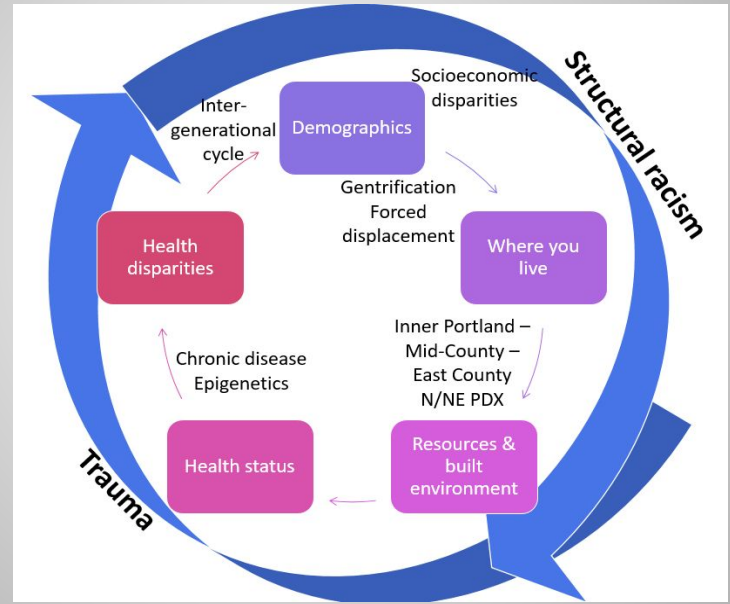
Needs Assessment Update - Review

SAC asked for:

Factors associated with access to care and health care utilization
- Geography
- Transit infrastructure and transportation
- Occupation
- Unemployment
- Income
- Educational attainment

Unique health care needs that impact health status
- Language barriers
- Food insecurity
- Housing insecurity
- Financial strain
- Neighborhood and built environment
- Environmental issues

We also included a discussion of health outcomes and health disparities.

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Needs Assessment Update – Major Changes since SAC

Population Changes

	2019	**2021**	**% Change**
Service Area	895,795	905,272	1.1%
Target Population	249,551	232,260	-6.7%

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New health outcome data - morbidity (BRFSS)

	Old Data (2010-2011 or 2015-2017)					New Data (2017-2019)				
	A	B/AA	L	NA/AN	PI	A	B/AA	L	NA/AN	PI
Currently has asthma		✓							✓	
Ever had diabetes		✓		✓		✓	✓	✓		
Ever had heart attack				✓					✓	
Ever had stroke				✓					✓	
Ever had hypertension							✓		✓	
BMI in obese range	(API)	✓	✓	✓	(API)		✓	✓	✓	

35

✓ = higher rate than white, non-Latine

CURRENTLY HAS ASTHMA

2010-2011
- Asian, NH: 13.20%
- Black/African American, NH: 11.00%
- Latine, NH
- Native American/Alaska Native, NH
- Pacific Islander, NH
- White, NH: 11.00%

2017-2019
- Asian, NH: 10.60%
- Black/African American, NH: 13.30%
- Latine, NH: 14.70%
- Native American/Alaska Native, NH: 32.10%
- Pacific Islander, NH
- White, NH: 17.20%

EVER HAD DIABETES

2010-2011
- Asian, NH: 6.3% *High RSE*
- Black/African American, NH: 21.3%
- Latine, NH
- Native American/Alaska Native, NH: 12.7% *High RSE*
- Pacific Islander, NH: 6.3% *High RSE*
- White, NH: 6.8%

2017-2019
- Asian, NH: 13.7%
- Black/African American, NH: 12.4%
- Latine, NH: 8.9%
- Native American/Alaska Native, NH
- Pacific Islander, NH
- White, NH: 7.6%

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EVER HAD A HEART ATTACK

2015-2017 — Asian, NH 3.1%; Black/African American, NH 3.2%; Latine, NH; Native American/Alaska Native, NH 12.5% *High RSE*; Pacific Islander, NH; White, NH 3.2%

2017-2019 — Asian, NH 3.4%; Black/African American, NH; Latine, NH 1.6%; Native American/Alaska Native, NH 13.1% *Statistically Significant*; Pacific Islander, NH; White, NH 3.2%

EVER HAD A STROKE

2015-2017 — Asian, NH 3.1%; Black/African American, NH; Latine, NH; Native American/Alaska Native, NH 12.5%; Pacific Islander, NH; White, NH 3.2%

2017-2019 — Asian, NH; Black/African American, NH; Latine, NH 1.2% *Statistically Significant*; Native American/Alaska Native, NH 11.4%; Pacific Islander, NH; White, NH 2.8%

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BMI IN OBESE RANGE

2010-2011

- Asian, NH: 21.2%
- Black/African American, NH: 32.7%
- Latine, NH: 37.2%
- Native American/Alaska Native, NH: 34.5%
- Pacific Islander, NH: 21.2%
- White, NH: 21.4%

2017-2019

- Asian, NH: 10.8% *Statistically Significant*
- Black/African American, NH: 37.4% *Statistically Significant*
- Latine, NH: 30.0%
- Native American/Alaska Native, NH: 53.1% *Statistically Significant*
- Pacific Islander, NH: (no data)
- White, NH: 23.6%

EVER HAD HYPERTENSION

2017-2019

- Asian, NH: (no data)
- Black/African American, NH: 29.9%
- Latine, NH: 21.0%
- Native American/Alaska Native, NH: 47.3%
- Pacific Islander, NH: (no data)
- White, NH: 27.0%

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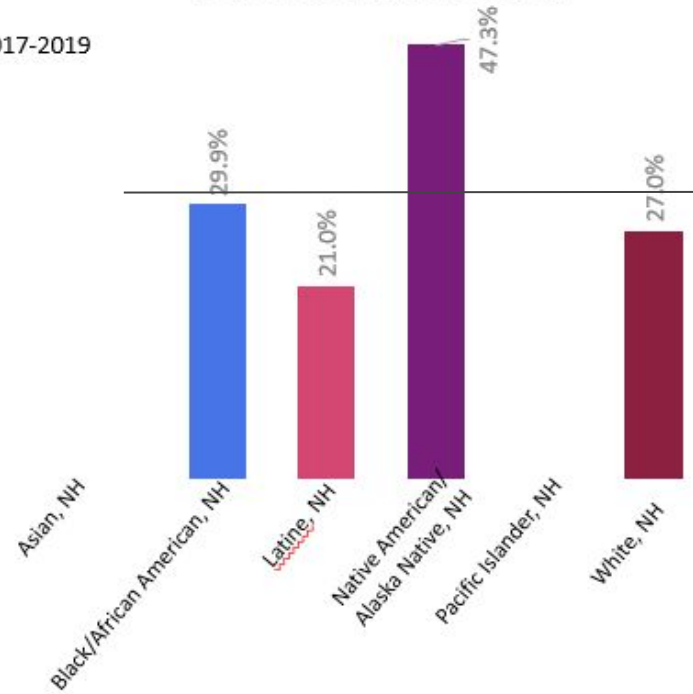
New health outcome data – mortality

	2015-2019						2020-2022					
	A	B/AA	L	M	NA/AN	PI	A	B/AA	L	M	NA/AN	PI
Cancer		✓			✓	✓		✓				✓
Heart disease		✓			✓	✓		✓				✓
Stroke	✓	✓			✓	✓	✓	✓		✓	✓	✓
Diabetes		✓			✓	✓		✓	✓	✓		✓
Liver disease					✓				✓	✓	✓	
COVID-19								✓	✓		✓	✓

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✓ = higher rate than white, non-Latine

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Age-adjusted Cancer Mortality, 2015-2019 vs 2020-2022
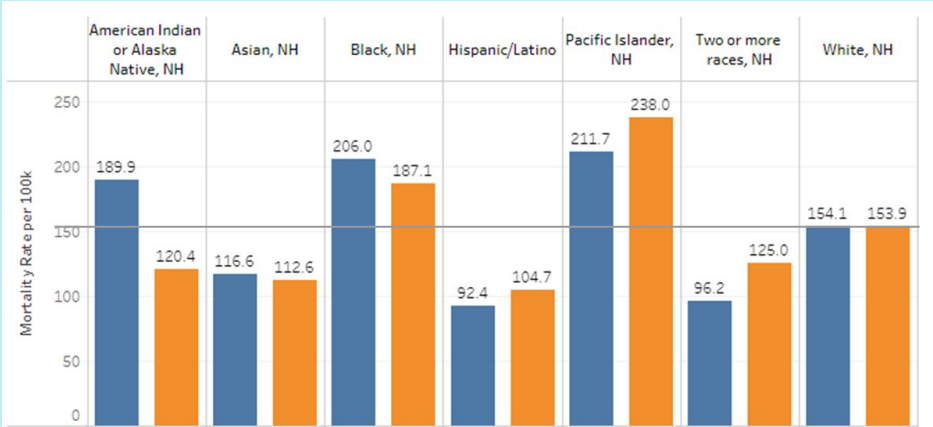
Age-adjusted Heart Disease Mortality, 2015-2019 vs 2020-2022

40
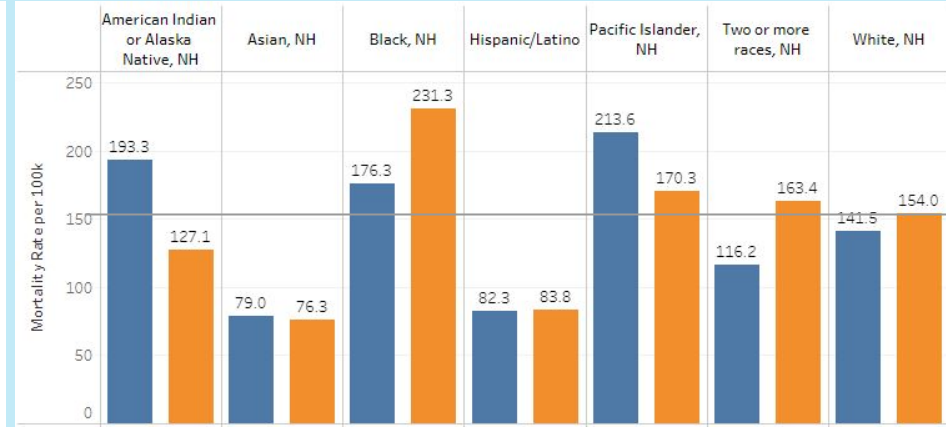
Age-adjusted Stroke Mortality, 2015-2019 vs 2020-2022

Age-adjusted Diabetes Mortality, 2015-2019 vs 2020-2022
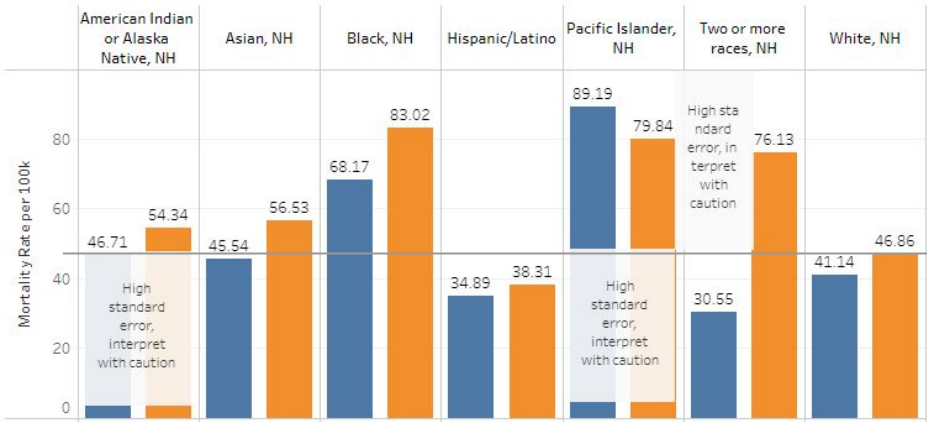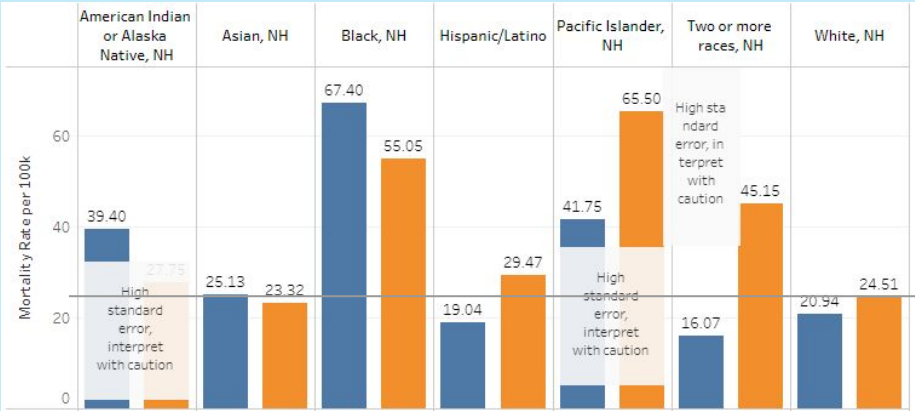
Age-adjusted Liver Disease Mortality, 2015-2019 vs 2020-2022
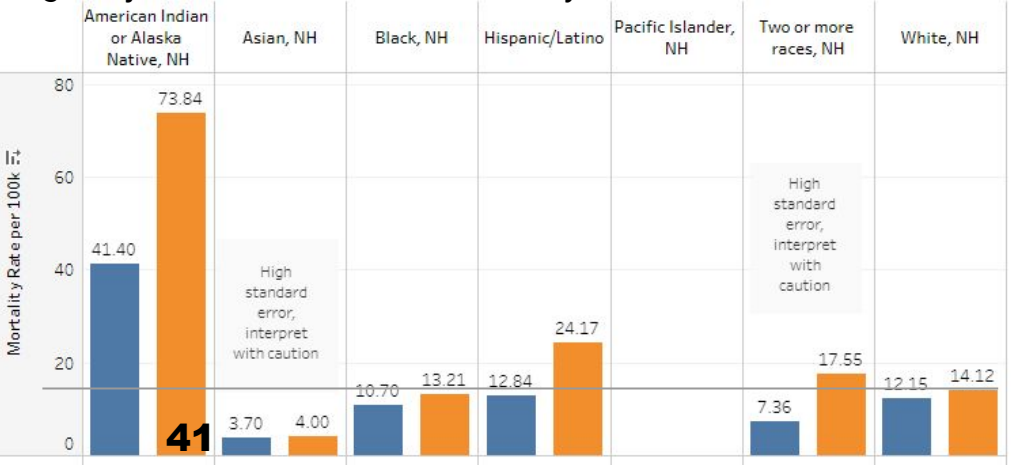
Age-adjusted COVID-19 Mortality, 2020-2022

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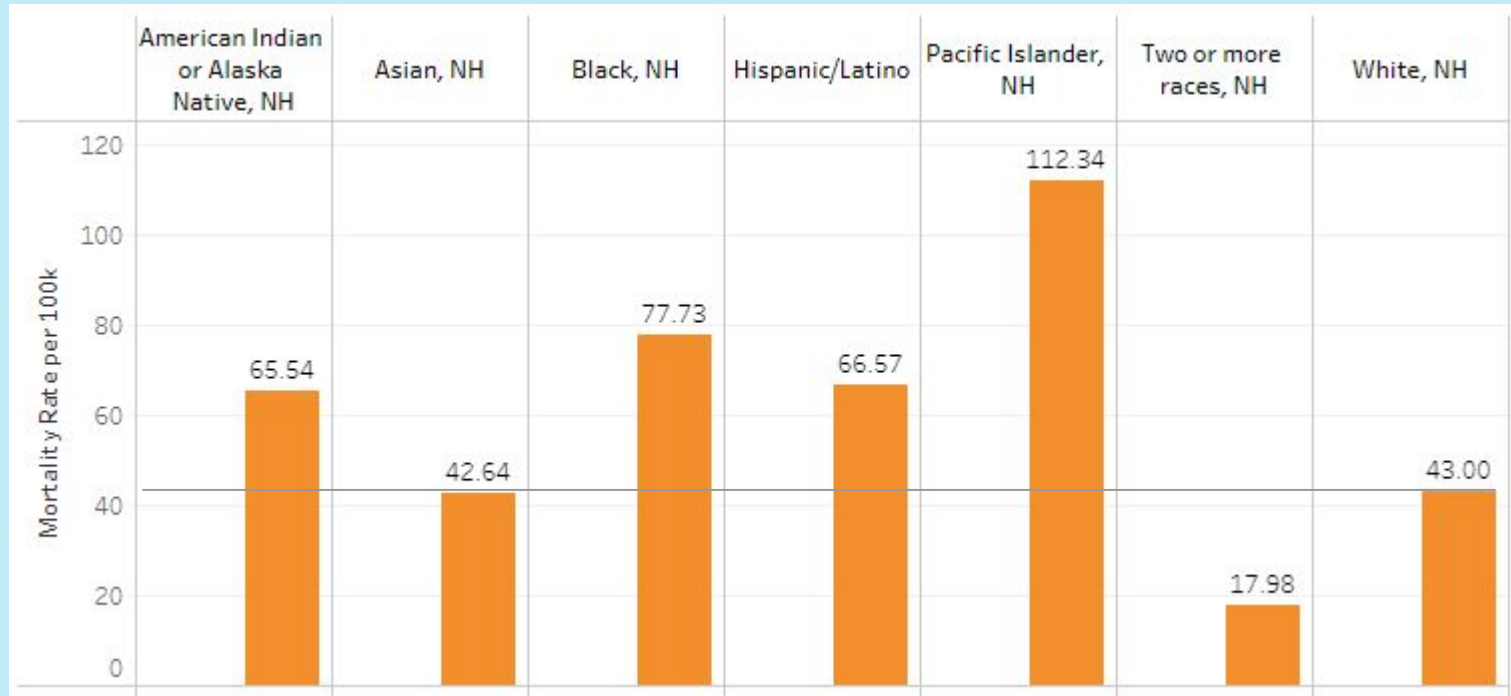
2022 and 2023 Point-in-Time Counts of Homelessness

People Counted as HUD-defined Homeless, 2013-2023

Overall 20.5% increase

Overall 30.2% increase

Without enhanced systems data collection, total would have decreased to 3,957 (-24.3%).

Legend: Unshelterd (traditional count) ■ Unshelterd (enhanced data collection) ■ Emergency Shelter ■ Transitional Housing

2013: 4,441 (1,895 / 974 / 1,572)
2015: 3,801 (1,887 / 872 / 1,042)
2017: 4,177 (1,668 / 1,752 / 757)
2019: 4,015 (2,037 / 1,459 / 519)
2022: 5,228 (3,057 / 1,485 / 686)
2023: 6,297 (1604 / 2,340 / 1,821 / 532)

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Race/Ethnicity among People Experiencing Homelessness, 2019 to 2022

	2019	2022	% Change
African	14 (0.3%)	70 (1.5%)	**400%**
Asian	85 (2.1%)	92 (1.9%)	8.2%
Black/African American	**648 (16.1%)**	**822 (17.2%)**	**26.9%**
Latine	373 (9.3%)	472 (9.9%)	**26.5%**
Middle Eastern	12 (0.3%)	11 (0.2%)	-8.3%
Native American/Alaska Native	**467 (11.6%)**	**617 (12.9%)**	**32.2%**
Pacific Islander	**119 (3%)**	**130 (2.7%)**	9.2%
Slavic	10 (0.2%)	10 (0.2%)	0%
White, non-Latine	2,346 (58.4%	2,513 (52.6%)	7.1%

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Disabling Conditions among People Experiencing Homelessness

Condition	2019	2022
Chronic health condition	1,002	946
Developmental disability	301	388
HIV/AIDS	89	68
Mental health disorder	1,544	1,509
Substance use disorder	1495	1,478
Both mental health and substance use...	870	847
Mental Health disorder, SUD, and physical...	480	464
Physical disability	1,069	958
Unspecified disability	139	692
Deaf or hard of heaing		204
Vision impaired		315

45
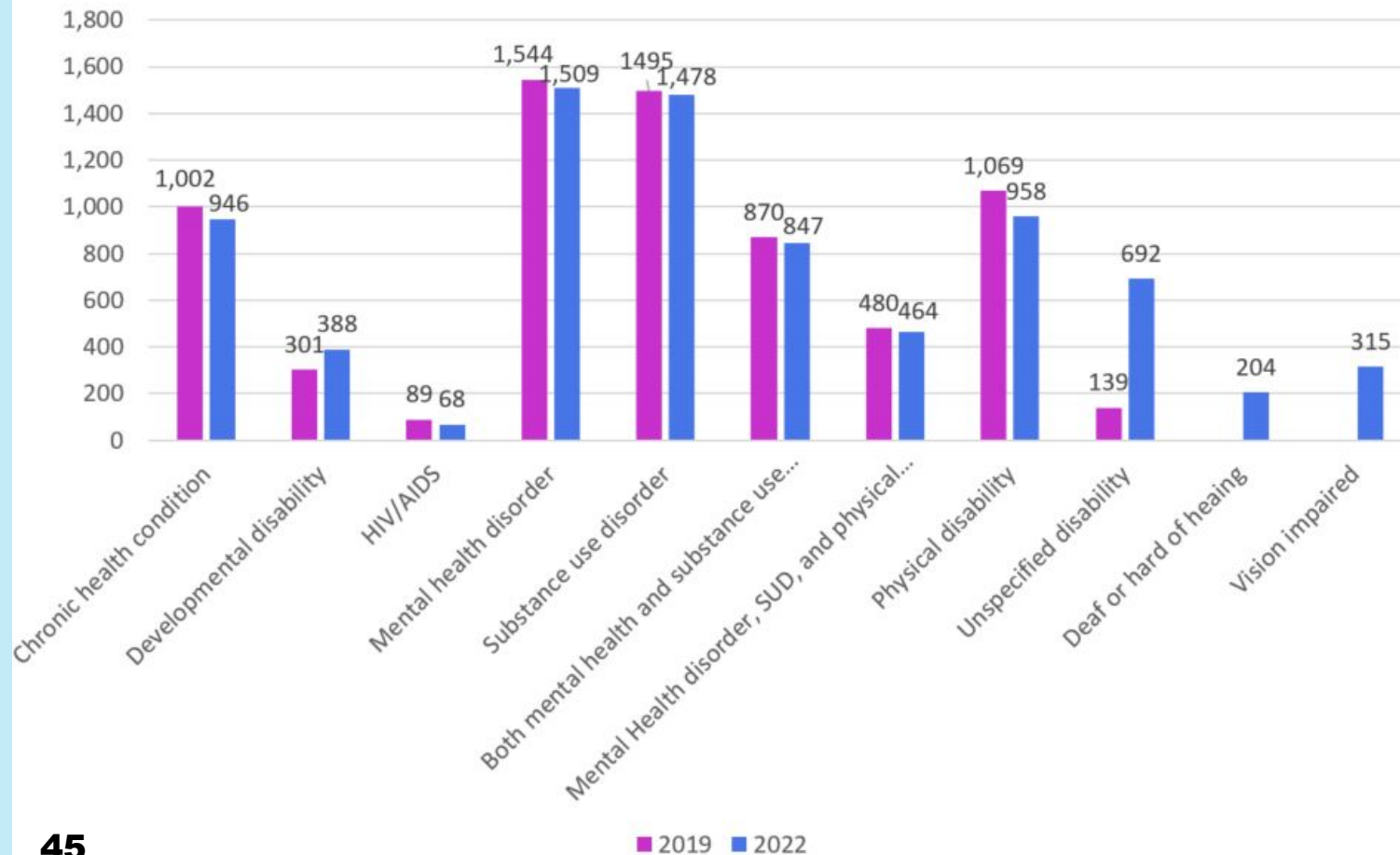
Q2 2023 Complaints and Incidents

Kimmy Hicks,
Project Manager, ICS Quality Program

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Q2 2023 Complaints By Location

Complaints Report

Reported Complaints	Complaint by Type

Point of Reference: From 4/1/2023 - 6/30/2023: Primary Care completed 44,798 appts (includes Telehealth visits). Dental completed (aprox.) 19,751 appts.
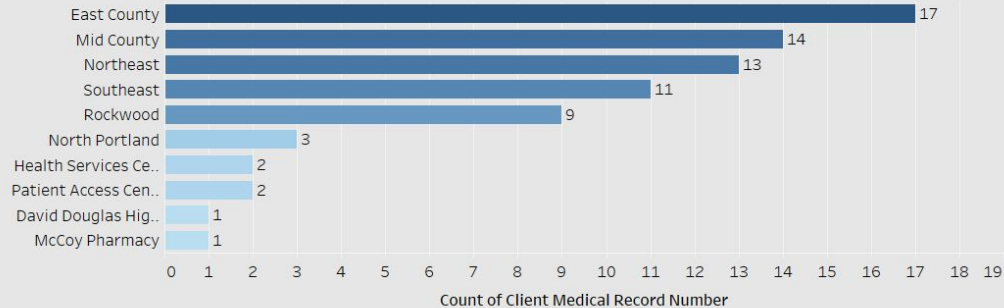
Reported Complaints

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

By Servi.. All

By Quar.. 2023 Q2

Complaints by Month

Month	Count
Apr/23	19
May/23	18
Jun/23	36

Complaints by Location

Location	Count of Client Medical Record Number
East County	17
Mid County	14
Northeast	13
Southeast	11
Rockwood	9
North Portland	3
Health Services Ce..	2
Patient Access Cen..	2
David Douglas Hig..	1
McCoy Pharmacy	1

Complaints by Service Area

Service Area	Count MRN
Dental	45
Medical	20
Pharmacy	5
Patient Access Cent..	2
Student Health Cen..	1

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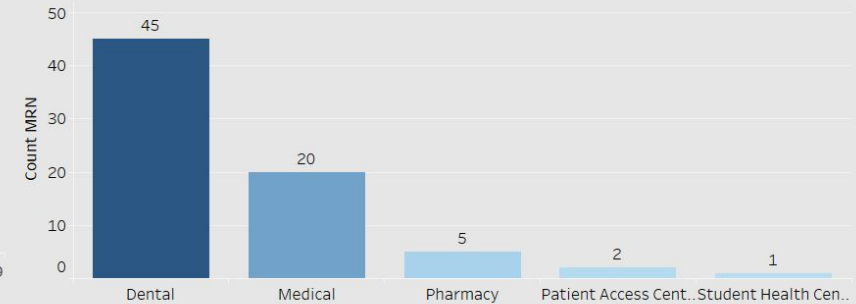
Q2 2023 Complaints By Type

Complaints Report

| Reported Complaints | Complaint by Type |
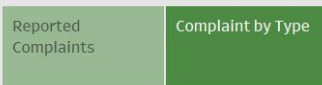
Complaints by Type
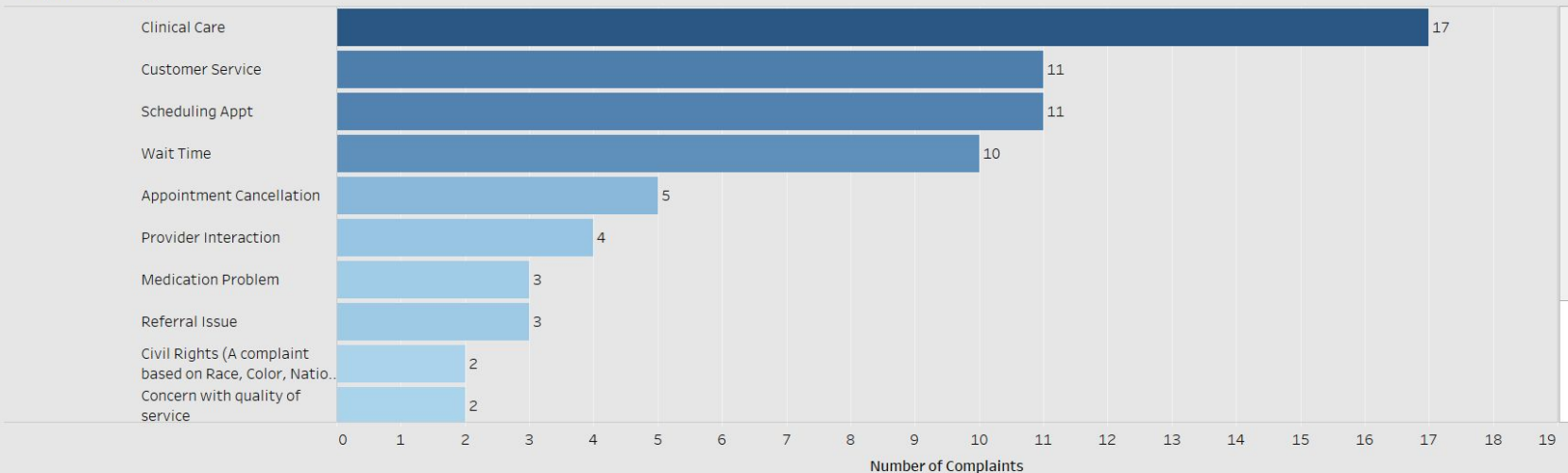
By Service Area
All

Clinic Site
All

By Quarter
2023 Q2

Clinic Comparison: None

Type	Number of Complaints
Clinical Care	17
Customer Service	11
Scheduling Appt	11
Wait Time	10
Appointment Cancellation	5
Provider Interaction	4
Medication Problem	3
Referral Issue	3
Civil Rights (A complaint based on Race, Color, Natio...	2
Concern with quality of service	2

Number of Complaints

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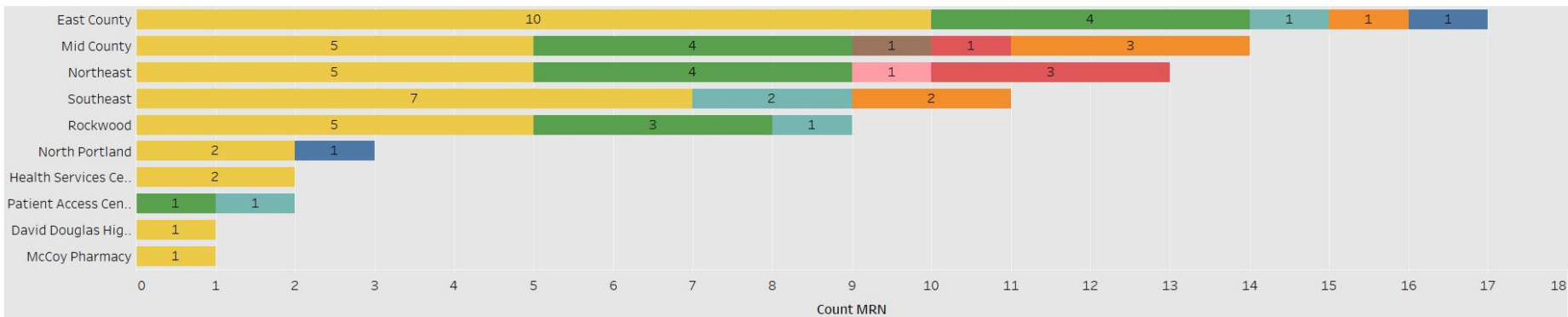
Q2 2023 Complaint By Race

Please you the filters below to select the Date Range, Service Area, and Complaint Category to analyze.

Select the .. All

By Quarter 2023 Q2

By Service Area
All

Location and Race Analysis

Location	Count MRN bars
East County	10 (White), 4 (Unknown), 1 (Patient Ref), 1 (Asian), 1 (American I)
Mid County	5 (White), 4 (Unknown), 1 (Other Asian), 1 (Black/Afric), 3 (Asian)
Northeast	5 (White), 4 (Unknown), 1 (Filipino), 3 (Black/Afric)
Southeast	7 (White), 2 (Patient Ref), 2 (Asian)
Rockwood	5 (White), 3 (Unknown), 1 (Patient Ref)
North Portland	2 (White), 1 (American I)
Health Services Ce..	2 (White)
Patient Access Cen..	1 (Unknown), 1 (Patient Ref)
David Douglas Hig..	1 (White)
McCoy Pharmacy	1 (White)

Count MRN: 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

RACE
- White
- Unknown
- Patient Ref..
- Other Asian
- Filipino
- Black/Afric..
- Asian
- American I..

Q2 2023 Incidents By Location

Incidents Report

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

Multnomah County

Reported Incidents

This report displays all of the incidents reported to ICS.

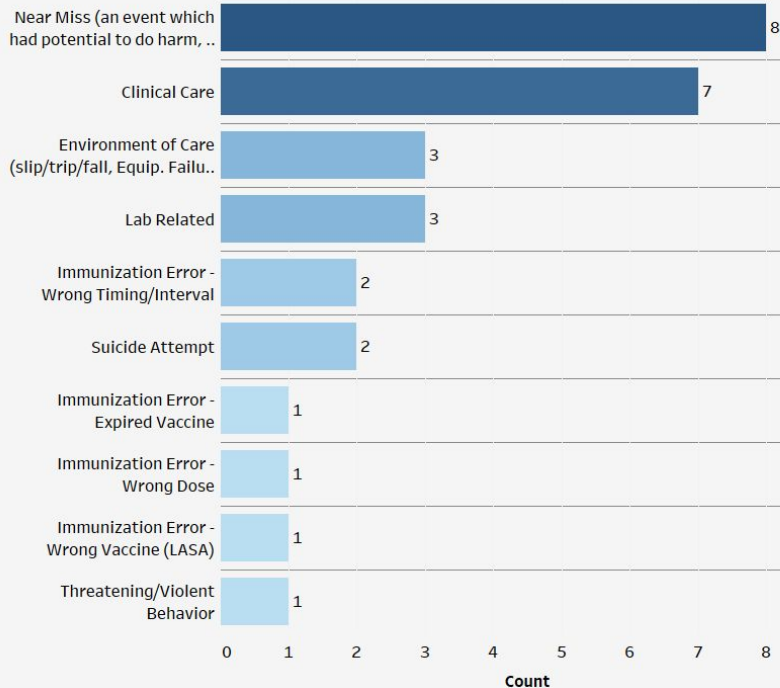| **By Service Area**	**By Quarter:**
All	2023 Q2

Subject Person Affected by Event:
Client

Incidents by Month

Point of Reference: From 04/01/2023 - 06/30/23: Primary Care completed 44,798 appts (includes Telehealth visits). Dental completed (aprox.) 19,751 appts.

- Apr/23: 13
- May/23: 6

Incidents by Location

Location	Count
Southeast	5
Mid County	3
East County	2
SHC: Roosevelt	2
North Portland	1
Northeast	1
PAC/YEON	1
Rockwood	1
SHC: Franklin	1
SHC: McDaniel	1
SHC: Reynolds	1
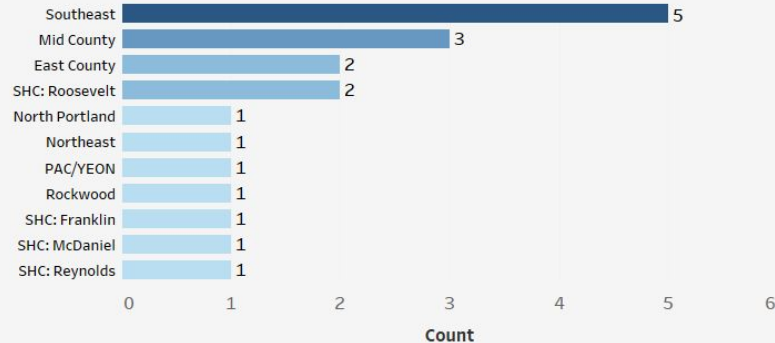
Incidents by Service Area

Service Area	Count
Primary Care	11
Student Health Centers	5
Dental	3

Q2 2023 Incidents By Type

Monthly Financials

August 2023

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Financial Reporting Package

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center board

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Year-End Budget Closeout in Progress

CHC Dashboard

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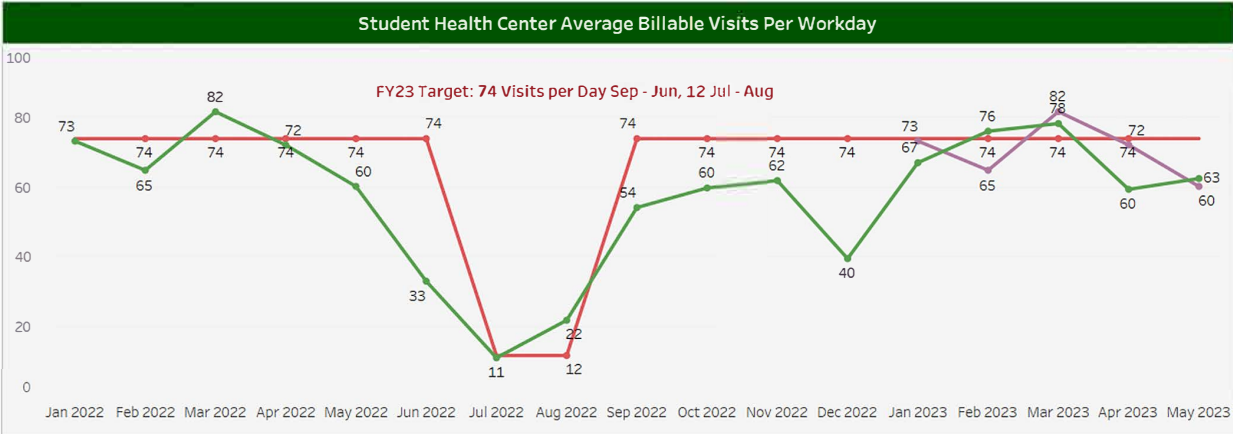center board

Multnomah County

Month
August 2023

Monthly Dashboard

Prepared By
ICS BI

FQHC Average Billable Visits per day by month per Service Area

Multnomah County Community Health Center

Student Health Center Average Billable Visits Per Workday

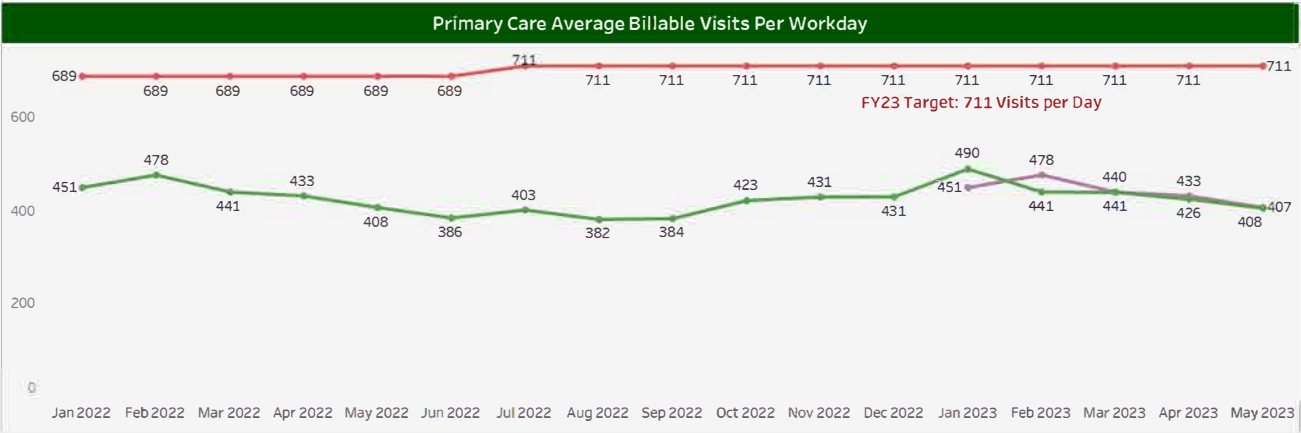FY23 Target: 74 Visits per Day Sep - Jun, 12 Jul - Aug

Explanation

This report takes the total number of billable visits for a month and divides it by total number of work days for an Average Billable Visits per work day, and compares to a Target based on the total # of provider FTE.
Good performance = the green "actual average" line at or above the red "target" line

Definitions:

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

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

Dental Average Billable Visits Per Workday

FY23 Target: 322 Visits per Day

Primary Care Average Billable Visits Per Workday

FY23 Target: 711 Visits per Day

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

- Billable Visits Per Workday
- Target
- Previous Year Billable Visits Per Workday

2

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Percentage of Uninsured Visits by Quarter

## Explanation

This report shows the average percentage of 'Self Pay' visits per month.
Good performance = the blue 'Actual' line is around or below the red 'Target' line

Definitions:
Self Pay visits: Visits checked in under a 'Self Pay' account

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

Percentage of Uninsured Visits in Primary Care

FY23 Target of Uninsured Visits: 12.4%

Percentage of Uninsured Visits in ICS Dental

FY23 Target of Uninsured Visits: 8%
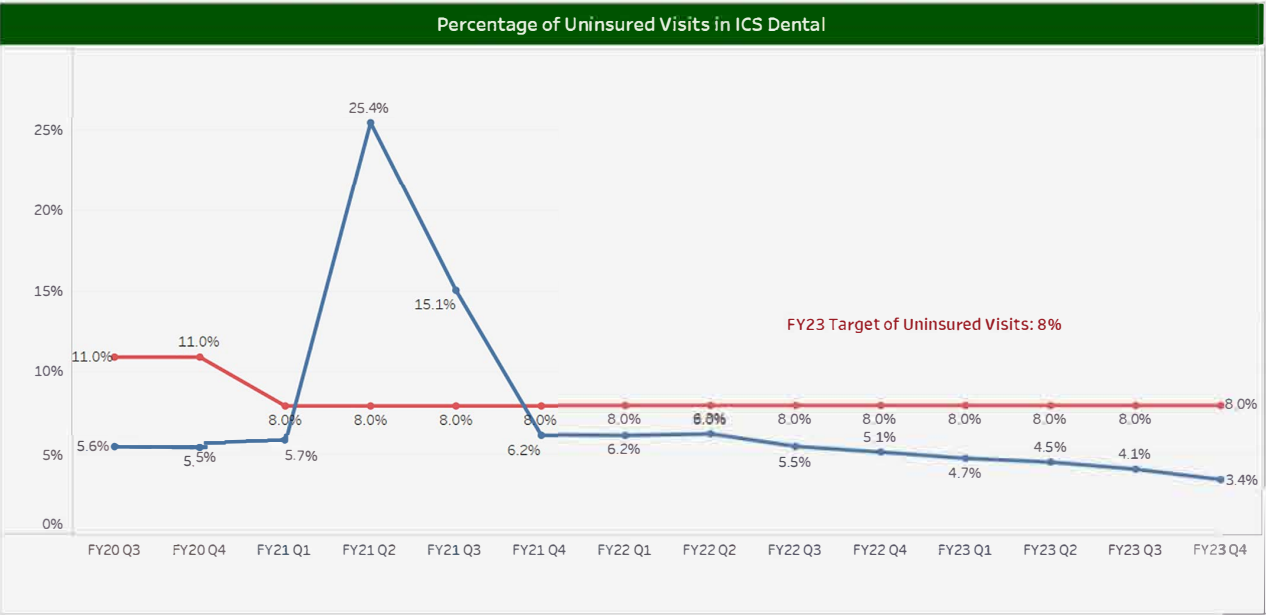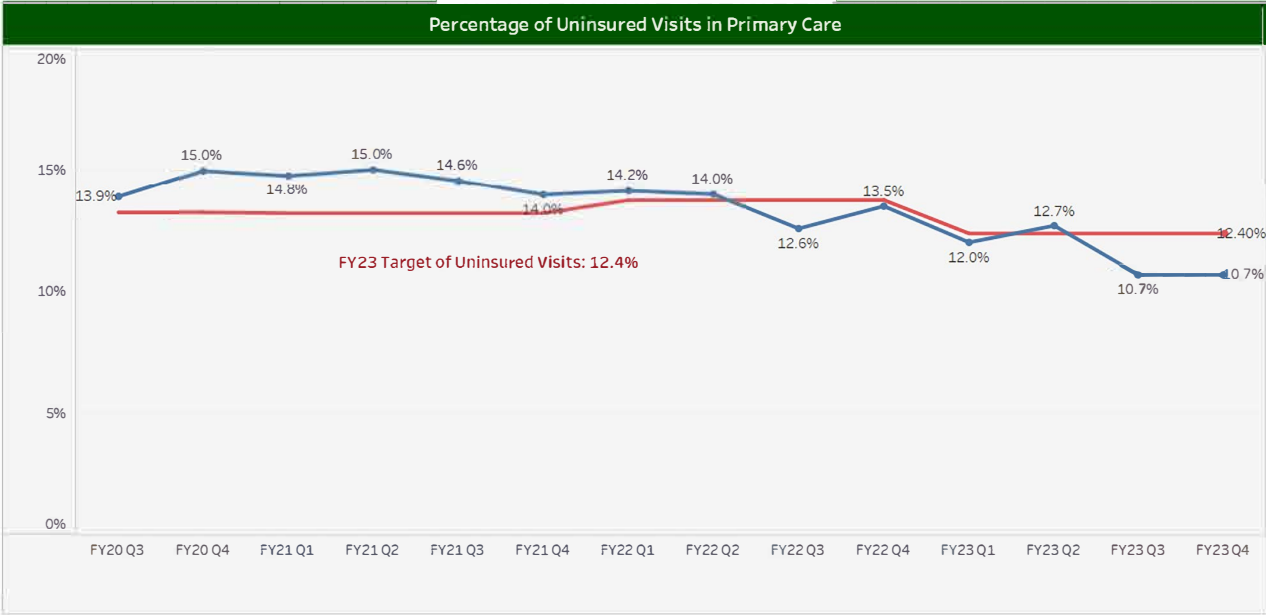
Primary Care Target % of Uninsured Visits for FY18: 16% | FY19:13.25% | FY20: 13.27% | FY21:13.23% | FY22: 13.77% | FY23:12.40%
Dental Target % of Uninsured Visits for FY18: 12% | FY19: 14.85% | FY20: 11.00% | FY21: 08.00% | FY22: 08.00% | FY23: 08.00%
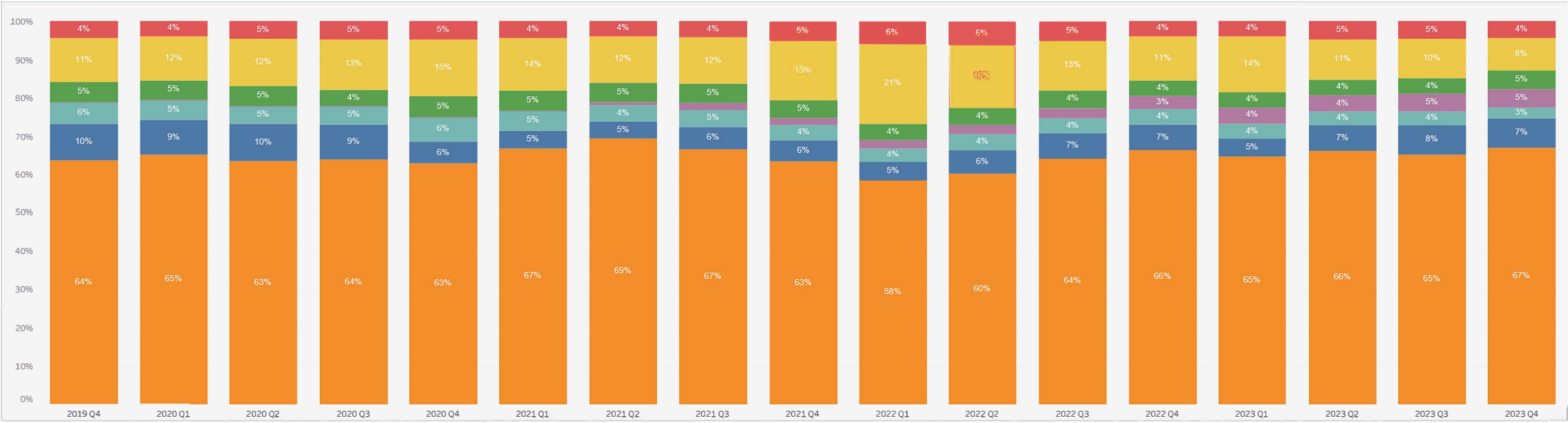
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Payer Mix for ICS Primary Care Health Center

Number of OHP Clients Assigned by CCO

Explanation

This report shows the total number of patients OHP has assigned to the Multnomah County Health Center Primary Care clinics.
Note: Not all of these patients have established care.

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

Definition

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

PMPM: Per-Member-Per-Month. PMPM ranges around $50-70/month, depending on payer. This is only received if the patient is assigned to us by their OHP health plan AND meets criteria for being established and engaged in care (has a qualifying visit or care step)

	Jun 2023	Jul 2023
Care Oregon Members	45,832	47,692
Monthly Diff in CO Members		1,860
% Care Oregon	88.5%	88.5%
Trillium Members	5,946	6,204
Monthly Diff in Trillium Members		258
% Trillium	11.5%	11.5%
Total Members	51,778	53,896

Trillium FY23 Avg:	2,142	Care Oregon FY23 Avg:	43,748

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Vacancy Report

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Vacancy Report

Represents Vacancies as of August 2023

Total Vacant Positions

132

Metric	#/Days/$	Explanation	Change	
Vacant Positions without Duplication				
Total Non Duplicated Vacancies	123	These are the total number of positions which are vacant and planned for recruitment.	Increase	⬆
Non Duplicated: Not posted	47	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.	Increase	⬆
Non Duplicated: Posted for Recruitment	56	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	20	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)	189	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.	Decrease	⬇
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	32.68	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.	Increase	⬆
Estimated Sum of Lost Revenue	$5,219,214	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	⬇
Duplicate, Inactive Vacancies				
Total Duplicated, Inactive Vacancies	9	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.	Increase	⬆
Financial Impact of duplicated, Inactive Vacancies				
Total FTE Associated with Direct Revenue, Inactive Vacancies	0	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	$0	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	🟡

Estimated Sum of Lost Revenue chart:
$5.66M (May 23), $4.91M (Jun 23), $5.96M (Jul 23), $5.22M (Aug 23)

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ICS: August 2023

Total vacancies by position (includes duplication)

Program Group	Job Title	FY24 Budgeted FTE	Vacant Since	Days Vacant	Estimated Financial Impact to date (total annual revenue x days vacant)	Notes
HD FQHC ICS Administration	Administrative Analyst	1.00	7/15/2023	12		Non duplicated: Posted for recruitment
HD FQHC ICS Administration	Business Analyst	1.00	8/1/2023	0		Total duplicated, inactive vacancies
HD FQHC ICS Administration	Business Analyst	1.00	8/1/2023	0		Total duplicated, inactive vacancies
HD FQHC ICS Administration	Business Analyst	1.00	7/1/2023	26		Non duplicated: Not posted
HD FQHC Primary Care Administra	Case Manager 2	1.00	7/1/2023	26		Non duplicated: Not posted
HD FQHC ICS Administration	Case Manager 2	1.00	7/1/2023	26		Non duplicated: Not posted
HD FQHC ICS Administration	Case Manager 2	1.00	7/1/2023	26		Non duplicated: Not posted
HD FQHC ICS Administration	Clinical Services Specialist	1.00	7/21/2023	6	2,465.75	Non duplicated: Posted for recruitment
HD FQHC ICS Administration	Clinical Services Specialist	1.00	7/22/2022	370	152,054.79	Non duplicated: Posted for recruitment
HD FQHC ICS Administration	Clinical Services Specialist	1.00	7/22/2022	370	152,054.79	Non duplicated: Posted for recruitment
HD FQHC ICS Administration	Clinical Services Specialist	1.00	7/1/2023	26	10,684.93	Non duplicated: Not posted
HD FQHC HIV Clinic	Clinical Services Specialist	1.00	7/1/2023	26	10,684.93	Non duplicated: Not posted
HD FQHC HIV Clinic	Community Health Nurse	0.80	6/12/2023	45	19,726.03	Non duplicated: Interview or final hire stage
HD FQHC Health Center Operation	Community Health Nurse	0.75	3/10/2023	139	57,123.29	Non duplicated: Not posted
HD FQHC Quality and Compliance	Community Health Nurse	0.75	7/14/2023	13	5,342.47	Non duplicated: Interview or final hire stage
HD FQHC Primary Care Clinics	Community Health Nurse	0.50	7/1/2023	26	7,123.29	Non duplicated: Not posted
HD FQHC HIV Clinic	Community Health Nurse	0.60	7/1/2023	26	8,547.95	Non duplicated: Not posted
HD FQHC Primary Care Clinics	Community Health Nurse	0.60	7/1/2023	26	8,547.95	Non duplicated: Not posted
HD FQHC HIV Clinic	Community Health Specialist 2	1.00	6/30/2023	27	976.44	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Community Health Specialist 2	1.00	4/17/2023	101	3,652.60	Non duplicated: Interview or final hire stage
HD FQHC Dental	Dental Assistant (EFDA)	0.75	5/5/2023	83		Non duplicated: Not posted
HD FQHC Dental	Dental Assistant (EFDA)	0.77	2/21/2023	156		Non duplicated: Posted for recruitment
HD FQHC Dental	Dental Assistant (EFDA)	0.75	2/16/2023	161		Non duplicated: Posted for recruitment
HD FQHC Dental	Dental Assistant (EFDA)	0.55	8/12/2022	349		Non duplicated: Posted for recruitment
HD FQHC Dental	Dental Assistant (EFDA)	1.00	7/1/2023	26		Non duplicated: Posted for recruitment
HD FQHC Dental	Dental Assistant (EFDA)	0.75	5/4/2023	84		Non duplicated: Posted for recruitment
HD FQHC Dental	Dental Assistant (EFDA)	0.75	2/21/2023	156		Non duplicated: Posted for recruitment
HD FQHC Dental	Dental Assistant (EFDA)	1.00	4/10/2023	108		Non duplicated: Posted for recruitment
HD FQHC Dental	Dental Assistant (EFDA)	0.75	1/7/2023	201		Non duplicated: Posted for recruitment
HD FQHC Dental	Dental Assistant (EFDA)	0.57	2/22/2021	885		Non duplicated: Not posted
HD FQHC Dental	Dental Assistant (EFDA)	0.37	12/5/2022	234		Non duplicated: Not posted
HD FQHC Dental	Dental Assistant (EFDA)	0.58	5/3/2021	815		Non duplicated: Not posted

HD FQHC Dental	Dental Assistant (EFDA)	0.63	7/1/2023	26		Non duplicated: Not posted
HD FQHC Dental	Dental Hygienist	0.75	7/21/2022	371	289,684.93	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Dental Hygienist	1.00	9/30/2022	300	312,328.77	Non duplicated: Posted for recruitment
HD FQHC Dental	Dentist	0.75	6/1/2023	56		Non duplicated: Posted for recruitment
HD FQHC Dental	Dentist	0.75	6/30/2023	27		Non duplicated: Not posted
HD FQHC Primary Care Administra	Division Director 1	1.00	1/30/2023	178		Total duplicated, inactive vacancies
HD FQHC Health Center Operation	Eligibility Specialist	1.00	8/23/2022	338		Total duplicated, inactive vacancies
HD FQHC ICS Administration	Finance Specialist Senior	1.00	8/5/2021	721		Non duplicated: Not posted
HD FQHC ICS Administration	Finance Specialist Senior	1.00	8/5/2021	721		Non duplicated: Not posted
HD FQHC ICS Administration	Finance Supervisor	1.00	8/13/2021	713		Non duplicated: Not posted
HD FQHC Dental	Health Assistant 2	1.00	6/29/2023	28		Non duplicated: Posted for recruitment
HD FQHC ICS Administration	Management Analyst	1.00	6/29/2023	28		Non duplicated: Not posted
HD FQHC ICS Administration	Manager 1	1.00	3/6/2023	143		Non duplicated: Not posted
HD FQHC Primary Care Clinics	Medical Assistant	1.00	5/16/2023	72		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	1.00	6/22/2023	35		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	1.00	6/14/2023	43		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	0.75	3/3/2022	511		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	1.00	3/27/2023	122		Non duplicated: Posted for recruitment
HD FQHC HIV Clinic	Medical Assistant	1.00	8/15/2022	346		Non duplicated: Posted for recruitment
HD FQHC HIV Clinic	Medical Assistant	1.00	6/14/2023	43		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	1.00	2/1/2023	176		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	0.75	3/6/2023	143		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	0.75	4/30/2022	453		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	1.00	2/6/2023	171		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	1.00	3/9/2023	140		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	0.75	3/20/2023	129		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	1.00	12/19/2022	220		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	0.75	3/14/2023	135		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	1.00	6/1/2023	56		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	1.00	3/6/2023	143		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	0.75	2/24/2023	153		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	0.75	4/24/2023	94		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	1.00	1/23/2023	185		Non duplicated: Interview or final hire stage
HD FQHC Primary Care Clinics	Medical Assistant	0.75	11/23/2022	246		Non duplicated: Interview or final hire stage
HD FQHC Primary Care Clinics	Medical Assistant	0.75	12/28/2022	211		Non duplicated: Interview or final hire stage
HD FQHC Primary Care Clinics	Medical Assistant	0.75	9/28/2022	302		Non duplicated: Interview or final hire stage
HD FQHC Primary Care Clinics	Medical Assistant	1.00	6/16/2023	41		Non duplicated: Interview or final hire stage
HD FQHC Pharmacy	Medical Assistant	1.00	7/1/2023	26		Non duplicated: Not posted
HD FQHC Lab	Medical Assistant	1.00	7/1/2023	26		Non duplicated: Not posted
HD FQHC Student Health Centers	Medical Assistant	0.75	7/1/2023	26		Non duplicated: Not posted
HD FQHC HIV Clinic	Medical Assistant	0.75	7/1/2023	26		Non duplicated: Not posted
HD FQHC Primary Care Clinics	Nurse Practitioner	0.80	10/31/2020	999	711,616.44	Non duplicated: Posted for recruitment

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HD FQHC Primary Care Clinics	Nurse Practitioner	0.80	6/13/2023	44	31,342.47	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Nurse Practitioner	0.80	7/15/2022	377	268,547.95	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Nurse Practitioner	0.50	4/11/2022	472	210,136.99	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Nurse Practitioner	1.00	12/2/2022	237	211,027.40	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Nurse Practitioner	0.80	6/14/2023	43	30,630.14	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Nurse Practitioner	0.80	11/29/2022	240	170,958.90	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Nurse Practitioner	0.50	5/13/2023	75	33,390.41	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Nurse Practitioner	0.80	5/21/2022	432	307,726.03	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Nurse Practitioner	1.00	9/30/2022	300	267,123.29	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Nurse Practitioner	1.00	6/5/2023	52	46,301.37	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Nurse Practitioner	1.00	1/13/2023	195	173,630.14	Non duplicated: Not posted
HD FQHC Primary Care Clinics	Nurse Practitioner	0.80	3/3/2023	146	104,000.00	Non duplicated: Not posted
HD FQHC Primary Care Clinics	Nurse Practitioner	1.00	3/28/2023	121	107,739.73	Non duplicated: Not posted
HD FQHC HIV Clinic	Nurse Practitioner	0.80	7/1/2023	26	18,520.55	Non duplicated: Not posted
HD FQHC Primary Care Administra	Nursing Development Consultant	1.00	6/4/2023	53		Non duplicated: Posted for recruitment
HD FQHC Quality and Compliance	Nursing Director	1.00	2/26/2021	881		Non duplicated: Not posted
HD FQHC Health Center Operation	Nursing Supervisor	1.00	7/3/2023	24		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Office Assistant 2	1.00	7/21/2023	6		Non duplicated: Posted for recruitment
HD FQHC Health Center Operation	Office Assistant 2	1.00	6/12/2023	45		Non duplicated: Posted for recruitment
HD FQHC Dental	Office Assistant 2	0.75	6/3/2023	54		Non duplicated: Interview or final hire stage
HD FQHC Primary Care Clinics	Office Assistant 2	0.60	4/27/2023	91		Non duplicated: Interview or final hire stage
HD FQHC Primary Care Clinics	Office Assistant 2	1.00	7/24/2023	3		Non duplicated: Interview or final hire stage
HD FQHC Dental	Office Assistant 2	0.75	3/23/2023	126		Non duplicated: Interview or final hire stage
HD FQHC Dental	Office Assistant 2	0.74	6/24/2023	33		Non duplicated: Interview or final hire stage
HD FQHC Primary Care Clinics	Office Assistant 2	0.75	1/23/2023	185		Total duplicated, inactive vacancies
HD FQHC Dental	Office Assistant 2	1.00	2/6/2023	171		Total duplicated, inactive vacancies
HD FQHC Primary Care Clinics	Office Assistant 2	0.75	10/10/2022	290		Total duplicated, inactive vacancies
HD FQHC Quality and Compliance	Office Assistant 2	0.50	7/1/2023	26		Non duplicated: Not posted
HD FQHC Primary Care Clinics	Office Assistant 2	1.00	7/1/2023	26		Non duplicated: Not posted
HD FQHC Dental	Office Assistant Senior	1.00	2/1/2023	176		Non duplicated: Interview or final hire stage
HD FQHC Student Health Centers	Office Assistant Senior	0.83	7/1/2023	26		Non duplicated: Not posted
HD FQHC Student Health Centers	Office Assistant Senior	0.83	7/1/2023	26		Non duplicated: Not posted
HD FQHC Health Center Operation	Operations Supervisor	0.75	6/19/2023	38		Non duplicated: Interview or final hire stage
HD FQHC Health Center Operation	Operations Supervisor	1.00	10/4/2022	296		Total duplicated, inactive vacancies
HD FQHC Pharmacy	Pharmacist	1.00	7/12/2023	15	12,328.77	Non duplicated: Not posted
HD FQHC Pharmacy	Pharmacist	1.00	7/12/2023	15	12,328.77	Non duplicated: Not posted
HD FQHC Pharmacy	Pharmacist	0.63	7/14/2023	13	6,731.51	Non duplicated: Interview or final hire stage
HD FQHC Pharmacy	Pharmacy Technician	1.00	2/22/2023	155		Non duplicated: Posted for recruitment
HD FQHC Pharmacy	Pharmacy Technician	1.00	2/20/2023	157		Non duplicated: Interview or final hire stage
HD FQHC Pharmacy	Pharmacy Technician	1.00	6/20/2023	37		Non duplicated: Posted for recruitment
HD FQHC Pharmacy	Pharmacy Technician	1.00	2/13/2023	164		Non duplicated: Not posted
HD FQHC Pharmacy	Pharmacy Technician	1.00	7/16/2020	1106		Non duplicated: Not posted

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HD FQHC Pharmacy	Pharmacy Technician	1.00	1/21/2022	552		Non duplicated: Not posted
HD FQHC Primary Care Clinics	Physician	0.70	7/1/2022	391	313,067.81	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Physician	1.00	10/1/2021	664	759,506.85	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Physician	0.80	2/17/2023	160	146,410.96	Non duplicated: Not posted
HD FQHC Primary Care Clinics	Physician	0.60	7/14/2023	13	8,921.92	Non duplicated: Not posted
HD FQHC Primary Care Clinics	Physician	0.80	2/17/2023	160	146,410.96	Non duplicated: Not posted
HD FQHC Primary Care Clinics	Physician Assistant	1.00	5/5/2023	83	79,816.44	Non duplicated: Posted for recruitment
HD FQHC Primary Care Administra	Program Specialist	1.00	5/26/2020	1157		Non duplicated: Not posted
HD FQHC Quality and Compliance	Program Specialist	1.00	7/1/2023	26		Non duplicated: Not posted
HD FQHC Quality and Compliance	Program Specialist	0.75	7/1/2023	26		Non duplicated: Not posted
HD FQHC ICS Administration	Program Specialist Senior	1.00	6/9/2023	48		Non duplicated: Interview or final hire stage
HD FQHC Dental	Program Supervisor	1.00	7/17/2023	10		Non duplicated: Not posted
HD FQHC Health Center Operation	Program Supervisor	1.00	8/16/2022	345		Total duplicated, inactive vacancies
HD FQHC ICS Administration	Project Manager Represented	1.00	10/18/2021	647		Non duplicated: Interview or final hire stage
HD FQHC ICS Administration	Project Manager Represented	1.00	10/21/2022	279		Non duplicated: Not posted
HD FQHC Primary Care Clinics	Site Medical Director	0.90	6/5/2023	52		Non duplicated: Interview or final hire stage

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Balance Sheets

community health
center board

Multnomah County

Year-end Budget Closeout in Progress