Regular Public Meeting

September 2023
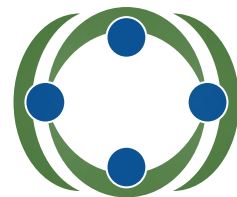
community health center board

Multnomah County

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AGENDA

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

Board Members:

Harold Odhiambo – Chair	**Darrell Wade** - Treasurer	**Susana Mendoza -** Board Member
Tamia Deary – Vice Chair	**Kerry Hoeschen –** Member-at-Large	**Patricia Patron** - Board Member
Pedro Sandoval Prieto – Secretary	**Bee Velasquez –** Member-at-Large	**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** August 14th Public Meeting Minutes	Board reviews and votes
6:10-6:20 (10 min)	**Youth Opioid Overdose Prevention Proposal** - **VOTE REQUIRED** Alexandra Lowell, Student Health Center Manager	Board reviews and votes
6:20-6:30 (10 min)	**Policy: ICS 01.41 Policy Approval by The Co-Applicant Board** - **VOTE REQUIRED** Adrienne Daniels, Deputy Director and Strategy Officer	Board reviews and votes
6:30-6:45 (15 min)	**Q2 Patient Experience Surveys** Linda Niksich, Program Specialist Senior, Quality Team	Board hears presentation and has discussion
6:45-6:50 (5 min)	**NACHC Community Health Institute & Expo Conference Update** Harold Odhiambo, CHCB Chair Tamia Deary, Vice Chair	Board receives updates
6:50-6:55 (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

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6:55-7:05 (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
7:05	**Meeting Adjourns**	Thank you for your participation

PUBLIC MEETING MINUTES

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![community health center board - Multnomah County logo]

CHCB Public Meeting Minutes
August 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	**Brandi Velaquez** - Member-at-Large	**Alina Stircu**- Board Member
Tamia Deary - Vice-Chair	**Kerry Hoeschen** – Member-at-Large	**Patricia Patron** -Board Member
Pedro Sandoval Prieto – Secretary	**Susan Mendoza** - Board Member	
Darrell Wade – Treasurer	**Fabiola Arreola** – Board Member	

Adrienne Daniels - Deputy Director

Board Members Excused/Absent: Darrell Wade, DJ Rhodes, Fabiola Arreola

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
Call to Order / Welcome Harold Odhiambo, CHCB Chair	Meeting begins 6:03 PM We do have a quorum with 8 members present. Spanish Interpreters: Victor and Rosie			
Minutes Review -VOTE REQUIRED Review Public Meeting minutes	Reviewed July 10th Public Meeting Minutes. No corrections or omissions stated.	*Motion to approve July 10th public meeting minutes: Kerry* *Second: Bee* Yays: 7 Nays: Abstain: 1 **Decision:** **Approved**		
HRSA BPR Health Center Program FY24	Budget period renewal grant that requires a vote from the Board every three years in order to keep receiving funding	*Motion to approve HRSA*		

| Budget Period Renewal Grant - VOTE REQUIRED Marc Harris, Strategy & Grant Development Manager | Grant Highlights:
● Deadline is August 18, 2023 to submit
● Have been receiving section 330 funds since 1980
● Includes our CHC and healthcare for the homeless funding
● Base grant funds are used to fund personnel salaries, fringe benefits and indirect costs
● Base grant and revenue generated total over $1.176 million

 Question : I would like clarification if this doesn't get approved, how would it affect this project?

 Answer : We would not be eligible to continue to receive base grant funding for the FQHC, which would create complexities around our ability to provide services or generate revenue at the level we currently have been doing

 Question : I noticed under indirect costs on the budget it lists 13.9, 7% of the total personnel salaries and fringe number. But when I do the math, I get 13.9 for the grant and 1,487 for the next two columns and I was curious about that?

 Answer: I will look closer at that as we just received the report last week from the Health Center Program finance team. There are some nuances in the budget as far as the indirect go that may not show up here(examples : on-call staff, agency staff that might not be eligible for different benefits) but would show up in the full budget narrative. But I'm happy to follow up. But that's probably what it is. | *BPR Health Center Program FY24 Budget Period Renewal Grant: Patricia*
 Second: Alina
 Yays: 8
 Nays:
 Abstain:
 Decision:
 Approved | | |
| | | | Marc to follow up with exact numbers | |

Question : Assuming the Health Center negotiated indirect cost rates and that allows for higher than 10% minimums is that the negotiated indirect cost rate?

Answer : The Health Center runs under the County's cost allocation plan that is set by central finance. It is a federally approved cost allocation plan that follows all regulated rules. It's not technically federally negotiated because the county does not receive enough direct federal funds to have to have a federally negotiated rate. But our federal granting agencies have always honored our Federally approved cost allocation plan

Question : Is that a discrepancy? In the documents the Board received before the meeting, the patient call was said at 64,000. But I see 66,000 here. Is that a 25% increase in the patient volume from 2022? We can see that the health center has experienced decreasing the number of duplicated patients in the last year so I'm wondering what are the strategies to address patient volume and if there is a risk that the grant funding will go down because we may not reach the goal of patients to be served?

Answer: HRSA sets our patient goal when applying for the SAC grant based on the Service Announcement Table that is our service area. Our target is to get 95%. Unclear if we would lose funding if we didn't meet our target as HRSA is back and forth on that subject. To speak to strategies to increase patients we are focusing on patient access. Advanced access, Mobile Clinic Project and La Clinica relocation that will allow us to provide more services to clients.

Annual Needs Assessment Update Marc Harris, Strategy & Grant Development Manager	Overview on community assessment needs are provided to the Board annually to meet health center requirements in order to inform the current state of the County and how our services are working to address needs within the community using a health disparities with equity approach.			
	Population focus : 232,260 that are residents living at 200% of Federal poverty level or below			
	Serving over 53,000 of that service area population of focus			
	General framework : local needs assessment that follows best practices that are used by other regional needs assessments			
	Change noted from 2019: Service area population increases but the population living on incomes below 200% FPL decreases. Saw drop of 6.7% which could be due to population moving outside service area or increase in income			
	High-Level Data was presented to the Board to see what disparities by population which communities heavily are impacted.			
HRS Trillium Health Plan Grant - VOTE REQUIRED Adrienne Daniels, Deputy Director & Strategy Officer	Flex funding is associated with general wellness, improvement, or healthcare disparities, reductions and is a way to apply SDOH strategy that gets to the root of the problem vs. clinically direct method. Funding is primarily handled by our Community Health Center Workers.

Flex Funding application requests are not automatic and need to be submitted and approved by the coordinated care | *Motion to approve HRS Trillium Health Grant: Tamia Second: Kerry* Yays: 8 Nays: | | |

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	organization, which can be a lengthy process. Grant is known as Trillium Community Health Plan that can be submitted for up to $20k. This grant would be used to cover an additional CHW to focus on flex funding outreach associated with general wellness, improvement, or healthcare disparities, reductions. Grant application was due July 30th, which came before this Board meeting. If the Board approves the application process continues. If the Board has any questions or concerns the application can be withdrawn. No questions or concerns from the Board were noted.	Abstain: **Decision:** **Approved**		
Q2 Complaints and Incidents Kimmy Hicks, Project Manager, Quality Team	*Complaints by location* ● Dental - 45 ● Medical - 20 ● Pharmacy - 2 ● Patient Access Center - 2 ● Student Health Center - 1 Increase in dental is due to our Cross Survey, we received 35 complaints through their data. *Complaints by Type* Clinical Care, Customer service, and Scheduling appointments are the top complaints. Shared complaints in the category of Civil Rights with the board. *Complaints by Race*			

	Incidents by Location Provided some examples of incidents in the Student Health Center and follow ups. *Incidents by Type* Reviewed top three types with board. **Question:** Why do we always hear about complaints but don't hear positive comments? **Answer:** Patient satisfaction is completed by a peer who shares patient satisfaction received by patients. **Comments:** Clients have shared with board members complaints regarding a specific pharmacy and not knowing what the complaints boxes are and how to use them. Discussion regarding making sure the complaint boxes at the clinics are available in multiple languages and patients are aware that they can use them and submit their complaints. **Comments:** We have seen more complaints due to our phone surveys being completed in multiple languages. **Question:** Could you share more about the near miss incidents? **Answer:** An employee catches something before an incident occurs. Example: If a staff member notices an expired vaccine in the refrigerator and identifies the expiration date.	**Quality Team:** Review complaints boxes and make sure they are available in multiple languages.		
10 min break	**7:24-7:35PM**			

National Health Center Week Proclamation and Events Harold Odhiambo, CHCB Chair	CHCB Chair Harold Obdiambo made the National Health Center Proclamation. Review slides of two National Health Center week events. • Cully Ride to Health Celebration on August 6th • Back to School Health Fair on August 10th			
Committee Updates -Quality Committee: Tamia Deary, Quality Chair -Executive Committee: Harold Odhiambo, Board Chair -Darrell Wade, Finance committee:	Tamia Deary, Quality Committee : We have had two Quality Committee meetings since the last Public Meeting in July when we reviewed the annual Quality Report draft. Discussing ways to improve communication around the annual report and asking for surveys for patients to contact after they access the call center which is in the works. Awaiting procurement process and the contracts. Working on training completion rates to ensure they are board approved policies, that impact quality and necessary training take place and interpreters get updated information. Q2 patient experience surveys to be reported to the Board in September. Tamia Deary, Bylaws Committee : ~~Requested a reimbursement for appropriate clothing attire for Board members that attend conferences and training.~~ *We have had two Quality Committee meetings since the last Public Meeting in July when we reviewed the annual Quality Report draft. We discussed ways to improve communication around the annual report. I asked for patient satisfaction surveys to be done after clients access the call center and was informed that those are in the works. They will require a procurement*		Edits provided at the Executive committee 8/25/23.	CHCB Liaison to follow up with another email or survey to get members preference

	process and contracts first. Discussed training completion rates that ensure staff are trained on board-approved policies. We also discussed ways to ensure that interpreters get updated policy information. Q2 patient experience surveys will be reported to the board in September. Harold Odhiambo(for Darrell), Finance committee: August meeting was canceled as the finance team is working on budget close out. More info to provide to the Board next month Harold Odhiambo, Executive Committee : Strategic Board Retreat is in the planning stage and asking for a preferred date to get input that members can attend. Two dates proposed are : September 10th of September 23rd. Final agenda is up to the Board, and historically it's been delegated to the Executive Committee to give final approval. Five Board Members preferred September 23rd.			
Legal Support - **VOTE REQUIRED** Harold Odhiambo, Chair	The Board reviewed Ogden Murphy Wallace, P.L.L.C. contract to fulfill legal support needs and proceed with their firm. Vote requested to terminate current contract with Andrew Downs Law, LLC due to lack of contact	*Motion to terminate Legal Contract : Tamia Second: Bee* Yays: 8 Nays: Abstain: **Decision:** **Approved**		

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Executive Director Update **(Closed Session)** *CHCB Board Members to discuss in a confidential separate Zoom*	Board moved to confidential session at: 8:06 pm	*Motion to move to a closed session: Patricia* *Second: Alina* Yays: 8 Nays: Abstain: **Decision:** **Approved**		
Meeting Adjourns	Meeting adjourns 8:17 PM			Next public meeting scheduled on 9/11/23

Signed:_____ Date:_____
        Pedro Prieto Sandoval, Secretary

Signed:_____ Date:_____
        Harold Odhiambo, Board Chair

Scribe name/email:
Crystal Cook
crystal.cook@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	Youth Opioid Overdose Prevention Proposal

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:	Sept 11, 2023	Program / Area:	Student Health Centers
Presenters:	Alexandra Lowell		

Project Title and Brief Description:

Youth Opioid Overdose Prevention Proposal

To respond to the recent rise in opioid overdose deaths, Student Health Centers (SHC) was invited by CareOregon to submit a grant proposal to build on current prevention and harm reduction activities and services. SHC is increasing screening for opioid misuse and providing education on overdose prevention, as well as, prescriptions for Narcan nasal spray, an overdose reversal medication, at all nine SHCs. The grant will fund a 0.80 FTE (annualized) Community Health Specialist to plan and implement the following activities to increase opioid overdose prevention education and awareness of general SHC services as well as the specific opioid harm reduction services in schools:

1. Prepare opioid overdose prevention education materials

2. Coordinate with teachers in health or homeroom classes to schedule presentations at all nine schools that host SHCs
3. Conduct the classroom presentations and school community outreach
4. Ensure youth engagement by working with the Youth Action Councils to get feedback on materials, planning and implementing outreach activities, and provide adult partnership with YACs.

What need is this addressing?:

Opioids have created an unprecedented health crisis. Even as national rates of opioid misuse have decreased among youth, overdose deaths have increased, and Black teens are twice as likely to die as White teens, according to an April 2022 research letter from the [Journal of the American Medical Association](). Teen fentanyl deaths more than doubled, from 253 in 2019 to 680 in 2020, the letter showed. In 2021, the number jumped to 884 and fentanyl was the cause of 77% of drug deaths among teenagers. Many of these deaths are accidental, and the problem has grown from one of addiction and recovery to one of public safety.

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

Prevent opioid overdose among youth and adults they are around.

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

$268,909

Expected Award Date and project/funding period:

The award and contract will be place no later than Dec 31, 2023 for a funding period of two years (e.g., Jan 2024-Dec 2025).

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

A "yes" vote means SHC can submit the grant proposal and accept the funds from Care Oregon, if awarded.

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 SHC will not submit the proposal and would need to find alternate resources to fund the proposed opioid prevention activities or not pursue these new services.

Related Change in Scopes Requests:

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

Proposed Budget (when applicable)

Expense	Description	Year 1	Year 2	Total 2 Year Grant
Personnel				
Community Health Specialist	.83 FTE (5 days/wk during school year)	$43,759	$47,697	$91,456
Spanish Language Premium	4% of wages	$2,485	$2,709	$5,194
Benefit Package	Fringe & Insurance	$39,657	$43,226	$82,883
YAC Project Manager	0.1 FTE 1/2 day /wk	$9,654	$9,654	$19,308
Benefit Package	Fringe & Insurance	$6,832	$6,832	$13,664
Travel and Training				
Out of state training	National School Based Health Alliance Conference & other Opioid Prevention focused training opportunities - $1000 conference/training registration, $2500 airfare, lodging, perdiem	$3,500	$3,815	$7,315
Local Travel	Mileage reimbursement - $140/month x 10 months	$1,400	$1,526	$2,926
Supplies				
Educational Materials	Material development and printing	$3,000	$3,270	$6,270
Contractual Services				$0
	Production of Narcan video	$10,000	$0	$10,000
Indirect	County Central and Department indirect services 13.97%	$14,303	$15,590	$29,893
Grand Total		**$134,590**	**$134,319**	**$268,909**

Policy Review Presentation Summary

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

Presentation Title	ICS 01.41 Policy Approval by the Co-Applicant Board (Renewal)

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:	08/28/23	Program / Area:	Board Governance
Presenters:	Adrienne Daniels		

Policy Title and Brief Description:

The Community Health Center Board is the governing board of the Community Health Center. They must oversee and approve select health center policies. All policies overseen by the board are documented in ICS 01.41.

Describe the current situation:

This policy is updated to maintain an accurate ledger of policies which are overseen by the Community Health Center Board. One policy has been added and one policy has been removed since the last renewal of this policy:

1. ICS 12.13 Operational Reserve Policy was established by the board in July 2022 (and updated in September 2022) and has been added.
2. HRS 04.07 Provider Scope of Practice Policy was retired by the board in January 2023 and has been removed.

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 board policy matrix was reviewed for an accurate listing of board policies from the past three years.

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List any limits or parameters for the Board's scope of influence and decision-making:
The board's renewal of ICS 01.41 confirms which policies fall directly under board governance, but does not renew or revise any of the individual policies listed. The board must still review and vote on individual policies.

Briefly describe the outcome of a "YES" vote by the Board *(Please be sure to also note any financial outcomes):*
A YES vote confirmed that this is the list of policies overseen by the board, so that health center staff may continue to bring these policies back to the board for review.

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 that this list is not accurate and the board must clarify or edit which policies it would like to be developed or removed from its governing scope.

Which specific stakeholders or representative groups have been involved so far?
Both the Board liaison and Deputy Director reviewed the policy matrix and renewal dates to confirm policies covered.

Who are the area or subject matter experts for this project? *(Please provide a brief description of qualifications)*
Senior Leadership and staff who maintain and advise on board governance policies.

What have been the recommendations so far?
Update the policy to reflect board actions from the past year.

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

If approved, is this policy ready to be implemented? If not, what is the process and timeline for implementation?

Implementation would maintain the status quo of all current CHCB governed policies as the board has approved them. The policy would be updated into the current policy software, C360, and communicated with ICS leadership teams for their awareness.

Board Notes:

Title:	Policy Approval by the Co-Applicant Board		
Policy #:	**ICS.01.41**		
Section:	Integrated Clinical Services	Chapter:	General
Approval Date:	09/13/2021	Approved by:	Tasha Wheatt-Delancy, MSW/s/ Executive Director and CEO, Community Health Center Harold Odhiambo/s/ Chair, Community Health Center Board
Related Procedure(s):		Not applicable	
Related Standing Order(s):		Not applicable	
Applies to:		All services and staff in the scope of the Community Health Center. Includes: ICS Director, Primary Care Services Director, ICS Quality Director, Dental Director, Medical Director, Deputy Medical Director, Pharmacy and Lab Services Director, Lab Manager, CSI Manager, Health Center Operations Supervisors, Dental Operations Manager, and any other staff who develop health center policies	

PURPOSE

To describe a process for developing, reviewing, and approving clinical and administrative guidelines that require Co-Applicant Board approval to ensure compliance with the Health Resources Services Administration (HRSA) regulations and Joint Commission Standards.

DEFINITIONS

Term	Definition
Co-Applicant Board	When the public agency's board cannot independently meet all applicable health center governance requirements, a separate "co-applicant" must be established whose governing board meets Public Health Service Act (PHS) section governance 330 requirements. The Health Department's Community Health Center Board (CHCB) is the Co-Applicant Board for the Integrated Clinical Service's (ICS) Community Health Centers.
HRSA	The Health Resources and Services Administration. As a federally qualified health center (FQHC) and recipient of federal funds, ICS and the CHC must meet all HRSA Health Center Program Requirements.

Public Agency Status	HRSA's designation for health centers funded through a section 330 grant which include state, county, or local health departments. ICS Community Health Centers have a Public Agency Status.
Public Center	Defined by the Health Center Program's authorizing statute as a health center funded through a section of 330 grant to a public agency.
Co-Applicant Agreement	The Co-Applicant Agreement delegates the required authorities and functions of the Co-Applicant Board (the Multnomah County Community Health Center Board) and delineates the roles and responsibilities of the public agency and the co-applicant in carrying out the health center project.

POLICY STATEMENT

The following policies must be reviewed and approved by the CHC to meet HRSA program requirements:

Policy Title and #	Policy Description
General Policies	
ADM.01.04 ICS Vision, Mission, and Values	Describes the vision, mission, and values for ICS.
ICS.01.41 Policy approval by the Co-applicant board	Describes the process for approving guidelines with the Co-Applicant Board.
ICS.01.45 Health Center Service Area Criteria	Describes the service area where the Community Health Centers operate and provide care to patients.
ICS.01.47 HRSA Consolidated Appropriations Act and Legislative Mandate Review	Describes the Health Center's requirements and obligations to follow the HRSA Consolidated Appropriations Act(s) and related laws.
Patient Care, Quality, and Safety Policies	
ICS.01.44 ICS Quality Improvement Policy	Describes the quality improvement and assurance policy for Integrated Clinical Services and related health center programs.
ICS.01.19 Primary Care Provider Assignment and Selection	Describes the process used to link each ICS primary care client with a Primary Care Provider (PCP).
ICS.01.29 Patient Discharge from Clinical Services	Describes the reasons that can result in the discharge of an existing patient from clinical services. Describes the methods used to protect that patient's rights and needs.
ICS.04.08 Patient No show policy	Describes how clinics will address and respond to clients who do not attend or cancel scheduled appointments.

ICS.04.16 ICS Health Centers - Feedback and Complaint Policy	Describes how the Health Centers will receive, process, and address patient complaints.
ICS.04.18 Patient Rights and Responsibilities	Describes how patients' rights and responsibilities are communicated to patients and employees.
ICS.05.03 Client Eligibility Criteria – School-Based Health Centers	Describes patient eligibility for receiving services at a School-Based Health Clinic (Student Health Center).
ICS.01.50 Data Governance	Describes the patient data and management of such information to set data governance standards and the process used to share patient and health center data.
Fiscal Policies	
AGN.10.03 Integrated Clinical Services Fee Policy	Describes the payment model for services that balances the client's need for services, advocacy for the underserved, and fiscal sustainability.
FIS.01.06 Write Offs for Uncollectible Patient Accounts	Describes the specific circumstances when the health center will waive uncollected fees or payments due to any patient's inability to pay.
FIS.01.16 Credit-Balance	Describes how the health center program will manage patient accounts with credits.
ICS.12.01 Health Center Budget and Performance Monitoring	Assures that information is available and analyzed to make decisions about patient service utilization and health center performance.
ICS.12.02 Health Center Budget Compliance	Describes how expenditures and activities in the health center budget are in alignment with HRSA approved activities
ICS.12.03 Health Center Budget Development and Approval	Describes the steps and approval role of the CHCB in overseeing budget activities.
ICS.12.04 Health Center Contracts Review and Compliance	Provides guidance on how contract approvals are reviewed to be in alignment with HRSA required activities, including compliance with Federal Cost Principles.
ICS.12.05 Health Center Financial Accounting Systems and Controls	Describes the use of financial and internal control systems in governmental accounting for the health center program.
ICS.12.06 Health Center Financial Accounts Access	Assures that the health center leadership will receive information on revenue, costs, and accounts used for the health center program.
ICS.12.07 Health Center Financial Management and Reporting	Assures that the health center leadership is able to prepare financial statements and develop financial reporting packages for the CHCB.

ICS.12.08 Health Center Financial Performance Reporting	Describes the types of reports to be used and generated to track the financial health of the health center program
ICS.12.09 Health Center Patient Collections and Write-Offs	Describes the process to review and approve patient accounts recommended for write off.
ICS.12.10 Health Center Program Monitoring	Assures the monitoring and allocation of staff time, operations, and resources to be in alignment with the HRSA approved scope of services and budget for the health center.
ICS.12.11 Health Center Program Patient Accounts Monitoring	Describes the activities which are part of the billing and claims process for management of patient accounts, including aged accounts.
ICSC.12.12 Health Center Surplus and Reserves	Assures that surpluses and excess revenue from the health center program are retained for review and budgeted approval by the CHCB.
Clinical Staffing Policies	
HRS.04.03 Licensing, Credentialing, and Privileging	Describes the process and activities performed to review, assess, and verify the credentials for providers working in Multnomah County.
HRS.04.07 Provider Scope of Practice	Describes the approved procedures and scope of practice by provider field of medicine.

REFERENCES AND STANDARDS

Joint Commission Standard, LD.01.03.01 EP-6: Governance works with other leaders to annually evaluate the organization's performance in relation to its mission, vision, and goals.

HRSA Health Center Program Requirements

HRSA Health Center Program Compliance Manual

Authorizing Legislation: Section 330 of the Public Health Service Act (42 U.S.C. 254b)

Program Regulations: 42 CFR Part 51c and 42 CFR Parts 56.201-56.604

Grant Regulations: 45 CFR Part 74

PROCEDURES AND STANDING ORDERS

1. The policies requiring Co-Applicant Board approval will be presented to the CHCB when modified and at least every three years.

2. The CHCB will discuss the details of the policies and ICS Community Health Center administration will be available to answer questions.

3. If the CHCB cannot approve the policy as submitted, the CHCB will make recommendations for the revisions. Input and feedback from the co-applicant board will be collected and incorporated into a revised policy.

4. A majority vote of the CHCB present is required for approval. A quorum of CHCB members must be present.

5. If approved, the policy will be published by ICS Community Health Center administration. The CHCB's approval will be documented in the minutes.

6. If not approved, the CHCB's reasons for rejection will be documented. Policies that have not been approved by the CHCB will be revised and brought back to the CHC for reconsideration.

Policies described above will not be implemented until CHCB approval has been obtained.

RELATED DOCUMENTS

Name	
Attachment A - Co-Applicant Board Agreement	
Attachment B - Community Health Council Bylaws, 2017-19	

POLICY REVIEW INFORMATION

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

Title:	Policy Approval by the Co-Applicant Board		
Policy #:	**ICS.01.41**		
Section:	Integrated Clinical Services	Chapter:	General
Approval Date:	09/1~~3~~1/202~~1~~3	Approved by:	~~DJ Rhodes~~ /s/~~Tasha Wheatt-Delancy, MSW/s/~~ Executive Director and CEO, Community Health Center Harold Odhiambo/s/ Chair, Community Health Center Board
Related Procedure(s):	Not applicable		
Related Standing Order(s):	Not applicable		
Applies to:	All services and staff in the scope of the Community Health Center, including staff who support and develop health center policies. ~~Includes: ICS Director, Primary Care Services Director, ICS Quality Director, Dental Director, Medical Director, Deputy Medical Director, Pharmacy and Lab Services Director, Lab Manager, CSI Manager, Health Center Operations Supervisors, Dental Operations Manager, and any other staff who develop health center policies~~		

PURPOSE

To describe a process for developing, reviewing, and approving clinical and administrative guidelines that require Co-Applicant Board approval to ensure compliance with the Health Resources Services Administration (HRSA) regulations and Joint Commission Standards. The Community Health Center Board acts as the governing board for the Multnomah County Community Health Center. To effectively maintain oversight, accountability, and governing duties, specific policies must be brought before the governing board at least once every three years.

DEFINITIONS

Term	Definition
Co-Applicant Board	When the public agency's board cannot independently meet all applicable health center governance requirements, a separate "co-

	applicant" must be established whose governing board meets Public Health Service Act (PHS) section governance 330 requirements. The Health Department's Community Health Center Board (CHCB) is the Co-Applicant Board for the Integrated Clinical Service's (ICS) Community Health Centers.
HRSA	The Health Resources and Services Administration. As a federally qualified health center (FQHC) and recipient of federal funds, ICS and the CHC must meet all HRSA Health Center Program Requirements.
Public Agency Status	HRSA's designation for health centers funded through a section 330 grant which include state, county, or local health departments. ICS Community Health Centers have a Public Agency Status.
Public Center	Defined by the Health Center Program's authorizing statute as a health center funded through a section of 330 grant to a public agency.
Co-Applicant Agreement	The Co-Applicant Agreement delegates the required authorities and functions of the Co-Applicant Board (the Multnomah County Community Health Center Board) and delineates the roles and responsibilities of the public agency and the co-applicant in carrying out the health center project.

POLICY STATEMENT

The following policies must be reviewed and approved by the Community Health Center Board (CHCB) to meet HRSA program requirements:

Policy Title and #	Policy Description
General Policies	
ADM.01.04 ICS Vision, Mission, and Values	Describes the vision, mission, and values for ICS.
ICS.01.41 Policy approval by the Co-applicant board	Describes the process for approving guidelines with the Co-Applicant Board.
ICS.01.45 Community Health Center New and Established Patients Service Area Criteria~~Health Center Service Area Criteria~~	Describes the service area where the Community Health Centers operate and provide care to patients.

ICS.01.47 Health Resources & Services Administration Consolidated Appropriations Act and Legislative Mandate Review Policy~~HRSA Consolidated Appropriations Act and Legislative Mandate Review~~	Describes the Health Center's requirements and obligations to follow the HRSA Consolidated Appropriations Act(s) and related laws.
Patient Care, Quality, and Safety Policies	
ICS.01.44 ~~ICS~~ Quality Improvement ~~Policy~~	Describes the quality improvement and assurance policy for Integrated Clinical Services and related health center programs.
ICS.01.19 Primary Care Provider Assignment and Selection	Describes the process used to link each ICS primary care client with a Primary Care Provider (PCP).
ICS.01.29 Client Dismissal from Health Center Services~~Patient Discharge from Clinical Services~~	Describes the reasons that can result in the discharge of an existing patient from clinical services. Describes the methods used to protect that patient's rights and needs.
ICS.04.08 Patient No-S ~~s~~how policy	Describes how clinics will address and respond to clients who do not attend or cancel scheduled appointments.
ICS.04.16 Community Health Center Feedback and Complaint Policy ~~ICS Health Centers - Feedback and Complaint Policy~~	Describes how the Health Centers will receive, process, and address patient complaints.
ICS.04.18 Community Health Center Client Rights and Responsibilities~~Patient Rights and Responsibilities~~	Describes how patients' rights and responsibilities are communicated to patients and employees.

ICS.05.03 Client Eligibility Criteria – Student ~~School-Based~~ Health Centers	Describes patient eligibility for receiving services at a School-Based Health Clinic (Student Health Center).
ICS.01.50 Data Governance Policy	Describes the patient data and management of such information to set data governance standards and the process used to share patient and health center data.
Fiscal Policies	
AGN.10.03 Community Health Center Services Fee Policy~~Integrated Clinical Services Fee Policy~~	Describes the payment model for services that balances the client's need for services, advocacy for the underserved, and fiscal sustainability.
FIS.01.06 Uncollectible Client Accounts and Payment Plans~~Write Offs for Uncollectible Patient Accounts~~	Describes the specific circumstances when the health center will waive uncollected fees or payments due to any patient's inability to pay.
FIS.01.16 Credit-Balance Policy	Describes how the health center program will manage patient accounts with credits.
ICS.12.01 Health Center Budget and Performance Monitoring	Assures that information is available and analyzed to make decisions about patient service utilization and health center performance.
ICS.12.02 Health Center Budget Compliance	Describes how expenditures and activities in the health center budget are in alignment with HRSA approved activities
ICS.12.03 Health Center Budget Development and Approval	Describes the steps and approval role of the CHCB in overseeing budget activities.
ICS.12.04 Health Center Contracts Review and Compliance	Provides guidance on how contract approvals are reviewed to be in alignment with HRSA required activities, including compliance with Federal Cost Principles.

ICS.12.05 Health Center Financial Accounting Systems and Controls	Describes the use of financial and internal control systems in governmental accounting for the health center program.
ICS.12.06 Health Center Financial Accounts Access	Assures that the health center leadership will receive information on revenue, costs, and accounts used for the health center program.
ICS.12.07 Health Center Financial Management and Reporting	Assures that the health center leadership is able to prepare financial statements and develop financial reporting packages for the CHCB.
ICS.12.08 Health Center Financial Performance Reporting	Describes the types of reports to be used and generated to track the financial health of the health center program.
ICS.12.09 Health Center Patient Collections and Write-Offs	Describes the process to review and approve patient accounts recommended for write off.
ICS.12.10 Health Center Program Monitoring	Assures the monitoring and allocation of staff time, operations, and resources to be in alignment with the HRSA approved scope of services and budget for the health center.
ICS.12.11 Health Center Program Patient Accounts Monitoring	Describes the activities which are part of the billing and claims process for management of patient accounts, including aged accounts.
ICS~~C~~.12.12 Health Center Surplus and Reserves	Assures that surpluses and excess revenue from the health center program are retained for review and budgeted approval by the CHCB.
ICS 12.13 Operating ~~Operational~~ Reserve	Assures that a reserve account is built and maintained to support adequate levels of net assets to support the Health Center's day-to-day operations in the event of unplanned shortfalls.
Clinical Staffing Policies	

HRS.04.03 Licensing, Credentialing, and Privileging	Describes the process and activities performed to review, assess, and verify the credentials for providers working in Multnomah County.
~~HRS.04.07 Provider Scope of Practice~~	~~Describes the approved procedures and scope of practice by provider field of medicine.~~

REFERENCES AND STANDARDS

Joint Commission Standard, LD.01.03.01 EP-6: Governance works with other leaders to annually evaluate the organization's performance in relation to its mission, vision, and goals.

HRSA Health Center Program Requirements

HRSA Health Center Program Compliance Manual

Authorizing Legislation: Section 330 of the Public Health Service Act (42 U.S.C. 254b)

Program Regulations: 42 CFR Part 51c and 42 CFR Parts 56.201-56.604

Grant Regulations: 45 CFR Part 74

PROCEDURES AND STANDING ORDERS

1. The policies requiring Co-Applicant Board approval will be presented to the CHCB when modified and at least every three years.

2. The CHCB will discuss the details of the policies and ICS Community Health Center administration will be available to answer questions.

3. If the CHCB cannot approve the policy as submitted, the CHCB will make recommendations for the revisions. Input and feedback from the co-applicant board will be collected and incorporated into a revised policy.

4. A majority vote of the CHCB present is required for approval. A quorum of CHCB members must be present.

5. If approved, the policy will be published by ICS Community Health Center administration. The CHCB's approval will be documented in the minutes.

6. If not approved, the CHCB's reasons for rejection will be documented. Policies that have not been approved by the CHCB will be revised and brought back to the CHC for reconsideration.

Policies described above will not be implemented until CHCB approval has been obtained.

RELATED DOCUMENTS

Name	
Attachment A - Co-Applicant Board Agreement	
Attachment B - Community Health Council Bylaws, 2017-19	

POLICY REVIEW INFORMATION

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

PRESENTATIONS

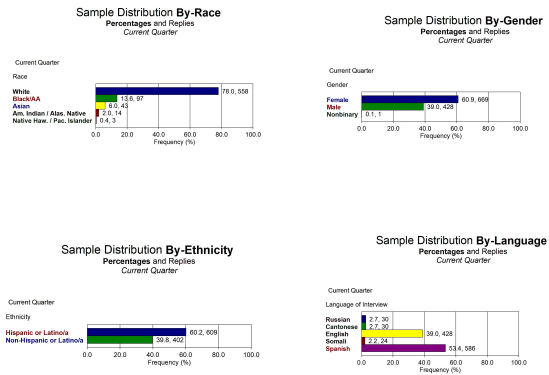community health
center board

Multnomah County

Multnomah County Community Health Center
Patient Satisfaction & Experience
CHCB Executive Summary Q2 2023

Introduction

- Random sample of medical, behavioral health, and dental patients seen at Multnomah County Community Health Center either in-person or remotely during the encounter time frame.

- **Methodology**: Live-person telephone interview

- **Reporting Period**: Q2 2023

- **Sample Size**: *n* = 1,098 completed surveys
  - Medical: *n* = 635
  - Behavioral Health: *n* = 59
  - Dental: *n* = 404

Sample Distributions
Q2 2023

Sample Distribution **By-Race**
Percentages and Replies
Current Quarter

Current Quarter
Race

White	78.0, 558
Black/AA	13.6, 97
Asian	6.0, 43
Am. Indian / Alas. Native	2.0, 14
Native Haw. / Pac. Islander	0.4, 3

Sample Distribution **By-Gender**
Percentages and Replies
Current Quarter

Current Quarter
Gender

Female	60.9, 669
Male	39.0, 428
Nonbinary	0.1, 1

Sample Distribution **By-Ethnicity**
Percentages and Replies
Current Quarter

Current Quarter
Ethnicity

Hispanic or Latino/a	60.2, 609
Non-Hispanic or Latino/a	39.8, 402

Sample Distribution **By-Language**
Percentages and Replies
Current Quarter

Current Quarter
Language of Interview

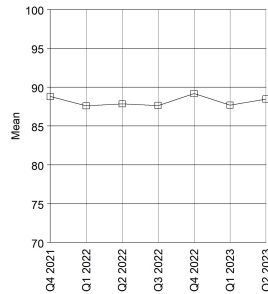|	
Russian	2.7, 30
Cantonese	2.7, 30
English	39.0, 428
Somali	2.2, 24
Spanish	53.4, 586

Primary Care (medical), Dental and Behavioral Health are all surveyed in the same manner with the same types of questions. The Pharmacy Survey is conducted separately because the questionnaire/service is closer to a retail experience vs a provider visit. Pharmacy scores are in the last section of this handout.

Sample Distribution refers to the percentage and number of respondents in each demographic shown. For example, when looking at the "Sample Distribution By-Gender", 60.9 % (or 669) of the total population surveyed identified as female.

37
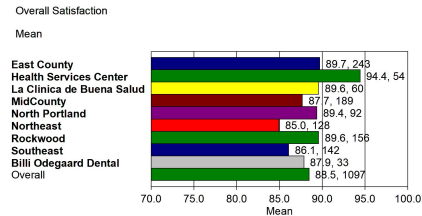
Overall Satisfaction (PC/BH/Dental)
Q2 2023

Overall Satisfaction Scores
Mean Scores
Quarter-to-Quarter Comparison

Q: Overall, how would you rate your most recent experience with Multnomah County Community Health Center?

Overall Satisfaction Scores **By-Site**
Mean Scores and Replies
Current Quarter

Overall Satisfaction
Mean

Site	Mean, Replies
East County	89.7, 243
Health Services Center	94.4, 54
La Clinica de Buena Salud	89.6, 60
MidCounty	87.7, 189
North Portland	89.4, 92
Northeast	85.0, 128
Rockwood	89.6, 156
Southeast	86.1, 142
Billi Odegaard Dental	87.9, 33
Overall	88.5, 1097

Overall Satisfaction

Multco = 88.5% (BM = 90.6%)

Overall Satisfaction is a specific survey question that asks how satisfied the patient was with the entire visit. The scores on this slide reflect Primary Care/Behavioral Health/Dental combined, as indicated by (PC/BH/Dental).

The overall mean (or average) score for the health center as a whole and trend line over the last several quarters is shown in the graphic on the left.

The mean score and number of patients who answered the question for each individual site is shown in the graphic on the right (along with the overall score for reference).

(Billi O is included because to Crossroads, it appears as an individual site…)

The Q2 2023 National Benchmark (how we compare to all other FQHCs in the Crossroads database) is shown in green at the bottom of the slide and was 90.6% while our health center as a whole scored 88.5%.
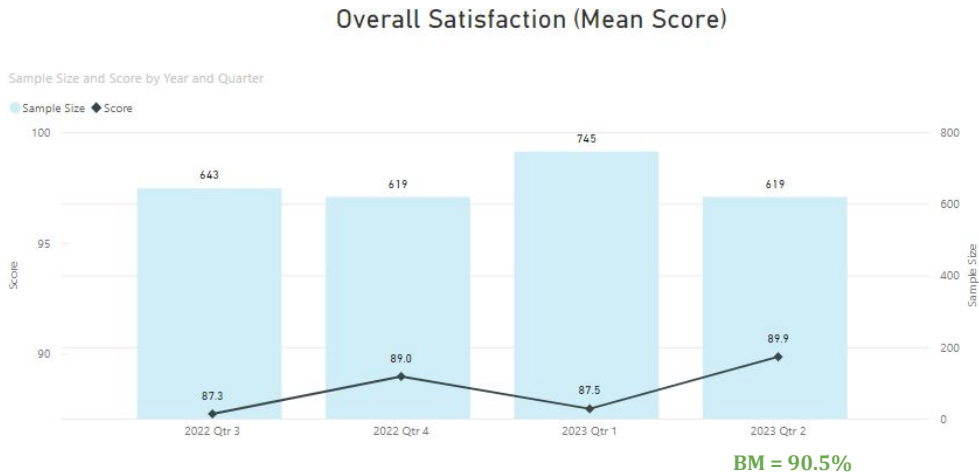
Notes:
Overall Satisfaction is a survey question rather than a composite of multiple questions

38

3

Satisfaction questions use a **Poor/Fair/Good/Excellent** scale

Report References:
 - Executive Leadership Report

Overall Satisfaction/Primary Care
Q2 2023

Overall Satisfaction (Mean Score)

BM = 90.5%

This is the trend line for Overall Satisfaction for just Primary Care (includes HHSC) over the past year. The National Benchmark (in Green at the bottom of Qtr2) is 90.5%. Our score is 89.9% (so close!)

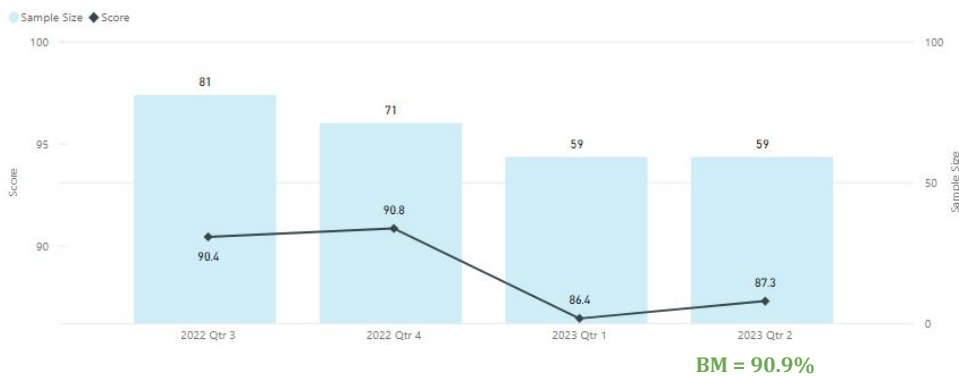Satisfaction questions use a **Poor/Fair/Good/Excellent** scale

Report References:
 - Crossroads' Power BI Dashboard

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Overall Satisfaction/Behavioral Health
Q2 2023

Overall Satisfaction (Mean Score)

This is the trend line for overall satisfaction for just Behavioral Health. The National Benchmark (in Green at the bottom of Qtr2) is 90.9%. Our score is 87.3%.

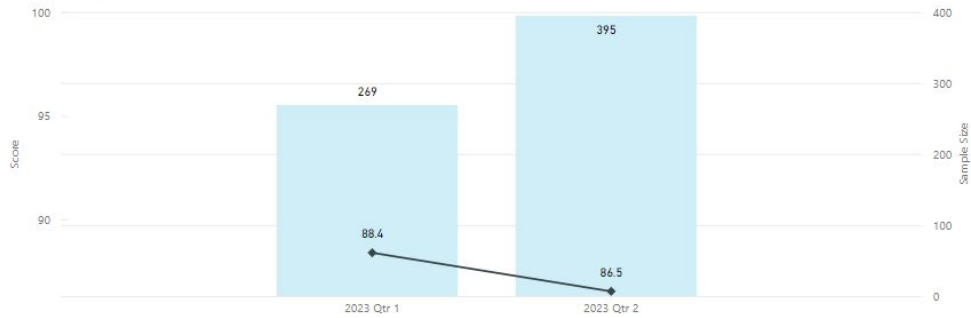Satisfaction questions use a **Poor/Fair/Good/Excellent** scale

Report References:
- Crossroads' Power BI Dashboard

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Overall Satisfaction/Dental
Q2 2023

Overall Satisfaction (Mean Score)

BM = 90.9%

This is the second quarter that Crossroads has surveyed for Dental. This score is for Dental only. The National Benchmark (in Green at the bottom of the slide) 90.9%. Our score is 86.5%.

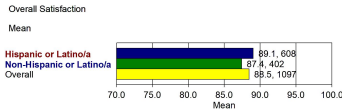Satisfaction questions use a **Poor/Fair/Good/Excellent** scale
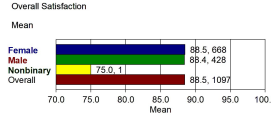
Report References:
- Crossroads' Power BI Dashboard

42

Overall Satisfaction By-Demographic
Q2 2023 (PC/BH/Dental)
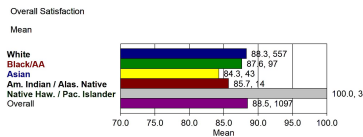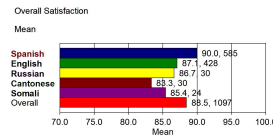
Looking at Overall Satisfaction by Demographic (Race/Ethnicity/Gender/Language), we can get a closer look at which patients are reporting lower satisfaction with their entire appointment.

By Race: Asian populations (reporting slightly lower satisfaction)
By Language: Cantonese, Somali, and Russian (reporting slightly lower satisfaction than the other top 5 languages spoken in our health center) with Cantonese reporting the lowest satisfaction (this has been consistent over time). Somali score dropped 8.4%. Russian score improved 2.2%

Satisfaction questions use a **Poor/Fair/Good/Excellent** scale

Report References:
 - Cross-tabulation Report

43

Loyalty and Referral Intentions
Q2 2023 (PC/BH/Dental)
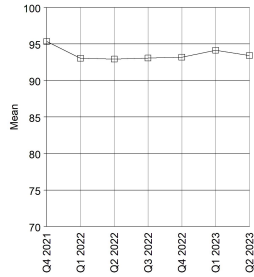
Loyalty Intentions refer to the likelihood that patients will continue to access our health center.

Referral Intentions refer to the likelihood that patients will refer their friends and family to our health center.

This slide shows the trend lines over the past several quarters with our Q2 2023 mean score and (national benchmark) under each measure.

Loyalty Intentions Scores have gone down a bit, while Referral Intentions Scores have slightly improved.

Loyalty and Referral Intentions questions use a **Not Likely/Somewhat Likely/Very Likely** scale

Report References:
- Executive Leadership Report

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Loyalty Intentions By-Demographic
Q2 2023 (PC/BH/Dental)

Loyalty Intentions Scores **By-Ethnicity**
Percentage "Very Likely" Scores and Replies
Current Quarter

Loyalty Intentions 3pt — Top Box

Hispanic or Latino/a	89.1%, 589
Non-Hispanic or Latino/a	80.6%, 392
Overall	86.1%, 1067

Loyalty Intentions Scores **By-Gender**
Percentage "Very Likely" Scores and Replies
Current Quarter

Loyalty Intentions 3pt — Top Box

Male	87.1%, 417
Female	85.5%, 649
Nonbinary	100.0%, 1
Overall	86.1%, 1067

Loyalty Intentions Scores **By-Race**
Percentage "Very Likely" Scores and Replies
Current Quarter

Loyalty Intentions 3pt — Top Box

Am. Indian / Alas. Native	100.0%, 13
Asian	44.2%, 43
Black/AA	87.2%, 94
Native Haw. / Pac. Islander	100.0%, 3
White	86.6%, 543
Overall	86.1%, 1067

Loyalty Intentions Scores **By-Language**
Percentage "Very Likely" Scores and Replies
Current Quarter

Loyalty Intentions 3pt — Top Box

Russian	25.0%, 28
Cantonese	33.3%, 30
English	88.1%, 420
Somali	91.7%, 24
Spanish	90.3%, 565
Overall	86.1%, 1067

Loyalty Intentions by demographic show some disparities By-Race (Asian populations) and By-Language (Cantonese and Russian). This is a consistent trend over time.

Loyalty Intentions question uses a **Not Likely/Somewhat Likely/Very Likely** scale

Report References:
- Cross-tabulation Report

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Referral Intentions By-Demographic
Q2 2023 (PC/BH/Dental)

Referral Intentions Scores By-Ethnicity
Percentage "Very Likely" Scores and Replies
Current Quarter

Referral Intentions 3pt

Top Box

- Hispanic or Latino/a — 82.3%, 588
- Non-Hispanic or Latino/a — 60.1%, 396
- Overall — 73.3%, 1069

0.0 20.0 40.0 60.0 80.0 100.0
Top Box

Referral Intentions Scores By-Gender
Percentage "Very Likely" Scores and Replies
Current Quarter

Referral Intentions 3pt

Top Box

- Male — 73.7%, 418
- Female — 73.1%, 650
- Nonbinary — 100.0%, 1
- Overall — 73.3%, 1069

0.0 20.0 40.0 60.0 80.0 100.0
Top Box

Referral Intentions Scores By-Race
Percentage "Very Likely" Scores and Replies
Current Year

Referral Intentions 3pt

Top Box

- Am. Indian / Alas. Native — 74.4%, 39
- Asian — 55.4%, 240
- Black/AA — 75.2%, 278
- Native Haw. / Pac. Islander — 66.7%, 15
- White — 68.0%, 1419
- Overall — 70.7%, 2727

0.0 20.0 40.0 60.0 80.0 100.0
Top Box

Referral Intentions Scores By-Language
Percentage "Very Likely" Scores and Replies
Current Year

Referral Intentions 3pt

Top Box

- Russian — 18.5%, 108
- Cantonese — 20.8%, 106
- English — 65.9%, 1304
- Somali — 89.4%, 47
- Spanish — 84.1%, 1021
- Overall — 70.7%, 2727

0.0 20.0 40.0 60.0 80.0 100.0
Top Box
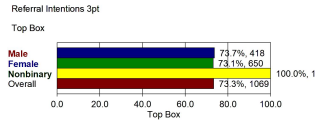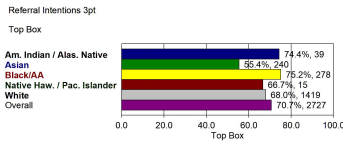
Referral Intentions by demographic show some disparities By-Race (Asian populations) and By-Language (Russian and Cantonese) similar to Loyalty Intentions on the previous slide.

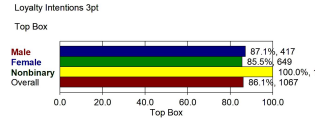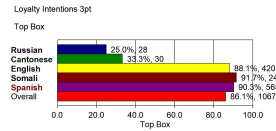Referral Intentions question uses a **Not Likely/Somewhat Likely/Very Likely** scale

Report References:
- Cross-tabulation Report

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Primary Care Scores

Now we will look at Primary Care Scores for the other questions in the survey…they are broken out into two main categories; Satisfaction and Experience.

In brief, patient satisfaction is about the patient's expectations for care, while patient experience is associated with a patient's perception of care.

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Satisfaction Score Ranking and Score Change - Primary Care Q2 2023

Patient Satisfaction Scores Ranking
Mean Scores and Counts
Current Quarter

Current Quarter

MCCHC Core Satisfaction

Category	Mean, Count
Provider Respect	92.9, 632
Provider Listening	92.4, 634
Provider Explanation	91.7, 634
Provider Asst. Courtesy & Helpfulness	91.4, 527
Quality of Care	90.7, 633
Overall Satisfaction	89.8, 634
Provider Knowledge of Health History	89.2, 630
Reception Staff Courtesy & Respect	88.9, 527
Provider Time Spent	88.7, 634
Cultural & Language Needs Met	88.2, 408
Reception Staff Helpfulness	88.0, 526
Phone Attendant Courtesy & Helpfulness	87.2, 368
Provider Wait	86.8, 526
Portal Satisfaction	86.3, 40
Test Results Communication	86.1, 330
Appointment Wait	80.3, 630
MCCHC Core Satisfaction	89.1, 635

(Mean axis: 70.0 75.0 80.0 85.0 90.0 95.0 100.0)

Patient Satisfaction Scores
Net Mean Score Change
Quarter-to-Quarter Comparison

Current Quarter vs Previous Quarter

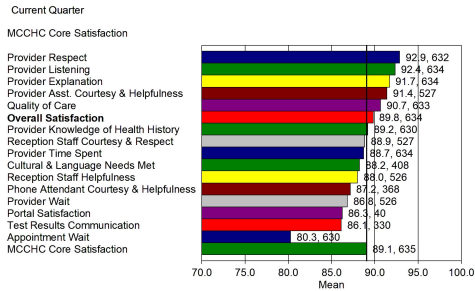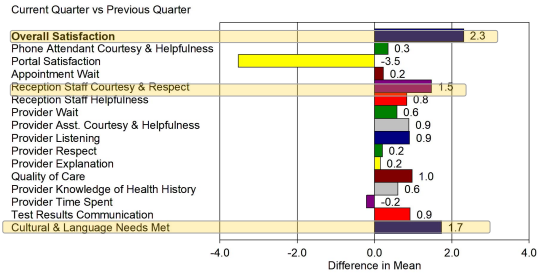| Category	Difference in Mean
Overall Satisfaction	2.3
Phone Attendant Courtesy & Helpfulness	0.3
Portal Satisfaction	-3.5
Appointment Wait	0.2
Reception Staff Courtesy & Respect	1.5
Reception Staff Helpfulness	0.8
Provider Wait	0.6
Provider Asst. Courtesy & Helpfulness	0.9
Provider Listening	0.9
Provider Respect	0.2
Provider Explanation	0.2
Quality of Care	1.0
Provider Knowledge of Health History	0.6
Provider Time Spent	-0.2
Test Results Communication	0.9
Cultural & Language Needs Met	1.7

(Difference in Mean axis: -4.0 -2.0 0.0 2.0 4.0)

Highlight indicates score change is statistically significant at a 68% confidence level

On the left you will find the mean scores and number of patients who replied to each satisfaction question in order of highest score to lowest score.

On the right you will find the score changes from the previous quarter and which score changes are statistically significant.

- Not noted on this slide…Primary Care exceeded the National Benchmarks for; Portal Satisfaction, Provider Wait, Ease of Connecting with Care Team (Telephone), and Ease of Connecting with Care Team (Telehealth Video).

Satisfaction questions use a **Poor/Fair/Good/Excellent** scale

Report Reference:
- Medical Aggregate Report

48

Experience Score Ranking and Score Change - Primary Care
Q2 2023

Patient Experience Scores Ranking
Percentage "Yes" Scores and Counts
Current Quarter
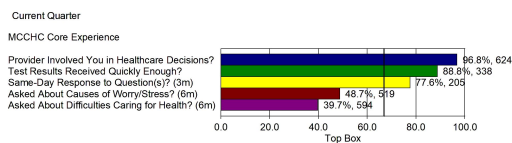
Patient Experience Scores
Net Percentage "Yes" Score Change
Quarter-to-Quarter Comparison
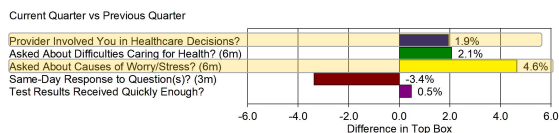
Highlight indicates score change is statistically significant at a 68% confidence level

On the left you will find the percentage and number of patients who replied "Yes" to each experience question in order of highest score to lowest score.

On the right you will find the score changes from the previous quarter and which score changes are statistically significant.

- Not noted on slide…Primary Care exceeded the National Benchmarks for Provider Involved you in Healthcare Decisions and Test Results Received Quickly Enough.

Experience questions use a **Yes/No** scale

Report Reference:
- Medical Aggregate Report

49

Behavioral Health Scores

Now we will look at Behavioral Health Scores for the other questions in the survey…they are broken out into two main categories; Satisfaction and Experience.

In brief, patient satisfaction is about the patient's expectations for care, while patient experience is associated with a patient's perception of care.

Satisfaction Score Ranking and Score Change - Behavioral Health Q2 2023

On the left you will find the mean scores and number of patients who replied to each satisfaction question in order of highest score to lowest score.

On the right you will find the score changes from the previous quarter and which score changes are statistically significant.

Appointment Wait improved by nearly 10%!

- Not noted on this slide…BH exceeded the National Benchmark for Appointment Wait and Loyalty Intentions!

Satisfaction questions use a **Poor/Fair/Good/Excellent** scale

Report Reference:
- Behavioral Health Aggregate Report

51

Experience Score Ranking and Score Change - Behavioral Health
Q2 2023

Patient Experience Scores Ranking
Percentage "Yes" Scores and Counts
Current Quarter

Current Quarter

MCCHC BH Core Experience

Provider Involved You in Healthcare Decisions?	96.6%, 59
Test Results Received Quickly Enough?	92.9%, 28
Same-Day Response to Question(s)? (3m)	82.4%, 17
Asked About Difficulties Caring for Health? (6m)	53.8%, 52

Top Box

Patient Experience Scores
Net Percentage "Yes" Score Change
Quarter-to-Quarter Comparison

Current Quarter vs Previous Quarter

Provider Involved You in Healthcare Decisions?	3.9%
Asked About Difficulties Caring for Health? (6m)	2.1%
Same-Day Response to Question(s)? (3m)	-10.5%
Test Results Received Quickly Enough?	11.6%

Difference in Top Box
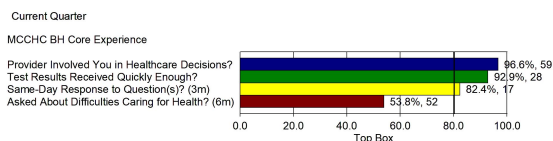
On the left you will find the percentage and number of patients who replied "Yes" to each experience question in order of highest score to lowest score.

On the right you will find the score changes from the previous quarter and which score changes are statistically significant.

Test Results Received Quickly Enough improved by 11.6%;
while Same-Day Response to Questions score went down 10.5%

- Not noted on this slide…BH exceeded the National Benchmarks for Provider Involved You in Healthcare Decisions and Test Results Received Quickly Enough.

Experience questions use a **Yes/No** scale

Report Reference:
- Behavioral Health Aggregate Report

52

Dental Scores

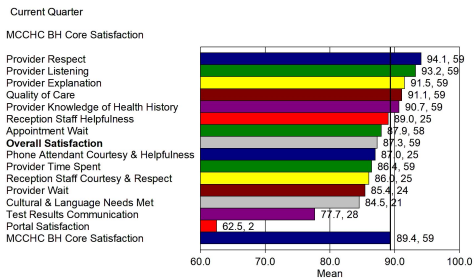Now we will look at Dental Scores for the other questions in the survey…they are broken out into two main categories; Satisfaction and Experience.
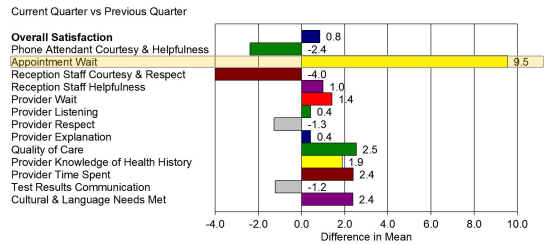
In brief, patient satisfaction is about the patient's expectations for care, while patient experience is associated with a patient's perception of care.

Satisfaction Score Ranking and Score Change - Dental Q2 2023

On the left you will find the mean scores and number of patients who replied to each satisfaction question in order of highest score to lowest score.

On the right you will find the score changes from the previous quarter and which score changes are statistically significant.

- Not noted on the slide…Dental exceeded the National Benchmark for Portal Satisfaction.

Satisfaction questions use a **Poor/Fair/Good/Excellent** scale

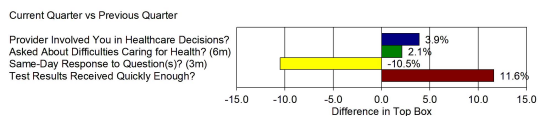Experience questions use a **Yes/No** scale

Report Reference:
- Dental Aggregate Report

54

Experience Score Ranking and Score Change - Dental Q2 2023

Patient Experience Scores Ranking
Percentage "Yes" Scores and Counts
Current Quarter

Current Quarter
MCCHC Core Experience

Question	Score
Provider Involved You in Healthcare Decisions?	94.1%, 392
Test Results Received Quickly Enough?	89.9%, 109
Same-Day Response to Question(s)? (3m)	87.1%, 93
Asked About Difficulties Caring for Health? (6m)	33.8%, 385
Asked About Causes of Worry/Stress? (6m)	27.2%, 287

Top Box: 0.0 20.0 40.0 60.0 80.0 100.0

Patient Experience Scores
Net Percentage "Yes" Score Change
Quarter-to-Quarter Comparison

Current Quarter vs Previous Quarter

Question	Change
Provider Involved You in Healthcare Decisions?	-1.7%
Asked About Difficulties Caring for Health? (6m)	-7.9%
Same-Day Response to Question(s)? (3m)	-9.6%
Test Results Received Quickly Enough?	-5.5%

Difference in Top Box: -10.0 -5.0 0.0 5.0 10.0
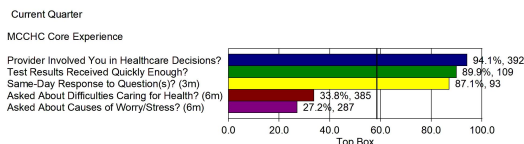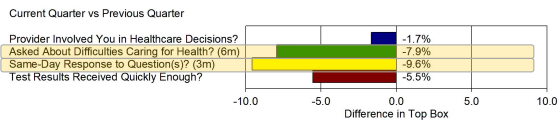
Highlight indicates score change is statistically significant at a 68% confidence level

On the left you will find the percentage and number of patients who replied "Yes" to the experience questions in order of highest to lowest score.

On the right you will find the score changes from the previous quarter and which score changes are statistically significant.

Experience questions use a **Yes/No** scale

Report Reference:
- Dental Aggregate Report

55

Supplemental Analysis

The Supplemental Analysis shows us patient satisfaction with Reception Areas, Phone Access, Appointment Wait and Provider Wait. (These Scores include PC/BH/Dental)

This slide shows the Trend lines (by mean score) over the past several quarters for Reception Staff Courtesy and Respect (Multco = 88.6%/BM = 91%); Reception Staff Helpfulness)Multco = 87.9%/BM = 90.8%)

On the right, we see the top box ("Excellent") scores for each of these measures by site.

HHSC scored the highest out of all sites for both measures.

Satisfaction questions use a **Poor/Fair/Good/Excellent** scale

Report References:
- Reception Area Report

57

Phone Access Scores
Q2 2023

Phone Wait Experience
Percentages and Replies
Current Quarter

Q: When you called, how long did it take to reach a person who could schedule your appointment?

Current Quarter

Phone Wait Experience

0 Seconds - Instant	2.2, 11
1 - 10 Seconds	2.6, 13
Over 10 Seconds - 1 Minute	9.0, 45
Over 1 Minute - 5 Minutes	36.1, 180
Over 5 Minutes - 10 Minutes	13.4, 67
Over 10 Minutes - 15 Minutes	11.4, 57
Over 15 Minutes	25.1, 125
Call Dropped or Abandoned	0.2, 1

Frequency (%): 0.0 20.0 40.0 60.0 80.0 100.0
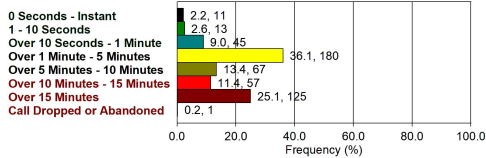
Phone Attendant Courtesy and Helpfulness
Percentages and Replies
Current Quarter

Q: How would you rate the courtesy and helpfulness of the person you spoke with on the phone?

Current Quarter

Phone Attendant Courtesy & Helpfulness

Poor	1.5, 9
Fair	5.1, 31
Good	37.5, 228
Excellent	55.9, 340

Frequency (%): 0.0 20.0 40.0 60.0 80.0 100.0
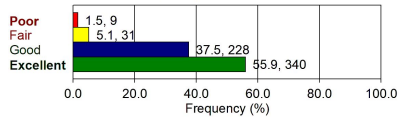
On the left we can see the percentages and # of replies for reported wait times when calling in to our Patient Access Center (PAC). "Over 15 Minutes" improved by 10% from last quarter.

93.4% of patients surveyed say that Phone Attendant Courtesy and Helpfulness was "Good" or "Excellent".
Satisfaction questions use a **Poor/Fair/Good/Excellent** scale

Report References:
 - Phone Access Report

58

Appointment Wait and Provider Wait
Q2 2023

Appointment Wait Satisfaction **By-Site**
Mean Scores and Replies
Current Quarter

Appointment Wait

Mean

Site	
East County	77.7, 241
Health Services Center	91.7, 54
La Clinica de Buena Salud	80.0, 60
MidCounty	76.7, 188
North Portland	81.3, 91
Northeast	76.0, 128
Rockwood	81.3, 155
Southeast	75.9, 140
Billi Odegaard Dental	81.3, 32
Overall	78.8, 1089

50.0   60.0   70.0   80.0   90.0   100.0
Mean
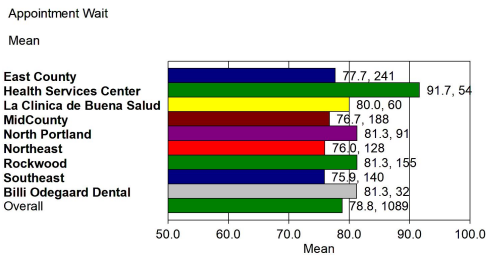
Multco = 78.8% (BM = 83.2%)

Provider Wait Satisfaction **By-Site**
Mean Scores and Replies
Current Quarter

Provider Wait

Mean

Site	
East County	86.4, 222
Health Services Center	94.4, 31
La Clinica de Buena Salud	91.1, 42
MidCounty	84.3, 164
North Portland	90.9, 82
Northeast	85.2, 122
Rockwood	87.1, 130
Southeast	86.8, 125
Billi Odegaard Dental	84.8, 33
Overall	86.8, 951

70.0   75.0   80.0   85.0   90.0   95.0   100.0
Mean
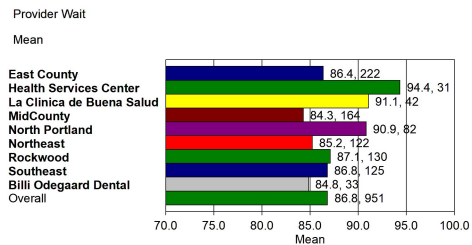
Multco = 86.8% (BM = 85.9%)

On the left we see the Mean Scores for Appointment Wait Satisfaction (how long it took to get an appointment), broken down by site.

On the right we see the mean scores for Provider Wait (how long it took to see the provider once at the clinic for your appointment), broken down by site. **Overall Exceeded the Benchmark for Provider Wait, woohoo!**

Satisfaction questions use a **Poor/Fair/Good/Excellent** scale

Report References:
- Appointment Access Reports
- Provider Wait Report

59

Pharmacy Patient Satisfaction & Experience

CHCB Executive Summary Q2 2023

The Pharmacy Survey has a different set of questions and is scored separately from our other service lines. This is the second quarter that Crossroads has conducted our Pharmacy surveys.

60

Introduction

- Random sample of pharmacy patients seen at a Multnomah County Community Health Center pharmacy

- **Methodology**: Live-person telephone interview

- **Reporting Period**: Q2 2023

- **Sample Size**: *n* = 320 completed surveys

Sample Distribution **By-Pharmacy**
Percentages and Counts
Current Quarter
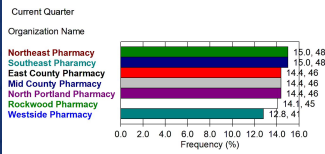
Current Quarter
Organization Name

Northeast Pharmacy	15.0, 48
Southeast Pharmacy	15.0, 48
East County Pharmacy	14.4, 46
Mid County Pharmacy	14.4, 46
North Portland Pharmacy	14.4, 46
Rockwood Pharmacy	14.1, 45
Westside Pharmacy	12.8, 41

Sample Distribution **By-Gender**
Percentages and Counts
Current Quarter

Current Quarter
Gender

Female	58.8, 188
Male	40.9, 131
Nonbinary	0.3, 1

Sample Distribution **By-Race**
Percentages and Counts
Current Quarter

Current Quarter
Race

White	67.8, 158
Black/African American	19.3, 45
Asian	7.7, 18
American Indian/Alaska Native	3.4, 8
Native Hawaiian/Pacific Islander	1.3, 3
Other Race	0.4, 1
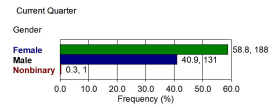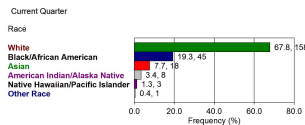
Sample Distribution **By-Age**
Percentages and Counts
Current Quarter
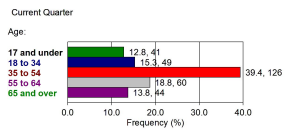
Current Quarter
Age:

17 and under	12.8, 41
18 to 34	15.3, 49
35 to 54	39.4, 126
55 to 64	18.8, 60
65 and over	13.8, 44

Sample Distribution **By-Ethnicity**
Percentages and Counts
Current Quarter

Current Quarter
Ethnicity

Hispanic or Latino/a	50.2, 151
Non-Hispanic or Latino/a	49.8, 150

Sample Distribution **By-Language**
Percentages and Counts
Current Quarter

Current Quarter
Patient Language

Spanish	45.6, 146
English	35.3, 113
Russian	8.8, 28
Somali	5.3, 17
Cantonese	5.0, 16
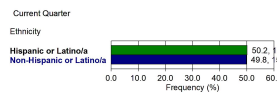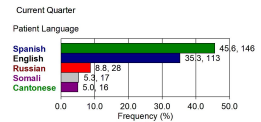
Sample Distribution refers to the percentage and number of respondents in each demographic shown. For example, when looking at the "Sample Distribution By-Pharmacy" we can see that the percentage and number of pharmacy clients surveyed is evenly distributed among all pharmacy sites.

61

Overall Satisfaction Scores - Pharmacy
Q2 2023

Overall Satisfaction Scores
Percentages, Replies, **Mean Scores**, and Mean Standard Errors (68% CL)
Quarter-to-Quarter Comparison

Q: How would you rate your overall satisfaction with your pharmacy experience?

	Rolling 4 Quarters		Overall	
Quarter:	Q1 2023	Q2 2023		
Overall Satisfaction Pharmacy				
Poor	0.3% 1	0.9% 3	0.6%	4
Fair	1.6% 5	3.8% 12	2.7%	17
Good	27.9% 85	28.1% 90	28.0%	175
Excellent	70.2% 214	67.2% 215	68.6%	429
Totals	100.0% 305	100.0% 320	100.0%	625
Mean	92.0	90.4	91.2	
Mean Err(68)*	±0.7	±0.8	±0.6	

* Note: Mean Err(68) covers 68% of distribution.

Overall Satisfaction score change is statistically significant at a 68% confidence level

Overall Satisfaction Scores **By-Pharmacy**
Mean Scores and Replies
Current Quarter

Overall Satisfaction Pharmacy — Mean

- East County Pharmacy: 90.8, 46
- Mid County Pharmacy: 84.8, 46
- Northeast Pharmacy: 89.1, 48
- North Portland Pharmacy: 93.5, 46
- Rockwood Pharmacy: 89.4, 45
- Southeast Pharamcy: 90.6, 48
- Westside Pharmacy: 95.1, 41
- Overall: 90.4, 320
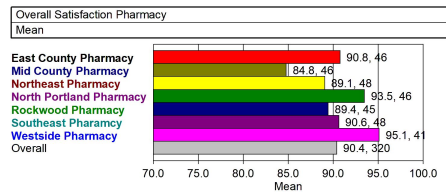
BM = 91.8%

Overall Satisfaction is a specific survey question rather than a composite of multiple questions and refers to how satisfied the client was with their entire pharmacy experience. The mean score for overall satisfaction for Pharmacy is 90.4%

On the right, you can see how each pharmacy site scored for overall satisfaction. Westside Pharmacy scored the highest at 95.1%

Report Reference:
- Executive Leadership Report

62

Loyalty and Referral Intentions Scores - Pharmacy Q2 2023

CROSSROADS GROUP, INC.

Loyalty and Referral Intentions Scores
Percentages, Replies, **Mean Scores**, and Mean Standard Errors (68% CL)
Quarter-to-Quarter Comparison

Q: What is the likelihood that you will use the Mutlnomah pharmacy again?

Q: If asked, what is the likelihood that you will recommend this pharmacy to others, either by word of mouth or on the internet or social media?

	Rolling 4 Quarters				Overall	
Quarter:						
	Q1 2023		Q2 2023			
Loyalty Intentions Pharmacy						
Not likely	0.7%	2	1.3%	4	1.0%	6
Somewhat likely	6.6%	20	13.0%	40	9.8%	60
Very likely	92.8%	282	85.7%	264	89.2%	546
Totals	100.0%	304	100.0%	308	100.0%	612
Mean		96.4		93.0		94.7
Mean Err(68)*		±0.8		±1.0		±0.6
Referral Intentions Pharmacy						
Not likely	3.3%	10	6.8%	21	5.1%	31
Somewhat likely	18.2%	55	20.8%	64	19.5%	119
Very likely	78.5%	238	72.3%	222	75.4%	460
Totals	100.0%	303	100.0%	307	100.0%	610
Mean		88.9		84.5		86.6
Mean Err(68)*		±1.3		±1.5		±1.0

BM = 96%

BM = 90.7%

* Note: Mean Err(68) covers 68% of distribution.

Loyalty Intentions and Referral Intentions score changes are statistically significant at a 68% confidence level

Loyalty and Referral Intentions Scores By-Pharmacy
Percentage "Very Likely" Scores and Replies
Current Quarter

Loyalty and Referral Questions / Loyalty Intentions Pharmacy

- East County Pharmacy — 88.9%, 45
- Mid County Pharmacy — 68.2%, 44
- Northeast Pharmacy — 90.7%, 43
- North Portland Pharmacy — 95.6%, 45
- Rockwood Pharmacy — 86.4%, 44
- Southeast Pharmacy — 83.0%, 47
- Westside Pharmacy — 87.5%, 40
- Overall — 85.7%, 308

Loyalty and Referral Questions / Referral Intentions Pharmacy

- East County Pharmacy — 81.4%, 43
- Mid County Pharmacy — 55.8%, 43
- Northeast Pharmacy — 77.8%, 45
- North Portland Pharmacy — 86.4%, 44
- Rockwood Pharmacy — 75.0%, 44
- Southeast Pharmacy — 55.3%, 47
- Westside Pharmacy — 75.6%, 41
- Overall — 72.3%, 307

Loyalty Intentions refer to the likelihood that patients will continue to access our pharmacies.

Referral Intentions refer to the likelihood that patients will refer their friends and family to our pharmacies.

The mean score for Loyalty Intentions is 93%.
The mean score for Referral Intentions is 84.5%

On the right hand side, you can see the top box (Very Likely) score for Loyalty and Referral Intentions by site.

Likelihood questions use a **Very Likely/Somewhat Likely/Not Likely** scale

Report Reference:
- Executive Leadership Report

63

Satisfaction Score Ranking and Score Change - Pharmacy Q2 2023

Patient Satisfaction Scores
Mean Scores and Replies
Current Quarter

Current Quarter

MCCHC Rx Core Satisfaction

Question	Mean, Replies
Pharmacy Personnel Helpfulness	93.0, 210
Overall Quality of Communication	91.1, 210
Pharmacy Staff Friendliness & Professionalism	90.9, 318
Overall Satisfaction Pharmacy	90.4, 320
Accuracy of Rx Fill	90.2, 314
Cost of Rx	90.1, 285
Explanation of Prescription	89.2, 316
Privacy of Health Info	88.2, 319
Ease of Prescription Refill	88.0, 305
Rx Pick-up Wait Satisfaction	87.2, 297
MCCHC Rx Core Satisfaction	89.5, 320

Patient Satisfaction Scores
Net Mean Score Change
Quarter-to-Quarter Comparison

Current Quarter vs Previous Quarter

Question	Difference in Mean
Overall Satisfaction Pharmacy	-1.6
Rx Pick-up Wait Satisfaction	-0.8
Pharmacy Staff Friendliness & Professionalism	-0.8
Explanation of Prescription	-2.6
Privacy of Health Info	-1.3
Cost of Rx	-0.4
Accuracy of Rx Fill	-1.9
Pharmacy Personnel Helpfulness	-0.7
Overall Quality of Communication	0.2
Ease of Refilling Prescription	-2.6

Highlight indicates score change is statistically significant at a 68% confidence level

On the left, you can see the mean score and # of replies for each satisfaction question, ranked in order from highest to lowest score.

On the right hand side, you can see the score changes since last quarter and which score changes were statistically significant.

Satisfaction questions use a **Poor/Fair/Good/Excellent** scale

Report Reference:
- Aggregate Report

64

Experience Score Ranking and Score Change
Q2 2023

CROSSROADS
GROUP, INC.

Patient Experience Scores
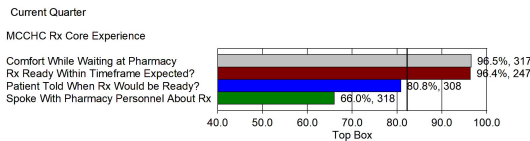**Percentage "Yes" Scores** and Replies
Current Quarter

Current Quarter

MCCHC Rx Core Experience

Comfort While Waiting at Pharmacy	96.5%, 317
Rx Ready Within Timeframe Expected?	96.4%, 247
Patient Told When Rx Would be Ready?	80.8%, 308
Spoke With Pharmacy Personnel About Rx	66.0%, 318

40.0 50.0 60.0 70.0 80.0 90.0 100.0
Top Box

Patient Experience Scores
Net Percentage "Yes" Score Change
Quarter-to-Quarter Comparison

Current Quarter vs Previous Quarter

Rx Ready Within Timeframe Expected?	0.4%
Patient Told When Rx Would be Ready?	1.5%
Comfort While Waiting at Pharmacy	-2.3%
Spoke With Pharmacy Personnel About Rx	-0.4%

-4.0 -2.0 0.0 2.0 4.0
Difference in Top Box
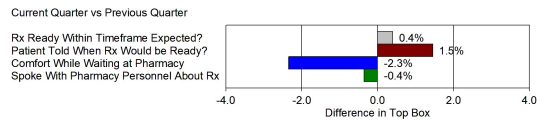
On the left we see the percentage of "Yes" scores and # of replies for each experience question ranked from highest to lowest score.

On the right, we see the score changes from last quarter.
Experience questions use a **Yes/No** scale

Report Reference:
- Aggregate Report

65

Supplemental Analysis
Q2 2023

66

Rx Pick-Up Experience and Satisfaction Q2 2023

CROSSROADS GROUP INC

Rx Pick-Up Wait
Percentages and Counts
Current Quarter

Q: When you went to pick up *your/your child's* prescription, about how long did you wait, from the time that you got to the pharmacy until you received the prescription?

Current Quarter

Rx Pick-up Wait Experience

Category	Value
0 - 1 minute	17.2, 51
Over 1 minute - 15 minutes	66.3, 197
Over 15 minutes - 20 minutes	7.7, 23
Over 20 minutes - 30 minutes	5.4, 16
Over 30 minutes - 1 hour	2.4, 7
Over 1 hour	1.0, 3

Frequency (%) 0.0 20.0 40.0 60.0 80.0 100.0

"As soon as I come, right away I am getting my prescription. Olya and Jacob, the pharmacy's employees, speak Russian and help very well. When I am getting a new prescription, they never delay it."

Rx Pick-Up Wait Satisfaction **By-Pharmacy**
Mean Scores and Counts
Current Quarter

Q: How would you rate your satisfaction with this wait experience?

Rx Pick-up Wait Satisfaction

Mean

Pharmacy	Value
East County Pharmacy	87.5, 42
Mid County Pharmacy	77.9, 43
Northeast Pharmacy	82.1, 46
North Portland Pharmacy	95.3, 43
Rockwood Pharmacy	88.3, 45
Southeast Pharamcy	87.8, 43
Westside Pharmacy	92.9, 35
Overall	87.2, 297

Mean 70.0 75.0 80.0 85.0 90.0 95.0 100.0

BM = 90.3%

"The clinic used to take about fifteen minutes to give me my prescription, but lately, it has been faster. I like that my medication was ready right after my appointment. The staff is very friendly and does a good job explaining my prescription."

On the left we see the percentages and counts for each Pick-Up Wait time category. Most clients reported that they received their prescriptions in less than 15 minutes once they arrived at the pharmacy.

On the right we see how each Pharmacy scored for how satisfied clients were with the wait to pick up their prescription.

North Portland Pharmacy has the highest score for RX Pick-Up Wait Satisfaction at 95.3%.

Satisfaction questions use a **Poor/Fair/Good/Excellent** scale

Report Reference:
- Supplemental Analysis Report

67

Pharmacy Quality of Communication
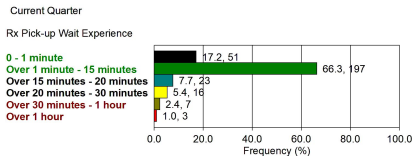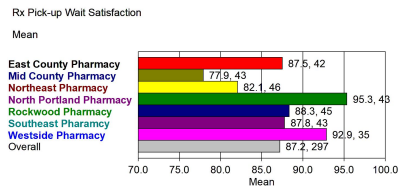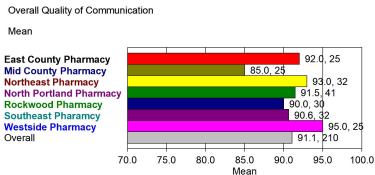## Q2 2023

CROSSROADS GROUP INC

Overall Quality of Communication **By-Pharmacy**
Mean Scores and Replies
Current Quarter

Q: How would you rate the overall quality of the communication with the pharmacy?

Overall Quality of Communication

Mean

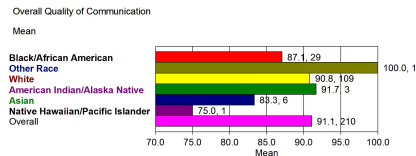| Pharmacy	Value
East County Pharmacy	92.0, 25
Mid County Pharmacy	85.0, 25
Northeast Pharmacy	93.0, 32
North Portland Pharmacy	91.5, 41
Rockwood Pharmacy	90.0, 30
Southeast Pharamcy	90.6, 32
Westside Pharmacy	95.0, 25
Overall	91.1, 210

70.0 75.0 80.0 85.0 90.0 95.0 100.0
Mean

"When ordering over the phone from Southeast Health Clinic Pharmacy, there are too many questions and a lot of information in English is being asked, but they don't connect to the actual pharmacists. I would like that system to be easier for those who don't speak English well."

"I would like for there to be more translators."

Overall Quality of Communication **By-Language**
Mean Scores and Replies
Current Quarter

Overall Quality of Communication

Mean

Language	Value
English	93.3, 75
Spanish	91.4, 108
Russian	87.5, 14
Somali	78.1, 8
Cantonese	80.0, 5
Overall	91.1, 210

70.0 75.0 80.0 85.0 90.0 95.0 100.0
Mean
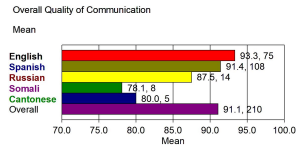
Overall Quality of Communication **By-Race**
Mean Scores and Replies
Current Quarter

Overall Quality of Communication

Mean

Race	Value
Black/African American	87.1, 29
Other Race	100.0, 1
White	90.8, 109
American Indian/Alaska Native	91.7, 3
Asian	83.3, 6
Native Hawaiian/Pacific Islander	75.0, 1
Overall	91.1, 210

70.0 75.0 80.0 85.0 90.0 95.0 100.0
Mean

On the left we see the mean scores and # of replies for each pharmacy site regarding how clients rated the overall quality of the communication with the pharmacy.

On the top right, we can see the scores by the Language that the client speaks; Somali and Cantonese speakers reported the lowest satisfaction for quality of communication with the pharmacy.

On the bottom right, we can see the scores by the Race for which the client identifies; Asian populations reporting the lowest satisfaction with the quality of communication with the pharmacy.
Satisfaction questions use a **Poor/Fair/Good/Excellent** scale

Report Reference:
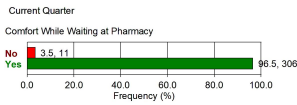- Supplemental Analysis Report

68

Pharmacy Comfort and Helpfulness
Q2 2023

On the top left, we see that 96.5% of clients surveyed say that the waiting area was adequate and comfortable.

On the bottom left, we see that 98.6% of clients surveyed rated the helpfulness of the person who assisted them was "Good" or "Excellent".

On the right, we see how each pharmacy scored for personnel helpfulness. Westside Pharmacy scored the highest at 97%.
Satisfaction questions use a **Poor/Fair/Good/Excellent** scale

Report Reference:
- Supplemental Analysis Report

69

Pharmacy Staff Friendliness and Professionalism
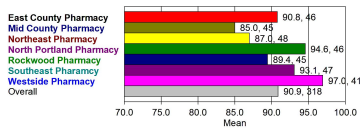## Q2 2023

Pharmacy Staff Friendliness and Professionalism **By-Pharmacy**
Mean Scores and Replies
Current Quarter

Q: How would you rate the friendliness and professionalism of the pharmacy staff?

Pharmacy Staff Friendliness & Professionalism
Mean

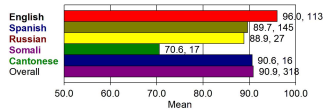|	Mean, Replies
East County Pharmacy	90.8, 46
Mid County Pharmacy	85.0, 45
Northeast Pharmacy	87.0, 48
North Portland Pharmacy	94.6, 46
Rockwood Pharmacy	89.4, 45
Southeast Pharmacy	93.1, 47
Westside Pharmacy	97.0, 41
Overall	90.9, 318

BM = 92.2%

"I really like how friendly they are, the good customer service, and overall, how they answer questions and make sure I do not leave confused."

Pharmacy Staff Friendliness and Professionalism **By-Language**
Mean Scores and Replies
Current Quarter

Pharmacy Staff Friendliness & Professionalism
Mean

	Mean, Replies
English	96.0, 113
Spanish	89.7, 145
Russian	88.9, 27
Somali	70.6, 17
Cantonese	90.6, 16
Overall	90.9, 318

Pharmacy Staff Friendliness and Professionalism **By-Race**
Mean Scores and Replies
Current Quarter

Pharmacy Staff Friendliness & Professionalism
Mean

	Mean, Replies
Black/African American	85.0, 45
Other Race	75.0, 1
White	91.9, 157
American Indian/Alaska Native	90.6, 8
Asian	91.7, 18
Native Hawaiian/Pacific Islander	100.0, 3
Overall	90.9, 318
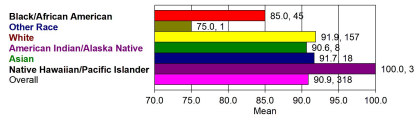
On the left, we see the mean scores and # of replies for how clients rated the friendliness and professionalism of the pharmacy staff by pharmacy site.

On the top right, we see how clients rated this measure by language; Somali speakers reporting the lowest satisfaction.

On the bottom right, we see how clients scored this measure by race. Satisfaction questions use a **Poor/Fair/Good/Excellent** scale

Report Reference:
- Supplemental Analysis Report

70

Interest in Additional Services
Q2 2023

CROSSROADS GROUP INC

Home Delivery Interest
Percentage and Counts
Current Quarter

Q: How much interest would you have in using a home delivery service for your prescription(s)?
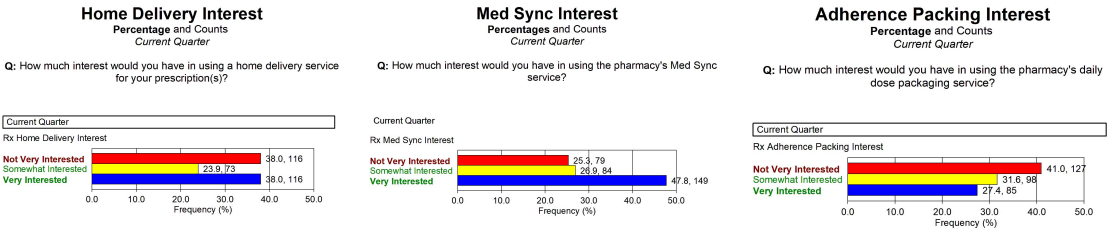
Current Quarter
Rx Home Delivery Interest

Not Very Interested	38.0, 116
Somewhat Interested	23.9, 73
Very Interested	38.0, 116

0.0 10.0 20.0 30.0 40.0 50.0
Frequency (%)

Med Sync Interest
Percentages and Counts
Current Quarter

Q: How much interest would you have in using the pharmacy's Med Sync service?

Current Quarter
Rx Med Sync Interest

Not Very Interested	25.3, 79
Somewhat Interested	26.9, 84
Very Interested	47.8, 149

0.0 10.0 20.0 30.0 40.0 50.0
Frequency (%)

Adherence Packing Interest
Percentage and Counts
Current Quarter

Q: How much interest would you have in using the pharmacy's daily dose packaging service?

Current Quarter
Rx Adherence Packing Interest

Not Very Interested	41.0, 127
Somewhat Interested	31.6, 98
Very Interested	27.4, 85

0.0 10.0 20.0 30.0 40.0 50.0
Frequency (%)

"I didn't know that I could get my prescription delivered, but I would like to use that service very much, so I would want the pharmacy to call me back because I want to set up that delivery."

"It is not very convenient for me that this pharmacy is so far from my home, so I would like very much to set up the delivery."

This slide shows interest in Home Delivery of prescriptions, Med Sync Service (getting all prescriptions at the same time), and Adherence Packaging (daily dose bubble packs).

Interest questions use a **Not Very Interested/Somewhat Interested/Very Interested** scale
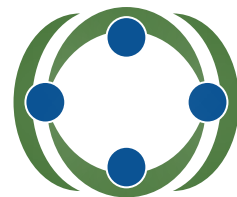
Report Reference:
- Awareness and Interest Report

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Questions?

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Monthly Financial Packet

September 2023

community health center board

Multnomah County

Financial Reporting Package

community health
center board

Multnomah County

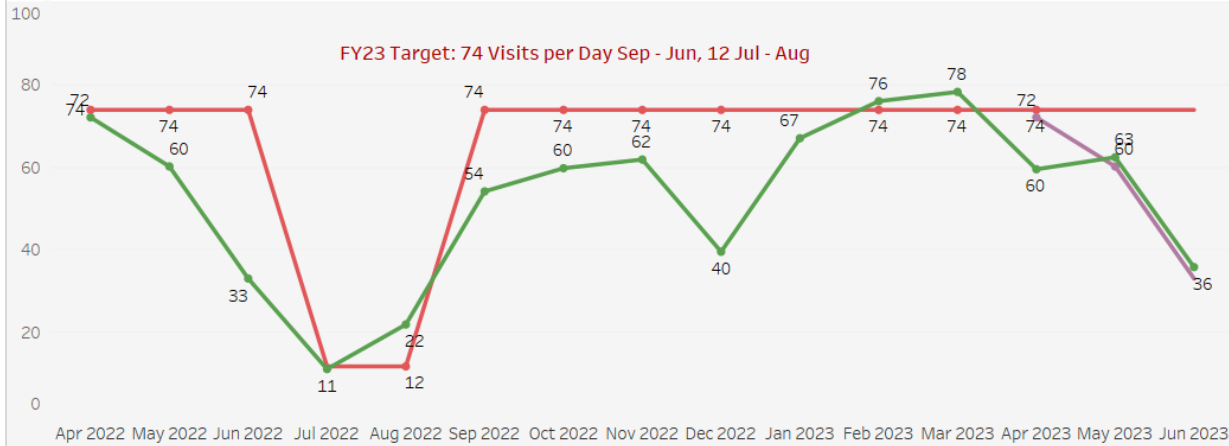# *Year-End Budget Closeout in Progress*

CHC Dashboard

community health
center board

Multnomah County

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

Values shown: 72, 74, 60, 74, 33, 11, 22, 12, 54, 74, 74, 60, 74, 62, 74, 40, 67, 76, 74, 78, 74, 72, 60, 74, 63, 60, 36

Months: Apr 2022, May 2022, Jun 2022, Jul 2022, Aug 2022, Sep 2022, Oct 2022, Nov 2022, Dec 2022, Jan 2023, Feb 2023, Mar 2023, Apr 2023, May 2023, Jun 2023

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
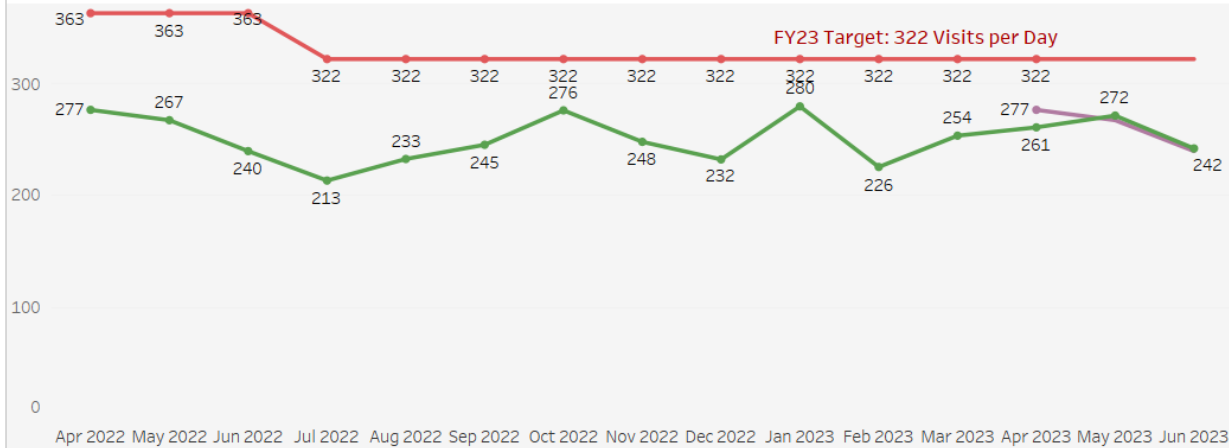
Definitions:

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.
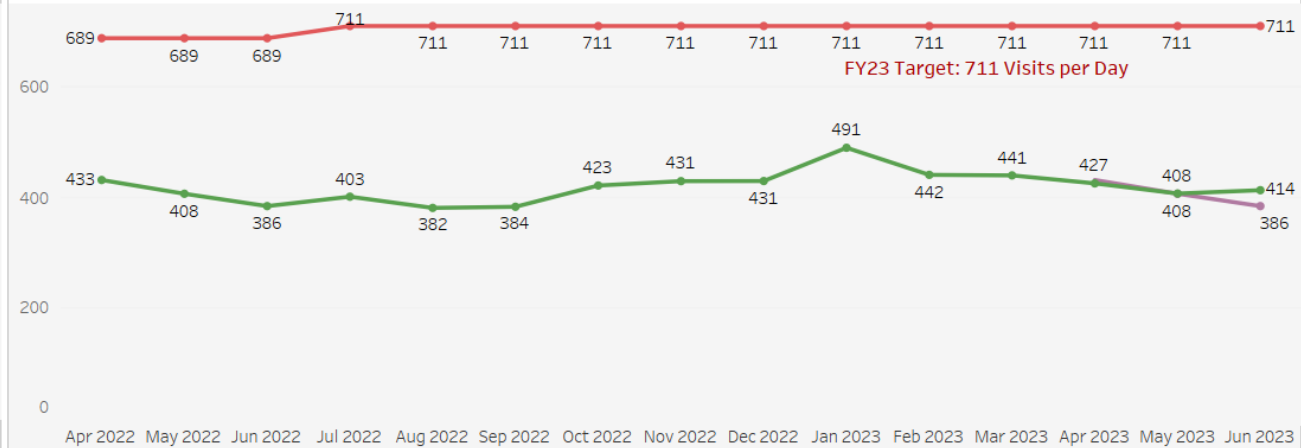Some visits that are billed may not be paid, or not paid at the full billed amount, due to missing or incorrect documentation or coding, exceeding timely filing, or what is included in the insurance plan's benefits.

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

Target values: 363, 363, 363, 322, 322, 322, 322, 322, 322, 322, 322, 322, 322
Billable values: 277, 267, 240, 213, 233, 245, 276, 248, 232, 280, 226, 254, 261, 277, 272, 242

Primary Care Average Billable Visits Per Workday

FY23 Target: 711 Visits per Day

Target values: 689, 689, 689, 711, 711, 711, 711, 711, 711, 711, 711, 711, 711, 711
Billable values: 433, 408, 386, 403, 382, 384, 423, 431, 431, 491, 442, 441, 427, 408, 408, 414, 386

Months: Apr 2022, May 2022, Jun 2022, Jul 2022, Aug 2022, Sep 2022, Oct 2022, Nov 2022, Dec 2022, Jan 2023, Feb 2023, Mar 2023, Apr 2023, May 2023, Jun 2023

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.

Legend:
- Billable Visits Per Workday (green)
- Target (red)
- Previous Year Billable Visits Per Workday (purple)

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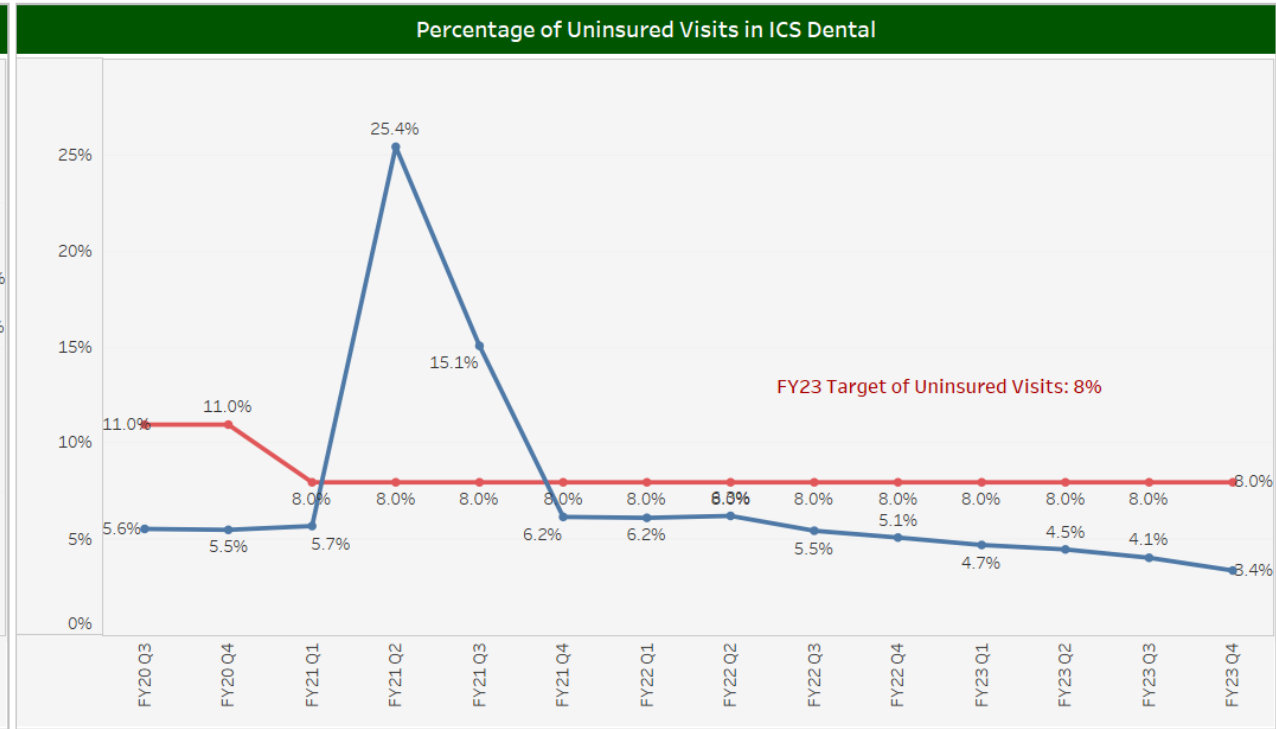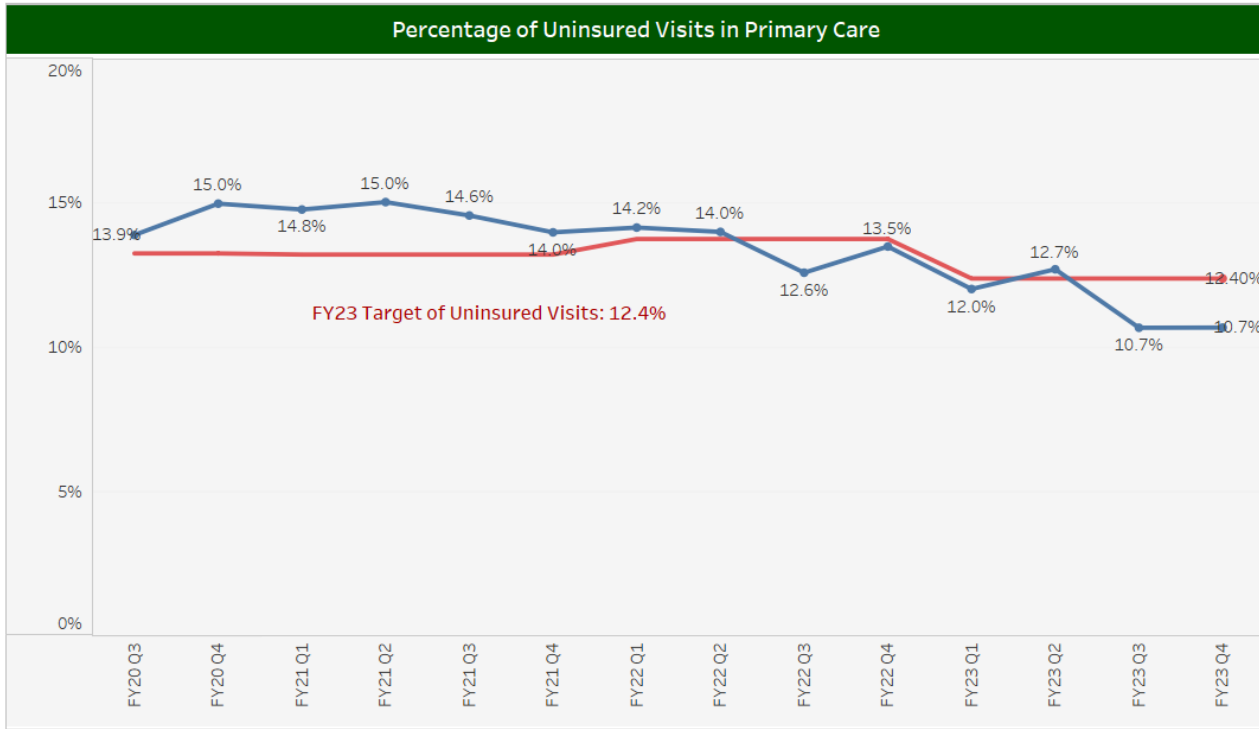
Primary Care Target % of Uninsured Visits for FY18: 16% | FY19: 13.25% | FY20: 13.27% | FY21: 13.23% | FY22: 13.77% | FY23: 12.40%
Dental Target % of Uninsured Visits for FY18: 12% | FY19: 14.85% | FY20: 11.00% | FY21: 08.00% | FY22: 08.00% | FY23: 08.00%
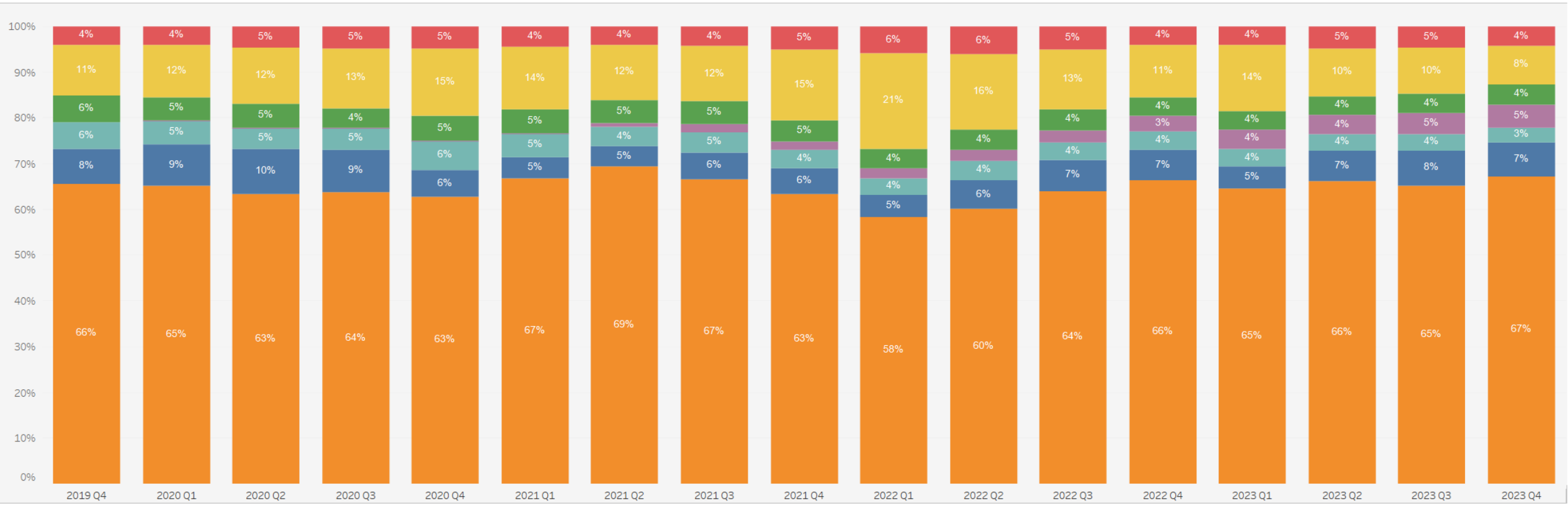
Payer Mix for ICS Primary Care Health Center

Multnomah County Community Health Center

Explanation

This report shows the percentage of total visits checked in to each payer for Primary Care (excludes SHC and HHSC).

This slide is not meant to assess "good performance," but to understand the changes in payer mix. Deviations (such as closure of a Medicaid plan or changes in plan preferred providers) may mean changes in revenue and should be reviewed and explained.

Payer (Definition): Who will be billed/charged for the visit, based on the account that the visit was checked in under.

Legend:
- Commercial
- Self Pay
- Medicare
- Trillium
- DMAP Open Card
- All Other Medicaid
- Care Oregon

Quarter	Commercial	Self Pay	Medicare	Trillium	DMAP Open Card	All Other Medicaid	Care Oregon
2019 Q4	4%	11%	6%		6%	8%	66%
2020 Q1	4%	12%	5%		5%	9%	65%
2020 Q2	5%	12%	5%		5%	10%	63%
2020 Q3	5%	13%	4%		5%	9%	64%
2020 Q4	5%	15%	5%		5%	6%	63%
2021 Q1	4%	14%	5%		5%	5%	67%
2021 Q2	4%	12%	5%		4%	5%	69%
2021 Q3	4%	12%	5%		5%	6%	67%
2021 Q4	5%	15%	5%		4%	6%	63%
2022 Q1	6%	21%	4%	4%	4%	5%	58%
2022 Q2	6%	16%	4%	4%	4%	6%	60%
2022 Q3	5%	13%	4%		4%	7%	64%
2022 Q4	4%	11%	4%	3%	4%	7%	66%
2023 Q1	4%	14%	4%	4%	4%	5%	65%
2023 Q2	5%	10%	4%	4%	4%	7%	66%
2023 Q3	5%	10%	4%	5%	4%	8%	65%
2023 Q4	4%	8%	4%	5%	3%	7%	67%

Family Care ceased operations FY18 2nd Quarter
Payer Mix for Primary Care Health Service Center shows the percentage of Patient Visits per Payer and per Quarter

# 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)

	Jul 2023	Aug 2023
Care Oregon Members	47,692	47,531
Monthly Diff in CO Members		(161)
% Care Oregon	88.5%	87.8%
Trillium Members	6,204	6,608
Monthly Diff in Trillium Members		404
% Trillium	11.5%	12.2%
Total Members	53,896	54,139
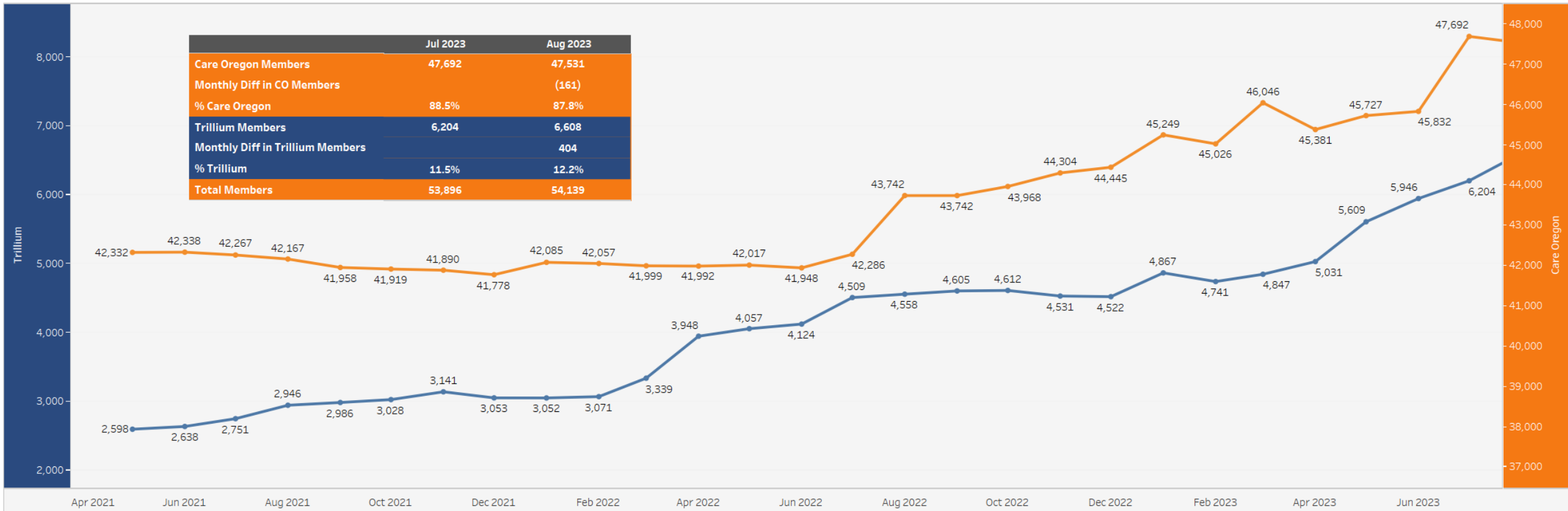
Trillium FY23 Avg:	2,142	Care Oregon FY23 Avg:	43,748

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Vacancy Report

**community health
center board**
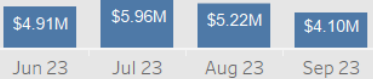
Multnomah County

	Total Vacant Positions
	125

Metric	#/Days/$	Explanation	Change	
Vacant Positions without Duplication				
Total Non Duplicated Vacancies	119	These are the total number of positions which are vacant and planned for recruitment.	Decrease	⬇
Non Duplicated: Not posted	49	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	52	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.	Decrease	⬇
Non Duplicated: Interview or Final Hire Stage	18	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)	158	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	31.36	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	$4,100,559	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	6	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	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:
$4.91M	$5.96M	$5.22M	$4.10M
Jun 23	Jul 23	Aug 23	Sep 23

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ICS: September 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	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	7/15/2023	48		Non duplicated: Interview or final hire stage
HD FQHC ICS Administration	Business Analyst	1	7/1/2023	62		Non duplicated: Not posted
HD FQHC Primary Care Administra	Case Manager 2	1	7/1/2023	62		Non duplicated: Not posted
HD FQHC ICS Administration	Case Manager 2	1	7/1/2023	62		Non duplicated: Not posted
HD FQHC ICS Administration	Case Manager 2	1	7/1/2023	62		Non duplicated: Not posted
HD FQHC ICS Administration	Clinical Services Specialist	1	7/1/2022	427	$175,479.45	Non duplicated: Not posted
HD FQHC HIV Clinic	Clinical Services Specialist	1	7/1/2023	62	$25,479.45	Non duplicated: Not posted
HD FQHC Student Health Centers	Clinical Services Specialist	0.83	8/24/2023	8	$2,728.77	Non duplicated: Posted for recruitment
HD FQHC Student Health Centers	Clinical Services Specialist	0.83	8/21/2023	11	$3,752.05	Non duplicated: Posted for recruitment
HD FQHC ICS Administration	Clinical Services Specialist	1	7/22/2022	406	$166,849.32	Non duplicated: Posted for recruitment
HD FQHC ICS Administration	Clinical Services Specialist	1	7/22/2022	406	$166,849.32	Non duplicated: Posted for recruitment
HD FQHC Student Health Centers	Clinical Services Specialist	0.75	8/22/2023	10	$3,082.19	Non duplicated: Posted for recruitment
HD FQHC Health Center Operation	Community Health Nurse	0.75	3/10/2023	175	$71,917.81	Non duplicated: Not posted
HD FQHC Primary Care Clinics	Community Health Nurse	0.5	7/1/2022	427	$116,986.30	Non duplicated: Not posted
HD FQHC HIV Clinic	Community Health Nurse	0.6	7/1/2023	62	$20,383.56	Non duplicated: Not posted
HD FQHC Health Center Operation	Community Health Nurse	0.75	8/29/2023	3	$1,232.88	Non duplicated: Not posted
HD FQHC HIV Clinic	Community Health Specialist 2	1	6/30/2023	63	$2,278.36	Non duplicated: Posted for recruitment
HD FQHC Dental	Dental Assistant (EFDA)	0.75	5/5/2023	119		Non duplicated: Not posted
HD FQHC Dental	Dental Assistant (EFDA)	0.37	12/5/2022	270		Non duplicated: Not posted
HD FQHC Dental	Dental Assistant (EFDA)	0.58	5/3/2021	851		Non duplicated: Not posted
HD FQHC Dental	Dental Assistant (EFDA)	1	8/5/2023	27		Non duplicated: Not posted
HD FQHC Dental	Dental Assistant (EFDA)	0.77	2/21/2023	192		Non duplicated: Posted for recruitment
HD FQHC Dental	Dental Assistant (EFDA)	1	8/1/2023	31		Non duplicated: Posted for recruitment
HD FQHC Dental	Dental Assistant (EFDA)	0.75	2/16/2023	197		Non duplicated: Posted for recruitment
HD FQHC Dental	Dental Assistant (EFDA)	0.55	8/12/2022	385		Non duplicated: Posted for recruitment
HD FQHC Dental	Dental Assistant (EFDA)	1	7/1/2023	62		Non duplicated: Posted for recruitment
HD FQHC Dental	Dental Assistant (EFDA)	0.75	5/4/2023	120		Non duplicated: Posted for recruitment
HD FQHC Dental	Dental Assistant (EFDA)	0.75	2/21/2023	192		Non duplicated: Posted for recruitment
HD FQHC Dental	Dental Assistant (EFDA)	1	4/10/2023	144		Non duplicated: Posted for recruitment
HD FQHC Dental	Dental Assistant (EFDA)	0.75	1/7/2023	237		Non duplicated: Posted for recruitment
HD FQHC Dental	Dental Hygienist	1	8/16/2023	16	$16,657.53	Non duplicated: Not posted
HD FQHC Dental	Dental Hygienist	0.75	7/21/2022	407	$317,794.52	Non duplicated: Posted for recruitment

HD FQHC Primary Care Clinics	Dental Hygienist	1	9/30/2022	336	$349,808.22	Non duplicated: Posted for recruitment
HD FQHC Dental	Dentist	0.75	6/30/2023	63		Non duplicated: Not posted
HD FQHC Dental	Dentist	0.75	9/1/2023	0		Non duplicated: Posted for recruitment
HD FQHC Health Center Operation	Eligibility Specialist	1	8/23/2022	374		Total duplicated, inactive vacancies
HD FQHC ICS Administration	Finance Specialist Senior	1	8/5/2021	757		Non duplicated: Not posted
HD FQHC ICS Administration	Finance Specialist Senior	1	8/16/2023	16		Non duplicated: Posted for recruitment
HD FQHC ICS Administration	Finance Supervisor	1	8/13/2021	749		Non duplicated: Not posted
HD FQHC Dental	Health Assistant 2	1	6/29/2023	64		Non duplicated: Interview or final hire stage
HD FQHC Primary Care Clinics	Licensed Community Practical Nurse	1	7/1/2023	62		Non duplicated: Not posted
HD FQHC ICS Administration	Management Analyst	1	8/28/2023	4		Non duplicated: Not posted
HD FQHC ICS Administration	Manager 1	1	3/6/2023	179		Non duplicated: Not posted
HD FQHC Primary Care Clinics	Medical Assistant	1	8/12/2023	20		Non duplicated: Interview or final hire stage
HD FQHC Primary Care Clinics	Medical Assistant	0.75	8/30/2023	2		Non duplicated: Interview or final hire stage
HD FQHC Pharmacy	Medical Assistant	1	7/1/2022	427		Non duplicated: Not posted
HD FQHC Lab	Medical Assistant	1	7/1/2022	427		Non duplicated: Not posted
HD FQHC Student Health Centers	Medical Assistant	0.75	7/1/2023	62		Non duplicated: Not posted
HD FQHC HIV Clinic	Medical Assistant	0.75	7/1/2023	62		Non duplicated: Not posted
HD FQHC Primary Care Clinics	Medical Assistant	0.75	9/1/2023	0		Non duplicated: Not posted
HD FQHC Primary Care Clinics	Medical Assistant	1	8/18/2023	14		Non duplicated: Not posted
HD FQHC Primary Care Clinics	Medical Assistant	1	8/22/2023	10		Non duplicated: Posted for recruitment
HD FQHC HIV Clinic	Medical Assistant	1	8/23/2023	9		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	1	5/16/2023	108		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	0.75	7/28/2023	35		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	1	6/22/2023	71		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	1	6/14/2023	79		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	1	3/27/2023	158		Non duplicated: Posted for recruitment
HD FQHC HIV Clinic	Medical Assistant	1	8/15/2022	382		Non duplicated: Posted for recruitment
HD FQHC HIV Clinic	Medical Assistant	1	6/14/2023	79		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	1	2/1/2023	212		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	0.75	8/30/2023	2		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	0.75	4/30/2022	489		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	1	2/6/2023	207		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	1	3/9/2023	176		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	0.75	3/20/2023	165		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	1	12/19/2022	256		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	0.75	3/14/2023	171		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	1	9/1/2023	0		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	1	3/6/2023	179		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	0.75	2/24/2023	189		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	0.75	4/24/2023	130		Non duplicated: Posted for recruitment
HD FQHC Lab	Medical Laboratory Technician	1	8/16/2023	16		Non duplicated: Not posted
HD FQHC Primary Care Clinics	Nurse Practitioner	0.8	5/21/2022	468	$333,369.86	Non duplicated: Interview or final hire stage

HD FQHC Primary Care Clinics	Nurse Practitioner	0.8	8/29/2023	3	$2,136.99	Non duplicated: Interview or final hire stage
HD FQHC Primary Care Clinics	Nurse Practitioner	1	8/26/2023	6	$5,342.47	Non duplicated: Interview or final hire stage
HD FQHC Primary Care Clinics	Nurse Practitioner	0.5	4/11/2022	508	$226,164.38	Non duplicated: Not posted
HD FQHC HIV Clinic	Nurse Practitioner	0.8	7/1/2023	62	$44,164.38	Non duplicated: Not posted
HD FQHC Primary Care Clinics	Nurse Practitioner	0.8	8/29/2023	3	$2,136.99	Non duplicated: Not posted
HD FQHC Primary Care Clinics	Nurse Practitioner	1	3/28/2023	157	$139,794.52	Non duplicated: Not posted
HD FQHC Primary Care Clinics	Nurse Practitioner	1	8/11/2023	21	$18,698.63	Non duplicated: Not posted
HD FQHC Primary Care Clinics	Nurse Practitioner	0.8	6/13/2023	80	$56,986.30	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Nurse Practitioner	0.8	8/29/2023	3	$2,136.99	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Nurse Practitioner	1	8/29/2023	3	$2,671.23	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Nurse Practitioner	0.8	6/14/2023	79	$56,273.97	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Nurse Practitioner	0.8	8/29/2023	3	$2,136.99	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Nurse Practitioner	1	9/30/2022	336	$299,178.08	Non duplicated: Posted for recruitment
HD FQHC Primary Care Administra	Nursing Development Consultant	1	6/4/2023	89		Non duplicated: Interview or final hire stage
HD FQHC Quality and Compliance	Nursing Director	1	2/17/2023	196		Non duplicated: Not posted
HD FQHC Primary Care Clinics	Office Assistant 2	1	7/21/2023	42		Non duplicated: Interview or final hire stage
HD FQHC Dental	Office Assistant 2	0.74	6/24/2023	69		Non duplicated: Interview or final hire stage
HD FQHC Dental	Office Assistant 2	0.75	7/5/2022	423		Non duplicated: Interview or final hire stage
HD FQHC Health Center Operation	Office Assistant 2	1	4/4/2023	150		Non duplicated: Interview or final hire stage
HD FQHC Dental	Office Assistant 2	0.75	6/3/2023	90		Non duplicated: Not posted
HD FQHC Quality and Compliance	Office Assistant 2	0.5	7/1/2023	62		Non duplicated: Not posted
HD FQHC Primary Care Clinics	Office Assistant 2	1	8/10/2023	22		Non duplicated: Not posted
HD FQHC Health Center Operation	Office Assistant 2	1	8/31/2023	1		Non duplicated: Not posted
HD FQHC Primary Care Clinics	Office Assistant 2	0.75	1/23/2023	221		Total duplicated, inactive vacancies
HD FQHC Dental	Office Assistant 2	1	2/6/2023	207		Total duplicated, inactive vacancies
HD FQHC Primary Care Clinics	Office Assistant 2	0.75	10/10/2022	326		Total duplicated, inactive vacancies
HD FQHC Dental	Office Assistant Senior	1	2/1/2023	212		Non duplicated: Interview or final hire stage
HD FQHC Health Center Operation	Operations Supervisor	0.75	6/19/2023	74		Non duplicated: Interview or final hire stage
HD FQHC Health Center Operation	Operations Supervisor	1	10/4/2022	332		Total duplicated, inactive vacancies
HD FQHC Pharmacy	Pharmacist	1	7/12/2023	51	$41,917.81	Non duplicated: Not posted
HD FQHC Pharmacy	Pharmacist	1	7/12/2023	51	$41,917.81	Non duplicated: Not posted
HD FQHC Pharmacy	Pharmacy Technician	1	6/20/2023	73		Non duplicated: Interview or final hire stage
HD FQHC Pharmacy	Pharmacy Technician	1	2/13/2023	200		Non duplicated: Not posted
HD FQHC Pharmacy	Pharmacy Technician	1	7/16/2020	1142		Non duplicated: Not posted
HD FQHC Pharmacy	Pharmacy Technician	1	2/22/2023	191		Non duplicated: Posted for recruitment
HD FQHC Pharmacy	Pharmacy Technician	1	8/30/2023	2		Non duplicated: Posted for recruitment
HD FQHC Pharmacy	Pharmacy Technician	1	9/1/2023	0		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Physician	0.6	7/31/2023	32	$21,961.64	Non duplicated: Interview or final hire stage
HD FQHC Primary Care Clinics	Physician	0.6	7/14/2023	49	$33,628.77	Non duplicated: Not posted
HD FQHC Primary Care Clinics	Physician	0.8	2/17/2023	196	$179,353.42	Non duplicated: Not posted
HD FQHC Primary Care Clinics	Physician	0.7	7/1/2022	427	$341,892.47	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Physician	1	10/1/2021	700	$800,684.93	Non duplicated: Posted for recruitment

HD FQHC Primary Care Clinics	Physician Assistant		1	8/25/2023	7	$6,731.51	Non duplicated: Interview or final hire stage
HD FQHC Quality and Compliance	Program Specialist		0.75	8/29/2023	3		Non duplicated: Not posted
HD FQHC Quality and Compliance	Program Specialist		1	8/29/2023	3		Non duplicated: Not posted
HD FQHC Primary Care Administra	Program Specialist		1	5/26/2020	1193		Total duplicated, inactive vacancies
HD FQHC Dental	Program Supervisor		1	7/17/2023	46		Non duplicated: Not posted
HD FQHC Health Center Operation	Program Supervisor		1	8/21/2023	11		Non duplicated: Posted for recruitment
HD FQHC ICS Administration	Project Manager Represented		1	10/21/2022	315		Non duplicated: Not posted
HD FQHC Quality and Compliance	Project Manager Represented		1	7/11/2023	52		Non duplicated: Not posted
HD FQHC Primary Care Clinics	Site Medical Director		0.9	6/5/2023	88		Non duplicated: Interview or final hire stage

Balance Sheets

community health
center board

Multnomah County

Year-end Budget Closeout in Progress