



Program #40017 - FQHC-Dental Services **FY 2026 Department Requested**

Department: Health Department **Program Contact:** Azma Ahmed
Program Offer Type: Operating **Program Offer Stage:** Department Requested
Related Programs:
Program Characteristics:

Program Description

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Over 60% of our patients identify as people of color, and more than 38% require interpretation with 59% of our patients indicating they are best served in a language other than English. This includes more than 100 different languages. 84% of our patients have Medicaid, 3% have no insurance, and 95% of our clients live below 200% of the Federal Poverty Level (FPL). All programs within the Health Center are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

- Seven dental clinics offer comprehensive and urgent dental treatment for both Medicaid and self-pay patients. These clinics proactively reach out to clients who have not had a visit in the past 12-24 months. The dental program focuses on fostering a collaborative learning environment for oral health, with a special emphasis on individuals such as children or clients with diabetes.
- The School and Community Oral Health (SCOH) Program delivers dental education and sealant services to children in Multnomah County schools. Additionally, the program conducts outreach, education, and dental treatment tailored for children aged 0-36 months through our clinic's Baby Day program ensuring that families are part of the oral health treatment.
- The program is also heavily involved in mentoring and training dental assistants, dental hygiene students, and dental students and residents. These individuals offer services under the guidance of our providers, contributing to the development of a workforce that is passionate about public healthcare. In FY 26, the dental program will persist in its internal workforce development initiative, encouraging and supporting individuals from the communities we serve to become dental assistants in our clinic system.

Dental services are a vital program addressing the needs of the poorest and most vulnerable in Multnomah County through education, prevention, and treatment. Our commitment to metrics benefits the community, ensures quality care, and maintains a sound financial outlook. The Dental program remains dedicated to finding efficient, evidence-based ways to deliver high-quality oral healthcare services to a broad audience.

Performance Measures

| Measure Type | Performance Measure | FY24 Actual | FY25 Budgeted | FY25 Estimate | FY26 Target |
|--------------|--|-------------|---------------|---------------|-------------|
| Output | Total Patients Visits. This measure describes the number of patient visits within the fiscal year. | 60,137 | 75,816 | 58,310 | 64,694 |
| Outcome | Increase access to workforce program graduates from the community we serve | 0 | 14 | 9 | 12 |

Performance Measures Descriptions

Output: Total Patients Visits. This measure describes the number of patient dental visits within the fiscal year. In addition to shoring up the financial viability of the dental program, increasing the number of encounters will be critical in light of the ongoing need to close race and ethnicity gaps in access to dental care.
Outcome: Dental assistant vacancies filled by workforce graduates following program completion.

Legal / Contractual Obligation

Dental services are a requirement of the Bureau of Primary Health Care 330 Grant. Dental complies with Coordinated Care Organizations (COO) contractual requirements as well as the Bureau of Primary Health 330 Grant (HRSA) and the Patient-Centered Primary Care Home (PCPCH) program. The Health Center is accredited under the Joint Commission and follows accreditation guidelines.

All costs and revenues generated by this program must also comply with the HRSA FQHC requirements.

Revenue/Expense Detail

| | Adopted General Fund | Adopted Other Funds | Department Requested General Fund | Department Requested Other Funds |
|-------------------------|-------------------------|------------------------|---|--|
| Program Expenses | 2025 | 2025 | 2026 | 2026 |
| Personnel | \$0 | \$22,485,698 | \$0 | \$23,300,959 |
| Contractual Services | \$0 | \$493,216 | \$0 | \$1,005,735 |
| Materials & Supplies | \$0 | \$2,171,922 | \$0 | \$1,902,938 |
| Internal Services | \$0 | \$7,472,419 | \$0 | \$7,770,340 |
| Total GF/non-GF | \$0 | \$32,623,255 | \$0 | \$33,979,972 |
| Program Total: | \$32,623,255 | | \$33,979,972 | |
| Program FTE | 0.00 | 122.09 | 0.00 | 123.99 |

| Program Revenues | | | | |
|---------------------------|------------|---------------------|------------|---------------------|
| Intergovernmental | \$0 | \$312,000 | \$0 | \$312,000 |
| Other / Miscellaneous | \$0 | \$3,640,582 | \$0 | \$2,541,371 |
| Beginning Working Capital | \$0 | \$2,237,133 | \$0 | \$6,080,499 |
| Service Charges | \$0 | \$26,433,540 | \$0 | \$25,046,102 |
| Total Revenue | \$0 | \$32,623,255 | \$0 | \$33,979,972 |

Explanation of Revenues

This program generates \$3,594,819 in indirect revenues.
The primary source of revenue is Medicaid payments and patient fees.

\$6,080,499 - FQHC - Dental Services BWC
\$ 25,046,102 - Dental Patient Fees
\$ 312,000 - Federal Primary Care (330) Grant
\$2,541,371 - Non-Governmental Grants

Significant Program Changes

Last Year this program was: FY 2025: 40017 FQHC-Dental Services

Dedicated FTE has been allocated for continuation of the workforce development program. Projected patient encounters have been carefully adjusted to 64,694 in FY26, reflecting anticipated demand, staffing levels, contractual obligations, and historical no-show rates. Positions added to support program objectives include the following: 1.0 FTE Dentist (East County Dental) & 1.0 FTE Program Supervisor (Workforce Development). Dental contractual services have increased due to the use of contracted staff, agency staff to backfill for staffing vacancies and to improve access. Internal services costs have increased due to increased IT cost and device inventory reconciliation. Supply costs decreased from FY25 as a result of supplies having been purchased in FY25 in preparation for the opening of the Fernhill Health Center in FY26.