| Multnomah<br>County                      |                           |                      |                              |
|--|---------------------------|----------------------|------------------------------|
| Program #40027 - FQH0                    | C-Southeast Health Clinic |                      | FY 2026 Department Requested |
| Department:                              | Health Department         | Program Contact:     | Nick Tipton                  |
| Program Offer Type:<br>Related Programs: | Operating                 | Program Offer Stage: | Department Requested         |
| Program Characteristic                   | s:                        |                      |                              |

## **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.

Southeast Health Center (SEHC) is a Patient Centered Medical Home. This model includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services, medication assisted therapy and collaboration with community partners. SEHC provides comprehensive, culturally appropriate services that include:

- Primary care services, including treatment of acute and chronic illnesses, behavioral health, family planning, prenatal and preventive services (well child, immunizations)
- Integrated pharmacy, dental, and lab services; and
- Enabling services including Medicaid eligibility, interpretation, transportation, case management and health education.

A key population that SEHC serves is the homeless population that continues to grow in the SEHC region. We utilize wrap around services for our clients experiencing houselessness that include intensive case management/navigation services, addressing food insecurities (food banks, community supported agriculture partnerships for health with local farms), and referrals to community partnerships. In early 2024, the Medical Mobile Van was added to bring medical and dental services out into the community. The program largely served unstably housed community members or individuals and families with barriers to care. Behavioral Health and case management services were added to the program late 2024.

| Performance Measures              |   |                |                  |                  |                |  |
|-----------------------------------|---|----------------|------------------|------------------|----------------|--|
| Measure<br>Type                   | Performance Measure                                 | FY24<br>Actual | FY25<br>Budgeted | FY25<br>Estimate | FY26<br>Target |  |
| Output                            | Number of SEHC Patients Served                      | 3,761          | 3,600            | 3,900            | 3,900          |  |
| Output                            | Number of SEHC patient visits                       | 12,564         | 11,663           | 13,210           | 13,521         |  |
| Output                            | Number of mobile clinic visits (medical and dental) | 422            | 3,500            | 600              | 3,392          |  |
| Performance Measures Descriptions |   |                |                  |                  |                |  |

Outputs measure the number of SEHC patients and visits during FY26 in comparison to previous years. Outputs measure for the Mobile Van includes medical and dental visit numbers during FY26 in comparison to previous years. Previous years actual numbers for the Mobile Van are reflective of the unit being in the shop with frequency shortly after having launched the program and throughout the year as well as the program's inability to hire the Dental Hygienists position.

The Health Center complies with CLIA (Laboratory accreditation) requirements, Coordinated Care Organizations (CCO) contractual requirements, compliance with 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 (TJC) and follows accreditation guidelines.

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

| Revenue/Expense Detail |                         |                        |   |  |  |
|------------------------|-------------------------|------------------------|---|--|--|
|                        | Adopted<br>General Fund | Adopted<br>Other Funds | Department<br>Requested<br>General Fund | Department<br>Requested<br>Other Funds |  |
| Program Expenses       | 2025                    | 2025                   | 2026                                    | 2026                                   |  |
| Personnel              | \$0                     | \$4,888,206            | \$0                                     | \$5,324,051                            |  |
| Contractual Services   | \$0                     | \$82,314               | \$0                                     | \$424,083                              |  |
| Materials & Supplies   | \$0                     | \$220,985              | \$0                                     | \$384,584                              |  |
| Internal Services      | \$0                     | \$1,444,209            | \$0                                     | \$1,656,209                            |  |
| Total GF/non-GF        | \$0                     | \$6,635,714            | \$0                                     | \$7,788,927                            |  |
| Program Total:         | \$6,63                  | \$6,635,714            |   | \$7,788,927                            |  |
| Program FTE            | 0.00                    | 29.20                  | 0.00                                    | 28.60                                  |  |

| Program Revenues  |     |             |     |             |
|-------------------|-----|-------------|-----|-------------|
| Intergovernmental | \$0 | \$1,362,679 | \$0 | \$1,366,158 |
| Service Charges   | \$0 | \$5,273,035 | \$0 | \$6,422,769 |
| Total Revenue     | \$0 | \$6,635,714 | \$0 | \$7,788,927 |

## **Explanation of Revenues**

This program generates \$834,812 in indirect revenues. Southeast Health Clinic is supported by the federal BPHC grant, Medicaid/Medicare and other medical fees.

Federal: \$ 166,500 - Federal Primary Care (330) grant

Federal: \$ 761,431 - Federal Primary Care/Homeless grant(330)

Federal: \$ 438,227 - Mobile Van Services(330)grant

\$ 127,154 - Charges for Services (Patient Fees)

\$ 6,295,615 - FQHC PC Mcaid/Mcare FFS, WRAP, APM

## Significant Program Changes

Last Year this program was: FY 2025: 40027 FQHC-Southeast Health Clinic

The Southeast Health Center has added a 1.0 FTE medical assistant to this year's budget. The previous medical assistant to-primary care provider ratio of 1.0:0.8 FTE did not allow for adequate coverage.

A 1.0 FTE OA2 has been added to the budget due to increased patient volume and the need for additional work completed by the Office Assistants prior to the patient visit with insurance verification and registration.

The Mobile Health Clinic is the recipient of a grant aimed at expanding behavioral health services and entry in to care for medication for opioid use disorder (MOUD) treatment. This adds a behavioral health provider and peer support specialist as well as case management staff to the program during the two year grant period.