

**Department:** Health Department

**Program Contact:** Bernadette Thomas

**Program Offer Type:** Operating

**Program Offer Stage:** Adopted

**Related Programs:**
**Program Characteristics:**
**Executive Summary**

Integrated Clinical Services (ICS) is the largest Federally Qualified Health Center (FQHC) in Oregon, providing high-quality, patient-centered health care and related services to communities across Multnomah County. The Clinical Director's Office ensures that all clinical staff have the necessary training, skills and knowledge to practice safely and competently. Additionally, it ensures safe, cost effective patient care and ensures that providers are trained in health equity to meet of our shared goals of eliminating health disparities in access to care and health care outcomes.

**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. Nearly seventy percent (70%) of our patients identify as people of color, and more than 40% are best served in a language other than English, including more than 100 different languages. Nearly ten percent (10%) of our patients have no insurance, and 95% of our clients live below 200% of the Federal Poverty Guideline. All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare. Primary functions of this program include:

- Develops and oversees strategic initiatives to improve care quality, achieve health equity, safety, cost effectiveness, and access; develops and implements patient care guidelines, policies, procedures, including the Health Center's response to COVID-19; Represents and advocates for the care of the clients served at Multnomah County Community Health Centers to external stakeholders such as the Oregon Health Authority, Coordinated Care Organizations (Medicaid payors) to ensure that health care funding meets the needs of the community; Recruits, hires health care providers (pharmacists, dentists, physicians, nurse practitioners including psychiatric nurse practitioners, physician's assistants), credentials and monitors provider performance; oversees medical ,nursing and integrated behavioral health; Ensures that patient care meets all rules, regulations and standards set forth by regulatory agencies including the Joint Commission (TJC), contractors, grantors and accrediting agencies. This required element ensures safety, quality of care, as well as to keep HRSA grant funding intact. Accountable for legal conformance, quality and safety of patient care, need-based and scientifically justified service design, and efficient use of public funds. This includes Joint Commission (TJC), HRSA, PCPCH, Reproductive Health Grants, and consultation with HIV services on Ryan White grant; Supervises Site Medical Directors, the Behavioral Health and Addictions Manager, Primary Care Medical Director and Deputy Medical Director, Pharmacy Director, and Dental Director to achieve the above items.

**Performance Measures**

Measure Type	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	80% of primary care providers are maintaining and serving their maximum panel size	72%	80%	84%	80%
Outcome	Maintain compliance with regulatory and licensing standards/boards	99%	100%	100%	100%
Output	Increase # of patients seen in the past year calendar year (unique patients) to pre-covid numbers	53,000	55,000	53,000	57,000
Quality	Achieve 1sts Quartile for UDS Quality Metrics	10%	25%	25%	50%

**Performance Measures Descriptions**

Clinical quality metrics related to cancer screenings, disease management, and more.

## Legal / Contractual Obligation

Oregon State Board of Nurses, Oregon State Medical Board, Medicaid and Medicare rules and regulations, Joint Commission on Accreditation of Healthcare Organizations, HRSA 330 Primary Care grant compliance, stipulations of multiple federal and state grants, and CCO contractual obligations.

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	Adopted General Fund	Adopted Other Funds
Program Expenses	2024	2024	2025	2025
Personnel	\$0	\$1,317,565	\$0	\$1,374,020
Contractual Services	\$0	\$106,000	\$0	\$168,000
Materials & Supplies	\$0	\$112,408	\$0	\$111,718
Internal Services	\$0	\$308,574	\$0	\$372,041
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$1,844,547</b>	<b>\$0</b>	<b>\$2,025,779</b>
<b>Program Total:</b>	<b>\$1,844,547</b>		<b>\$2,025,779</b>	
<b>Program FTE</b>	0.00	3.00	0.00	3.00

Program Revenues				
Intergovernmental	\$0	\$116,413	\$0	\$115,115
Other / Miscellaneous	\$0	\$278,000	\$0	\$610,534
Beginning Working Capital	\$0	\$200,000	\$0	\$0
Service Charges	\$0	\$1,250,134	\$0	\$1,300,130
<b>Total Revenue</b>	<b>\$0</b>	<b>\$1,844,547</b>	<b>\$0</b>	<b>\$2,025,779</b>

## Explanation of Revenues

This program generates \$232,346 in indirect revenues.  
The Clinical Directors Office is funded with State grants and patient revenue.

State: \$ 115,115 - Federal and State family Planning  
\$ 1,300,130 - FQHC Medicaid Wraparound(charges for services) APM  
\$ 100,000 - Medicaid Quality and Incentives  
\$ 510,534 - Shared Accountability Model

## Significant Program Changes

Last Year this program was: FY 2024: 40030 FQHC-Clinical Director