![Multnomah County logo]

Program #40102 - FQHC Allied Health   3/7/2022

Department:	Health Department	**Program Contact:**	Kevin Minor
Program Offer Type:	Existing Operating Program	**Program Offer Stage:**	As Requested
Related Programs:			
Program Characteristics:	In Target		

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. ICS's Allied Health (AH) programs include Integrated Behavioral Health (AH-IBH) and Community Health Workers (AH-CHW) teams across our health center, and offers culturally responsive, goal-oriented, trauma-informed behavioral health and community outreach services, centered on race and equity. AH serves low-income, uninsured, underinsured populations, and people experiencing houselessness, mental illness and other barriers that may impact their overall health and wellness and is a critical part of our safety net services for the community.

Program Summary

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 sixty percent 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 15% 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.

All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare. The majority of our Health Centers clients represent historically underserved BIPOC (Black, Indigenous, People of Color) communities and vulnerable populations. In order to serve clients where they're at, AH teams reflect these populations, including a majority of staff who are bilingual and bicultural, and lived experience similar to our clients. Integration between AH-IBH and AH-CHW is core to our program.

AH-IBH offers mental health assessment, diagnosis and brief evidence-based psychotherapy, long term mental health support and peer support for patients experiencing complex medical, mental health, and/or substance use disorders. As part of the primary care medical team, AH-IBH provides consultation and education regarding psychosocial treatments and specific behavioral issues or barriers that arise related to a patient's health issues. Services are provided via telehealth, telemedicine, in-person visits in coordination with field services provided by our AH-CHW team.

AH-CHW serves clients who experience barriers to care that would keep them from achieving their health goals and optimal health outcomes, and are able to give clients the time needed to open up, providing more personal information and expressing their needs. Our CHWs work with clients on the Social Determinants of Health (SDoH) and Health Education/Promotion. In addition to direct client services, SDoH work includes establishing partnerships in the community. CHWs serve as bridge-builders and liaisons with case managers and other client advocates and facilitate Health Education/Promotion.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	AH-IBH Individual Patients Served	2,500	3,709	3,709	7,324
Outcome	AH-IBH Number of encounters completed	9,855	10,864	10,864	19,548
Output	AH-CHW Individual Patients Served	N/A	N/A	8,188	12,976
Outcome	AH-CHW Number of encounters completed	N/A	N/A	8,188	12,976

Performance Measures Descriptions

Output: Individual Patients Served. This measure describes the number of unique clients who received IBH and CHW services within the last 12 months.

Outcome: This is the total number of in person, telemed and phone encounters completed with one of our Allied Health Providers. This includes offsite or home visits specific to the CHW providers.

Legal / Contractual Obligation

Our Community Health Centers comply with CLIA (Laboratory accreditation) requirements, 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.
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	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$1,156,209	$0	$0	$4,448,916
Contractual Services	$1,000	$0	$0	$140,500
Materials & Supplies	$7,025	$0	$0	$60,060
Internal Services	$154,007	$0	$0	$1,020,138
Total GF/non-GF	**$1,318,241**	**$0**	**$0**	**$5,669,614**
Program Total:	**$1,318,241**		**$5,669,614**	
Program FTE	10.30	0.00	0.00	34.47

Program Revenues				
Intergovernmental	$0	$0	$0	$299,862
Other / Miscellaneous	$1,318,241	$0	$0	$1,437,960
Service Charges	$0	$0	$0	$3,931,792
Total Revenue	**$1,318,241**	**$0**	**$0**	**$5,669,614**

Explanation of Revenues

This program generates $597,936 in indirect revenues.
This program is support by medical fee and related Medicaid incentive and quality based incentive funds.

$ 3,931,792 - Medicaid Fees
$ 1,437,960 - Medicaid Quality and Incentives
$ 299,862 - Federal Primary Care grant PC 330

Significant Program Changes

Last Year this program was:

COVID-19 pandemic has changed the delivery of Allied Health care in terms of telehealth, telemedicine and in person care. The CHW Program remains heavily involved in Covid Wraparound Services such as food distribution and medication deliveries. COVID-19 has also significantly impacted the demand for Allied Health services while also creating an access crisis.