Community Health Council

Community Health Council Board Meeting Minutes
Date: Monday, April 9, 2018
Time: 6:00 PM
Location: McCoy Building, 10th Floor Conference Room

Approved: **Recorded by:** Erin Halton

Attendance:

Board Members	Title	Y/N
Fabiola Arreola	Board Member	Y
Sue Burns	Member-at-Large	Y
Robyn Ellis	Board Member	Y
Tara Marshall	Chair	Y
Pedro Sandoval Prieto	Member-at-Large	Y
Wendy Shumway (attended via tech-did not vote)	Vice-Chair	Y
Iris Hodge	Board Member	Y
Staff	**Title**	**Y/N**
Vanetta Abdellatif	Interim Health Department Co-Director	Y
Hasan Bader	Finance Project Manager	Y
Lucia Cabrejos	Interpreter, Passport to Languages	Y
Adriana Cardenas	CHW North Portland	Y
Adrienne Daniels	ICS Deputy Director	Y
Tony Gaines	Southeast Health Center Manager	Y
Erin Halton	Community Health Council Meeting Support	Y
Toni Kempner	HIV-Health Services Center Manager	Y
Ritchie Longoria	Director of Pharmacy and Lab Services	Y
Mark Lewis	Interim Business Services Director	Y
Linda Niksich	Community Health Council Liaison	Y
Christine Palermo	Dental Program Manager	Y
Blanca Perez	CHW North Portland	Y
Debbie Powers	Rockwood Health Center Manager	Y
Ray Sindell	La Clínica de Buena Salud Manager	N
Rebecca Stavenjord	Commissioner Stegmann's Chief of Staff	Y
Commissioner Lori Stegmann	Commissioner Representing District 4	Y
Tasha Wheatt-Delancy	Primary Care Services Director	Y
Lynne Wiley	East County Health Center Manager	Y

Angela Wright	**Mid County Health Center Manager**	**Y**

Guests: David Aguayo, Tanya Cherones, Jon Cole, Myranda Harris, Joyce Holland, Chanda McClure, Susana Mendoza, Kaitlin Nordby, Harold Odhiambo

Action Items:

-

Decisions:

- Approved the March 2018 Board Meeting Minutes
- Accepted the Monthly Budget Report
- Approved the Corrected Community Health Center Budget
- Approved the Document Change for Lab Services
- Accepted the ICS/Strategic Plan updates
- Approved the Membership of New Board Member, Jon Cole
- Approved Budget Testimony for FY19
- Accepted the Nominating and Executive Committee Reports

The meeting was called to order at 6:03pm by Chair, Tara Marshall.

The Meeting Ground Rules were presented by Chair, Tara Marshall.

Noted that quorum was met.

March 2018 Meeting Minutes Review

No questions or comments were raised by CHC members.

Motion by Pedro to approve the March 2018 Meeting Minutes.
Seconded by Sue.
5 aye; 0 nay; 0 abstain
Motion carries

Welcome Commissioner Stegmann

Tara introduced Commissioner Lori Stegmann. Commissioner Stegmann said she was excited to attend, especially with her chief of staff who has a long history with the county. She acknowledged CHC has a critical component as co-applicant board. She noted that she grew up in the Rockwood neighborhood and is very familiar with the issues facing East County residents. She recalled the Eagle Creek fire over the summer. She said when she ran for office her priorities were housing, jobs and public safety, and she is working on strategies to support all three. The East County Caring

community convenes monthly and last year she supported an amendment for the addition of health clinics in Reynolds and Gresham, and parties are getting closer to reaching an agreement on medical partnership.

Commissioner Stegman talked about the striking difference between "West" and "East" Multnomah County. She said with regard to health care access in East Multnomah County, there is a gap that the MCHD health clinics helps to fill. Insurance costs are so out of reach for many people, and she looks forward to the CHC shaping the future of the health clinic additions in the local school districts.

Questions and comments raised by CHC members:

- Sue asked Commissioner Stegman whether she thinks we may need to choose to move forward with only one district?
    - Commissioner Stegmann said that as we are experiencing a budget deficit and 2% reduction for this year, she would be thrilled to see a way for both districts to be funded.
- Tara said the CHC looks forward to partnering to improve conditions.
    - Commissioner Stegmann said feel free to reach out to her staff so that she can come forward and support the work of the CHC.
- Vanetta reminded all that the CHC has the decision making responsibility of opening, closing or adjusting hours for each clinic - and funding for the new health centers is a true patchwork of funding sources.

The Budget Report through February 2018
(See Document - Monthly Dashboard-February 2018)

Mark Lewis, Interim Director of Business Operations, reviewed average billable visits per workday. Still tracking below target. He said that for next FY, there will be a ramp up of billable hours. Mark noted that a recent re-determination led to fewer Oregon Health Plan members qualifying as a "payer" due to being above the income requirements. Member assignments slide showed detail of an increase due to Family Care closing doors. Mark said not all expense data are collected yet and he expects will end up close to projected.

Questions and comments raised by CHC members:

- Tara asked what Capital Outlay is?
    - Mark answered that capital outlay includes the dental clinic expansion.

No other questions or comments were raised by CHC members.

Motion by Sue to accept the Budget Report
Seconded by Iris
5 aye; 0 nay; 0 abstain
Motion carries

(CHC Member Robyn Ellis Arrives)

The Corrected Community Health Center Budget
(See Documents - Presentation Summary: Community Health Center Budget, Budget Narrative and Justification, and GY 2018 MCHD-Detailed Budget Justification)

Hasan Bader introduced himself and said he has been working on the Health Center Budget for about 16 years. He addressed the specific actions taken to add detail to the presentation of the budget, per recommendations that stemmed from the recent HRSA visit. Hasan shared a budget narrative divided into a few sections.; he used a budget timeline of grant calendar year, and at the end of calendar year a UDS report is produced. Vanetta noted that the federal HRSA grant amount is $9.5 million dollars.

Questions and comments raised by CHC members:

- Iris asked what the incentives are?
  - Hasan said the incentives are from Care Oregon
- Sue said she didn't see acknowledgement that Family Care closed.
  - Hasan said that Family Care closed at the end of January, which was before this budget was drafted.
  - Vanetta clarified that the detail listed here are for the budget already approved, per the HRSA recommendation that more detail be shared with CHC members.
- Hasan noted that visits can be billable or non-billable
- Pedro asked about the "other" dollars.
  - Hasan and Vanetta clarified that it could be Indian health services or other federal state and local entities.

No other questions or comments were raised by CHC members.

Motion by Pedro to accept the Corrected Community Health Center Budget
Seconded by Iris

6 aye; 0 nay; 0 abstain
Motion carries

Change in Lab Services Documentation
(See Document - Presentation Summary: Change in Scope Request - Laboratory Service Documentation and HRSA Form 5A)

Lab Services Director Ritchie Longoria shared a summary of the service type and delivery methods for required services. He said there is no change to pricing, just an "x" added to reflect that the document reflects what the lab is already doing.

No questions or comments were raised by CHC members.

Motion by Pedro to approve the Change for Lab Services Documentation
Seconded by Fabiola
6 aye; 0 nay; 0 abstain
Motion carries

ICS/Strategic Plan and HD Updates
ICS Director and Co-Interim Health Department Director, Vanetta Abdellatif, provided ICS/Strategic Plan updates as they relate to the ICS Values.

Person-Centered and Culturally Relevant
Approved a request to apply for a grant for ED reduction at Rockwood and Southeast Health Centers; they are using program called Premanage that allows staff to receive an alert when a client they are tracking is using emergency services. It will be a fifteen month project and April is the 2 month mark.

Questions or comments raised by CHC members:

- Sue asked what will do with information?
  - Debbie Powers, Rockwood Clinic Manager, said that Premanage helps track how many clients are going to the ER, and we want to work to see the numbers go down and staff can then draw a connection to our clinics and services as part of the reason why.
  - Tony Gaines, Southeast Clinic Manager, noted that Rockwood has a focus on pediatrics and the focus at Southeast is on persistent mental illness.

Engaged, Expert and Diverse Workforce
Board development is ongoing, along with development and training for the health

center managers and supervisors. ICS has engaged a consultant named Kimberly McNally; she is going to lead the CHC retreat on Saturday June 16th and while she is in town she will provide additional training for health center leadership.

Fiscally Sound and Accountable
Vanetta said the Family Care transition happened quickly and ICS put together a team of staff that are working to try to continue the aspects that were working well at Family Care.

Questions or comments raised by CHC members:

- Sue asked whether we are losing clients that were assigned to us, or are we not getting the expected number of potential patients?
  - Vanetta said it has been both; some patients have been assigned and seen by us, but have not returned. We also have fewer new assignments to us than we had anticipated (about 9800.)
  - Clinic Managers present said they observed less confusion amongst former Family Care patient.
- Tara asked if there are families enrolling as well?
  - Vanetta said yes, families are enrolling -- and she added that MCHD can count them as assigned/seen for dental services as well.

Quality and Safety
The North Portland Health Center Phase 5 will be completed at the end of May; the clinic will be closed on Monday April 23rd for a sewer repair.

Joint Commission was here for their survey on March 12-15th; the survey team visited with multiple clinics and service areas. No critical issues were discovered and plans are underway for the areas that need minor corrections.

The State of Oregon will be visiting North Portland Health Center tomorrow, April 10th.

Motion by Sue to accept the ICS Strategic Plan and HD Updates.
Seconded by Fabiola
6 aye; 0 nay; 0 abstain.
Motion carries

New Member Candidate
Jon Cole was recommended to the Executive Committee for nomination to the board by the nominating committee.
(Jon was excused from the room in order to conduct the new membership ballot vote)

Nominating Committee Update:

- Tara said the committee met on March 22nd
- Committee decided to recommend Jon Cole for nomination to the board.
- Reminder to guests that they must attend 3 meetings and interested parties are to contact Tara or Linda for more information on board membership.

No questions or comments were raised by CHC members.

Executive Committee Update:

- Tara said they met on March 26th
- Crafted agenda for this meeting
- Discussed history of Patient Advisory Groups

No questions or comments were raised by CHC members.

VOTE RESULTS:
Unanimous approval for Jon Cole.

Approve Budget Testimony
Tara shared the statement that she will read before the Board of County Commissioners on May 16, 2018:

Good morning, Chair Kafoury and Commissioners, and thank you for the chance to address you this morning. My name is Tara Marshall and I am the Chair of the Community Health Council.

First I would like to thank you, Chair Kafoury, for coming to our February CHC Public Meeting to discuss the budget with us during another difficult budget season. I would also like to thank each Commissioner for your leadership and continued support of our Health Center and universal health care access, it is very important to us as the governing body for the Health Center and the clients we serve.

As you are aware, the Council is a federally-mandated board. We share governance responsibility with the Board of Commissioners. We appreciate our partnership with you to provide vital healthcare services to the people of Multnomah County.

The Community Health Council's mission is the same as the Integrated Clinical Services Mission: "Providing services that improve health and wellness for individuals, families, and our communities."

Our basic responsibilities are:
- *to preserve the mission,*
- *establish and monitor Health Center policy,*
- *ensure that Health Center finances are properly managed,*
- *select, evaluate and support the Director of Integrated Clinical Services,*
- *monitor and evaluate Health Center and Council performance,*
- *and plan for the long-range future of the Health Centers.*

I am representing the Council today to provide testimony about the FY19 budget. I will share our perspective on how it affects services for the approximately 71,000 clients, who are among the most vulnerable residents of Multnomah County, that are served each year.

The Community Health Council is made up of a majority of consumers of the health centers; meaning that we are mostly clinic patients.

We meet monthly to monitor the clinics' performance, compliance with health center policies and to ensure access for our community and patients in need.

Our focus is on our patients. We work closely with Vanetta Abdellatif, who leads the Health Centers, and have a good relationship with the County and are proud to serve.

The federal government requires that the Council shares responsibility to approve the health center's budget and regularly review financial performance. We approve the Health Center's budget annually and continue to monitor financial performance on a monthly basis.

I would like to share our recommendations for the fiscal year 2019 budget you are considering. There are three areas I want to highlight:
- *Number one: I will speak first about our Federally Qualified Health Center, or FQHC, status. We do not want to see the County risk its FQHC status and its ability to earn federal dollars.* ***This is important for our community.***

Federal funding requires that County health centers have a certain level of care within the clinic system. Due to continued population growth, the demand for health services in our schools and clinics is increasing at alarming rates. Adding insult to injury, rising income inequality and reduced access to affordable housing makes our services that much more important to our residents.

We wish to continue to work towards reducing health disparities, promoting racial

justice and transforming the health of our community, especially for those who have historically been underserved.

We are pleased that in the past, we have not been in danger of losing federal grants. However, with the current Federal Administration in place, we are concerned about what that means for the future of our Health Centers. We continue to have very strong performance and provide good care to patients and work diligently to comply with the FQHC requirements. If reductions in local resources deepen, we are concerned about the impact on our FQHC status.

We urge you to try to maintain, as much as possible, current service levels and support the health center system. Our patients need us now more than ever in this uncertain health care climate. Our ability to provide care for the most vulnerable residents of Multnomah County is dependent upon our ability to continue receiving the federal dollars that require us to maintain our FQHC status. And now more than ever, we cannot afford to lose this money.

- *Number two: Uninsured patients. Our health centers continue to serve hundreds of uninsured people every day; clients that are some of our *most* vulnerable. Even with the Affordable Care Act/Obamacare continuing, uninsured people still remain in our community. We are required - and are happy - to serve those patients. Council members want to make sure that we continue to have the ability to do so, especially if the Affordable Care Act takes any more hits and many of our patients end up losing coverage. With the closure of FamilyCare, we are working hard to help transition our affected clients to health plans we contract with and our health center providers in order to provide uninterrupted care. For this reason we want to continue to partner with you to maintain, as much as possible, current service levels for the health centers.*

- *Number three: Student Health Centers. We are asking for one time only funding to support staff that will assure the transition of services and clients of K-8 and middle school SHCs to the nearest high school SHC or other Multnomah Health Primary Care site. This change will increase efficiency and sustainability into the future. We have been working very closely with Student Health Center leadership to make sure that K-8 and middle school students currently served at their schools will have access to other quality High School or Primary Care sites, nearby, without interruption of care. These difficult decisions are never easy, but we are confident that every student will be served.*

In closing I would like to invite each one of you to visit our monthly Community Health Council co-applicant Board meeting. My Council colleagues and I look forward to partnering in the future to improve access to quality health services for the residents of

Multnomah County.

On behalf of the Community Health Council and the people served in our county's health centers, I thank you for your leadership for our community.

Motion by Fabiola to approve the Committee Updates and Proposed Budget Testimony.
Seconded by Sue.
6 aye; 0 nay; 0 abstain.
Motion carries

Meeting Evaluation:

- Food was good
- Glad to see Directors and Health Center Managers present
- Thankful for the budget discussion
- Thankful to see so many guests
- Welcome to new CHC Member Jon Cole
- Glad to see former CHC Chair Harold

Meeting Adjourned at 7:50 pm.

Signed: _____ **Date:** 5/15/2018

Tara Marshall, Chair

Community Health Council
Public Meeting Agenda

Monday, April 9, 2018
6:00-8:00 pm
McCoy Building: 426 SW Stark St., 10th Floor

Integrated Clinical Services Mission: "Providing services that improve health and wellness for individuals, families, and our communities."

Our Meeting Process Focuses on the Governance of Community Health Centers -Use Group Agreements (in English and Spanish) located on name tents -Meetings are open to the public -**Guests are welcome to observe** -Use timekeeper to focus on agenda -Use note cards for questions/comments outside of agenda items and for guest questions
Council Members Fabiola Arreola; Sue Burns (Member-at-Large); Robyn Ellis; Iris Hodge; Tara Marshall (Chair); Pedro Sandoval Prieto (Member-at-Large); Wendy Shumway (Vice-Chair)

Item	Process/Who	Time	Desired Outcome
Call to Order/Welcome	• Call meeting to order; Chair, Tara Marshall • Introductions	6:00-6:05 (5 min)	Review meeting processes and agenda
Minutes **VOTE REQUIRED**	• Review and approve March CHC Public Meeting Minutes	6:05-6:10 (5 min)	Council votes to approve and Chair signs for the record
Welcome Commissioner Stegmann	• Chair, Tara Marshall • Short Discussion	6:10-6:20 (10 min)	Chair to lead in short discussion with Commissioner Stegmann
Monthly Budget Report **VOTE REQUIRED**	• Interim Director of Business Operations, Mark Lewis	6:20-6:30 (10 min)	Council discussion and vote to accept report

Corrected Community Health Center Budget **VOTE REQUIRED**	• Finance Project Manager, Hasan Bader and Interim Director of Business Operations, Mark Lewis	6:30-7:00 (30 min)	Council discussion and vote
BREAK	• All	7:00-7:10 (10 min)	Meet and greet
Lab Services Docs Approval **VOTE REQUIRED**	• Pharmacy and Lab Services Director, Ritchie Longoria	7:10-7:20 (10 min)	Council Discussion and vote
ICS/Strategic Plan UPdates **VOTE REQUIRED**	• Co-Interim Health Department Director and ICS Director, Vanetta Abdellatif	7:20-7:30 (10 min)	Vote to accept report
New Member Candidate **VOTE REQUIRED**	• Ballot vote for New Member Candidate Jon Cole	7:30-7:35 (5min)	Members Vote by Anonymous Ballot
<u>Council Business</u> Nominating and Executive Committee Reports **VOTE REQUIRED**	• Chair, Tara Marshal • Ballot Vote Results • Approve Budget Testimony to be presented on May 16th @BCC	7:35-7:45 (10 min) 7:45-7:55	Vote to accept reports Present Results Vote to approve Budget Testimony
Meeting Evaluation	• Chair, Tara Marshall	7:55-8:00 (5 min)	Discuss what went well and make suggestions for improvement
Adjourn Meeting	• Chair, Tara Marshall	8:00	**Goodnight!**

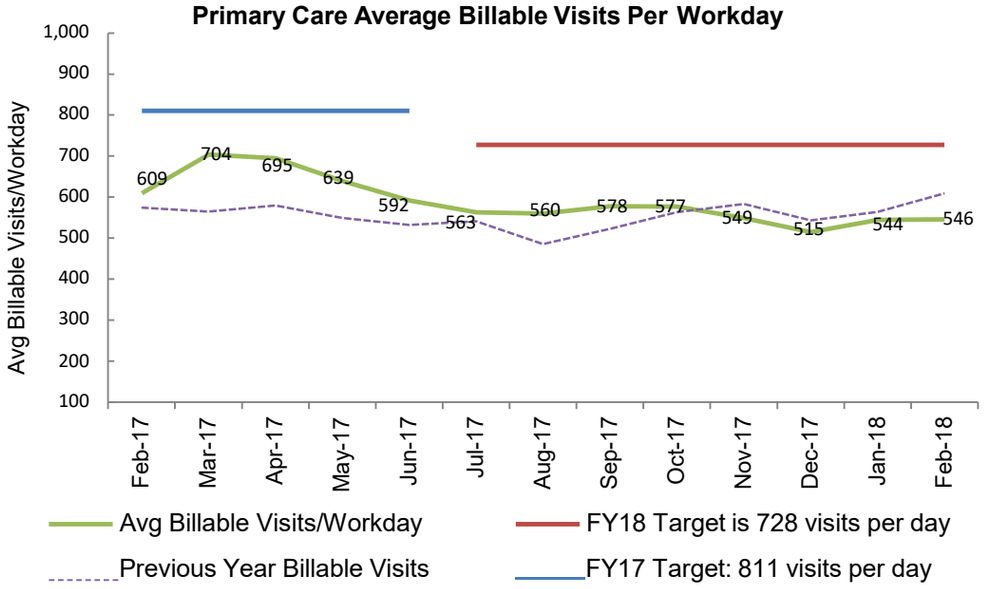
Multnomah County Health Department

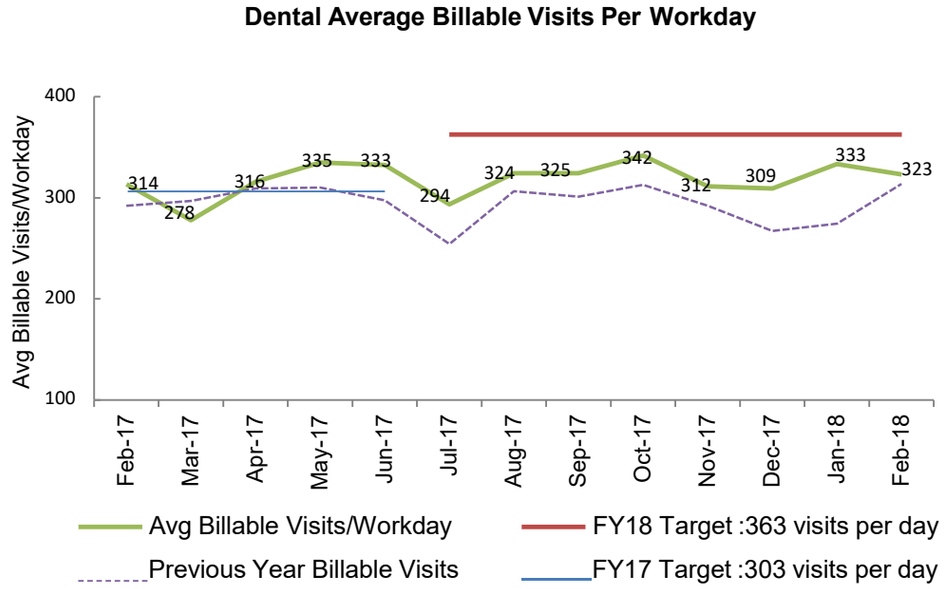
Monthly Dashboard

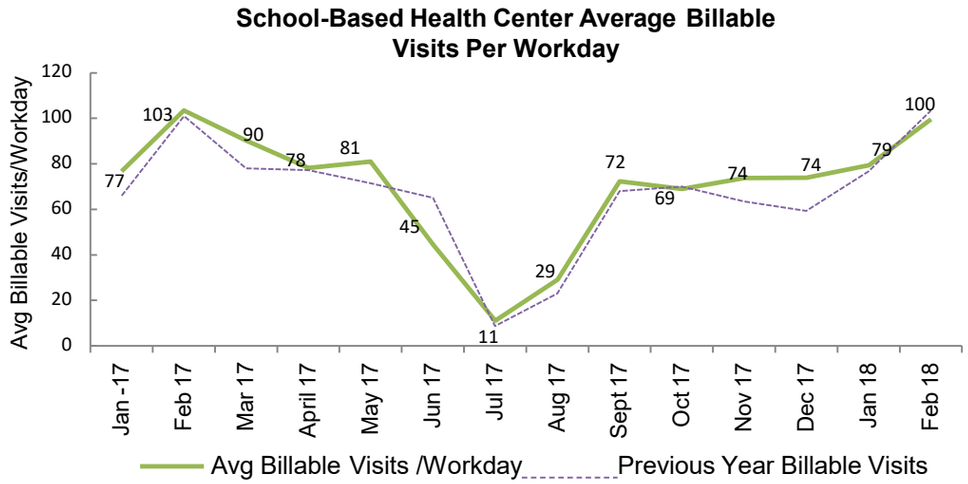
February 2018

Prepared by: Papa Diallo

Multnomah County Health Department
Weekly Billable Visits Per Department





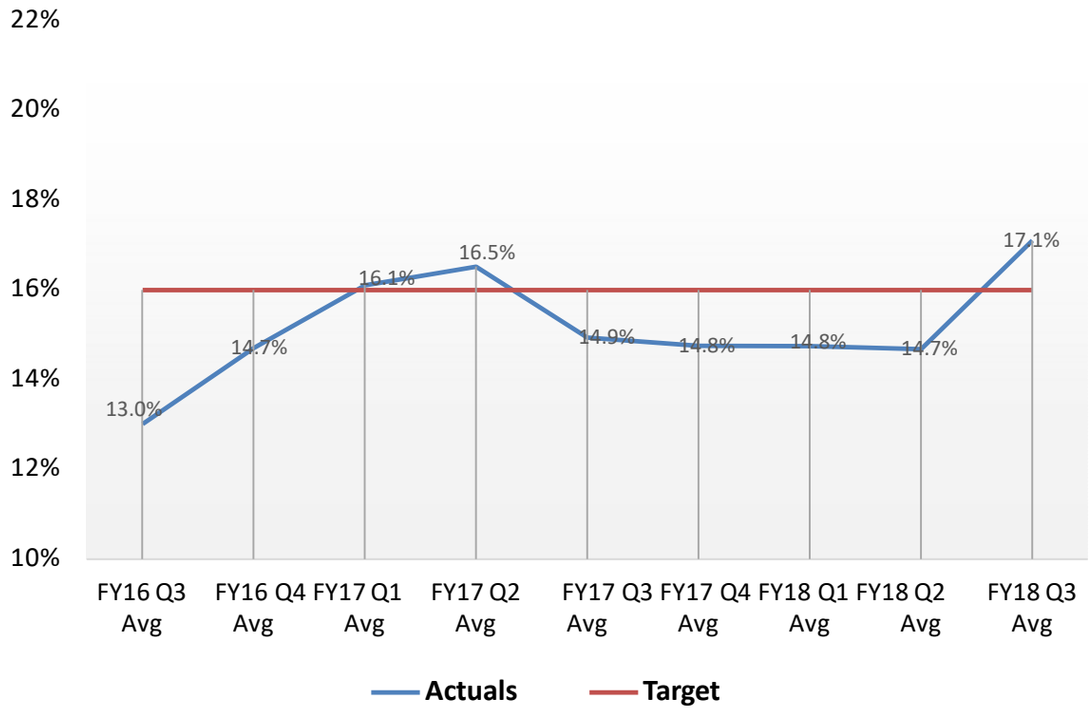


Notes: Primary Care and Dental visit counts are based on an average of days worked.
School Based Health Clinic visit counts are based on average days clinics are open and school is in session.

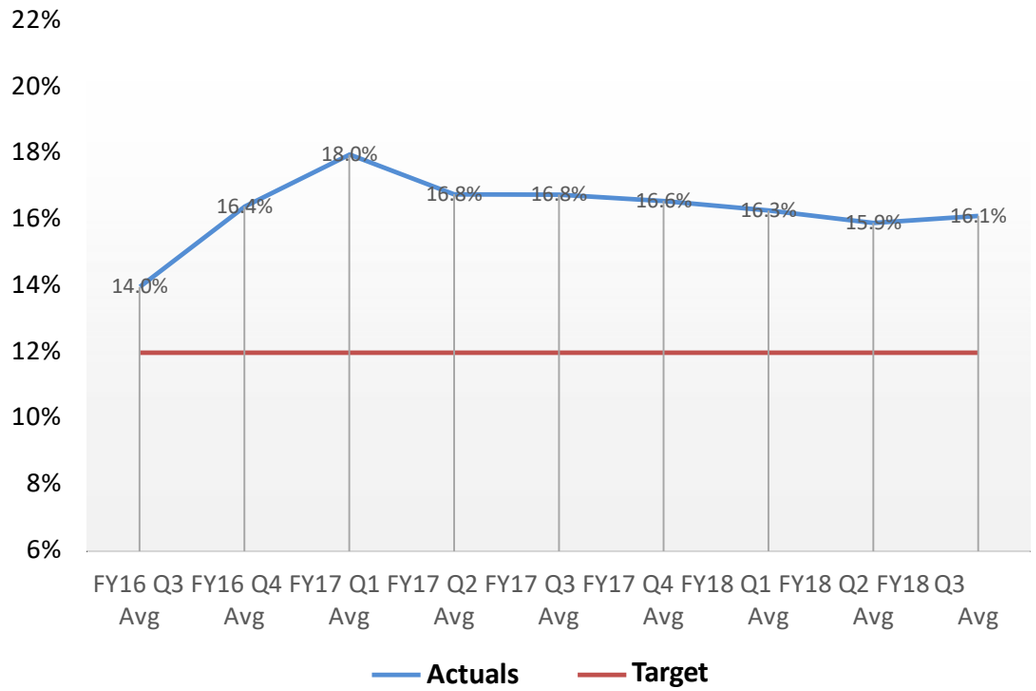
Multnomah County Health Department

Monthly Percentage of Uninsured Visits for ICS Primary Care Health Center

Percentage of Uninsured Visits in Primary Care



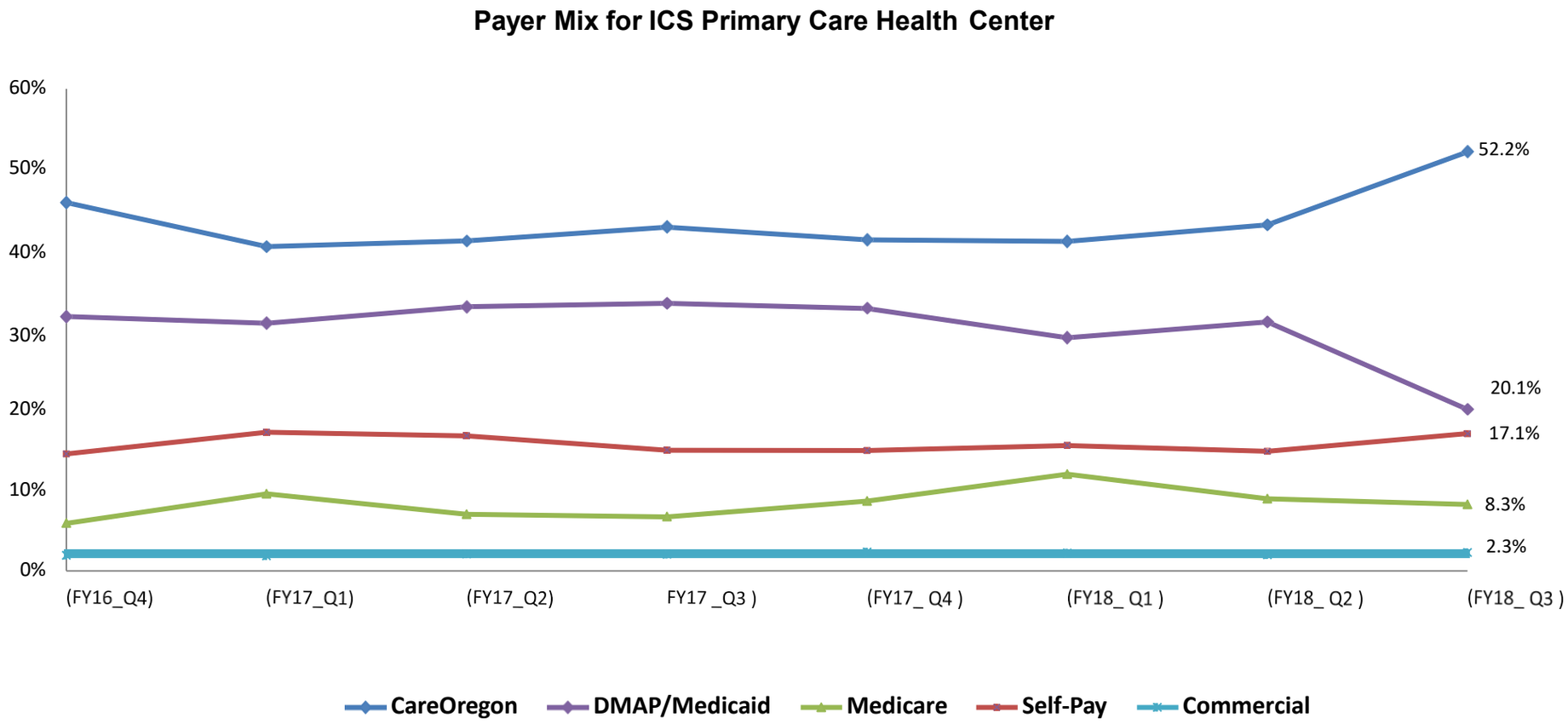
Percentage of Uninsured Visits in ICS Dental



Comments:
ICS Dental data shows a slight change between run dates with the amount of uninsured patients declining with each new week.
The reason for this is the Dental Clinics try to check insurance coverage two days prior to the appointment. If they are unable to establish insurance coverage a client is marked as self-pay. Once insurance is confirmed via the re-work self-pay report the status is then changed to reflect correct coverage.

Multnomah County Health Department

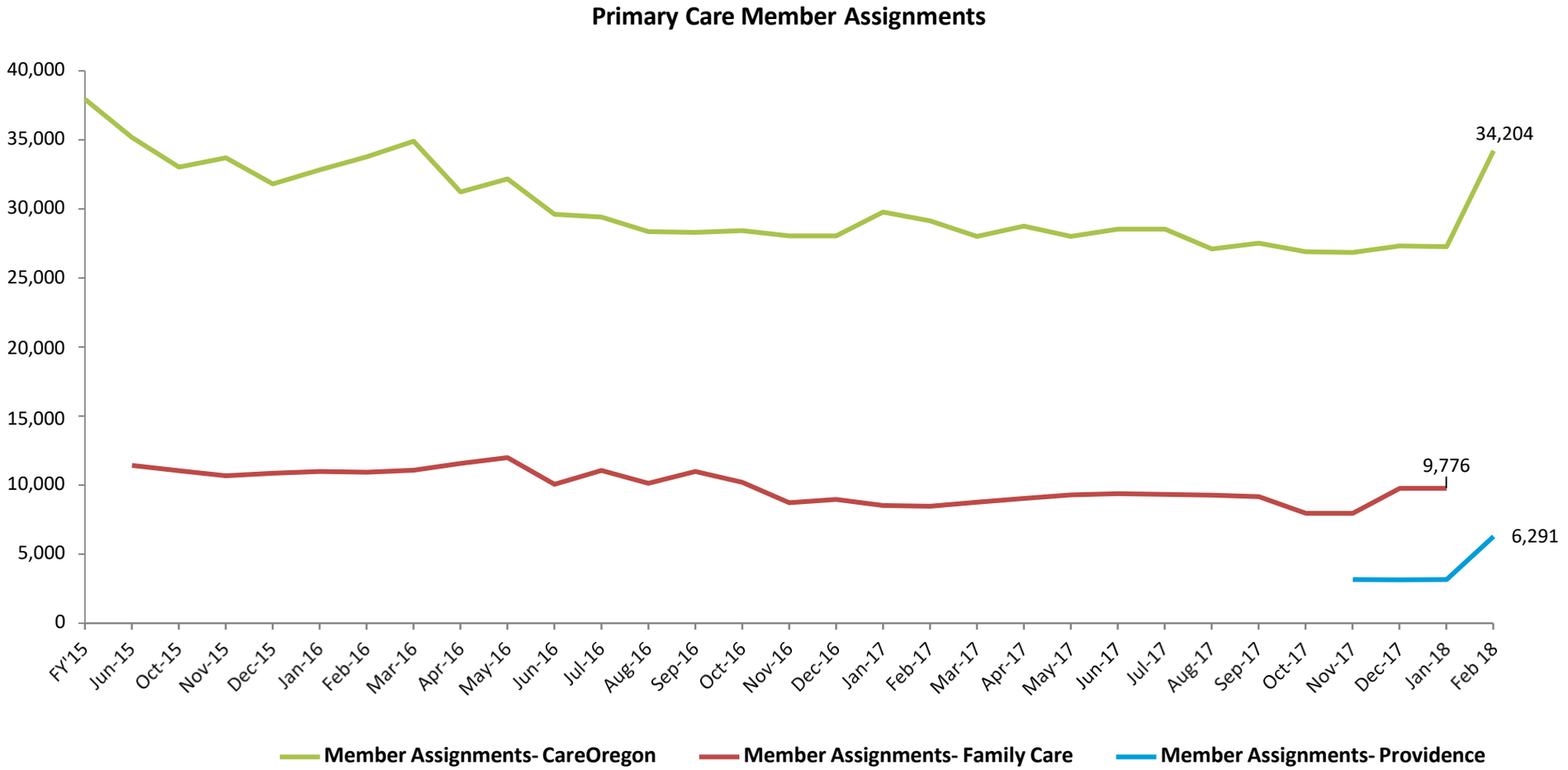
Monthly Percentage of Visits by Payer for ICS Primary Care Health Center



Notes: Payer Mix for Primary Care Health Service Center shows the percentage of patient visits per payer and per Quarter

Multnomah County Health Department

MCHD Primary Care CareOregon OHP & Family Care Member Assignments



Notes:

FamilyCare FY17 average is 9,466

FamilyCare FY18 average is 9,039

CareOregon FY17 average is 28,561

CareOregon FY18 average is 28,208

Multnomah County Health Department
Community Health Centers: Financial Statement
For Period Ending February 2018

Community Health Centers - Page 1 | February Target: 67%

	Revised Budget	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Revenue							
General Fund	$ 5,912,269	$ 546,166	$ 537,811	$ 499,415	$ 511,418	$ 537,604	$ 553,374
Grants - BPHC	$ 9,557,198	$ -	$ -	$ -	$ 1,674,851	$ 839,677	$ 1,793,244
Grants - Incentives	$ 5,903,961	$ -	$ 120,749	$ 754,674	$ 1,579,331	$ 994,901	$ 2,158,618
Grants - All Other	$ 4,914,201	$ -	$ 291,825	$ 345,545	$ 456,837	$ 505,626	$ 706,797
Health Center Fees	$ 91,743,442	$ 6,958,089	$ 7,469,051	$ 7,520,606	$ 7,584,293	$ 8,270,340	$ 6,817,334
Self Pay Client Fees	$ 909,786	$ 86,287	$ 108,524	$ 82,488	$ 109,307	$ 91,564	$ 95,729
Total	$118,940,857	$ 7,590,542	$ 8,527,960	$ 9,202,728	$11,916,037	$11,239,712	$12,125,096
Expense							
Personnel	$ 77,084,758	$ 6,004,330	$ 6,917,202	$ 6,102,184	$ 5,861,741	$ 6,396,686	$ 5,954,438
Contracts	$ 2,347,826	$ 55,756	$ 293,303	$ 284,187	$ 270,815	$ 304,417	$ 229,617
Materials and Services	$ 17,206,493	$ 1,346,379	$ 1,132,461	$ 1,122,410	$ 1,482,379	$ 1,232,232	$ 1,245,577
Internal Services	$ 22,147,322	$ 1,192,466	$ 1,916,329	$ 1,907,025	$ 2,261,847	$ 1,832,303	$ 2,955,382
Capital Outlay	$ 154,458	$ 14,762	$ -	$ -	$ 6,095	$ -	$ -
Total	$118,940,857	$ 8,613,693	$10,259,295	$ 9,415,806	$ 9,882,877	$ 9,765,638	$10,385,014
Surplus/(Deficit)	$ -	$ (1,023,151)	$ (1,731,335)	$ (213,078)	$ 2,033,160	$ 1,474,074	$ 1,740,082

Note: Financial Statement for Fiscal Year 2018 (July 2017 - June 2018). Columns are blank/zero until the month is closed

Community Health Centers - Page 2

February Target: 67%

	Revised Budget	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Year to Date Total	% YTD
Revenue									
General Fund*	$ 5,912,269	$ 535,613	$ 568,462	$ -	$ -	$ -	$ -	$ 4,289,863	73%
Grants - BPHC	$ 9,557,198	$ 858,784	$ 941,935	$ -	$ -	$ -	$ -	$ 6,108,491	64%
Grants - Incentives	$ 5,903,961	$ 421,420	$ -	$ -	$ -	$ -	$ -	$ 6,029,693	102%
Grants - All Other	$ 4,914,201	$ 466,552	$ 932,846	$ -	$ -	$ -	$ -	$ 3,706,028	75%
Health Center Fees	$ 91,743,442	$ 7,684,192	$ 8,464,510	$ -	$ -	$ -	$ -	$ 60,768,415	66%
Self Pay Client Fees	$ 909,786	$ 94,503	$ 86,599	$ -	$ -	$ -	$ -	$ 755,001	83%
Total	$118,940,857	$10,061,064	$10,994,352	$ -	$ -	$ -	$ -	$ 81,657,491	69%
Expense									
Personnel	$ 77,084,758	$ 6,357,261	$ 6,200,610	$ -	$ -	$ -	$ -	$ 49,794,452	65%
Contracts	$ 2,347,826	$ 151,362	$ 346,608	$ -	$ -	$ -	$ -	$ 1,936,065	82%
Materials and Services	$ 17,206,493	$ 1,049,991	$ 1,158,831	$ -	$ -	$ -	$ -	$ 9,770,260	57%
Internal Services	$ 22,147,322	$ 1,605,606	$ 2,240,607	$ -	$ -	$ -	$ -	$ 15,911,565	72%
Capital Outlay	$ 154,458	$ -	$ -	$ -	$ -	$ -	$ -	$ 20,857	14%
Total	$118,940,857	$ 9,164,220	$ 9,946,656	$ -	$ -	$ -	$ -	$ 77,433,199	65%
Surplus/(Deficit)**	$ -	$ 896,844	$ 1,047,696	$ -	$ -	$ -	$ -	$ 4,224,292	

Note: Financial Statement for Fiscal Year 2018 (July 2017 - June 2018). Columns are blank/zero until the month is closed

Presentation Summary

Community Health Center Budget

Community Health Council (CHC) Authority and Responsibility
As the governing board of the Multnomah County Health Center, the CHC is responsible for revising and approving changes in the health center's 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 CHC approval. All budget revisions that exceed the cumulative 25% budget revision cap will be presented to the CHC for a vote prior to grant submission. Upon Notice of Award, the budget approved by the funder will be presented to the CHC for a final approval.

Date of Presentation: 4/9/18	Program / Service Area: Health Center		
Presenters: Hasan Bader, Mark Lewis			
This funding will support:	X Current Operations	☐ Expanded services or capacity	☐ New services
Project Title and Brief Description:			

- In September of 2017, Multnomah County Health Center completed a federal operational site visit with Health Resources and Services Administration (HRSA). After the visit HRSA has requested an updated health center budget.

What need is this addressing?

- HRSA requested that we carefully review the internal service costs listed as direct and confirm that these are not also included in the indirect rates. Health Center staff have reviewed the budget, removed the costs that were included as both direct and indirect and confirmed that no other costs are listed as both direct and included in the indirect rate.
- HRSA requested that we carefully review the indirect cost rate for the department and confirm that these costs are also not included in the central services indirect rate. Health Center staff have reviewed and confirmed that no costs are included in both rates.

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

- These required budget documents reflect the budget of all services, staff and sites within the health center's scope.

What is the total amount requested: $9,585,394
Please see attached budget

Expected Award Date and project/funding period: Grant Year 2018 / Calendar Year 2018

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

- A Yes vote indicates that the Council approves the annual budget, which outlines the proposed uses of both Health Center Program award and non-Federal resources and revenue. This budget will be used to produce budget-to-actual expenditures reports that will be presented to the Council for review and approval.

Briefly describe the outcome of a "NO" vote or inaction by the Council *(be sure to also note any financial outcomes)*

Presentation Summary

- A No vote indicates that the Council does not approve the annual budget as presented. The Council must work with health center staff to update the budget.

Related Change in Scopes Requests: None

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

BUDGET NARRATIVE AND JUSTIFICATION
Section I: General Information
January 1, 2018 – December 31, 2018

A. INTRODUCTION

The following budget presentation covers two programs:
- Community Health Center/330
- Health Care for the Homeless

All presentations share the new grant January 1, 2018 start date, and a common fiscal year of July through June.

The budget presentation consists of three sections:
- General budget information & justification common to all programs
- Budget presentations, detailing budget information
- Federal 424a form and other tabular budget information

B. SOURCE OF BUDGETARY INFORMATION

Multnomah County operates on a July 1 - June 30 fiscal year. The County recently adopted its FY 2017/2018 operating budget. This operating budget includes appropriations and corresponding revenue estimates for the entire scope of the project. The budget presentation is based on this operating budget. The operating budget covers the first six months of the grant application period. In keeping with past practice, we have not assumed a cost-of-living adjustment for the final six months (July 2018 through December 2018) of the grant application period.

C. COST ALLOCATION

The source document for cost allocation is the recently adopted FY 2017/2018 operational budget for the Health Department.

The **CHC and HCH Programs** include the following:
- All Primary Care Clinics
- All School-Based Health Centers
- The Field Nursing Program
- The Dental Program
- The Mental Health and Substance Abuse Services Program
- The Eligibility Outreach Program and other Enabling Services
- The HIV Treatment Program
- Information and Referral Program.

D. INDIRECT COSTS

The County has established federally approved indirect rates for FY 2017-2018. The Central Services cost allocation plan identifies and distributes the cost of services provided by central County support organizations (e.g. Budget Office, County Auditor). The Departmental Administration rate is based on administrative costs incurred within the Health Department. Indirect rates are assessed on personnel actual charges. Only costs not charged directly to grants are included in the departmental rate. Internal County services (e.g. IT, Phones, Facilities) are charged directly to grants, when applicable, and are not part of the County indirect rates. Indirect rates are not applied to County General Fund expenditures.

As a local government, these rates are not negotiated with DHHS. A letter of exemption from the cognizant federal agency, Department of Health and Human Services, is attached to the application. These rates are, however, subject to audit. A complete copy of the County 2017-2018 Indirect Cost Allocation Plan is available upon request.

E. EMPLOYEE COSTS

Base Pay

General staff positions (clerical assistant, health assistant, nutritionist, hygienist, etc.) are represented by the American Federation of State, County and Municipal Employees (AFSCME Local 88). Nursing staff are represented by the Oregon Nurses Association (ONA). Recently, our physicians have joined AFSCME and they are represented by Local 88. Rates of pay for these groups are determined through collective bargaining.

Dentists and managerial employees are not represented. Pay increases are awarded through local ordinance, enacted by the Board of County Commissioners.

The FY 2017/2018 adopted budget included a pay increase of 2.25% for all employees for Cost of Living Adjustment (COLA).

Fringe Benefits

Employees assigned to these programs receive the same benefit package as County employees in general. Benefits costs consist of three components:

- **Salary Related Expenses** are budgeted at 38.66% of the base pay. This includes PERS retirement (24.01%), PERS Bond (6.25%), FICA (7.65%), and Tri-Met transit tax (0.75%). PERS retirement for employees hired after August '03 is (17.29%) with a total expense of 31.94% of base pay.
- **Salary-Related Insurance Benefits** are budgeted at 7.10% of the base pay. This includes workers compensation insurance (0.75%), liability insurance (2.25%), unemployment insurance (0.25%), long term disability insurance (0.75%), retiree medical insurance (2.0%), and benefits administration (1.10%).
- **Flat-Rate Insurance Benefits** are budgeted at $15,600 for full-time employees (0.8 – 1.0 FTE). For Local 88 three-quarter time employees, it is $11,700 and $8,904 for other part-time employees (0.5 FTE – 0.79 FTE). This covers medical and dental insurance, life insurance (non-represented employees only), and health promotion. Employees have a health insurance co-payment that varies depending on type of coverage and family size.

For employees contributing to these programs, the average budgeted cost of benefits as a percentage of payroll dollars for FY 2017-2018 is 39.5%**.** For FY 2016-17 the average was 38.9%.

F. PROJECT REVENUES

Schedule of State, Local, and Other Funding

1- Other Federal Grants (Income Analysis – Form 3) 3,867,108

Other Federal Ryan White I	1,099,425
Other Federal Ryan White IIIb - Early Intervention	864,807
Other Federal Healthy Start	750,000
Other Federal North Portland Clinic Alteration/Renovation	706,615
Other Federal Ryan White IV AIDS Healthcare	373,241
Other Federal Special Proj Nat Sig SPNS	48,020
Other Federal Maternal Infant Early Childhood Home Visit	25,000
2- State (Income Analysis – Form 3)	**8,435,675**
State MH Grant	2,788,994
State Healthy Start Grant	2,255,461
State School Based Clinics	1,023,196
State FFS Insurance Rcpts	481,834
State OR Department of Education- Youth Development Division	402,595
State Child & Adolescent	260,595
State Family Planning	260,590
State Safety Net Capacity Grant	245,000
State Refugee Screening	178,127
State Oregon Youth Authority	159,062
State Healthy Start Grant Medicaid Admin OMAP	120,000
State OHA HIV Care Assistance	98,605
State Babies First	92,120
State AIDS Drug Assistance Program/CareAssist	42,500
State Maternal Child Health - Perinatal	15,236
State Vocational Rehab - Early Assessment & Support Alliance	11,760
3- LOCAL Government (Income Analysis – Form 3)	**485,825**
David Douglas SD Head Start Case Management Svcs	211,315
School-Based MH Expansion - PPS SUN Comm	177,005
School-Based MH Expansion - Centennial	75,005
School-Based MH Expansion - Parkrose	22,500
4- Private Grants (Income Analysis – Form 3)	**1,710,043**
CareOregon Maternal Medical Home	1,044,601
BH Early Assessment & Support Alliance	193,667

FGC NWHF Kaiser	113,435
Legacy Health System/CARES NW	85,809
Local UW AIDS Educ Training Center	80,082
Boston University Training	73,335
OHSU CaCoon	30,000
Fortin Foundation	20,039
OR Child Dev, Comm. - Head Start Case Management Svcs	17,000
Mt Hood CC Head Start	17,000
OHSU HIV Counseling - Russell St.	14,775
Family Care: Pharmacy	12,750
Kaiser CHR-STOP CRC	7,550

5- Other Medicaid/Medicare (Income Analysis – Form 3)	**24,051,261**
Other Medicaid Pharmacy FFS - CareOregon	10,158,048
Other Medicare Pharmacy FFS	6,745,680
Other Medicaid Quality & Incentive Pay - CareOregon	5,770,461
Other Medicaid Pharmacy FFS	1,252,122
Other Patient Fees Pharmacy	124,950

6- Applicant - CGF (Income Analysis - Form 3)	**14,751,703**

County General Fund (Applicant Funding)

The Portland metropolitan economy remains remarkably strong, growing above its historical growth rate since mid-2012. Unemployment in Multnomah County has fallen to 3.3% as of February 2017, which is the lowest employment rate in the time it has been tracked. At the state level, Oregon's unemployment rate remained below the U.S. rate, falling to 4.0% in February. Corporate profits have recovered from a short period of decline in 2016, and the energy sector has expanded, removing a source of drag on the broader economy.

Property tax is the single largest discretionary source of revenue in the General Fund, accounting for 60% of ongoing revenues. General Fund growth, therefore, is particularly sensitive to taxable value growth and compression. The FY 2018 budget assumes the following rates of growth (as measured from the FY 2017 Adopted budget) for each revenue source:

- Property Tax – An increase of 4.3%
- Business Income Tax – An increase of 6.1%
- Motor Vehicle Rental Tax – An increase of 10.0%
- Recording Fees/CAFFA Grant – An increase of 9.2%
- US Marshal Jail Bed Rental – A decline of 14.3%

Total direct resources, or 'revenues,' for FY 2018 are $1.73 billion vs. $1.56 billion in FY 2017 (excluding service reimbursements and cash transfers between funds). Intergovernmental revenues are the County's single largest revenue category at $548.1 million or 31.7%. This reflects a $52.4 million or 10.6% increase from FY 2017.

Taxes constitute the next largest revenue source (27.0%) and include property tax, business income tax, motor vehicle rental tax, transient lodging tax, and county gas tax. For FY 2018, tax collections are anticipated to increase 6.3% from $439.1 million in FY 2017 to $466.7 million.

County expenditures for all funds, excluding cash transfers, contingencies, and unappropriated balances, total $1.86 billion in FY 2018 vs. $1.64 billion in FY 2017. Expenditures are forecast to grow at roughly 4.0% to 4.7% annually through FY 2022, a rate of growth that takes into account inflation, employee compensation, and long-term fixed costs.

Other Healthcare Funding

Multnomah County has joined with hospital systems, health plans, and Clackamas and Washington Counties to initiate CCO formation. This partnership, titled Health Share of Oregon (HSO), launched services as a CCO on September 1, 2012. Care Oregon operates under the umbrella of this new HSO. In addition to HSO, an existing managed care plan called Family Care, Inc. began operating as a CCO on August 1, 2012.

MCHD is a central part of both HSO and Family Care. HSO operates on a global budget with the goal to create a regionally integrated, patient-centered, community care system that improves quality, cost, and health status for high-cost/high-acuity Medicaid and dual-eligible adults.

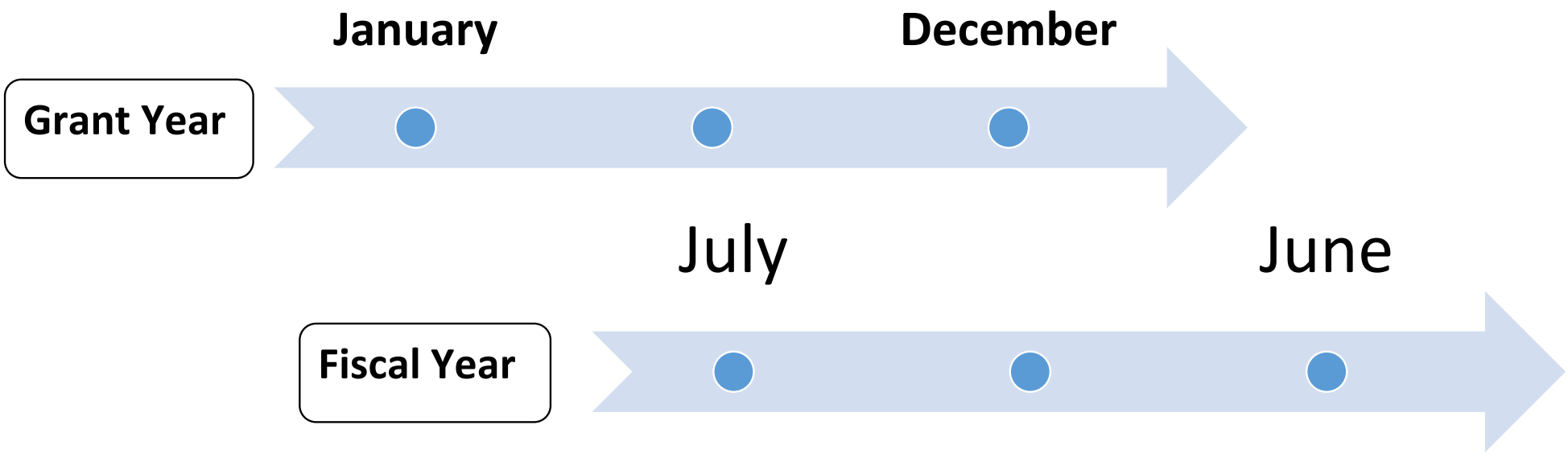
Multnomah County serves a large number of Care Oregon and Family Care clients. Care Oregon and Family Care are non-profit, health plans that serve the State of Oregon Health Plan clients. The County is Care Oregon's largest primary care provider. Services provided to Care Oregon and Family Care clients are reimbursed on a fee-for-service basis.

In addition to creating CCOs, Oregon is also implementing health insurance reforms. Beginning October 1, 2013, uninsured and underinsured Oregon residents started applying for Oregon Health Plan (OHP) and other affordable insurance options through a State-run insurance exchange called Cover Oregon. Cover Oregon is an online marketplace. OHP/Medicaid eligibility expanded from 110% FPL to 138% FPL based on ACA recommendations. Insurance premium tax credits will provide significant subsidies for the cost of insurance for persons with incomes below 400% FPL. Coverage from Cover Oregon insurance plans started on January 1, 2014.

Starting October 1, 2014, Multnomah County Health Department joined a pilot program in Oregon called Alternative Payment Method (APM). Under this method, the Department is paid a monthly rate per assigned Primary Care members. Dental Services are not part of this pilot program and continue to receive FQHC reimbursement rate for eligible visits.

The APM rate applies to both Care Oregon and Family Care. During FY 2016-17, the number of Care Oregon clients assigned to Multnomah County averaged 30,000, and the number of Family Care assigned to Multnomah County averaged 9,500 enrollees per month.

Budget Timeline



OMB No.: 0915-0285.

DEPARTMENT OF HEALTH AND HUMAN SERVICES	FOR HRSA USE ONLY	
Health Resources and Services Administration	Grant Number	Application Tracking
FORM SF-424A: BUDGET INFORMATION		

Budget Information

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. CHC	93.224	$ -	$ -	$ 7,461,271	$ 120,987,529	$ 128,448,800
2. HCH	93.224	$ -	$ -	$ 2,124,123	$ 6,074,737	$ 8,198,860
TOTALS				$ 9,585,394	$ 127,062,266	$ 136,647,660

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	Federal	Non-Federal	Total
a. Personnel	$ 5,054,569	$ 47,592,033	$ 52,646,602
b. Fringe Benefits	$ 3,365,466	$ 31,055,499	$ 34,420,965
c. Travel	$ -	$ 140,477	$ 140,477
d. Equipment	$ -	$ 154,458	$ 154,458
e. Supplies	$ -	$ 11,769,805	$ 11,769,805
f. Contractual	$ 142,040	$ 5,675,786	$ 5,817,826
g. Construction	$ -	$ -	$ -
h. Other	$ -	$ 22,248,465	$ 22,248,465
i. Total Direct Charges *(sum of 6a - 6h)*	$ 8,562,075	$ 118,636,523	$ 127,198,598
j. Indirect Charges	$ 1,023,319	$ 8,425,743	$ 9,449,062
k. TOTALS *(sum of 6i and 6j)*	$ 9,585,394	$ 127,062,266	$ 136,647,660

SECTION C - NON-FEDERAL RESOURCES

Grant Program Function or Activity	Applicant	State	Local	Other	Program Income	Total
CHC 93.224	$ 12,544,813	$ 8,435,675	$ 485,825	$ 28,536,232	$ 70,818,565	$ 120,821,110
HCH 93.224	$ 2,206,890	$ -	$ -	$ 1,092,180	$ 2,942,086	$ 6,241,156
TOTAL	$ 14,751,703	$ 8,435,675	485,825	$ 29,628,412	$ 73,760,651	$ 127,062,266

BUDGET NARRATIVE AND JUSTIFICATION
Section II: Program Budget Details
January 1, 2018 – December 31, 2018

			Federal Request	Non-Federal Recources	Total Budget
A.	**PERSONNEL**		**5,054,569**	**47,592,033**	**52,646,602**
	Salaries (See Personnel Justification Table)				
B.	**FRINGE BENEFITS**		**3,365,466**	**31,055,499**	**34,420,965**
	Salary related expenses: FICA (7.65%), Retirement PERS (24.01%), PERS Bond (6.25%), and Transit tax (0.75%) for a total of 38.66% of pay. Retirement for employees hired after August 03 is (17.29%) with a total espense of 31.94% of pay.		1,740,529	16,861,639	**18,602,168**
	Salary related insurance benefits: Includes workers compensation, liability, unemployment, long term/short term disability, retiree medical, and benefits administration for a total of 7.10% of base pay. Flat rate insurance benefits budgeted at $15,600 per full-time employee. For Local 88 three-quarter time employees, it is $11,700. For half-time employees, the rate is $8,904 per employee.		1,624,937	14,193,860	**15,818,797**
C.	**TRAVEL & TRAINING**		**-**	**140,477**	**140,477**
D.	**EQUIPMENT**		**-**	**154,458**	**154,458**
	Primary Care Equipment (includes HRSA HIIP funding)		-	154,458	**154,458**
E.	**SUPPLIES**		**-**	**11,769,805**	**11,769,805**
	Drugs		-	8,989,622	**8,989,622**
	Medical & Dental Supplies		-	1,733,670	**1,733,670**
	Office Supplies		-	1,046,513	**1,046,513**
F.	**CONTRACTUAL**		**142,040**	**5,675,786**	**5,817,826**
	Patient Care				
	Primary Care Contracts				
	Contracted lab services with EPIC Imaging, Quest Diagnostics, Oregon Health Divisiton, Blood Lead Testing Services, and OHSU Radiology Services		-	566,298	**566,298**
	Contracts to community-based providers for behavioral health and mental health services for children, youth, and families		-	383,560	**383,560**
	Contract to CODA for provision of substance abuse treatment to enable patients to access and remain in primary care, access drug therapies and includes supportive counseling.		142,040	-	**142,040**
	Contract to plan for a new school based health centers in East County		-	120,000	**120,000**
	Coalition of Community Health Clinics		-	88,327	**88,327**
	After Hours RN medical advice - Fonemed		-	75,000	**75,000**
	OHSU contract for OBGYN services		-	65,000	**65,000**
	On-Call Pharmacist		-	63,750	**63,750**
	Honorarium for provider speakers and workshop facilitation		-	58,835	**58,835**

	School-based services contract from State to OHSU		-	55,642	**55,642**
	Data development and integration projects		-	27,000	**27,000**
	Contract to Cascade AIDS Project to support community based HIV Services		-	20,104	**20,104**
	Contract to Wallace Medical Concern to support homeless van services		-	10,000	**10,000**
	Boston University Technical Assistance Training		-	10,000	**10,000**
	Lab Waste Disposal		-	5,100	**5,100**
	Shredding services: AccuShred Confidential Shredding		-	3,400	**3,400**
	Dental Contracts				
	Contracted lab services with EPIC Imaging, Stae X-ray licensing, Artisan Lab Services, and Matheson lab		-	112,170	**112,170**
	Staffing services: Dental proffesional staffing for on-call		-	53,000	**53,000**
	Honorarium for provider speakers and workshop facilitation		-	18,500	**18,500**
	Shredding services: AccuShred Confidential Shredding		-	6,050	**6,050**
	Dental Waste Removal		-	4,500	**4,500**
	Repair and Calibration: CHR contract for Equipment tracking and repair		-	1,950	**1,950**
	Field Services				
	Healthy Families contracts for community-based home visiting services		-	1,937,773	**1,937,773**
	Babies First: Targeted Case Management		-	467,480	**467,480**
	Future Generations Collaborative		-	324,769	**324,769**
	Mental health services for immigrant and refugee families		-	100,000	**100,000**
	Mental health and trauma consultation		-	80,000	**80,000**
	Community Groups support		-	62,000	**62,000**
	Oregon Public Health Institute: Improving Breast Feeding contract		-	50,000	**50,000**
	Booster Seat Program Services		-	42,000	**42,000**
	Staff training through Nurse Family Support program		-	38,002	**38,002**
	Speakers and consultants		-	30,000	**30,000**
	Non-Patient Care				
	Contracts with IRCO, Optimal, Pssport to Language, Linguava, and Teleport for phone, in-person, sign lanuage, and document interpretation and translation		-	473,619	**473,619**
	Contacts for cleaning Lab Jackets, gowns, and coats with Alsco, SafetyClean, etc		-	108,070	**108,070**
	Software Fees Maintenance: Pharmacy Interactive voice response system and pharmacy switch fees		-	76,500	**76,500**

	Child and Elder care for community involvement groups during meetings and support		-	67,000	**67,000**
	Transportation for Patients		-	32,780	**32,780**
	Lab & X-ray Calibration and Repair: Contract with CHR, CLIA, and API Proficiency Testing		-	15,840	**15,840**
	Armored Vehicle: Contract with GAARDA Armored Car Svcs		-	13,167	**13,167**
	Data Processing and Storage		-	7,500	**7,500**
	Advertising and communication		-	1,100	**1,100**
G.	**CONSTRUCTION**		-	-	**-**
H.	**OTHER**		**-**	**22,248,465**	**22,248,465**
	INTERNAL SERVICES			-	**-**
	Data Processing: All data processing or information technology services provided by the County's Information Technology division. Services include PC and software maintenance and replacement, network and data center services, Help Desk and network security services, SAP support, and department-specific application development		-	8,905,288	**8,905,288**
	Building Occupancy: Routine building costs, including space, utilities, maintenance, lease payments, and debt service		-	4,917,193	**4,917,192**
	Telecom: County-supplied telecommunications services including desktop digital and analog phones; long distance charges; and fax machine, alarm; and costs for County-issued mobile devices and associated data plans		-	826,294	**826,294**
	Postage and Distribution: U.S. postage and mail distribution for interoffice mail and U. S. mail		-	420,259	**420,259**
	Motor Pool - County Fleet. This cost element accounts for the purchase, maintenance, and use of County vehicles. These vehicles are used daily for health center operations as staff travel to and from our administrative offices, clinics and school-based sites (50+ locations across the County). Budget is determined by County Management Department based on prior years' usage.		-	138,963	**138,963**
	OTHER				
	County Facilities costs for repairs and maintenance to buildings, clinics, and offices (includes HRSA HIIP funding)		-	3,113,808	**3,113,808**
	On-Call and Temporary staff		-	2,395,517	**2,395,517**

	Education & Training: registration and attendance at professional conferences and conventions, tuition and fees, course materials, out-of-town travel and per diem, lodging, provider's continuing education, primary care conference, etc.		-	592,692	**592,692**
	Premium: Language, shift and lead incentives		-	520,345	**520,345**
	Printing: ICON copier lease, forms, business cards, and all printing, photocopying, binding, graphics, and photography services		-	250,704	**250,704**
	Dues & Subscriptions: Membership to regional and national organizations and access to professional websites. This includes NACHC, Northwest Reagional Primary Care Association, Oregon Primary Care Association, UpToDate, Online Management System, and several professional Journals		-	127,899	**127,899**
	Communications: moving/adding/changing telephone services, videoconferencing stations, internet service (purchased outside the County network) and employee reimbursement for personal mobile phone usage		-	27,292	**27,292**
	Rentals: This includes space rental for meetings and workshops.		-	8,211	**8,211**
	Incentives and basic needs for youth		-	4,000	**4,000**
I.	**TOTAL DIRECT CHARGES**		**8,562,075**	**118,636,523**	**127,198,598**
J.	**INDIRECT CHARGES**		**1,023,319**	**8,425,743**	**9,449,062**
	The FY 2018 Multnomah County Cost Allocation Plan has set the Health Department's indirect rate at 12.16% of Personnel Expenses (Salary and Fringe Benefits). The rate includes 2.69% for Central Services and 9.47% for Departmental.				
K.	**TOTAL COSTS**		**9,585,394**	**127,062,266**	**136,647,660**
	REVENUE		**9,585,394**	**127,062,266**	**136,647,660**
	FEDERAL FUNDS REQUESTED		**9,585,394**		
	PROGRAM INCOME			**73,760,650**	**73,760,650**
	OTHER FEDERAL			**3,867,108**	**3,867,108**
	STATE GOVERNMENT			**8,435,675**	**8,435,675**
	LOCAL GOVERNMENT			**485,825**	**485,825**
	PRIVATE GRANTS/CONTRACTS			**1,710,043**	**1,710,043**
	OTHER - PHARMACY FEES / PCPCH			**24,051,261**	**24,051,261**
	APPLICANT (County General Fund Match)			**14,751,704**	**14,751,704**

Department of Health and Human Services Health Services and Resources Administration Form 3: Income Analysis	For HRSA Use Only	
	Grant Number:	Application Tracking Number

Part 1: Patient Service Revenue - Program Income

Line #	Payer Category	Patients By Primary Medical Insurance	Billable Visits	Income Per Visit	Projected Income	Prior FY Income
		(a)	(b)	(c)	(d)	
1	Medicaid	55,814	228,838	301.15	68,914,565	62,663,015
2	Medicare	5,594	22,991	121.38	2,790,648	2,620,122
3	Other Public	-	-	-	-	-
4	Private	2,942	12,064	107.15	1,292,658	991,572
5	Self Pay	8,967	42,685	17.87	762,781	825,619
6	Total (lines 1-5)	73,318	306,578	N/A	73,760,651	67,100,328
Part 2: Other Income - Other Federal, State, Local and Other Income						
7	Other Federal				3,867,108	3,591,964
8	State Government				8,435,675	7,824,302
9	Local Government				485,825	679,296
10	Private Grants/Contracts				1,710,043	1,637,383
11	Contributions				-	-
12	Other - Pharmacy Fees / PCPCH				24,051,261	21,583,691
13	Applicant (County General Fund)				14,751,703	13,795,211
14	Total Other (lines 7-13)				53,301,615	49,111,847
Total Non-Federal (Non-section 330) Income (Program Income Plus Other)						
15	Total Non-Federal (lines 6 + 14)				127,062,266	116,212,175
Comments/Explanatory Notes (if applicable)						

Federally-Supported Personnel Justification Table

Multnomah County Health Department Budget Justification

The table below is required for each staff position supported in whole or in part by federal Section 330 grant funds.

POSITION TITLE	% OF FTE APPLIED TO FEDERAL GRANT FUNDS	TOTAL FEDERAL SUPPORT REQUESTED
Administrative Analyst	0.5	29,790
Administrative Specialist	2.0	89,271
Business Process Consultant	1.0	81,477
Clerical Unit Coordinator	1.0	53,157
Clinical Services Specialist	2.2	159,941
Community Health Nurse	11.7	959,998
Community Health Specialist 2	1.0	50,131
Data Analyst/Sr	1.0	69,037
Dental Assistant/EFDA	1.9	89,660
Dental Hygienist	1.0	80,484
Eligibility Specialist	2.9	149,800
Finance Specialist 1	1.0	48,903
Finance Technician	1.0	43,572
Laboratory Technician	3.0	168,380
Licensed Comm Practical Nurse	6.4	370,883
Medical Assistant	11.8	533,542
Nurse Practitioner	3.0	345,948
Nurse Practitioner Manager	0.5	62,397
Nursing Supervisor	0.8	80,742
Office Assistant 2	12.6	524,131
Operations Supervisor	1.0	69,812
Physician	3.5	612,548
Physician Assistant	0.5	58,919
Program Coordinator	1.6	89,909
Program Specialist	1.0	58,708
Program Specialist/Sr	1.0	73,444
Program Technician	0.5	25,066
Project Manager - Represented	1.0	74,919
Grand Total	**76.3**	**$5,054,569**

HRSA GRANT BUDGET
Grant # H80CS00149
January 1, 2018 – December 31, 2018

PERSONNEL	**$ 5,040,508**
Salaries for health center staff including: Administrative Analysts, Administrative Specialists, Business Process Consultants, Clerical Unit Coordinators, Clinical Services Specialists, Community Health Nurses, Community Health Specialists, Data Analysts, Dental Assistants, Dental Hygienists, Eligibility Specialists, Finance Specialists, Finance Technicians, Laboratory Technicians, Licensed Practical Nurses, Medical Assistants, Nurse Practitioners, a Nurse Practitioner Manager, Nursing Supervisors, Office Assistants, Operations Supervisors, Physicians, Physician Assistants, Program Coordinators, Program Specialists, Program Technicians and Project Managers.	
FRINGE BENEFITS	**$ 3,353,709**
Fringe benefit costs include percentage-based and flat rate fringe benefits; the projected costs are driven by standard County benefit plans, which vary slightly by union bargaining unit. Percentage-based include retirement and various other charges. Flat rate benefits include medical and dental insurance.	
CONTRACTUAL	**$ 142,040**
Contract to provide substance abuse treatment to enable patients to	
TOTAL DIRECT CHARGES	**$ 8,536,257**
"Direct" charges are costs connected to specific services or products	
INDIRECT CHARGES	**$ 1,020,737**
Department's indirect rate at 12.16% of Personnel Expenses (Salary and	
TOTAL COSTS	**$ 9,556,994**

Presentation Summary

Change in Scope Request - Laboratory Services Documentation

Inform Only	Annual/ Scheduled Process	New Proposal	**Review & Input (March executive mtg)**	**Inform & Vote (April CHC public mtg)**

Date of Presentation: April 9, 2018	Program / Area: Health Center Lab Services
Presenters: Ritchie Longoria, Director of Pharmacy and Lab Services	
Project Title/Scope Change and Brief Description • Change in Scope request for Lab Services: Updating reimbursement categories	
Describe the current situation: • Multnomah County's Health Center currently provides clinical laboratory services for established patients. This service is provided by both the health center and a contractor. • Currently, patients pay for these lab services at a discounted rate according to our Sliding Fee Discount policy. When uninsured patients are unable to pay for services at our contracted lab, the health center pays the contractor for these services. • During the HRSA OSV, the HRSA consultants indicated that the relationship between the health center and the contractor was not correctly documented in our official scope of services form. .	
Why is this project, process, system being implemented now? • This correction has been identified from our 2017 HRSA OSV site visit • We are required to correct the documentation of how the health center and patients pay for laboratory services by May 2018	
Briefly describe the history of the project so far *(be sure to note any actions taken to address diverse client needs and cultures; to ensure fair representation in review and planning)* • The medical director, pharmacy services director, and laboratory manager have reviewed our current process for charging laboratory services to verify our contractual obligations. They have determined that both the health center and patients continue to pay for contracted laboratory services.	

Presentation Summary

• The medical director and lab manager recommend that the scope of services documentation be updated to reflect the current relationship between the health center and the contractor. . • Upon renewal of the laboratory services contract, the Health Center may determine if patient payments and billing practices should be changed.
List any limits or parameters for the Council's scope of influence and decision-making • This vote is not to change pricing or fees for laboratory services • Vote is limited to only updating the scope documentation of laboratory services • The Council is responsible for approving updates to our official scope of services and related forms.
Briefly describe the outcome of a "YES" vote by the Council *(be sure to also note any financial outcomes)* • Our documentation of laboratory services will accurately reflect our current contract and allow us to meet criteria required by HRSA. • A yes vote indicates the Council's approval to update FORM 5A to state that the health center has a *formal written referral agreement* to provide diagnostic laboratory services.
Briefly describe the outcome of a "NO" vote or inaction by the Council *(be sure to also note any financial outcomes)* • Documentation of laboratory services will remain incorrect and the Council will need to identify how to proceed in assuring an accurate recording of services
Which specific stakeholders or representative groups have been involved so far? • Medical Director • Pharmacy and Lab Services Director • Laboratory Manager
Who are the area or subject matter experts for this project? *(& brief description of qualifications)* • Laboratory Manager
What have been the recommendations so far? • Update the current scope of project documentation to reflect current laboratory billing processes • Continue to monitor and evaluate alternative payment and billing practices for laboratory services to improve patient access and financial operations

Presentation Summary

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

- The laboratory contract was reviewed to assure the HRSA OSV findings were accurate.
- Staff from medical and laboratory services leadership reviewed steps to update the form and opportunities to update the contract in the future.

Council Notes:

Self Updates: Services details

H80CS00149: MULTNOMAH COUNTY, Portland, OR

Grant Number: H80CS00149 BHCMIS ID: 101120 Project Period: 12/01/2001 - 12/31/2018

Budget Period: 01/01/2017 - 12/31/2017

Required Services

Service Type	Service Delivery Methods		
	Column I. Direct (Health Center Pays)	Column II. Formal W ritten Contract/Agreement (Health Center Pays)	Column III. Formal W ritten Referral Arrangement (Health Center DOES NOT pay)
General Primary Medical Care	X		
Diagnostic Laboratory	X	X	
Diagnostic Radiology		X	
Screenings	X		
Coverage for Emergencies During and After Hours	X	X	
Voluntary Family Planning	X		
Immunizations	X		
Well Child Services	X		
Gynecological Care	X		
Obstetrical Care			
Prenatal Care	X		
Intrapartum Care (Labor & Delivery)			X
Postpartum Care	X		
Preventive Dental	X		
Pharmaceutical Services	X		
HCH Required Substance Abuse Services	X	X	X
Case Management	X		
Eligibility Assistance	X		
Health Education	X		
Outreach	X		
Transportation	X		
Translation	X	X	

Additional Services

Service Type	Service Delivery Methods		
	Column I. Direct (Health Center Pays)	Column II. Formal W ritten Contract/Agreement (Health Center Pays)	Column III. Formal W ritten Referral Arrangement (Health Center DOES NOT pay)
Additional Dental Services	X		
Behavioral Health Services			
Mental Health Services	X	X	
Nutrition	X		
Complementary and Alternative Medicine	X		
Additional Enabling/Supportive Services	X		
Other - Additional Substance Abuse Services	X		X

Speciality Services

Service Type	Service Delivery Methods		
	Column I. Direct (Health Center Pays)	Column II. Formal W ritten Contract/Agreement (Health Center Pays)	Column III. Formal W ritten Referral Arrangement (Health Center DOES NOT pay)
Psychiatry	X		
Other - Sports Medicine		X	
Other - Rheumatology	X		

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