

Community Health Council  
Public Meeting Agenda

Monday, May 14, 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); Jon Cole; Robyn Ellis; Iris Hodge; Tara Marshall (Chair); Pedro Sandoval Prieto (Member-at-Large); Wendy Shumway (Vice-Chair)

Item	Process/Who	Time	Desired Outcome
<b>Call to Order/Welcome</b>	<ul style="list-style-type: none"><li>Chair, Tara Marshall</li></ul>	6:00-6:05 (5 min)	Review meeting processes
<b>Minutes</b> <b>VOTE REQUIRED</b>	<ul style="list-style-type: none"><li>Review and approve April CHC Minutes</li></ul>	6:05-6:10 (5 min)	Council votes to approve and Chair signs for the record
<b>1st Quarter Complaints</b> <b>VOTE REQUIRED</b>	<ul style="list-style-type: none"><li>Quality Project Manager, Kimmy Hicks</li></ul>	6:10-6:20 (10 min)	Council discussion and vote to accept report
<b>Scope Change PAC Hours</b> <b>VOTE REQUIRED</b>	<ul style="list-style-type: none"><li>Primary Care Operations Manager, Brieshon D'Agostini and PAC Program Supervisor, Pam Buckmaster</li></ul>	6:20-6:30 (10 min)	Council discussion and vote to approve Scope Change

<b>Monthly Budget Report</b>  <b>VOTE REQUIRED</b>	<ul style="list-style-type: none"> <li>Interim Director of Business Operations, Mark Lewis</li> </ul>	6:30-6:40 (10 min)	Council discussion and vote to accept report
<b>FY19 Community Health Center Budget</b>  <b>VOTE REQUIRED</b>	<ul style="list-style-type: none"> <li>Finance Project Manager, Hasan Bader</li> </ul>	6:40-7:00 (20 min)	Council discussion and vote
<b>BREAK</b>	<ul style="list-style-type: none"> <li>All</li> </ul>	7:00-7:10 (10 min)	Meet and greet
<b>Moss Adams Audit Report &amp; OSV Action Plans</b>  <b>VOTE REQUIRED</b>	<ul style="list-style-type: none"> <li>ICS Deputy Director, Adrienne Daniels</li> </ul>	7:10-7:25 (15 min)	Council Discussion and vote to accept reports and to approve action plans
<b>ICS/Strategic Plan Updates &amp; SHC Grant Opportunity</b>  <b>VOTE REQUIRED</b>	<ul style="list-style-type: none"> <li>Co-Interim Health Department Director and ICS Director, Vanetta Abdellatif</li> </ul>	7:25-7:40 (15 min)	Vote to accept report  Vote to approve grant submission
<b>New Member Candidate</b>  <b>VOTE REQUIRED</b>	<ul style="list-style-type: none"> <li>Ballot vote for New Member Candidate David Aguayo</li> </ul>	7:40-7:45 (5min)	Members Vote by Anonymous Ballot
<b>Council Business Committee Reports</b>  <b>VOTE REQUIRED</b>	<ul style="list-style-type: none"> <li>Chair, Tara Marshall</li> <li>Ballot Vote Results</li> </ul>	7:45-7:55 (10 min)	Vote to accept reports Present Results
<b>Meeting Evaluation</b>	<ul style="list-style-type: none"> <li>Chair, Tara Marshall</li> </ul>	7:55-8:00 (5 min)	
<b>Adjourn Meeting</b>	<ul style="list-style-type: none"> <li>Chair, Tara Marshall</li> </ul>	8:00	<b>Goodnight!</b>

# Community Health Council

## Community Health Council Board Meeting Minutes

**Date:** Monday, May 14, 2018

**Time:** 6:00 PM

**Location:** McCoy Building, 10<sup>th</sup> 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
Jon Cole	Board Member	Y
Robyn Ellis	Board Member	N
Tara Marshall	Chair	Y
Pedro Sandoval Prieto	Member-at-Large	Y
Wendy Shumway	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
Pam Buckmaster	PAC Program Supervisor	Y
Lucia Cabrejos	Interpreter, Passport to Languages	Y
Brieshon D'Agostini	Primary Care Operations Manager	Y
Adrienne Daniels	ICS Deputy Director	Y
Rosalio Espinoza	Executive Specialist Pharmacy & Lab	Y
Erin Halton	Executive Specialist Medical & Dental Directors	Y
Kimmy Hicks	Quality Project Manager	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
Debbie Powers	Rockwood Health Center Manager	Y
Ray Sindell	La Clínica de Buena Salud Manager	Y
Tasha Wheat-Delancy	Primary Care Services Director	Y

**Guests:** Debra Abney, David Aguayo, Myranda Harris, Joyce Holland, Chanda McClure, Susana Mendoza, Harold Odhiambo

# Community Health Council

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## Action Items:

- Edit to April 2018 Board meeting minutes: "Wendy's attendance at the April 2018 Board meeting" was via phone for the first half, and she also abstained from voting

## Decisions:

- Approved the April 2018 Board Meeting Minutes
- Accepted the First Quarter Complaints Report
- Accepted the Monthly Budget Report
- Approved the FY '19 Community Health Center Budget
- Approved the Moss Adams Audit Report & HRSA OSV Action Plan
- Accepted the ICS/Strategic Plan updates
- Approved the SHC Grant Application
- Approved the Membership of New Board Member, David Aguayo
- Accepted the Nominating and Executive Committee Reports

**The meeting was called to order at 6:02 pm by Chair, Tara Marshall.**

**The Meeting Ground Rules were presented by Vice-Chair, Wendy Shumway.**

**Noted that quorum was met.**

## April 2018 Meeting Minutes Review

Suggested Edit to page 1: edit to attendance table to state that Wendy's attendance at the April 2018 meeting was via phone for the first half, and she also abstained from voting.

*No other questions or comments were raised by CHC members.*

**Motion by Sue to approve the April 2018 Meeting Minutes.**

**Seconded by Iris.**

**6 aye; 0 nay; 1 abstain**

**Motion carries**

## First Quarter Complaints

*(See Document - ICS Complaints Jan-March 2018)*

Quality Program Project Manager Kimmy Hicks reported that the total number of complaints for the first quarter of CY'18 was 35. She shared a breakout of complaints by clinic location and by medical/dental and complaint category type. Per CHC

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member request from the last quarterly presentation, Kimmy said the total number of first quarter visits was 20,841 and the number of calls was 104,829. Kimmy also provided a breakdown of complaints by program area within the Dental program.

*Questions and comments raised by CHC members:*

- Sue asked how staff distinguish between a scheduling complaint and a complaint about an appointment?
  - Kimmy said that if "wait time" is at the root of the complaint, it is usually connects to scheduling.
- Fabiola commented that when she calls, it is typically is about three weeks before she can be seen by a provider.
  - Kimmy said that kind of issue would be related to "wait time."

*No other questions or comments were raised by CHC members.*

***Motion by Wendy to accept the First Quarter Complaint Report***

***Seconded by Jon***

***7 aye; 0 nay; 0 abstain***

***Motion carries***

### **Scope Change: PAC Hours**

*(See Document - Summary - Hours of Operation Change)*

Brieshon D'Agostini, Primary Care Operations Manager, and Pam Buckmaster, shared that the call center's current hours of operation are 7a.m. - 6 p.m. The new plan for the call center has changed, and they will not take on dental calls. As such, they proposed adjusting the hours to 7:30 a.m. - 5:30 p.m. They shared that this new timeframe will help peak call times be better staffed and supervised, which is expected to result in reduced call hold times.

- Pedro asked what happens when a person needs to reach the call center to cancel an appointment outside of the call center hours?
  - Pam said the caller can select a number to leave a message
- Sue asked if changing hours will allow staff to be more available during peak hours?
  - Pam said yes, that is exactly the idea; this change will create better coverage during lunch and other breaks.

*No other questions or comments were raised by CHC members.*

***Motion by Sue to accept the Scope Change for PAC Hours***

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*Seconded by Iris  
7 aye; 0 nay; 0 abstain  
Motion carries*

### **The Budget Report through February 2018**

*(See Document - Monthly Dashboard-March 2018)*

Mark Lewis, Interim Director of Business Operations, reminded the group where we are in the budget process: this Wednesday May 16, the MCHD Interim Co-Directors along with CHC Chair Tara Marshall will present the revised budget to the Board of Commissioners. He reviewed the monthly dashboards and said the average billable visits were below target, at 544 for March (FY'18 monthly target is 728.) Mark noted that there has not been an overall increase in visits over time since Family Care closed its doors. Mark said that there are a number of expenses that will be on the last quarter of the year, including those for personnel and the human resources software program Workday.

*Questions and comments raised by CHC members:*

- Pedro commented that the graphics on the first few slides were very helpful; he thanked Mark for sharing them.

*No other questions or comments were raised by CHC members.*

***Motion by Fabiola to accept the Budget Report**  
**Seconded by Pedro**  
**7 aye; 0 nay; 0 abstain**  
**Motion carries***

### **FY 2019 Community Health Center Budget**

*(See Documents - Summary-FY'19 Community Health Center Budget and Budget Narrative and Justification July 1, 2018-June 30, 2019)*

Hasan Bader shared the County's proposed fiscal year budget for 2019. He noted that the Health Center Budget grant amount of 9.5 million. He reported that the total budget for the Health Center Program is over 148 million, and the funding needed comes from a combination of federal funds, program income, state and local government funding and other private grants, contracts and pharmacy fees. Hasan noted that there may be additional changes once the budget is finalized by the Board of Commissioners at the end of May.

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No questions or comments were raised by CHC members.

**Motion by Wendy to accept the Corrected Community Health Center Budget**  
**Seconded by Jon**  
**7 aye; 0 nay; 0 abstain**  
**Motion carries**

### **Moss Adams Audit Report**

*(See Document - Moss Adams Financial Audit of Multnomah County)*

Adrienne Daniels said this audit was performed by a third party auditor, and in 2017 reviewed the Health Center 330 Primary Care Grant and the Patient Sliding Fee Discount Program. For analysis ICS shared a random sample of patient encounter data and how much each was charged for a visit compared to what they qualified for. Findings concluded that there were "no findings" within the grant program.

- Iris asked staff to clarify what the Affordable Care Act Abstinence Education program is?
  - Adrienne said that there are programs throughout the County and this is not one that lies within ICs, so she can't speak to any details.
  - Vanetta commented that there are grant funds "base grant" amounts that are steady and then there are one time only grant funds that are used only for specific services and only for specific time frames.
- Sue asked why the grant funding amount on the Moss Adams Audit doesn't match the grant funding amount on the Budget that Hasan Bader presented earlier in this meeting.
  - Hasan explained that the Audit includes expansion grant funds and one-time only funds whereas only the base grant is used for the Budget that was presented earlier in the meeting.

No questions or comments were raised by CHC members.

**Motion by Fabiola to accept the Moss Adams Audit Report**  
**Seconded by Iris**  
**7 aye; 0 nay; 0 abstain**  
**Motion carries**

### **HRSA OSV Follow Up Action Plan**

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*(See Document - HRSA Operational Site Visit Follow Up Action Plan)*

Adrienne shared a brief summary of the HRSA Operational Site Visit follow up and billing and collections action plan. She said this item will come back to CHC in June for approval for formal changes. The second action plan shared was with regard to board authority, and she noted that there will be a change to meeting minute format ahead. She said staff are looking to other co-applicant boards to learn more about what is included in their board agreements. The plan's timeline is for new fee agreements by fall 2018 with a formal proposal for implementation of fee changes. Sliding fee discount program. For the sliding fee discount program, the first formal proposal will come in June. A vote in favor will prompt staff to share with HRSA that the CHC approves the proposed approach to address findings.

- Sue commented that it sounds like there are several items slated for June, and June's CHC meeting is supposed to be a retreat?
  - Vanetta agreed and acknowledged there will need to be careful planning and maybe a second meeting.
- Iris asked about the sliding fee workgroup - who will be on that?
  - Adrienne said that a group managers and staff will review what has changed recently and that workgroup is already in place.
- Wendy asked why there isn't someone from CHC or client base part of that workgroup.
  - Adrienne said that is part of why she brought the item to the CHC, and it is good to hear that there is interest.
  - Vanetta added that the workgroup has a tactical task to align the federal policies & requirements, along with intent and impacts to those clients we serve.

***Motion by Sue to approve the HRSA Operational Site Visit Follow Up Action Plan***

***Seconded by Wendy***

***7 aye; 0 nay; 0 abstain***

***Motion carries***

### **ICS/Strategic Plan and HD Updates**

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

### **Person-Centered and Culturally Relevant**

Oregon Primary Care Association awarded Mid County's Refugee program, which was presented with a Health Equity Award. Vanetta noted this year has been

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particularly challenging for the refugee and immigrant communities.

### Engaged, Expert and Diverse Workforce

Wendy, Sue, Fabiola and Tara have been working with the CHC Board Retreat facilitator, looking at how to fulfill their roles; this will help the entire organization improve. The facilitator is a Nurse by training and been in the community health center world for 20 years; she is very knowledgeable and will make us think.

Vanetta said that Iris will attend a conference this weekend, hosted here in Portland. Vanetta and the other Co-Interim Health Department Director Wendy Lear hosted the second round of quarterly "All Health Department" staff meetings out at Midland Library, where they discussed new HD Headquarters and other topics. The format allowed for discussion of the areas of interest for employees discussion and hearing all types of staff questions, some in regard to the budget.

### Fiscally Sound and Accountable

Vanetta said that for self pay or uninsured discounts, HRSA findings were that the structure could use some correcting, to be sure that clients are receiving the correct discount. A tiered payment structure lies ahead, with set amounts based on income and family size. There will be a flat fee for some services.

### Questions or comments raised by CHC members:

- Iris asked whether we've been over/undercharging?
  - Vanetta said we've been undercharging, and those fees have not been updated in many years and part of the action plan is to do an impact analysis. The goal is to make it accessible for clients and have fees be reasonable.
- Wendy asked how staff reach that number?
  - Vanetta said the thinking is to look at the usual and customary fees; staff are comparing Portland area market office visit costs and MCHD will then set fees close to that price point. Staff will bring proposals for action here to the CHC and see what feedback they have. More details will be shared in June, and she encourages CHC members to review materials in advance of the meeting.
- Pedro asked whether it will be sliding scale or per doctor visit?
  - Vanetta said that there will be fees per visits, and as always no one will be turned away for an inability to pay.

### Quality and Safety

Pharmacy and Lab Director Ritchie Longoria reported that safer sharps disposal bins will be placed in community spaces as a way to have more safe places to dispose of

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needles. The locations will be at East County, Mid County and Northeast Health Centers.

- Pedro asked if those persons that dispose needles would need to be clients themselves?
  - Ritchie said no, but at the same time there will not be advertising.

**Motion by Wendy to accept the ICS Strategic Plan and HD Updates.**

**Seconded by Pedro**

**6 aye; 0 nay; 0 abstain.**

**Motion carries**

### **Student Health Center Grant**

*(See Document - Summary Student Health Center Grant Opportunity)*

Vanetta reported on an opportunity to submit a grant application for renovations at David Douglas, Jefferson and Parkrose Student Health Centers. Funds would be used for paint, furniture, and signage. If awarded the budget will be presented to be approved for the CHC members to consider; the application will be for a budget of just under \$100,000.

- Sue asked staff to stay mindful of clients that are heavier and to select furniture that accommodates all sizes.
- Jon asked if budget lines could be added to bring the total up to 100K
  - Vanetta said yes.

**Motion by Jon to accept the Student Health Center Grant Application.**

**Seconded by Fabiola**

**6 aye; 0 nay; 0 abstain.**

**Motion carries**

### **New Member Candidate**

David Aguayo was recommended to the Executive Committee for nomination to the board by the nominating committee.

*(David was excused from the room in order to conduct the new membership ballot vote)*

### **Nominating Committee Update:**

- Tara said the committee met on April 23rd
- The committee decided to recommend David Aguayo for nomination to the

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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 the committee met on April 23rd
- They crafted agenda for this evening

*No questions or comments were raised by CHC members.*

**Motion by Wendy to accept the Committee Updates.**

**Seconded by Jon**

**7 aye; 0 nay; 0 abstain.**

**Motion carries**

### **VOTE RESULTS:**

Unanimous approval for David Aguayo.

### **Meeting Evaluation:**

- Mark Lewis' reports have improved
- Hasan's report was helpful
- Food was good
- Thanks to Vanetta for all she does
- Grateful to have a group of guests coming to be present for the meetings

Note next meeting is June 16th, same day as the retreat. Per Vanetta, please hold June 11th in case there is a need for an evening meeting during the same week.

**Meeting Adjourned at 7:58 pm.**

Signed: \_\_\_\_\_

Tara Marshall, Chair

Date: \_\_\_\_\_

6/14/2018

# Presentation Summary



## Presentation Summary: FY19 Community Health Center Budget

Inform Only	Annual/ Scheduled Process	New Proposal	Review & Input	<b>Inform &amp; Vote</b>
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Date of Presentation: 5/14/2018	Program / Area: Community Health Center
Presenters: Vanetta Abdellatif / Hasan Bader	
<p>FY 2019 Community Health Center Budget</p> <ul style="list-style-type: none"><li>• Multnomah County's budget year runs from July 1st - June 30th.</li><li>• The Community Health Center submits an annual budget as part of the full Multnomah County budget, reflecting the expected revenue and expenses associated with operation of the Health Center.</li><li>• The Community Health Council has authority over the community health center budget.</li></ul>	
<p>Describe the current situation:</p> <ul style="list-style-type: none"><li>• Senior leadership and program managers have prepared budgets for each of the community health center programs.</li><li>• A draft FY2019 Budget has been reviewed by the Executive Committee of the Community Health Council.</li></ul>	
<p>Why is this project, process, system being implemented now?</p> <ul style="list-style-type: none"><li>• The health center budget is part of the Multnomah County budget all budgets must be finalized by June 2018.</li></ul>	
<p>Briefly describe the history of the project so far <i>(be sure to note any actions taken to address diverse client needs and cultures; to ensure fair representation in review and planning)</i></p> <ul style="list-style-type: none"><li>• Chair Deborah Kafoury (Board of County Commissioners) met with the Community Health Council on February 12th, 2018, to discuss her budget priorities and to discuss support for the Community Health Center</li><li>• Chair Tara Marshall (Community Health Council) is scheduled to present the health center budget to the Board of County Commissioners in May 2018.</li></ul>	

# Presentation Summary



List any limits or parameters for the Council's scope of influence and decision-making

- The Community Health Council oversees the scope of services and budget for the Community Health Center, which does not include all of the Health Department.
- The scope of the health center budget includes: primary care services, dental services, pharmacy services, mental health services, student health services, and quality / administrative support programs.

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

- A "YES" vote by the Community Health Council would approve the proposed FY19 health center budget. This budget is used to produce the budget-to-actual expenditure reports that will be presented to the Council for review and approval throughout the year.

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

- A "NO" vote by the Community Health Council does not approve the proposed FY19 health center budget as presented. The Council must work with health center staff to update and revise the budget to be included in the full Multnomah County Budget.

Which specific stakeholders or representative groups have been involved so far?

- Health center managers and leaders
- Community Health Council Executive Committee
- Multnomah County Board of Commissioners' Chair Deborah Kafoury

Who are the area or subject matter experts for this project? (*& brief description of qualifications*)

- Vanetta Abdellatif, Health Center Executive Director, Director of Integrated Clinical Services and Co-interim Health Department Director

What have been the recommendations so far?

- Approval of the proposed FY2019 with updated revenue sources

Council Notes:

# BUDGET NARRATIVE AND JUSTIFICATION

## Section I: Program Budget Details

July 1, 2018 – June 30, 2019

		Federal Request	Non-Federal Resources	Total Budget
<b>A. PERSONNEL</b>		<b>5,022,863</b>	<b>51,984,426</b>	<b>57,007,289</b>
	Salaries			
<b>B. FRINGE BENEFITS</b>		<b>3,363,030</b>	<b>34,664,355</b>	<b>38,027,385</b>
	Salary related expenses	1,755,847	19,072,140	<b>20,827,987</b>
	Salary related insurance benefits	1,607,183	15,592,215	<b>17,199,398</b>
<b>C. TRAVEL &amp; TRAINING</b>		<b>-</b>	<b>168,327</b>	<b>168,327</b>
<b>D. EQUIPMENT</b>		<b>-</b>	<b>570,000</b>	<b>570,000</b>
	Lab and Pharmacy Equipment	-	570,000	<b>570,000</b>
<b>E. SUPPLIES</b>		<b>-</b>	<b>13,917,678</b>	<b>13,917,678</b>
	Drugs	-	11,368,902	<b>11,368,902</b>
	Medical & Dental Supplies	-	1,781,038	<b>1,781,038</b>
	Office Supplies	-	767,738	<b>767,738</b>
<b>F. CONTRACTUAL</b>		<b>142,040</b>	<b>6,852,462</b>	<b>6,994,502</b>
<b>G. CONSTRUCTION</b>		<b>-</b>	<b>-</b>	<b>-</b>
<b>H. OTHER</b>		<b>-</b>	<b>20,428,783</b>	<b>20,428,783</b>
	<b>INTERNAL SERVICES</b>		<b>-</b>	<b>-</b>
	Data Processing	-	9,703,788	<b>9,703,788</b>
	Building Occupancy	-	5,163,083	<b>5,163,083</b>
	Telecom	-	850,699	<b>850,699</b>
	Postage and Distribution	-	581,080	<b>581,080</b>
	Motor Pool	-	102,006	<b>102,006</b>
	<b>OTHER</b>			
	County Facilities costs for repairs and maintenance to buildings, clinics, and offices	-	375,461	<b>375,461</b>
	On-Call and Temporary staff	-	1,694,068	<b>1,694,068</b>
	Education & Training	-	498,881	<b>498,881</b>
	Premium: Language, shift and lead incentives	-	912,071	<b>912,071</b>
	Printing	-	290,977	<b>290,977</b>
	Dues & Subscriptions	-	199,021	<b>199,021</b>
	Communications	-	41,344	<b>41,344</b>
	Rentals	-	16,304	<b>16,304</b>
<b>I. TOTAL DIRECT CHARGES</b>		<b>8,527,933</b>	<b>128,586,031</b>	<b>137,113,964</b>
<b>J. INDIRECT CHARGES</b>		<b>1,057,461</b>	<b>9,879,390</b>	<b>10,936,851</b>

	The FY 2019 Multnomah County Cost Allocation Plan has set the Health Department's indirect rate at 12.61% of Personnel Expenses (Salary and Fringe Benefits). The rate includes 2.80% for Central Services and 9.81% for Departmental.				
K.	TOTAL COSTS		9,585,394	138,465,421	148,050,815
	REVENUE		9,585,394	138,465,421	148,050,815
	FEDERAL FUNDS REQUESTED		9,585,394		
	PROGRAM INCOME			86,563,105	86,563,105
	OTHER FEDERAL			3,728,840	3,728,840
	STATE GOVERNMENT			6,877,792	6,877,792
	LOCAL GOVERNMENT			580,139	580,139
	PRIVATE GRANTS/CONTRACTS			1,633,258	1,633,258
	OTHER - PHARMACY FEES / PCPCH			26,364,519	26,364,519
	APPLICANT (County General Fund Match)			12,717,768	12,717,768

## **BUDGET NARRATIVE AND JUSTIFICATION**

### **Section II: General Information**

**July 1, 2018 – June 30, 2019**

#### **A. INTRODUCTION**

The following budget presentation covers services and personnel for:  
Integrated Clinical Services and associated FQHC services in the Health Department.

All presentations share the County fiscal year budget date between July 1, 2018 and June 30, 2019. The budget presentation consists of two sections:

- General budget information & justification common to all programs
- Budget presentations, detailing budget information

#### **B. SOURCE OF BUDGETARY INFORMATION**

Multnomah County operates on a July 1 - June 30 fiscal year. The County will adopted its FY 2018/2019 operating budget by May 2018. 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 includes all program budgets for Integrated Clinical Services and associated FQHC services in the Health Department.

#### **C. COST ALLOCATION**

The source document for cost allocation are the submitted proposed budgets for Integrated Clinical Services' and FQHC services' FY 2019 and operational budget for the Health Department.

The Integrated Clinical Services budgets include the following:

- All Primary Care Clinics
- All Student Health Centers
- Quality and Administrative Support
- The Dental Program
- The Pharmacy 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 2019. 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.

## BUDGET NARRATIVE AND JUSTIFICATION

### Section II: General Information

July 1, 2018 – June 30, 2019

#### 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 2019 adopted budget included a pay increase of 3.5% 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 39.52% of the base pay. This includes retirement, Medicare and Social Security matches, and local taxes.
- **Salary-Related Insurance Benefits** are budgeted at 6.85% of the base pay. This includes workers compensation insurance, liability insurance, unemployment insurance, long term disability insurance, retiree medical insurance, and benefits administration.
- **Flat-Rate Insurance Benefits** are budgeted at \$16,614 for full-time employees (0.8 – 1.0 FTE). For Local 88 three-quarter time employees, it is \$12,461 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.

## BUDGET NARRATIVE AND JUSTIFICATION

### Section II: General Information

July 1, 2018 – June 30, 2019

#### F. PROJECT REVENUES

##### Schedule of State, Local, and Other Funding

<b>1. Other Federal Grants</b>	<b>\$3,728,840</b>
Example: Ryan White, Healthy Start, Special Maternal Child Health Interventions, Clinic renovations.	
<b>2. State Grants</b>	<b>\$6,877,792</b>
Example: Healthy Start, School Based Health Center Clinics, Youth Development Grants, Family Planning Grants, HIV Care Assistance, Babies First, Refugee Screening	
<b>3. Local Government</b>	<b>\$580,139</b>
Example: Local head start grants, SUN Community Grants	
<b>4. Private Grants</b>	<b>\$1,633,258</b>
Example: CareOregon Maternal Child Medical Home, Legacy Health, Kaiser, OHSU, Fortin Foundation	
<b>5. Other Medicaid / Medicare</b>	<b>\$26,364,519</b>
Example: Other Medicaid Pharmacy FFS, Quality and Incentive Funds, other patient fees	
<b>6. Other County General Fund</b>	<b>\$12,717,768</b>
<b>7. Requested 330 Primary Care Grant Funding</b>	<b>\$9,585,394</b>
<b>8. Program Income</b>	<b>\$86,563,105</b>
Example: Patient fees, insurance reimbursement	
<hr/>	
<b>Total</b>	<b>\$148,050,815</b>

## **BUDGET NARRATIVE AND JUSTIFICATION**

### **Section II: General Information**

**July 1, 2018 – June 30, 2019**

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. Family Care, Inc. ceased Medicaid operations in February 2018.

MCHD is a central part of HSO. 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 clients. Care Oregon is a non-profit health plan serving State of Oregon Health Plan Clients. The County is Care Oregon's largest primary care provider. Services provided to Care Oregon 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 Care Oregon. In FY2018, the average number of Care Oregon clients assigned to Multnomah County averaged 27,350 clients per month.

# ACTION PLAN

## HRSA Operational Site Visit Follow-up

### Multnomah County Health Department

#### Billing and Collections

The following document describes the Health Center's plan to address findings from the 2017 Operational Site Visit and meet the requirements of the conditions placed on the 330 grant award.

#### The Community Health Council's (CHC) Role and Authority

The CHC has authority to approve updates to the schedule of charges (chargemaster). The CHC must also adopt a policy for waiving fees that meets health center program requirements. The CHC must review the following corrective action plan.

#### Condition

[#4 Within 90 days, provide an action plan detailing the steps the health center will implement in order to comply with having policies and procedures in place that ensure appropriate charging, billing and collections, including updating the schedule of charges if appropriate OR provide board approved documentation that action\(s\) have been implemented resulting in compliance with this requirement.](#)

#### Findings

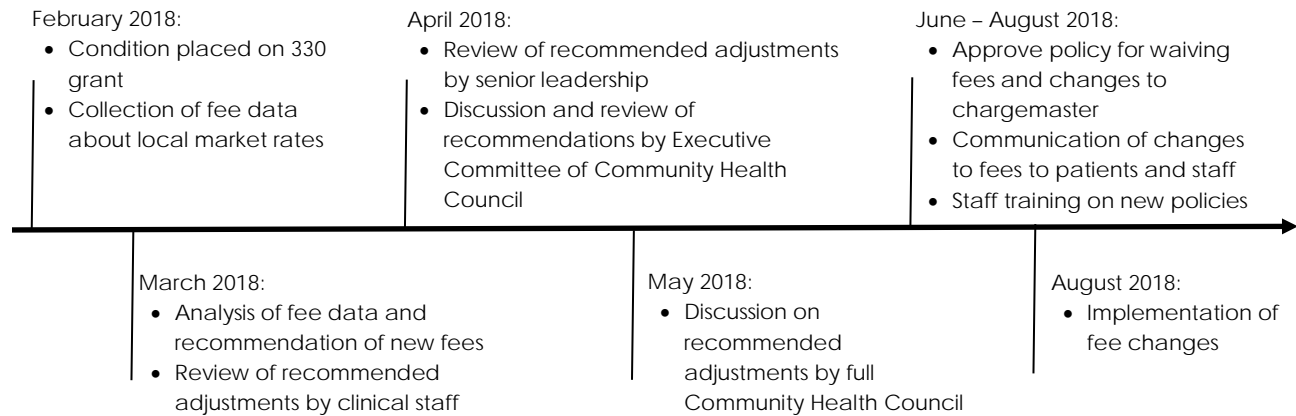
- MCHD's policy does not have a provision for the circumstances and criteria for waiving charges.
- From NoA, the health center will update its charge master (schedule of charges).

#### Actions to Address Findings

1. Review findings, identify necessary actions and develop recommendations for health center leadership and the Community Health Council
2. Collect data for local market area usual and customary charges
3. Evaluate financial and operational impact of changes to schedule of charges
4. Analyze data to determine an appropriate relative value unit (RVU) based schedule of fees
5. Revise SFDP policies to align with Health Center Program requirements and adding criteria for waiving charges.
6. Have proposed fees vetted by clinic management
7. Obtain fee increase approval from senior management
8. Obtain final approval of policy for waiving fees and changes to chargemaster from Community Health Council (CHC).

9. Update logic in billing systems and electronic health records (EHR)
10. Communicate change to patients
11. Implement fee schedule update

### Proposed Timeline



### Final Deliverables:

- Patient and Staff Communication
- Updated Sliding Fee Discount Program Policy, including policy language related to waiving fees.
- Updated Chargemaster

## ACTION PLAN

### HRSA Operational Site Visit Follow-up

#### Multnomah County Health Department

### Board Authority

The following document describes the Health Center's plan to address findings from the 2017 Operational Site Visit and meet the requirements of the conditions placed on the 330 grant award.

#### **The Community Health Council's (CHC) Role and Authority**

The Community Health Council has authority for assuring oversight of the Health Center Program project, including the development of bylaws, compliance with Federal, State, and local regulations, and setting long term strategic planning and financial management. As a public-entity FQHC, the Community Health Council must clearly define oversight and governing processes of the Health Center compared to the Multnomah County Board of Commissioners.

#### **Condition**

[#3: Within 90 days, provide an action plan detailing the steps that the health center](#) will take to implement in order to comply with all applicable board authority requirements OR provide board approved documentation that action(s) have been implemented resulting in compliance with this requirement.

#### **Findings**

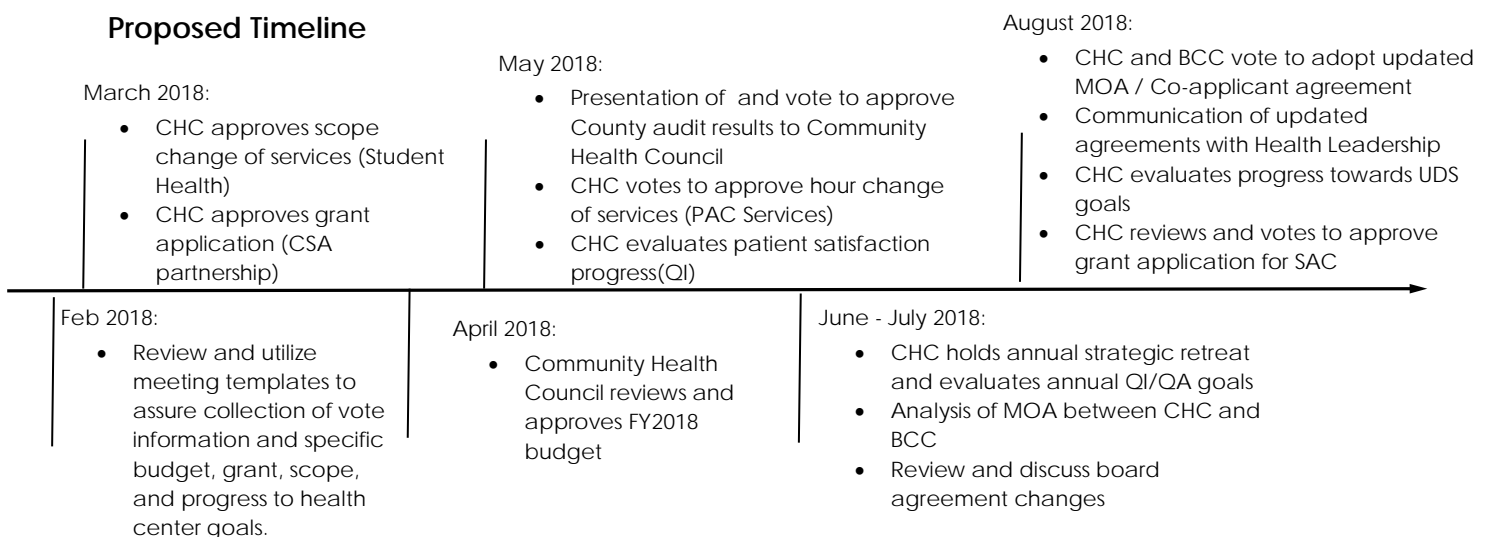
- The MOU documentation between the Board of County Commissioners and the Community Health Council does not describe the delegation of authority, roles, responsibilities, and authorities of each party over the management of the health center.
- The board does not consistently document approval of applications related to the Health Center Project, including grants and other HRSA Scope of Project documents. The most recent SAC and BPR are not documented in board minutes.
- Approval of the health center budget and County budget audit were not included in board meeting minutes.
- Approval of health center services and the location of services beyond "required" services were not documented in board meeting minutes.
- Board approved hours of operation were not recorded in board meeting minutes.

- Meeting minutes did not capture board approval and monitoring of progress towards health center goals (clinical, financial, and operational)
- Meeting minutes did not capture board approval and monitoring of strategic information for long-term planning

### Action Take to Address Findings

1. Review Community Health Council (CHC) Meeting Minute Templates to assure: board votes and outcomes, budget approval and audit findings, approval of grant applications (SAC and BPR), all services provided, hours of operations, and progress and approval of health center goals. Collect previous board packets to demonstrate meeting votes and approvals.
2. Present and review FY18 budget with information requested by HRSA to CHC Board.
3. Community Health Council approves FY18 budget.
4. Collect and analyze public Community Health Center Board agreements and Memorandum of Agreement (MOA) / Co-applicant agreement.
5. Review board authority requirements and proposed changes at CHC Strategic Planning Retreat.
6. Draft and finalize updated board agreements, including legal review.
7. Communicate approval processes and authority of each board to senior County leadership and Health Center Leadership.
8. Community Health Council approves updated co-applicant board agreement.

### Proposed Timeline



**Final Deliverables:**

- Meeting minutes of budget approval from 4/9/2018
- Meeting minutes of audit review, hour change, and patient satisfaction from 5/14/2018
- Agenda/Notes from June 2018 CHC board strategic retreat
- Updated Memorandum of Agreement between the Community Health Council and the Board of County Commissioners

# ACTION PLAN

## HRSA Operational Site Visit Follow-up

### Multnomah County Health Department

#### Sliding Fee Discount Program

The following document describes the Health Center's plan to address findings from the 2017 Operational Site Visit and meet the requirements of the conditions placed on the 330 grant award.

#### **The Community Health Council's (CHC) Role and Authority**

The CHC has authority for adopting policies for patient eligibility including setting eligibility criteria for the sliding fee discount program. The CHC must also adopt a policy that meets health center program requirements including definitions for income and family, the setting of a nominal charge, and the amount of discount provided to each discount class. The CHC must also review the following corrective action plan.

#### **Condition**

[#2: Within 90 days, provide an action plan detailing the steps the health center will implement in order to comply with sliding fee discount program requirements, including updating the schedule of discounts if appropriate OR provide board approved documentation that action\(s\) have been implemented resulting in compliance with this requirement.](#)

#### **Findings**

- The nominal amount for patients at 100% or below the FPG is more than the fee paid by a patient in the first sliding fee discount schedule (SFDS) pay class above 100% of the federal poverty guideline (FPG).
- The nominal amount does not indicate what is included or excluded from that amount. Although MCHD did evaluate the nominal amount from the patient's perspective to ensure it is not a barrier to care. The nominal fee is a fixed rate that does reflect true cost of the services being provided.
- There is inconsistency between the policy and the forms supporting the operational procedures; the forms do not synchronize with the draft policy, such as, the income verification sources in the policy not being the same as the application form.

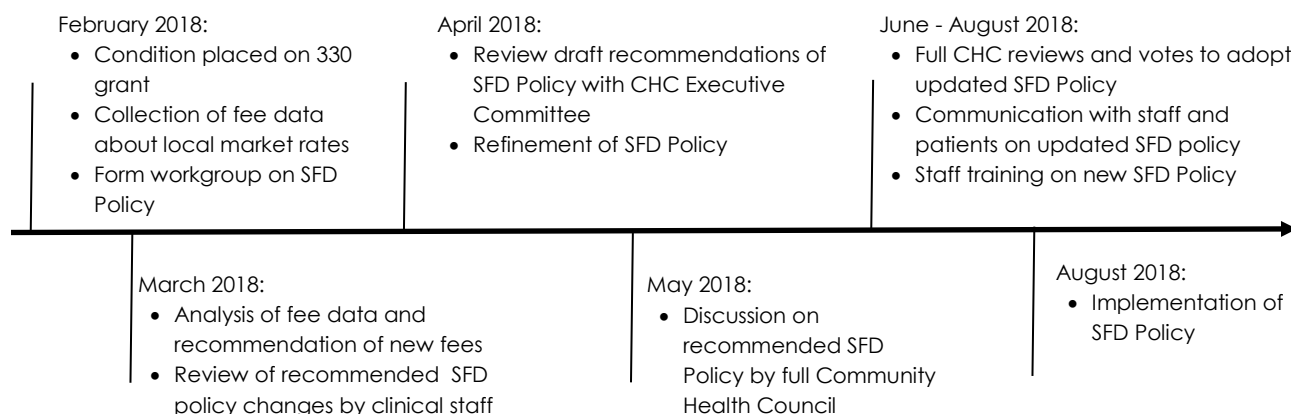
The policy states eligibility is only based on patient income and family size; however, there are inconsistencies in the practice and forms that imply the patient has to apply for Medicaid, and the effective date of the SFD is not outlined in the policy for patients with pending Medicaid coverage or other third-party insurance.

- The nominal charge is waived for homeless; however, the documentation and income verification for this population is not clear in the policy. The health center may not waive charges for an entire class of patients (in this case, those experiencing homelessness) since policy must be applied uniformly.
- Policy does not address that the SFD applies to all services included in the Scope of Project.

### **Actions to Address Findings**

1. Establish a Sliding Fee Discount Program (SFDP) work group to review findings, identify necessary actions and develop recommendations for health center leadership and the Community Health Council.
2. Evaluate financial and operational impact of changes to SFDP.
3. Create draft sliding fee discount schedule and review with clinic managers.
4. Revise SFDP policies to align with Health Center Program requirements including:
  - a. A description of what the nominal charge covers.
  - b. A comprehensive description of all sliding fee discount schedules for all health center services within scope.
5. Community Health Council reviews and approves proposed Sliding Fee Discount policy.
6. Update procedures, job aids, workflow documents and forms
7. Train staff on new program; develop training for onboarding front desk staff, eligibility specialist staff and medical billing staff.
8. Communicate change to patients
9. Implement change
10. Identify system for monitoring quality and compliance with guidelines

### **Proposed Timeline**



### **Final Deliverables:**

- Updated Sliding Fee Discount Program Policy
- Patient and Staff Communication

A stylized graphic on the left side of the slide. It features two dark green mountain peaks in the upper left. Below them is a dark green wavy band representing a forest or middle ground. At the bottom is a blue wavy band representing water. The entire graphic is composed of solid-colored shapes with no outlines.

# ICS Complaints

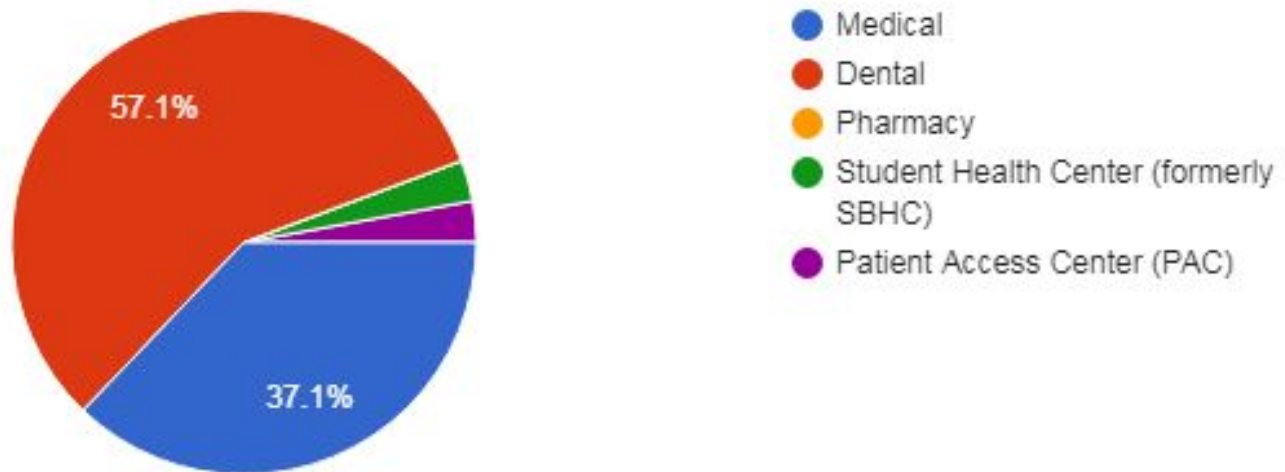
Quarter 1 (January - March 2018)

Department Name

# Program Area

## Service Area

35 responses

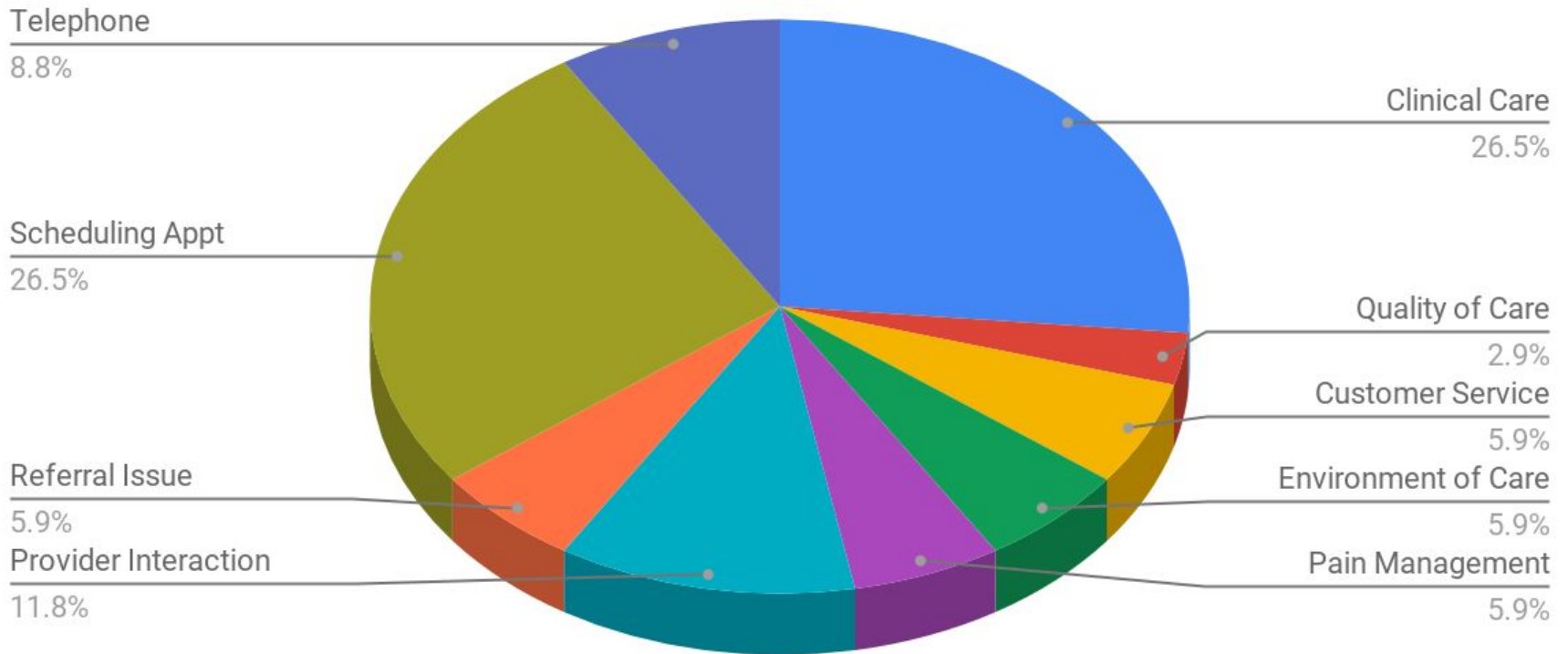


# ICS Complaints Jan-Mar 2018

## Complaints by Location

Location	Total Complaints
Billi Odegard Dental	7
East County	5
La Clinica	1
Mid County	5
Northeast	9
North Portland	0
Rockwood	1
Southeast	5
Patient Access Center (PAC)	1
Student Health Centers	1
<b>Total Medical and Dental Complaints (Jan - Mar)</b>	<b>35</b>
<b>Total # of patient visits (Jan - Mar) (excludes student health)</b>	<b>20,841</b>
<b>Total # of Patient Access Center (PAC) phone calls (Jan - Mar)</b>	<b>104,829</b>

## Complaint Type



# ICS Complaints Jan-Mar 2018

## Complaints by Program Area in Dental

Dental Program Category	Total Complaints
Clinical Care	7
Customer Service	2
Environment of Care	2
Provider Interaction	1
Referral Issue	1
Scheduling an Appointment	6
Telephone	1
<b>Total Dental Complaints (Jan - Mar)</b>	<b>20</b>

<b>Total # of patient visits (Jan - Mar) (excludes student health)</b>	<b>20,841</b>
<b>Total # of Patient Access Center (PAC) phone calls (Jan - Mar)</b>	<b>104,829</b>

# ICS Complaints Jan-Mar 2018

## Complaints by *Program Area in Medical*

Medical Program Category (includes PAC and Student Health)	Total Complaints
Clinical Care	3
Concern about Quality of Service	1
Pain Management	2
Provider Interaction	3
Referral Issue	1
Scheduling an Appointment	3
Telephone	2
<b>Total Medical Complaints (Jan - Mar)</b>	<b>15</b>

<b>Total # of patient visits (Jan - Mar) (excludes student health)</b>	<b>20,841</b>
<b>Total # of Patient Access Center (PAC) phone calls (Jan - Mar)</b>	<b>104,829</b>

# Multnomah County Health Department

## Monthly Dashboard

March 2018

Prepared by: [Papa Diallo](#)

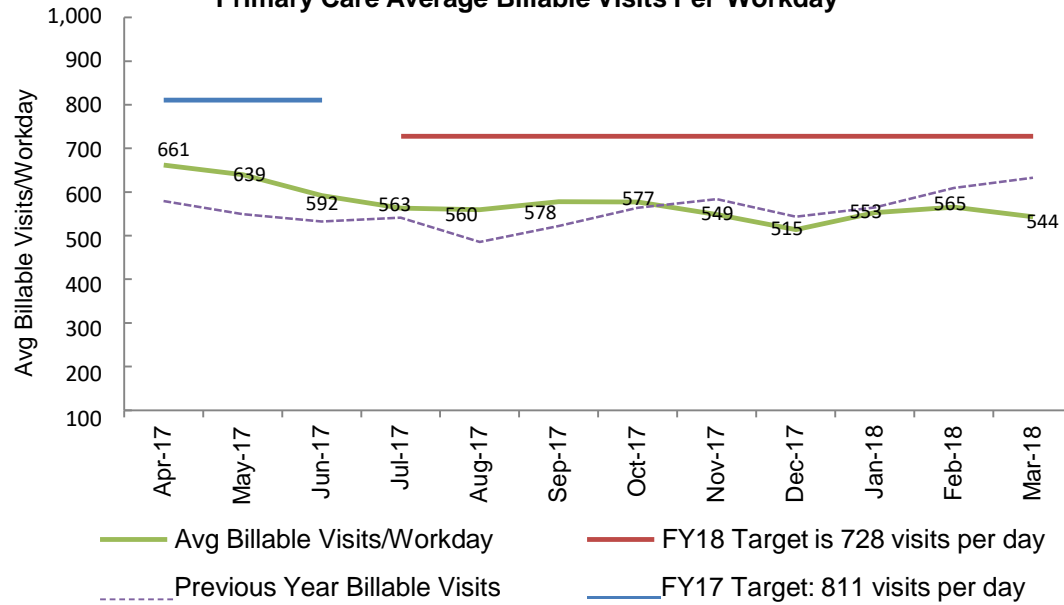




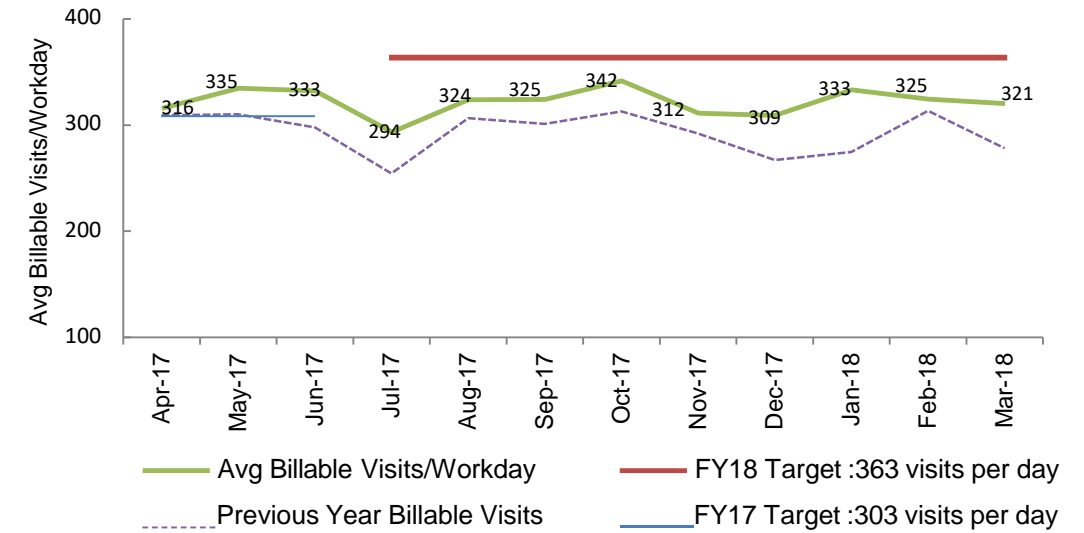
# Multnomah County Health Department

## Weekly Billable Visits Per Department

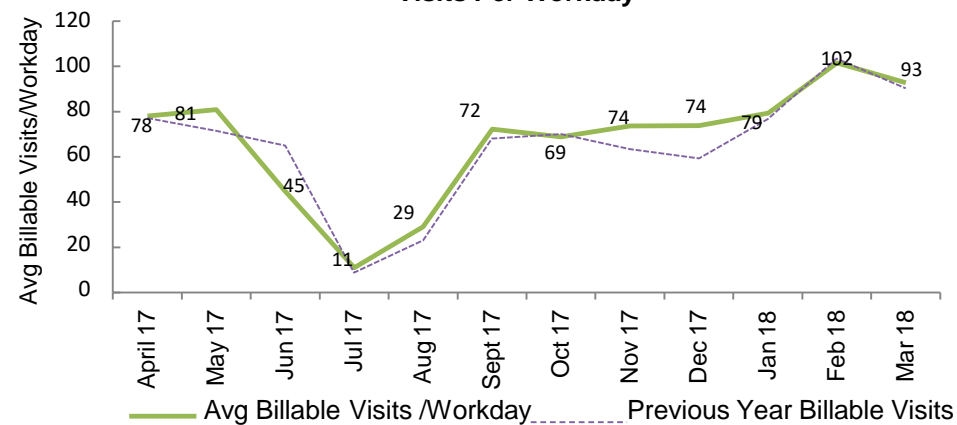
### Primary Care Average Billable Visits Per Workday



### Dental Average Billable Visits Per Workday



### School-Based Health Center Average Billable Visits Per Workday



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.

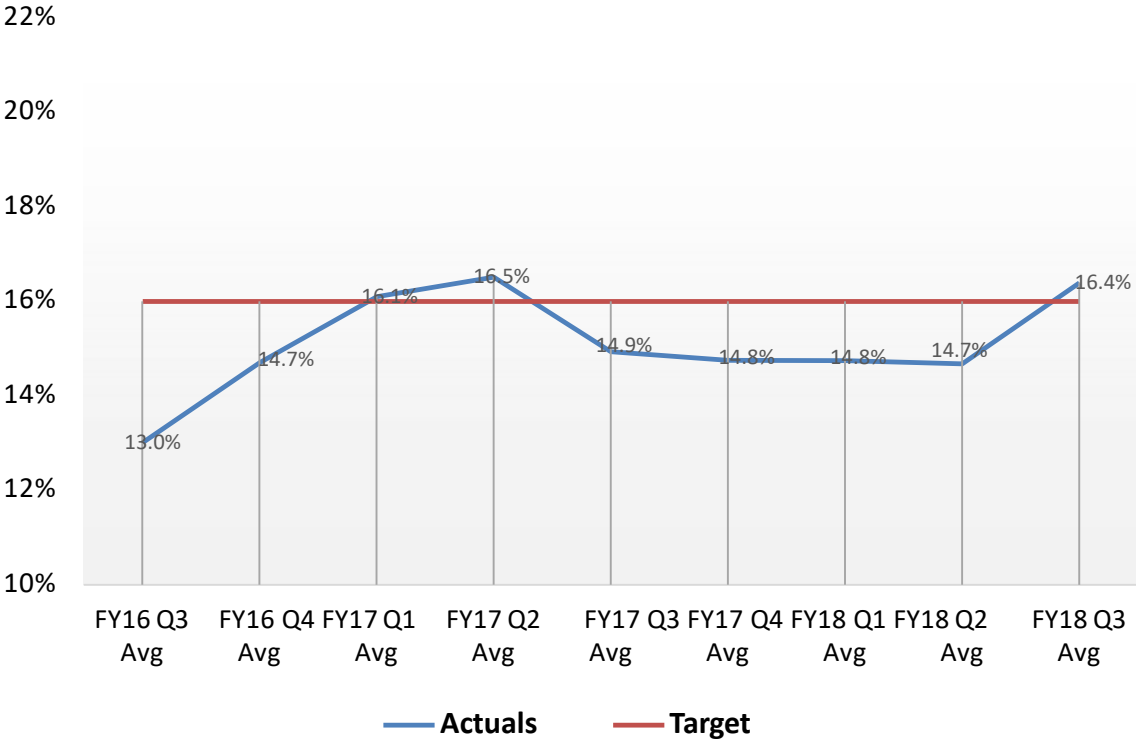




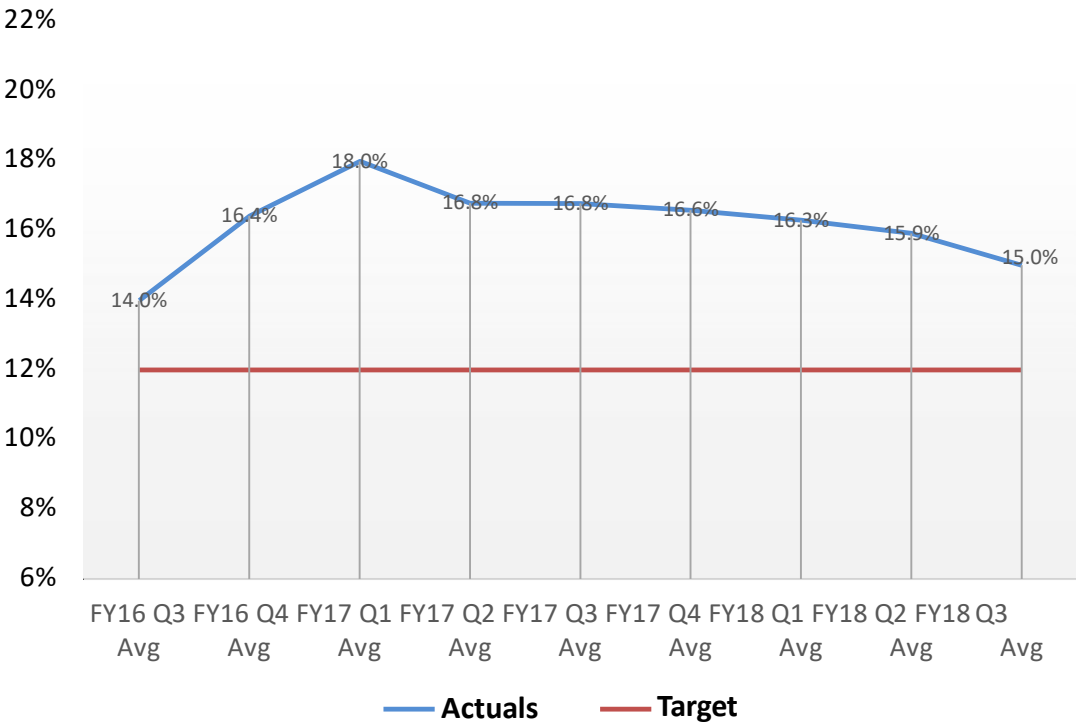
# Multnomah County Health Department

## 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.

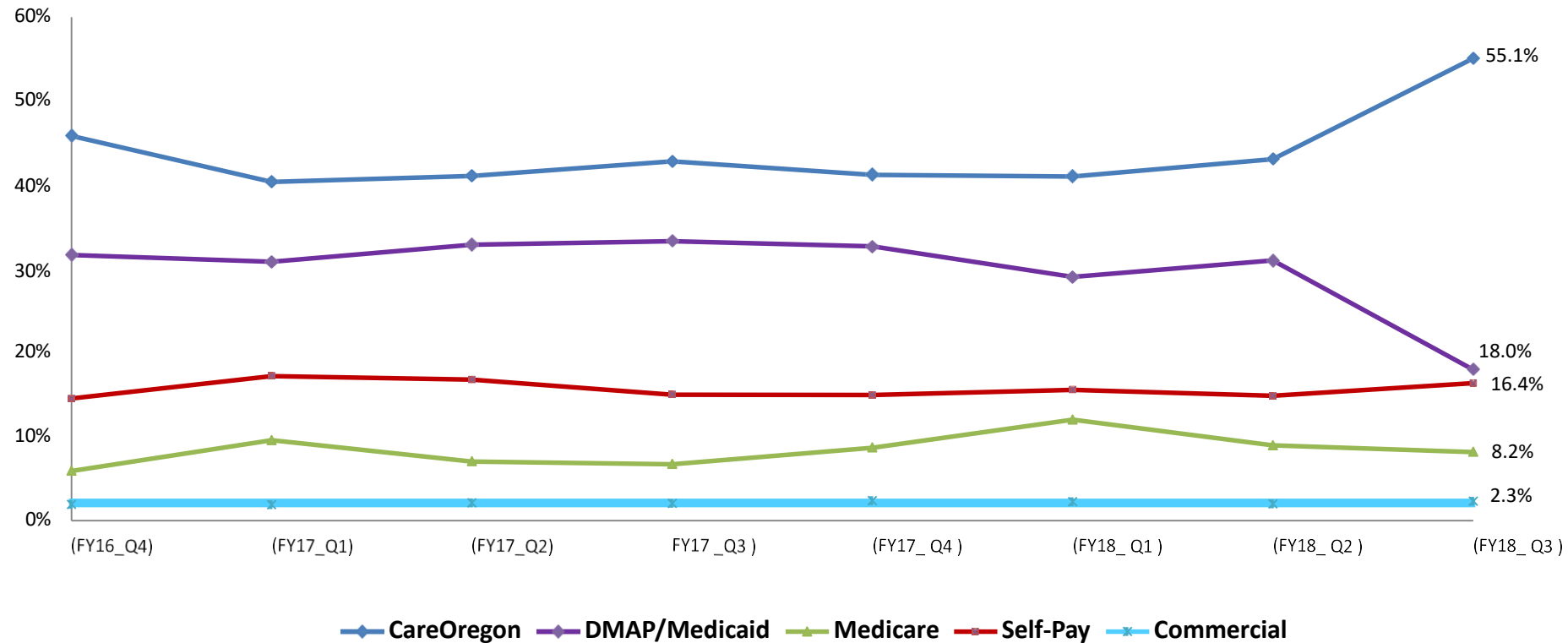




# Multnomah County Health Department

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

Payer Mix 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

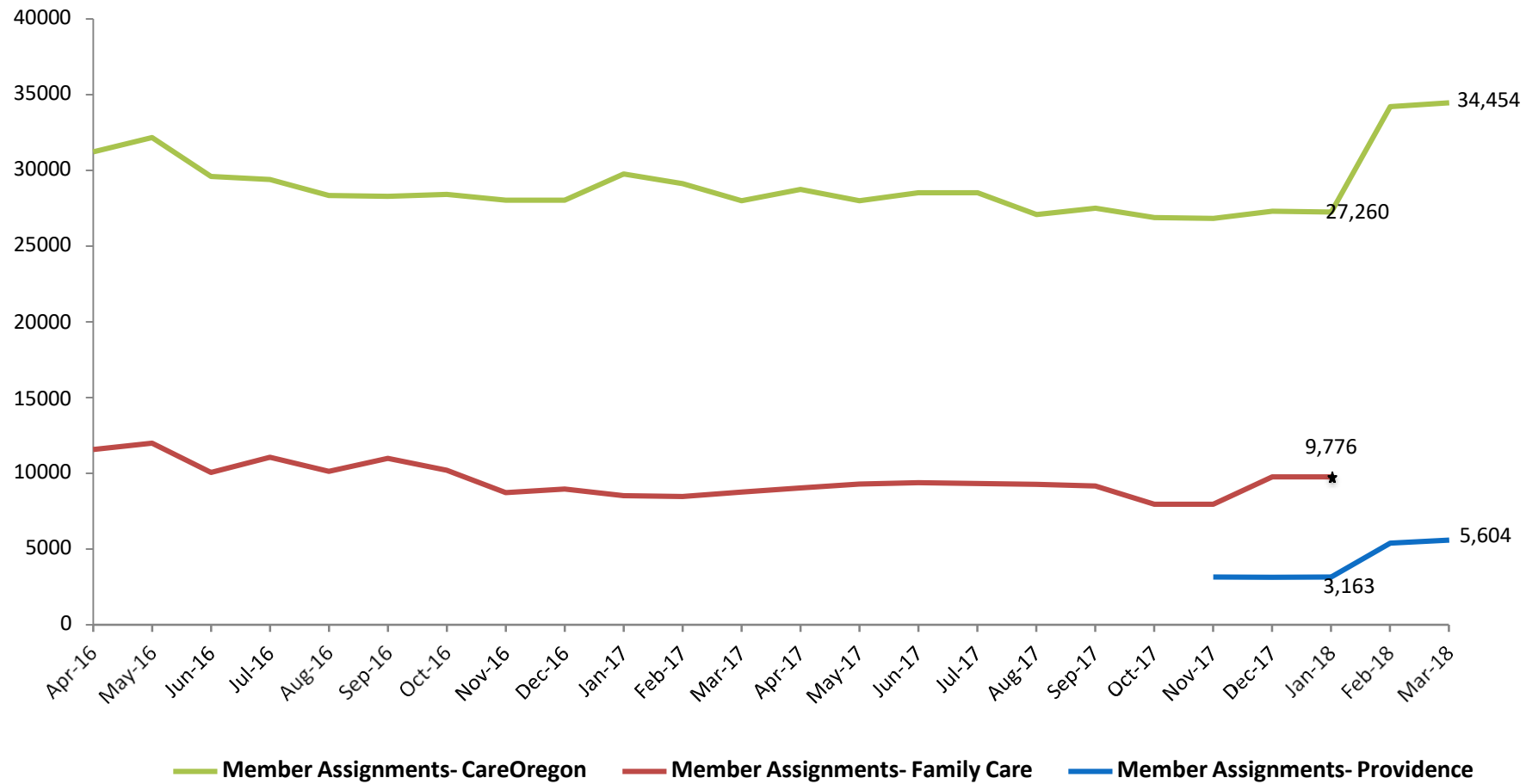




# Multnomah County Health Department

## MCHD Primary Care CareOregon OHP & Family Care Member Assignments

Primary 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 28,902





# Multnomah County Health Department

## Community Health Centers: Financial Statement

For Period Ending March 2018

### Community Health Centers - Page 1

March Target:

75%

	Revised Budget	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
<b>Revenue</b>							
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
<b>Total</b>	<b>\$118,940,857</b>	<b>\$ 7,590,542</b>	<b>\$ 8,527,960</b>	<b>\$ 9,202,728</b>	<b>\$11,916,037</b>	<b>\$11,239,712</b>	<b>\$12,125,096</b>
<b>Expense</b>							
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	\$ -	\$ -
<b>Total</b>	<b>\$118,940,857</b>	<b>\$ 8,613,693</b>	<b>\$10,259,295</b>	<b>\$ 9,415,806</b>	<b>\$ 9,882,877</b>	<b>\$ 9,765,638</b>	<b>\$10,385,014</b>
<b>Surplus/(Deficit)</b>	<b>\$ -</b>	<b>\$ (1,023,151)</b>	<b>\$ (1,731,335)</b>	<b>\$ (213,078)</b>	<b>\$ 2,033,160</b>	<b>\$ 1,474,074</b>	<b>\$ 1,740,082</b>

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



	Revised Budget	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Year to Date Total	% YTD
<b>Revenue</b>									
General Fund	\$ 5,912,269	\$ 535,613	\$ 568,462	\$ 558,267	\$ -	\$ -	\$ -	\$ 4,848,130	82%
Grants - BPHC	\$ 9,557,198	\$ 858,784	\$ 941,935	\$ 867,820	\$ -	\$ -	\$ -	\$ 6,976,311	73%
Grants - Incentives	\$ 5,903,961	\$ 421,420	\$ -	\$ 1,310,179	\$ -	\$ -	\$ -	\$ 7,339,872	124%
Grants - All Other	\$ 4,914,201	\$ 466,552	\$ 932,846	\$ 418,960	\$ -	\$ -	\$ -	\$ 4,124,988	84%
Health Center Fees	\$ 91,743,442	\$ 7,684,192	\$ 8,464,510	\$ 7,595,973	\$ -	\$ -	\$ -	\$ 68,364,388	75%
Self Pay Client Fees	\$ 909,786	\$ 94,503	\$ 86,599	\$ 109,267	\$ -	\$ -	\$ -	\$ 864,268	95%
<b>Total</b>	<b>\$118,940,857</b>	<b>\$10,061,064</b>	<b>\$10,994,352</b>	<b>\$10,860,466</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 92,517,957</b>	<b>78%</b>
<b>Expense</b>									
Personnel	\$ 77,084,758	\$ 6,357,261	\$ 6,200,610	\$ 6,148,522	\$ -	\$ -	\$ -	\$ 55,942,974	73%
Contracts	\$ 2,347,826	\$ 151,362	\$ 346,608	\$ 144,237	\$ -	\$ -	\$ -	\$ 2,080,302	89%
Materials and Services	\$ 17,206,493	\$ 1,049,991	\$ 1,158,831	\$ 1,344,439	\$ -	\$ -	\$ -	\$ 11,114,699	65%
Internal Services	\$ 22,147,322	\$ 1,605,606	\$ 2,240,607	\$ 2,181,724	\$ -	\$ -	\$ -	\$ 18,093,289	82%
Capital Outlay	\$ 154,458	\$ -	\$ -	\$ 38,323	\$ -	\$ -	\$ -	\$ 59,180	38%
<b>Total</b>	<b>\$118,940,857</b>	<b>\$ 9,164,220</b>	<b>\$ 9,946,656</b>	<b>\$ 9,857,245</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 87,290,444</b>	<b>73%</b>
<b>Surplus/(Deficit)</b>	<b>\$ -</b>	<b>\$ 896,844</b>	<b>\$ 1,047,696</b>	<b>\$ 1,003,221</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 5,227,513</b>	

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



## **Moss Adams' Financial Audit of Multnomah County Community Health Center Program**

*Information provided by Allie Troy, Senior Financial Specialist for Multnomah County  
Document created by Adrienne Daniels, Deputy Director for Integrated Clinical Services  
April 13, 2018*

### **What Happened?**

- Multnomah County conducts a yearly review of finances and spending to assure that taxpayer money is being spent in accordance with financial rules and procedures. This review is completed by the Moss Adams Consulting and Accounting firm.
- This financial audit also includes a review of some Community Health Center programs and grants.
- In 2017, the Health Center 330 Primary Care Grant and the Patient Sliding Fee Discount program were selected for review.
- The Health Center's Co-applicant Board (Community Health Council) is responsible for reviewing all audit findings of the Health Center.

### **How was the Health Center Reviewed?**

- To complete an analysis of the Patient Sliding Fee program, the auditors reviewed a random sample of patient encounters and how much each patient was charged for a visit. They compared this information to what discount the patient qualified for, based upon their visit with an eligibility specialist.
- Billing records were then compared to see if the payments from patient visits were recorded correctly.
- All personal health information was removed from the records during the audit.
- Auditors also reviewed how much money was removed from the 330 Primary Care grant (called a "spend down") each month and how it was spend on patient care, staffing, and other costs.

### **What was the result?**

- Moss Adam's review of the Health Center's 330 Primary Care grant and the Sliding Fee Discount program resulted in a "no findings" report.
- "No findings" means that no weaknesses, unusual or suspicious charges, or significant internal control problems were found with the grant or program. There are no actions that the Health Center is required to take at this time.

**MULTNOMAH COUNTY  
SCHEDULE OF FINDINGS AND QUESTIONED COSTS  
FOR THE YEAR ENDED JUNE 30, 2017**

**Section I - Summary of Auditor's Results**

**Financial Statements**

Type of auditor's report issued on whether the financial statements audited were prepared in accordance with GAAP:

*Unmodified*

Internal control over financial reporting:

- Material weakness(es) identified? ☐ Yes ☒ No
- Significant deficiency(ies) identified? ☐ Yes ☒ None reported
- Noncompliance material to financial statements noted? ☐ Yes ☒ No

**Federal Awards**

Internal control over major federal programs:

- Material weakness(es) identified? ☐ Yes ☒ No
- Significant deficiency(ies) identified? ☐ Yes ☒ None reported

Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)?

☐ Yes ☒ No

**Identification of Major Federal Programs and Type of Auditor's Report Issued on Compliance for Major Federal Programs**

<i>CFDA Numbers</i>	<i>Name of Federal Program or Cluster</i>	<i>Type of Auditor's Report Issued on Compliance for Major Federal Program</i>
93.224, 93.527	Health Center Program Cluster	Unmodified
20.205	Highway Planning and Construction	Unmodified
93.053, 93.044, 93.045	Aging Cluster	Unmodified

Dollar threshold used to distinguish between type A and type B programs:

\$ 1,848,157

Auditee qualified as low-risk auditee?

☒ Yes ☐ No

**Section II - Financial Statement Findings**

None reported

**Section III - Federal Award Findings and Questioned Costs**

None reported

**MULTNOMAH COUNTY, OREGON**  
**Schedule of Expenditures of Federal Awards**  
**For the Year ended June 30, 2017**

CFDA * Program Title	Grantor	Pass-Through Entity Number	Federal Expenditures	Expenditures to Subrecipients
<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES (continued)</b>				
93.217 Family Planning Services	Oregon State, Health Div.	148024	303,119	-
Consolidated Health Centers (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, Public				
93.224 * Housing Primary Care, and School Based Health Centers)	U.S. Dept. of Health & Human Svcs.	H80CS00149	2,623,836	-
Affordable Care Act (ACA) Grants for New and Expanded				
93.527 * Services under the Health Center Program	U.S. Dept. of Health & Human Svcs.	H80CS00149	7,059,461	-
	<i>Total Health Center Program Cluster</i>		9,683,297	-
93.235 Affordable Care Act (ACA) Abstinence Education Program	Oregon State, Div. of Children & Families	75-1512-01-01-506	27,016	-
Substance Abuse and Mental Health Services Projects of		SM061700/		
93.243 Regional and National Significance		SP021987/		
93.276 Drug-Free Communities Support Program Grants	U.S. Dept. of Health & Human Svcs.	H79TI025030	623,948	231,605
93.279 Drug Abuse and Addiction Research Programs	U.S. Dept. of Health & Human Svcs.	SP020521	78,679	-
The Affordable Care Act: Centers for Disease Control and	U.S. Dept. of Health & Human Svcs.	R01DA039293	538,309	118,108
93.283 Prevention Investigations and Technical Assistance	Oregon State, Health Div.	148024	101,248	23,750
93.297 Teenage Pregnancy Prevention Program	U.S. Dept. of Health & Human Svcs.	TP1AH000082	1,454,092	630,425
93.297 Teenage Pregnancy Prevention Program	Texas A&M Health and Science Center	TP2AH000024	92,965	-
	<i>Total Teenage Pregnancy Prevention Program</i>		1,547,057	630,425
93.317 Emerging Infections Program	Oregon State, Health Div.	U50CK000197	4,255	-
Demonstration Grants for Domestic Victims of Human				
93.327 Trafficking				
93.336 Behavioral Risk Factor Surveillance System	U.S. Dept. of Health & Human Svcs.	90TV000-01-00	213,975	153,531
93.359 Nurse Education, Practice Quality and Retention Grants	Oregon State, Health Div.	148024	19,803	-
Building Capacity of the Public Health System to Improve	U.S. Dept. of Health & Human Svcs.	UD7HP26903	484,454	-
93.424 Population Health through National Nonprofit Organizations	National Assoc. of City and County Health Officials	6NU38OT000172	4,249	-
Affordable Care Act (ACA) Maternal, Infant, and Early				
93.505 Childhood Home Visiting Program	Oregon State, Health Div.	D89MC28286	32,744	-
	<i>Total Maternal, Infant, and Early Childhood Home Visiting Cluster</i>		32,744	-
93.517 Affordable Care Act Aging and Disability Resource Center	Oregon State, Senior & Disabled Services	144217	102,885	-
The Affordable Care Act: Building Epidemiology, Laboratory, and Health Information Systems Capacity in the Epidemiology and Laboratory Capacity for Infectious Disease (ELC) and				
93.521 Emerging Infections Program (EIP) Cooperative Agreements	Oregon State, Health Div.	U50CK000197	88,392	-

## Presentation Summary

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### Grant Opportunity

#### **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 centers 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: 05/14/2018		Program / Service Area: Student Health Centers	
Presenters: Vanetta Abdellatif			
This funding will support:	<input type="checkbox"/> Current Operations	<input checked="" type="checkbox"/> Expanded services or capacity	<input type="checkbox"/> New services

Project Title and Brief Description:

**Improving Access to Multnomah County Student Health Centers**

- HRSA is accepting applications for the FY 2019 School-Based Health Center Capital Program, which is intended to increase access to mental health, substance abuse, and childhood obesity-related services in operational school-based health centers by funding minor alteration/renovation projects and/or the purchase of moveable equipment.
- Alteration/renovation projects can only be at sites that did NOT receive funding through a previous School Based Health Center Capital funding opportunity.
- Multnomah County Health Department will propose alteration/renovation and equipment purchase for three Student Health Centers (SHCs)—David Douglas, Jefferson, and Parkrose.
- Alteration/renovation includes paint and signage at each clinic in accordance with the SHC Program's rebranding and soundproofing at Parkrose and Jefferson.
- Equipment expenditure will include scales and new waiting room furniture at each clinic.

What need is this addressing?

- These three clinics have not received new painting or signage associated with the recent rebranding effort. The rebranding effort was intended to increase access and utilization by increasing visibility and appeal of SHCs.
- Parkrose and Jefferson lack soundproofing to ensure confidentiality within exam rooms.
- Mental health, substance use issues, and overweight/obesity are often sensitive issues for which clients may avoid seeking care. Improving perception and comfort of the clinic settings will encourage access and utilization.

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

- The project will increase capacity to provide visits for mental health, substance abuse, and obesity-related services.
- The improvements to the clinical settings will also improve overall utilization.

## Presentation Summary

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What is the total amount requested: Up to \$100,000

Exact budget details are unknown at this time. However, we are asking approval to request between \$80,000 and \$100,000 to support renovation (signage, soundproofing, painting, etc.) and equipment (scales, furniture, etc.) at the three sites. We anticipate about 80% of grant funds will support renovation and the other 20% will support equipment.

Expected Award Date and project/funding period: February 1, 2019 – January 31, 2021

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

A “yes” vote by the CHC will result in the submission of an application to the grant opportunity described above. If funded, the application would result in \$100,000 being granted to the SHC Program for the alteration/renovation and equipment purchases described above.

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

A “no” vote by the CHC will prevent submission of an application (or retraction of a submitted application) resulting in SHC not requesting or receiving \$100,000 from HRSA for the alteration/renovation and equipment purchases described above.

Related Change in Scopes Requests:

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

There are no associated changes in scope.

**HRSA SBHCC Program (HRSA-19-073) Budget: David Douglas, Jefferson, Parkrose**  
**Student Health Centers**

LINE ITEM	COST
Line 1 - Administrative and legal expenses	None
Line 2 - Land, structures, right-of-way, appraisals, etc.	None
Line 3 - Relocation expenses and payments	None
Line 4 - Architectural and engineering fees	None
Line 5 - Other architectural and engineering fees	None
Line 6 - Project inspection fees	None
Line 7 - Site work	None
Line 8 - Demolition and removal	None
Line 9 - Construction	<b>\$68,958</b> is the total renovation cost for Jefferson, David Douglas, and Parkrose SHCs. Breakdowns include \$52,855 for painting all three SHCs; \$5,518 for signage in all three SHCs; and \$10,585 for soundproofing Jefferson and Parkrose (David Douglas is already soundproofed).
Line 10 - Equipment	<b>\$27,203</b> is the total equipment cost for Jefferson, David Douglas, and Parkrose SHCs. Breakdowns include \$2,025 for scales at all three SHCs and \$25,178 for furniture for weighting rooms and mental health consultation rooms at all three SHCs.
Line 11 - Miscellaneous	None
Line 12 – SUBTOTAL	<b>\$96,161</b>
Line 13 - Contingencies	<b>\$3,488</b> is the cost of contingencies, which is calculated at 5% of Lines 7, 8, and 9.
Line 14 – SUBTOTAL	<b>\$99,609</b>
Line 15 – Project (program) income	Not applicable to this project.
Line 16 – TOTAL PROJECT COSTS	<b>\$99,609</b>
Line 17 – SBHCC GRANT	<b>\$99,609</b>

# Presentation Summary



## Patient Access Center Hours of Operation Change

Inform Only	Annual/ Scheduled Process	New Proposal	Review & Input	Inform & Vote <b>X</b>
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Date of Presentation: <b>5/14/18</b>	Program / Area: <b>ICS/Primary Care/PAC</b>
Presenters: <b>Tasha Wheatt-Delancy and Brieshon D'Agostini</b>	
Project Title/Scope Change and Brief Description <ul style="list-style-type: none"><li>Change Patient Access Center (PAC) hours from 7-6 to 7:30-5:30</li></ul>	
Describe the current situation: <ul style="list-style-type: none"><li>Current PAC hours are 7am-6pm. Highest call volume time is 8-10am</li><li>Peak "hold" times with current staffing are 7:30-9, 11-1, and 2-4</li><li>Current hours do not allow for optimal staffing at peak and secondary peak times</li><li>It is difficult to reach clinic staff when needed for callers before 8am or after 5pm</li></ul>	
Why is this project, process, system being implemented now? <ul style="list-style-type: none"><li>PAC needed to open at 7am so they could start taking all patient calls for the Dental program, whose appointments start at 7:30. The Dental program is not able to provide resources for PAC to take these calls, so a 7am start time is no longer needed</li><li>New data has become available to show that the calls drop off significantly after 4pm, and drop even further after 5pm</li></ul>	
Briefly describe the history of the project so far <i>(be sure to note any actions taken to address diverse client needs and cultures; to ensure fair representation in review and planning)</i> <ul style="list-style-type: none"><li>PAC is the call center for all Primary Care patients, and for new Dental patients</li><li>19.5 FTE PAC scheduling agents answer 30,000-33,000 calls per month</li><li>With current staffing levels and scheduling limitations, PAC is unable to meet the call demand and are often asking staff to adjust schedules for coverage</li><li>All incoming calls outside of PAC open hours go to FONEMED, the nurse advice line</li><li>Several staff have language KSAs, and shorter hours will enable us to more evenly space these staff hours throughout the day</li></ul>	

# Presentation Summary



List any limits or parameters for the Council's scope of influence and decision-making <ul style="list-style-type: none"><li>• All Primary Care clinics open at 8 and close at either 5pm, 6pm, or 7pm</li></ul>
Briefly describe the outcome of a "YES" vote by the Council ( <i>be sure to also note any financial outcomes</i> ) <ul style="list-style-type: none"><li>• A yes vote will result in PAC hours being adjusted to 7:30-5:30</li><li>• Peak call volume times will be better staffed and supervised</li><li>• Anticipated reduction in call hold times</li></ul>
Briefly describe the outcome of a "NO" vote or inaction by the Council ( <i>be sure to also note any financial outcomes</i> ) <ul style="list-style-type: none"><li>• PAC will continue to operate with stretched staffing, longer hold times, and higher call-abandonment rate</li></ul>
Which specific stakeholders or representative groups have been involved so far? <ul style="list-style-type: none"><li>• ICS administration</li><li>• PAC leadership</li></ul>
Who are the area or subject matter experts for this project? (& <i>brief description of qualifications</i> ) <ul style="list-style-type: none"><li>• Brieshon D'Agostini, Primary Care Operations Manager</li><li>• Pam Buckmaster, PAC Program Supervisor</li></ul>
What have been the recommendations so far? <ul style="list-style-type: none"><li>• Additional PAC staffing</li><li>• Adjust hours to reflect call volume</li><li>• Reduce call "handle" times by improving the "warm handoff" process from PAC to clinic staff</li><li>• Reduce call volume by increasing use of other communication (MyChart)</li></ul>
How was this material, project, process, or system selected from all the possible options? <ul style="list-style-type: none"><li>• Better PAC staffing results in higher patient satisfaction</li></ul>

Council Notes: