

Community Health Council

Community Health Council Board Meeting Minutes

Date: Monday, October 8th, 2018

Time: 6:00 PM

Location: McCoy Building, 10th Floor Conference Room

Approved:

Recorded by: Rosalio (Lio) Espinoza

Attendance:

Board Members	Title	Y/N
David Aguayo	Board Member	Y
Fabiola Arreola	Member-at-Large	Y
Sue Burns	Vice Chair	Y
Jon Cole	Member-at-Large	N
Robyn Ellis	Board Member	N
Iris Hodge	Board Member	Y
Tara Marshall	Chair	Y
Pedro Sandoval Prieto	Secretary/Treasurer	Y
Wendy Shumway	Board Member	Y
Staff	Title	Y/N
Vanetta Abdellatif	Interim Health Department Co-Director	N
Hasan Bader	Finance Project Manager	N
Lucia Cabrejos	Interpreter, Passport to Languages	Y
John Castillo	Operations Supervisor East County Dental	N
Courtney Craigen	Manager North Portland HC	N
Adrienne Daniels	ICS Deputy Director	Y
Rosalio Espinoza	Executive Specialist/Pharmacy	Y
Kimmy Hicks	Quality Project Manager	Y
Angel Landron-Gonzalez	Finance and Budget Manager	Y
Mark Lewis	Interim Business Services Director	Y
Ryan Linsky	Quality Improvement Program Specialist Sr.	Y
Olga Matveyeva	Operations Supervisor SE Dental	N
Linda Niksich	Community Health Council Liaison	Y
Carol O'Neill	Preventative Care Coordinator	Y
Antoinette Payne	Finance Supervisor	Y
Tasha Wheat-Delancy	Primary Care Services Director	Y
Lynne Wiley	Manager East County HC	Y

Guests: Susana Mendoza, Fran Davison, Izzy Meda, Hannah Taube, Deborah Abney,

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Action Items:

- Linda will add document name to September 2018 CHC Minutes under Dental Saturdays
- Ryan Linsky will bring Dental visits report to a future meeting.
- Quality Leadership will meet with the CHC Quality Committee to discuss questions asked during today's meeting.

Decisions:

- Approved the September 2018 Meeting Minutes
- Accepted presentation of 3rd Quarter Complaint & Incident Report
- Approved the American Cancer Society Grant Submission
- Accepted the Budget Report
- Approved the Membership of New Board Member, Deborah Abney and Susana Mendoza
- Accepted Board Member Conference Reports
- Accepted ICS/Strategic Plan Updates Report
- Accepted the monthly Executive and Nominating Committees Updates

The meeting was called to order at 6:04pm by Chair, Tara Marshall.

The Meeting Ground Rules were presented by Board Member, Wendy Shumway.

Noted that quorum was met.

September 2018 Meeting Minutes Review

(See Document - September 2018 CHC Meeting Minutes)

Adrienne Daniels noted that the title of the reference document was missing under **Dental Saturdays** (page 4). Linda will make the edit.

No questions or comments were raised by CHC members.

***Motion by Sue Burns to approve the September 2018 Meeting Minutes w/edit.
Seconded by David Aguayo.***

5 aye; 0 nay; 2 abstain (abstentions due to being absent for the September meeting)

Motion carries

Community Health Council

3rd Quarter Complaint & Incident Report

(See Document - Complaints Report)

Kimmy Hicks, Quality Project Manager, presented the new format for complaints, which has charts and shows trending data using Tableau. This can be filtered by sites or complaint type. For the Quarter; Primary Care had 31 total complaints; 15 for July, 10 for August, 6 for September. Dental had 22 complaints and Medical had 9 complaints. Primary Care breakdown: SE had 1, NE 1, BO 1, NP 2, MC 3, RW 4, SE 5, NE 6, EC 8. In comparison, Primary Care completed 37,156 appts. (excluding SHC & Dental Visits) from 1/1/18 - 9/30/18.

Breakdown of Complaints by Type; Clinical Care 7, Customer Service 7, Scheduling Appt 7, Referral Issue 4, Concern with quality of service 3, Provider Interaction 3, Pain Management 2. Complaints resolved; 6 partially, 10 No, 15 Yes. In some of the complaints there's not much we can do to rectify.

HRSA now requires incidents reports be presented to CHC every quarter instead of once a year. Incident breakdown by month; January 1, February 1, April 4, May 2 and September, 1. Incidents by Service Area; SHC 4, Pharmacy 2, Primary Care 2, Lab 1. Type of Incident; There were 7 Immunization Errors such as LASA (Look-alike, Sound-alike) DTaP vs. Tdap, one Medication Administration Error and one Sharps Exposure.

Kimmy also mentioned that there is going to be a campaign to promote staff reporting of incidents.

Questions and comments raised by CHC members:

- Tara asked Kimmy if there is a report for Dental visits. Ryan will bring report for next month's meeting.
- Iris asked Kimmy if the reporting currently captures demographics. Kimmy responded that the report currently does not. Iris expressed concern of low reporting.
- Iris asked Kimmy how complaints are collected. Kimmy responded that there is a variety of ways to submit complaints such as through insurance carriers, Joint Commission, Multco Commons or via Phone. Iris followed her question with asking if Quality calls clients to ask for their experience and Kimmy said MCHD does do a Client Satisfaction Survey.
- Sue asked why there are more complaints from dental. Kimmy said that we do

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not know yet at this moment. Kimmy said, Dental type of complaints were presented to dental management team. They put together quality projects around those complaints such as customer service and information about insurance. Dental practice is different from medical. There are times when clients have to go into the dentist multiple times and there were complaints around that.

- Fabiola would like to know why 6 partially were resolved in the 2nd page. Tara responded that Quality will report back at a later date.

Motion by Iris to accept the presentation of the 3rd Quarter Complaint & Incident Report.

Seconded by David.

7 aye; 0 nay; 0 abstain

Motion carries

American Cancer Society Grant

(See Document - Presentation Summary: Grant Opportunity)

Carol O'Neill, Preventive Care Coordinator, reported of an opportunity from the American Cancer Society. MCHD Health Center Program has been invited to apply for funds to support for improvements on increasing colorectal cancer screening rates. Anyone who screens positive would get referred for a colonoscopy. Total amount we are requesting is \$50,000. Of that, \$8,566 would be allocated to Preventive Care Coordinator. This would allow a few hours a week to be able to work on this program and workflow. \$35,834 allocated to CHW staff that provide care navigation to clients. \$5,600 for indirect costs. Voting "yes", MCHD will submit an application to ACS to support staff time with implementing the proposed intervention. Voting "no" means MCHD will not submit application to ACS and additional funds would not be received.

Questions and comments raised by CHC members:

- David asked Carol, what is the expectation if MCHD receives the grant. Carol said that currently the screening rate in the last month is 49.8% and the hope is to reach 53%.

Motion by Wendy Shumway to approve the American Cancer Society Grant Submission.

Seconded by Fabiola Arreola.

7 aye; 0 nay; 0 abstain

Motion carries

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Monthly Budget Report Including June/July/August

(See Document - Monthly Dashboard-June 2018 & August 2018 & Financial Dashboard Fiscal Year 2018)

Mark Lewis, Interim Business Services Director, reported 3 month of financial data. He reviewed the monthly dashboard and noted the ending FY18/starting FY19; Primary Care had an average of 489 billable visits, Dental had an average of 299 billable visits and SHC had an average of 20 billable visits, due to start of summer brake.

Monthly percentage of uninsured visits; Primary Care ended with 15.3%, this year's target is 16% for uninsured visits. Dental ended with 15.2%, higher than anticipated. Payer Mix for ICS Primary Care; Care Oregon 62%, Self pay 15.2%, DMAP/Medicaid 12.3%, Medicare 9.2%, Combination/Commercial 2.2%.

Revenue Budget for FY18, overall we ended with a positive, with revenue over expenses.

Mark then presented Weekly billable visits FY19 (July, August). SHC's, opened in September and are expected to see an increase. Percentage of uninsured visits; Primary Care maintains it's percentage, Dental had a drop in uninsured visits, due to operational changes. Payer Mix for ICS Primary Care; CareOregon 60%, DMAP/Medicaid 12.4%, Medicare 10.1%, Self Pay 15.3% Commercial 2.0%, no significant changes. Primary Care Member Assignments; CareOregon 33,318 clients which makes up 86% of assigned clients with OHP. Providence has 5,604 clients which makes up 14% of assigned clients with OHP.

For Financial for July/August represent 17% of the fiscal year completed so far, we're off to a good start.

Questions and comments raised by CHC members:

- Iris asked if billable visits mean there are visits that happen and we don't get money? Mark responded yes there are some visits that are not billable which are separated from the uninsured rate.

**Motion by Wendy to approve the Monthly Budget Report.
Seconded by Sue.**

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7 aye; 0 nay; 0 abstain
Motion carries

Ground Rules Revamp

(See Document - Meeting Ground Rules)

Skipping, everyone take ground rules handout and review and visit next month

Linda Niksich, CHC Liaison, announced the skipping of this item due to time. She asked CHC members to take Ground Rules handout home and think about how they could be updated or improved to reflect the current board culture. Will try to revisit this topic next month.

Questions or comments raised by CHC members: none

Break for 10 minutes...

New Board Member Ballot Vote

Susana Mendoza and Deborah Abney were recommended to the board by the nominating committee.

(Susana and Deborah were excused from the room in order to conduct the new membership ballot vote)

VOTE RESULTS:

Both Board Member Candidates were unanimously approved for membership .

Board Member Conference Reports

David Aguayo, Board Member, and Sue burns, Vice-Chair, attended the NACHC CHI (National Association of Community Health Centers Community Health Institute) in Orlando, Florida, at end of August. David shared his experience at the conference and talked about the things he learned. There was data drive improvements, value based models outcomes, percentages of children being ready for school, Board participations and meeting obligations - how much participation was needed. David will share his notes from the conference via email. Sue also shared her experience, Code of ethics, board confidentiality, and believes the board needs more training in

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these areas. This would help board members understand of what their expectations are.

Questions or comments raised by CHC members:

- Board member asked if pictures were taken. No one took pictures. Linda reminded board members to take pictures for when attending conferences or board work related events.

Motion by Iris to approve the .
Seconded by Deborah.
9 aye; 0 nay; 0 abstain
Motion carries

ICS/Strategic Plan Updates

Adrienne Daniels, ICS Deputy Director, informed CHC members that Vanetta is at the Oregon Primary Care Association Board meeting. CHC has 4 strategic values, Quality and Safety, Engaged, Expert, Diverse Workforce, Fiscally Sound and Accountable, Person-Centered and Culturally Relevant. Under Person Centered and Culturally Relevant, we are looking at holiday planning for December, closing clinics early to account for the fact that there is very little patient demand on these holidays. Publication featured in The Northwest Pulse: Empezando con Salud program at East County special services that are given to Latinx families, mother and children, general community, expecting mothers. MCHD is launching "Think Yes to Care". ICS and community health services has had Think Yes to Care training for the past 3 years and is now requiring it for all public health members. PAC has been seeing strong improvements. Engaged, Expert, Diverse workforce: moving forward with recruiting a new Health Department Director, we had 50+ applications, it has been a national search. Hoping to have an update by December. Under Quality of Safety: Adrienne presented pictures of the new headquarters building. Administrative staff, quality staff, HIV health services center, WS pharmacy and 10th Fl Laboratory will be moving to the new McCoy bldg. Bathrooms will be more equitable and open to all genders, sexual orientation and no longer limited strictly male or female restrooms. Flu season has started, prepare early by asking staff and encourage to get flu shot. Free for all HD employees. Effort to improve patient safety.

Questions or comments raised by CHC members:

- Pedro asked for uninsured clients or non-members of MCHD clinics, can they get a flu shot? Adrienne will need to check with the Infection Prevention Program. If you need to get a flu shot and you are a patient you can come into the clinic and get it for free. But if you're not a current patient, you will need to register

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with eligibility staff.

- Linda reminded CHC members that December is more of a festive meeting.

Motion by Fabiola to approve the ICS/Strategic Plan Updates .

Seconded by David.

9 aye; 0 nay; 0 abstain

Motion carries

Council Business

Executive Officer Nominations

- Recently approved bylaws updates give members a change of terms for serving officers. Officers will now serve 2 year terms and no longer serving 1 year. Membership terms will be staggered so that we're not losing entire executive committee at the same time. In order to issue this change, half of the current executive officers will term out at the end of this year 2018. And other half will term out at the end of 2019.
- Also, the secretary/treasurer has been uncombined which creates a vacancy for treasurer.
- Members are able to nominate one single person for each officer position. Linda will create officer slate and members will vote next meeting.

Quality Committee Update

- Newly formed Quality Committee which includes Iris and Wendy had their first meeting last friday and also met with Dawn Shatzel, Quality Director. Iris and Wendy met with Dawn for about 15 minutes.

Nominating Committee Update:

- Tara and Jon met on September 12th and conducted phone interviews to discuss for next steps for recruiting, They are getting closer to their goal of 13 members.
- 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:

- Executive Committee met on September 24th. They discussed on how to move forward with the executive officer changes and terms and the election. Since

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Pedro holds the combined Secretary/Treasurer position, he was given an opportunity to decide of what position he would like to continue and he chose secretary.

- Executive committee will be handing in the final suggestions for the executive director evaluation survey at the next meeting. Linda will connect with Holly Calhoun, Human Resources Director, to make sure the questions make sense and they're appropriate.
- Over the next few months, Commissioners will be attending CHC meetings to build collaborative relationships

No questions or comments were raised by CHC members.

Motion by David to approve the Committee Report.

Seconded by Sue.

9 aye; 0 nay; 0 abstain

Motion carries

Meeting Evaluation:

- New graphic quality control was a big help. Probably give more time for the Quality piece.
- Tableau is an improvement.
- Great to have questions, however please respect your Chair, Tara and raise hands.

Meeting Adjourned at 7:46 pm.

Signed: _____

Pedro Sandoval P.
Pedro Sandoval Prieto, Secretary

Date: _____

11/05/2018

**Community Health Council
Public Meeting Agenda**

Monday, October 8, 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

Dave Aguayo; Fabiola Arreola (Member-at-Large); Sue Burns (Vice-Chair); Jon Cole (Member-at-Large); Robyn Ellis; Iris Hodge; Tara Marshall (Chair); Pedro Sandoval Prieto (Secretary); Wendy Shumway

Item	Process/Who	Time	Desired Outcome
Call to Order/Welcome Ice-Breaker Introductions	<ul style="list-style-type: none"> Chair, Tara Marshall Ice-Breaker and Introductions 	6:00-6:10 (10 min)	All attendees introduce themselves Review processes
Minutes VOTE REQUIRED	<ul style="list-style-type: none"> Review and approve Sept. Minutes 	6:10-6:15 (5 min)	Council votes to approve and Secretary signs for the record
3rd Quarter Complaint & Incident Report VOTE REQUIRED	<ul style="list-style-type: none"> Quality Project Manager, Kimmy Hicks 	6:15-6:25 (10 min)	Council discussion and vote to accept report
American Cancer Society Grant VOTE REQUIRED	<ul style="list-style-type: none"> Preventive Care Coordinator, Carol O'Neill 	6:25-6:35 (10 min)	Council discussion and vote to approve

Monthly Budget Reports Including June/July/August VOTE REQUIRED	<ul style="list-style-type: none"> Interim Director of Business Operations, Mark Lewis 	6:35-6:55 (20 min)	Council discussion and vote to accept reports
Ground Rules Revamp (Member Meeting Agreements) VOTE REQUIRED	<ul style="list-style-type: none"> CHC Liaison, Linda Niksich 	6:55-7:00 (5 min)	Council discussion and vote to approve
BREAK	<ul style="list-style-type: none"> All 	7:00-7:10 (10 min)	Meet and greet
New Board Member Ballot Vote Deborah Abney Susana Mendoza	<ul style="list-style-type: none"> CHC Liaison, Linda Niksich Secretary, Pedro Sandoval Prieto 	7:10-7:20 (10 min)	Full Council votes by ballot to approve New Board Members
Board Member Conference Reports VOTE REQUIRED	<ul style="list-style-type: none"> Board Member, David Aguayo Vice-Chair, Sue Burns 	7:20-7:30 (10 min)	Council discussion and vote to accept reports
ICS/Strategic Plan Updates VOTE REQUIRED	<ul style="list-style-type: none"> ICS Deputy Director, Adrienne Daniels 	7:30-7:40 (10 min)	Vote to accept report
Council Business Committee Reports VOTE REQUIRED	<ul style="list-style-type: none"> Chair, Tara Marshall Call for Officer Nominations 	7:40-7:55 (15 min)	Vote to accept reports and confirm each member's Treasurer nomination
Meeting Evaluation	<ul style="list-style-type: none"> Chair, Tara Marshall 	7:55-8:00 (5 min)	Discuss what went well and what needs improvement
Adjourn Meeting	<ul style="list-style-type: none"> Chair, Tara Marshall 	8:00	Goodnight!

Complaints Report

Reported
Complaints

Complaint by Type



Reported Complaints

This report displays all of the complaints reported to ICS. Use the toolbar across the top to jump to *Complaints by Type*.

Use the filters below to further explore the data!

By Service Area

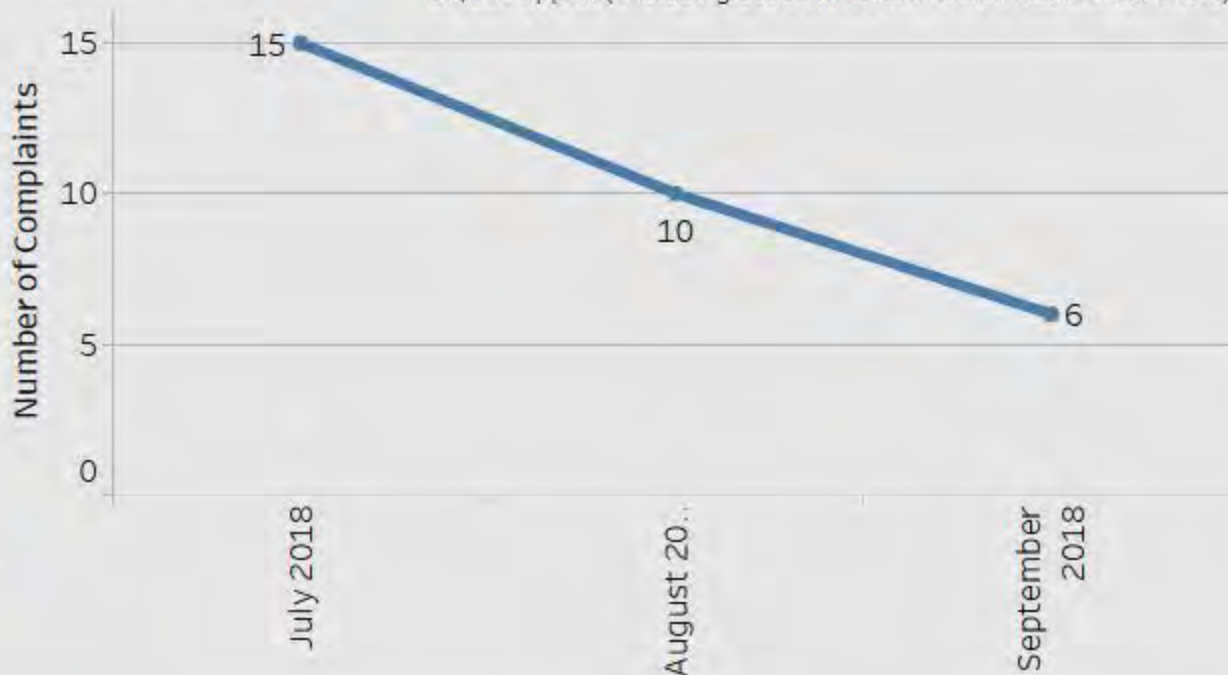
(All)

By Quarter

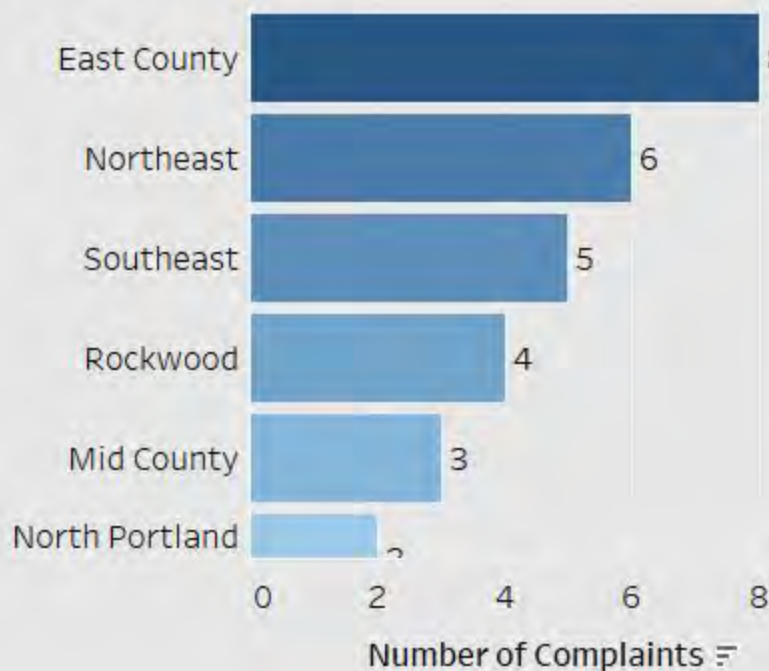
2018 Q3

Complaints by Month

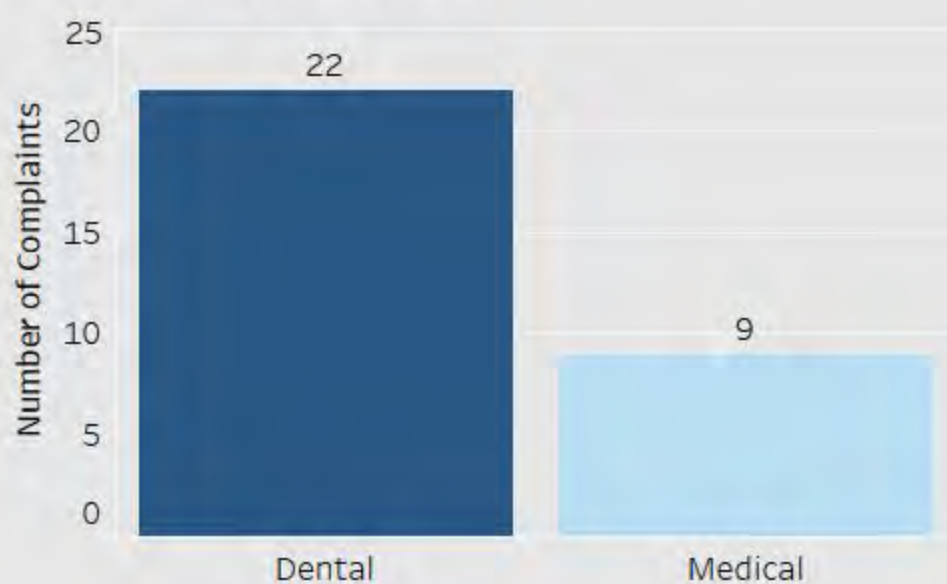
Point of Reference: From 1/1/18 - 9/30/18 Primary Care completed 37,156 appts. (excluding Student Health Center and Dental visits)



Complaints by Location



Complaints by Service Area



Complaints Report

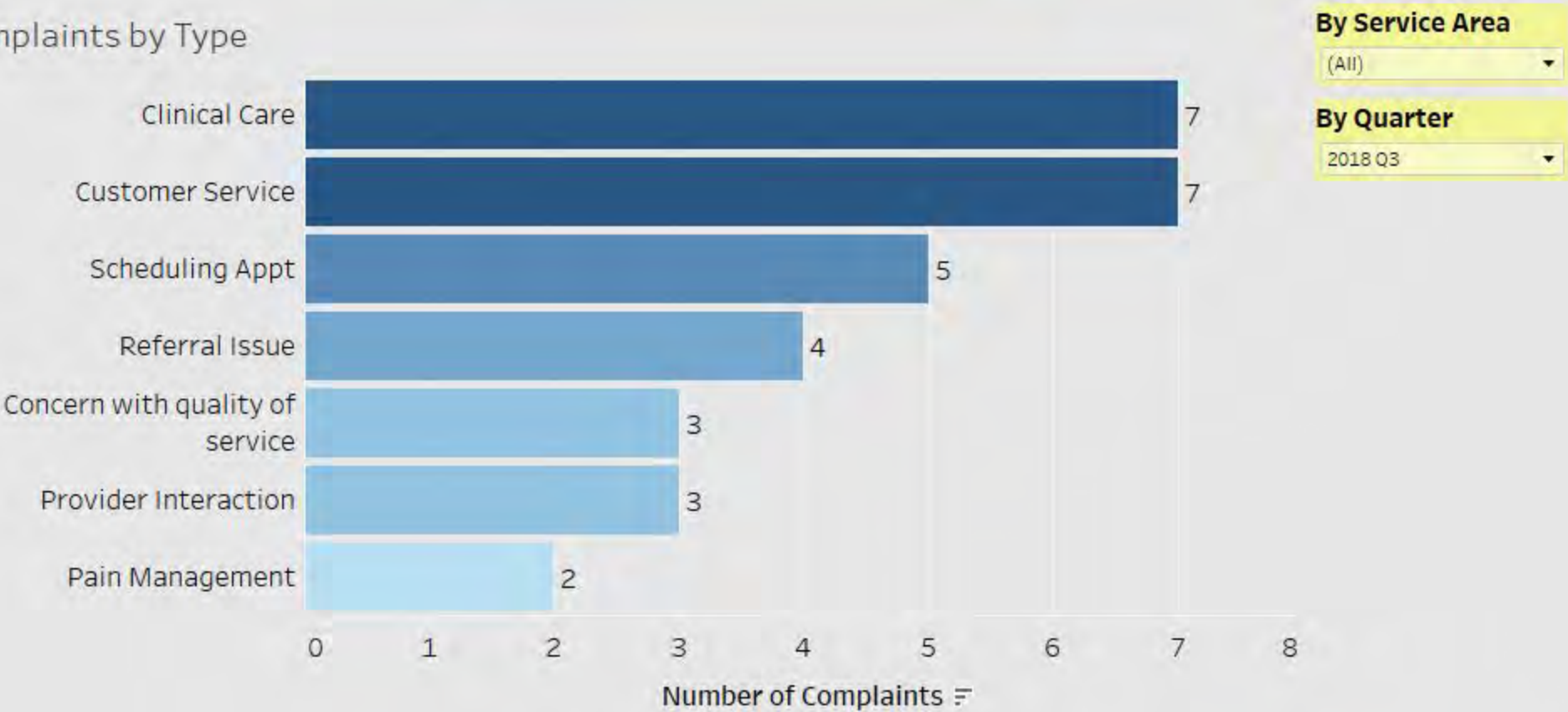
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Reported Complaints

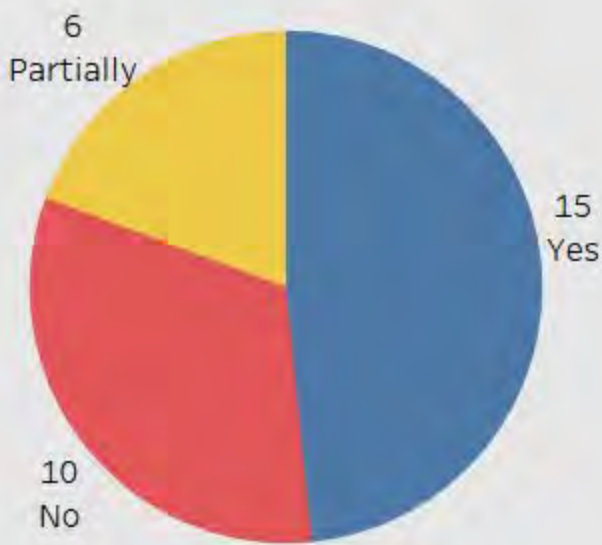
Complaint by Type

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Complaints by Type



Complaint Resolved?



Incidents Report

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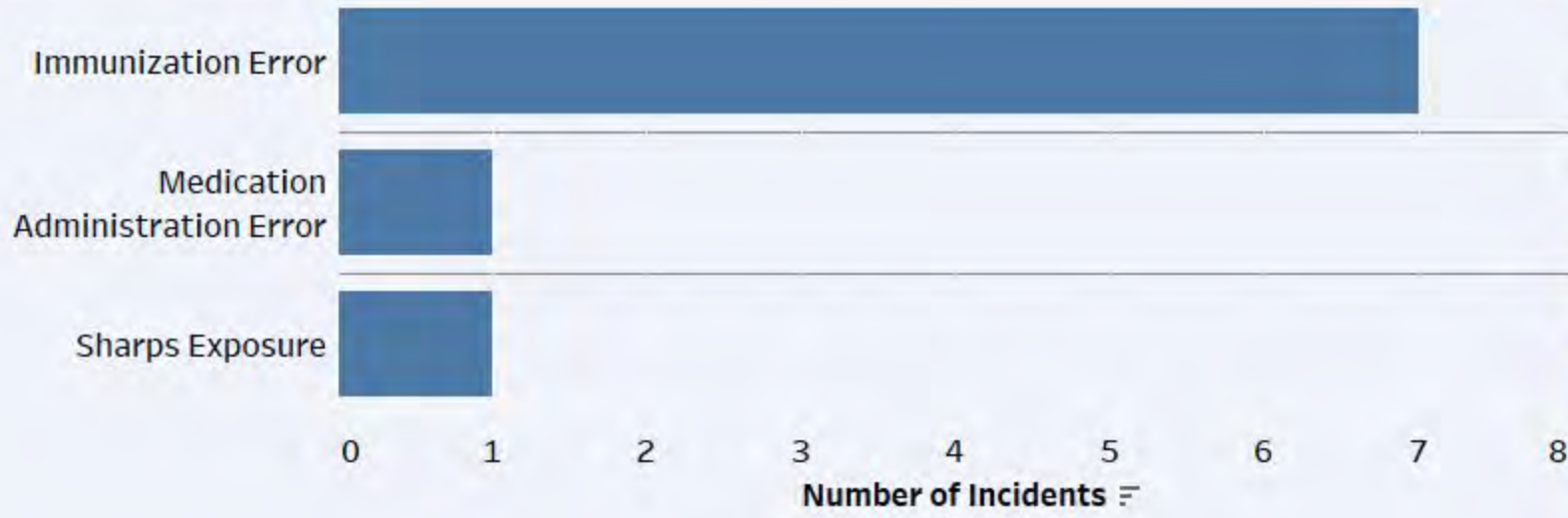
Reported Incidents

Incident by Type

Definitions

>

Type of Incident



Use the filters below to further explore the data!

By Quarter
(All) ▼

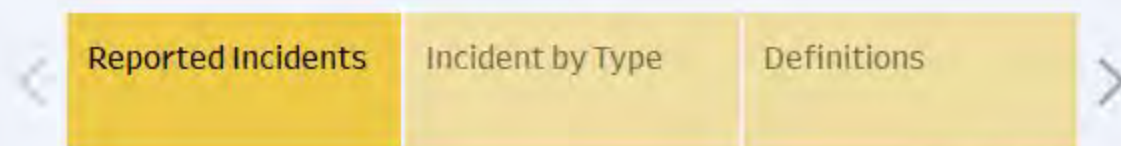
By Service Area
(All) ▼

Subject Person Involved:
Client ▼

Urgent Clinical Response?



Incidents Report



Reported Incidents

This report displays all of the incidents reported to ICS. Use the toolbar across the top to jump *Incidents by Type*.

Use the filters below to further explore the data!

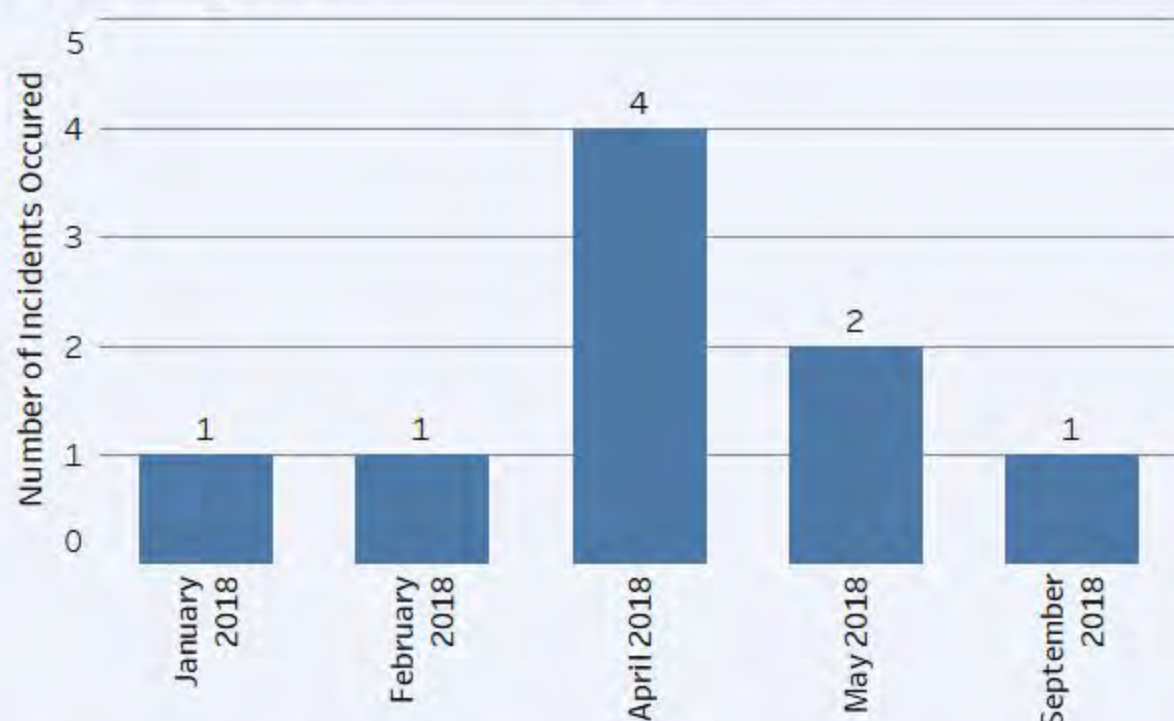
By Service Area
(All)

By Quarter
(All)

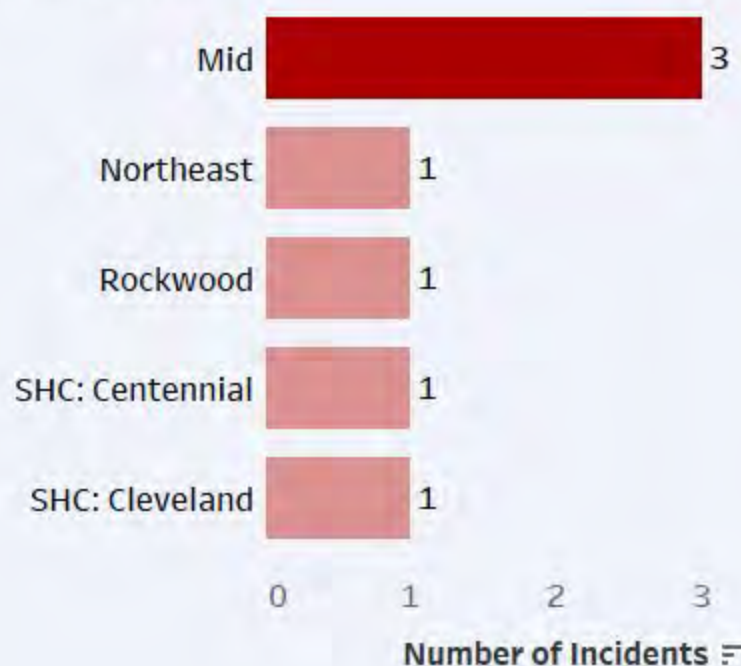
Subject Person Involved:
Client

Point of Reference: From 1/1/18 - 9/30/18 Primary Care completed 37,156 appts. (excluding Student Health Center and Dental visits)

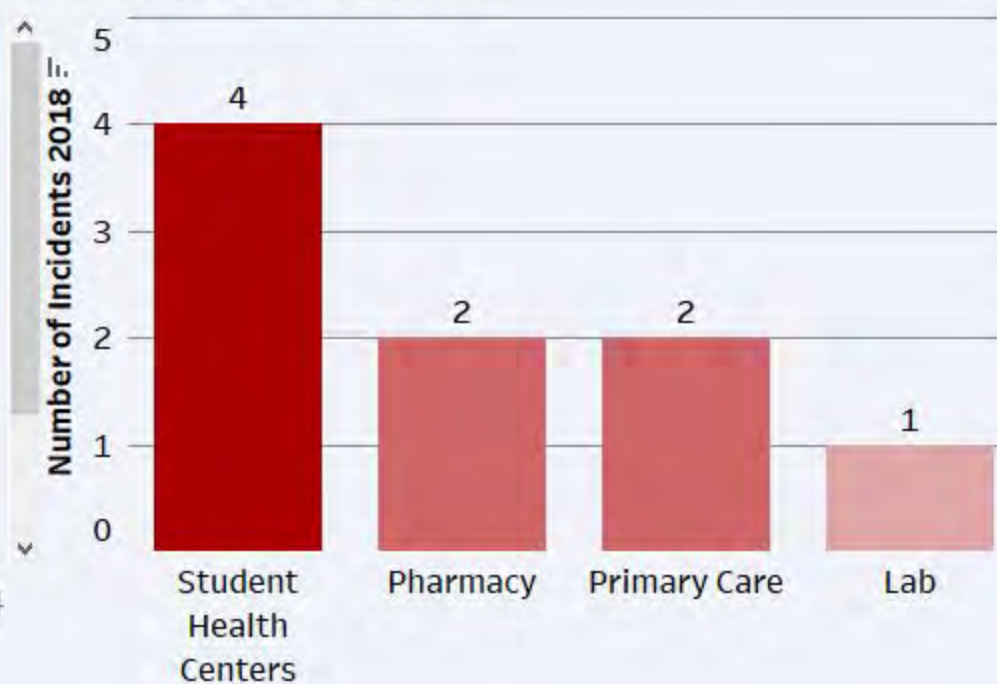
Incidents by Month



Incidents by Location



Incidents by Service Area



Presentation Summary

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: October 8, 2018		Program / Service Area: Health Center Program	
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: <ul style="list-style-type: none"> American Cancer Society Region Primary Care System The Multnomah County Health Department (MCHD) Health Center Program (HCP) has been invited by the American Cancer Society (ACS) to apply for funds to support a quality improvement project focused on increasing colorectal cancer screening rates. 			

- The project will focus on patients aged 50-75, which is the key age group for colorectal cancer screening. The intervention will include 3 months of start-up; 12 months of outreach to patients by Community Health Workers to encourage completion of screening, as well as outreach to patients who have completed a screening and need a follow-up colonoscopy; and 3 months of data close-out/evaluation.

What need is this addressing?

- Colorectal cancer is a major mortality issue in Multnomah County as the fifth leading cause of death, accounting for 15 deaths per 100,000. Colorectal cancer incidence is about 40.7 cases per 100,000. About two-thirds (65.9%) of Multnomah County adults ages 50 and older received colorectal cancer screening in the past year. However, less than 50% of Oregon Health Plan clients, who make up the majority of MCHD's patient population, are up-to-date on colorectal cancer screening at a rate of 49.8%.
- The project will enable MCHD to increase the percent of patients who had appropriate screening for colorectal cancer, which is a HRSA UDS Clinical Performance Measure and a CCO Incentive measure. It will also support increasing the percent of patients who had an abnormal screening and complete a recommended colonoscopy.

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

- The project will enable the MCHD HCP to meet its UDS and CCO performance measure goals. The UDS goal is set at 53% and the current CCO goal is 54%.
- Grant funds will support salaries for project oversight staff and Community Health Workers.

What is the total amount requested: \$50,000

A budget will be provided to the Community Health Council prior to the meeting.

Expected Award Date and project/funding period: January 2019 – June 2020

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

Upon a “yes” vote, MCHD will submit an application to the American Cancer Society to support staff time associated with implement the proposed intervention.

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

Presentation Summary

Upon a “no” vote, MCHD will not submit an application to the American Cancer Society and additional funds to support the intervention will not be received.

Related Change in Scopes Requests: *Not applicable*

Proposed Budget

	Budgeted Amount	In-kind/Matching Funds	Total Budget
Personnel (Salaries and Fringe)			
Preventive Care Coordinator (~0.1 FTE)	\$8,566	--	\$8,566
Community Health Workers (~0.5 FTE)	\$35,834	--	\$35,834
Total Personnel	\$44,400	--	\$44,400
Indirect Costs			
<i>The federally-approved 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).</i>			
Total Indirect Costs	\$5,600	--	\$5,600
Total Project Costs (Direct + Indirect)	\$50,000	--	\$50,000

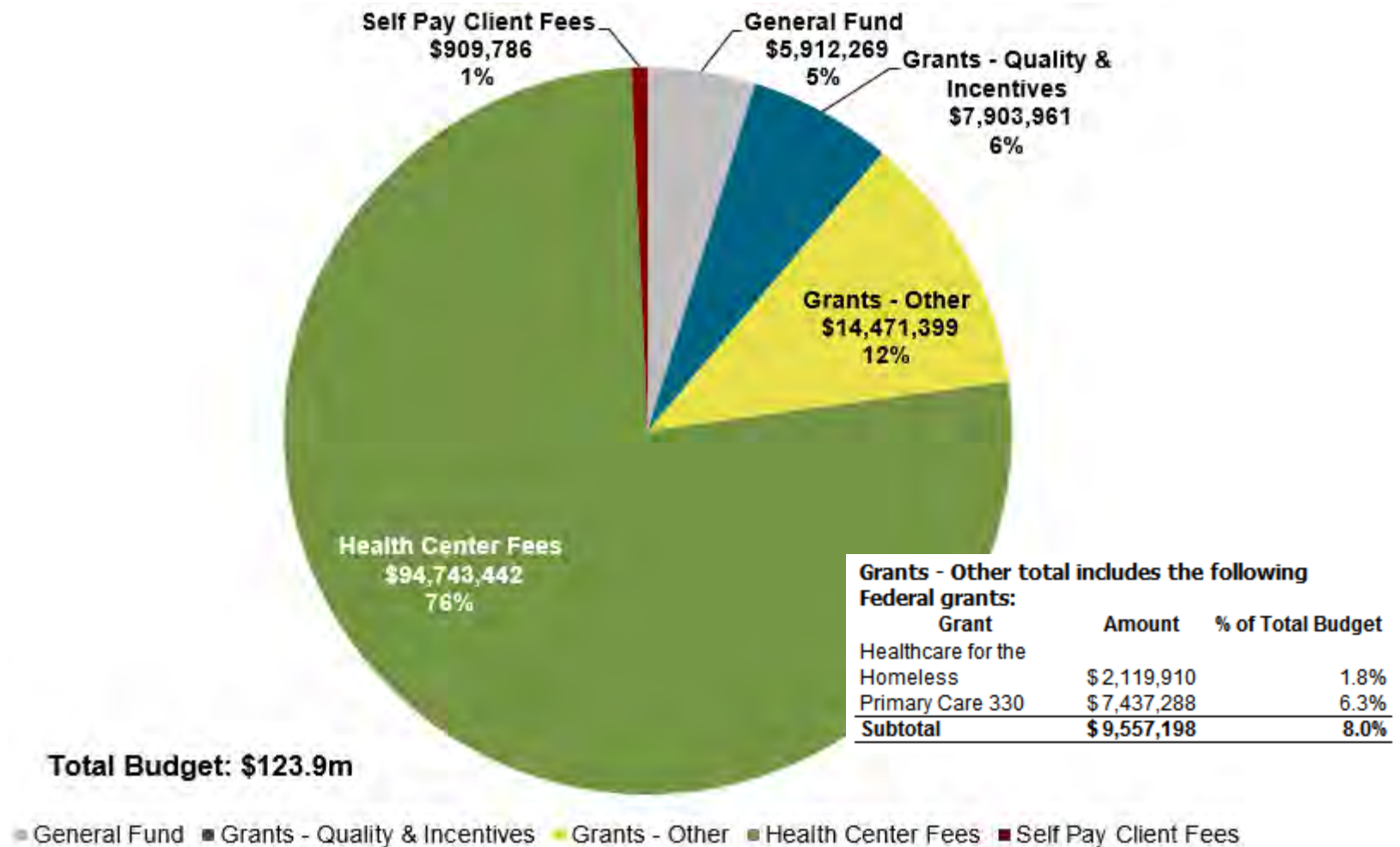


Multnomah County Health Department

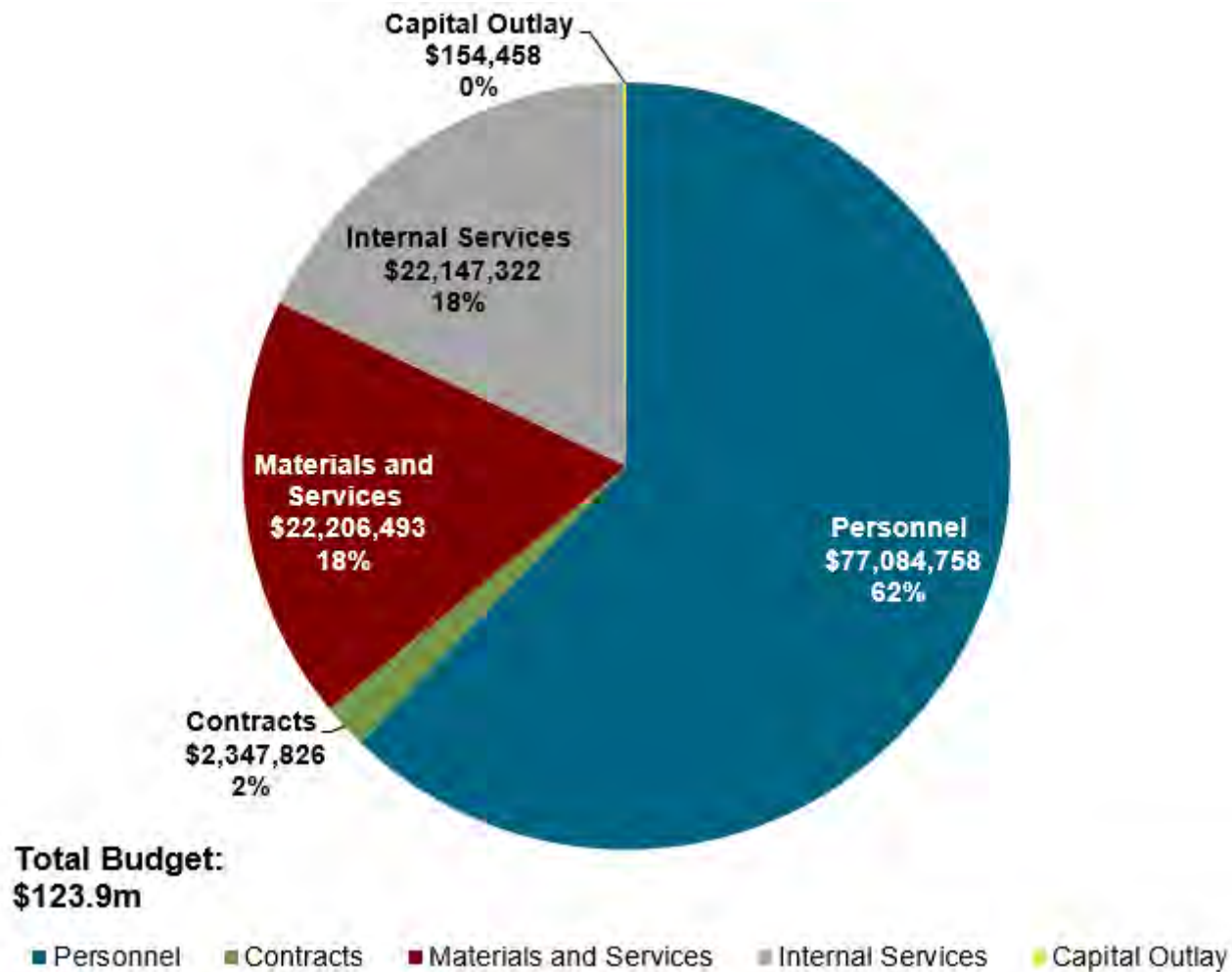
Financial Dashboard

Fiscal Year 2018
June

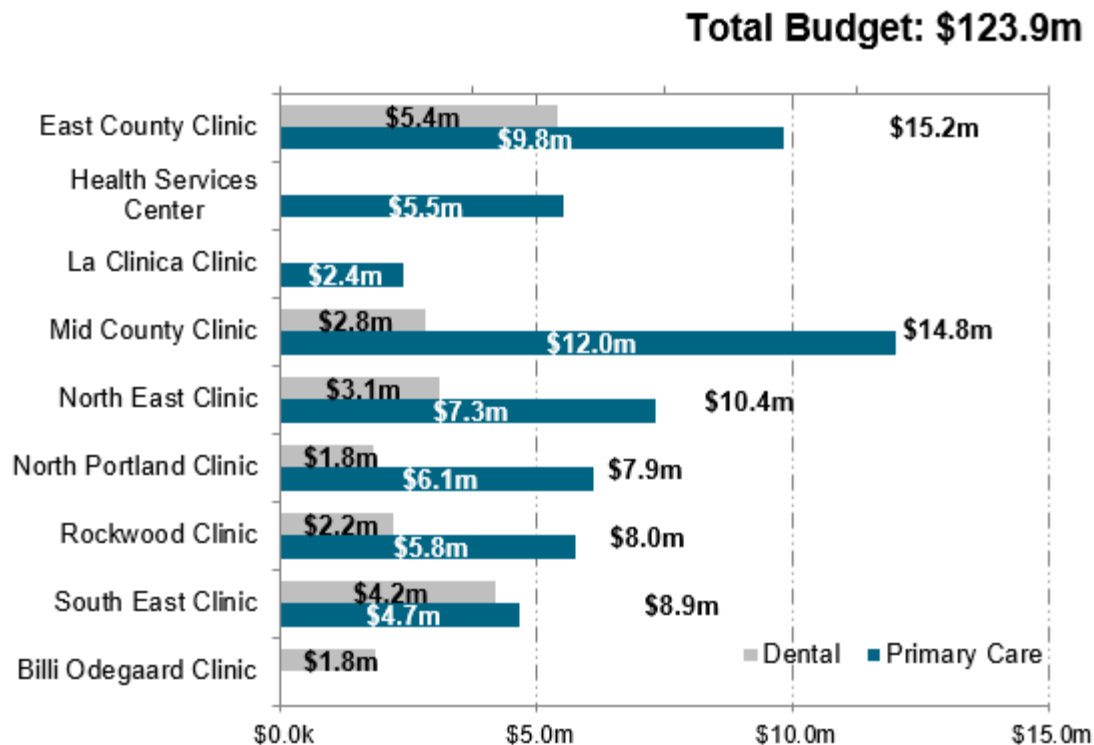
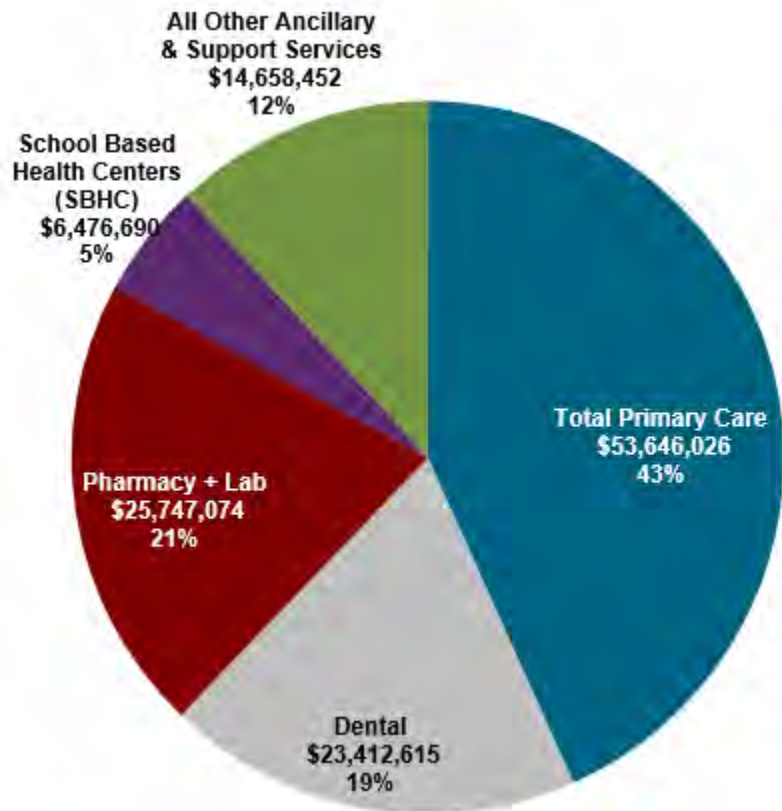
Health Department // FY 2018 Community Health Centers Revenue Budget



Health Department // FY 2018 Community Health Centers Expense Budget



Health Department // FY 2018 Community Health Centers Budget Detail



Health Department // FY 2018 Community Health Centers Financial Summary

Community Health Centers		June Target:		100%	
		Year End Forecast (Actuals-to-date + Forecast)			
	Revised Budget		Forecast Budget Surplus/ (Deficit)	Forecast % of Revised Budget	
Revenue					
1 General Fund	\$ 5,912,269	\$ 6,526,828	\$ 614,559	110%	1
2 Grants - Quality & Incentives	\$ 7,903,961	\$ 9,242,684	\$ 1,338,723	117%	2
3 Grants - Other	\$ 14,471,399	\$ 16,183,995	\$ 1,712,596	112%	3
4 Health Center Fees	\$ 94,743,442	\$ 89,435,729	\$ (5,307,713)	94%	4
5 Self Pay Client Fees	\$ 909,786	\$ 1,107,099	\$ 197,313	122%	5
6 Total	\$ 123,940,857	\$ 122,496,335	\$ (1,444,522)	99%	6
Expense					
7 Personnel	\$ 77,084,758	\$ 74,388,736	\$ 2,696,022	97%	7
8 Contracts	\$ 2,347,826	\$ 3,589,291	\$ (1,241,465)	153%	8
9 Materials and Services	\$ 22,206,493	\$ 15,671,338	\$ 6,535,155	71%	9
10 Internal Services	\$ 22,147,322	\$ 24,827,041	\$ (2,679,719)	112%	10
11 Capital Outlay	\$ 154,458	\$ 106,144	\$ 48,314	69%	11
12 Total	\$ 123,940,857	\$ 118,582,550	\$ 5,358,307	96%	12
13 Surplus/(Deficit)	\$ -	\$ 3,913,785			13

History of Self-Pay Budget to Actuals

	Budget	Actuals	Variance
FY13	\$ 1,607,877	\$ 1,213,695	\$ (394,182)
FY14	\$ 1,534,702	\$ 1,200,048	\$ (334,654)
FY15	\$ 1,373,623	\$ 872,564	\$ (501,059)
FY16	\$ 1,255,695	\$ 888,648	\$ (367,047)
FY17	\$ 1,040,694	\$ 1,097,510	\$ 56,816
FY18	\$ 909,786	\$ 1,107,099	\$ 197,313



Health Department // FY 2018 Community Health Centers Revenue

Community Health Centers: Revenue		June Target:			100%
		Year End Forecast (Actuals-to-date + Forecast)		Forecast Budget Surplus/ (Deficit)	Forecast % of Revised Budget
	Revised Budget				
14 General Fund	\$ 5,912,269	\$ 6,526,828	\$ 614,559	110%	14
15 Federal Grants					15
16 Primary Care 330	\$ 7,437,288	\$ 8,286,733	\$ 849,445	111%	16
17 Healthcare for the Homeless	\$ 2,119,910	\$ 2,462,830	\$ 342,920	116%	17
18 Ryan White & HIV Grants	\$ 2,780,933	\$ 2,959,457	\$ 178,524	106%	18
19 State and Local Grants	\$ 2,133,268	\$ 2,474,975	\$ 341,707	116%	19
20 Quality & Incentives	\$ 7,903,961	\$ 9,242,684	\$ 1,338,723	117%	20
21 Total Grants	\$ 22,375,360	\$ 25,426,679	\$ 3,051,319	114%	21
22 Health Center Fees	\$ 94,743,442	\$ 89,435,729	\$ (5,307,713)	94%	22
23 Self Pay Client Fees	\$ 909,786	\$ 1,107,099	\$ 197,313	122%	23
24 Total Revenue	\$ 123,940,857	\$ 122,496,335	\$ (1,444,522)	99%	24



Health Department // FY 2018 Community Health Centers Expense

Community Health Centers: Expense		June Target:			100%
		Year End Forecast (Actuals-to-date + Forecast)		Forecast Budget Surplus/ (Deficit)	Forecast % of Revised Budget
	Revised Budget				
25 Personnel	\$ 77,084,758	\$ 74,388,736	\$ 2,696,022	97%	25
26 Contracts					26
27 Pass-Thru and Match	\$ 252,850	\$ 91,607	\$ 161,243	36%	27
28 Other Contracts	\$ 2,094,976	\$ 3,497,684	\$ (1,402,708)	167%	28
29 Total Contracts	\$ 2,347,826	\$ 3,589,291	\$ (1,241,465)	153%	29
30 Materials and Supplies					30
31 Drugs	\$ 13,403,847	\$ 12,336,327	\$ 1,067,520	92%	31
32 Medical Supplies	\$ 3,707,414	\$ 1,734,632	\$ 1,972,782	47%	32
33 Other Materials & Services	\$ 5,095,232	\$ 1,600,379	\$ 3,494,853	31%	33
34 Total Materials & Services	\$ 22,206,493	\$ 15,671,338	\$ 6,535,155	71%	34
35 Internal Services					35
36 Facilities	\$ 4,261,984	\$ 7,318,478	\$ (3,056,494)	172%	36
37 Information Technologies	\$ 7,787,866	\$ 7,786,562	\$ 1,304	100%	37
38 Telecommunications	\$ 685,955	\$ 563,137	\$ 122,818	82%	38
39 Other Internal Services	\$ 441,623	\$ 539,480	\$ (97,857)	122%	39
40 Indirect Cost (Dept and Central)	\$ 8,969,894	\$ 8,619,384	\$ 350,510	96%	40
41 Total Internal Services	\$ 22,147,322	\$ 24,827,041	\$ (2,679,719)	112%	41
42 Capital Outlay	\$ 154,458	\$ 106,144	\$ 48,314	69%	42
43 Total Expense	\$ 123,940,857	\$ 118,582,550	\$ 5,358,307	96%	43



Multnomah County Health Department

Monthly Dashboard

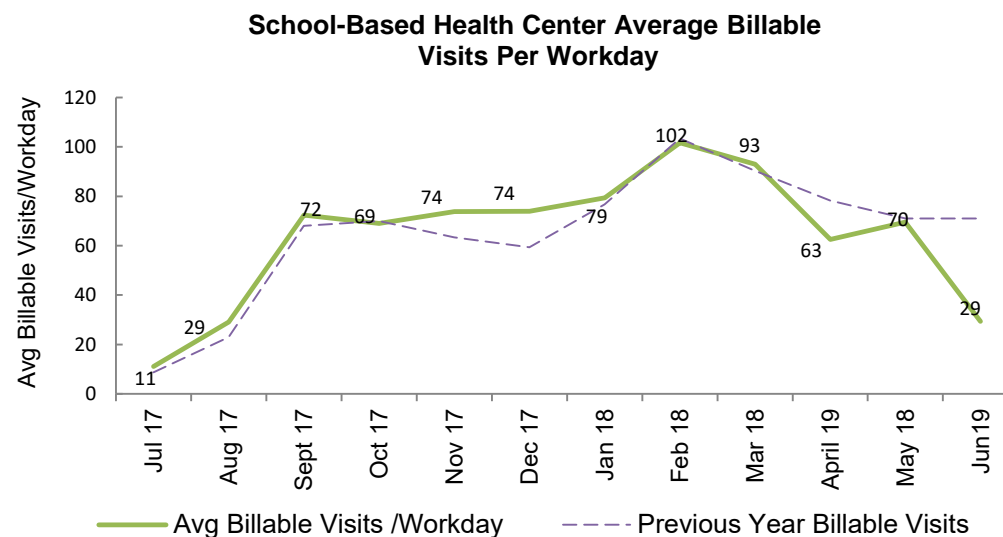
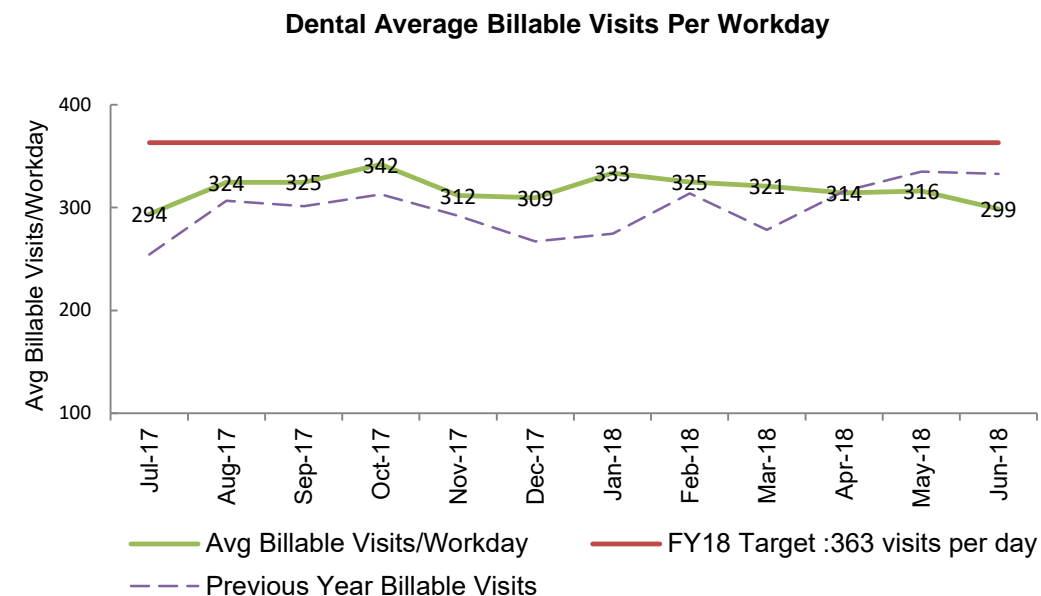
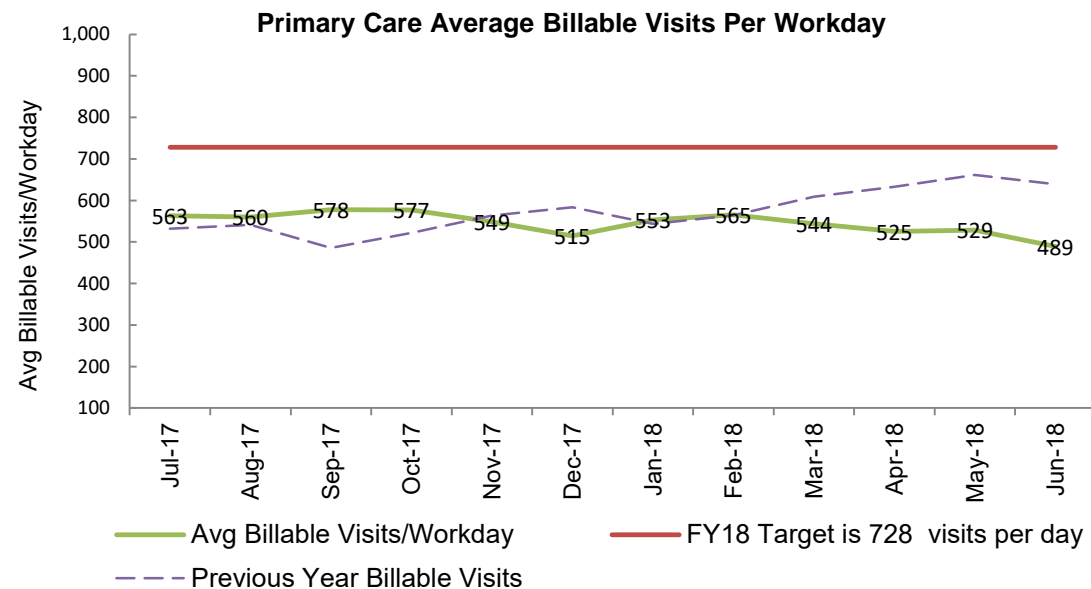
June 2018

Prepared by: [Papa Diallo](#)

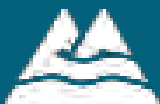


Multnomah County Health Department

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.

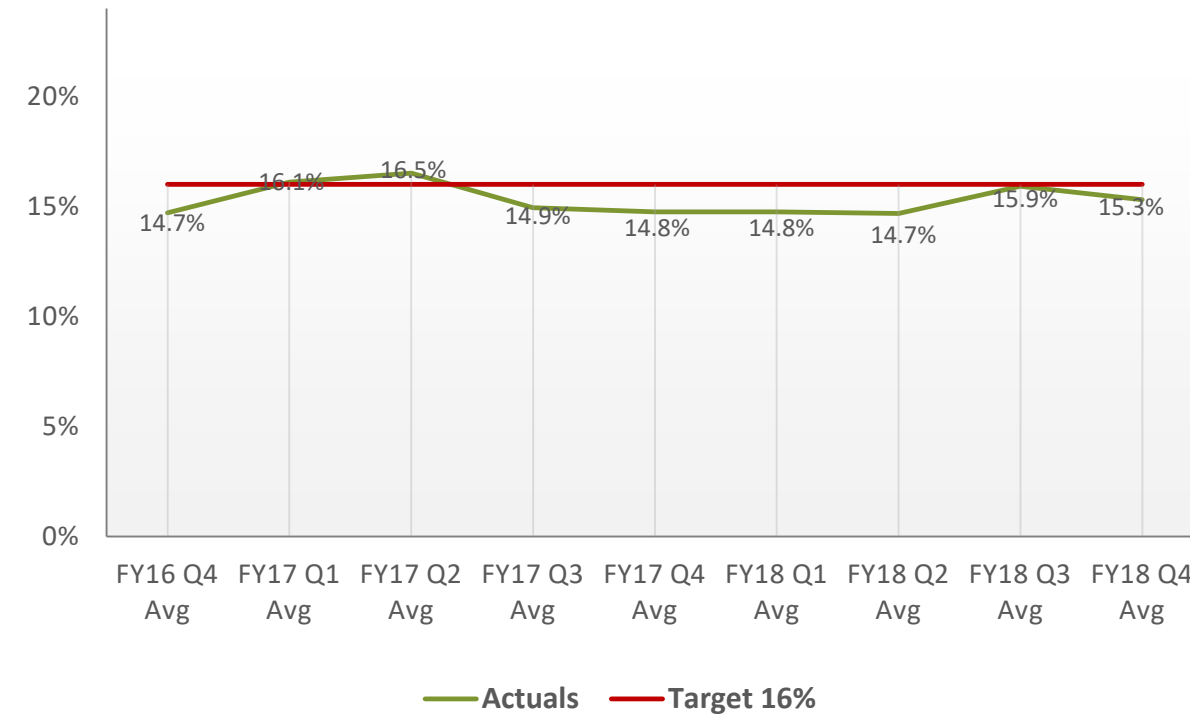




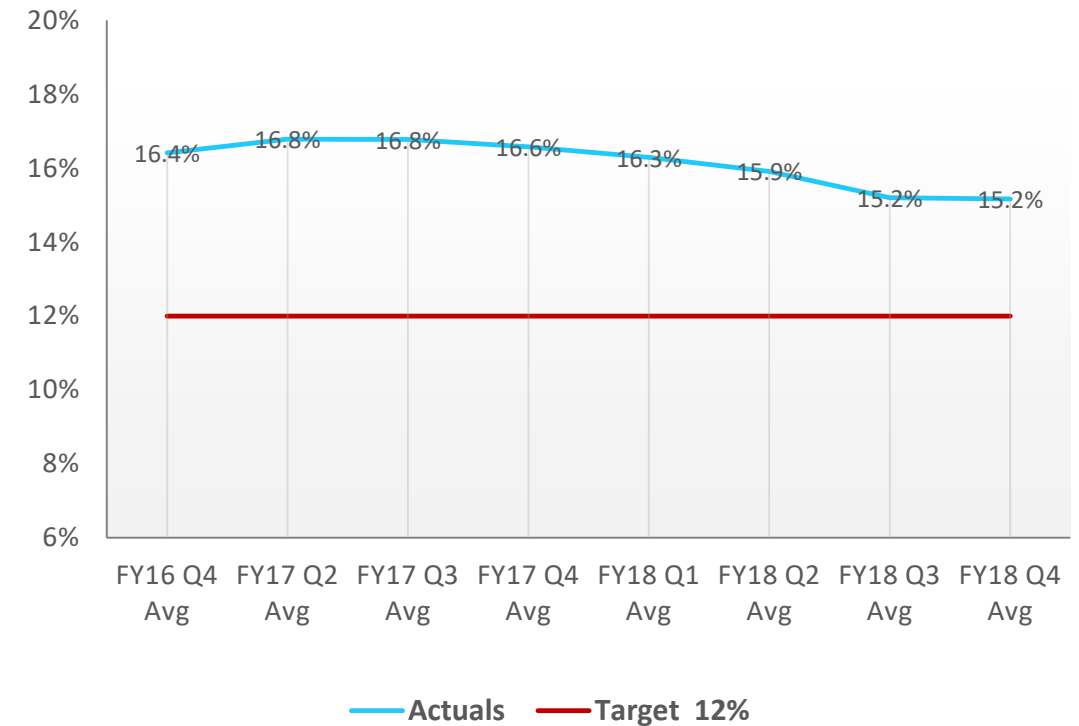
Multnomah County Health Department

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



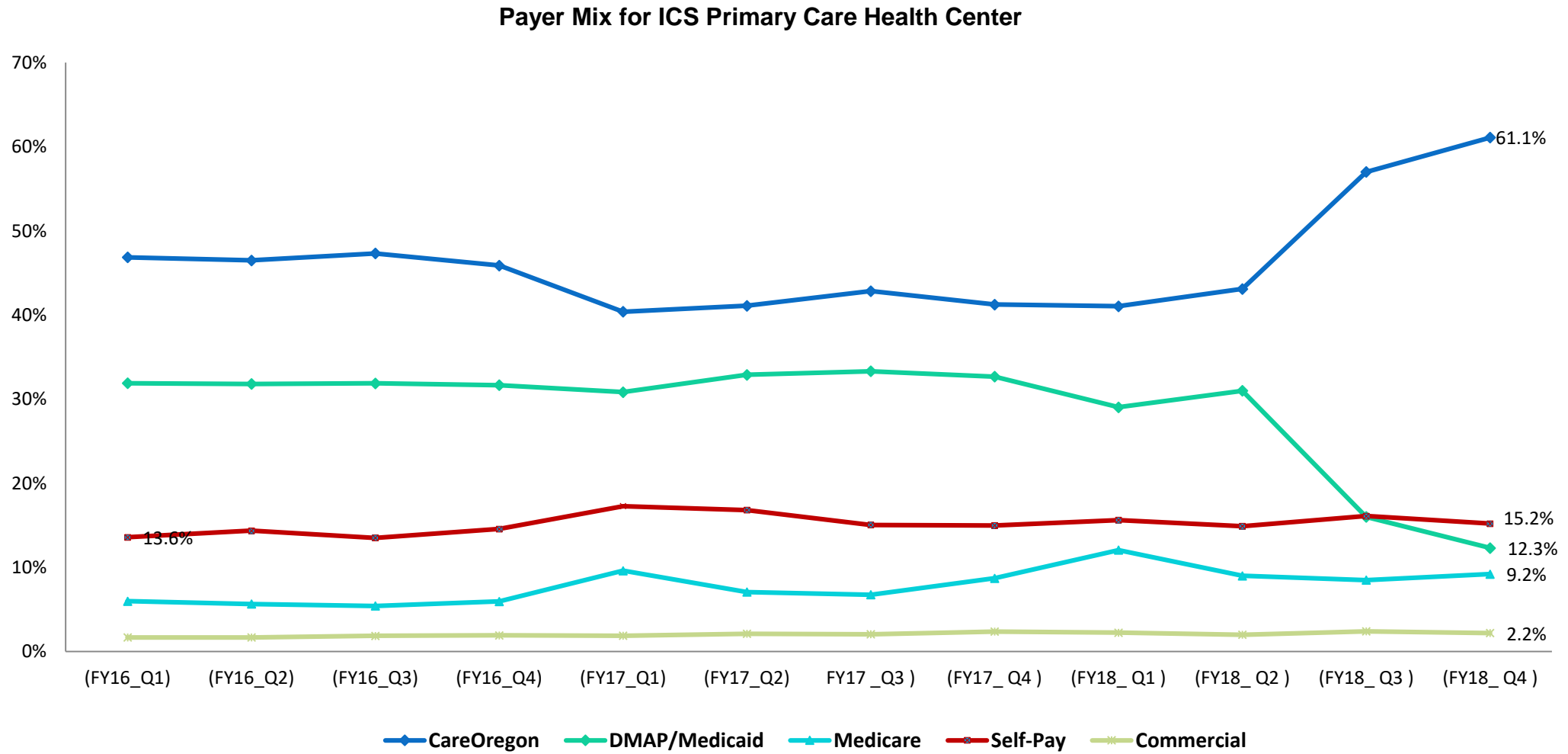
Comments:
ICS Dental data shows a slight change between run dates with the amount of uninsured patients declining with each new week. The reason for this is the Dental Clinics try to check insurance coverage two days prior to the appointment. If they are unable to establish insurance coverage a client 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.



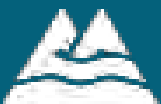


Multnomah County Health Department

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

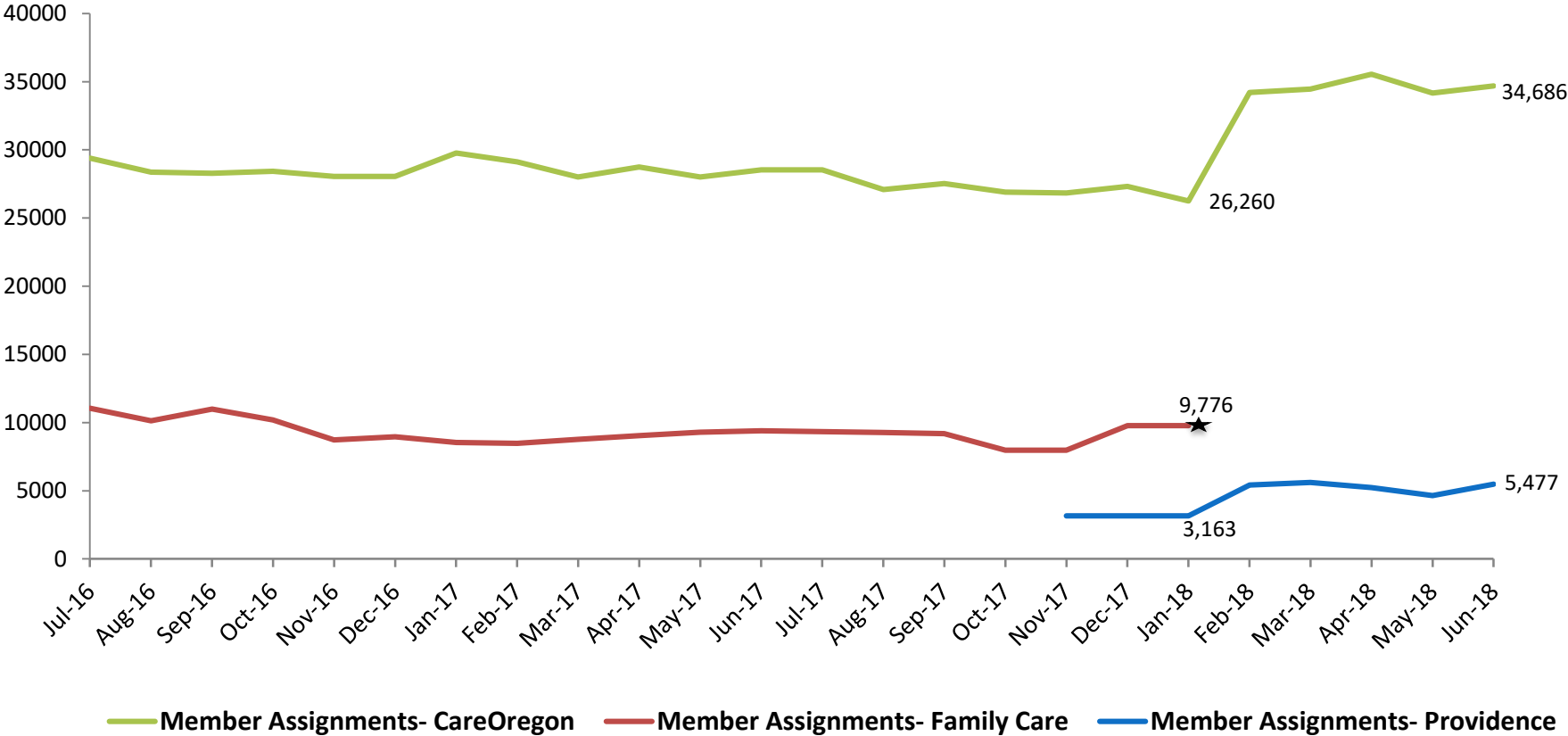




Multnomah County Health Department

MCHD Primary Care Member Assignments

Primary Care Member Assignments



	Current Month	Previous Month
CareOregon	86.4%	88.05%
Providence	13.6%	11.95%
Total Clients	100%	100%

Notes:
CareOregon FY17 average:30,293
FamilyCare FY18 average :9,039
Providence FY18 average :4,482





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

Community Health Centers - Page 1
June Target:
100%

	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	\$ 7,903,961	\$ -	\$ 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	\$ 94,743,442	\$ 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	\$ 123,940,857	\$ 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	\$ 22,206,493	\$ 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	\$ 123,940,857	\$ 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



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

Community Health Centers - Page 2
June Target: 100%

	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	\$ 558,267	\$ 477,171	\$ 520,197	\$ 681,330	\$ 6,526,828	110%
Grants - BPHC	\$ 9,557,198	\$ 858,784	\$ 941,935	\$ 867,820	\$ 891,396	\$ 873,537	\$ 2,008,319	\$ 10,749,563	112%
Grants - Incentives	\$ 7,903,961	\$ 421,420	\$ -	\$ 1,310,179	\$ -	\$ 1,086,373	\$ 816,441	\$ 9,242,686	117%
Grants - All Other	\$ 4,914,201	\$ 466,552	\$ 932,846	\$ 418,960	\$ 151,419	\$ 596,473	\$ 561,552	\$ 5,434,432	111%
Health Center Fees	\$ 94,743,442	\$ 7,684,192	\$ 8,464,510	\$ 7,595,973	\$ 7,182,097	\$ 7,824,898	\$ 6,064,345	\$ 89,435,728	94%
Self Pay Client Fees	\$ 909,786	\$ 94,503	\$ 86,599	\$ 109,267	\$ 70,518	\$ 95,047	\$ 77,266	\$ 1,107,099	122%
Total	\$ 123,940,857	\$ 10,061,064	\$ 10,994,352	\$ 10,860,466	\$ 8,772,601	\$ 10,996,525	\$ 10,209,253	\$ 122,496,336	99%
Expense									
Personnel	\$ 77,084,758	\$ 6,357,261	\$ 6,200,610	\$ 6,148,522	\$ 5,980,549	\$ 6,337,155	\$ 6,128,057	\$ 74,388,735	97%
Contracts	\$ 2,347,826	\$ 151,362	\$ 346,608	\$ 144,237	\$ 169,618	\$ 587,939	\$ 751,432	\$ 3,589,291	153%
Materials and Services	\$ 22,206,493	\$ 1,049,991	\$ 1,158,831	\$ 1,344,439	\$ 1,566,918	\$ 1,365,845	\$ 1,623,876	\$ 15,671,338	71%
Internal Services	\$ 22,147,322	\$ 1,605,606	\$ 2,240,607	\$ 2,181,724	\$ 1,807,105	\$ 1,682,339	\$ 3,244,307	\$ 24,827,040	112%
Capital Outlay	\$ 154,458	\$ -	\$ -	\$ 38,323	\$ 14,872	\$ -	\$ 32,092	\$ 106,144	69%
Total	\$ 123,940,857	\$ 9,164,220	\$ 9,946,656	\$ 9,857,245	\$ 9,539,062	\$ 9,973,278	\$ 11,779,764	\$ 118,582,548	96%
Surplus/(Deficit)	\$ -	\$ 896,844	\$ 1,047,696	\$ 1,003,221	\$ (766,461)	\$ 1,023,247	\$ (1,570,511)	\$ 3,913,788	

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

Multnomah County Health Department

Monthly Dashboard

August 2018

Prepared by: [Larry Mingo](#)

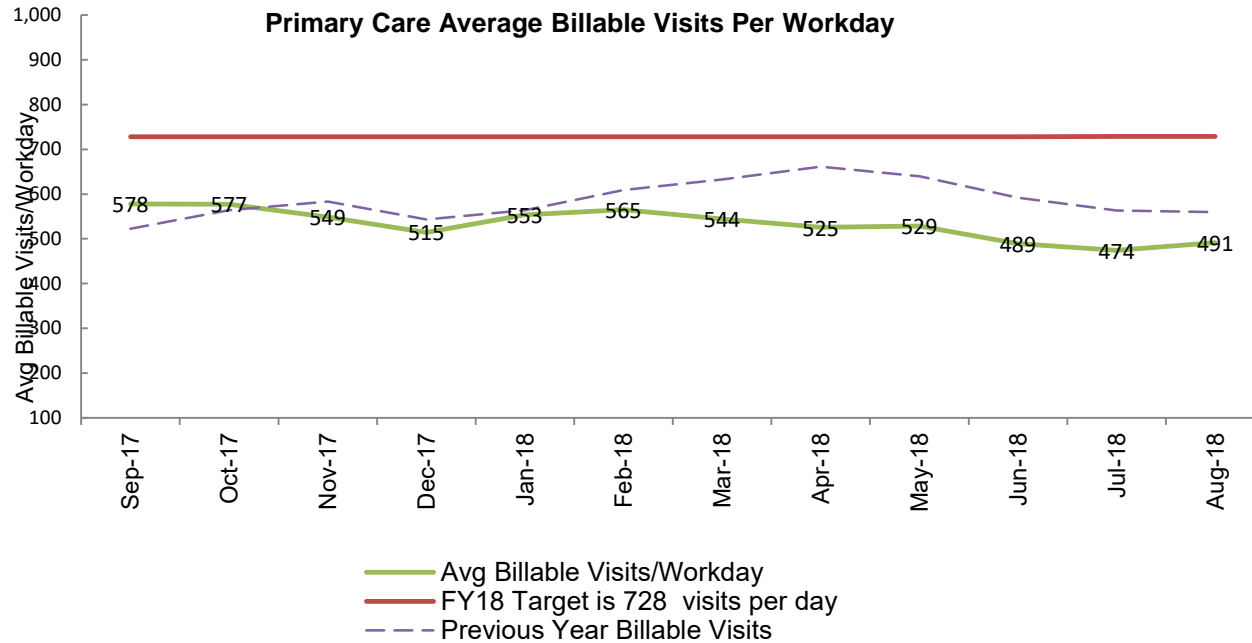




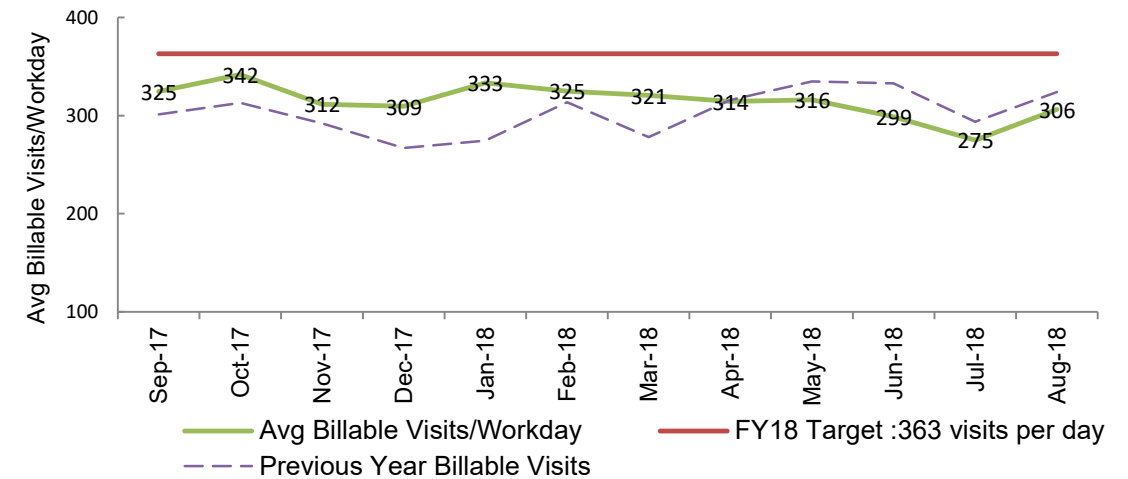
Multnomah County Health Department

Weekly Billable Visits Per Department

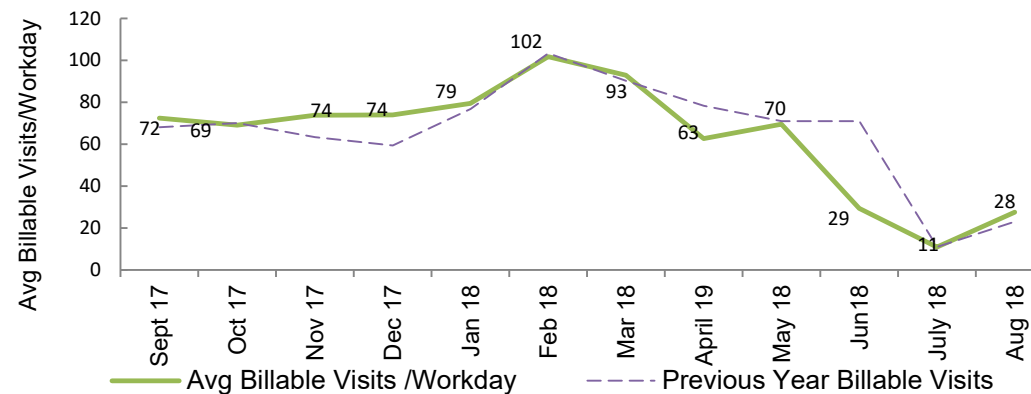
Primary Care Average Billable Visits Per Workday



Dental Average Billable Visits Per Workday

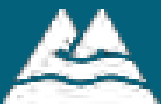


School-Based Health Center Average Billable Visits Per Workday



* SBHC clinics are closed during the month July except Parkrose SBHC

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.

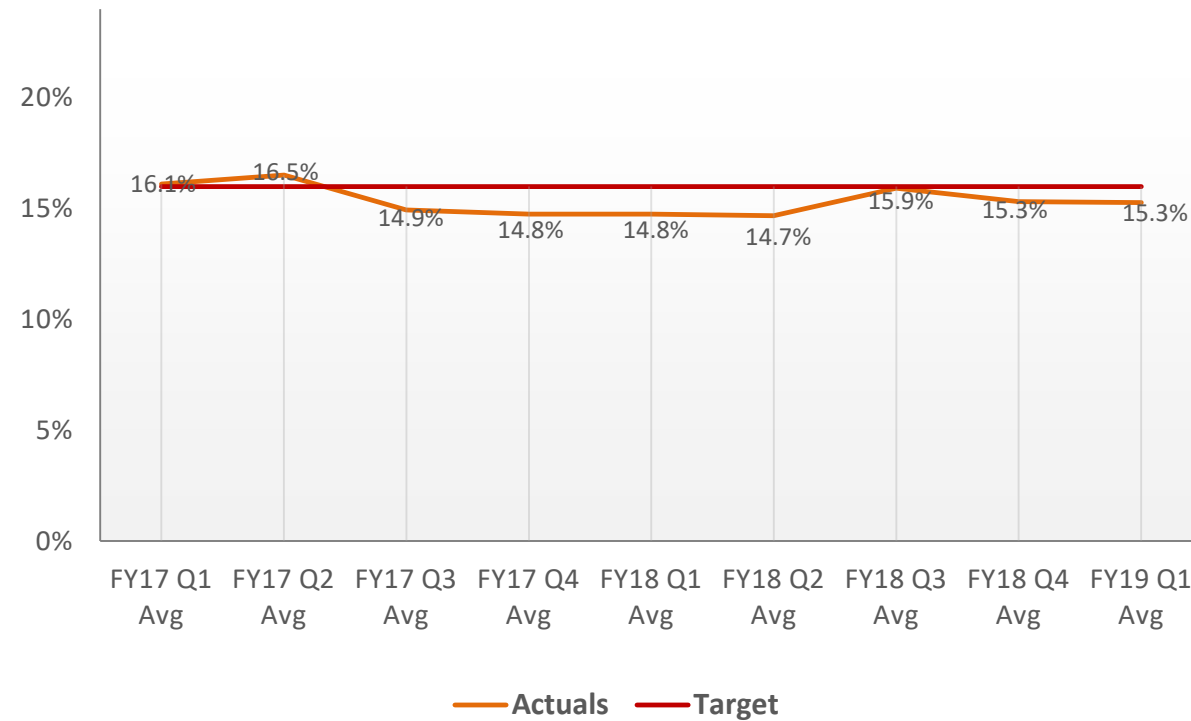




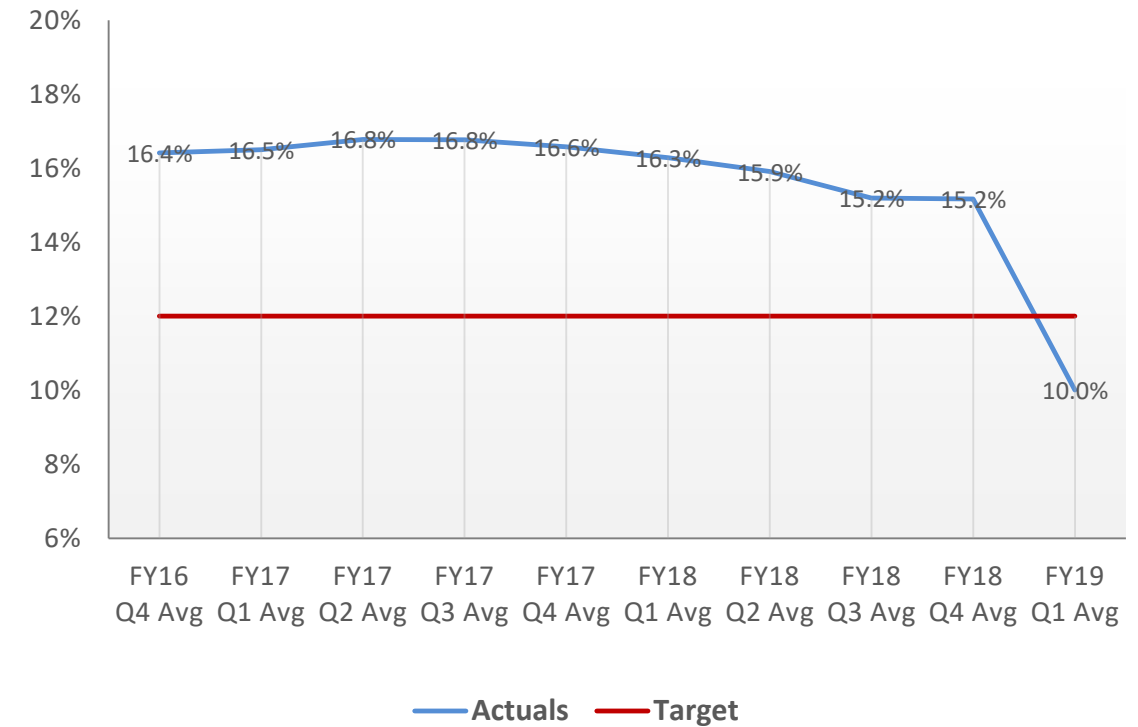
Multnomah County Health Department

Monthly Percentage of Uninsured Visits for ICS Primary Care Health Center

Percentage of Uninsured Visits in Primary Care

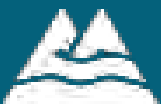


Percentage of Uninsured Visits in ICS Dental



*FY19 –Quarter#1 in progress (only includes July & Aug 18 Data)

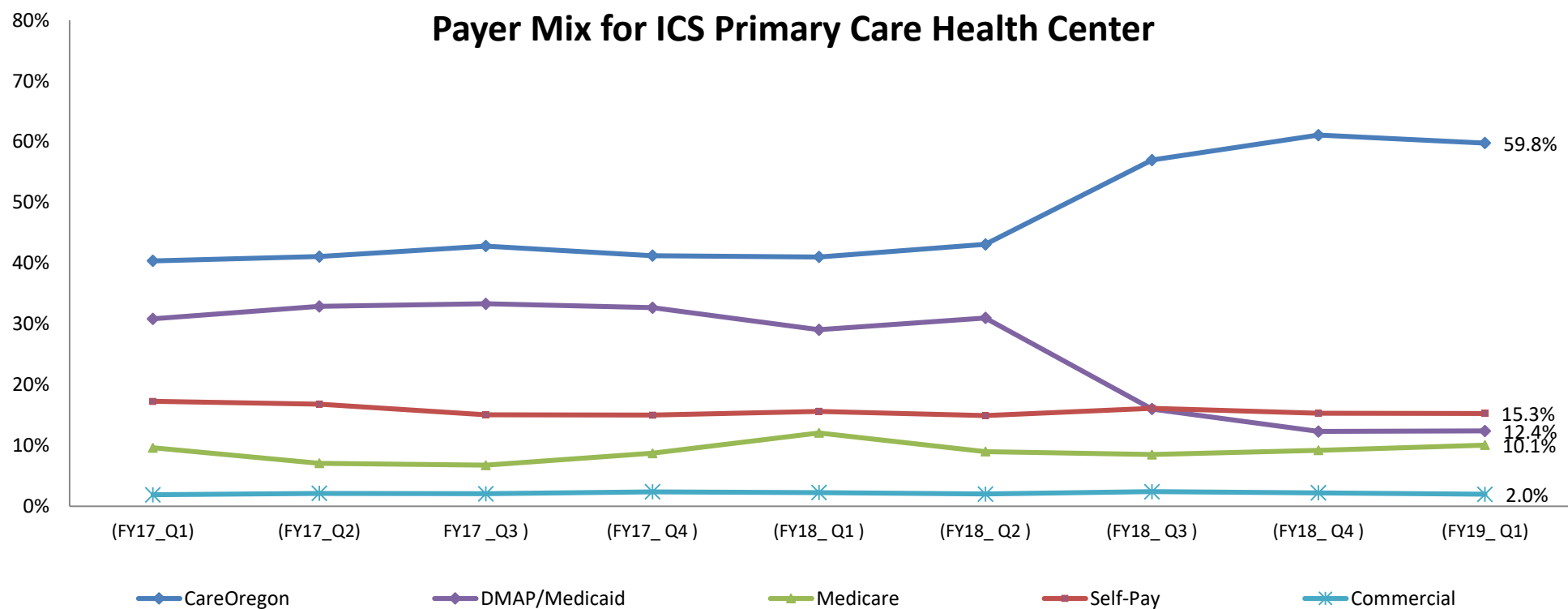
Comments:
ICS Dental data shows a slight change between run dates with the amount of uninsured patients declining with each new week. The reason for this is the Dental Clinics try to check insurance coverage two days prior to the appointment. If they are unable to establish insurance coverage a client 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.



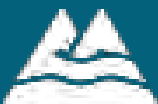


Multnomah County Health Department

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

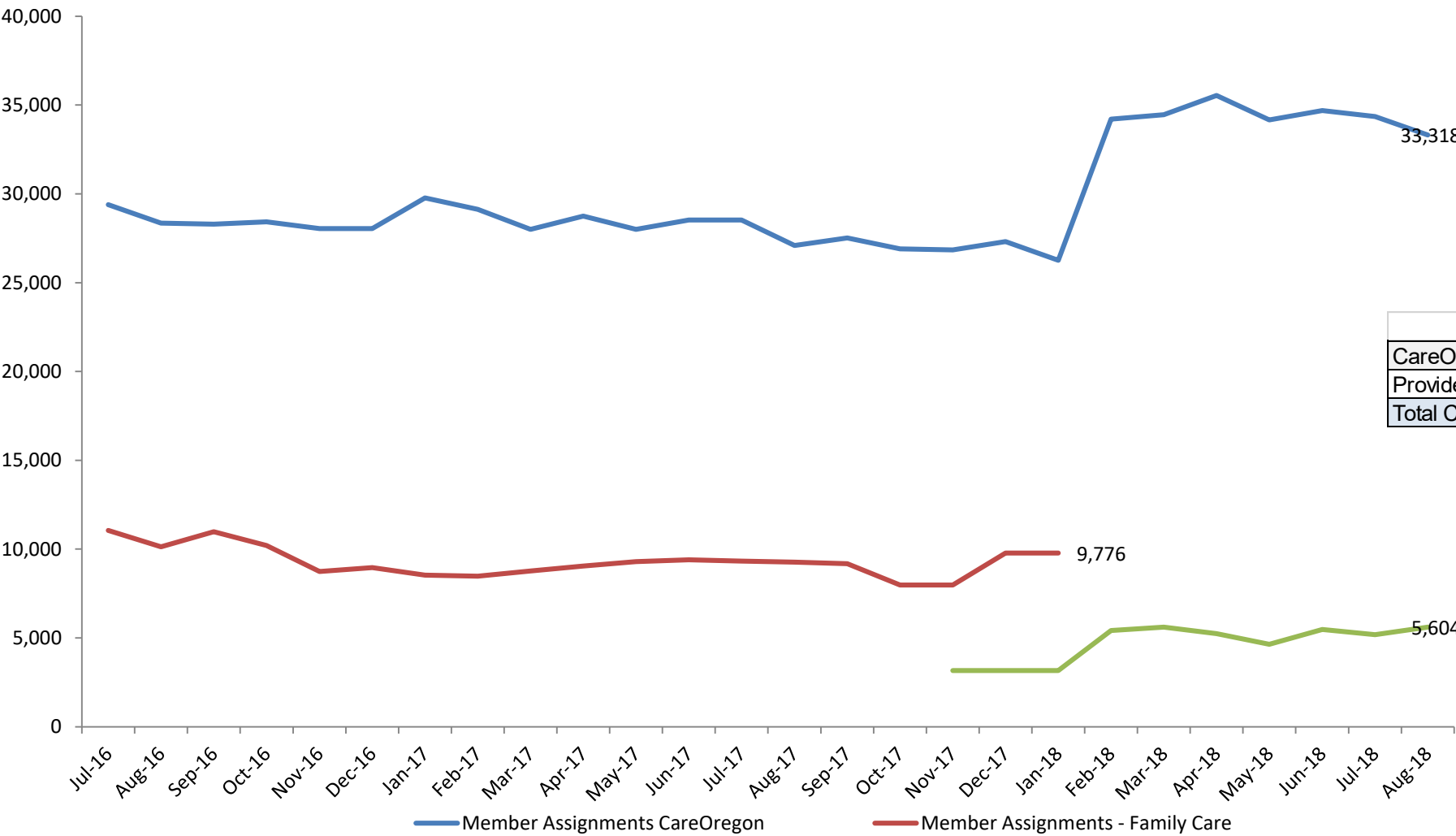




Multnomah County Health Department

MCHD Primary Care Member Assignments

Primary Care Member Assignments



	Current Month	Previous Month
CareOregon	85.60%	86.90%
Providence	14.40%	13.10%
Total Clients	100.00%	100.00%

