

Community Health Council



Community Health Council Board Meeting Minutes

Date: Monday, March 11th, 2019

Time: 6:00 PM

Location: McCoy Building, 10th Floor Conference Room

Approved:

Recorded by: Anna Johnston

Attendance:

Board Members	Title	Y/N
Deborah Abney	Board Member	Y
David Aguayo	Treasurer	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
Susana Mendoza	Board Member	Y
Pedro Sandoval Prieto	Secretary	Y
Wendy Shumway	Board Member	Y
Harold Odhiambo	Board Member	Y
Staff	Title	Y/N
Vanetta Abdellatif	Interim Health Department Co-Director	Y
Lucia Cabrejos	Interpreter, Passport to Languages	Y
Adrienne Daniels	ICS Deputy Director	Y
Fran Davison	Senior Management Auditor	Y
Anna Johnston	Executive Primary Care Support Analyst	Y
Marty Grasmeder	ICS Medical Director	Y
Toni Kempner	Clinic Manager HSC	Y
Mark Lewis	Interim Director Business Operations	Y
Ryan Linskey	Quality Project Manager	Y
Ritchie Longoria	Pharmacy and Lab Director	Y
Linda Niksich	Community Health Council Coordinator	Y
Christine Palermo	Dental Program Manager	N
Christian Thomson	Operations Supervisor	Y

Guests: Tamia Deary (board member candidate) and Emily Petersen (nursing student)

Action Items:

- Mark Lewis to follow up on the financial report and the question raised why it appeared that the revenue for the Health Centers seemed to decrease from month to month?
- Vanetta to follow up on additional information regarding the OSBHA curriculum
- Linda to coordinate the day at the capitol event

Decisions:

- Approved the February 2019 Meeting Minutes
- Approved Policy Update HRS.04.03 Licensing, Credentialing, and Privileging
- Approved Grant submission for OSBHA-Healthy Relationships Youth Education

The meeting was called to order at 6:06 pm by Chair, Tara Marshall.

The Meeting Agreements were presented by Board Member, Wendy Shumway.

Noted that quorum was met with 10 members in attendance (7 needed for quorum)

February 2019 Meeting Minutes Review

(See document - February 2019 CHC Meeting Minutes)

Motion by Wendy Shumway to approve the February 2019 Minutes.

Seconded by Deborah Abney.

8 aye; 0 nay; 2 abstain (Iris and Dave were not present for the February Meeting)

Motion carries

Licensing and Credentialing Report

- Dr. Marty Grasmeder presented the Licensing and Credentialing Report of credentialed staff changes
 - 4 new staff were credentialed, no future staff were credentialed
 - There is a Joint Commission requirement to recredential every 2 years

Policy Update: HRS.04.03 Licensing, Credentialing and Privileging (Vote required)

(See document- HRS.04.03 Licensing, Credentialing, Scope of Practice)

- Dr. Marty Grasmeder updated the group on a policy change/addition that added Clinical Pharmacists to the credentialing policy (in order to be consistent with the credentialing process)

Questions and comments raised by CHC members:

- None

Motion by Fabiola Arreola to approve the Policy update

Seconded by Pedro Sandoval Prieto.

10 aye; 0 nay; 0 abstain

Motion carries

Budget Report: Mark Lewis Interim Director of Business Operations

- Mark presented the monthly budget report
 - Last month Mark met with the CHC Finance Committee to discuss recommended adjustments to the budget report materials
 - There are no operational budget reports to present tonight but they will be presented at the next meeting (April)
 - Mark noted that the \$3 million difference from December to January was due to the beginning working capital being posted in December each year
 - Mark also noted that some expenses also end up in the materials and services category
 - Question: David thanked Mark for sending his staff to the CHC Finance Committee meeting and asked if the working capital always posts in the beginning of december?
 - Answer: Yes, Mark replied it will normally post around the same time every year
 - Question: David asked why it appeared that the revenue for the Health Centers seemed to decrease from month to month?
 - Answer: **ACTION ITEM:** Mark to follow up
 - Question: Wendy asked if Mark could explain "capital outlays"?
 - Answer: Mark answered that capital outlay items are large ticketed items like medical equipment, mostly defined by facilities and is different than smaller materials and supplies.

Legislative Advocacy Update

- ICS Deputy Director Adrienne Daniels provided an update on the current legislative session and healthcare related bills for the board:
 - Adrienne went over the CHC role in advocacy; advocacy (permitted) versus lobbying (not permitted)
 - Legislative calendar for Oregon was reviewed
 - Multnomah County 2019 Legislative Agenda:
 - 1. Protect Safety Net Partners
 - 2. Take action on Housing and Homeless
 - 3. Improve behavioral health
 - 4. Target State funding and services
 - 5. Fund Public Health Modernization
 - 6. Increase funding for permanent supportive housing
 - Bill updates included over 1,000 bills that are tracking for Oregon
 - Approximately 302 of these are related to Health or Public Health
 - Approximately 98 are related to Health Centers
 - Tuesday April 9th, Day at the Capitol in Salem Oregon
 - CHC members have the opportunity to go for the day and possibly share their stories
 - Wendy Shumway shared her experience participating in the event last year and encourages others to participate
 - **ACTION ITEM:** Linda will coordinate logistics for those that want to attend- a van can be rented and it will be an early start approximately 6am
 - OPCA will arrange for anyone that wants to speak

- Question: Pedro asked if they went, would they speak about being a patient or just general information about being in the CHC?
 - Linda answered that it could be information about their experience as a health promoter, as a patient, whichever they feel comfortable speaking about
 - Iris mentioned that she goes to lobby days which are similar to this event if anyone wants to check in with her about it

Break for 10 minutes...

Board Training- Co-Applicant Agreement overview

- Linda Nicksich CHC Liaison went over the Co-Applicant agreement and what it means for the members
 - Why do we have a Co-Applicant agreement and who are the Co-Applicants?
 - This is the first Co-Applicant Agreement that is this robust
 - We have an agreement between the County Chair Deborah Kafoury and the CHC Board Chair Tara Marshall because the health centers are part of a public entity
 - 6 months ago the agreement was signed by the County Chair and the CHC Board Chair
 - This will be the first in a series of board trainings
 - Linda made a note to update the agreement next month to include our new address after we move to the new building

ICS/Strategic Updates

Grant Opportunity (Vote required)

- ICS Director Vanetta Abdellatif updated the board on a grant opportunity
 - The OSBHA Oregon School Based Health Alliance grant with a yes vote would give 20K to the Student Health Centers to go towards supporting healthy youth relationships at Madison and Park Rose schools
 - It would include training for youth to
 - A yes vote would allow the application to be submitted for the 20K grant
 - A no vote would not allow the application
 - Vanetta also mentioned there is a need because of the lack of opportunity for youth to learn healthy relationship skills
 - The grant would include training for the youth interns and supplies
 - QUESTION: David asked if the curriculum for the training or lessons came from an approved successful curriculum that has been used in the past?
 - Answer: **ACTION ITEM:** Vanetta to follow up on the curriculum/lessons information with SHC to see if they have used it before
 - QUESTION: Susana asked to clarify who the money would be used for?
 - Answer: Vanetta advised that the money would be used to train student interns to receive training and then provide training for the students

- Identify students to receive education on healthy relationship topics like sex, communication, safety, etc
- Vanetta to follow up on additional information regarding how the topics will be taught
- Harold commented that when he toured the schools he saw some of this training and it is an ongoing program at other SHC sites

Motion by Iris Hodge to approve the OSBHA grant submission

Seconded by Harold Odhiambo

10 aye; 0 nay; 0 abstain

Motion carries

ICS Updates

- Vanetta announced that the new Health Department Director Patricia Charles-Heathers will start Friday, March 15th
 - There is no date set for her to come to a CHC meeting and we'll schedule her sometime in the coming weeks
 - QUESTION: Pedro asked if she will be coming to a CHC meeting to speak?
 - Answer: Vanetta replied yes she will come to a meeting as a visitor
 - Fiscally Sound and Accountable Update: FY 20 budget work is still in progress
 - There are many regulations on how and when the budget is shared
 - This fiscal year will be a tight budget year and clinics will be prioritizing revenue delivering items
 - Kudos to Dental as they have accomplished an 80% reduction in prescribing opioids in the last 4 years!

Council Business

Quality Committee Update

- Met on February 22nd and Dawn Shatzel Quality Director attended the meeting to go over the quality improvement plan and My Chart and they discussed the Peer Support Specialists.

No questions or comments were raised by CHC members.

Finance Committee Update:

- David Aguayo advised that the Finance Committee met on February 27th
 - Harold was not present
 - They met with the county finance team including Angel Landron-Gonzalez and they looked at ways to update the budget materials that the CHC gets every month to make them more readable and easily understood by everyone
 - They discussed adding footnotes to the report to further explain the data and adding a column to show the adopted budget versus the current year budget
 - They also spoke about breaking down the largely grouped line items further to

show more details

- The Finance Committee would like to receive the financial report at least a week prior to the meeting so they can preview for the other board members
- David said they look forward to meeting more with Mark and his team

Nominating Committee Update:

- The nominating committee has not met but they did conduct a phone interview for a prospective board member

No questions or comments were raised by CHC members.

Executive Committee Update:

- The executive committee met on February 21st, reviewed and finalized the agenda for today's meeting
 - The Committee would like to hear some program and project updates including;
 - Child/Maternal Home
 - Emergency Department Use Project (reduction in use)
 - Discussed the County Chair coming to the March or April Executive Committee Meeting to discuss budget concerns for the FQHC
 - OPCA day at the capitol was discussed

No questions or comments were raised by CHC members.

Meeting Evaluation/General updates:

- Vanetta thanked Linda for the Co-Applicant Agreement training slides
- Harold mentioned Bill 698 regarding prescription labeling in patient's first language and if passed would require more language specific labeling on all medications
 - Vanetta mentioned that the county does support this bill however implementation will take longer than the bill allows because new software programs will have to be purchased and implemented in order to achieve the desired outcome
- The new Health Department Headquarters ribbon cutting ceremony is March 20th from 10am to 12pm.

Meeting Adjourned at 7:56pm.

Signed: _____

Pedro Sandoval Prieto

Date: _____

4/8/2019

Community Health Council

Pedro Sandoval Prieto, Secretary



**Community Health Council
Public Meeting Agenda**

Monday, March 11, 2019

6:00-8:00 pm

**McCoy Building: 426 SW Harvey Milk St.,
10th Floor Conference Room**



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 Meeting 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

“D”eb Abney; Dave Aguayo; Fabiola Arreola (Member-at-Large); Sue Burns (Vice-Chair); Jon Cole (Member-at-Large); Robyn Ellis; Iris Hodge; Tara Marshall (Chair); Susana Mendoza; Harold Odhiambo; Pedro Sandoval Prieto (Secretary); Wendy Shumway

Item	Process/Who	Time	Desired Outcome
Call to Order/Welcome	<ul style="list-style-type: none">• Chair, Tara Marshall• Introductions/Ice Breaker	6:00-6:10 (10 min)	Review processes and introduce ourselves with an icebreaker question
Minutes VOTE REQUIRED	<ul style="list-style-type: none">• Review and approve February Minutes	6:10-6:15 (5 min)	Council votes to approve and Secretary signs for the record
Licensing and Credentialing Report & Policy Update: HRS.04.03 VOTE REQUIRED	<ul style="list-style-type: none">• ICS Medical Director, Dr. Marty Grasmeder	6:15-6:30 (15 min)	Council Receives Report Council Discussion And vote
Monthly Budget Report	<ul style="list-style-type: none">• Interim Director Business Operations, Mark Lewis	6:30-6:45 (15 min)	Council receives report

Legislative Advocacy Update	<ul style="list-style-type: none"> ICS Deputy Director, Adrienne Daniels 	6:45-7:00 (15 min)	Gain shared understanding of bills that affect the Health Center
BREAK	<ul style="list-style-type: none"> All 	7:00-7:10 (10 min)	Meet and greet
Board Training: Co-Applicant Agreement Part 1	<ul style="list-style-type: none"> CHC Coordinator, Linda Niksich 	7:10-7:30 (20 min)	To gain shared understanding of the board's role and responsibilities
ICS/Strategic Updates & Grant Opportunity VOTE REQUIRED	<ul style="list-style-type: none"> ICS Director, Vanetta Abdellatif Grant Opportunity: OSBHA 	7:30-7:45 (15 min)	Council receives updates Council votes on Grant Submission
Council Business Committee Updates	<ul style="list-style-type: none"> Executive Committee Update; Chair, Tara Marshall 	7:45-7:55 (10 min)	Council receives updates and ICS Director Eval report
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!

Title:	Licensing, Credentialing and Privileging		
Policy #:	HRS.04.03		
Section:	Human Resources	Chapter:	Licensing, Credentialing, Scope of Practice
Approval Date:	03/11/2019	Approved by:	M. Grasmeder, MD /s/, Medical Director
Related Procedure(s):	Not Applicable		
Related Standing Order(s):	Not Applicable		
Applies to:	Medical physician, osteopathic physician, nurse practitioner, physician assistant, licensed clinical social worker, dentist, dental hygienist, psychologist, clinical pharmacist, pharmacist, pharmacy technician, acupuncturists, medical laboratory technician and other licensed practitioners: LPN, RN, CMA, EFDA .		

PURPOSE

This policy provides the basic guidelines used to ensure that the organization has a process in place by which providers are licensed, credentialed and privileged prior to giving client care.

DEFINITIONS

Term	Definition
Medical provider	Licensed medical practitioner to include medical doctor (MD, DO), physician assistant (PA), nurse practitioner (NP), psychologist, licensed clinical social worker, and pharmacist.
Dental provider	Dentist (DMD or DDS), dental hygienist
Nurses	Registered Nurse (RN) Licensed Practical Nurse (LPN)
Clinical Pharmacist	Licensed clinical pharmacist to include pharmacist
CMA	Certified Medical Assistant
EFDA	Expanded Function Dental Assistant

POLICY STATEMENT

It is policy of Multnomah County Health Department to engage in a process to ensure that all providers employed by the department are fully qualified and competent. This process includes documentation review, identity verification, and consideration of the applicant's credentials by the Oregon Board of Medical Examiners (BME), the Oregon State Board of Nursing, Oregon Board of Clinical Social Workers, the Oregon Board of Pharmacy, the Oregon Board of Dentistry, National Center for Competency Testing (NCCT), American Association of Medical Assistants (AAMA), National Healthcareer Association (NHA), American Medical Technologists (AMT), Dental Assistant National Board (DANB), Multnomah County Health Department (MCHD) and

the respective credentialing boards and committees used by our practices. The credentialing process applies to medical physician, osteopathic physician, nurse practitioner, physician assistant, licensed clinical social worker, dentist and dental hygienist, psychologist, pharmacist, medical laboratory technician, and LPN, RN, CMA, EFDA employed in all health centers.

REFERENCES AND STANDARDS

- Joint Commission Standards HR.02.01.03
- HRSA PIN 2001-16, HRSA PIN 2002-22

PROCEDURES AND STANDING ORDERS

A. Delegation of Credentialing

The Multnomah County Board of Commissioners and the Community Health Council share responsibility for ensuring credentialing and privileging of Multnomah County Health Department providers (HRS.04.03). Both Boards agreed to grant the Health Department Director authority for credentialing and privileging, and may designate the Medical and Dental Directors as responsible for credentialing (Board Resolution 04-151). The Medical Director presents a quarterly report on fully credentialed and privileged Licensed Independent Practitioners (LIPs) to the Community Health Council for their review and approval.

The credentialing process can be contracted to a Credentials Verification Organization (CVO) to obtain the primary source verification or assigned to relevant managed care organizations e.g., CareOregon, Family Care, etc.), which are agencies that conduct a review and approval of provider credentials according to their internal policies and procedures.

The medical, dental, pharmacy, lab, operations, human resource director or designee of Multnomah County Health Department, will conduct a review of their respective practitioners' credentials; including other licensed practitioners as applicable and is responsible for final approval of all credentials and privileges, as well as formal appointment.

B. Initial Credentialing and Privileging

Applicant must submit to MCHD a completed, signed and dated Oregon Practitioner Credentialing Application or an MCHD employment application along with the following documents:

1. As applicable a copy of a license from the associated licensing entity.
2. A copy of DEA certification or prescriptive privileges, if applicable.
3. A copy of specialty board certificate, if applicable.
4. Peer references and release of information for each.

5. Evidence of any encumbrances to practice.
6. Application for privileges with documentation as needed (see below for details).
7. Curriculum vitae.
8. Valid government issued picture ID.
9. Current CPR Card, if applicable
10. Documentation of immunization and PPD status

C. Verification of Training

1. Licensed Independent Practitioners: The credentialing program specialist or CVO will verify training using primary sources. In cases where a licensing entity completes primary source verification, a current license may be used as verification.
2. Other licensed and certified staff: The credentialing program specialist or human resources will verify and document training with primary or secondary sources. In cases where a licensing entity completes primary source verification, a current license may be used as verification.

D. Competencies

The Multnomah County Health Department uses the following six competencies to evaluate competency:

- **Patient care-** The expectation is for all staff to provide compassionate, appropriate, and effective patient care for the promotion of health, prevention of illness and treatment of disease. This will be evaluated through peer reviews, clinical quality measures, and patient feedback surveys
- **Medical/Clinical Knowledge-** It is the expectation for all staff to: maintain certifications and licenses, attend county trainings offered during Grand Rounds, obtain CMEs per protocol, and complete Health Stream and other on-line trainings as assigned. This will be evaluated through tracking course completions in Health Stream, verifying attendance at trainings, and tracking of CMEs
- **Practice-based learning and improvement-** It is the expectation for the primary care teams to Utilize clinical quality metrics to measure for improvement. These metrics will be reviewed frequently by leadership.
- **Interpersonal and Communication Skills-** It is the expectation for all staff to interact with patients and each other in a respectful manner. This will be evaluated through patient satisfaction surveys complaint cards, and incident reports.
- **Professionalism-**It is the expectation for all staff to demonstrate behaviors that reflect continuous professional development, diversity, and ethics. This will be

measured through patient surveys, complaint cards, and attendance to annual diversity training and completion of the annual Code of Ethics review.

- **Systems-based practice-** It is the expectation all staff demonstrate an understanding of the contents and systems in which health care is provided. This can be evaluated through attendance to EPIC and Dentrix trainings, adhoc trainings for new equipment and systems.

E. Verification of License Renewals

All licensed independent practitioners and other licensed or certified practitioners will have proof of current licensure or certification in their credentialing files at all times. Practitioners will be notified of upcoming expirations of licenses. Human Resources, the Credentialing Program Specialist or designee will monitor licenses for renewal to ensure those who have license will renew their license prior to expiration. Providers and other licensed practitioners whose license or certification has expired will not work until license or certification is renewed according to the requirements of the applicable Oregon and National Boards for the discipline of the practitioner. Tracking reports of upcoming expirations are managed by the credentialing program specialist and submitted to directors and worksite leadership upon request. Renewal of licensure is the responsibility of the employee.

F. Renewal of Credentials

Each provider must renew privileges and credentials at a minimum every two years. Licensure must be renewed as required by licensing entities. Renewal of credentials and privileges are the responsibility of the employee.

G. Denial of Credentials

When an applicant has been informed that credentialing or recredentialing has been denied, the applicant may appeal the decision. The applicant may request a hearing before a credentialing committee as designated by respective MCHD, ICS medical, dental, pharmacy, BH, and lab directors or the managed care organization's board of directors before the decision is final.

H. Medical Clinical Privileges

Medical clinical privileges are granted to practitioners based on education, clinical training, experience, demonstrated current competence and/or documented results of patient care.

Core Privileges:

Core privileges are the scope of practice as listed within each field of medicine identified in HRS.04.07. Applicants must be graduates of approved training programs and possess an active license in the state of Oregon for their discipline.

Core Privileges do not require additional documentation beyond proof of having current licensure and completion of the appropriate training program and board certification. This documentation is collected during the credentialing process.

Specialty Privileges:

Specialty privileges are granted to perform those procedures that require specific training to perform competently, and are not necessarily within the provider's core training curriculum. Specialty privileges are granted only with the approval of the medical director or deputy medical director. Granting Specialty Privileges requires primary source verification of appropriate training. Provider must also qualify for Core Privileges.

I. Prenatal Privileging

1. All new providers/graduates who are determined to need to provide prenatal care will be enrolled in the "new" initial training/review process protocol.
2. All experienced providers who are determined to need to provide prenatal care will be enrolled in the "experienced" initial training/review process protocol.
3. All established providers must see on average 20 prenatal patients per year to maintain prenatal care privileges.
4. All below criteria must be supported with program documentation and/or prior practice documentation from medical director or equivalent. Program documentation must be submitted to the credentialing specialist.

	FP-MD	PA	NP
New provider/new graduate	Completed residency (RRC requirements)	At least 40 hours of clinical experience in prenatal/ postpartum care	At least 40 hours of clinical experience in prenatal/ postpartum care
Experienced provider	Must have cared for on average 20 prenatal patients in the last year of their practice	Must have cared for on average 20 prenatal patients in the last year of their practice	Must have cared for on average 20 prenatal patients in the last year of their practice

J. Dental Clinical Privileges

Clinical privileges for dentists and dental hygienists will be granted at a minimum every two years as part of the MCHD credentialing and recredentialing process by the dental director.

Procedures requiring additional permits, such as Nitrous oxide permit, or parenteral sedation by the Oregon Board of Dentistry will be verified as part of the privileging process.

K. Pharmacist Clinical Privileges

Core privileges for the entire scope of practice as defined in HRS.04.07 excluding collaborative drug therapy management are granted upon proof of current licensure in good standing and completion of pertinent training programs during the credentialing process.

Privileging for collaborative drug therapy management is granted after demonstrating competency, sound clinical decision-making, and ability to adhere to protocol via peer-to-peer shadowing, review of medical record documentation, and coaching. Until such privileging is granted, the clinical pharmacist shall pend all medication orders to the primary care provider.

K. Approval and Renewal of Privileges**Medical Providers:**

Applications for privileges will be submitted with documentation as needed to the medical director for review and signature. Privileges will be reviewed every two years at the time recredentialing takes place.

Dental Providers:

Applications for privileges will be submitted with documentation as needed to the dental director for review and signature. Privileges will be reviewed at a minimum every two years at the time recredentialing takes place.

Clinical Pharmacists:

Applications for privileges will be submitted with documentation as needed to the pharmacy director and medical director for review and signature. Privileges will be reviewed at a minimum every two years at the time recredentialing takes place.

When there is a request for a change or revision in clinical privileges for a medical or dental provider, a search of the National Provider Data Bank (NPDB) will be performed, evaluated and documented in the subject provider's file.

L. Denial or Revocation of Privileges

The medical or dental director may deny a request for approval or renewal of privileges or may revoke existing privileges. In the event of denial or revocation of privileges, the provider may appeal the denial. A committee will be convened to review the documentation and to hear the appeal. The committee will consist of the following providers:

Medical credentialing and privileging:

- Deputy Medical Director
- A Site Medical Director
- Corrections Health Medical Director or County Health Officer
- School-Based Health Lead

The following will be excluded from the appeals hearing: MCHD medical director and the direct supervisor of the provider.

Dental credentialing and privileging:

- Medical director
- Deputy Dental Director
- Dental providers (3)

The following will be excluded from the appeals hearing: Dental director.

The provider making the appeal must submit the request for an appeal in writing, within 30 days of the notification of denial. Letter will be addressed to the MCHD medical/dental director. This director, or designee, will schedule the hearing and notify participants.

The committee will review original documentation submitted to the relevant director in the application. The provider may present oral argument at the hearing if he/she wishes to do so. The committee will discuss (in the absence of the provider) the documentation provided, oral argument, and make a decision regarding the appeal. The provider will be informed by letter of the final privileging decision.

RELATED DOCUMENTS**Name**

Attachment A – Provider Scope of Practice HRS.04.07
Attachment B – Board Resolution 04-151

POLICY REVIEW INFORMATION

Point of Contact: M. Grasmeder, MD - Medical Director
Supersedes: 325(3)



Multnomah County Health Department
Federally Qualified Health Center Financial Statement
For Period Ending December 2018

Community Health Centers - Page 1
December Target: 50%

	Revised Budget	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Revenue							
Behavioral Health	\$ 5,394,614	\$ 395,899	\$ 395,357	\$ 386,929	\$ 392,315	\$ 315,304	\$ 239,775
General Fund	\$ 10,497,645	\$ 880,918	\$ 882,684	\$ 992,021	\$ 924,144	\$ 894,914	\$ 996,625
Grants - BPHC	\$ 9,967,847	\$ -	\$ -	\$ 1,710,117	\$ 781,367	\$ 935,417	\$ 865,926
Grants - Incentives	\$ 7,326,480	\$ -	\$ 1,068,109	\$ 2,340,693	\$ 498,640	\$ 1,500	\$ 4,354,540
Grants - All Other	\$ 9,415,223	\$ 384,509	\$ 370,555	\$ 862,642	\$ 1,015,074	\$ 620,246	\$ 995,304
Health Center Fees	\$ 96,332,757	\$ 7,807,405	\$ 9,042,004	\$ 8,052,219	\$ 7,717,611	\$ 9,970,501	\$ 5,744,877
Self Pay Client Fees	\$ 1,127,294	\$ 86,553	\$ 100,907	\$ 76,035	\$ 105,026	\$ 98,354	\$ 87,054
Total	\$ 140,061,860	\$ 9,555,284	\$ 11,859,615	\$ 14,420,656	\$ 11,434,177	\$ 12,836,236	\$ 13,284,101
Expense							
Personnel	\$ 94,257,953	\$ 7,027,910	\$ 7,335,971	\$ 7,174,182	\$ 8,172,851	\$ 8,042,358	\$ 7,623,316
Contracts	\$ 4,952,788	\$ 234,197	\$ 178,587	\$ 897,067	\$ 217,171	\$ 762,433	\$ (74,025)
Materials and Services	\$ 13,973,151	\$ 1,065,843	\$ 1,191,908	\$ 1,327,446	\$ 1,512,088	\$ 1,558,757	\$ 861,177
Internal Services	\$ 26,382,068	\$ 1,167,854	\$ 2,089,623	\$ 2,117,172	\$ 2,425,022	\$ 2,054,471	\$ 2,095,802
Capital Outlay	\$ 495,900	\$ -	\$ -	\$ 17,730	\$ 10,116	\$ -	\$ -
Total	\$ 140,061,860	\$ 9,495,803	\$ 10,796,090	\$ 11,533,597	\$ 12,337,248	\$ 12,418,019	\$ 10,506,270
Surplus/(Deficit)	\$ -	\$ 59,481	\$ 1,063,526	\$ 2,887,058	\$ (903,071)	\$ 418,217	\$ 2,777,831

Note: Financial Statement for Fiscal Year 2019 (July 2018 - June 2019). Columns are blank/zero until the month is closed.



Multnomah County Health Department
Federally Qualified Health Center Financial Statement
 For Period Ending December 2018

Community Health Centers - Page 2											December Target:		50%				
	Revised Budget		Jan-19		Feb-19		Mar-19		Apr-19		May-19		Jun-19		Year to Date Total	% YTD	
Revenue																	
Behavioral Health	\$	5,394,614	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	2,125,579	39%
General Fund	\$	10,497,645	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	5,571,306	53%
Grants - BPHC	\$	9,967,847	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	4,292,827	43%
Grants - Incentives	\$	7,326,480	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	8,263,481	113%
Grants - All Other	\$	9,415,223	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	4,248,330	45%
Health Center Fees	\$	96,332,757	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	48,334,617	50%
Self Pay Client Fees	\$	1,127,294	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	553,928	49%
Total	\$	140,061,860	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	73,390,069	52%
Expense																	
Personnel	\$	94,257,953	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	45,376,587	48%
Contracts	\$	4,952,788	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	2,215,430	45%
Materials and Services	\$	13,973,151	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	7,517,219	54%
Internal Services	\$	26,382,068	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	11,949,944	45%
Capital Outlay	\$	495,900	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	27,846	6%
Total	\$	140,061,860	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	67,087,027	48%
Surplus/(Deficit)	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	6,303,042	

Note: Financial Statement for Fiscal Year 2019 (July 2018 - June 2019). Columns are blank/zero until the month is closed.



2019 Legislative Session Update

Community Health Council
March 2019

CHC Role in Advocacy

The board should:

- ★ *Provide testimony*
- ★ *Develop recommendations*
- ★ *Educate and inform*
- ★ *Share stories and personal experiences*

Example: “House Bill 2009 improves access to healthcare for health center clients”.

The board should not:

- X Request a call to action*
- X Influence voting on specific ballot measures or candidate*

Example: “Vote yes for house bill 2009”



Oregon's Legislative Calendar

January 2019

- *Multnomah County adopts top priorities*
- *Draft bills are released*

April 2019

- *1st Chamber Deadline; all bills must have been considered by one chamber*
- *OPCA "Day at the Capitol"*

June 30, 2019

- *Constitutional "Sine Die" (end of session)*

February - March 2019

- *Sessions and hearings start to debate bills*
- *Deadline for draft bills to be completed*

May 2019

- *2nd Chamber Deadline; all bills must have been considered by both the House and Senate*



Multnomah County's 2019 State Legislative Agenda

1. **Protect Safety Net Programs**
2. Take Action on Housing and Homelessness
3. **Improve Behavioral Health**
4. Target State funding and services
5. Fund Public Health Modernization
6. Increase funding for permanent supportive housing



Multnomah County's 2019 State Legislative Agenda

Protect Safety Net Programs:

- Protect access to healthcare services
- Assure Medicaid coverage and Cover all Kids

Improve Behavioral Health

- Improve payment and quality of mental health services
- Expand substance use disorder treatment



Bill Updates

Multnomah County is tracking 1,005 bills!

- 302 relate to health or public health
- 98 relate to community health centers



Bill Updates

Assuring Medicaid coverage

- HB 2010: Package of funding for Medicaid
- HB 2799: Minimum coverage requirements

Lowering drug costs

- HB 2658: Increasing price transparency
- HB 2065: Funding drug take-back
- HB 2679, 2680, 2689: New importation programs

Expanding access to care

- HB 2220: Vx administration by dentists
- HB 2706: Expands dental coverage to COFA population
- HB 2801: Requires language translation for prescriptions
- SB 126: Increases payment for telemedicine
- HB 3036: Updates vaccination requirements



Save the Date! 2019 Day at the Capitol

Tuesday, April 9th

Salem, Oregon

- Share your “health center story”
- Help inform, advocate, and educate about community health centers
- Learn about the Oregon legislative process
- Meet your elected representatives



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: March 11, 2019		Program / Service Area: Student Health Centers	
Presenters: Vanetta Abdellatif			
This funding will support:	<input checked="" type="checkbox"/> Current Operations	<input type="checkbox"/> Expanded services or capacity	<input type="checkbox"/> New services
Project Title and Brief Description: <ul style="list-style-type: none"> Oregon School-Based Health Alliance (OSBHA) ACTION Grant Program To Support Healthy Youth Relationships 			

- The Student Health Center (SHC) Program has been applying to the OSBHA to support healthy relationship programming led by the Youth Action Councils (YACs) for a number of years. These funds support interns, supplies, conferences/trainings, and youth events.
- This year, the SHC Program is applying to support programming at Madison and Parkrose SHCs. Funds will support healthy relationship education, community partnership building, and a youth-led summit, as well as interns to support the YACs in carrying out these projects.

What need is this addressing?

- The OSBHA has determined that there is a lack of opportunities for youth to learn about healthy relationships, to develop the skills necessary for participating in healthier relationships, and become advocates for healthy relationships in their communities.
- YACs are an important component of SHCs, as they engage youth to be actively involved and provide youth leadership opportunities.
- This grant will support YAC activities in two SHC-host schools that have not benefited from these funds before.

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

- 8 healthy relationship-related lessons from approved curricula will be implemented with Madison and Parkrose High School YACs (approximately 6-8 youth in each YAC).
- Increased/strengthened school-community relationships
- Youth-led summit on promoting healthy relationships held, with approximately 25 youth in attendance

What is the total amount requested: \$20,000 (\$10,000 per year)

Please see attached budget

Expected Award Date and project/funding period: Award announced between April 1 and 5, 2019. Project to run approximately April 2019 through March 2021.

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

A Yes vote will authorize the SHC program to submit an application for \$20,000 to the OSBHA. If successful, this grant will allow healthy relationship programming to be implemented among Madison and Parkrose SHC YACs; interns to be funded to support YAC activities, including school-community relationship-building; and the hosting of a youth-led summit on healthy relationships.

Presentation Summary

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

A No vote would prohibit the SHC Program from submitting an application, meaning there would not be funding to support healthy relationship programming, intern support, or a youth-led summit.

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)

Proposed Budget

OSBHA ACTION Grant, April 2019 – March 2021

Multnomah County Health Department

	Budgeted Amount	Comments (Note any supplemental or matching funds)	Total Budget
A. Personnel, Salaries and Fringe			
Youth Engagement Intern \$14/hr x 45 hrs/month X 10 months x 2 yrs	\$12,600	\$6,300 per year	\$12,600
Coordinate and implement grant activities			
Total Salaries, Wages and Fringe	\$12,600		\$12,600
B. Supplies			
<ul style="list-style-type: none"> Food for YAC meetings and recruitment activities (\$700 per site per year): \$2,800 T-shirts for YAC members (\$400 per site, Year 1): \$800 Youth led summit supplies and food (Year2): \$1,300 Materials for YAC meetings, awareness and educational activities, e.g. posters, flyers, craft supplies: (\$200 per site per year): \$800 	\$5,700		\$5,700
Total Supplies	\$5,700		\$5,700
C. Contract Costs			
Contract description			
Total Contractual			

Presentation Summary

D. Other Costs			
Travel			
• Student & staff travel to youth led summit retreat (Year 2): \$200	\$200		\$200
• Bus rental for travel to OSBHA Awareness Day in Salem (\$600 per year): \$1,200	\$1,200		\$1,200
Training			
• \$150 x 2 Youth Engagement Interns attending relevant training opportunity each year	\$300		\$300
Total Other	\$1,700		\$1,700
Total Direct Costs (A+B+C+D)	\$20,000		\$20,000
Indirect Costs			
<p><i>The FY 2018 Multnomah County Cost Allocation Plan has set the Health Department's indirect rate at 12.16% of Personnel Expenses (Salary and Fringe Benefits). The rate includes 2.69% for Central Services and 9.47% for Departmental. The Cost Allocation Plan is federally-approved.</i></p>			
Total Indirect Costs (12.16% of A)			
Total Project Costs (Direct + Indirect)	\$20,000		\$20,000

	Revenue	Comments (Note any special conditions)	Total Revenue
E. Direct Care Services and Visits			
Medicare			

Description of service, # of visits			
Medicaid			
Description of service, # of visits			
Self Pay			
Description of service, # of visits			
Other Third Party Payments			
Description of Service, # of visits			
Total Direct Care Revenue			
F. Indirect and Incentive Awards			
Description of special funding awards, quality payments or related indirect revenue sources			
Description of special funding awards, quality payments or related indirect revenue sources			
Total Indirect Care and Incentive Revenue			
Total Anticipated Project Revenue (E+F)			