Community Health Council

Community Health Council Board Meeting Minutes
Date: Monday, April 8th, 2019
Time: 6:00 PM
Location: McCoy Building, 10th Floor Conference Room

Approved: **Recorded by:** Maurette Tollefsen
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	Y
Robyn Ellis	Board Member	N
Iris Hodge	Board Member	Y
Tara Marshall	Chair	Y
Susana Mendoza	Board Member	Y
Harold Odhiambo	Board Member	Y
Pedro Sandoval Prieto	Secretary	Y
Wendy Shumway	Board Member	Y
Staff	**Title**	**Y/N**
Lucia Cabrejos	Interpreter, Passport to Languages	Y
Adrienne Daniels	ICS Deputy Director	Y
Tony Gaines	Manager SEHC	Y
Courtney Kappes	Op Sup School / Community Oral Health	Y
Mark Lewis	Interim Director Business Operations	Y
Ryan Linskey	Quality Project Manager	Y
Ritchie Longoria	Pharmacy and Lab Director	Y
Peter Mahr	Site Medical Director SEHC	Y
Linda Niksich	Community Health Council Coordinator	Y
Debbie Powers	Interim Primary Care Clinical Deputy Director	Y
Rosa Rosales	Op Sup Rockwood Dental	Y
Ray Sindell	Manager la Clinica	Y
Maurette Tollefsen	ICS Executive Specialist/Medical & Dental Directors	Y
Tasha Wheatt-Delancy	Primary Care Director	Y

Guests: Tamia Deary (board member candidate); Kaellen Hessel (Oregon State Treasury Advocacy/Outreach Manager)

Action Items:

- Mark to follow up with Finance Committee to include foreseeable future trends in the finance report
- Ritchie will add the number of prescriptions filled to pharmacy error report, to provide perspective
- Linda will continue to work with staff on providing finance and quality reports to the sub-committees

Decisions:

- Approved the March 2019 Meeting Minutes
- Approved Change in Scope: Immediate Access Clinic
- Approved Board Membership for Tamia Deary (Consumer)

The meeting was called to order at 6:08 pm by Chair, Tara Marshall.

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

Noted that quorum was met with 11 members in attendance (7 needed for quorum).

March 2019 Meeting Minutes Review
(See document - March 2019 CHC Meeting Minutes)

> ***Motion by Iris Hodge to approve the March 2019 Minutes.***
> ***Seconded by Wendy Shumway.***
> ***11 aye; 0 nay; 0 abstain***
> ***Motion carries***

Monthly Budget Report
(see document, "Weekly billable Monthly Dashboard for January" and "FQHC January Financial Statement")

- Mark Lewis, Director of Business Operations, presented the January budget report. Copies of the January Dashboard, detailing December 2018 and January 2019 metrics were distributed.
  - Primary care billable visits stands at 546 visits for January, which is a sizeable increase from December's 505 figure.
  - Monthly percentage of uninsured visits in primary care increased from 14.7% to 16.1% for the first quarter.
  - Average percentage of uninsured ICS dental visits dipped to 7.0% in Q3, which was below our target of 14.5%.
  - Percentage of visits by payer for ICS primary care showed CareOregon to be the largest payer at 57%, the second largest being Medicare which increased to 10.1%. Commercial payers remained constant at an average of 2.2%.
  - OHP primary care member assignments increased to a total of 38,504 clients in January.

- Dental cost per visit in January was $298. It was $346 for late year 2018. Rates typically rise late in the year.
- Average medical costs per visit are $429, compared with $384 last year.
- Average cost per patient in January is $1,423, up from $1,227 in December, 2018.
- Collection rates by payer indicated the following percentage totals: Medicaid 54%; Medicare 48%; Self-Pay 15%; Commercial (64%); CareOregon Medicare 49% and FPEP (Family Planning) 61%.
- Mark pointed out that on page 3 of the Financial Statement for the period ending January 2019, the variance between the adopted and revised budget has been added to the report.
- Mark drew attention to an uncharacteristically negative contracts total of -$74,025 in December which was due to the reversal of an expense in November 2018.
- Mark pointed out that Grants/Incentives revenue YTD is at 114%. This unusually large number is due to grants being carried over from the previous year.
- Mark informed the Council that 40% of expenses still need to hit.
- Mark drew the Council's attention to the Financial Committee's addition to the report of a detailed glossary of terms.
- **Question**: David asked how the January 2019 $1,423 cost per patient number compares with the total average figure of $2,159 for 2017.
- **Answer**: Mark responded that this amount is proportional to the total number of patients, costs have increased and an individual client may have multiple visits.
- **Question**: Pedro requested clarification of the key UDS Indicators dental cost per visit numbers.
- **Answer**: Mark answered that the static green line on the graph indicates what was reported the previous fiscal year (in this case 2017) for comparison purposes.
- **Question**: Wendy asked about gross collection rates and in particular self-pay and uninsured practices. Was this regarded as a service?
- **Answer**: Mark answered that all costs incurred are due from the client for the visit.
- **Question**: David asked if there are any indicators of future trends or how things look going forward in general.
- **Answer**: Mark responded that he is attempting to get January closed under the first period and the goal is to get February and March reported by May's meeting, but that this is something he would look into.
- **Question**: Iris thanked the finance team for all of their reporting and in particular their clarification. Iris requested whether some reporting on foreseeable future trends, correlating to anticipated population growth for example, can be incorporated into the reports.
- **Answer**: Mark stated that it should be possible to create such a report, ideally projecting foreseeable trends five years out.
- **ACTION ITEM**: It was requested that this proposal be made to the Finance

Committee. Mark to follow up.

1st Quarter Complaints and Incidents

(see document, "1st Qtr Complaints & Incidents" handout)

- Ryan Linskey, Quality Project Manager, presented the Complaints and Incidents Report.
  - Ryan informed the Council that the number of complaints appears to be trending similarly to 2018.
  - In terms of location, East County is experiencing the highest number of complaints (11 total), and by service, dental is experiencing the highest with a total of 19 complaints in February.
  - **Question**: Harold asked what accounted for the majority of the complaints.
  - **Answer**: Ryan stated that he could not offer specifics, but that they related generally to customer service and quality of care. Ryan stated that they are working with dental managers to review individual complaints thoroughly. Dental supervisors are making it a practice to directly contact clients who have made complaints in order to review the details and to come to a mutual resolution.
  - David commented that we should not under sell our positive results. We completed over 20,000 primary care visits between January and March 2019 and approximately 8,000 dental visits. We need to gain perspective and recognize that our overall performance is good, that complaints are minimal and at the same time continue to work diligently towards reducing their occurrence as much as possible.
  - **Question**: Harold asked whether we receive complaint reports in different languages, adding that it is entirely possible that non-English speaking clients are under-reporting due to a language barrier.
  - **Answer**: Ryan agreed that this is a possibility, adding that the majority (approximately 80% of complaints come through CareOregon and that CareOregon advocates on behalf of its clients. We do not track languages spoken for complaints, but we are actively working to enhance the process and to better capture concerns in the future.
  - Ryan stated that two Incidents were reported. Both events had a clinical care component and one required an urgent clinical response.
  - Ritchie provided a pharmacy medication dispensing error report. There were a total of 21 errors this quarter, the majority being an incorrect sig (directions on how the drug is to be taken). In 2018 there was a total of 83 for the entire year.
  - **ACTION ITEM**: Ritchie said that, similar to the Complaints Report, he would offer perspective by adding a point of reference and report the total number of prescriptions filled.
  - Ritchie stated that all errors are brought before the monthly pharmacy quality meetings, are reviewed individually, and preventative measures are taken back to all staff.

- **Question**: Iris requested that the Complaints and Incidents Reports be provided to the Quality Committee ahead of time so that they can be more thoroughly reviewed. David requested that the Monthly Financial Reports be provided to the Finance Committee in a timely manner so they can be reviewed ahead of time as well.
- **ACTION ITEM**: Linda will continue to coordinate with staff on providing the reports to the sub-committees

Oregon Able Savings Plan

- Kaellen Hessel, Oregon State Treasury Advocacy/Outreach Manager, presented details of the newly enacted Oregon Able Savings Plan.
  - Kaellen informed the Council that the Oregon Able Savings Plan is offered by the Oregon State Treasury and is designed to help financially self-empower people with disabilities.
  - Prior to the enactment of the Stephen Beck, Jr. Achieving a Better Life Experience (ABLE) Act, passed by Congress on December 19, 2014, and subsequently SB 777: Oregon's ABLE Act, there was a $2,000 limit to the amount a person with a disability could save before losing vital state and federal benefits such as Medicaid and SSI benefits. Money saved in ABLE does not count against this asset/resource limit.
  - Eligibility is dependent on the age of onset and severity of the disability.
  - Account limits include a $15,000 limit on annual contributions, which can come from any source; $40,000 limit on all assets and a $100,00 limit before SSI benefits are affected.
  - Kaellen stated that further details can be found online at oregonablesavings.com and are available in English, Spanish and Braille.

Break for 10 minutes...

The Council Members and Staff extended birthday wishes to Sue Burns.

Change in Scope: Immediate Access Clinic (Vote required)
(see document, "Immediate Access CHC Presentation Summary")

- Debbie Powers, Interim Primary Care Clinical Deputy Director, presented details of the Immediate Access Clinic proposal.
  - There is currently no immediate access clinic for our primary care patients.
  - Debbie stressed that this will not be an emergency or urgent care facility, but we have lost patients to organizations that do offer advanced access to care and to urgent care and that this has been a long term issue.
  - The Immediate Access Clinic allows us to enhance access and offer same day appointments, resulting in increased revenue, and an ability to see and retain, a greater volume of patients.
  - The Clinic would be staffed by a combination of nurse practitioners, registered nurses and medical assistants.
  - We are increasingly becoming responsible for shared cost of care as a result of patients being seen in the ED as opposed to being managed in a clinical

setting.
- We need to become and remain competitive with other facilities.
- If approved it is anticipated that the Immediate Access Clinic would be operational, based at the Southeast Health Center, as of July 1st.
- **Question**: Wendy asked whether there would be a full-time Doctor based at the clinic and how long it would take to recruit staff.
- **Answer**: Debbie responded that there are currently two provider vacancies, already accounted for in the budget and that these will be highly sought after positions internally.
- **Question**: Jon Cole asked whether these two positions were medical or behavioral staff.
- **Answer**: Debbie stated that they are both medical personnel.
- Debbie informed the Council that a yes vote would mean that plans for the immediate access clinic would move forward. A no vote would mean restricted access for our patients and would have a negative financial impact.

Motion by Fabiola Arreola to approve the Policy update
Seconded by Pedro Sandoval Prieto.
11 aye; 0 nay; 0 abstain
Motion carries

Ballot Vote for Candidate Tamia Deary
- Tamia left the room for the deliberation and duration of the ballot vote.
  - Pedro (CHC Secretary) and Linda reviewed and recorded the ballots cast.
  - Linda announced that the votes were all in favor of approving Tamia's candidacy as a full Council Member.

Ballot Vote for Candidate Tamia Deary carried unanimously

Tamia rejoined the meeting in her capacity as full Council Member.

ICS/Strategic Updates
- Adrienne Daniels presented ICS/Strategic Updates.
  - Adrienne informed the Council that the Grand Opening of the new McCoy Building on March 20th, was a great success. The celebration included speakers and a tour of the new facilities.
  - Future CHC Public Meetings will be held in the 1st Floor Conference Room (NE corner) to the far right of the main entry at the new building.
  - A detailed map showing the location of the new McCoy Building, including public transportation options, street parking and Union Station parking lot nearby, was distributed to the Council.
  - Adrienne shared details of leaderships' recent trip to Washington, D.C. to attend the National Association of Community Health Centers (NACHC) Policies and Issues Conference.
  - The purpose of the trip was primarily to thank Washington legislators for their continued funding of health centers, at the same time emphasizing the

continued need. Advocacy will remain a high priority. Adrienne also stated that it is important to remind legislators, and detail, the critical work health centers provide in the community.

- Adrienne outlined plans for the planned trip by leadership and Council members, to Salem (April 9th) to attend OPCA's April Peer Network Gathering. This is an advocacy opportunity and a chance to engage in dialogue with legislators about budget and legislative priorities directly relating to health centers.
- Linda listed those Council Members attending and stated that registration was full.
- Adrienne informed the Council that, for quality and safety purposes, we are seeking to switch from Dentrix (electronic dental health records) to Wisdom, Epic's version, in the Fall of 2019. This is an important step towards integrative care and will aid providers in making more informed decisions. We anticipate that patients will not experience disruption during the transition.

Council Business Committee Update

- Tara presented the Council Business Committee Update.
  - Tara informed the Council that the Executive Committee met on March 21st.
  - The meeting was attended by County Chair, Deborah Kafoury and her Senior Policy Advisor, Liz Smith Currie to discuss budget issues and concerns for the FQHC Program.
  - Due to the general shrinking of funds available, a possible budget cut of 3% for all County departments was discussed.
  - Our per visit/per patient cost is high, but we are focusing on strategies to create more visit volume that would help reduce this cost.
  - The Executive Committee is supportive of having a consultant perform cost analysis and forecasting for the health centers with results by November of 2019, ideally.
  - Staff is working on a branding strategy, designed to get the word out about our services to the general public. As a government agency, there are imposed limitations on the scope of our marketing possibilities and is a sensitive issue. At the same time we need to educate the public about the value of the services we offer.
  - Chair Kafoury expressed that she is really trying to maintain current service levels, so that patients won't feel a difference in service, by cutting vacant position first. We don't want to lose any employees.
  - The Executive Committee and Chair Kafoury are committed to increase communication between the two boards moving forward and agreed that inviting the other County Commissioners to future CHC Meetings is important.
  - The Executive Committee crafted the agenda for this evening.
  - **Question**: Iris asked a question regarding payer mix for ICS primary health care centers, in particular whether we accept or even discourage clients with private insurance.
  - **Answer**: Adrienne responded that private insurance patients represent about 2% of our total patient population. While we do not want to restrict patients with

private insurance, our model is designed primarily for clients who cannot afford to pay for services and are without private insurance. There is no disqualification of patients with private insurance.
  - Tara informed the Council that this will be Sue's last meeting.
  - Sue shared that she is resigning, after serving for a few years, as she is moving to Arizona. The entire Council expressed their gratitude to Sue and thanked her for her dedication and service.

Meeting Evaluation

- Harold expressed his relief that the Immediate Access Clinic motion passed, stating that this enables us to remain competitive in the market and will be a huge bonus service for our patients.
- Wendy also expressed her excitement at the approval of the Immediate Access Clinic motion and also the Dentrix to Wisdom transition, which will facilitate better patient/Dentist communication as well as further enhance integration between Dentists and Physicians.
- Pedro thanked Sue for being a great partner in her considerable contribution to the Council and wished her the best in Arizona where he is confident she will be a great asset to the Hispanic community.
- Harold encouraged those Council members travelling to Salem to attend the OPCA network gathering, to emphasize to legislators the importance of health centers and the Affordable Care Act, which are helping so many people in need.
- Wendy encouraged all going to wear blue.

Questions and comments raised by CHC members:

- None

Meeting Adjourned at 7:55pm.

Signed: Pedro Sandoval Prieto **Date:** 5-13-2019

Pedro Sandoval Prieto, Secretary

Community Health Council
Public Meeting Agenda

Monday, April 8th, 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	• Chair, Tara Marshall • Introductions/Ice Breaker	6:00-6:10 (10 min)	Review processes and introduce ourselves with an icebreaker question
Minutes **VOTE REQUIRED**	• Review and approve March Minutes	6:10-6:15 (5 min)	Council votes to approve and Secretary signs for the record
Monthly Budget Report	• Interim Director Business Operations, Mark Lewis	6:15-6:30 (15 min)	Council receives report
1st Quarter Complaints and Incidents	• Quality Project Manager, Ryan Linskey	6:30-6:45 (15 min)	Council receives report

Oregon Able Savings Plan	• Oregon State Treasury Advocacy / Outreach Manager, Kaellen Hessel	6:45-7:00 (15 min)	Council receives information
BREAK	• All	7:00-7:10 (10 min)	Meet and greet
Change in Scope: Immediate Access Clinic **VOTE REQUIRED**	• Interim Primary Care Clinical Deputy Director, Debbie Powers, RN	7:10-7:25 (15 min)	Discussion and vote
Ballot Vote for Candidate Tamia Deary **VOTE REQUIRED**	• CHC Secretary, Pedro Sandoval Prieto and CHC Coordinator, Linda Niksich to verify results	7:25-7:35 (10 min)	Candidate steps out and Council votes via ballot
ICS/Strategic Updates	• ICS Deputy Director, Adrienne Daniels	7:35-7:45 (10 min)	Council receives updates
Council Business **Committee Updates**	• Executive Committee Update; Chair, Tara Marshall	7:45-7:55 (10 min)	Council receives updates
Meeting Evaluation	• Chair, Tara Marshall	7:55-8:00 (5 min)	Discuss what went well and what needs improvement
Adjourn Meeting	• Chair, Tara Marshall	8:00	**Goodnight!**

Complaints Report

Reported Complaints | Complaint by Type

Multnomah County

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!

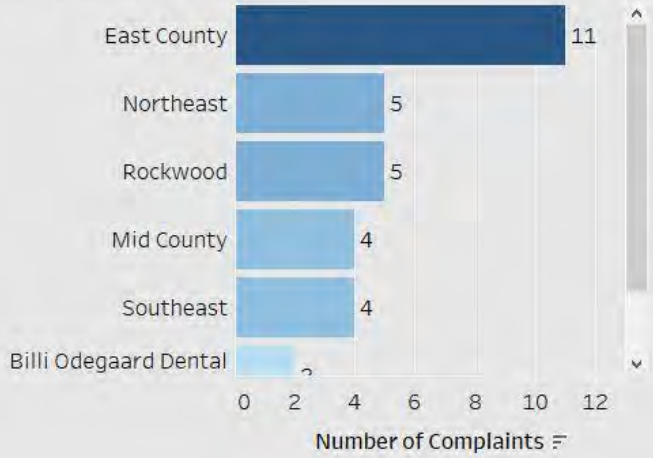
By Service Area: (All)

By Quarter: 2019 Q1

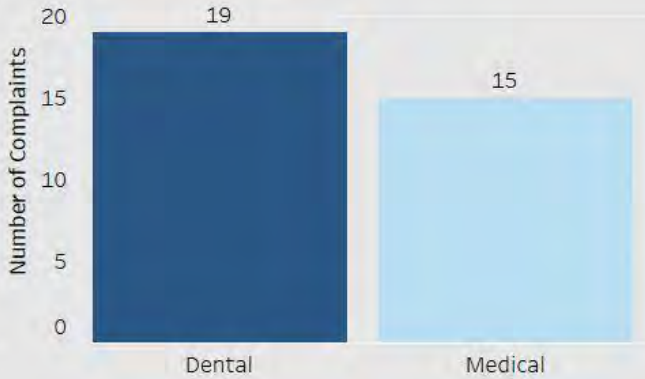
Point of Reference: From 1/1/19 - 3/31/19 Primary Care completed 20,748 appts (excluding Student Health Center). From 1/1/19 - 3/31/19 Dental completed (aprox.) 17,939 appts.

Complaints by Month

Complaints by Location

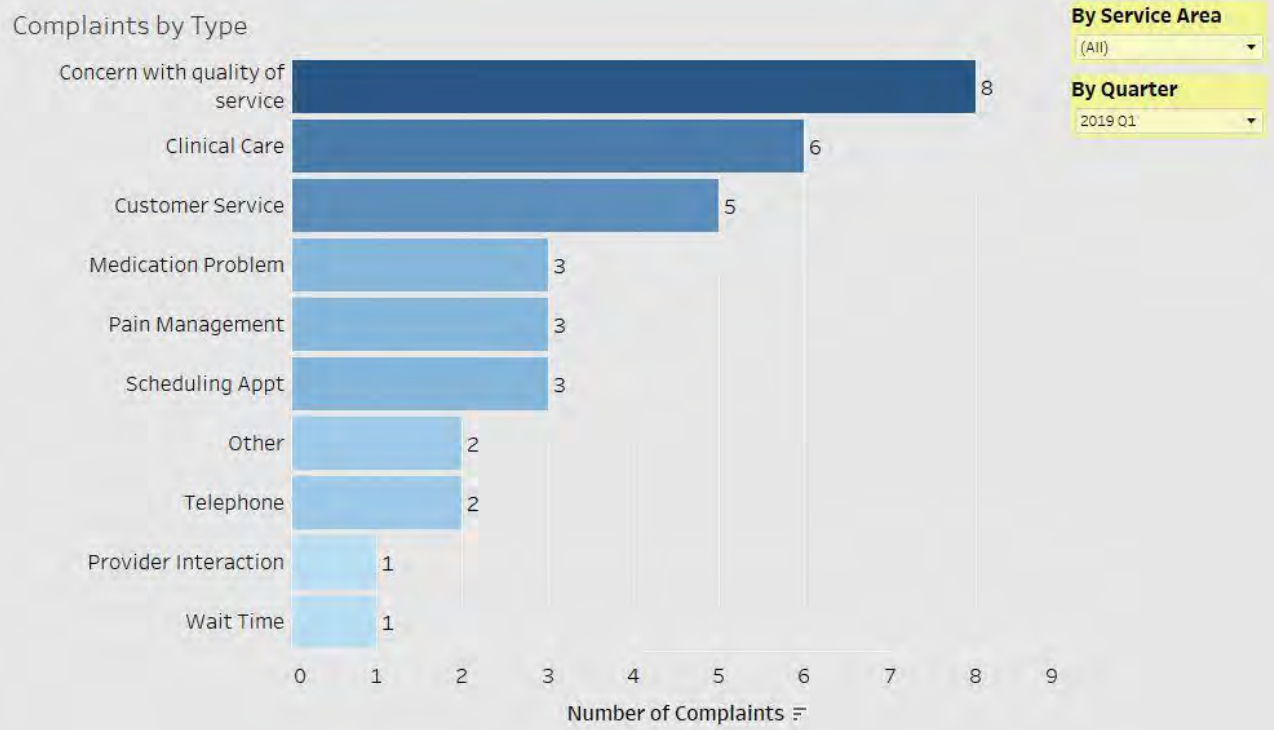


Complaints by Service Area



Complaints Report

Reported Complaints | Complaint by Type



Incidents Report

Reported Incidents | Incident by Type | Reported Pharmacy Med Errors | Med Dispensing Error by Type | Definitions

Point of Reference: From 1/1/19 - 3/31/19 Primary Care completed 20,748 appts (excluding Student Health Center). From 1/1/19 - 3/31/19 Dental completed (aprox.) 17,939 appts.

Multnomah County

Reported Incidents

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

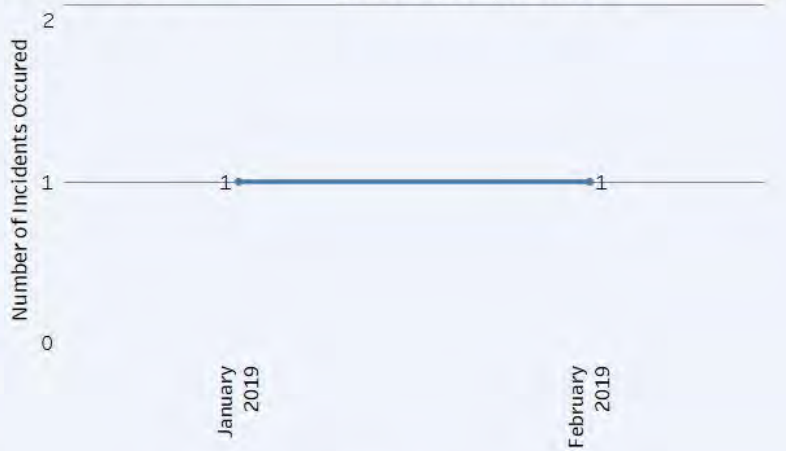
Use the filters below to further explore the data!

By Service Area
(All)

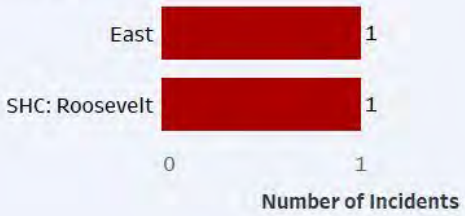
By Quarter:
2019 Q1

Subject Person Involved:
Client

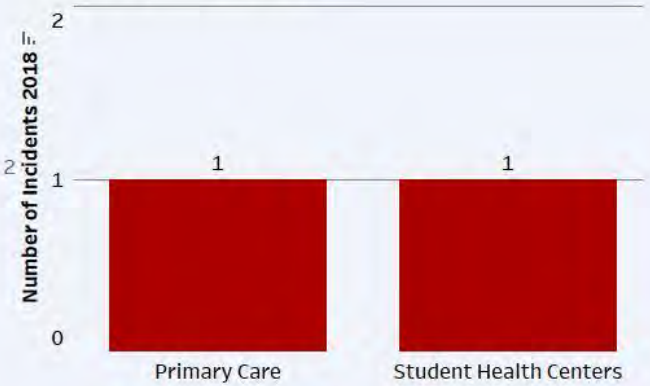
Incidents by Month



Incidents by Location



ncidents by Service Area



Incidents Report

Reported Incidents | **Incident by Type** | Reported Pharmacy Med Errors | Med Dispensing Error by Type | Definitions

Type of Incident

Multnomah County

Use the filters below to further explore the data!

By Quarter:
2019 Q1

By Service Area
(All)

Subject Person Involved:
Client

Urgent Clinical Response?

Incidents Report

Reported Incidents | Incident by Type | **Reported Pharmacy Med Errors** | Med Dispensing Error by Type | Definitions

Reported Pharmacy Medication Errors

Point of Reference: In CY 2018 MCHD Pharmacies filled 380,055 prescriptions.

Multnomah County

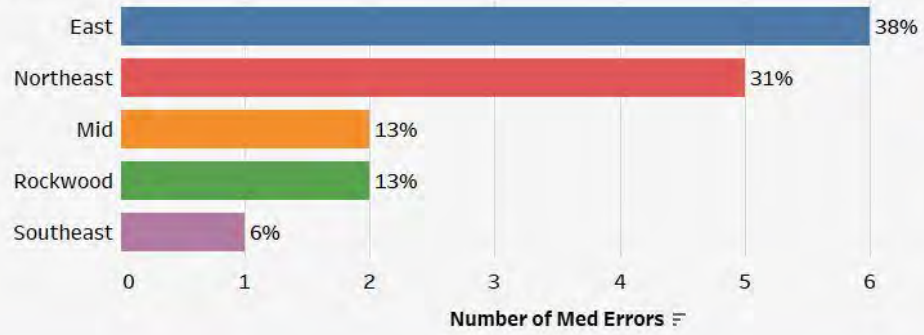
Use the filters below to further explore the data!

Quarters
2019 Q1

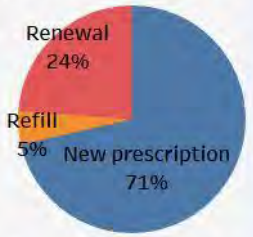
By Pharmacy
(All)

Number of Med Dispensing Errors by Quarter

Pharmacy Name



Type of Prescription



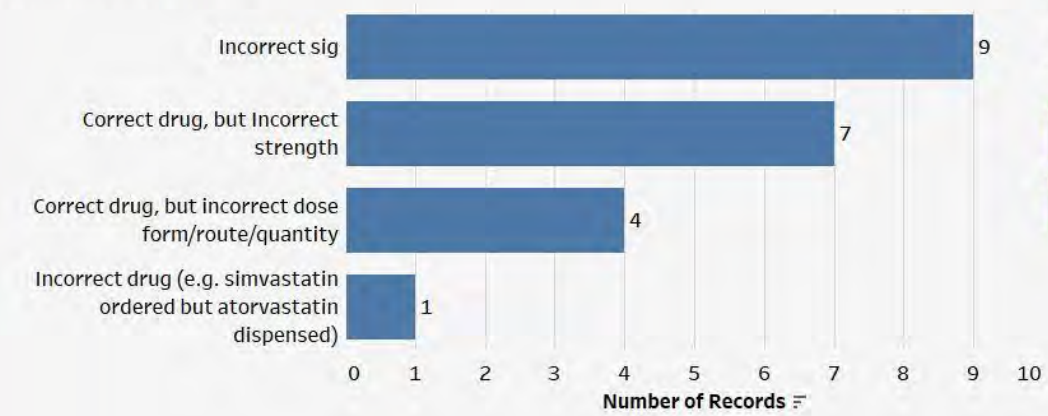
Incidents Report

Reported Incidents | Incident by Type | Reported Pharmacy Med Errors | **Med Dispensing Error by Type** | Definitions

Type of Pharmacy Medication Dispensing Error

Multnomah County

Description of Error

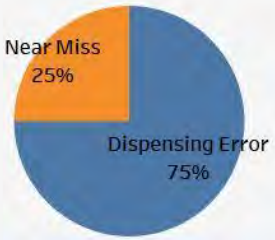


Use the filters below to further explore the data!

Quarters
2019 Q1

By Pharmacy
(All)

Type of Pharm Error (Near Miss not include in other calculations)



Point of Reference: In CY 2018 MCHD Pharmacies filled 380,055 prescriptions.

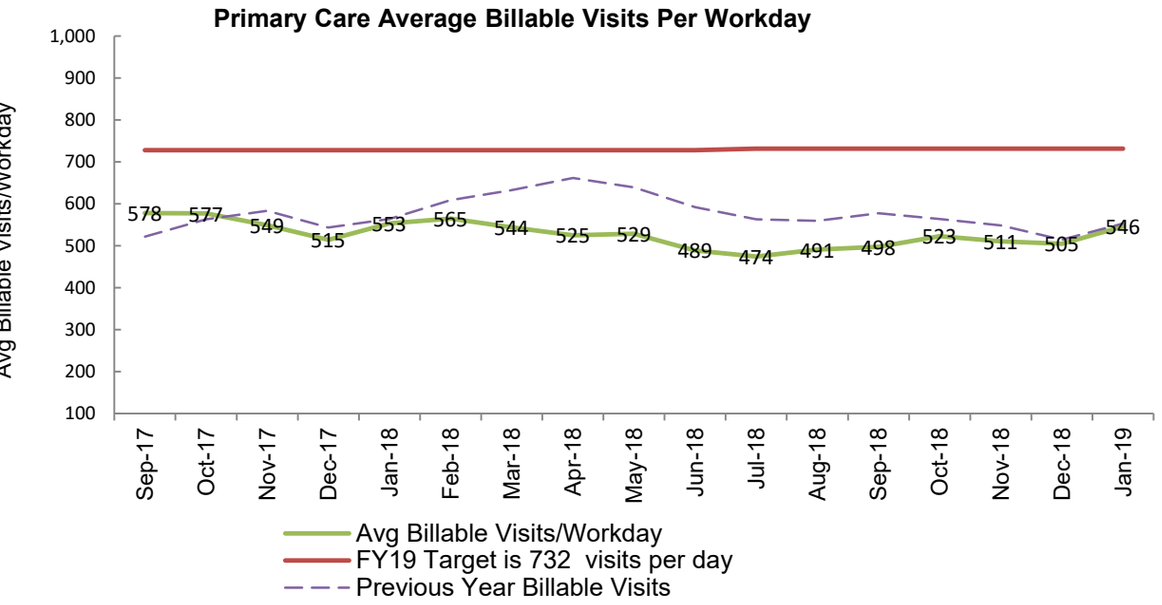
Multnomah County - Federally Qualified Health Center

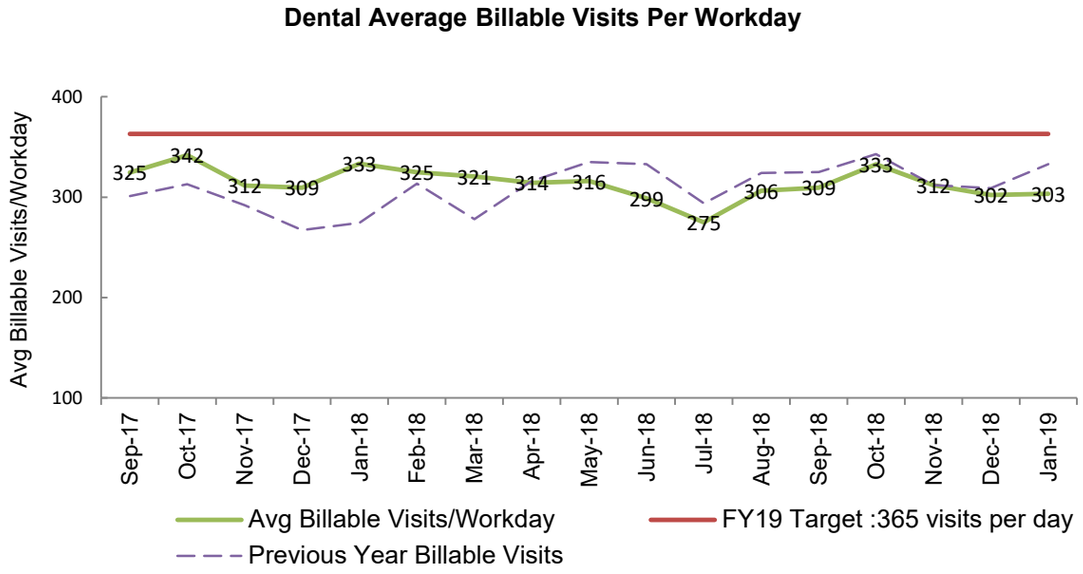
Monthly Dashboard

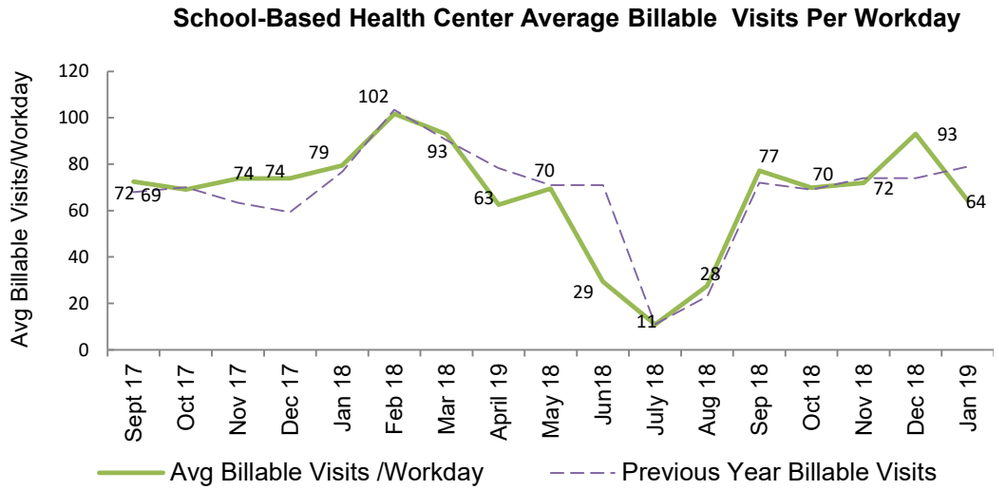
January 2019

Prepared by: Larry Mingo

FQHC Weekly Billable Visits Per Department



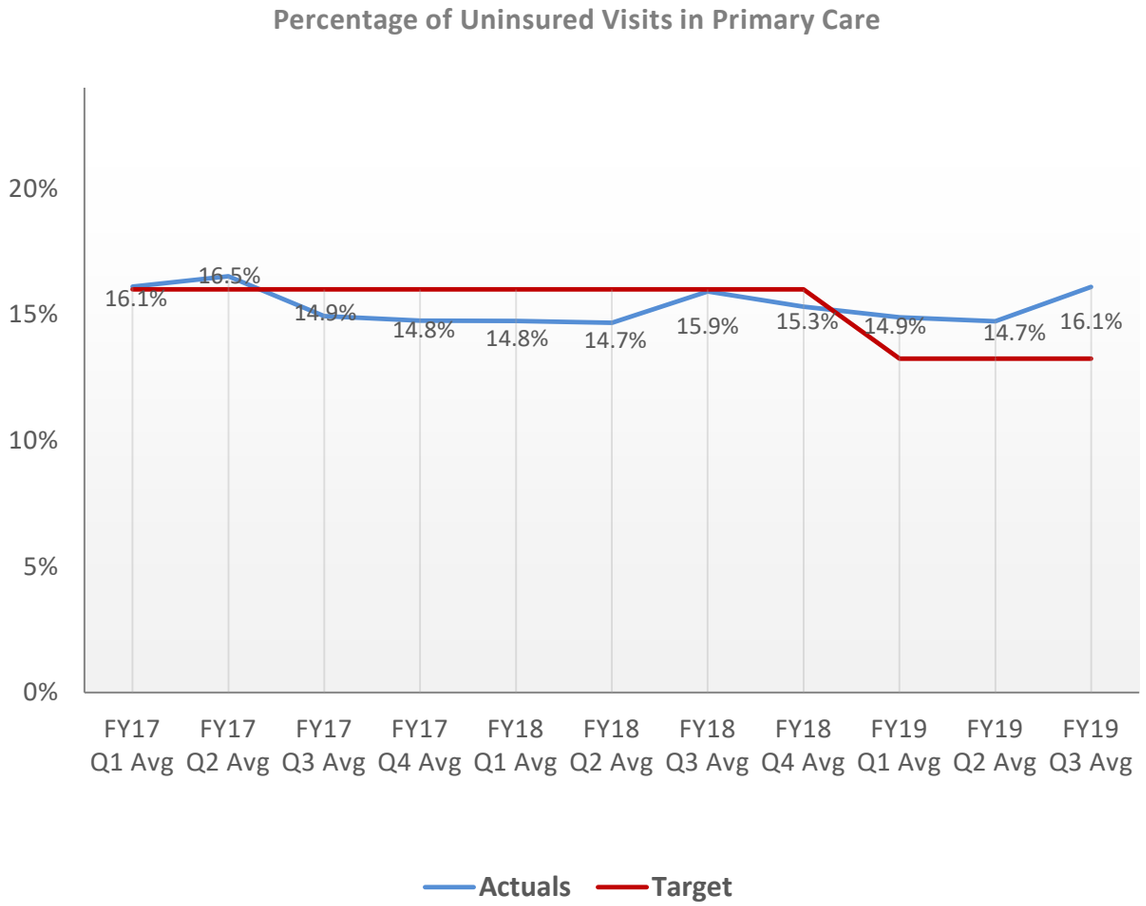


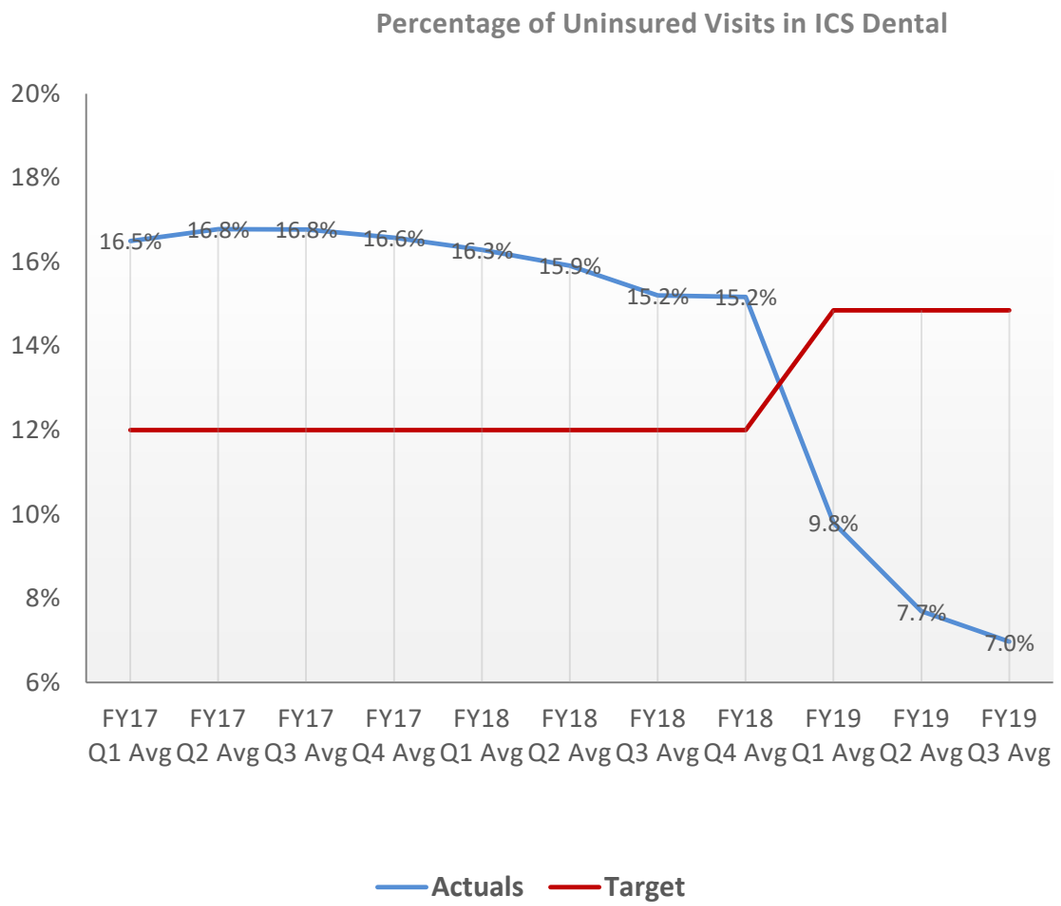


* SBHC clinics are closed during the month July except Parkrose SBHC

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.

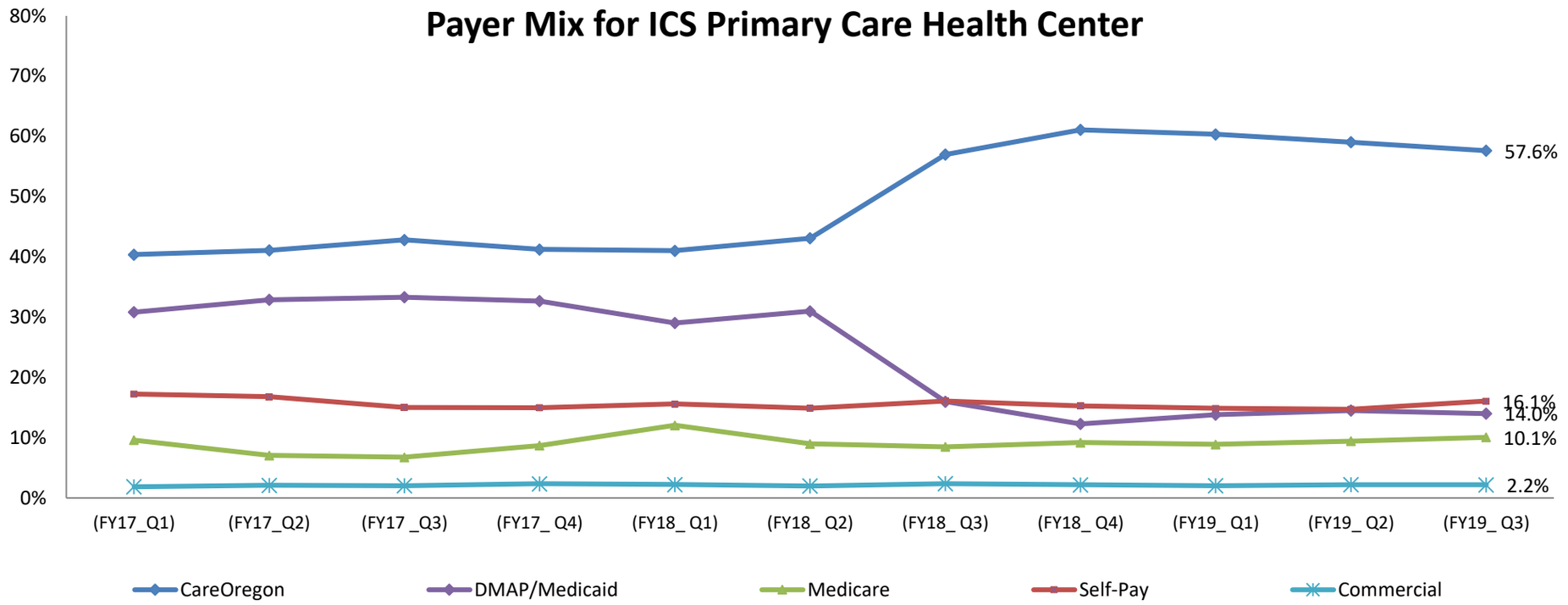
Monthly Percentage of Uninsured Visits for FQHC Centers





Comments:
Primary Care target % of Uninsured Visits for FY18: 16%; for FY19: 13.25%
Dental target % of Uninsured Visits for FY18: 12%; for FY19: 14.85%

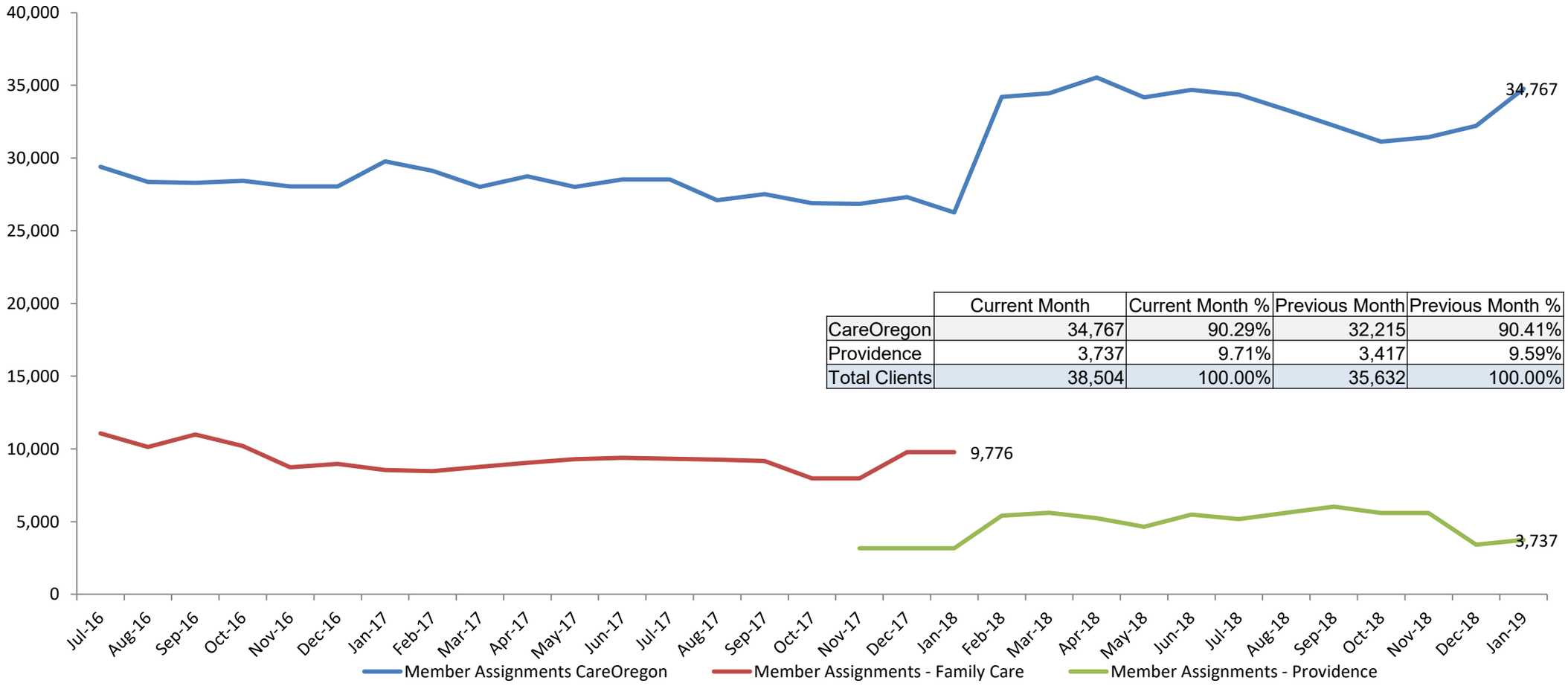
FQHC Monthly Percentage of Visits by Payer for ICS Primary Care Health Centers



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

FQHC Primary Care Member Assignments

OHP Primary Care Member Assignments



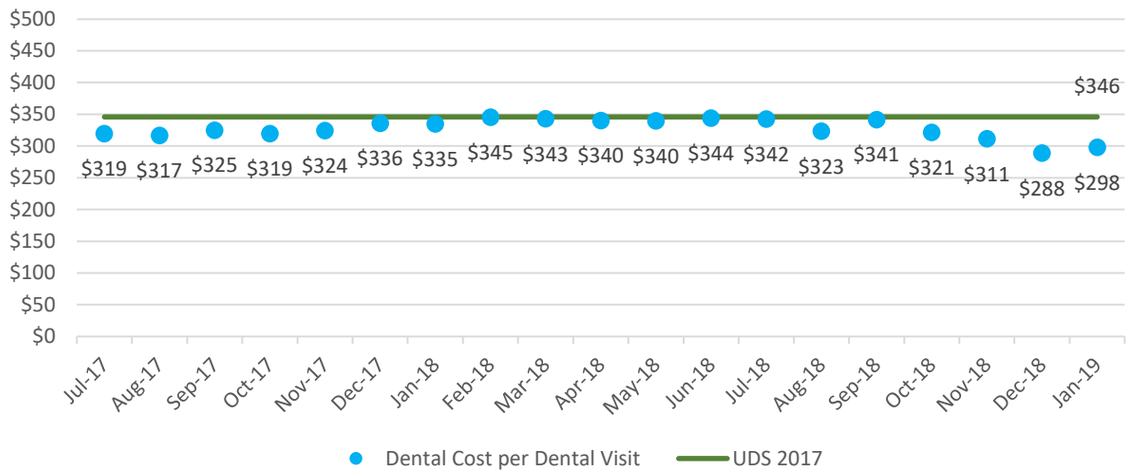
	Current Month	Current Month %	Previous Month	Previous Month %
CareOregon	34,767	90.29%	32,215	90.41%
Providence	3,737	9.71%	3,417	9.59%
Total Clients	38,504	100.00%	35,632	100.00%

CareOregon FY19 average: 32,776

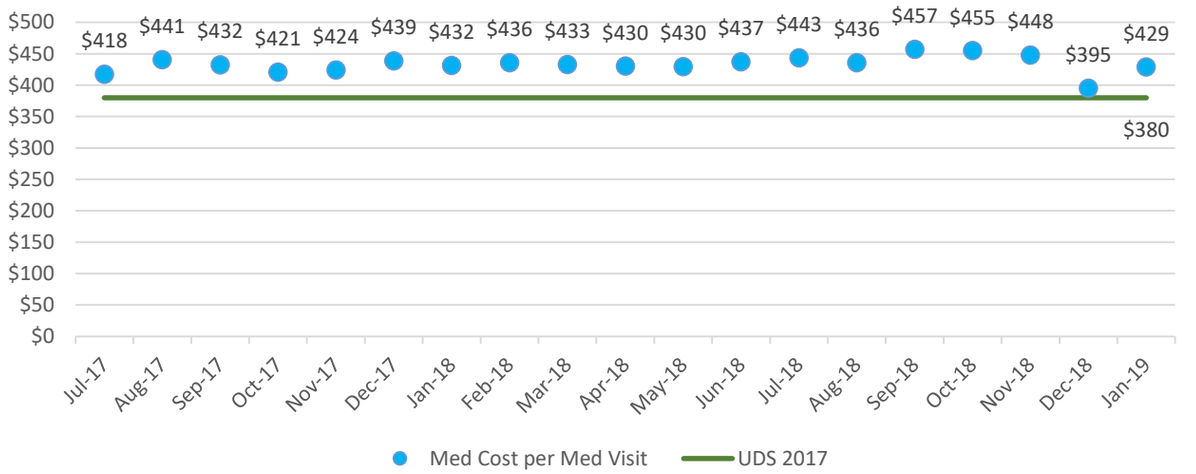
Providence FY19 average: 5,023

Key UDS Indicators
Jul 2017 – Jan 2019

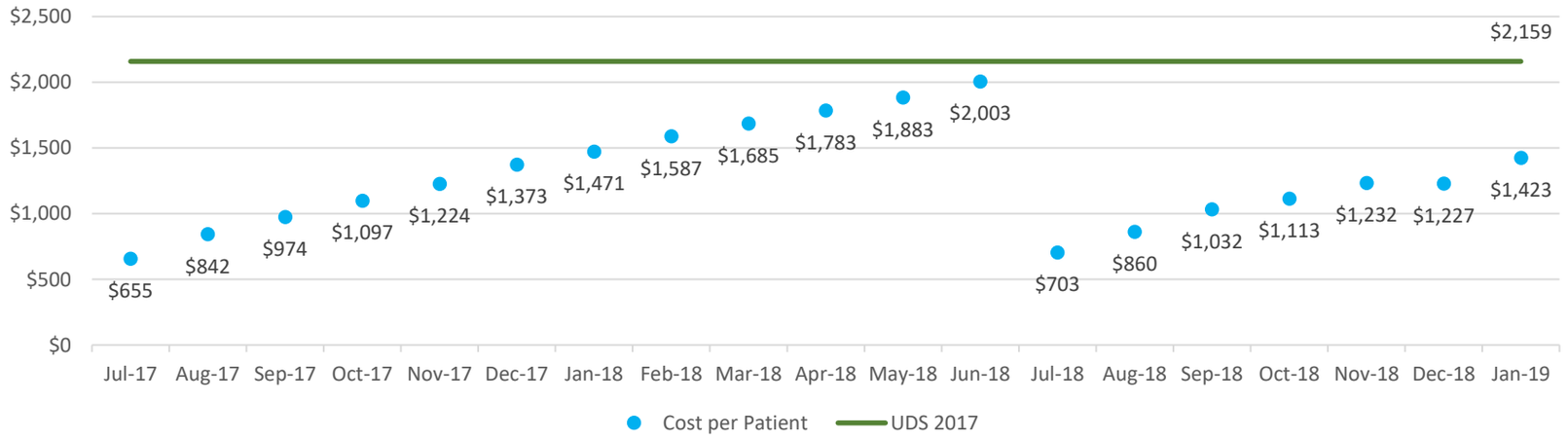
Dental Cost Per Dental Visit



Med Cost per Med Visit

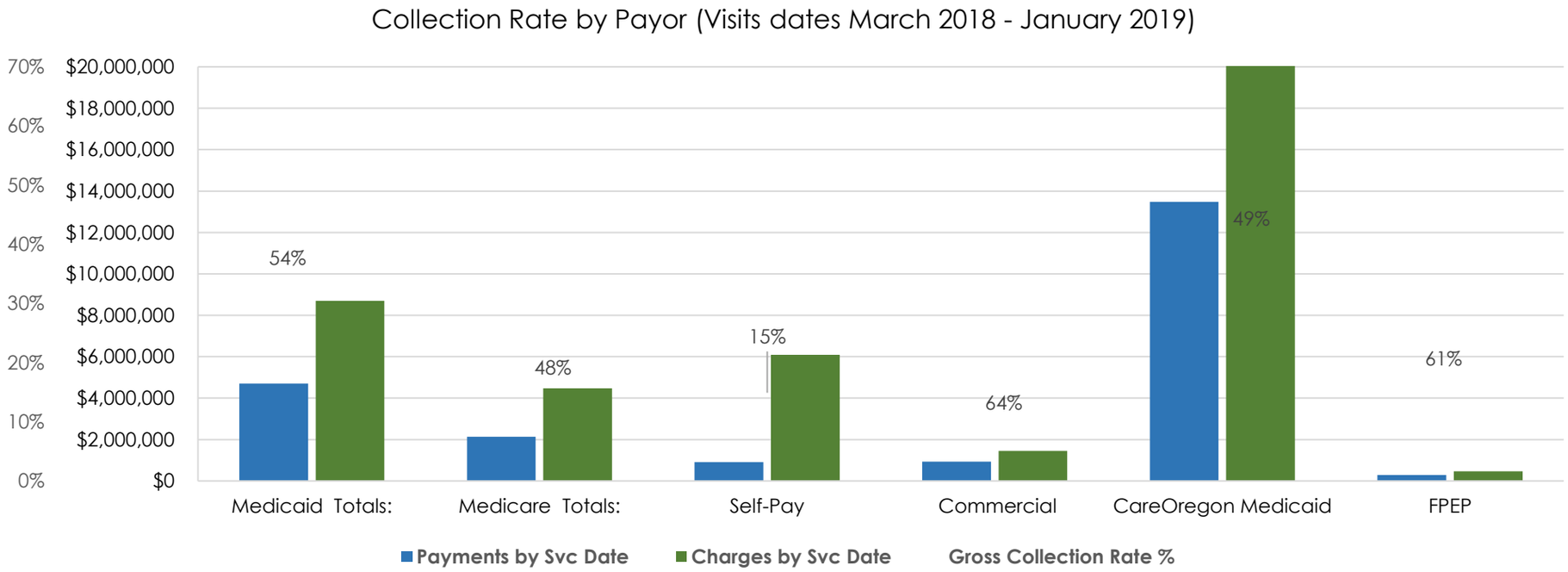


Cost Per Patient



FQHC Gross Collection Rate by Payer
March 2018 – January 2019

	Medicaid Totals:	Medicare Totals:	Self-Pay	Commercial	CareOregon Medicaid	FPEP
Payments by Svc Date	$4,707,660	$2,131,967	$908,108	$933,260	$13,480,947	$285,475
Charges by Svc Date	$8,700,812	$4,471,586	$6,092,898	$1,451,390	$27,602,090	$464,667
Gross Collection Rate %	54%	48%	15%	64%	49%	61%



Community Health Centers - Page 1

Revenue: are tax and non-tax generated resources that are used to pay for services.

Behavioral Health:

General Fund: The general fund is the primary operating fund for the County, and is used to account for and report all financial resources not accounted for and reported in another fund. All County departments have some part of their operations either reported in or supported by the general fund.

Grants – BPHC: The Bureau of Primary Health Care grant revenue is isolated here. This grant is sometimes known as the Primary Care 330 (PC 330) grant.

Grants – Incentives: External agreements that are determined by meeting certain metrics.

Grants – All Other:

Health Center Fees: Revenue from services provided in the clinics that are payable by insurance companies.

Self Pay Client Fees: Revenue from services provided in the clinics that are payable by our clients.

Expenses: are what the County spends to provide services to the community. Expenditure categories include personnel, materials and supplies, internal services, contracted services, and capital.

Personnel: Costs of salaries and benefits

Contracts

Materials and Services

Community Health Centers - Page 2

Internal Services

Facilities/Building Management	FTE Count Allocation
IT/Data Processing	PC Inventory, Multco Align
Department Indirect	FTE Count (Health HR, Health Business Ops)
Central Indirect	FTE Count(HR, Legal, Central Accounting)
Telecommunications	Telephone Inventory
Mai/Distribution	Active Mail Stops, Frequency, Volume
Records	Items Archived and Items Retrieved
Motor Pool	Actual Usage

Capital Outlay: Captial Expenditures

Community Health Centers - Page 3

January Target: 58%

	Adopted Budget	Revised Budget	Budget Variance	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Revenue									
Behavioral Health	$ 5,394,614	$ 5,394,614	$ -	$ 395,899	$ 395,357	$ 386,929	$ 392,315	$ 315,304	$ 239,775
General Fund	$ 10,510,645	$ 10,497,645	$ (13,000)	$ 880,918	$ 882,684	$ 992,021	$ 924,144	$ 894,914	$ 996,625
Grants - BPHC	$ 9,967,847	$ 9,967,847	$ -	$ -	$ -	$ 1,710,117	$ 781,367	$ 935,417	$ 865,926
Grants - Incentives	$ 7,326,480	$ 7,326,480	$ -	$ -	$ 1,068,109	$ 2,340,693	$ 498,640	$ 1,500	$ 4,354,540
Grants - All Other	$ 9,392,798	$ 9,415,223	$ 22,425	$ 384,509	$ 370,555	$ 862,642	$ 1,015,074	$ 620,246	$ 995,304
Health Center Fees	$ 96,332,757	$ 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	$ 1,127,294	$ -	$ 86,553	$ 100,907	$ 76,035	$ 105,026	$ 98,354	$ 87,054
Total	$ 140,052,435	$ 140,061,860	$ 9,425	$ 9,555,284	$ 11,859,615	$ 14,420,656	$ 11,434,177	$ 12,836,236	$ 13,284,101
Expense									
Personnel	$ 94,202,326	$ 94,257,953	$ 55,627	$ 7,027,910	$ 7,335,971	$ 7,174,182	$ 8,172,851	$ 8,042,358	$ 7,623,316
Contracts	$ 4,994,483	$ 4,952,788	$ (41,695)	$ 234,197	$ 178,587	$ 897,067	$ 217,171	$ 762,433	$ (74,025)
Materials and Services	$ 13,978,032	$ 13,973,151	$ (4,881)	$ 1,065,843	$ 1,191,908	$ 1,327,446	$ 1,512,088	$ 1,558,757	$ 861,177
Internal Services	$ 26,381,694	$ 26,382,068	$ 374	$ 1,167,854	$ 2,089,623	$ 2,117,172	$ 2,425,022	$ 2,054,471	$ 2,095,802
Capital Outlay	$ 495,900	$ 495,900	$ -	$ -	$ -	$ 17,730	$ 10,116	$ -	$ -
Total	$ 140,052,435	$ 140,061,860	$ 9,425	$ 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.

Community Health Centers - Page 4

January Target: 58%

	Adopted Budget	Revised Budget	Budget Variance	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Year to Date Total	% YTD
Revenue											
Behavioral Health	$ 5,394,614	$ 5,394,614	$ -	$ 370,276	$ -	$ -	$ -	$ -	$ -	$ 2,495,855	46%
General Fund	$ 10,510,645	$ 10,497,645	$ (13,000)	$ 908,611	$ -	$ -	$ -	$ -	$ -	$ 6,479,917	62%
Grants - BPHC	$ 9,967,847	$ 9,967,847	$ -	$ 797,522	$ -	$ -	$ -	$ -	$ -	$ 5,090,349	51%
Grants - Incentives	$ 7,326,480	$ 7,326,480	$ -	$ 88,722	$ -	$ -	$ -	$ -	$ -	$ 8,352,203	114%
Grants - All Other	$ 9,392,798	$ 9,415,223	$ 22,425	$ 517,802	$ -	$ -	$ -	$ -	$ -	$ 4,766,132	51%
Health Center Fees	$ 96,332,757	$ 96,332,757	$ -	$ 9,078,057	$ -	$ -	$ -	$ -	$ -	$ 57,412,674	60%
Self Pay Client Fees	$ 1,127,294	$ 1,127,294	$ -	$ 94,935	$ -	$ -	$ -	$ -	$ -	$ 648,863	58%
Total	$ 140,052,435	$ 140,061,860	$ 9,425	$ 11,855,925	$ -	$ -	$ -	$ -	$ -	$ 85,245,994	61%
Expense											
Personnel	$ 94,202,326	$ 94,257,953	$ 55,627	$ 7,816,029	$ -	$ -	$ -	$ -	$ -	$ 53,192,616	56%
Contracts	$ 4,994,483	$ 4,952,788	$ (41,695)	$ 359,308	$ -	$ -	$ -	$ -	$ -	$ 2,574,738	52%
Materials and Services	$ 13,978,032	$ 13,973,151	$ (4,881)	$ 1,698,999	$ -	$ -	$ -	$ -	$ -	$ 9,216,218	66%
Internal Services	$ 26,381,694	$ 26,382,068	$ 374	$ 1,705,014	$ -	$ -	$ -	$ -	$ -	$ 13,654,958	52%
Capital Outlay	$ 495,900	$ 495,900	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 27,846	6%
Total	$ 140,052,435	$ 140,061,860	$ 9,425	$ 11,579,350	$ -	$ -	$ -	$ -	$ -	$ 78,666,377	56%
Surplus/(Deficit)	$ -	$ -	$ -	$ 276,575	$ -	$ -	$ -	$ -	$ -	$ 6,579,617	

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

Community Health Council

Immediate Access Clinic

Inform Only	Annual/ Scheduled Process	**New Proposal**	Review & Input	**Inform & Vote**

Date of Presentation: April 8, 2019	**Program / Area:** Primary Care

Presenters: Debbie Powers

Project Title and Brief Description: Immediate Access Clinic

· An Immediate Access Clinic is needed to enhance access and offer same day appointments.

Describe the current situation:

· There is currently no immediate access clinic for our primary care patients

· Setting up this clinic would allow us to enhance access and offer same day appointments

· This would be particularly beneficial to patients who have difficulty planning their healthcare e.g homeless and insecurely housed patients

· It would also enhance convenience for our patients, and demonstrates that we are an organization who *Say Yes to Care*

Patients who can not get in related to access are sometimes redirected to urgent care or the ED, or simply go as a result of not having been offered an appointment.

Why is this project, process, system being implemented now?

· We have patients lost to organizations that do offer advanced access to care or urgent care.

· The number of patient visits in primary care can quickly decrease based on provider staffing and the ability to recruit.

· We are increasing becoming responsible for shared cost of care for those that we serve when our patients are seen in the ED or hospitalized for care that should be managed in clinic.

Community Health Council

Briefly describe the history of the project so far *(be sure to note any actions taken to address diverse client needs and cultures; to ensure fair representation in review and planning)*

We have begun scoping this project. An Immediate Care Clinic would enable us to offer primary care services to patients require immediate access. This will include treating minor illnesses, minor injuries, preventative visits, reproductive health, and vaccinations.. This clinic will not provide emergency care. We would staff this clinic using a combination of nurse practitioners, registered nurses, and medical assistants. We propose basing the clinic at Southeast Health Center and would use existing facilities and front desk staff to operate the clinic.

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

· Any changes in services and sites must be approved by Community Health Council and then by HRSA through a detailed change in scope process that HRSA manages as well as approval by the County Commissioners.

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

If the Council agrees with this proposal, we will begin setting up this clinic. We would like to have this clinic operational for the new fiscal year on July 1st. As well as enhancing access, it will enable us to increase our revenue allowing us to see a greater volume of patients and retain patients who may otherwise leave related to our current access constraints.

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

A no vote will mean access will be limited for our patients. We are limited in the number of same day appointments we can offer. This adversely impacts our patients who are less able to plan their healthcare in advance for example homeless and insecurely housed patients. A no vote will also have a negative financial impact as setting up an immediate access clinic will allow us to see more patients.

Community Health Council

Which specific stakeholders or representative groups have been involved so far? · Leadership at Southeast Health Center (where the clinic will be based) · Primary Care Central Operations ·
Who are the area or subject matter experts for this project? *(& brief description of qualifications)* · Candice Hunter, FNP Clinician at East County Health Center · Deborah Powers, RN Interim Clinical Operations Deputy Director ·
What have been the recommendations so far? · Set up an Immediate Access Clinic at Southeast Health Center · See existing patients for same day access · Consider seeing new patients ·
How was this material, project, process, or system selected from all the possible options? Southeast is a location centrally located given patients from all sites including East County and North Portland will be given the option to be seen at Immediate Care.

Council Notes:

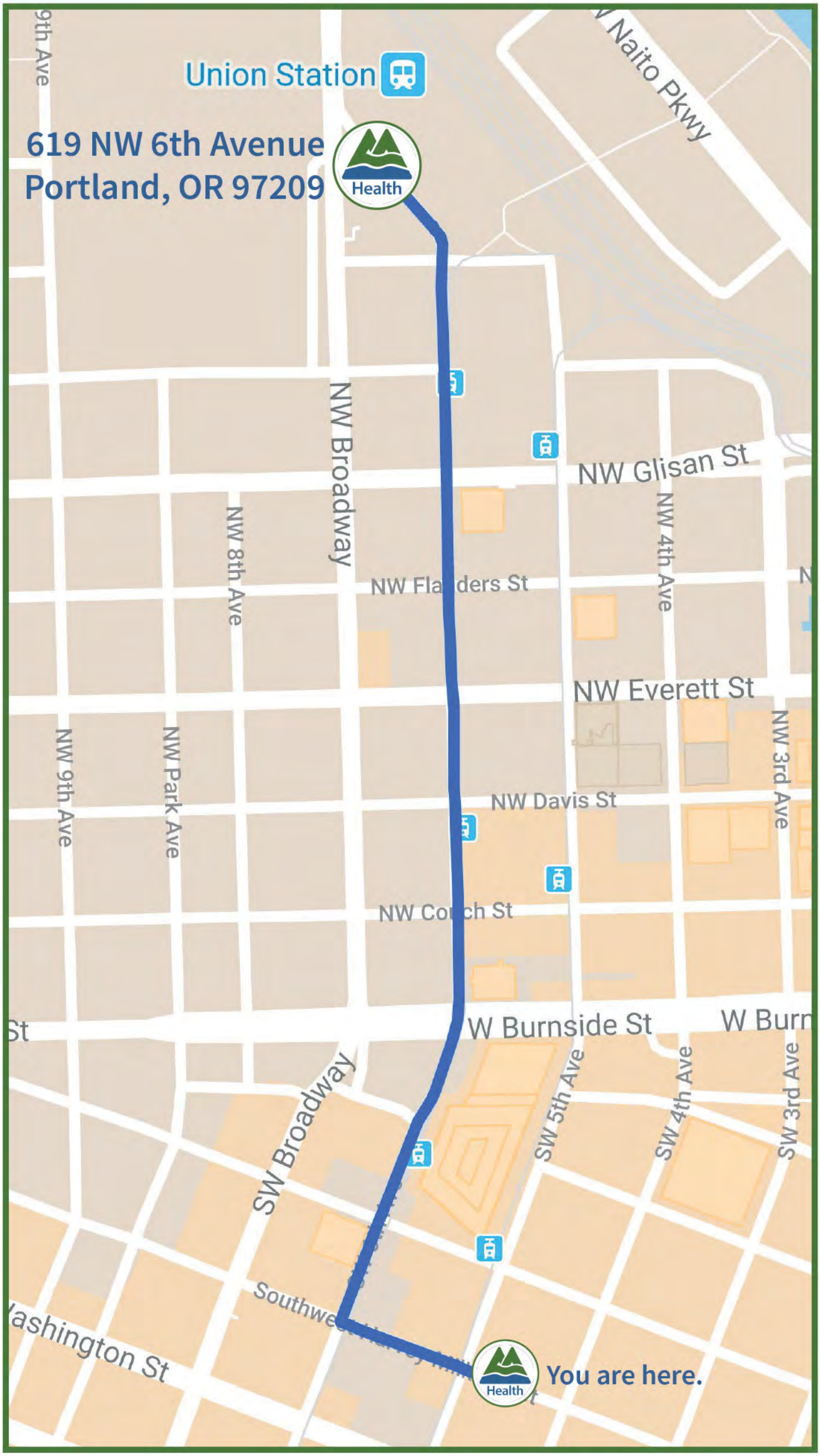
CHC Candidate Bio

Tamia Deary
Consumer Member Candidate

Interests: Health Equity, Mental Health, and Disparities in outcomes for Black Women

Self-Identified Skills: Previous Board Experience, Community Organizing, and Patient Experience/Advocacy

About Tamia: Tamia is the founder and Executive Director of the PDX Alliance for Self Care. She is passionate about social justice and equity in education. She has served as her Campus Compact Advisory Council Chair and NXT LVL Budget Committee Chair. She is even more passionate about the English football team, Arsenal. She is the President of the local supporters club, PDX Gooners. She will get up as early as 4 am and go watch the matches with the other diehard supporters at a local Arsenal bar. Tamia was born in Portland and graduated from University of Oregon. She is an excellent chef and likes hiking, camping, and anything snow-related.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NW 4th Ave
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