

Community Health Council



Community Health Council Board Meeting Minutes

Date: Monday, June 10th, 2019

Time: 6:00 PM-8:00 PM

Location: McCoy Building, 619 NW 6th Avenue, Room 150

Approved:
Attendance:

Recorded by: Maurette Tollefsen

Board Members	Title	Y/N
Deborah Abney	Board Member	N
David Aguayo	Treasurer	Y
Fabiola Arreola	Member-at-Large	Y
Jon Cole	Member-at-Large	N
Tamia Deary	Board Member	Y
Iris Hodge	Board Member	N
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
Vanetta Abdellatif	ICS Director	Y
Lucia Cabrejos	Interpreter, Passport to Languages	Y
Patricia Charles-Heathers	Health Department Director	Y
Adrienne Daniels	ICS Deputy Director	Y
Fran Davison	Principal Management Auditor	N
Marius Ibuye	Pharmacy Intern	Y
Mark Lewis	Senior Manager, Business Operations	Y
Ritchie Longoria	Pharmacy and Lab Director	Y
Charlene Maxwell	Deputy Nurse Practitioner Director	Y
Mary Ann Muth	Site Medical Director, ECHC	Y
Linda Niksich	Community Health Council Coordinator	Y
Chris Nytko	Laboratory X-ray Manager	Y
Christine Palermo	Dental Program Manager	Y
Maurette Tollefsen	ICS Executive Specialist/Medical & Dental Directors	Y
Tasha Wheatt-Delancy	Primary Care Director	Y
Lynne Wiley	Manager East County Health Center	Y

Guests: Christina Bertalot and Steve Kokes from Coates Kokes

Action Items:

- Linda to forward copies of HRSA Compliance Manual Chapter 2 to all Council members.

Decisions:

- Approved the May 2019 Meeting Minutes
- Approved Change in Scope Request: Relocation of Madison High School Student Health Center to Marshall High School
- Approved Succession Process and Confirmation of Vice Chair

The meeting was called to order at 6:05pm by Chair, Tara Marshall.

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

Noted that quorum was met with initially 7 members in attendance (6 needed for quorum), one member arrived later, resulting in 8 members in attendance.

May 2019 Meeting Minutes Review (Vote Required)

(See document - 'May 2019 CHC Meeting Minutes')

- Vanetta requested a point of clarification regarding 'Questions and Comments Raised by CHC Members' (p.8) in the May 2019 Minutes. It was agreed that the best day for the ad hoc Committee to meet, in order to plan the CHC Annual Board Retreat, would be a Friday. A Saturday, and not Friday, would be the best day of the week for the Annual Board Retreat itself. Linda noted the clarification on the May 2019 Minutes, which were then signed and recorded by Pedro in his capacity as Secretary.

Motion by Wendy Shumway to approve the May 2019 Minutes as amended.

Seconded by Tamia Deary.

7 aye; 0 nay; 0 abstain [Harold Odhiambo arrived after the Motion was put forward]

Motion carries

New Health Department Director and CHC Introduction

- Members of the Council individually introduced themselves and stated why they serve.
 - Tara said that she considers it very important that every member of the community has access to health care; Pedro's interest is in ensuring that the Latino community, who potentially face multiple obstacles such as immigration status fears and language barriers, have equal access to health care; Fabiola said that she is a client at the South East Health Center and sees her role as a bridge between her community and the County; Susana expressed her belief that it is important to understand how the Health Department functions; Tamia, also a client at South East, and who is the Founder and Director of PDX Alliance for Self Care, stated that she wants to be a voice for improving health care outcomes, particularly for black women and the LGBTQ community; David recalled how he had grown up in a household without access to healthcare and is looking for ways to serve and help others in similar circumstances; Wendy, a long-time client, expressed her interest in removing the stigma associated with addiction and homelessness, her devotion to helping people gain access and to be a voice for the voiceless in the community.
- Patricia Charles-Heathers, Multnomah County's new Health Department Director,

introduced herself to the CHC Board for the first time.

- o Patricia informed the Council that she is originally from Trinidad, a country that has universal healthcare where clinics were accessible to all in every community, and where nurses visited public schools routinely to provide immunizations. Patricia said she did not experience first hand a fear of being without healthcare until she arrived in the United States. Patricia initially studied physical therapy, but after taking her first psychology class she found her passion and went on to earn her bachelor's degree in psychology, followed by a master's in substance abuse counselling and ultimately a doctorate in clinical and organizational psychology as well as a further master's in public administration.
- o Patricia has a wealth of experience in both the private and public sector.
- o Patricia lived in Sacramento for many years and when her son moved away, the opportunity in Portland presented itself. It was a lengthy process, but Patricia told the Council that here at Multnomah County is where her passion lies. Patricia stated how impressed she is with leadership at Multnomah County, their knowledge, the very real passion of all who work here, and is happy and excited to strengthen the work ahead.

Health Center Branding Project

- Christine Bertalot and Steve Kokes from Coates Kokes, who have been awarded a contract with the County to provide branding services (to develop a new branding message, logo and tagline), provided a brief presentation about who they are and their background. Steve stipulated, however, that their main purpose in being at the Council meeting was to learn more about Multnomah County Community Health Centers and what makes our health centers unique.
 - o Coates Kokes is a Certified B Corporation, steeped in health and government work and is on a mission to help mission-driven organizations such as Multnomah County Health Department. Steve provided examples of past campaigns: Multnomah County Library, Smoke Free Oregon, End HIV and Oregon Council on Developmental Disabilities (OCDD). Approximately 80% of Coates Kokes' work is related to the not for profit sector.
 - o Steve stated that they need feedback from Council members in order to develop a strategic plan and to that end would be back again before the Council and other groups. In the interim any questions that Council members might have can be communicated through Adrienne to Coates Kokes.
 - o Steve asked the following questions: "what makes MCCHC different? How does it function and differentiate itself from other healthcare providers in the area? What does MCCHC offer that most people might not know about? Why choose MCCHC?"
 - o Council members offered their insights. Pedro stated that we are uniquely non-discriminatory and are committed to providing healthcare to those without health insurance.
 - o Fabiola relayed that she has been a patient with MCCHC for over 20 years and has never considered going anywhere else as she has consistently felt included and part of a family. As well as receiving great medical care, providers have

taken the time to listen and to help as best they can with any personal issue or problem that arose at any given time.

- Wendy recalled how one of her children had received excellent care when they were very sick and almost died. Throughout the years MC has been there with her every step of the way, helping work through a variety of medical and personal issues. Wendy attributes her ability, to now advocate for herself and others from a place of strength, directly to those compassionate providers.
- David stated that the County in large part removes the perceived stigma often experienced by patients around receiving care at community clinics. This is evident from the great healthcare provided, compassionate staff, to the very buildings and facilities themselves, all of which is very different from a preconceived notion of government services.
- Tara spoke to the County's efforts to encourage patient feedback, often enacting change based on patients' recommendations.
- Vanetta spoke about how she came to the County from a large non-profit organization and was struck by, not just the great facilities and services, but the fact that there was just that little bit extra, as in going over and above expectations, to better serve patients. Vanetta commended, just as one example, ensuring the provision of vaccinations to children, as well as the emphasis on taking care of the whole person. Vanetta stated that as well as providing the public health component the County strives to provide healthcare to all, as inspired by the civil rights movement.
- In response to Steve's question "What does MCCHC offer that most people might not know about?", Tara stated that often people without health insurance are unaware that, regardless, quality healthcare is available to them. Wendy said that many people, particularly the undocumented, are fearful of coming forward for treatment, but that our focus is entirely on their health and wellbeing and that there is no judgement. Pedro pointed out the patients' accessibility to interpreters in the clinics and that language barriers are often a deterrent to seeking treatment.
- Vanetta requested that if any Council members had further comment, they write them down on the cards provided and hand them to Adrienne or Steve.

Licensing and Credentialing Report

- Marty Grasmeder ICS Medical Director, presented the Quarterly Licensing and Credentialing Report.
 - Marty informed the Council that there had been no staff changes in the provider mix over the last quarter.
 - The County has hired three future members of staff: Laurie Beeson, an on call FNP in Family Practice, whose start date is to be determined; Sara Miller, ECHC, again an FNP specialising in Family Practice will start on September 3rd; Amie Leverton, ECHC, MD specialising in OB/GYN (contracted) and very proficient in laparoscopic procedures, will be starting July 1st.
 - Marty provided the Council with a summary of re-credential approval since March 2019. In Primary Care there were 6, School Based had 0 and Dental had 31. There were 2 Primary Care recredential applications submitted, but not yet

approved, since March 2019 and none in dental.

- o Marty stated that the Health Care Department is in the process of providing annual reviews for all its staff and it is anticipated that these numbers will be significantly higher when the PPR process is completed.

Harold Odhiambo joined the meeting...

Monthly Budget Report

(See document, 'Weekly Billable Monthly Dashboard for April' and 'FQHC April Financial Statement')

- Mark Lewis, Senior Manager Business Operations, presented the April budget report. Copies of the April Dashboard, detailing April 2019 metrics were distributed.
 - o **Question:** David asked what we anticipate doing with the surplus amount of \$2,777,831.
 - o **Answer:** Mark stated that although, under expenses, we have a total budgeted amount of \$94,257,953 for personnel, we have only received \$75 million of that money and there are other categories which will hit at a later date and which we will need to plan for.

Break for 10 minutes...

The Council Members and Staff extended birthday wishes to Wendy.

Board Development: Co-Applicant Agreement Part 2 Preview

- Linda Nicksich, CHC Coordinator, presented the Co-Applicant Agreement Part 2 Preview.
 - o A few months ago we embarked on an in depth review and understanding of the Co-Applicant Agreement as it relates to HRSA requirements. Part 1 of the Board Development Co-Applicant Agreement had focussed on an overview, with an emphasis on financial responsibilities as the training coincided with the FY20 Budget Season.
 - o Part 2 of the Co-Applicant Agreement training focuses on HRSA requirements and how they are delegated in the Co-Applicant Agreement. There will be a mock site visit in order to prepare the staff and Council for our next HRSA site visit (OSV), which will take place sometime in 2020.
 - o The Council reviewed HRSA Compliance Manual Chapter 1 "Health Center Program Eligibility" which states that organizations must be private non-profit entities or public agencies. Multnomah County qualifies as being "part" of a public agency (resulting in shared responsibility with the Board of County Commissioners) which therefore requires a Co-Applicant Agreement.
 - o Linda stated that at the next training, they will go over the HRSA Compliance Manual Chapter 2 "Health Center Program Oversight" (as in HRSA's oversight of our Health Center Program) and how it is reflected in the Co-Applicant Agreement.
 - o **Question:** Tara asked whether Linda would like Council members to focus on

certain chapters?

- **Answer:** Linda will forward copies of HRSA Compliance Manual Chapter 2 to all Council members to review prior to the next training.

ICS/Strategic Updates -

- Vanetta, ICS Director, presented the ICS/Strategic Update.
 - Vanetta informed the Council that the CHC web page had been updated. Linda displayed the new web page on screen and navigated the site to highlight the new features. The Council were very pleased with the results.
 - Vanetta informed the Council that Ritchie Longoria, Pharmacy and Lab Director, would be leaving the Health Department as of June 19th. Ritchie will be moving to New Orleans and will be sorely missed in the department. Ritchie's position has been posted and an interim Pharmacy Director will be nominated by the SLICS team.
 - Vanetta stated that ICS has retained financial consultants to perform a detailed fiscal analysis of our health centers.
 - Vanetta reiterated the value of having hired Coates Kokes as branding consultants in order to tell a better story as this will significantly help in driving demand, and that there would be more to come on this issue.

Scope Change: Temporary Move SHC from Madison to Marshall during renovation (Vote Required)

(See document, "Change in Scope Request: Relocation of Madison High School Student Health Center to Marshall High School")

- Vanetta presented details of a motion to request a change in scope, as in temporarily relocating the Madison High School Student Health Center to Marshall High School while renovations are carried out. Renovation of Madison High School will take place beginning in Summer of 2019. The entire school, including MCHD's clinic will be moved to Marshall High School. Renovation is expected to take two years, after which the school, including the clinic, will be moved back to Madison High School. It is expected that the clinic will reopen at Madison in Fall of 2021. No service interruption is expected.
- No questions were posed by Council members

Motion by Tamia Deary to approve the Change in Scope Request: Relocation of Madison High School Student Health Center to Marshall High School.

Seconded by Harold Odhiambo.

8 aye; 0 nay; 0 abstain

Motion carries

Council Business: Committee Updates

- Tara, Chair, provided brief Committee Updates.
 - Tara informed the Council that the Quality Committee is next scheduled to convene on July 2nd.
 - The Finance Committee provided no updates to the Council as they have not

Community Health Council



met since their last update.

- o Tara stated that there are currently two seats open on the Council, either two consumer members or one community member and one consumer member.
- o Tara informed the Council that the Executive Committee had met on May 23rd. A discussion was held about the National Health Centers Week annual celebration and the theme. One suggestion was that we should celebrate strides in harm reduction amid the opioid crisis.
- o Tara stated that discussion about the Board Retreat continues, particularly in terms of logistics and potential activities. Linda said that she would reach out to the Ad Hoc Committee volunteers when she is ready to schedule their first Retreat Planning meeting.

Succession Process and Confirmation of Vice Chair (Vote Required)

- Tara requested that the Council vote to approve the Vice Chair succession process and appoint Fabiola to step into the role.

Motion by Tamia Deary to approve the Succession Process and Confirmation of Fabiola Arreola to Vice Chair.

Seconded by David Aguayo.

8 aye; 0 nay; 0 abstain

Motion carries

Meeting Evaluation:

- There were no comments pertaining to evaluating the meeting.

Questions and comments raised by CHC members:

- Vanetta stated that a meeting is scheduled for Tara, Chair, and Fabiola, Vice Chair of the Council to meet with Chair Kafoury to discuss details of the Co-Applicant Agreement and how it might need to be amended due to a change in leadership structure at the Health Department.
- Wendy thanked the Council for acknowledging her birthday and said that she spends her birthday every year under the Burnside Bridge volunteering on behalf of the homeless. Wendy invited anyone present to join her to celebrate.
- Tamia said that she has three tables at the Juneteenth celebration during the pride festival the following weekend and that if anyone would like to volunteer for a one and a half hour time slot, they would be very appreciated.
- Linda shared that she will be on vacation for the July Public meeting, but that Anna Johnston and Jordana Sardo would be running the meeting in her place.

Meeting Adjourned at 7:30pm.

Signed:

Pedro Sandoval Prieto
Pedro Sandoval Prieto, Secretary

Date:

7/8/19

Community Health Council
Public Meeting Agenda

Monday, June 10th, 2019

6:00-8:00 pm

McCoy Building: 619 NW 6th Avenue,
Room 150



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); Jon Cole (Member-at-Large); Tamia Deary; 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	6:00-6:05 (5 min)	Call to order Review processes
Minutes VOTE REQUIRED	<ul style="list-style-type: none">Review and approve the May Minutes	6:05-6:10 (5 min)	Council votes to approve and Secretary signs for the record
New Health Department Director and CHC Introduction	<ul style="list-style-type: none">HD Director, Patricia Charles-Heathers and CHC Members	6:10-6:25 (15 min)	The parties introduce themselves and speak to why they serve
Health Center Branding Project	<ul style="list-style-type: none">Christine Bertalot and Steve Kokes from Coates Kokes	6:25-6:40 (15 min)	Council receives information and gives feedback

Licensing & Credentialing Report	<ul style="list-style-type: none"> ICS Medical Director, Dr. Marty Grasmeder 	6:40-6:50 (10 min)	Council receives report
Monthly Budget Report	<ul style="list-style-type: none"> Senior Manager Business Operations, Mark Lewis 	6:50-7:05 (15 min)	Council receives report
BREAK	<ul style="list-style-type: none"> All 	7:05-7:15 (10 min)	Meet and greet
Board Development: Co-Applicant Agreement Part 2 Preview	<ul style="list-style-type: none"> CHC Coordinator, Linda Niksich 	7:15-7:25 (10 min)	Council receives preview of monthly trainings
ICS/Strategic Updates Scope Change: Temp Move SHC from Madison to Marshall during Reno VOTE REQUIRED	<ul style="list-style-type: none"> ICS Director, Vanetta Abdellatif 	7:25-7:40 (15 min)	Council receives updates Vote to approve scope change
<u>Council Business</u> Committee Updates Succession Process and Confirmation for Vice Chair VOTE REQUIRED	<ul style="list-style-type: none"> Executive Committee Update; Chair, Tara Marshall 	7:40-7:55 (15 min)	Council receives update from Exec Council votes to confirm succession process for Vice Chair
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!

Update:
Licensing and Credentialing
June 2019

Dr. Marty Grasmeder,
ICS Medical Director

Staff Changes

Name	Clinic	Provider	Hire Date	Specialty
none				

Future Staff

[illegible]

ReCredential Approval since March 2019

- Primary Care = 6
- School Based = 0
- Dental = 31

Recredential Applications submitted (not yet approved) since March 2019

- Primary Care = 2
- Dental = 0

Multnomah County - Federally Qualified Health Center

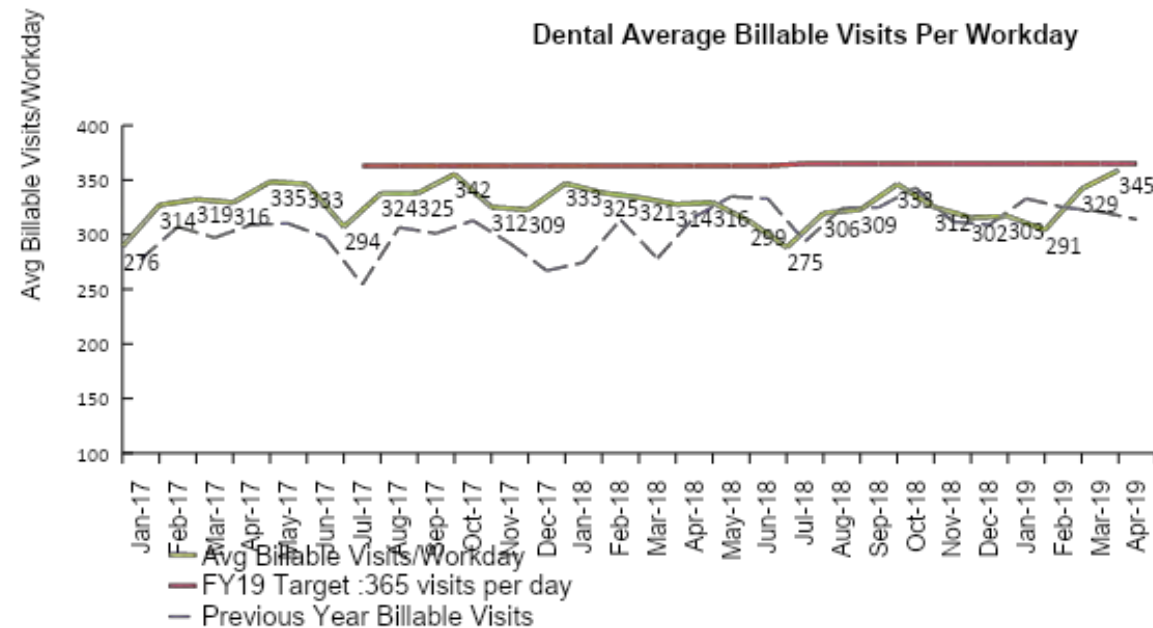
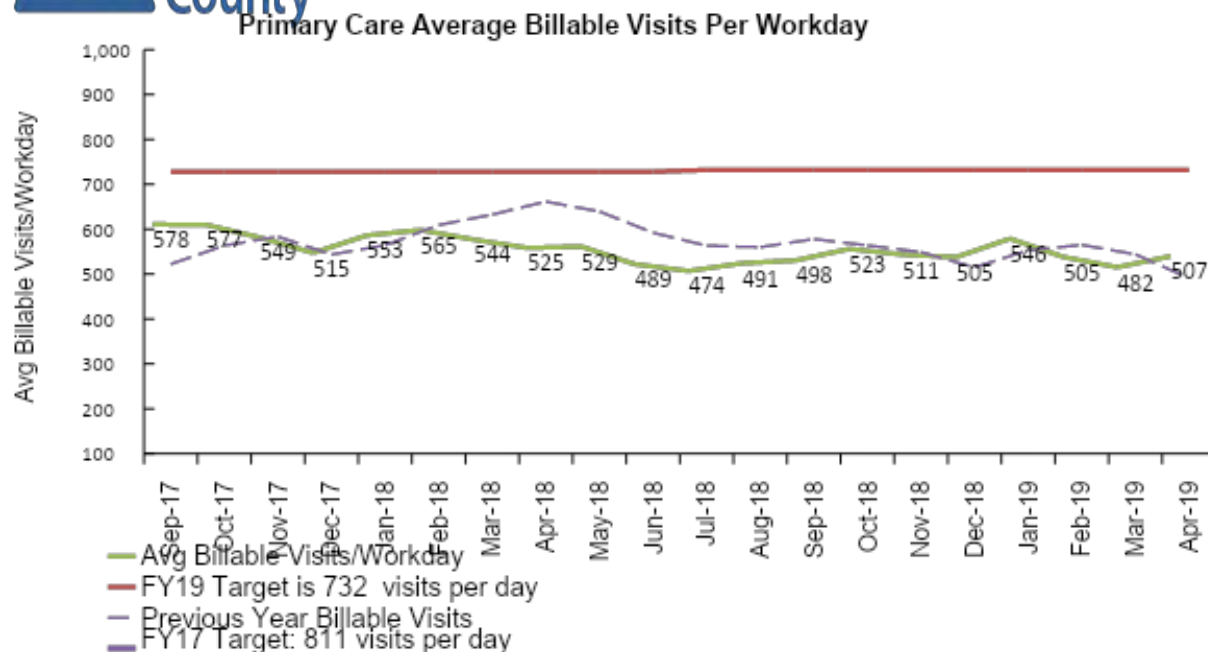
Monthly Dashboard

April 2019

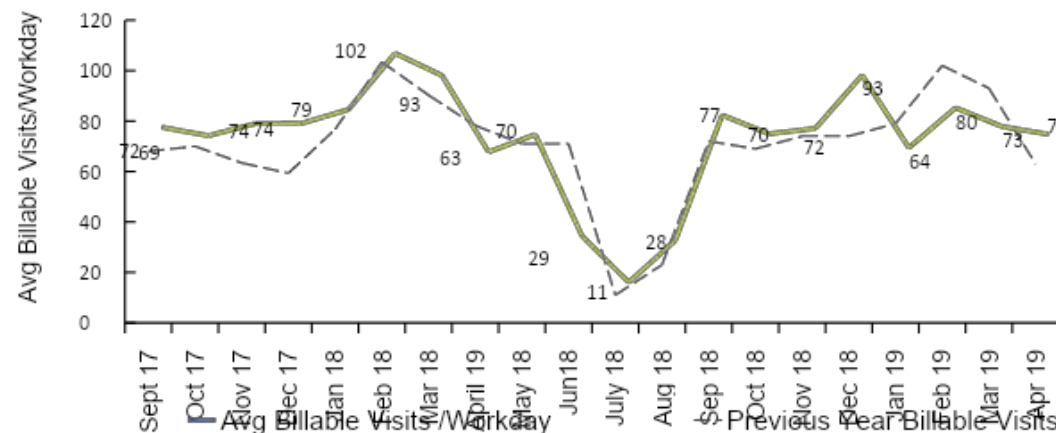
Prepared by: [Larry Mingo](#)



FQHC Weekly Billable Visits Per Department



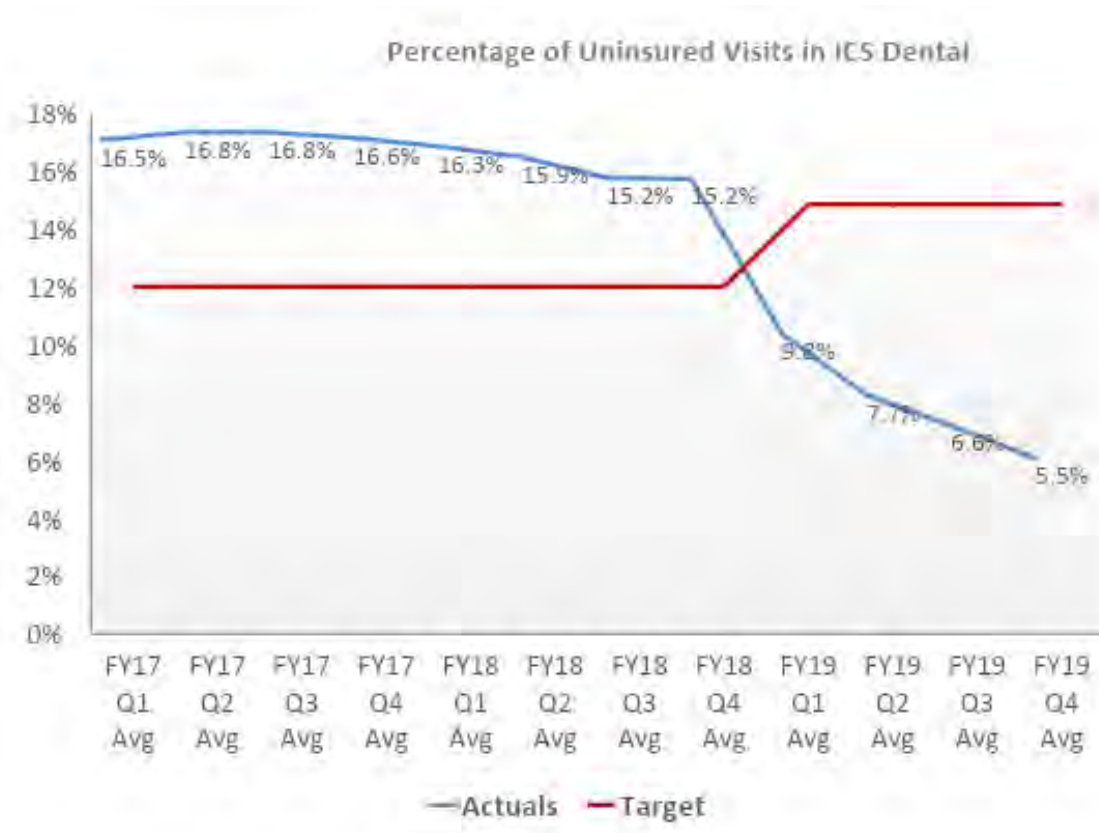
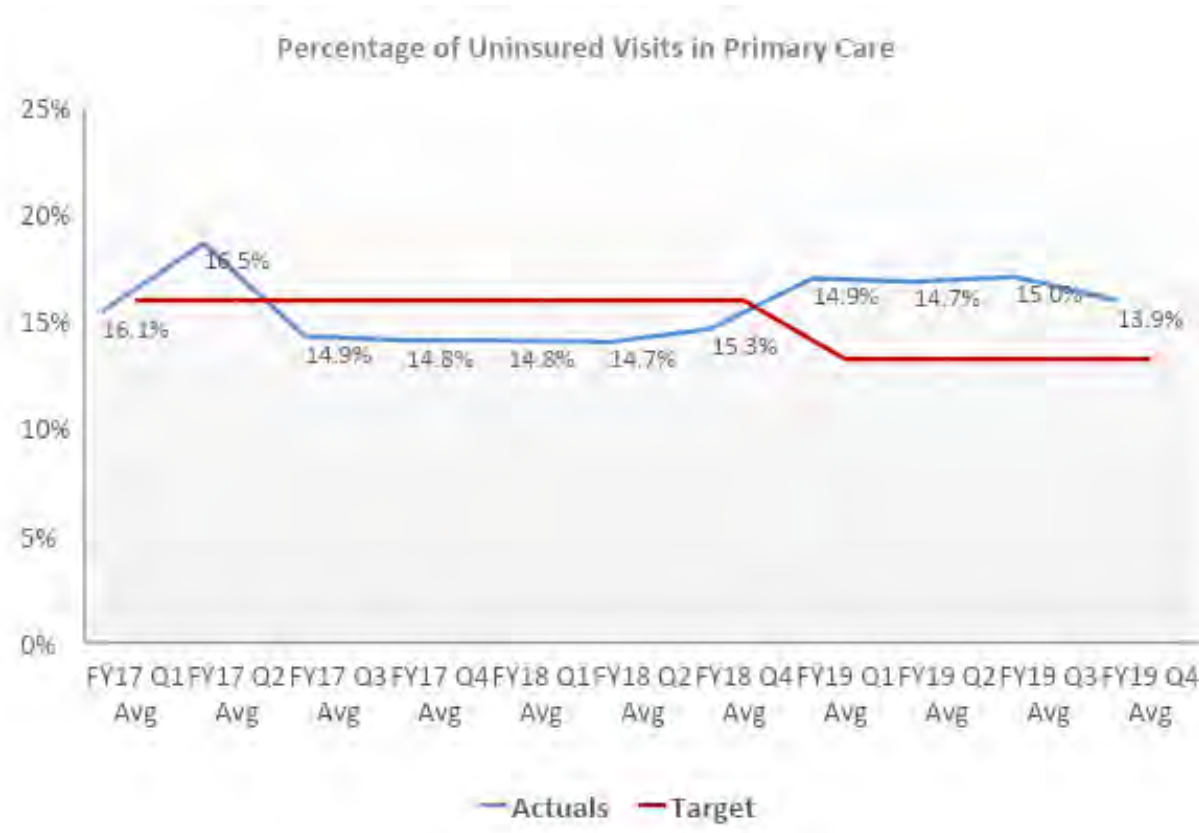
School-Based Health Center Average Billable Visits Per Workday



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

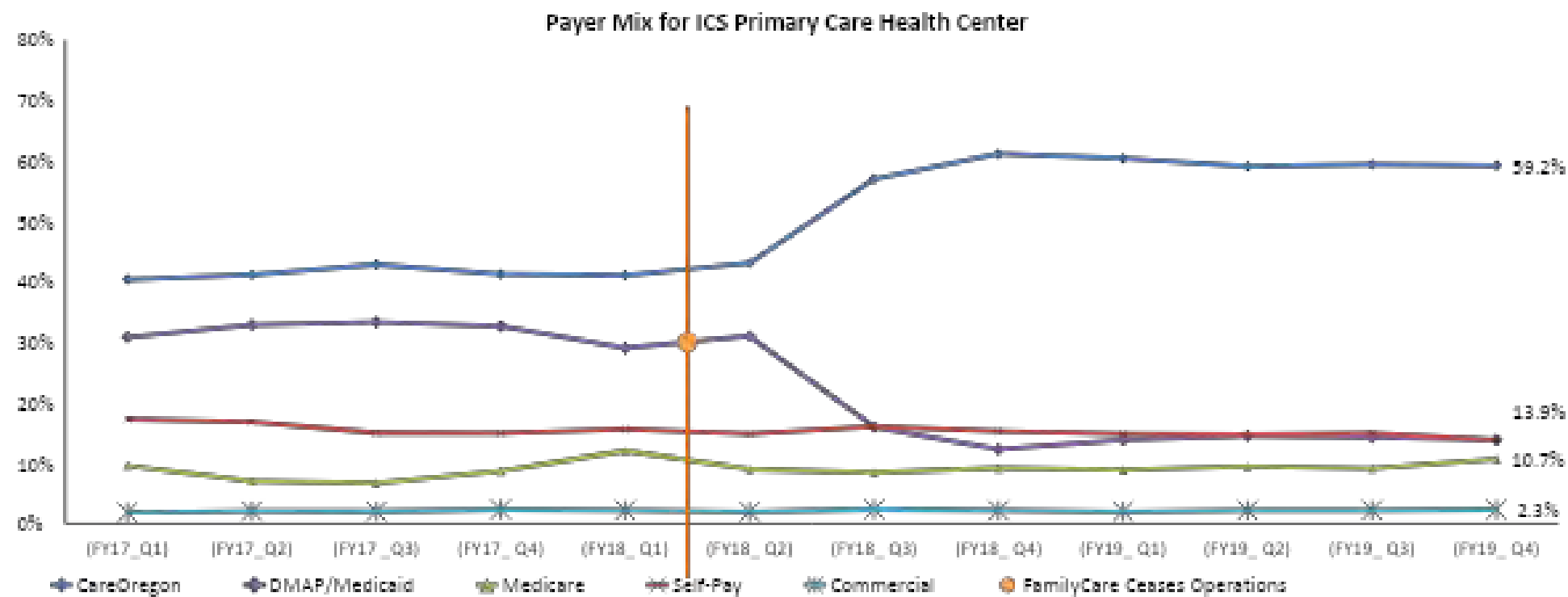
Notes: Primary Care and Dental visit counts are based on an average of days worked.
 School Based Health Clinic visit counts are based on average days clinics are open and school is in session.

Monthly Percentage of Uninsured Visits for FQHC Centers



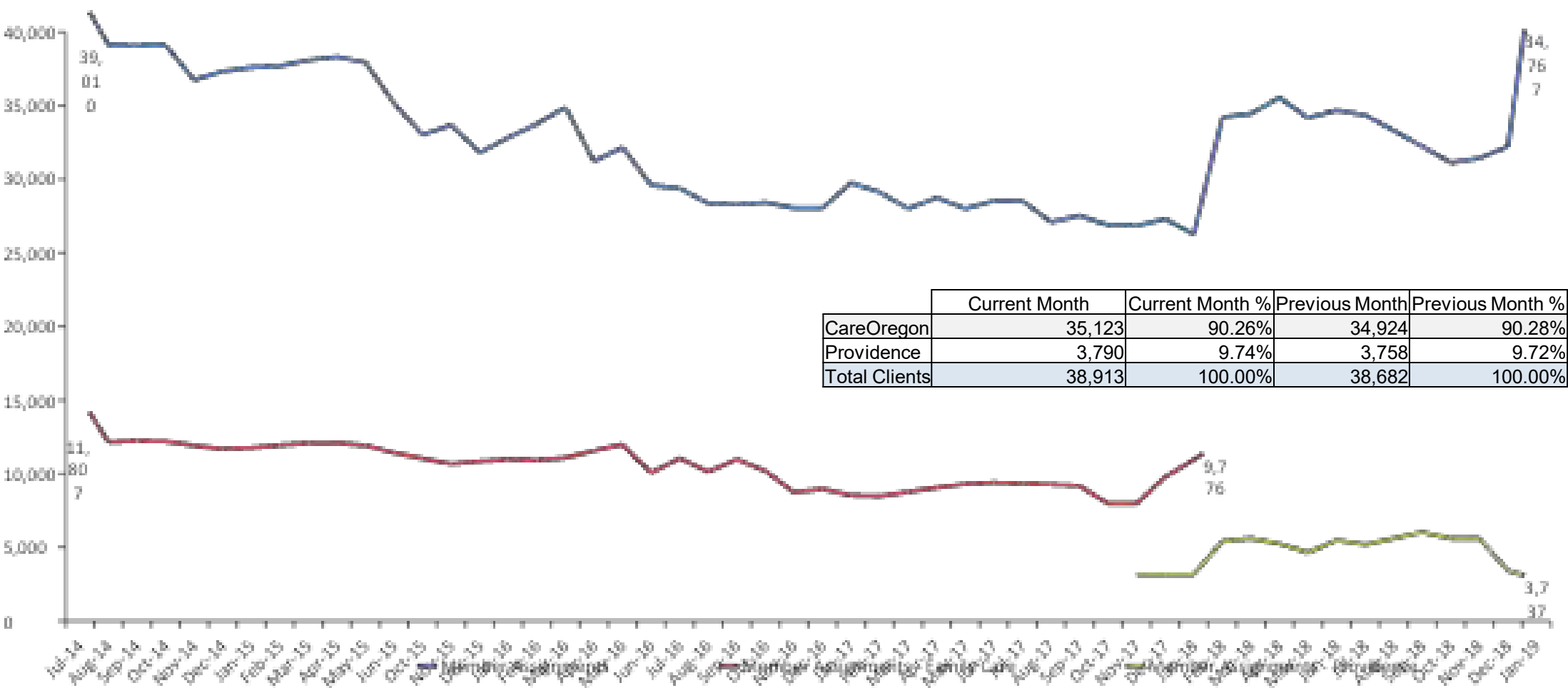
Comments:
Primary Care target % of Uninsured Visits for FY18: 16%; for FY19: 13.25%
Dental target % of Uninsured Visits for FY18: 12%; for FY19: 14.85%

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



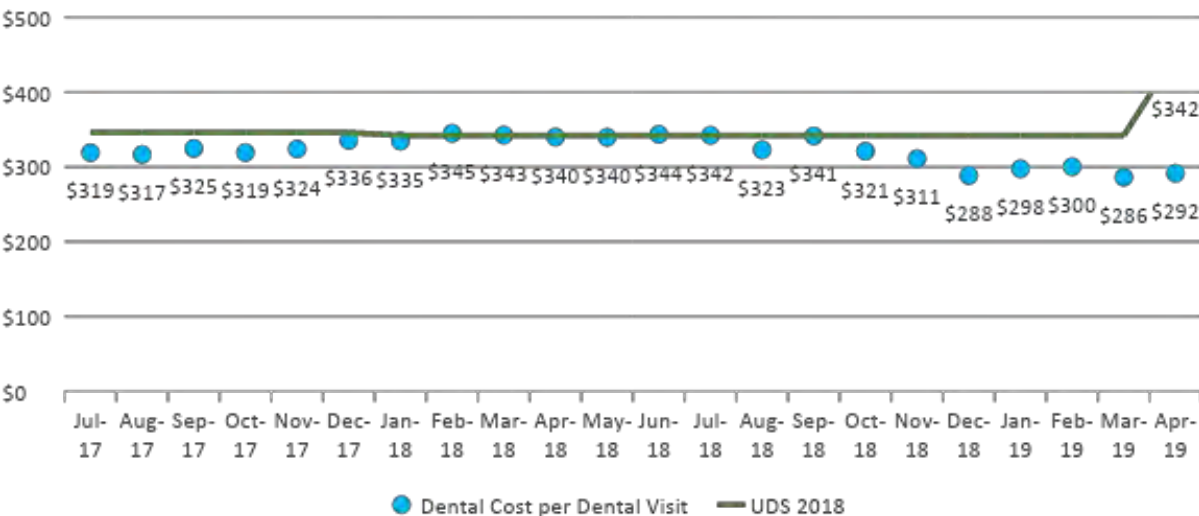
Notes: Payer Mix for Primary Care Health Service Center shows the percentage of patient visits per payer and per Quarter

OHP Primary Care Member Assignments

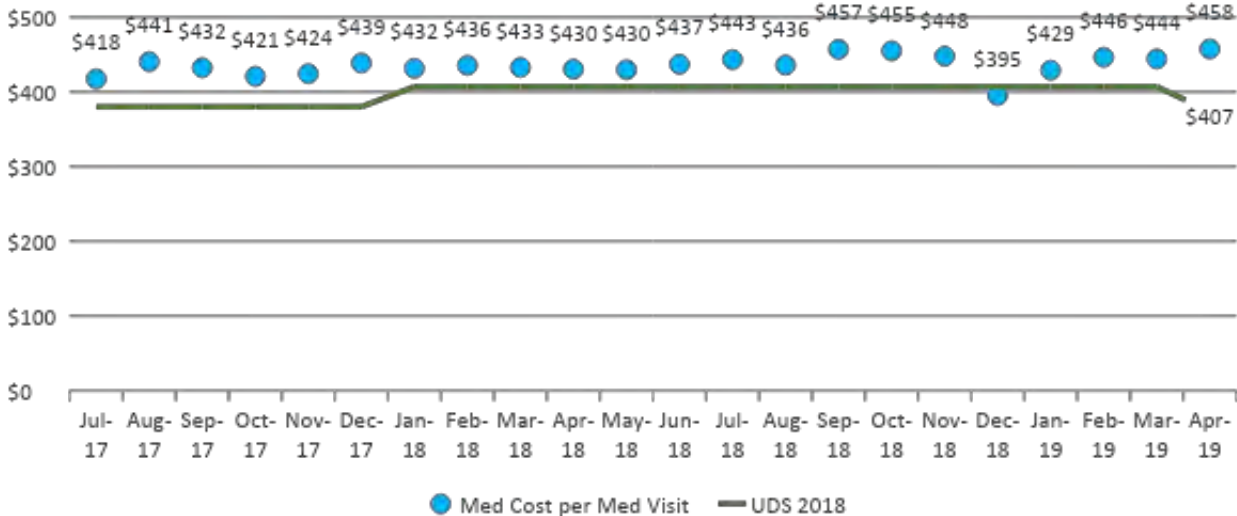


CareOregon FY19 average: 33,432
 Providence FY19 average: 4,628

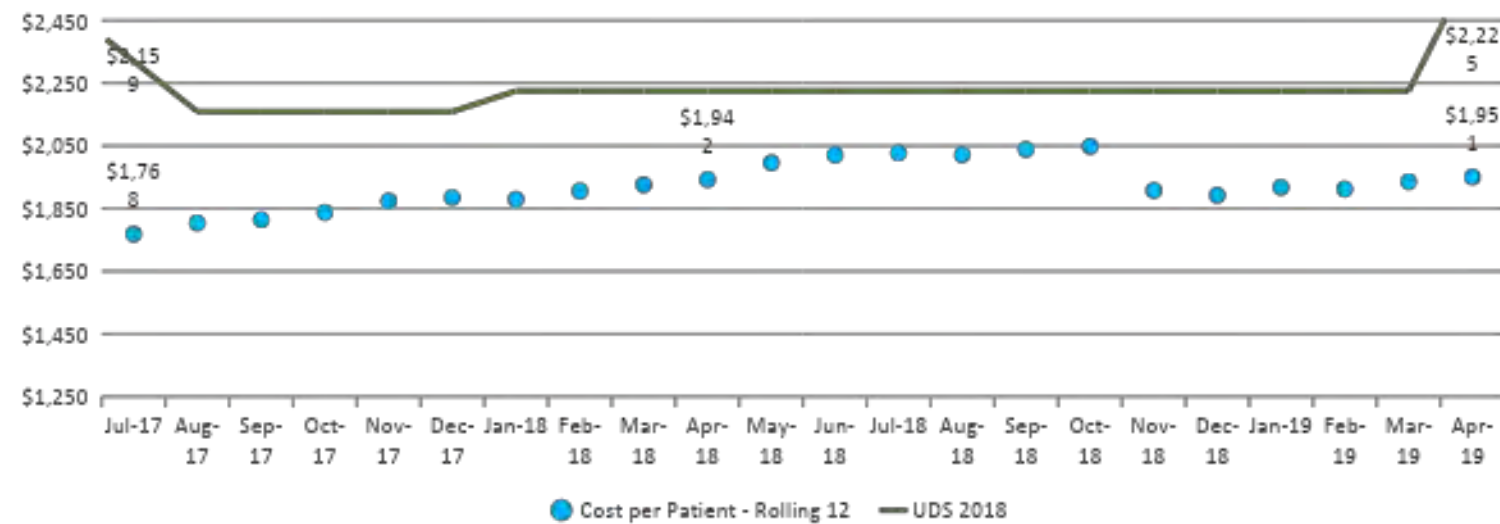
Dental Cost Per Dental Visit



Med Cost per Med Visit



Cost Per Patient

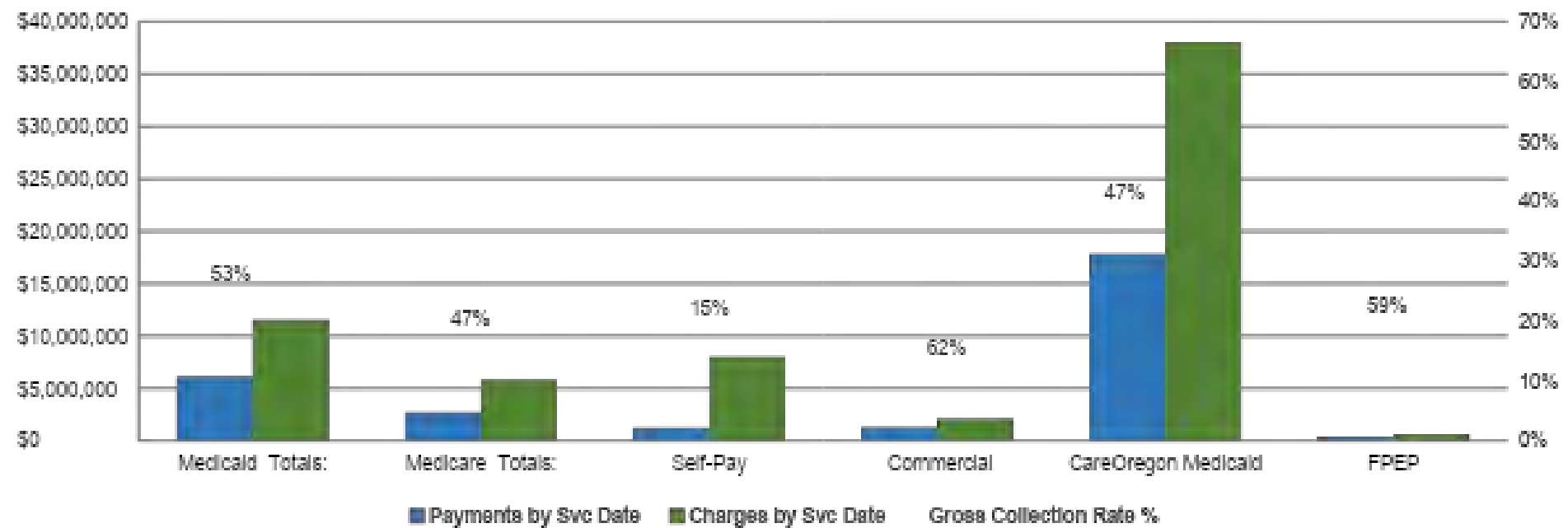


FQHC Gross Collection Rate by Payer

March 2018 – April 2019

	Medicaid Totals:	Medicare Totals:	Self-Pay	Commercial	CareOregon Medicaid	FPEP
Payments by Svc Date	\$6,096,565	\$2,724,410	\$1,220,777	\$1,274,379	\$17,821,019	\$384,457
Charges by Svc Date	\$11,504,272	\$5,839,910	\$7,990,883	\$2,071,392	\$38,073,764	\$646,936
Gross Collection Rate %	53%	47%	15%	62%	47%	59%

Collection Rate by Payor (Visits dates April 2018 - March 2019)





Multnomah County Health Department
 Federally Qualified Health Center Financial Statement
 For Period Ending April 2019

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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: professional services that are provided by non-County employees: e.g., lab and x-ray services, interpretation services, etc.

Materials and Services: non-personnel expenses the program needs to perform its mission: e.g., medical and dental supplies, repairs & maintenance, supplies, etc.



Multnomah County Health Department
 Federally Qualified Health Center Financial Statement
 For Period Ending April 2019

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: Capital Expenditures- purchase of capital items that cost \$5,000 or more that have an expected useful life of more than one fiscal year: e.g., medical and dental equipment.



Multnomah County Health Department
Federally Qualified Health Center Financial Statement
 For Period Ending April 2019

Community Health Centers - Page 3
April Target: 83%

	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.



Multnomah County Health Department
Federally Qualified Health Center Financial Statement
 For Period Ending April 2019

Community Health Centers - Page 4										April Target:	83%
	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	\$ 370,761	\$ 289,214	\$ 379,437	\$ -	\$ -	\$ 3,535,267	66%
General Fund	\$ 10,510,645	\$ 10,497,645	\$ (13,000)	\$ 1,013,762	\$ 1,021,983	\$ 877,232	\$ 875,687	\$ -	\$ -	\$ 9,359,970	89%
Grants - BPHC	\$ 9,967,847	\$ 9,967,847	\$ -	\$ 797,522	\$ 482,291	\$ 887,434	\$ 781,689	\$ -	\$ -	\$ 7,241,763	73%
Grants - Incentives	\$ 7,326,480	\$ 7,326,480	\$ -	\$ 88,722	\$ 56,797	\$ 164,067	\$ 137,710	\$ -	\$ -	\$ 8,710,777	119%
Grants - All Other	\$ 9,392,798	\$ 9,415,223	\$ 22,425	\$ 512,554	\$ 915,062	\$ 937,668	\$ 583,155	\$ -	\$ -	\$ 7,196,769	76%
Health Center Fees	\$ 96,332,757	\$ 96,332,757	\$ -	\$ 9,078,057	\$ 6,345,850	\$ 8,515,158	\$ 7,661,406	\$ -	\$ -	\$ 79,935,088	83%
Self Pay Client Fees	\$ 1,127,294	\$ 1,127,294	\$ -	\$ 94,935	\$ 72,148	\$ 84,277	\$ 106,879	\$ -	\$ -	\$ 912,167	81%
Total	\$ 140,052,435	\$ 140,061,860	\$ 9,425	\$ 11,955,828	\$ 9,264,892	\$ 11,755,050	\$ 10,525,963	\$ -	\$ -	\$ 116,891,802	83%
Expense											
Personnel	\$ 94,202,326	\$ 94,257,953	\$ 55,627	\$ 7,811,373	\$ 7,174,182	\$ 7,258,404	\$ 7,575,281	\$ -	\$ -	\$ 75,195,827	80%
Contracts	\$ 4,994,483	\$ 4,952,788	\$ (41,695)	\$ 359,308	\$ 401,713	\$ 513,048	\$ 459,991	\$ -	\$ -	\$ 3,949,490	80%
Materials and Services	\$ 13,978,032	\$ 13,973,151	\$ (4,881)	\$ 1,698,999	\$ 1,258,877	\$ 1,602,225	\$ 1,526,578	\$ -	\$ -	\$ 13,603,898	97%
Internal Services	\$ 26,381,694	\$ 26,382,068	\$ 374	\$ 1,704,422	\$ 2,101,871	\$ 2,101,509	\$ 1,983,067	\$ -	\$ -	\$ 19,840,813	75%
Capital Outlay	\$ 495,900	\$ 495,900	\$ -	\$ -	\$ 5,303	\$ -	\$ 16,792	\$ -	\$ -	\$ 49,941	10%
Total	\$ 140,052,435	\$ 140,061,860	\$ 9,425	\$ 11,574,102	\$ 10,941,946	\$ 11,475,186	\$ 11,561,709	\$ -	\$ -	\$ 112,639,970	80%
Surplus/(Deficit)	\$ -	\$ -	\$ -	\$ 381,726	\$ (1,677,054)	\$ 279,864	\$ (1,035,746)	\$ -	\$ -	\$ 4,251,832	

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

Presentation Summary



Change in Scope Request: Relocation of Madison High School Student Health Center to Marshall High School

Inform Only	Annual/ Scheduled Process	New Proposal	Review & Input	Inform & Vote
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Date of Presentation: 6/10/2019	Program / Area: HRSA Compliance - Scope
Presenters: Vanetta Abdellatif	
Project Title/Scope Change and Brief Description <ul style="list-style-type: none">• Relocating Madison High School SBHC to Marshall High School during renovation (June 2019 - August 2021).	
Describe the current situation: <ul style="list-style-type: none">• Renovation of Madison High School will take place beginning in Summer of 2019. The entire school, including MCHD's clinic will be moved to Marshall High School, which has been closed since 2011.• Renovation is expected to take two years, after which the school, including the clinic, will be moved back to Madison High School. The clinic will reopen at Madison in Fall of 2021.• No service interruption is expected, and the clinic will continue to serve the same student body.• By HRSA regulations, this move requires adding the new location (3905 SE 91st Ave, Portland, OR 97266) as a service site in our Board- and HRSA-approved Scope, and removing Madison from the Scope. Additional Board actions will be required to move back to Madison once renovations are complete in two years.	
Why is this project, process, system being implemented now? <ul style="list-style-type: none">• Madison High School is one of 3 PPS high schools being modernized or rebuilt through the successful May 2017 Bond. Master planning for Madison was completed in June 2016 using funds from the 2012 Bond. Construction will begin in the summer of 2019.	

Presentation Summary



- The clinic is being entirely rebuilt in a new campus location and the bond covers the cost. Health Department facilities and SHC leadership are involved with all clinic designs and are pleased with progress.

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)*

- Per Portland Public Schools (PPS): Madison High School is one of 3 PPS high schools being modernized or rebuilt through the successful May 2017 Bond (the other two are Franklin and Grant). It was master planned as part of the 2012 School Building Improvement Bond. The goal of planning and design is to develop comprehensive, equitable, integrated and visionary high school campus concepts with authentic school community engagement.

The master planning for the Madison Campus began in February 2016 and was completed in June 2016. A Design Advisory Group (DAG) has been formed by PPS to help Madison move through the next phase of planning and design. Construction will begin in the summer of 2019.

Information about the renovation project, including virtual tours, is [available here](#).

Information provided by PPS to student's families about the move, including transportation to Marshall High School is [available here](#).

- In CY2018, Madison High School Student Health Center served 726 unique individuals through 1,508 visits.

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

- Board is not approving any new services or hours of operation.

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

- The Madison High School Student Health Center (2735 NE 82nd Ave.) will be removed from our scope and all services at that site will cease on June 10, 2019.
- Marshall High School Student Health Center (3905 SE 91st Ave.) will be added to our scope and all clinic services/functions will begin at the new location by August 26, 2019.

Presentation Summary



- In two years, once renovations are complete, additional Board actions will be required to approve relocating back to Madison High School (adding Madison to, and removing Marshall from our scope).

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

- No administrative functions or services can commence at the new site, and such activities must continue at Madison High School.
- Alternative space will have to be found to accommodate clinical services.

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

- Health Department facilities and SHC leadership are involved with clinic designs.

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

- Greg Hockert, Facilities Manager, Steve Bardi, SHC Program Supervisor, and Alexandra Lowell, SHC Program Manager

What have been the recommendations so far?

- To relocate to the clinic along with the school until renovations are complete, then move back.

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

- In June 2012, the Portland School Board adopted a ten-year school facilities plan that includes the Madison renovation that was then approved with Bond funding.

Council Notes: