

Community Health Council

Community Health Council Board Meeting Minutes

Date: Monday, April 13th, 2020

Time: 6:00 PM

Location: Webex

Approved:

Recorded by: Liz Mitchell

Attendance:

Board Members	Title	Y/N
"D"eb Abney	Board Member	Y
David Aguayo	Board Member	Y
Fabiola Arreola	Vice Chair	Y
Jon Cole	Member-at-Large	Y
Tamia Deary	Member-at-Large	Y
Kerry Hoeschen	Board Member	Y
Iris Hodge	Board Member	Y
Harold Odhiambo	Chair	Y
Susana Mendoza	Board Member	Y
Pedro Sandoval Prieto	Secretary	Y
Nina	Board Member	Y
Staff/Elected Officials	Title	Y/N
Hasan Bader	ICS Finance Manager	Y
Len Barozinni	Interim Dental Director	Y
Lucia Cabrejos	Spanish Interpreter	Y
Patricia Charles-Heathers	Health Department Director	Y
Adrienne Daniels	ICS Deputy Director	Y
Amy Henninger	Interim Medical Director	Y
Michele Koder	Pharmacy and Lab Services Director	Y
Wendy Lear	Deputy Director HD Business Operations	Y
Mark Lewis	Senior Manager Business Operations	Y
Ryan Linskey	Quality Project Manager	Y
Liz Mitchell	Executive Specialist for Pharm & Lab Director	Y
Linda Niksich	Community Health Council Coordinator	Y
Christine Palermo	Dental Program Manager	Y
Dawn Shatzel	Interim ICS Primary Care Director	Y
Tasha Wheat-Delancy	Interim ICS Director	Y

Guests: Pari Mazhar and Bob Ryan

Community Health Council

Action Items:

- **Ryan Linskey** to follow up on request to break down the clinic complaints into sub categories.

Decisions:

- Approved the March 9, 2020 meeting minutes
- Approved the March 13, 2020 meeting minutes
- Approved the FY2021 Project Budget
- Approved Board Composition Matrix Document

Reports Received:

- Monthly Budget Report
- 1st Quarter Complaints and Incidents

The meeting was called to order at 6:04 pm by Harold Odhiambo.

The Meeting Ground Rules (special considerations for online meetings) were presented by the Chair, Harold Odhiambo.

Board attendance was taken by roll-call. Noted that quorum was met.

March 9, 2020 Meeting Minutes Review (Vote required)

(See Document - March CHC Meeting Minutes)

No questions or comments were raised by CHC members

Motion by David to approve the March 9, 2020 Meeting Minutes.

Seconded by Nina

10 aye; 0 nay; 1 abstain (by roll-call vote)

Motion carries

March 13, 2020 Meeting Minutes Review (Vote required)

(See Document - March CHC Meeting Minutes)

No questions or comments were raised by CHC members

Motion by Fabiola to approve the March 13, 2020 Emergency Meeting Minutes.

Seconded by "D" eb

9 aye; 0 nay; 2 abstain (by roll-call vote)

Community Health Council

Motion carries

1st Quarter Complaints and Incidents

(See handout - Combined 1st Qtr Complaints Incidents)

Ryan Linskey- Quality Project Manager

Ryan presented the 1st quarter complaints and incidents. Complaints: January and February were the same with 13. March had a drastic decline with 3 complaints. Most likely due to Covid-19, and the changes in operational status. Lab was included in the incident report starting in February, that is probably why the increase in incidents in February. The decline in March is probably due to the response to Covid-19, and the change in operational status. Lab visits had the most incidents. Immunization errors have been broken down into additional categories, per counsel request:

- Wrong vaccine
- Sentinel event
- Environment of care
- Near miss

Question: Harold asked what do you mean by “other”?

Answer: Ryan explained that these complaints don't fit into the predetermined categories.

Question: Nina asked if the clinical complaints are similar or are they per individual's care?

Answer: Ryan says there would have to be more information gathered to determine that. It would be interesting to dig deeper. Can possibly try to break the complaints down a little more and have subcategories for next quarter.

Question: Iris asked why there are double the amount of Sentinel events.

Answer: Ryan stated that these were patient suicides. We conduct a full investigation of these events with each team member involved; this includes behavioral health manager and medical director. Sentinel events can also include other various events or incidents that can occur. These were the specific events during this period of time.

Question: Fabiola asked why Primary Care (page 3) is higher?

Answer: This came from the increase in immunization errors in February.

Monthly Budget Report- January 2020

(See Document-Monthly Dashboard Jan. 2020)

Wendy Lear - Deputy Director of HD Business Operations

Community Health Council

Wendy went over the monthly budget report. Student Health met or exceeded their target. Dental visits were below target and this may be because of the implementation of the Wisdom software. Primary care was lower than the target through January. In December Providence transferred member care to Care Oregon. The number of new members is not as high because we lost 3,000 members when Providence transferred care to Care Oregon.

Question: David asked even though we don't have the final numbers that extend to the current period we want to look at, do we have a sense for what the impact of Covid-19 has had?

Answer: Wendy: Yes we do. Through the end of January you can see in primary care and dental visits were lower than the target. Corresponding fee revenue is slightly lower than the target through January. Consolidating clinics and tele-medicine visits, our visit volume is drastically reduced. It's a fairly dire picture at this point. It will be dependent on how long we will be in this suspended state for our system.

Answer: Tasha said she will dive into this a little further later in her presentation.

Question: Tamia asked, can you tell us about the upward tick in uninsured visits for primary care over the last 3 quarters?

Answer: Tasha: There are a couple of things that ebb and flow. One is what we call the redetermination period. This is when patients resubmit new information to requalify for insurance. A certain percentage of our patients no longer qualify for various reasons. They could have a little more income, for example.

Question: David: Given that the health centers have taken such a drop in revenue, is there a plan to change staffing or make changes to help compensate for the \$3.4 million shortfall we have seen, and will probably continue to see in March?

Answer: Wendy answered that this is not really a problem that can be addressed by cutting cost at this point. Community and insurance partners need us to stay in operation. We will be looking at a variety of ways to find short term revenue solutions rather than suspending operations temporarily.

FY2021 Project Budget Approval (Vote Required)

(See Documents 330 Forms and Budget Narrative)

Finance Manager, Hasan Bader

Hasan presented the proposed budget for FY 2021 and 330 Grant application. The budget narrative and justification is for the community health centers and health centers for the homeless. Hasan explained the process of completing the application, and the specific positions and classifications that are included in the budget that the

Community Health Council

monies will fund. There is also an explanation of where we get other funding as well. There are 58 positions and classifications that are proposed for the grant funding, personnel being the largest amount. The budget will be voted on by the Board of County Commissioners at the end of May or beginning of June. When this budget is adopted these numbers will be used to build the grant budget. it will be used to build the grant budget application for 2021.

Timelines of a grant and the Fiscal Year:

- Grant is based on a calendar year (January - December)
- Budget is based on a Fiscal Year (July 1 - June 30 of the next year)

Question: Iris asked, for the general fund we are asking for the same amount this year as last year. If we don't use the money this year, and if it's less this year what happens?

Answer: Hasan stated we started preparing the budget in December, and submitted it by February 15th, when everything was still normal. This is what the county says you can use, and this is the amount for the programs

Answer: Tasha clarified, the county received allocated funds. Ultimately there is a distinction for how the money is allocated. Departments get their allocations.

Question: Iris asked what happens if we don't deliver on what the grant is for?

Answer: Hasan explained that we have deliverables that get an annual report (UDS Report). Hasan stated that he has not seen a reduction in the grant in years because we deliver what we say we will. If we don't deliver on certain measures the language allows for a deduction in the grant.

Motion by David to approve the FY2020 Project Budget Approval

Seconded by Iris

11 aye; 0 nay; 0 abstain (by roll-call vote)

Motion carries

COVID-19 Updates

Interim ICS Director, Tasha Wheatt-Delancy

Tasha explained what has been done since the approval of the Emergency Action Plan on March 9th. We have been following the recommendations from the CDC to postpone elective procedures, surgeries, and non-urgent visits for dental. Emergency procedures and visits are taking priority. Strategies to protect Personal Protective Equipment have been implemented. We have consolidated the 6 dental clinics into 1 clinic for urgent care, 8 primary care clinics to 4 clinics seeing patients, and 3 Clinics

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are non patient facing clinics providing televisits. 8 student Health Clinics condensed to 1 Student Health Clinic. All 7 pharmacies have remained open, but hours have been changed. These are temporary changes in response to Covid_19, the governor's mandate, and the CDC guidelines around PPE and non urgent services.

ICS Strategic Updates

Interim ICS Director, Tasha Wheatt-Delancy

Updates include the following:

Quality & Safety:

In response to Covid-19 the ICS team created an Incident Command System. This system is helping to make sure all of the changes that are being made are in compliance with the CDC guidelines, the Governor's mandate, and to HRSA compliance. This system has created checks and balances to keep inventory of all personal protective equipment. There is a public safety officer, and financial administration section. The operations section is staying compliant with HRSA guidelines while being nimble with patient care. The planning section looks at options and considerations before implementing any changes.

Person Centered & Culturally Relevant:

- Clinical Health Worker
 - Clinical Health Workers and the North Portland clinic organized a free food market
 - Cultivated a relationship with farmers
 - Working with food banks
 - Served food to 319 individuals and 60 households
- Pharmacy
 - Is providing curbside pickup of prescriptions

Engaged, Expert and Diverse Workforce:

- Triage nurses are now working at PAC (Patient Access Center-the centralized call center)
 - Assess patients
 - Provide health education and coaching
- Increased access for interpretive services
 - Staff with KSA (Knowledge Skills and Abilities)
 - many different languages

Fiscally Sound and Accountable:

- We have received \$1.76 million from the Cares Act
- \$107,735 from HRSA for supplemental income

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- Helps to pay and support Covid-19 testing
- Televisits are now being paid the same amount as an office visit
- Revenue Challenges
- \$1 million impact on revenue per week
 - Impact on major programs
 - Decreased number of visits
 - Only urgent care visits at this time

*This is in relation to **David's question** about reducing expenses and not seeing the level of revenue as seen in the past:

Tasha went on to explain that our largest expense is personnel, and we have not had any changes in personnel cost. We expect to see a surge in new patients. This comes from last year's unemployment numbers 97,000 people applied for unemployment last year in Oregon, this was before Covid-19. We want to retain personnel in anticipation of the surge of new patients that are expected from last year's unemployment rate and now with outfall of the Covid-19 pandemic.

We have also decreased expenses by not using On-Call Staff, cutting back on contracted services such as ortho services, and not using specialty services. Travel and training costs have been cut along with the cost of materials and supplies.

Some of the highlights are dental is piloting teledentistry. They are triaging dental emergencies, and post procedure follow ups. Primary Care has started outdoor testing for high risk patients. Mid County has started drive-thru testing and evaluation of patients that were screened through telemedicine. They are only testing patients that have been deemed high risk.

- Interpretation cost
 - Using internal resources
- Contracted Services
 - Ortho Services
- Not using specialty service in clinics
- Travel and Training
- Materials and supplies
 - Especially patient facing clinics

Highlights

- Dental is piloting teledentistry
 - Triage dental emergencies
 - Post procedure follow up
- Primary Care
 - Outdoor testing for High Risk Patients

Community Health Council

- Mid County started drive through testing and evaluating patients that were screened through telemedicine
 - Not testing the community at large, only patients deemed high risk

Question: Tamia asked are there any healthcare workers being redeployed outside of the health centers, like the Rosequarter?

Answer: We do have some staff that have volunteered at a couple shelters. There is a behavioral health provider helping with the hospital discharge planning, especially with people that have been diagnosed with Covid-19.

Question: Are they getting adequate PPE?

Answer: Yes. We have established guidelines around PPE, particularly around masks and the county has also determined some guidance as well for shelters and congruent care.

Council Business Committee Updates

The Executive Committee met on March 23, 2020. Chair, Harold Odhiambo Harold gave a brief recap of the meeting acknowledging Nina as a new member of the Quality Committee. The hiring committee can move forward with the process of finding a permanent ICS Director. The hiring committee, the Human Resource Director, Debi Smith, Health Department Director, Patricia Charles-Heathers, and other staff members will be participating in two recruiting firm interviews via Google Hangouts.

The outcomes of the HRSA site visit were discussed and special emphasis was on the financial reporting and ways to improve the finance committee and the full board. The agenda for this meeting was created as well.

No questions or comments were raised by CHC members

Finance Committee Update

Treasurer, David Aguayo

The Finance Committee met on March 18, 2020 via telephone conference. They learned that Mark Lewis is taking a position as Deputy Director of the Office of County Assets. They continued to work on reports and getting updates on some of the content that is being received. They are requesting more specific information around individual clinic financial performance, break down by programs and individual cost items. A Finance training is being created for the committee and is scheduled for May 1, and will be taught by Hasan and Tasha. This training will help the committee understand how the finances for the Health Center work. This training will then be

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provided to the full council at their next board retreat.

No questions or comments were raised by CHC members

Board Comp Matrix Document

The Nominating committee suggested edits and updated the document. The updates include each board member's original term starting date to show how long someone has served on the board. It highlights special skills that we are recruiting for. It also notates what each member wants to learn more about. The information in the matrix comes from the board member application and annual survey.

No questions or comments were raised by CHC members

Motion by Tamia to approve the Matrix Doc

Seconded by Keri

11 aye; 0 nay; 0 abstain (by roll-call vote)

Motion carries

Next CHC meeting will be Monday, May 11, 2020

Meeting Adjourned at 8:20pm.

Signed: _____ **Date:** _____
Pedro Prieto Sandoval, Secretary

Community Health Council
Public Meeting Agenda

Monday, April 13, 2020

6:00 - 8:00 pm

(via teleconference)

Call: +1-408-418-9388

Access code: 626 589 584



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 (Treasurer); Fabiola Arreola (Vice-Chair); Jon Cole (Member-at-Large); Tamia Deary (Member-at-Large); Iris Hodge; Kerry Hoeschen; Nina McPherson; Susana Mendoza; Harold Odhiambo (Chair); Pedro Sandoval Prieto (Secretary)

Item	Process/Who	Time	Desired Outcome
<u>Call to Order/Welcome</u>	<ul style="list-style-type: none">Chair, Harold Odhiambo	6:00-6:10 (10 min)	Call to order Review processes
<u>Minutes</u> VOTES REQUIRED	<ul style="list-style-type: none">Review and approve the March Public and March Emergency Meeting Minutes	6:10-6:15 (5 min)	Council votes to approve and Secretary signs
<u>1st Quarter Complaints and Incidents</u>	<ul style="list-style-type: none">Quality Project Manager, Ryan Linskey	6:15-6:30 (15 min)	Council discussion and votes
<u>Monthly Budget Report</u>	<ul style="list-style-type: none">Deputy Director HD Business Ops, Wendy Lear	6:30-6:40 (10 min)	Council receives report

<u>FY2021 Project Budget Approval</u> VOTE REQUIRED	<ul style="list-style-type: none"> Finance Manager, Hasan Bader 	6:40-7:10 (30 min)	Council discussion and vote
<u>COVID-19 Updates</u>	<ul style="list-style-type: none"> Interim ICS Director, Tasha Wheatt-Delancy 	7:10-7:30 (20 min)	Council receives report
<u>ICS Strategic Updates</u>	<ul style="list-style-type: none"> Interim ICS Director, Tasha Wheatt-Delancy 	7:30-7:45 (15 min)	Council receives Health Center Updates through the Strategic Plan lenz
<u>Council Business Committee Updates</u> VOTE REQUIRED	<ul style="list-style-type: none"> Executive Committee Update; Chair, Harold Odhiambo Finance Committee Update; Treasurer, David Aguayo Board Comp Matrix Doc 	7:45-8:00 (15 min)	Council receives updates from Chair Council receives update from Treasurer Council Discussion and vote
Adjourn Meeting	<ul style="list-style-type: none"> Chair, Harold Odhiambo 	8:00	Goodnight!

Complaints Report

< Reported Complaints Complaint by Type >



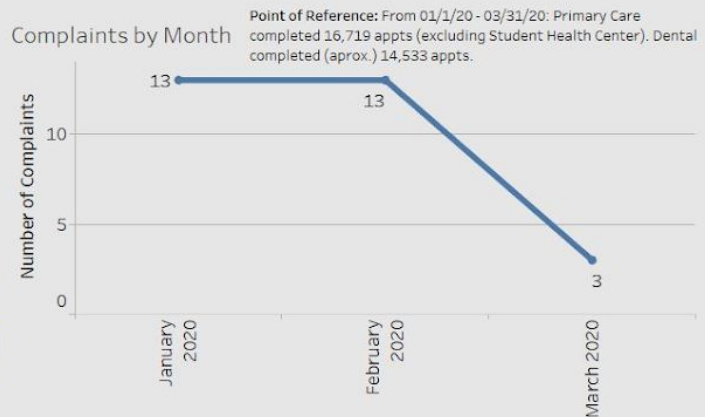
Reported Complaints

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

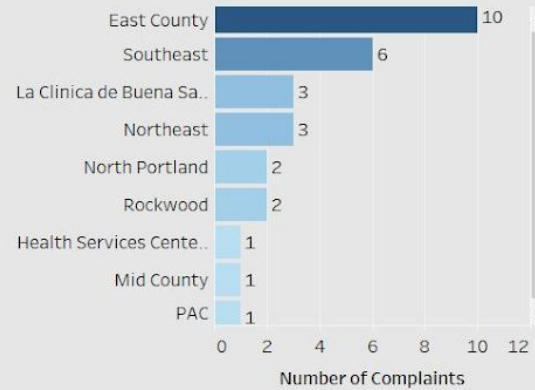
Use the filters below to further explore the data!

By Service Area (All) By Quarter 2020 Q1

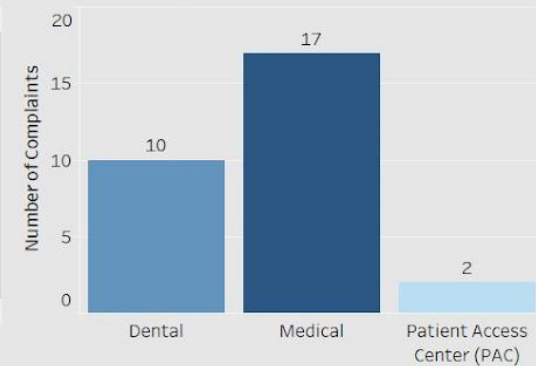
Complaints by Month



Complaints by Location



Complaints by Service Area



Complaints Report

<

Reported
Complaints

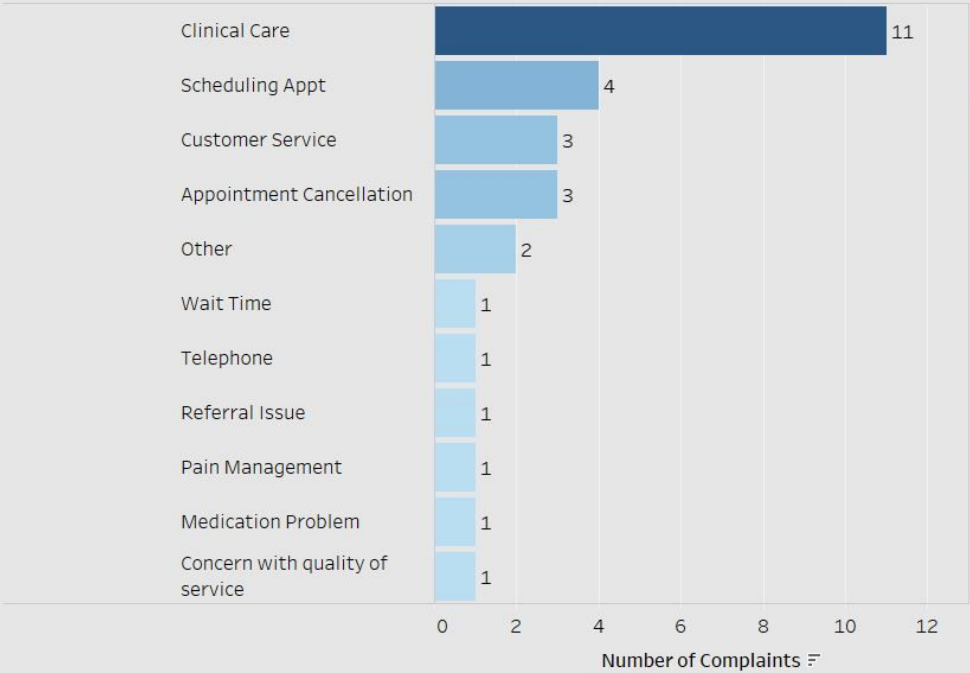
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Complaint by Type

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Complaints by Type



By Service Area

(All)

Clinic Site

(All)

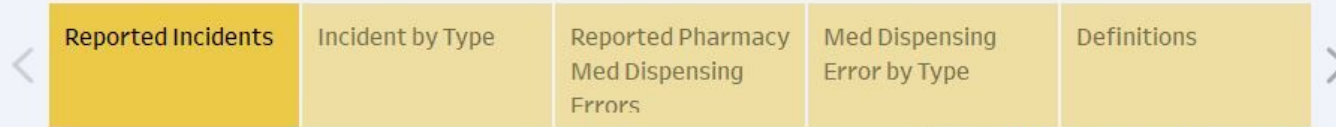
By Quarter

2020 Q1

Clinic Comparison:

None

Incidents Report



Reported Incidents

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

Use the filters below to further explore the data!

By Service Area

(All)

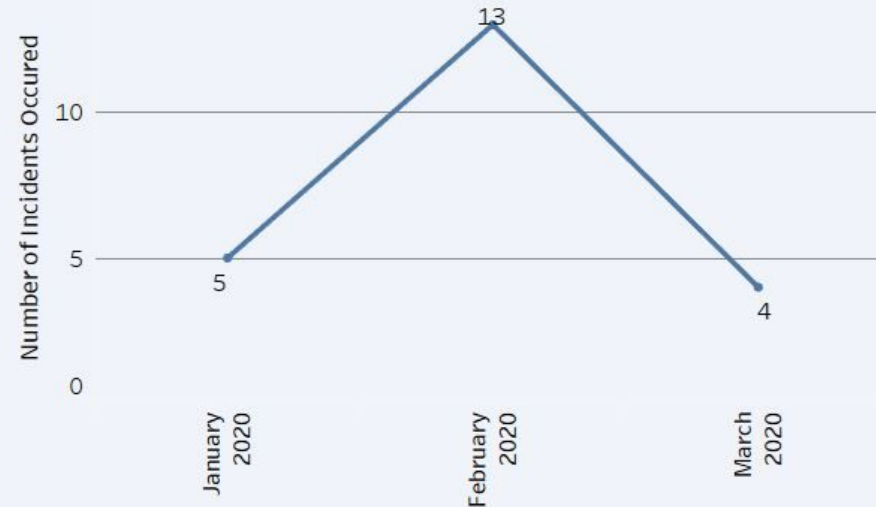
By Quarter:

2020 Q1

Subject Person Affected by Event:

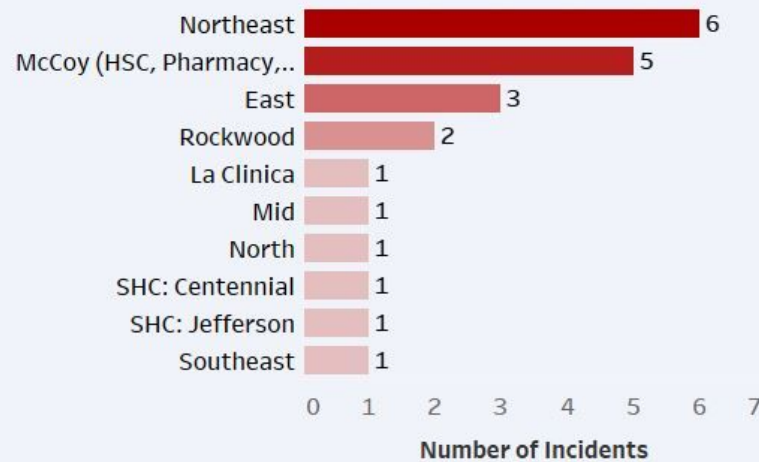
Client

Incidents by Month

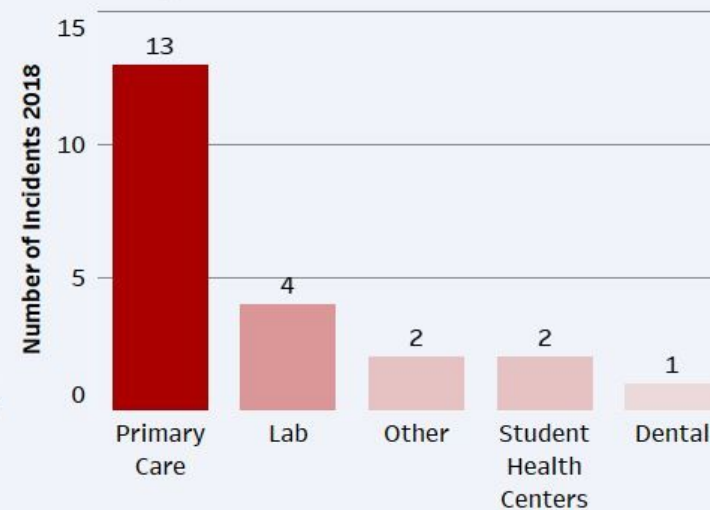


Point of Reference: From 01/1/20 - 03/31/20 Primary Care completed 16,719 appts (excluding Student Health Center). Dental completed (aprox.) 14,533 appts. Central Lab completed 8,985 tests.

Incidents by Location



Incidents by Service Area



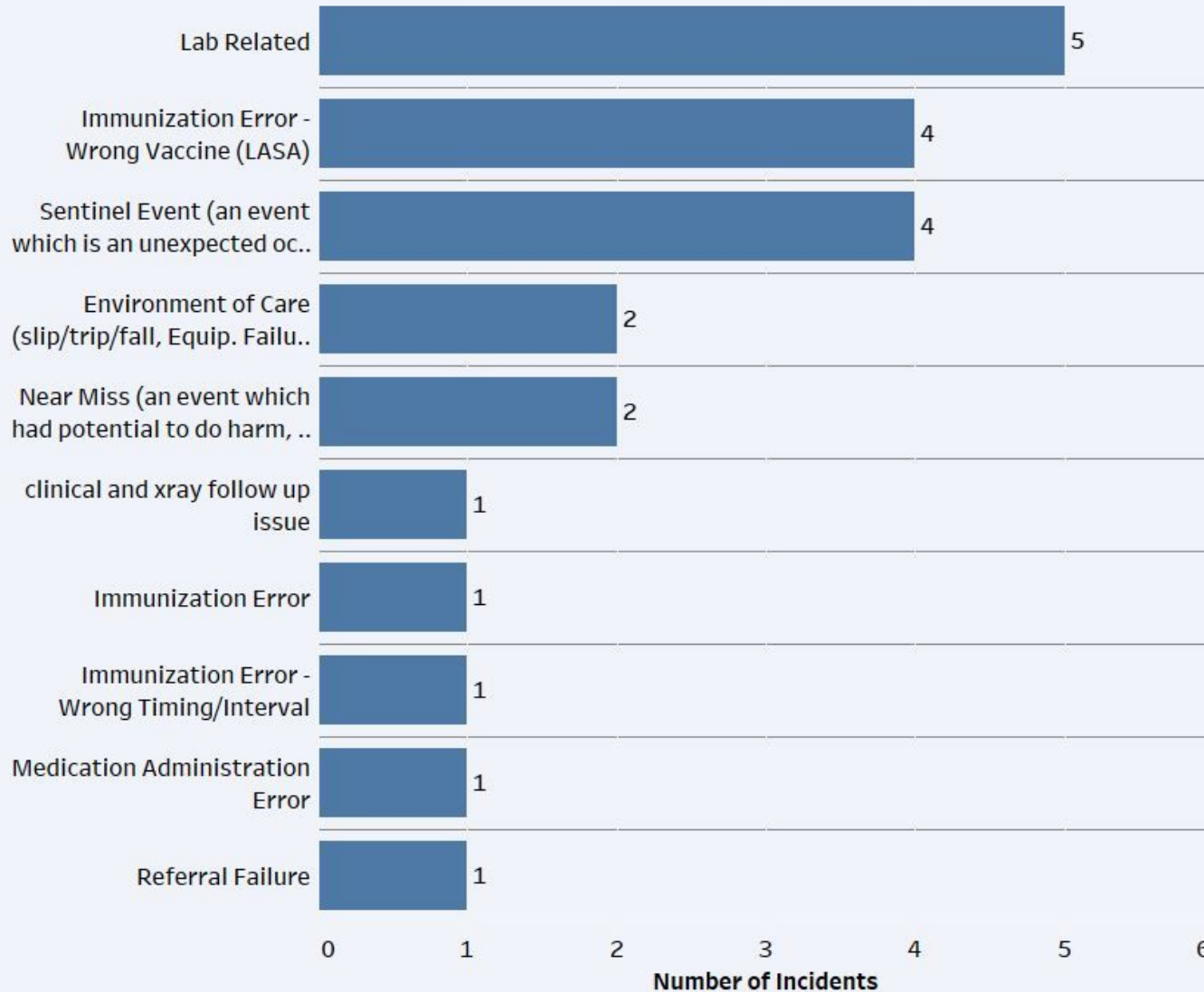
Incidents Report



Type of Incident



Use the filters below to further explore the data!



By Quarter:

2020 Q1

By Service Area

(All)

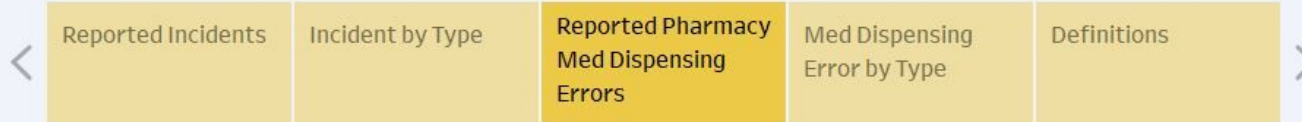
Clinic Site

(All)

Subject Person:

Client

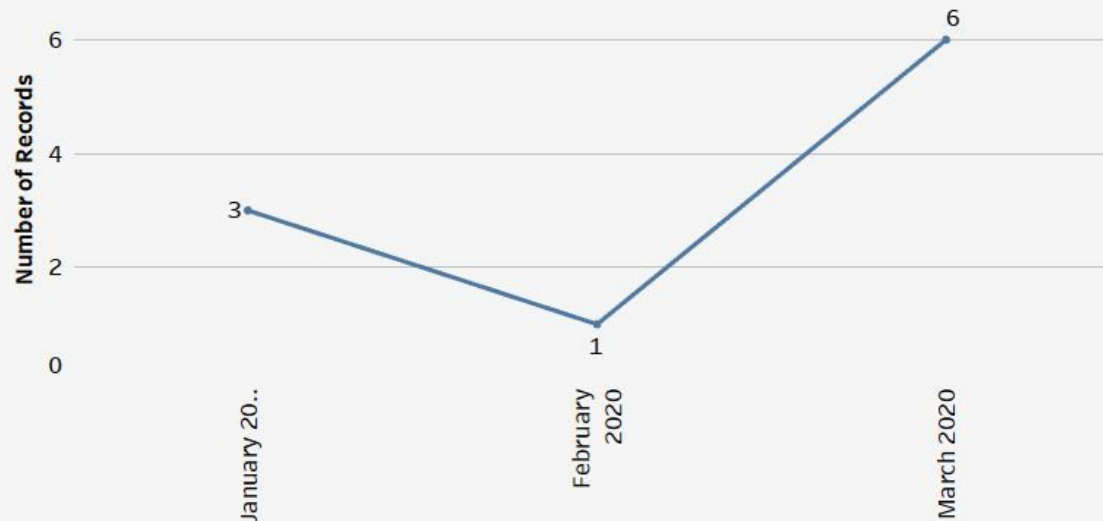
Incidents Report



Reported Pharmacy Medication Dispensing Errors

Point of Reference: In Q1 MCHD Pharmacies filled 92,983 prescriptions.

Number of Med Dispensing Errors by Quarter

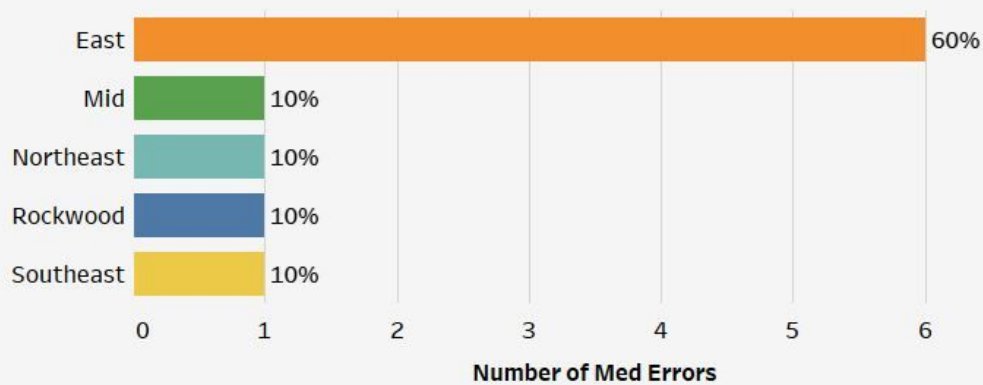


Use the filters below to further explore the data!

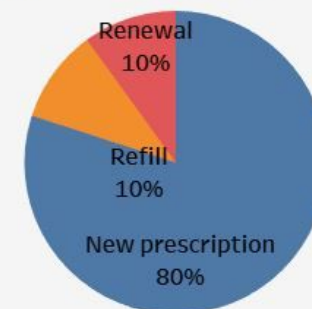
Quarters
2020 Q1 ▼

By Pharmacy
(All) ▼

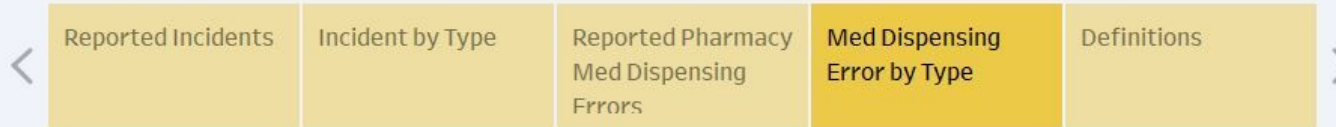
Pharmacy Name



Type of Prescription



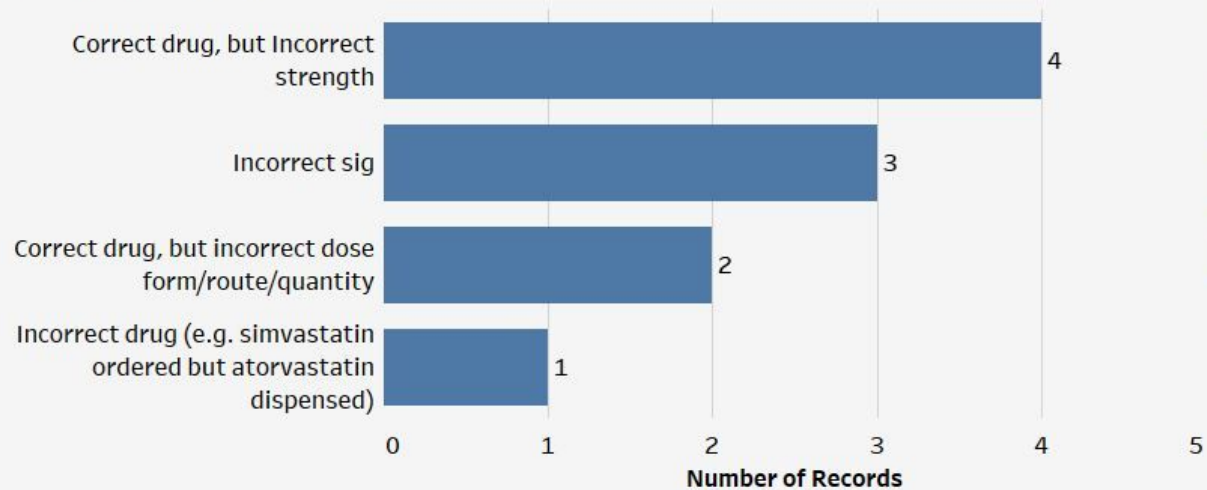
Incidents Report



Type of Pharmacy Medication Dispensing Error



Description of Error

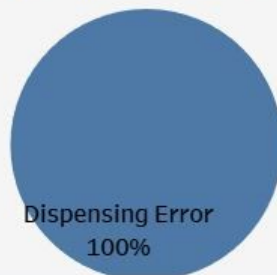


Use the filters below to further explore the data!

Quarters
2020 Q1

By Pharmacy
(All)

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



Point of Reference: In Q1 MCHD Pharmacies filled 92,983 prescriptions.

Multnomah County - Federally Qualified Health Center

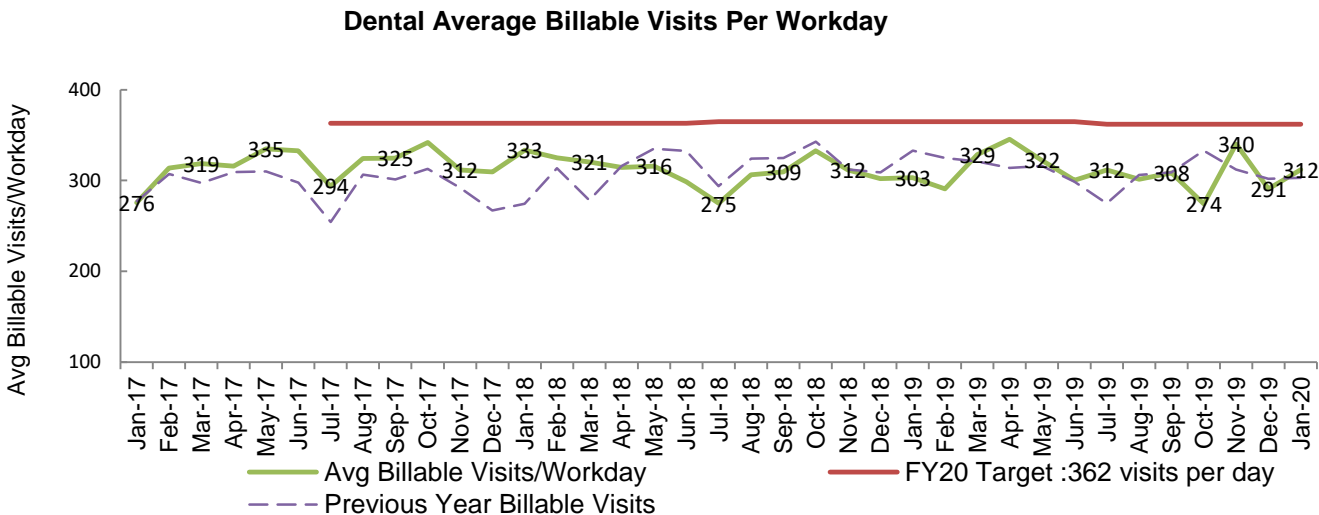
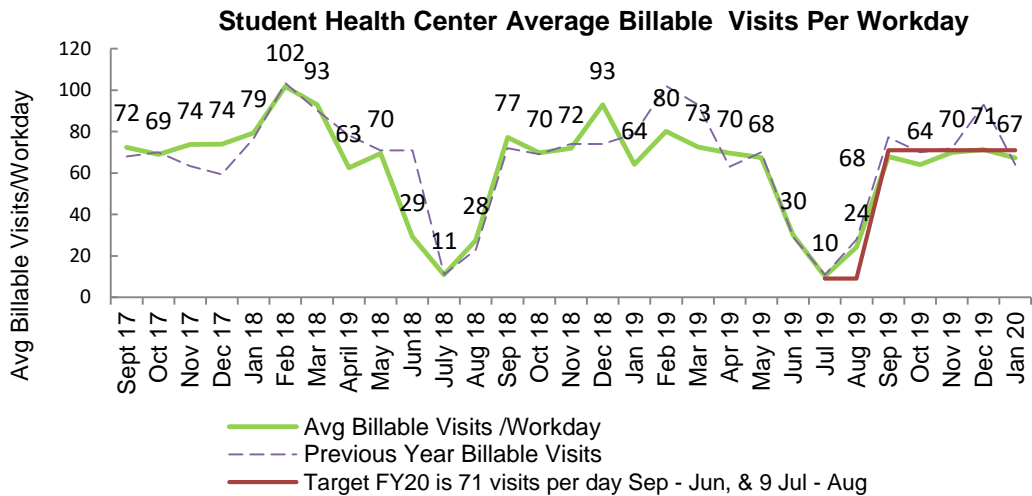
Monthly Dashboard

Jan 2020

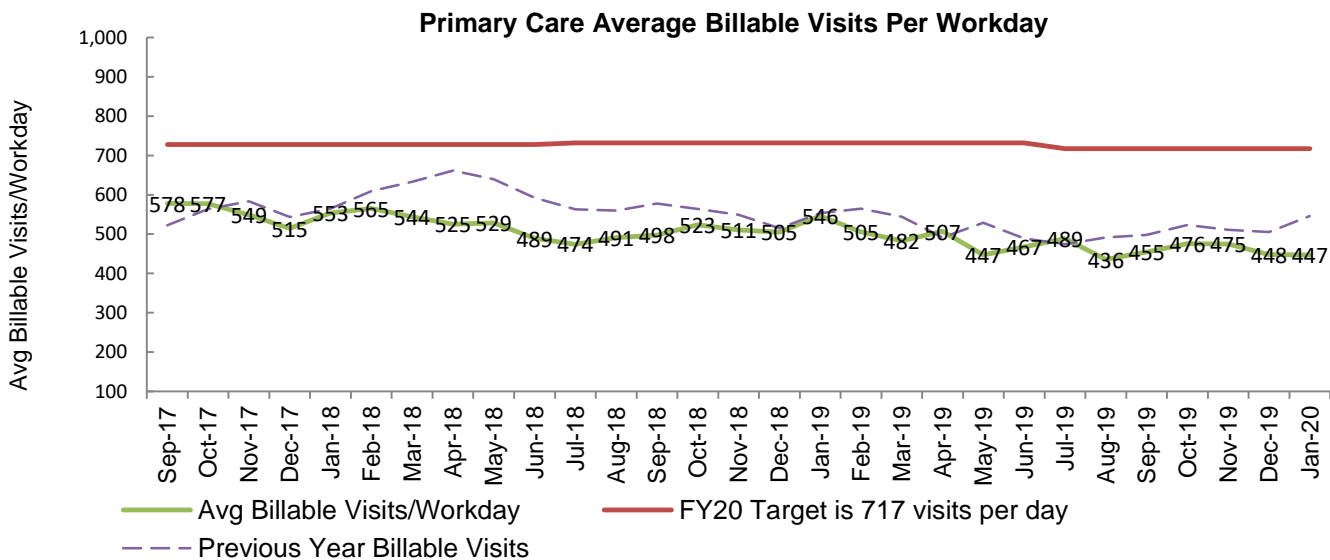
Prepared by: [Larry Mingo](#)



FQHC Weekly Billable Visits Per Department



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

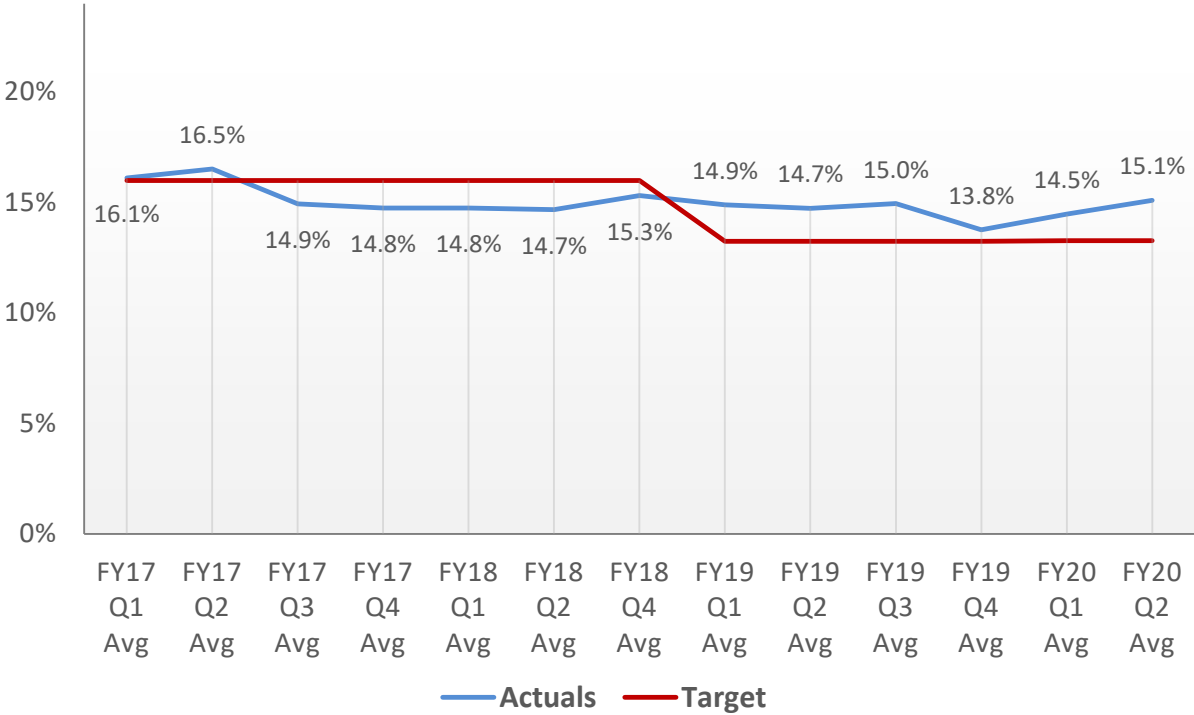


Notes: Primary Care and Dental visit counts are based on an average of days worked.
School Based Health Clinic visit counts are based on average days clinics are open and school is in session.

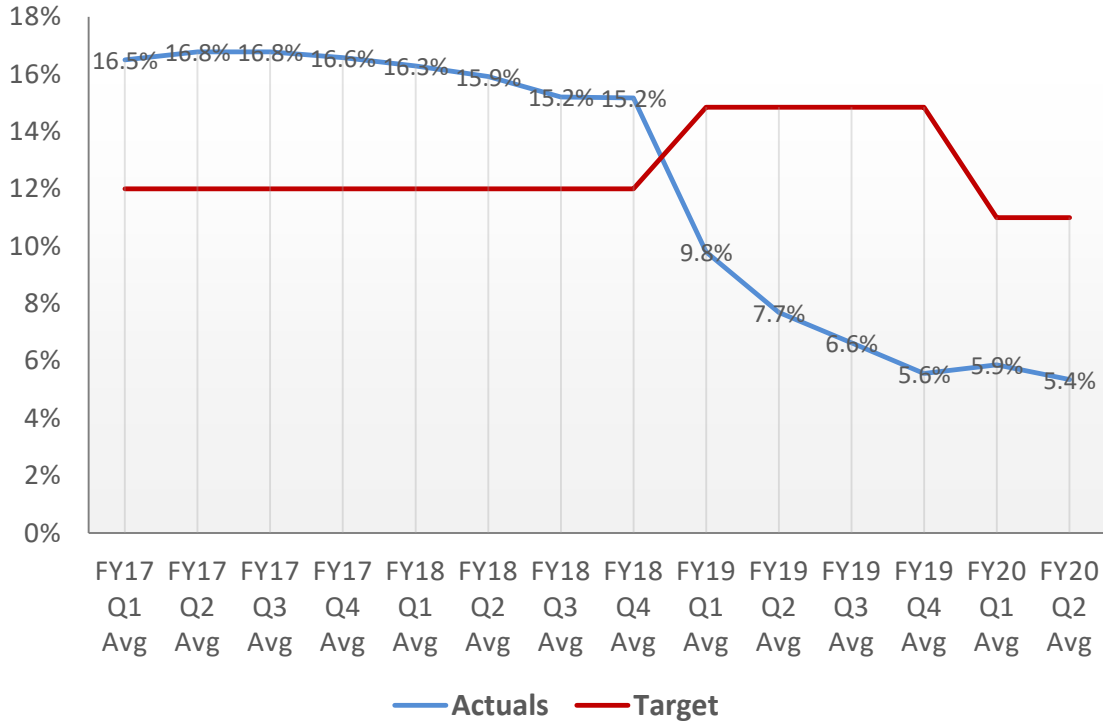


Monthly Percentage of Uninsured Visits for FQHC Centers

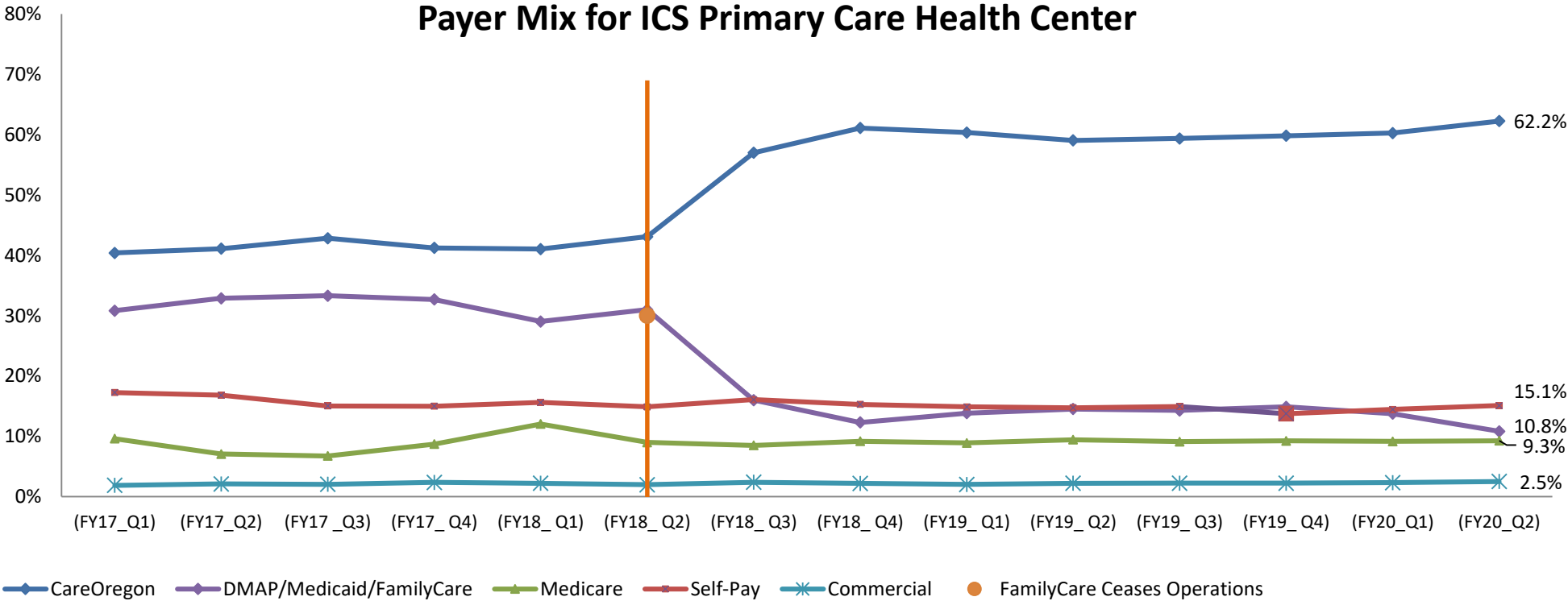
Percentage of Uninsured Visits in Primary Care



Percentage of Uninsured Visits in ICS Dental

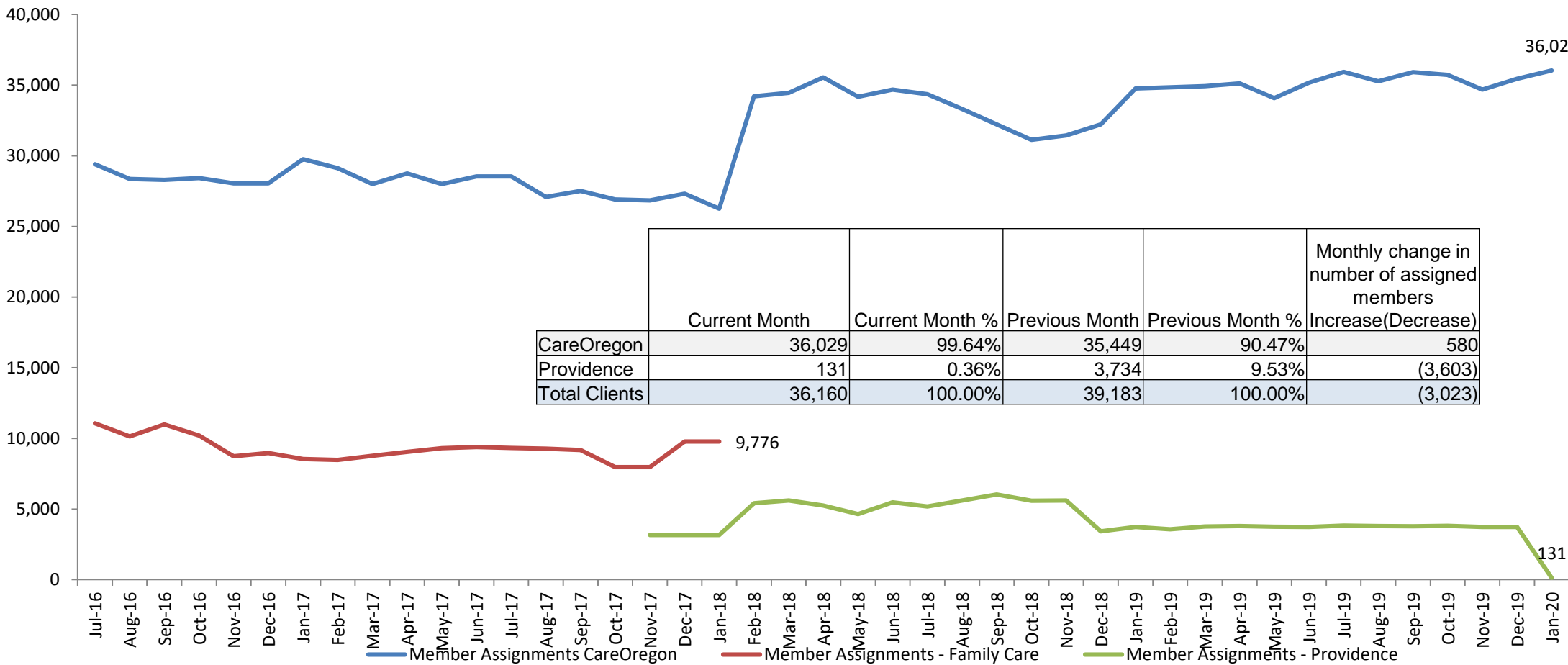


Comments:
Primary Care target % of Uninsured Visits for FY18: 16%; for FY19: 13.25%; for FY20 13.27%
Dental target % of Uninsured Visits for FY18: 12%; for FY19: 14.85%; for FY20 11.00%



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



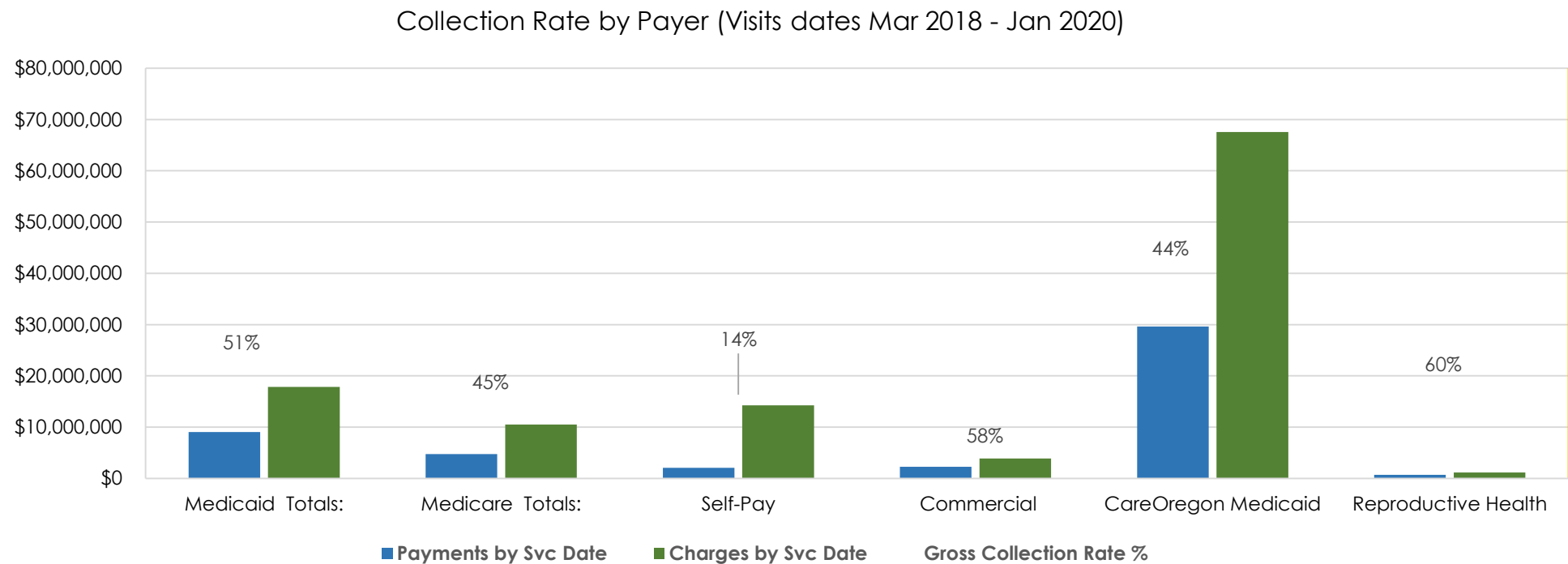
CareOregon FY20 average: 35,571

Providence FY20 average: 3,260

FQHC Gross Collection Rate by Payer

March 2018 – January 2020

	Medicaid Totals:	Medicare Totals:	Self-Pay	Commercial	CareOregon Medicaid	Reproductive Health
Payments by Svc Date	\$9,051,969	\$4,718,304	\$2,040,708	\$2,262,426	\$29,614,772	\$684,544
Charges by Svc Date	\$17,854,950	\$10,497,644	\$14,266,131	\$3,878,258	\$67,536,051	\$1,138,843
Gross Collection Rate %	51%	45%	14%	58%	44%	60%





Multnomah County Health Department
 Federally Qualified Health Center Financial Statement
 For Period Ending January 31, 2020

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

Behavioral Health: Revenue earned by the Mental Health Division in its capacity as an insurance provider for Medicaid clients (by way of Health Share of Oregon).

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: The County receives various Federal and State grants for specific programmatic purposes.

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.

Write-offs: Write-offs occur when the actual amount received for a claim differs from the amount originally recorded at the time of service. Transactions are recorded as revenue, but they can be positive or negative.

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 January 31, 2020

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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 January 31, 2020

Community Health Centers - Page 3

January Target:

58%

	Adopted Budget	Revised Budget	Budget Change	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Revenue									
Behavioral Health	\$ 80,189	\$ 80,189	\$ -	\$ 5,957	\$ 6,634	\$ 6,683	\$ 6,697	\$ 6,365	\$ 6,724
General Fund	\$ 10,670,061	\$ 10,670,061	\$ -	\$ 896,296	\$ 893,146	\$ 896,466	\$ 894,532	\$ 897,332	\$ 887,854
Grants - BPHC	\$ 9,795,045	\$ 9,795,045	\$ -	\$ 570,116	\$ 1,654,676	\$ 1,052,012	\$ (3,198,754)	\$ 1,575,335	\$ 2,630,909
Grants - Incentives	\$ 8,179,053	\$ 8,179,053	\$ -	\$ 165,822	\$ 260,303	\$ 239,849	\$ 1,555,532	\$ 136,996	\$ 554,312
Grants - All Other	\$ 9,372,217	\$ 9,372,217	\$ -	\$ 260,242	\$ 685,613	\$ 657,556	\$ (169,300)	\$ 1,683,912	\$ 662,615
Health Center Fees	\$ 101,518,640	\$ 101,518,640	\$ -	\$ 2,701,914	\$ 15,061,267	\$ 5,833,522	\$ 8,953,544	\$ 9,987,570	\$ 8,891,486
Self Pay Client Fees	\$ 1,025,053	\$ 1,025,053	\$ -	\$ 70,020	\$ 84,041	\$ 86,395	\$ 88,663	\$ 73,794	\$ 86,724
Write-offs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total	\$ 140,640,258	\$ 140,640,258	\$ -	\$ 4,670,367	\$ 18,645,681	\$ 8,772,482	\$ 8,130,914	\$ 14,361,305	\$ 13,720,625
Expense									
Personnel	\$ 92,649,052	\$ 92,695,530	\$ 46,478	\$ 7,177,524	\$ 7,071,052	\$ 7,108,158	\$ 7,802,891	\$ 7,293,800	\$ 8,005,975
Contracts	\$ 4,777,160	\$ 4,736,535	\$ (40,625)	\$ 191,632	\$ 216,947	\$ 472,785	\$ 565,644	\$ 135,450	\$ 323,445
Materials and Services	\$ 16,608,855	\$ 16,598,335	\$ (10,520)	\$ 1,334,935	\$ 1,390,091	\$ 1,651,404	\$ 1,671,323	\$ 1,533,060	\$ 1,705,246
Internal Services	\$ 25,996,190	\$ 26,000,857	\$ 4,667	\$ 796,839	\$ 1,486,076	\$ 3,397,229	\$ 1,937,524	\$ 2,096,175	\$ 2,399,969
Capital Outlay	\$ 609,000	\$ 609,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 7,862
Total	\$ 140,640,258	\$ 140,640,258	\$ -	\$ 9,500,930	\$ 10,164,166	\$ 12,629,577	\$ 11,977,381	\$ 11,058,485	\$ 12,442,497
Surplus/(Deficit)	\$ -	\$ -	\$ -	\$ (4,830,563)	\$ 8,481,516	\$ (3,857,095)	\$ (3,846,467)	\$ 3,302,820	\$ 1,278,128



Multnomah County Health Department
Federally Qualified Health Center Financial Statement
 For Period Ending January 31, 2020

Community Health Centers - Page 4

January Target: 58%

	Adopted Budget	Revised Budget	Budget Change	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Year to Date Total	% YTD
Revenue											
Behavioral Health	\$ 80,189	\$ 80,189	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 39,059	49%
General Fund	\$ 10,670,061	\$ 10,670,061	\$ -	\$ 895,255	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 6,260,881	59%
Grants - BPHC	\$ 9,795,045	\$ 9,795,045	\$ -	\$ 330,148	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,614,442	47%
Grants - Incentives	\$ 8,179,053	\$ 8,179,053	\$ -	\$ 603,758	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,516,573	43%
Grants - All Other	\$ 9,372,217	\$ 9,372,217	\$ -	\$ 519,783	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,300,422	46%
Health Center Fees	\$ 101,518,640	\$ 101,518,640	\$ -	\$ 5,735,017	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 57,164,319	56%
Self Pay Client Fees	\$ 1,025,053	\$ 1,025,053	\$ -	\$ 59,996	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 549,635	54%
Write-offs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Total	\$ 140,640,258	\$ 140,640,258	\$ -	\$ 8,143,957	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 76,445,331	54%
Expense											
Personnel	\$ 92,649,052	\$ 92,695,530	\$ 46,478	\$ 7,594,319	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 52,053,718	56%
Contracts	\$ 4,777,160	\$ 4,736,535	\$ (40,625)	\$ 550,974	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,456,878	52%
Materials and Services	\$ 16,608,855	\$ 16,598,335	\$ (10,520)	\$ 1,664,439	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 10,950,498	66%
Internal Services	\$ 25,996,190	\$ 26,000,857	\$ 4,667	\$ 1,738,294	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 13,852,105	53%
Capital Outlay	\$ 609,000	\$ 609,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 7,862	1%
Total	\$ 140,640,258	\$ 140,640,258	\$ -	\$ 11,548,026	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 79,321,062	56%
Surplus/(Deficit)	\$ -	\$ -	\$ -	\$ (3,404,069)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (2,875,731)	

Notes:

Financial Statement is for Fiscal Year 2020 (July 2019 - June 2020). Columns are blank/zero until the month is closed.

Management has recently reviewed the list of programs that are in scope for FQHC reporting. We have made the following changes since the start of the year, resulting in a net decrease of \$6.2 million:

- > Youth Care Coordination Wraparound services in the Behavioral Health Division were determined to be out of scope, resulting in a budget reduction of \$5.6 million.
- > The new Reynolds Student Health Center was added, increasing the budget by \$393 thousand.
- > Services provided by the Corrections Health Juvenile Detention Home are no longer considered in scope. This program was removed, decreasing the budget by \$963 thousand.

The following retroactive Personnel activities posted in December: Pay Equity Adjustments (approximately \$190 thousand), and the ratification of the dentists' Collective Bargaining Agreement (approximately \$280 thousand).

A. INTRODUCTION

The following budget presentation covers two programs:

- Community Health Center/330
- Health Care for the Homeless

All presentations share the grant January start date, and a common fiscal year of July through June.

The budget presentation consists of three sections:

- General budget information & justification common to all programs
- Budget presentations, detailing budget information
- Federal 424a form and other tabular budget information

B. SOURCE OF BUDGETARY INFORMATION

Multnomah County operates on a July 1 - June 30 fiscal year. The County adopted its FY 2019/2020 operating budget. This operating budget includes appropriations and corresponding revenue estimates for the entire scope of the project.

The budget presentation is based on the proposed operating budget for FY 2020/2021. In keeping with past practice, we have not assumed a cost-of-living adjustment for the final six months (July 2021 through December 2021) of the grant application period.

C. COST ALLOCATION

The source document for cost allocation is the recently proposed FY 2020/2021 operational budget for the Health Department.

The **CHC and HCH Programs** include the following:

- All Primary Care Clinics
- All School-Based Health Centers
- The Field Nursing Program
- The Dental Program
- The Mental Health and Substance Abuse Services Program
- The Eligibility Outreach Program and other Enabling Services
- The HIV Treatment Program
- Information and Referral Program.

D. INDIRECT COSTS

The County has established federally approved indirect rates for FY 2020-2021. The Central Services cost allocation plan identifies and distributes the cost of services provided by central County support organizations (e.g. Budget Office, County Auditor). The Departmental Administration rate is based on administrative costs incurred within the Health Department. Indirect rates are assessed on personnel actual charges. Only costs not charged directly to grants are included in the departmental rate. Internal County services (e.g. IT, Phones, Facilities) are charged directly to grants, when applicable, and are not part of the County indirect rates. Indirect rates are not applied to County General Fund expenditures.

As a local government, these rates are not negotiated with DHHS. A letter of exemption from the

cognizant federal agency, Department of Health and Human Services, is attached to the application. These rates are, however, subject to audit.

E. EMPLOYEE COSTS

Base Pay

General staff positions (clerical assistant, health assistant, nutritionist, hygienist, etc.) are represented by the American Federation of State, County and Municipal Employees (AFSCME Local 88). Nursing staff are represented by the Oregon Nurses Association (ONA). Physicians have joined AFSCME and they are represented by Local 88. Rates of pay for these groups are determined through collective bargaining.

Dentists and managerial employees are not represented. Pay increases are awarded through local ordinance, enacted by the Board of County Commissioners.

Fringe Benefits

Employees assigned to these programs receive the same benefit package as County employees in general. Benefits costs consist of three components:

- **Salary related expenses:** FICA (7.65%), Retirement PERS (24.93%), PERS Bond (8.97%), and Transit tax (0.78%) for a total of 42.33% of pay. Retirement for employees hired after August 03 is (18.67%) with a total expense of 36.16% of pay.
- **Salary related insurance benefits:** Includes worker's compensation, liability, unemployment, long term/short term disability, retiree medical, and benefits administration for a total of 7.15% of base pay.
- **Flat-Rate Insurance Benefits** are budgeted at \$17,497 per full-time employee. For Local 88 three-quarter time employees, it is \$13,123. For half-time employees, the rate is \$9,987 per employee. This covers medical and dental insurance, life insurance (non-represented employees only), and health promotion. Employees have a health insurance co-payment that varies depending on the type of coverage and family size.

F. PROJECT REVENUES

Schedule of State, Local, Program Income and Other Funding

1- Other Federal Grants	3,699,856
Other Federal Ryan White I	1,339,442
Other Federal Healthy Start	980,000
Other Federal Ryan White IIIb - Early Intervention	811,624
Other Federal Ryan White IV AIDS Healthcare	368,760
Other Federal Community MH Block Grant	182,780
Other Federal Maternal Infant Early Childhood Home Visit	17,250
 2- State	 5,535,245
State MH Grant	2,778,221
State FFS Insurance Rcpts	988,500

	State School Based Clinics	814,102
	State Oregon Health Authority Ryan White	359,952
	State MH Crisis & Acute Transition Svcs	150,000
	State OHA HIV Care Assistance	107,199
	State Babies First	88,802
	State Family Planning	87,588
	State Child & Adolescent	69,000
	State Refugee Screening	40,000
	State AIDS Drug Assistance Program/CareAssist	37,281
	State Vocational Rehab - Early Assessment & Support Alliance	14,600
3-	<u>Local Government</u>	432,292
	School-Based MH Expansion - PPS SUN Comm	177,000
	Portland Public School - Head Start	157,792
	School-Based MH Expansion - Centennial	75,000
	School-Based MH Expansion - Parkrose	22,500
4-	<u>Private Grants</u>	1,118,516
	CareOregon Maternal Medical Home	330,150
	Medicare Wellness Program	360,800
	Gilead FOCUS	293,010
	Local UW AIDS Educ Training Center	80,000
	Still University	29,936
	OHSU HIV Counseling - Russell St.	13,120
	OSBHA Action Grant	11,500
5-	<u>Other Medicaid/Medicare</u>	36,622,729
	Other Medicaid Pharmacy FFS - CareOregon	12,342,200
	Other Medicare Pharmacy FFS	14,111,559
	Other Medicaid Quality & Incentive Pay - CareOregon	9,237,544
	Other Medicaid Pharmacy FFS	700,127
	Other Patient Fees Pharmacy	231,299
6-	<u>Program Income</u>	81,937,333
	Program Income Medicaid FFS	55,738,109
	Program Income Care Oregon FFS	17,371,772
	Program Income Medicare	3,388,077
	Program Income Babies First	2,254,059
	Program Income Private Insurance	1,755,224
	Program Income Self Pay	983,471
	Program Income Medicaid - FPEP	446,621
7-	<u>Applicant - CGF</u>	11,653,463

County General Fund (Applicant Funding)

The Portland metropolitan economy continues to grow, but the rate has started slowing relative to the post- Great Recession expansion. As of February 2019, the 3.9% unemployment rate in Multnomah County remains at a

historically low level, but is higher than last year. At the state level, Oregon's unemployment rate of 4.4% in February was higher than the national rate of 3.8%.

Locally, the residential real estate market slowed considerably, matching activity across large, Western cities. As measured by the S&P Case- Shiller Home Price Index for the Portland metropolitan area, home prices increased by 3.9% during 2018. Similarly, multi-family housing rents have declined slightly after years of increases.

Property taxes are the single largest discretionary source of revenue in the General Fund, accounting for 59% of ongoing revenues. General Fund growth, therefore, is particularly sensitive to taxable value growth and compression. The FY 2020 budget assumes the following rates of growth (as measured from the FY 2019 Adopted budget) for each revenue source:

- Property Tax – An increase of 2.8%
- Business Income Tax – An increase of 13.6%
- Motor Vehicle Rental Tax – An increase of 2.0%
- Recording Fees/CAFFA Grant – A decrease of 8.7%
- US Marshal jail bed rental – An increase of 20.0%

In FY 2020, the Business Income Tax (BIT) is forecasted to make up 18% of County General Fund revenues. FY 2019 was the 10th year of the current BIT expansion. In the May 2019 forecast update, BIT revenues were increased in all years of the forecast due to a structural change resulting from the Federal Tax Reform. The current forecast includes a slight decline in BIT revenues in FY 2020 and FY 2021 based on the mature stage of the economic cycle, declining development activity, and one-time-only payment received in FY 2018 and FY 2019.

Other Healthcare Funding

Multnomah County has joined with hospital systems, health plans, and Clackamas and Washington Counties to initiate CCO formation. This partnership, titled Health Share of Oregon (HSO), launched services as a CCO on September 1, 2012. Care Oregon operates under the umbrella of this new HSO. In addition to HSO, an existing managed care plan called Family Care, Inc. began operating as a CCO on August 1, 2012. Family Care, Inc. ceased Medicaid operations in February 2018.

MCHD is a central part of both HSO. HSO operates on a global budget with the goal to create a regionally integrated, patient-centered, community care system that improves quality, cost, and health status for high-cost/high-acuity Medicaid and dual-eligible adults.

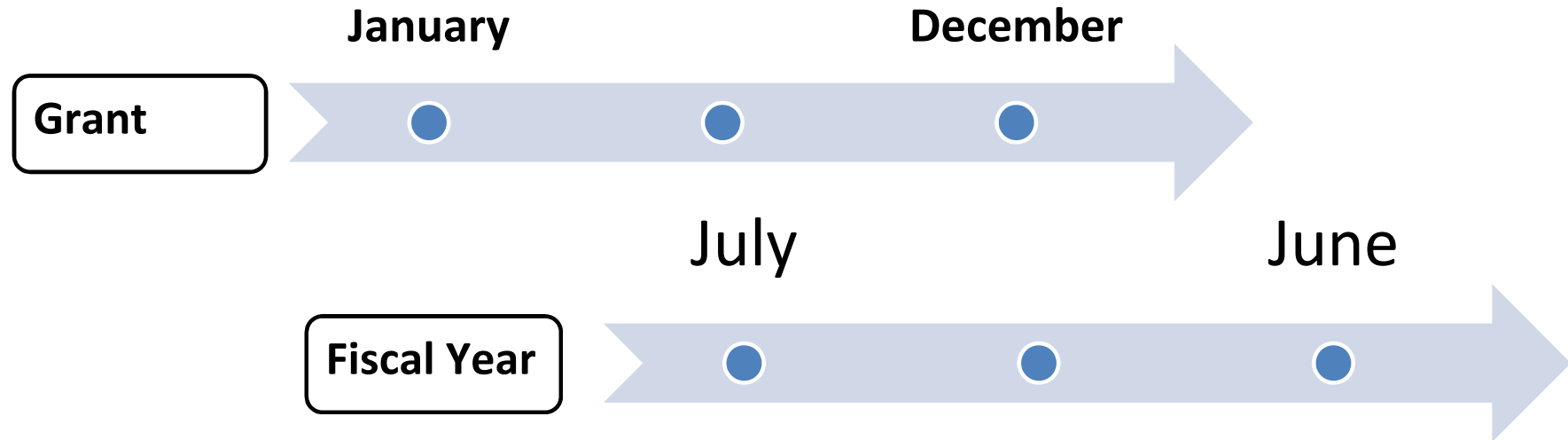
Multnomah County serves a large number of Care Oregon clients. Care Oregon is a non-profit, health plan that serve State of Oregon Health Plan clients. The County is Care Oregon's largest primary care provider. Services provided to Care Oregon clients are reimbursed on a fee-for-service basis. In Nov 2017, Providence Health Plan started assigning medicaid clients to Multnomah County Health Department.

In addition to creating CCOs, Oregon is also implementing health insurance reforms. Beginning October 1, 2013, uninsured and underinsured Oregon residents started applying for Oregon Health Plan (OHP) and other affordable insurance options through a State-run insurance exchange called Cover Oregon. Cover Oregon is an online marketplace. OHP/Medicaid eligibility expanded from 110% FPL to 138% FPL based on ACA recommendations. Insurance premium tax credits will provide significant subsidies for the cost of insurance for persons with incomes below 400% FPL. Coverage from Cover Oregon insurance plans started on January 1, 2014.

Starting October 1, 2014, Multnomah County Health Department joined a pilot program in Oregon called Alternative Payment Method (APM). Under this method, the Department is paid a monthly rate per assigned Primary Care members. Dental Services are not part of this pilot program and continue to receive FQHC reimbursement rate for eligible visits.

The APM rate applies to Care Oregon and Providence assigned clients. In FY 2019, the number of Care Oregon clients assigned to Multnomah County averaged 33,491 clients per month. The number of Providence clients assigned to the Health Department averaged 4,547 clients per month.

Budget Timeline



DEPARTMENT OF HEALTH AND HUMAN SERVICES				FOR HRSA USE ONLY		
Health Resources and Services Administration				Grant Number		Application Tracking
FORM SF-424A: BUDGET INFORMATION						
Budget Information						
SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. CHC	93.224	\$ -	\$ -	\$ 7,505,484	\$ 135,655,848	\$ 143,161,332
2. HCH	93.224	\$ -	\$ -	\$ 2,136,710	\$ 5,343,586	\$ 7,480,296
TOTALS				\$ 9,642,194	\$ 140,999,434	\$ 150,641,628
SECTION B - BUDGET CATEGORIES						
6. Object Class Categories		Federal	Non-Federal	Total		
a. Personnel		\$ 5,005,441	\$ 52,746,346	\$ 57,751,787		
b. Fringe Benefits		\$ 3,499,621	\$ 35,930,066	\$ 39,429,687		
c. Travel		\$ -	\$ 138,771	\$ 138,771		
d. Equipment		\$ -	\$ 479,723	\$ 479,723		
e. Supplies		\$ -	\$ 17,101,913	\$ 17,101,913		
f. Contractual		\$ 142,040	\$ 4,869,272	\$ 5,011,312		
g. Construction		\$ -	\$ -	\$ -		
h. Other		\$ -	\$ 20,327,677	\$ 20,327,677		
i. Total Direct Charges (sum of 6a - 6h)		\$ 8,647,102	\$ 131,585,384	\$ 140,240,870		
j. Indirect Charges		\$ 995,092	\$ 9,405,666	\$ 10,400,758		
k. TOTALS (sum of 6i and 6j)		\$ 9,642,194	\$ 140,999,434	\$ 150,641,628		
SECTION C - NON-FEDERAL RESOURCES						
Grant Program Function or Activity	Applicant	State	Local	Other	Program Income	Total
CHC 93.224	\$ 10,636,528	\$ 5,535,245	\$ 432,292	\$ 40,311,709	\$ 78,740,074	\$ 135,655,848
HCH 93.224	\$ 1,016,935	\$ -	\$ -	\$ 1,129,392	\$ 3,197,259	\$ 5,343,586
TOTAL	11,653,463	5,535,245	432,292	\$ 41,441,101	\$ 81,937,333	\$ 140,999,434

BUDGET NARRATIVE AND JUSTIFICATION				
Section II: Program Budget Details				
Grant Year 20				
		Federal Request	Non-Federal Resources	Total Budget
A. PERSONNEL				
	Salaries (Combined Personnel By Pos.)	5,005,441	52,746,346	57,751,787
B. FRINGE BENEFITS		3,499,621	35,930,066	39,429,687
	Salary related expenses: FICA (7.65%), Retirement PERS (24.93%), PERS Bond (8.97%), and Transit tax (0.78%) for a total of 42.33% of pay. Retirement for employees hired after August 03 is (18.67%) with a total expense of 36.16% of pay.	2,017,284	20,489,166	22,506,450
	Salary related insurance benefits: Includes workers compensation, liability, unemployment, long term/short term disability, retiree medical, and benefits administration for a total of 7.15% of base pay. Flat rate insurance benefits budgeted at \$17,497 per full-time employee. For Local 88 three-quarter time employees, it is \$13,123. For half-time employees, the rate is \$9,987 per employee.	1,482,337	15,440,900	16,923,237
C. TRAVEL & TRAINING		-	138,771	138,771
D. EQUIPMENT		-	479,723	479,723
	Pharmacy/Lab Equipment	-	479,723	479,723
E. SUPPLIES		-	17,101,913	17,101,913
	Drugs	-	14,257,327	14,257,327
	Medical & Dental Supplies	-	2,078,637	2,078,637
	Office Supplies	-	765,949	765,949
F. CONTRACTUAL		142,040	4,869,272	5,011,312
	Patient Care			
	Primary Care Contracts			
	Lab & X-Ray Svcs: Contracted lab services with EPIC Imaging, Quest Diagnostics, OR Health Division, Blood Lead Testin Svcs, OHSU Radiology Svcs.	-	669,929	669,929
	MH Consultation for Children: Morrison Center	-	210,924	210,924
	MH Family Partners and Peer Support Svcs: NAMI	-	172,656	172,656
	MH Caring Community Coordination: Centennial SD	-	169,460	169,460
	OHSU Nurse Practitioner Contract	-	155,000	155,000
	Primary Care MH Services: CODA Contract to provide substance abuse treatment to enable patients to access and remain in Primary Care, access drug therapies and includes supportive counseling.	142,040	-	142,040
	In-service and Consultation: Honorarium for provider speakers and workshop facilitation	-	104,327	104,327
	Healthstream & e-Learning Platforms	-	98,500	98,500
	MH A&D Outpatient Services: NAMI	-	92,687	92,687
	OHSU contract for OBGYN Services	-	81,000	81,000
	MH ORCHWA Project	-	69,000	69,000
	OHSU Ortho Contract	-	64,800	64,800
	After Hours RN medical advice - Fonemed	-	60,000	60,000
	MH Consumer Leadership: Latino Network	-	57,313	57,313
	On-Call Pharmacist	-	43,500	43,500
	Calibration Services	-	42,275	42,275
	Sisters of the Road	-	32,060	32,060
	Courier Svcs	-	20,962	20,962
	OCHIN Pharmacy Integration	-	19,400	19,400
	Lab Waste Disposal	-	14,597	14,597

	Shredding Svcs: AccuShred Confidential Shredding	-	7,080	7,080
	Dental Contracts			
	Lab & X-Ray Svcs: Contracted lab services with EPIC Imaging, Stae X-ray licensing, Artisan Lab Services, and Matheson lab	-	110,950	110,950
	Staffing Svcs: Dental proffesional staffing for on-call coverage	-	108,000	108,000
	In-service and other consultation: workshop facilitation and honorarium	-	8,000	8,000
	CPR Training: Portland Community College	-	6,500	6,500
	Shredding Svcs: AccuShred Confidential Shredding	-	6,100	6,100
	Dental Waste Removal	-	4,500	4,500
	Field Services			
	HBI County Match	-	901,623	901,623
	Nurse Family Partnership Support: staff training through Nurse Family Support program	-	72,845	72,845
	Community Groups support	-	50,400	50,400
	MH Services and Consulting for HBI Clients	-	27,600	27,600
	MH Services For Immigrant and Refugee families	-	15,000	15,000
	In-service& Other Consultation: speakers and consultants	-	11,000	11,000
	Non-Patient Care			
	Interpretation: the Department contracts with IRCO, Optimal, Pssport to Language, Linguava, and Teleport for phone, in-person, sign lanuage, and document interpretation and translation	-	1,077,876	1,077,876
	Laundry: Contacts for Lab Jackets, gowns, and coats with Alsco, SafetyClean, etc	-	123,028	123,028
	Software Fees Maintenance: Pharmacy Interactive voice response system and pharmacy switch fees	-	117,450	117,450
	Child and Elder care for community involvement groups during meetings and support	-	35,810	35,810
	Transportation - Clients	-	6,720	6,720
	Lab & X-ray Calibration and Repair: Contract with CHR, CLIA, and API Proficiency Testing	-	400	400
G.	CONSTRUCTION	-	-	-
H.	OTHER	-	20,327,677	20,327,677
	ANCILLARY SERVICES			
	INTERNAL SERVICES			
	Data Processing: All data processing or information technology services provided by the County's Information Technology division. Services include PC and software maintenance and replacement, network and data center services, Help Desk and network security services, SAP support, and department-specific application development	-	10,226,860	10,226,860
	Building Occupancy: Routine building costs, including space, utilities, maintenance, lease payments, and debt service	-	5,504,965	5,504,965

	Telecom: County-supplied telecommunications services including desktop digital and analog phones; long distance charges; and fax machine, alarm; and costs for County-issued mobile devices and associated data plans	-	798,216	798,216
	Dist/Postage: U.S. postage and mail distribution for interoffice mail and U. S. mail	-	611,106	611,106
	Motor Pool - County Fleet	-	64,512	64,512
	OTHER			
	On-Call and Temporary	-	1,324,658	1,324,658
	Premium: Language, shift and lead incentives	-	835,419	835,419
	Education & Training: registration and attendance at professional conferences and conventions, tuition and fees, course materials, out-of-town travel and per diem, lodging, provider's continuing education, Primary Care conference, etc	-	633,735	633,735
	Dues & Subscriptions: Membership to regional and national organizations and access to professional websites. This includes NACHC, Northwest Regional Primary Care Association, Oregon Primary Care Association, UpToDate, Online Management System, and several professional Journals	-	163,427	163,427
	Repairs and Maint: Estimated County Facilities requests for repairs and maintenance to buildings, clinics, and offices that are not Capital in nature	-	98,853	98,853
	Rentals: This includes space rental for meetings and workshops.	-	56,192	56,192
	Communications: moving/adding/changing telephone services, videoconferencing stations, internet service (purchased outside the County network) and employee reimbursement for personal mobile phone usage	-	9,734	9,734
I.	TOTAL DIRECT CHARGES	8,647,102	131,593,768	140,240,870
J.	INDIRECT CHARGES	995,092	9,405,666	10,400,758
K.	TOTAL COSTS	9,642,194	140,999,434	150,641,628
	LESS			
	PROGRAM INCOME	-	81,937,333	81,937,333
	LOCAL GRANT SUPPORT	-	7,086,053	7,086,053
	FEDERAL FUNDS REQUESTED	9,642,194	-	9,642,194
	OTHER FEDERAL FUNDING	-	3,699,856	3,699,856
	OTHER - PHARMACY FEES / PCPCH	-	36,622,729	36,622,729
	GENERAL FUND MATCH (Applicant)	-	11,653,463	11,653,463
	RESIDUAL	-	-	-

Federally-Supported Personnel Justification Table

Multnomah County Health Department Budget Justification

The table below is required for each staff position supported in whole or in part by federal Section 330 grant funds.

POSITION TITLE	% OF FTE APPLIED TO FEDERAL GRANT FUNDS	TOTAL FEDERAL SUPPORT REQUESTED
Administrative Analyst (NR)	1.0	68,187
Business Process Consultant	0.9	80,423
Clerical Unit Coordinator	1.0	62,932
Clinical Services Specialist	1.7	126,963
Community Health Nurse	9.2	891,040
Community Health Specialist 2	2.0	108,503
Data Analyst Senior	0.6	55,361
Dental Assistant (EFDA)	1.3	68,698
Dental Hygienist	1.0	97,885
Eligibility Specialist	2.6	147,273
Finance Specialist 1	2.7	155,827
Licensed Community Practical Nurse	4.7	305,926
Manager 1	0.6	58,113
Medical Assistant	11.4	569,069
Nurse Practitioner	4.0	541,369
Nurse Practitioner Manager	0.6	99,361
Office Assistant 2	2.6	118,231
Office Assistant Senior	0.7	33,425
Operations Process Specialist	0.9	63,643
Operations Supervisor	1.0	70,151
Physician	3.3	750,267
Physician Assistant	0.8	102,152
Program Coordinator	1.0	70,721
Program Specialist	1.0	64,213
Program Specialist Senior	1.8	143,027
Project Manager (NR)	1.0	103,738
Project Manager Represented	0.5	48,943
Grand Total	59.6	\$5,005,441

HRSA GRANT BUDGET
Grant # H80CS00149
Grant Year 20

PERSONNEL	\$ 5,005,441
Salaries for health center staff including: Administrative Analysts, Business Process Consultants, Clerical Unit Coordinators, Clinical Services Specialists, Community Health Nurses, Community Health Specialists, Data Analysts, Dental Assistants, Dental Hygienists, Eligibility Specialists, Finance Specialists, Finance, Laboratory Technicians, Licensed Practical Nurses, Medical Assistants, Nurse Practitioners, a Nurse Practitioner Manager, Nursing Supervisors, Office Assistants, Operations Supervisors, Physicians, Physician Assistants, Program Coordinators, Program Specialists, Program Technicians and Project Managers.	
FRINGE BENEFITS	\$ 3,499,621
Fringe benefit costs include percentage-based and flat rate fringe benefits; the projected costs are driven by standard County benefit plans, which vary slightly by union bargaining unit. Percentage-based include retirement and various other charges. Flat rate benefits include medical and dental insurance.	
CONTRACTUAL	\$ 142,040
Contract to provide substance abuse treatment to enable patients to access and remain in Primary Care, access drug therapies and includes supportive counseling.	
TOTAL DIRECT CHARGES	\$ 8,647,102
"Direct" charges are costs connected to specific services or products	
INDIRECT CHARGES	\$ 995,092
The FY 2021 Multnomah County Cost Allocation Plan has set the Health Department's indirect rate at 11.70% of Personnel Expenses (Salary and Fringe Benefits). The rate includes 2.53% for Central Services and 9.17% for Departmental. "Indirect" charges are costs to maintain the health center's day-to-day operations but that are not connected to specific services or products.	
TOTAL COSTS	\$ 9,642,194