Community Health Council

Community Health Council Board Meeting Minutes
Date: Monday, September 14, 2020
Time: 6:00 PM
Location: Zoom

Approved: **Recorded by:** Jordana Sardo
Attendance:

Board Members	Title	Y/N
"D"eb Abney	Board Member	N
David Aguayo	Treasurer	Y
Fabiola Arreola	Vice Chair	Y
Tamia Deary	Member-at-Large	Y
Iris Hodge	Board Member	N
Kerry Hoeschen	Board Member	Y
Nina McPherson	Board Member	Y
Susana Mendoza	Board Member	Y
Harold Odhiambo	Chair	Y
Pedro Sandoval Prieto	Secretary	Y
Staff/Elected Officials	**Title**	**Y/N**
Hasan Bader	ICS Finance Project Manager	Y
Len Barozinni	Interim Dental Director	Y
Lucia Cabrejos	Spanish Interpreter	Y
Patricia Charles-Heathers	Health Department Director	N
Brieshon D'Agostini	Interim Quality Director	Y
Adrienne Daniels	ICS Deputy Director	Y
Ryan Francario	ICS Project Manager	Y
Yolanda Gonzalez	Interim Senior Manager - Direct Clinical Services	Y
Amy Henninger	Interim Medical Director	Y
Toni Kempner	Regional Clinic Manager	Y
Michele Koder	Pharmacy and Lab Services Director	Y
Linda Niksich	Community Health Council Coordinator	Y
Christine Palermo	Dental Program Manager	Y
Debbie Powers	Primary Care Clinical Deputy Director	Y
Leticia Sainz	Deputy Director BH Division	Y
Jordana Sardo	Administrative Analyst	Y
Katie Thornton	Regional Manager for NPHC and NEHC	Y
Tasha Wheatt-Delancy	Interim ICS Director	Y

Guests: Kendra Hodson

Action Items:
- Tasha to provide the number of suicides from Student Health Centers.
- Will check in with teams for ideas on specific services for the houseless community impacted by dangerous air quality.

Decisions:
- Approved the August 10, 2020 Meeting Minutes
- Approved the Removal of EASA from FQHC
- Approved HRSA Grant Budget
- Approved LGBTQ Suicide Prevention Grant
- Approved the appointment of Interim ICS Director, Tasha Wheatt-Delancy to permanent ICS Director

Reports Received:
- Monthly Budget Report (June 2020)
- SEHC Renovation Update
- Program overviews of ECS/SBMH

The meeting was called to order at 6:08 pm by Board Chair, Harold Odhiambo.

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

Board attendance was taken by roll-call. Noted that quorum was met with 8 members in attendance

August 10, 2020 Meeting Minutes Review (VOTE REQUIRED)
(See Document - August 10 2020 CHC Meeting Minutes)

No questions or comments were raised by CHC members

Motion by Fabiola to approve the August 10, 2020 Meeting Minutes.
Seconded by Nina
8 aye; 0 nay; 0 abstain
Motion carries

Monthly Budget Report- June 2020

(See Documents- June 2020 Monthly Dashboard and Financial Statement)

Presented by Hasan Bader, ICS Finance Project Manager

- Fiscal year ended June 30, 2020.
- Reviewed FQHC Weekly Billable Visits by Department. Student Health Center reflects a big decline since March due to COVID. Dental and Primary Care reflected the same trend but started to increase visits by the end of fiscal year.
- Reviewed Monthly Percentage of Uninsured Visits which compares multiple FY actual vs target visits. By the end of the FY20, Primary Care actuals were above targets. Dental uninsured visits sharply increased by the 4th quarter (April, May andJune)
- Monthly Percentage of Payer Mix for ICS reflects revenue sources from visits. The largest source is CareOregon, then DMAP/Medicaid/Family Care, followed by Medicare.
- Gross Collection Rate by Payer report reflects billing and collection by Payer (March 2018 - June 2020)
- Business services has just closed the fiscal year, which ended June 30. YTD total shows percentages of how the year ended. Collected 100% of budgeted revenue. Received 3.9 million in grant dollars due to COVID and received some incentives that were added to June financials. For expenses spent 95% of budget. The 6.8 million surplus will be rolled over into FY21.

Question: *Why the sharp increase in dental uninsured visits?*

Answer: *(Hasan) This was due to the move to teledentistry.*

Question: *Why were internal services expenses so high in June?*

Answer: *(Hasan) June captures internal services expenses that were not calculated due to timing in previous months.*

SEHC Renovation Update
(see document -SEHC Renovation Update)

Presented by Ryan Francario, ICS Project Manager

Ryan provided an update since May of 2020. Introduced plan, scope, schedule and communication and impact on patient care. Incorporated an universal front desk scope into the project. Plan to launch a patient survey to gauge service needs. Currently evaluating relocation sites or temporary clinic sites. Have begun to

implement communication plans. Reviewed services and patient considerations impacted by the repair project. Board members welcomed Ryan.

Question: *Would the renovation take less time if dental services closed at the same time as primary care, rather than 7 months after primary care?*

Answer: *(Ryan) Dental and Primary Care will be closed at the same time and be transferred at same time. All services will close April 21, with a conservative timeline to complete by October. This is the shortest construction duration. Both primary care and dental services will be closed and relocated to different sites.*

Question: *This is the second major renovation for SEHC. When SEHC was being renovated the first time, what was missed the first time when the primary care clinic was created? Will this be the last renovation?*

Answer: *(Ryan) The current damage being repaired is due to structural integrity issues due to water damage over time, which has affected siding, beams and windows. The long term plan is to sustain the building and improve patient experience. This is not something that could be foreseen during the prior renovation. We are replacing materials with durable energy efficient materials and maximizing limited funds to improve customer experience, such as the improved waiting area with a new check in process.*

Question: *Is this the only renovation in the building or are there other repairs needed?*

Answer: *(Ryan) When the issue was discovered in 2018, facilities management conducted a thorough exam of the entire building. The evaluation discovered the full extent of damage, which included siding, windows, and structural beams.*

Question: *Have you considered whether Mid County will be one of the locations? While it is conveniently located, it is a very busy clinic.*

Answer: *(Ryan) The relocation of Primary Care and Dental are in the early planning stages. Relocation will be determined by operational capacity especially around social distancing. We are considering multiple options, such as whether the dental clinic in NP would have additional capacity in case it is a relocation site. Also provider availability is being considered.*

Removal of EASA and Program Overviews of ECS/SBMH (VOTE REQUIRED)
(see document-Removal of EASA from Scope)

Presented by Yolanda Gonzalez, Interim Senior Manager of Direct Clinical Services (DCS)

DCS is under the Behavioral Health division of the Health Department. The program serves young people between birth and age 24 and their families. It provides outpatient services for Lantinx and African American families through Head Start and School-Based Mental Health (SBMH). EASA serves youth with a high risk of psychosis. More programs include CARES, Early Childhood Prevention and K3

- Request to remove EASA from FQHC due to a negotiated change payment program with CareOregon. Negotiated from a fee for service program to a Case Rate payment, which provides a lump sum for designated services over a period of time. This adjustment does not change who or how many clients are served. It will allow them to retain revenue, or rate of services, and allow them to monetarily benefit from Case Rate payment with CareOregon.
- Compared SBMH, EASA, and EC Wrap Payments, Potential FQHC wrap payments, and actual net payments. Lost money as an FQHC in FY20. If removed from the FQHC, there would be a significant increase in revenue.

Question: *What is the early childhood cultural program?*

Answer: *(Yolanda) We have two home based therapy programs for 0-5 year olds.*

Question: *How is the oversight affected by this change?*

Answer: *(Yolanda) EASA has a quality management team, and interdisciplinary bodies that provide oversight.*

Question: *(Michele Koder) We currently fill prescriptions for EASA clients. How does this change impact uninsured clients?*

Answer: *(Yolanda) The program is open to all clients regardless of ability to pay and insurance. That will not change.*

Question: *Is there going to be an impact on young kids?*

Answer: *(Yolanda) Services will be the same.*

Comment: Tasha shared that regarding the oversight question, the CHC does have oversight over EASA and other programs. Removal of EASA from the scope would remove CHC oversight. The fidelity model for the program would remain.

Motion by Fabiola to approve the removal of EASA from the FQHC.
Seconded by Tamia
8 aye; 0 nay; 0 abstain
Motion carries

HRSA Grant Budget and LGBTQ Suicide Prevention Grant (VOTE REQUIRED)
(see document CHC Grant Approval Request_Budget FY21 330 BPR)

Presented by Interim ICS Director, Tasha Wheatt Delancy

- CHC approved the grant submission in August. This associated budget of $9,642,194 needs to be approved. Total anticipated other revenue is $139,835,423. Total project revenue is $149,477,617. Grant amount plus other revenue. Expenses include wages/benefits, supplies equipment, contract costs

Question: *Line item for pharmacy and lab equipment, section C, is that total equipment for pharmacy and lab less than in the last FY or on trend from previous years?*

Answer: *(Hasan) Yes, actually for what they want to spend on capital equipment that means any equipment over $5K for each unit. This particular one is for software that pharmacy implemented.*

Question: *Is that what we would spend in a typical year in pharmacy and lab equipment?*

Answer: *(Hasan) Not really -- this is what we project to spend. Sometimes we spend more or less.*

Motion by David to approve the HRSA Grant Budget
Seconded by Nina
8 aye; 0 nay; 0 abstain
Motion carries

LGBTQ+ Suicide Prevention Grant
(see document CHC Grant Approval Request_LGBTQ+ Suicide Prevention)

Presented by Interim ICS Director, Tasha Wheatt Delancy

This mini grant was submitted by the youth coordinator of Student Health Centers. The request was for $18,704 to increase protective factors during COVID. It was completed in partnership with youth, who brought what they thought would be helpful during COVID to combat intensified isolation for LGBTQ+ youth. They suggested a podcast that would create a community to combat isolation and provide support and mental health resources. The intent and purpose is to put special attention on LGBTQ BIPOC youth. A vote of "Yes" would mean we would not need to withdraw the application, since it has already been submitted due to time constraints. A "No" vote would mean if we receive the funding, we would not create podcast. Budget numbers were reviewed.

Question: *Do we know in an isolated period of time, the number of suicides that have occured? Is there something that has prompted this project?*

Answer: *(Tasha) Not specific numbers, but Ryan and Kevin reported incidences of suicide completion and suicide ideation, especially with isolation due to COVID. Prevention is a part of this. We can get that statistical information from Student Health Centers and provide to the board. In a 2019 teen survey, ½ queer youth have considered suicide in past year and ¼ have attempted.*

Motion by Tamia to approve the LGBTQ Suicide Prevention Grant
Seconded by Kerry
8 aye; 0 nay; 0 abstain
Motion carries

COVID-19/ICS/Strategic Updates
Interim ICS Director, Tasha Wheatt-Delancy

- **Quality and Safety**
  - North Portland has opened 2 days per week and Rockwood Clinic is open 3 days per week
  - Dental plans to open on Saturdays through 2020 to catch up on patients who had to be canceled by COVID. This is covered under the emergency management plan to get patients in for services.

- **Fiscally Sound and Accountable**
  - Will have more details about the impacts and benefits of the Trillium Tri-County Contract agreement at the next meeting.
  - Received the Rapid Anti-retroviral Grant from HRSA for HHSC. More updates about implementation in next few months.

- **Engaged, Expert, Diverse workforce**
    - REDI Racial Equity, Diversity, Inclusion is an initiative to eliminate health disparities and promote health equity. Project Manager is getting on board, looking at policies and procedures, clinical protocols, and training. Patients and community members will be involved.

- **Person-Centered & Culturally Relevant**
    - Air Quality and Changes to services - ramped down and provided services at Health Services Center in McCoy. Utilized inclement weather protocols. Will continue hazardous and unhealthy through Wednesday; services are open until 12noon. After that time the air quality is not healthy enough.
    - Telemedicine vs in-person visits - Tamia and Harold shared feedback about the telemedicine experience at last ICS Town Hall. We learned 15% of Latinx clients prefer in-person visits. Where we can, we are providing in-person visits.
    - Low-barrier COVID testing successes and next steps -- transitioning operations to Public Health. The testing was very successful. We built workflows and have now transitioned that community testing at East County to Public Health. Clinic leadership and staff did an outstanding job to create low-barrier testing.

Question: *Are the COVID tests still free in the clinics?*

Answer: *(Tasha) Yes, they are still free. If clients receive a bill, reach out to the operations supervisor and they will assist with removing it.*

Question: *Is there any support or help for houseless people impacted by the dangerous air-quality?*

Answer: *(Tasha) The Emergency Command Center is reaching out and encouraging folks to seek shelter right now. We are also advocating for staff who can volunteer in the shelter. We are providing health services for existing clients and plan to provide urgent care services for primary care, dental and pharmacy, though at a limited capacity. We have not discussed specific services but will check in with teams for ideas.*

Council Business Committee Updates (Vote Required)

The Executive Committee met on the 24th of August

- Debi Smith from Health HR came to discuss potential updates to the survey questions for the Annual Director Evaluation.
- Council members should have received an email from Linda asking for suggestions. Please respond to her as soon as possible. The results need to be gathered within the week.
- Crafted agenda for September 14th meeting.

Tasha Wheatt-Delancy leaves the meeting so that the Council can discuss the next topic.

ICS Director Appointment

- The time has come to appoint the permanent ICS Director. The CHC proposed Interim ICS Director, Tasha Wheatt-Delancy, as a candidate in accordance with the Co-Applicant Agreement back on June 9, 2020 and the County Commissioners agreed with this motion. In order to directly appoint Tasha to the position, the CHC must relieve the County of their obligation to prove three candidates as written in the Co-Applicant Agreement. Once we approve the appointment, the County will then make an offer of employment to Tasha.

  Motion by Nina to approve waiving the County's obligation to provide 3 candidates, and to appoint Tasha as permanent ICS Director pending her acceptance of the offer of employment.
  Seconded by Fabiola
  8 aye; 0 nay; 0 abstain
  Motion carries

Next meeting October 12

Guests please contact Linda with any questions

Meeting Adjourned at 8:09pm.

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

Community Health Council
Public Meeting Agenda

Monday, September 14, 2020
6:00 - 8:00 pm
(via teleconference)
Public Access Call: +1-253-215-8782
Meeting ID: 962 1204 3153
Password: 026710

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 -Meetings are open to the public -**Guests are welcome to observe/listen** -Use timekeeper to focus on agenda -Please email questions/comments outside of agenda items and for guest questions to linda.niksich@multco.us
Council Members "D"eb Abney; Dave Aguayo (Treasurer); Fabiola Arreola (Vice-Chair); 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
Call to Order/Welcome	• Chair, Harold Odhiambo	6:00-6:10 (10 min)	Call to order Review processes
Minutes **VOTE REQUIRED**	• Approval for August Public Meeting Minutes	6:10-6:15 (5 min)	Council votes to approve and Secretary signs (electronically)
Monthly Budget Report	• ICS Finance Project Manager, Hasan Bader	6:15-6:25 (10 min)	Council receives report
SEHC Renovation Update	• Project Manager, Ryan Francario	6:25-6:35 (10 min)	Council receives update

Removal of EASA and Program Overviews of ECS/SBMH **VOTE REQUIRED**	• Interim Senior Manager - Direct Clinical Services, Yolanda Gonzalez	6:35-6:55 (20 min)	Council Discussion and Vote
BREAK	• All	6:55-7:05 (10 min)	
HRSA Grant Budget And LGBTQ Suidide Prevention Grant **VOTE REQUIRED**	• Interim ICS Director, Tasha Wheatt-Delancy and ICS Finance Project Manager, Hasan Bader	7:05-7:25 (20 min)	Council Discussion and Vote
COVID-19/ICS/ Strategic Updates	• Interim ICS Director, Tasha Wheatt-Delancy	7:25-7:40 (15 min)	Council receives COVID-19 updates and ICS Updates through the Strategic Plan Lens
Council Business Committee Updates **VOTE REQUIRED**	• Executive Committee Update; Chair, Harold Odhiambo • Permanent ICS Director Appointment	7:40-8:00 (20 min)	Council receives updates from Chair Discussion and Vote
Adjourn Meeting	• Chair, Harold Odhiambo	8:00	**Goodnight!**

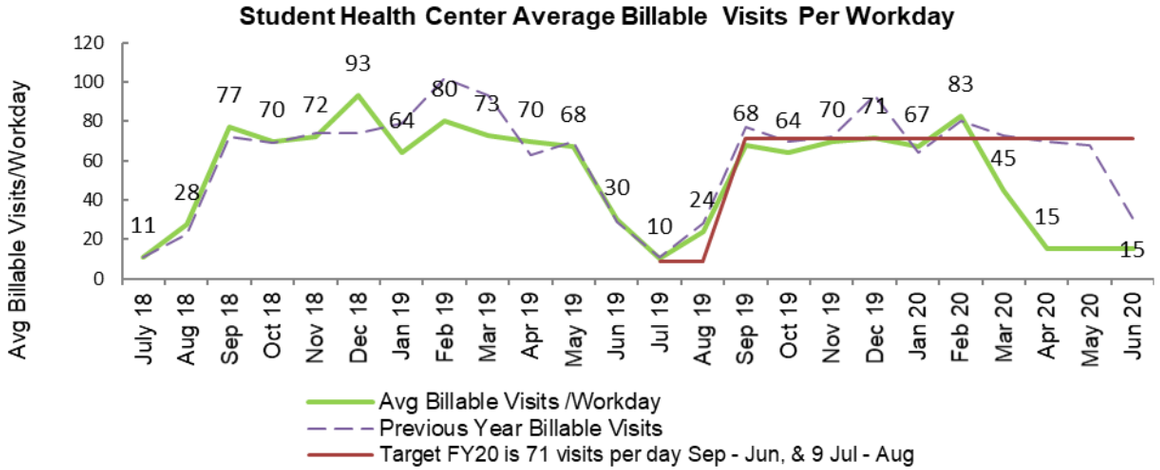
Multnomah County - Federally Qualified Health Center

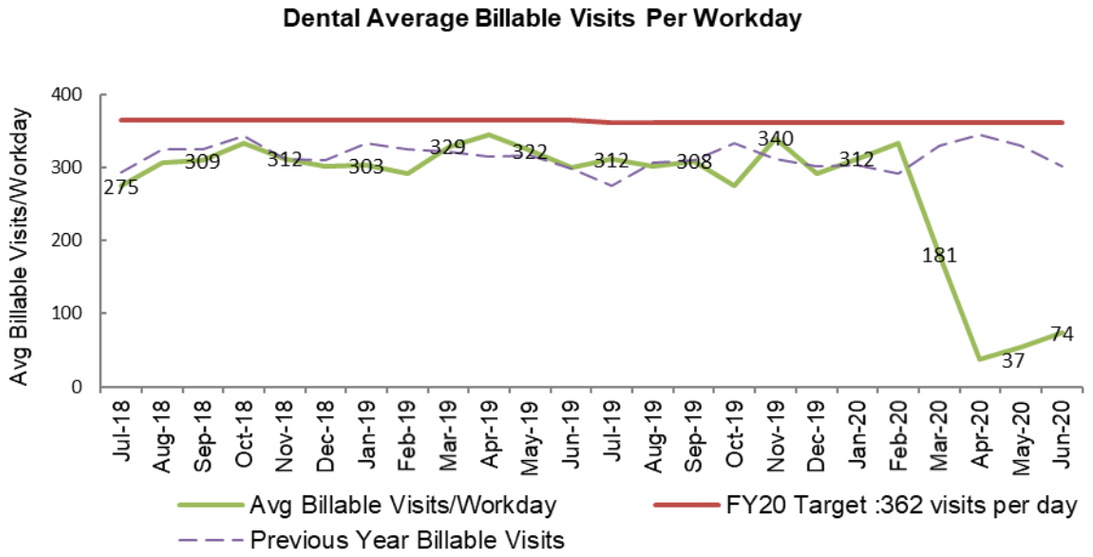
Monthly Dashboard

June 2020

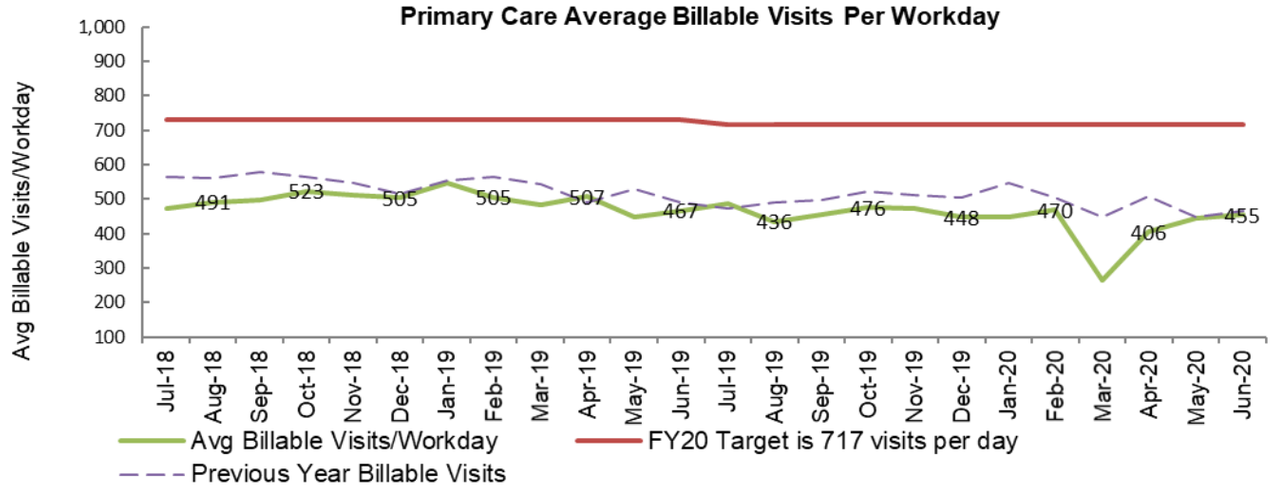
Prepared by: Larry Mingo

FQHC Weekly Billable Visits Per Department



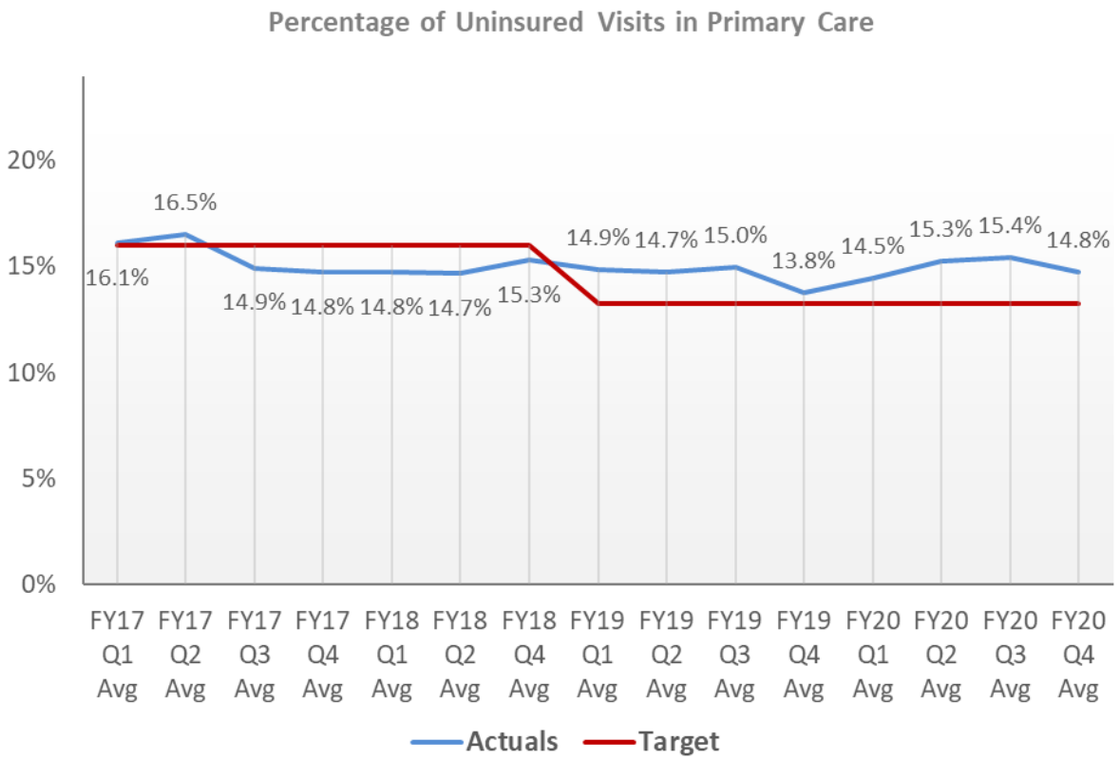


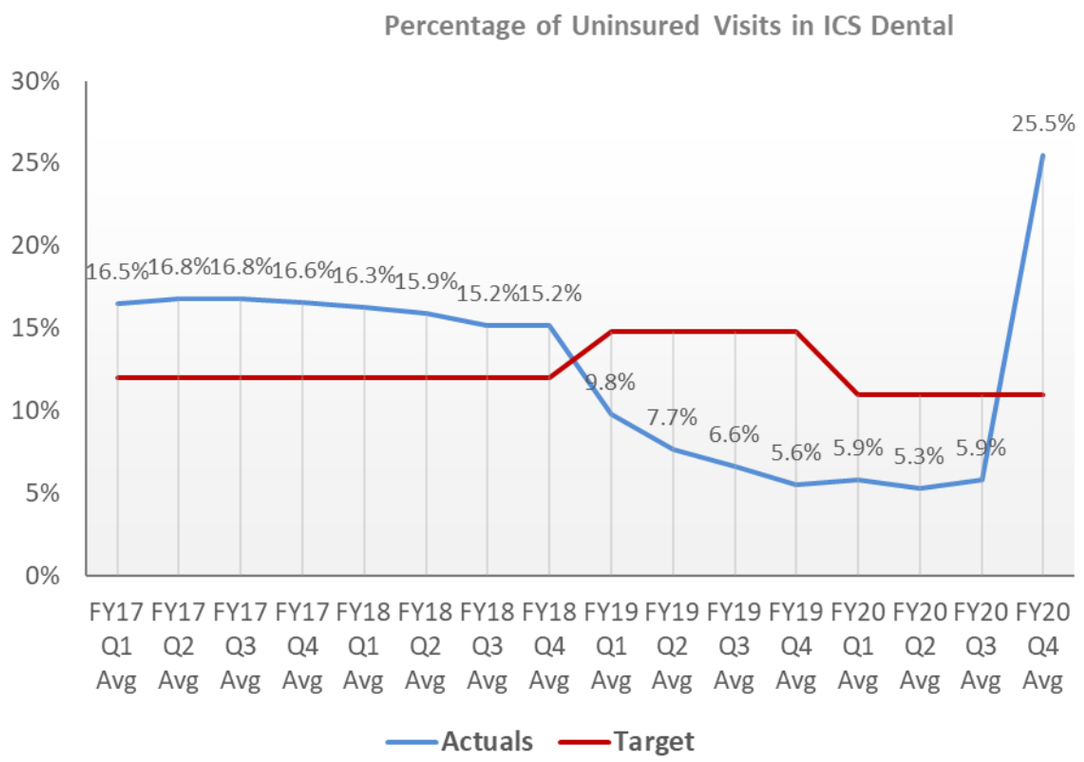
* SBHC clinics are closed during the month July except Parkrose SBHC



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. Schools closed an additional 7 days in March 2020 due to Covid-19 outbreak

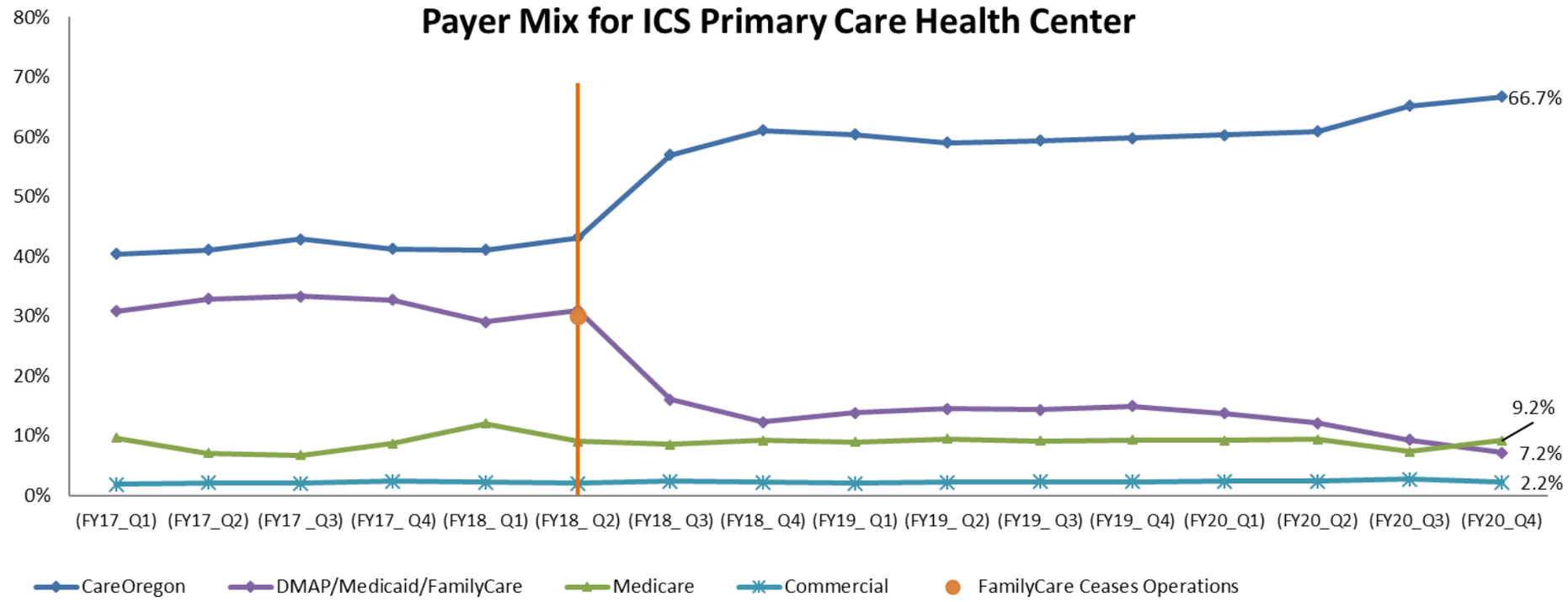
Monthly Percentage of Uninsured Visits for FQHC Centers





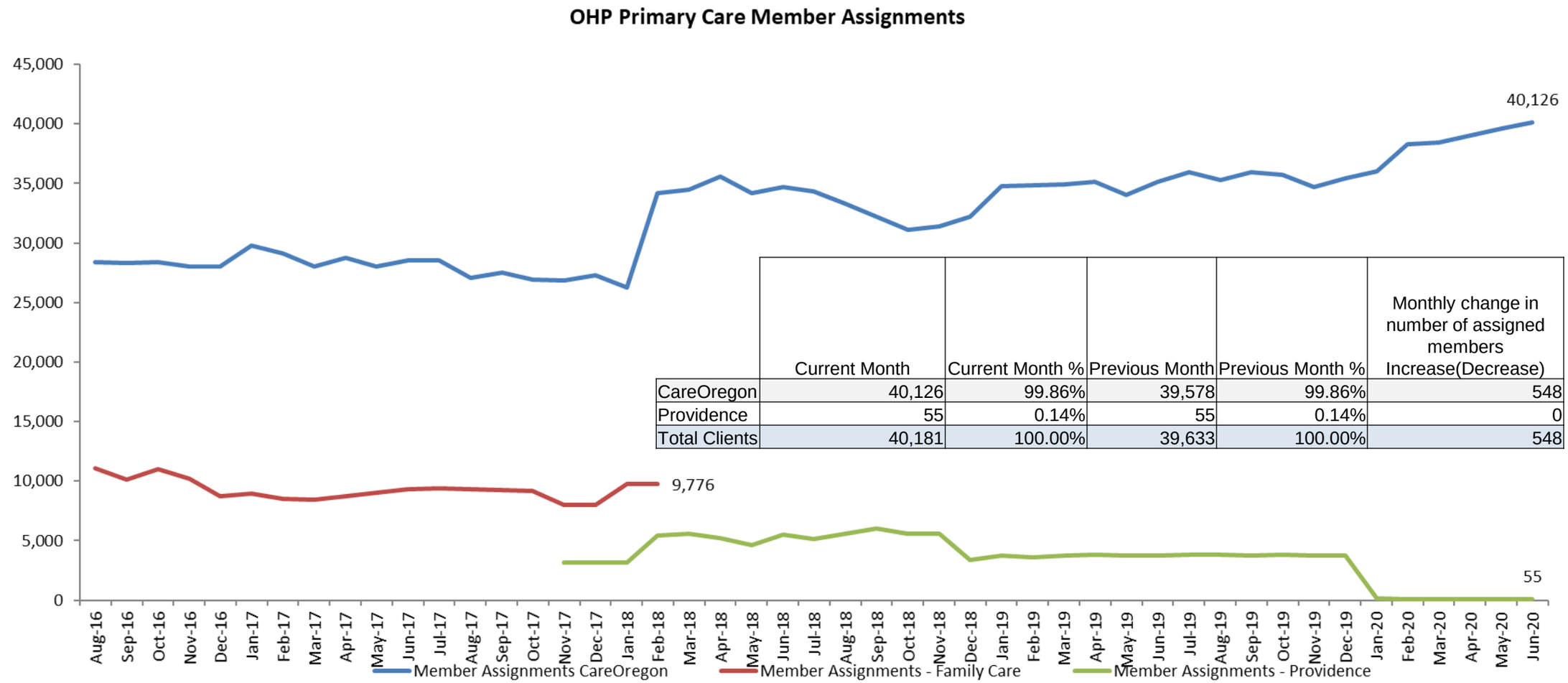
Comments:
Primary Care target % of Uninsured Visits for FY18: 16%; for FY19: 13.25%; for FY20 13.27%
Dental target % of Uninsured Visits for FY18: 12%; for FY19: 14.85%; for FY20 11.00%

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



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

FQHC Primary Care Member Assignments



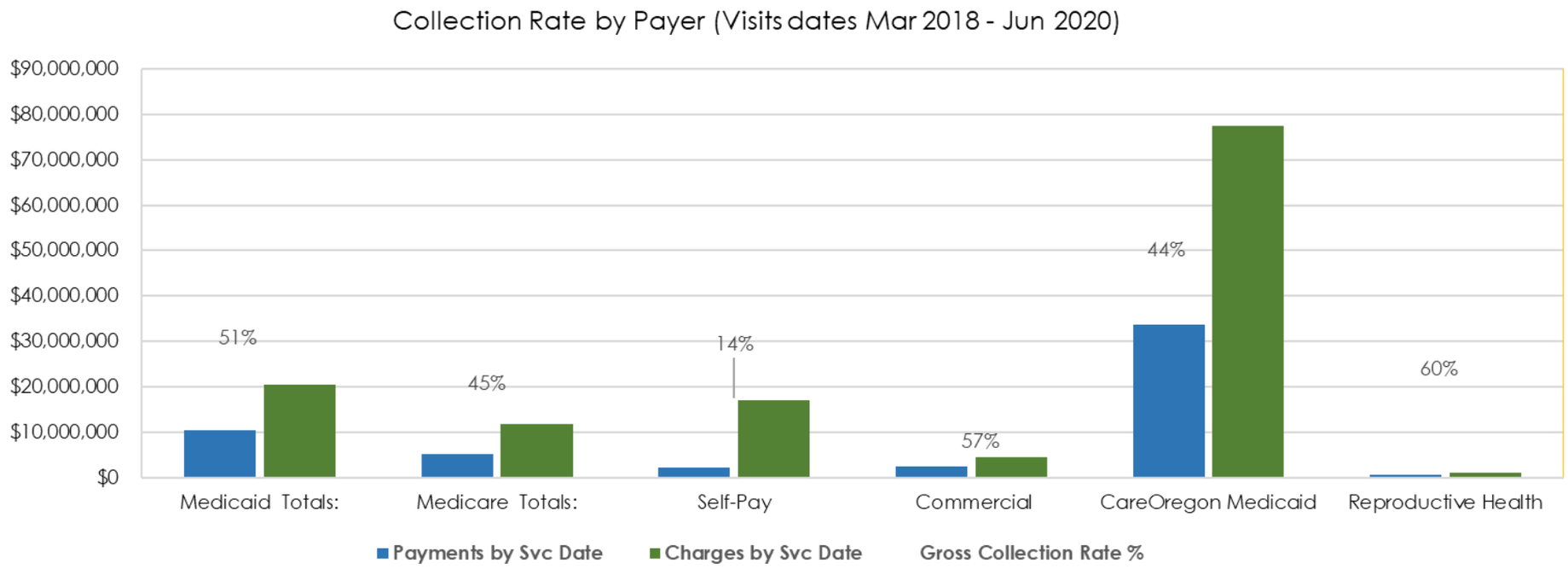
	Current Month	Current Month %	Previous Month	Previous Month %	Monthly change in number of assigned members Increase(Decrease)
CareOregon	40,126	99.86%	39,578	99.86%	548
Providence	55	0.14%	55	0.14%	0
Total Clients	40,181	100.00%	39,633	100.00%	548

CareOregon FY20 average: 37,043

Providence FY20 average: 1,934

FQHC Gross Collection Rate by Payer
March 2018 – Jun 2020

	Medicaid Totals:	Medicare Totals:	Self-Pay	Commercial	CareOregon Medicaid	Reproductive Health
Payments by Svc Date	$10,534,956	$5,348,358	$2,315,219	$2,638,034	$33,790,819	$753,220
Charges by Svc Date	$20,481,828	$11,929,697	$16,998,666	$4,595,015	$77,460,223	$1,265,895
Gross Collection Rate %	51%	45%	14%	57%	44%	60%



Multnomah County Health Department
Federally Qualified Health Center Financial Statement
For Period Ending June 30, 2020

Community Health Centers - Page 1

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.

Medicaid Quality and Incentives (formerly 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 June 30, 2020

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 June 30, 2020

Community Health Centers - Page 3 — June Target: 100%

	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	$ 10,607,818	$ (62,243)	$ 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
Medicaid Quality and Incentives	$ 8,179,053	$ 13,424,788	$ 5,245,735	$ 165,822	$ 260,303	$ 239,849	$ 1,555,532	$ 136,996	$ 554,312
Grants - All Other	$ 9,372,217	$ 9,816,564	$ 444,347	$ 260,242	$ 685,613	$ 657,556	$ (169,300)	$ 1,783,912	$ 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
Grants - COVID-19	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Write-offs	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total	$ 140,640,258	$ 146,268,097	$ 5,627,839	$ 4,670,367	$ 18,645,681	$ 8,772,482	$ 8,130,914	$ 14,461,305	$ 13,720,625
Expense									
Personnel	$ 92,649,052	$ 92,920,833	$ 271,781	$ 7,177,524	$ 7,071,052	$ 7,108,158	$ 7,802,891	$ 7,293,800	$ 8,005,975
Contracts	$ 4,777,160	$ 4,836,035	$ 58,875	$ 191,632	$ 216,947	$ 472,785	$ 565,644	$ 135,450	$ 323,445
Materials and Services	$ 16,608,855	$ 21,868,043	$ 5,259,188	$ 1,334,935	$ 1,390,091	$ 1,651,404	$ 1,671,323	$ 1,533,060	$ 1,705,246
Internal Services	$ 25,996,190	$ 26,034,185	$ 37,995	$ 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	$ 146,268,097	$ 5,627,839	$ 9,500,930	$ 10,164,166	$ 12,629,577	$ 11,977,381	$ 11,058,485	$ 12,442,497
Surplus/(Deficit)	$ -	$ -	$ 0	$ (4,830,563)	$ 8,481,516	$ (3,857,095)	$ (3,846,467)	$ 3,402,820	$ 1,278,128

Multnomah County Health Department
Federally Qualified Health Center Financial Statement
For Period Ending June 30, 2020

Community Health Centers - Page 4 — June Target: 100%

	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	$ 10,607,818	$ (62,243)	$ 895,255	$ 886,040	$ 889,539	$ 905,257	$ 867,296	$ 955,723	$ 10,764,736	101%
Grants - BPHC	$ 9,795,045	$ 9,795,045	$ -	$ 330,148	$ 31,742	$ 2,039,834	$ 1,110,555	$ 872,898	$ 2,105,070	$ 10,774,541	110%
Medicaid Quality and Incentives	$ 8,179,053	$ 13,424,788	$ 5,245,735	$ 603,758	$ 700,571	$ 645,380	$ 134,275	$ 641,116	$ 12,774,944	$ 18,412,858	137%
Grants - All Other	$ 9,372,217	$ 9,816,564	$ 444,347	$ 519,783	$ 719,445	$ 570,506	$ 1,093,773	$ 812,705	$ 2,226,749	$ 9,823,601	100%
Health Center Fees	$ 101,518,640	$ 101,518,640	$ -	$ 5,735,017	$ 7,396,338	$ 7,842,172	$ 7,114,695	$ 5,290,250	$ 6,186,435	$ 90,994,209	90%
Self Pay Client Fees	$ 1,025,053	$ 1,025,053	$ -	$ 59,996	$ 67,016	$ 66,259	$ 39,082	$ 40,123	$ 68,110	$ 830,224	81%
Grants - COVID-19	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,902,288	$ 3,902,288	
Write-offs	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
Total	$ 140,640,258	$ 146,268,097	$ 5,627,839	$ 8,143,957	$ 9,801,151	$ 12,053,691	$ 10,397,637	$ 8,524,388	$ 28,219,319	$ 145,541,516	100%
Expense											
Personnel	$ 92,649,052	$ 92,920,833	$ 271,781	$ 7,594,319	$ 7,361,283	$ 7,545,624	$ 7,218,634	$ 7,055,664	$ 7,460,677	$ 88,695,600	95%
Contracts	$ 4,777,160	$ 4,836,035	$ 58,875	$ 550,974	$ 165,653	$ 632,586	$ 654,530	$ 145,372	$ 709,603	$ 4,764,622	99%
Materials and Services	$ 16,608,855	$ 21,868,043	$ 5,259,188	$ 1,664,439	$ 1,940,417	$ 2,107,964	$ 1,459,641	$ 1,010,718	$ 1,892,410	$ 19,361,647	89%
Internal Services	$ 25,996,190	$ 26,034,185	$ 37,995	$ 1,738,294	$ 1,668,398	$ 2,064,765	$ 1,842,352	$ 1,520,371	$ 4,675,573	$ 25,623,565	98%
Capital Outlay	$ 609,000	$ 609,000	$ -	$ -	$ -	$ -	$ 11,924	$ -	$ 189,745	$ 209,531	34%
Total	$ 140,640,258	$ 146,268,097	$ 5,627,839	$ 11,548,026	$ 11,135,751	$ 12,350,938	$ 11,187,081	$ 9,732,125	$ 14,928,008	$ 138,654,965	95%
Surplus/(Deficit)	$ -	$ -	$ 0	$ (3,404,069)	$ (1,334,599)	$ (297,248)	$ (789,444)	$ (1,207,738)	$ 13,291,311	$ 6,886,552	

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.

Community Health Council

Removal of EASA from Scope

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

Date of Presentation: 9/14/20	Program / Area: Behavioral Health Division/Direct Clinical Services
Presenters: Yolanda Gonzalez, Leticia Sainz	

Project Title and Brief Description:
Overview of Direct Clinical Services Programs in the FQHC and request to remove EASA program from the Board and HRSA-approved scope. DCS programs provide Behavioral Health services to children, young adults and families in Multnomah County.

Describe the current situation:
Overview of our programs included in the FQHC; Early Childhood Treatment Program (EC), School Based Mental Health Program (SBMH) and Early Assessment and Support Alliance (EASA). EASA is a multidisciplinary team that serves clients ages 12-25 and their families who live in Multnomah County and have experienced (or are beginning to experience) a first episode of psychosis within the last year.
We would like to request to remove our EASA program from the FQHC because we have the opportunity to bring in more revenue in a non-FQHC model, which will allow us to better serve our patients (and serve more patients potentially), without negatively impacting other existing FQHC services.

Why is this project, process, system being implemented now?
In January of 2020, with the transition to CCO 2.0 from Health Share to Care Oregon, a new contract and payment method was agreed upon for our EASA program. In the past, the program was set up to bill as a fee for service program and the traditional levels of care set up didn't capture the accurate level of services that members were receiving. The program was being underpaid for the services the members were receiving. Care Oregon agreed and set up a case rate payment for their members

that go through our EASA program. This case rate program pays us a lump sum for the total amount of the agreed upon amount for the year for their members on the first encounter. This is an opportunity to earn more money for the EASA program by removing it from the FQHC.
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):* All outpatient service providers, including EASA, must go through a level of care authorization process. This system works well for individual providers to serve a client. Our program was maxing out of the amount of services that were authorized in this traditional level of care authorization set up. EASA is a multi-disciplinary team, and a client receives multiple treatment services from the team weekly. Once the maximum amount of services are reached for that level of care and that years authorization our program was not able to bring in revenue for services. The EASA program is a two year program and clients are served year round. We were providing services to our clients for free. Care Oregon acknowledged that their members were receiving services for free with the tradition authorization set up and created an EASA specific authorization that captures the true cost of one year of service, which is $8,470
List any limits or parameters for the Council's scope of influence and decision-making: The CHC Board has full authority to approve addition and removal of services and sites from the FQHC scope, including the EASA program.
Briefly describe the outcome of a "YES" vote by the Council *(be sure to also note any financial outcomes):* A yes vote will allow the program to submit a change in scope request to HRSA to remove the program from our scope. EASA patients would no longer count as FQHC patients, unless they receive other FQHC services. A yes vote would allow our EASA program to financially benefit from the new Case rate agreement and our other programs in DCS would be able to sustain and grow and continue to meet the behavioral health needs of children, young adults and families in Multnomah county.
Briefly describe the outcome of a "NO" vote or inaction by the Council *(be sure to also note any financial outcomes):*

With a no vote, the EASA program will remain in our FQHC scope and all of our programs will be negatively impacted financially and in turn could potentially mean that we would have to explore staff reduction, minimize the amount of services the program could offer and clients it could serve in future years.

The EASA team is a community based team and has not seen a reduction in referrals or in the services that have been provided during the COVID-19 pandemic. They are still seeing clients face to face to do intakes, ensure medication management and when their clients have symptoms that otherwise won't allow them to participate in telehealth service. The team is seeing many clients using telehealth or video/phone services.

Which specific stakeholders or representative groups have been involved so far?
Tasha Wheatt-Delancy, CEO
Alex Lehr O'Connell, HRSA Compliance
Yolanda Gonzalez, Interim Senior Manager, DCS,
Leticia Sainz, Deputy Director, BHD
Ebony Clarke, Director, BHD

Who are the area or subject matter experts for this project? *(& brief description of qualifications):*
Tasha Wheatt-Delancy, CEO oversees the FQHC program
Alex Lehr O'Connell, oversees the FQHC's compliance with HRSA regulations and processes change in scope requests.
Yolanda Gonzalez, Interim Senior Manager, DCS, oversees Direct Clinical Services Unit
Leticia Sainz, Deputy Director, BHD, oversees Behavioral Health Department
Ebony Clarke, Director, BHD, oversees Behavioral Health Department

What have been the recommendations so far?
The recommendation is to remove EASA from the FQHC scope due to the negative financial hardship this places on our other programs in our Direct Clinical Services, children's behavioral health programs. This is occurring because our FQHC payments are based on the total amount of revenue received and given the new increased EASA and appears that all of our programs are bringing in more revenue and therefore missing out on the FQHC wrap payment for our other programs.

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

Community Health Council

We have the opportunity to bring in more revenue in a non-FQHC model, which will allow us to better serve our patients (and serve more patients potentially), without negatively impacting other existing FQHC services.In January of 2020, with the transition to CCO 2.0 from Health Share to Care Oregon, a new contract and payment method was agreed upon for our EASA program. In the past, the program was set up to bill as a fee for service program and the traditional levels of care set up didn't capture the accurate level of services that members were receiving. The program was being underpaid for the services the members were receiving. Care Oregon agreed and set up a case rate payment for their members that go through our EASA program. This case rate program pays us a lump sum for the total amount of the agreed upon amount for the year for their members on the first encounter. This more accurately pays for the amount of services that a client going through the program receives. In regards to the FQHC our DCS program's payments are determined based on our totals for all of our programs included in the FQHC. In only six months we say that this negatively impacted our programs by 142, 118. We have estimated that by removing EASA from the FQHC we would be able to increase overall revenue for the EASA program to a total of $448,489 without it having a negative impact on our other programs.

Council Notes:

Multnomah County Health Department

Behavioral Health Division

FY 19 -21 FQHC WRAP Analysis

FY20 YTD as of 6/12/20			
Program	Wrap Payments Allowed	Potential FQHC Wrap Payments	Actual Net All Payments
SBMH	3145	$ 864,151.65	$ 391,552.00
EASA	626	172,006.02	316,561.00
EC	283	77,759.91	82,403.00
Totals	**4,054**	**$ 1,113,918**	**$ 790,516**

Notes:	
EASA Projected FY 21Net if all auths for FY based on Case Rate (CR) payment	**$ 448,910.00**

FY 19 - FY 21 EASA Billings Revenue Analysis			
Program	FY 19 Revenues	FY 20 Revenues	FY 21 Budgeted
EASA Billings	$ 108,048.02	$ 324,207.74	$ 423,500.00
EASA FQHC-WRAP	52,679.00	(141,902.00)	
Totals	**$ 160,727**	**$ 182,306**	**$ 423,500**

EASACase Rate Projections (Unbudgeted)			**$ 448,910.00**

Notes:	
[a]	**Amount Budgeted in FY 21 was based on Case Ra**
[b]	**Amount Budgeted in FY 21 was based on Case Ra**
[c]	**Projected loss of EASA Revenues due to FQHC Pa**

Difference
$ 472,599.65
(144,554.98)
(4,643.09)
$ 323,402

Difference (FY20 - FY 21)	
$ (99,292.26)	**[a]**
$ (141,902.00)	**[b]**
$ (241,194.26)	**[c]**

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Presentation Summary

Grant Opportunity

Proposed Budget (when applicable)

Health Center Program Budget Period Renewal, January 1, 2021 – December 31, 2021

Multnomah County Health Department

	Budgeted Amount	Non-federal Funds	Total Budget
A. Personnel, Salaries and Fringe			
Total Personnel	$5,053,416	$51,501,517	$56,554,933
Personnel Description: Administrative Analyst (1.0 FTE) Business Process Consultant (0.9 FTE) Clerical Unit Coordinator (1.0 FTE) Clinical Services Specialist (0.8 FTE) Community Health Nurse (9.4 FTE) Community Health Specialist 2 (2.0 FTE) Dental Assistant (1.31 FTE) Dental Hygienist (1.0 FTE) Eligibility Specialist (2.55 FTE) Finance Specialist 1 (2.9 FTE) Licensed Community Practical Nurse (4.7 FTE) Medical Assistant (10.35 FTE) Nurse Practitioner (4.0 FTE) Nurse Practitioner Manager (0.6 FTE) Office Assistant 2 (10.0 FTE) Office Assistant senior (0.85 FTE) Operations Process Specialist (1.0 FTE) Operations Supervisor (1.0 FTE) Physician (3.3 FTE) Physician Assistant (0.8 FTE) Program Coordinator (1.0 FTE) Program Specialist (1.0 FTE)			

Program Specialist senior (1.8 FTE) Project Manager (1.0 FTE) Project Manager Represented (0.5 FTE)			
Fringe Benefits	$3,451,646	$35,750,608	$39,202,254
Total Salaries, Wages and Fringe	**$8,505,062**	**$87,252,125**	**$95,757,187**
B. Supplies			
Pharmaceuticals	-	$14,216,027	$14,216,027
Medical & dental supplies	-	$2,074,837	$2,074,837
Office supplies	-	$860,925	$860,925
Total Supplies	**-**	**$17,151,789**	**$17,151,789**
C. Equipment			
Pharmacy & lab equipment	-	$261,000	$261,000
Total Equipment	**-**	**$261,000**	**$261,000**
D. Contract Costs			
Primary Care Contracts	$142,040	$1,995,934	$2,137,974
Dental Contracts	-	$262,325	$262,325
Field Services	-	$1,058,868	$1,058,868
Non-Patient Care	-	$1,407,255	$1,407,255
Total Contractual	**$142,040**	**$4,724,382**	**$4,866,422**
E. Travel & Training			

Presentation Summary

	-	$138,771	$138,771
Total Travel & Training	**-**	**$138,771**	**$138,771**
F. Other Costs			
Data processing and IT services	-	$10,226,860	$10,226,860
Building occupancy	-	$5,477,392	$5,477,392
Telecom	-	$794,661	$794,661
Distribution/postage	-	$587,708	$587,708
Motor pool (County fleet)	-	$57,926	$57,926
On-call and temporary staff	-	$1,588,268	$1,588,268
Salary premium: language, shift, and lead incentives	-	$1,240,479	$1,240,479
Education and training	-	$631,735	$631,735
Repairs and maintenance	-	$68,853	$68,853
Dues and subscriptions		$162,227	$162,227
Rentals	-	$54,692	$54,692
Communications	-	$9,734	$9,734
Total Other	**-**	**$20,900,535**	**$20,900,535**

Total Direct Costs (A+B+C+D+E+F)	**$8,647,102**	**$130,428,602**	**$139,075,704**
Indirect Costs			
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. The Cost Allocation Plan is federally-approved.			
Total Indirect Costs (12.16% of A)	**$995,092**	**$9,406,821**	**$10,401,913**
Total Project Costs (Direct + Indirect)	**$9,642,194**	**$139,835,423**	**$149,477,617**

	Revenue	**Comments** (Note any special conditions)	**Total Revenue**
G. Direct Care Services and Visits			
Medicare	$3,388,179		$3,388,179
Description of Medicare revenue: 4,930 patients, 21,740 billable visits, $155.85 per visit			
Medicaid	$75,810,667		$75,810,667
Description of Medicaid revenue: 52,105 patients, 229,785 billable visits, $329.02 per visit			
Self Pay	$983,081		$983,081
Description of Self-Pay revenue: 10,064 patients, 40,456 billable visits, $24.30 per visit			
Other Third Party Payments	$1,755,183		$1,755,183
Description of Other Third Party Payments: 2,554 patients, 11,262 billable visits, $155.85 per visit			

Presentation Summary

Total Direct Care Revenue	**$81,937,110**		**$81,937,110**
H. Other Income			
Other federal	$3,880,856		$3,880,856
State government	$6,003,321		$6,003,321
Local government	$432,292		$432,292
Private grants/contracts	$1,155,797		$1,155,797
Other – Pharmacy fees/PCPCH	$36,117,372		$36,117,372
County General Fund	$10,308,675		$10,308,675
Total Other Income	**$57,898,313**		**$57,898,313**
Total Anticipated Project Revenue (G+H)	**$139,835,423**		**$139,835,423**

Presentation Summary

Grant Opportunity

Community Health Council (CHC) Authority and Responsibility
As the governing board of the Multnomah County Health Center, the CHC is responsible for revising and approving changes in the health centers scope; availability of services, site locations, and hours of operations; and operating budget. Reviewing and approving the submission of continuation, supplemental, and competitive grant applications is part of this review and approval process.

An approval to submit a grant application will allow for budget revisions during the application development process within and between approved budget categories up to 25 percent without CHC approval. All budget revisions that exceed the cumulative 25% budget revision cap will be presented to the CHC for a vote prior to grant submission. Upon Notice of Award, the budget approved by the funder will be presented to the CHC for a final approval.

Date of Presentation: 09/14/2020	Program / Service Area: Student Health Centers		
Presenters: Tasha Wheatt-Delancy			
This funding will support:	☐ Current Operations	☐ Expanded services or capacity	X New services
Project Title and Brief Description: ● LGBTQ+ Community Suicide Prevention Mini-Grant ● The Oregon Alliance to Prevent Suicide, in partnership with the Oregon Health Authority, is offering one-time mini-grants up to $20,000 for local projects that increase protective factors for the LGBTQ+ community during the COVID-19 pandemic.			

- Multnomah County Health Department, Student Health Center Youth Advisory Councils are applying to fund a podcast to create a virtual community of support and provide mental health resources for LGBTQ+ youth, with attention to the specific needs of LGBTQ+ youth who are Black, Indigenous, and other People of Color (BIPOC).

What need is this addressing?

- According to the 2019 Oregon Healthy Teens survey, statewide, one-half of LGBTQ+ youth have considered suicide in the past year, and one-quarter have attempted suicide. Disapproval and rejection from family often contribute to these feelings.
- During this time of physical distancing due to COVID-19, some LGBTQ+ young people are stuck in homes that make them feel unsafe, unsupported, and alone. For some of these youth, school is the only place they can see friends, partners, and supportive adults, and independently access in-person resources, including mental health and primary care services at onsite Student Health Centers (SHCs).
- LGBTQ+ youth who are BIPOC experience specific needs based on the intersection of multiple marginalized identities. Added stressors at present include the disproportionate impact of COVID-19 on BIPOC communities and government and police reactions to the Black Lives Matter movement and protests in Portland.

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

- The project will fund two podcast episodes a month, for one year (24 episodes total).
- Thousands of youth may be reached through the podcast and related social media.
- Impacts will include improved mental health outcomes through increased social/community connection and support; increased exposure to positive, accepting adults; and increased sense of hope.

What is the total amount requested: $18,704 *Please see attached budget*

Expected Award Date and project/funding period: The Student Health Center program received notice of award August 28, 2020. The project will run over the course of one year.

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

Presentation Summary

Due to an extremely tight timeline, the application was already submitted. A "yes" vote by the Council means the Health Department will not withdraw its application and accept the funding and move forward with the project.
Briefly describe the outcome of a "NO" vote or inaction by the Council *(be sure to also note any financial outcomes)* A "no" vote or inaction by the Council means the Health Department will decline the funding. YACs would not move forward creating the podcast unless other funds were identified.
Related Change in Scopes Requests: none *(only applicable in cases in which project will represent a change in the scope of health center services, sites, hours or target population)*

Proposed Budget (when applicable)

Project Name, Start Date through End Date

Multnomah County Health Department

	Budgeted Amount	**Comments** (Note any supplemental or matching funds)	**Total Budget**
A. Personnel, Salaries and Fringe			
YAC Project Coordinator			
Oversee project and reporting, support youth in podcast production and social media activity	$5,000		$5,000
Total Salaries, Wages and Fringe	**$5,000**		**$5,000**
B. Supplies			
Microphone kit x 2 (includes mic stand, cords, pop filter, shock mount)	$160		$160
Headphones x 2	$80		$80
Computers x 2	$3,400		$3,400
Miscellaneous	$1,000		$1,000
Total Supplies	**$4,640**		**$4,640**
C. Contract Costs			
Podcast hosting (1 year)	$144		$144
Podcast editor	$1,560		$1,560

Presentation Summary

Total Contractual	**$1,704**		**$1,704**
D. Other Costs			
Marketing (Instagram/TikTok, etc.)	$2,000		$2,000
Stipends for youth hosts x 2 ($50/episodes, 24 episodes/1 year)	$2,400		$2,400
Incentives for guests ($50 gift card/episode)	$1,200		$1,200
Stipend for Youth Social Media creator	$250		$250
Podcasting course for youth	$225		$225
Focus groups/Listening parties	$700		$700
Total Other	**$6,775**		**$6,775**
Total Direct Costs (A+B+C+D)	**$18,119**		**$18,119**
Indirect Costs			
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. The Cost Allocation Plan is federally-approved.			
Total Indirect Costs (12.16% of A)	**$585**		**$585**
Total Project Costs (Direct + Indirect)	**$18,704**		**$18,704**

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