Community Health Council

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

Approved: **Recorded by:** Priscilla Hunter
Attendance:

Board Members	Title	Y/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	N
Susana Mendoza	Board Member	Y
Harold Odhiambo	Chair	Y
Pedro Sandoval Prieto	Secretary	Y
Staff/Elected Officials	**Title**	**Y/N**
Azma Ahmed	ICS Dental Director	Y
Hasan Bader	ICS Finance Project Manager	Y
Lucia Cabrejos	Spanish Interpreter	Y
Brieshon D'Agostini	Interim Quality Director	Y
Adrienne Daniels	ICS Deputy Director	Y
Amy Henninger	Interim Medical Director	Y
Toni Kempner	Regional Clinic Manager	Y
Michele Koder	Pharmacy and Lab Services Director	Y
Ryan Linskey	Quality Project Manager	Y
Charlene Maxwell	Deputy Nurse Practitioner Director	Y
Linda Niksich	Community Health Council Coordinator	Y
Christine Palermo	Dental Program Manager	Y
Jeff Perry	ICS Chief Financial Officer	Y
Debbie Powers	Primary Care Clinical Deputy Director	Y
Priscilla Hunter	Administrative Analyst/Scribe	Y
Dawn Shatzel	Primary Care Services Director, Interim	N
Tasha Wheatt-Delancy	Health Center Executive Director	Y
Lynne Wiley	Regional Clinic Manager	Y

Guests: Jim Anderson; Aluzzine Konteh; Tara Marshall; Brandi Valasquez; Darrell Wade; Lauren Yauk

Action Items:
- No action items

Decisions:
- Approved November 9, 2020 Meeting Minutes
- Approved Two Budget Modifications; Revenue from CARES ACT/Provider Relief
- Approved ADM.01.04 Mission, Vision and Values update
- Approved request to remove Nurse Family Partnership and Healthy Birth Initiative programs from scope of service

Reports Received:
- October 2020 budget report
- Third quarter complaints and incidents

The meeting was called to order at 6:10pm 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 7 members in attendance.

November 9, 2020 Meeting Minutes Approval (VOTE REQUIRED)
(See Document - November 9, 2020 CHC Meeting Minutes)

No questions or comments were raised by CHC members

Motion by David to approve the November 9, 2020 Meeting Minutes.
Seconded by Tamia
7 aye; 0 nay; 0 abstain
Motion carries

Monthly Budget Report/2 Budget Modifications (VOTE REQUIRED)
(See Documents-Monthly budget report & 2 budget modifications)

Presented by Hasan Bader, ICS Finance Project Manager.

- Hasan presents the monthly budget report and visits for October 2020
- The report showed an average number of billable visits per month, per day with student health centers having below average visits due to school closures.
- The number of in-office visits have been increasing in relation to average daily visits.
- Increase in uninsured visits in Dental since they implemented teledentistry- will open more sites to see patients since they are now scheduling face to face appointments
- Added 67 assigned clients in October from CareOregon
- In the red about 3.19M for the month of October
- Tasha has prepared two budget modifications that will be presented to the Board of County Commissioners related to the CARES Act funding the health department received in May of 2020.
- One budget modification is $610,707 received from a grant that ICS received in May 2020 and continues through April 2021, would like to have these funds included in the budget for FY22. This will be presented to the board of county commissioners in January 2021.
- The other budget modification is for allocation of $316k from two grants, to provide provider relief and supplemental revenue due to reduced productivity. The funds have to be depleted by 12/31/2020. This budget modification will be presented to the board of county commissioners on 12/17/2020.

Question: *Why is the collection rate at student health centers so high?*
Answer: *Student health centers are only operating three of their health centers right now and they do not collect self pay.*

Question: *Are there plans in place to spend down the $316k grant by 12/31/2020?*
Answer: *Yes. There is a current list of personnel expenditure tied to the grant.*

Motion by David to approve both CARES ACT funding budget modifications
Seconded by Fabiola
7 aye; 0 nay; abstain
Motion carries.

ADM.01.04 MissionVision and Values update (VOTE REQUIRED)
(see document - ADM.01.04 Mission Vision and Values)

Presented by Adrienne Daniels, ICS Deputy Director.

- The board is due to renew the mission vision and values for the health center program.
- Board members made recommendations (during the retreat) to the vision and values and recognized there were additional details needed in the health center values.

Motion by Tamia to approve the ADM.01.04 Mission Vision and Values
Seconded by Fabiola
7 aye; 0 nay; abstain
Motion carries

Remove Nurse Family Partnership and Health Birth Initiative from scope (VOTE REQUIRED)
(see document - NFP and HBI scope change)

Presented by Adrienne Daniels, ICS Deputy Director.

- Nurse Family Partnership and Healthy Birth initiative are two programs located in the Public Health division of the health department. Community Health Council board members do not have a line of sight to monitor operations or budgets for these programs. Because the programs are not within ICS, there are compliance and operational challenges if they remain in the scope of the health center.
- Both programs currently get higher reimbursement rates by not being a part of the health center program.

Question: *Would there be any changes to the program and is there any benefit of the board having oversight of the programs?*
Answer: *The programs will still be offered by Public Health and Primary Care will still offer prenatal care to clients. There would be an overall compliance risk and operational challenges for the health center and the board if the programs stay within the health center scope.*

Motion by David to approve the NFB and HBI scope change

Seconded by Fabiola
7 aye; 0 nay; abstain
Motion carries

3rd Quarter Complaints and Incidents
(see document Q3 complaints & incidents)

Presented by Ryan Linskey, ICS Project Manager

- Third quarter report includes July-Sept and shows that northeast had the most complaints followed by MidCounty and Rockwood. Dental had the most complaints followed by medical then pharmacy.
- The category with the most complaints was clinical care.
- A lot of scheduling and customer service complaints due to the transition of the call center programs to new software for phones.
- The other types of incidents included an immunization error, lab incident and suicide attemps.

Question: *Can you break down the clinical care category for complaints and also explain why Northeast complaints are so high?*
***Answer**: Primary care and Dental complaints are combined for northeast, resulting in the high number of complaints. The clinical care category has complaints related to a patients medical care or dental care and is specific to a patient's overall care.*

***Question**: For the immunization error, was there any follow up done to make sure the patient was okay?*
***Answer**: There was a root cause analysis completed after the incident to make sure the patient had no adverse outcomes and to do a deeper dive into the situation with hopes to correct it.*

***Question**: Where are the root cause analysis outcomes listed on the report?*
***Answer**: root cause analysis results are not included in the incidents and complaints report. There's a folder with the results in them that it kept encrypted due to PHI.*

***Question**: Would it be possible to get a "yes" or "no" adverse outcome report without disclosing the patients PHI?*
***Answer**: This is something that could possibly be added to the incidents and complaints report.*

***Comment**: Point of reference note, ICS is still doing relatively well in the larger context. A large amount of complaints have been due to access issues and each service line has been responding to immediate concerns.*

***Comment**: It would be a good idea to bring up the topic of vaccine adverse outcomes report at the next CHC quality committee meeting.*

COVID/ICS Strategic Updates and Diversity Dashboard
(no document)

Presented by Tasha Wheatt-Delancy Health Center Executive Director

- Tasha introduced Jeff Perry, the new health center financial officer.
- Some health center managers, supervisors, related staff, and board members completed a HRSA technical assistance compliance training as a result from feedback from the HRSA on-site visit in February 2020. The technical assistance training included areas of governance, finance and budget. Results of the training are expected to be received at the end of December or early January 2021.
- The bid package for the Southeast Health Center has been submitted and is expected to come back from bid in January 2021 with the projected renovation timeline still in place with April 2021 is when the clinic closes, April-Oct are when the renovations will take place and November 2021 is when the clinic will reopen.
- Patient support phone surveys have been completed for the relocation of dental and primary care services, pharmacy will remain open during the renovations while dental and primary care will transition to other clinics.
- Ryan Francario will provide a Southeast Health Center update at the January CHC meeting.
- December 29th is when department leadership will receive budget constraints for county general funds. There are meetings being scheduled in January with the CHC budget committee to review ICS budget tools.
- North Portland Dental is planning to open in January. They were originally scheduled to open in April 2020 but plans were delayed due to COVID.
- The student health center at Reynolds high school is set to open January 2021.
- Tasha gives a high level overview of the ICS diversity dashboard. There are more races and ethnicities of our staff than what is included in the dashboard.

Question: *Will the pharmacy remain open at southeast health center while it is being renovated?*
Answer: *Yes*

Council Business Committee Updates

The Finance Committee met on November 6th, December 4th, and December 11th

- The budget committee has been discussing recommendations by consultants from John Snow, Inc. on how the health center finances can be managed efficiently, and have more reporting so that it shows a clearer view of finances at any given moment.
- The budget committee discussed how the CARES Act funding will be allocated. The budget committee also began communication around FY22 and gathering information about the process.

The Executive Committee met on 23 November, 2020

- Debi Smith, Health HR Director, provided the executive committee with the results of the ICS director evaluation. The committee then provided the results and feedback to Tasha. There was no negative feedback.
- 2021 Executive Officer Election results announced.

Adjourned 7:52pm

Signed:_____**Date:**_____

Pedro Prieto Sandoval, Secretary

Community Health Council
Public Meeting Agenda

Monday, December 14, 2020
6:00 - 8:00 pm
(via Zoom)
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 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	6:00-6:05 (5 min)	Call to order Review processes
Minutes **VOTE REQUIRED**	• Approval for November Public Meeting Minutes	6:05-6:10 (5 min)	Council votes to approve
Monthly Budget Report & 2 Budget Modifications **VOTE REQUIRED**	• ICS Finance Project Manager, Hasan Bader • ICS Director, Tasha Wheatt-Delancy	6:10-6:30 (20 min)	Council receives report Council Discussion and Vote
ADM.01.04 Mission Vision Values UPdate	• ICS Deputy Director, Adrienne	6:30-6:45 (15 min)	Council Discussion and Vote

VOTE REQUIRED	Daniels		
Remove NFP & HBI From Scope **VOTE REQUIRED**	• ICS Deputy Director, Adrienne Daniels	6:45-7:00 (15 min)	Council Discussion and Vote
BREAK	• All	7:00-7:10 (10 min)	
3rd Quarter Complaints and Incidents	• Quality Project Manager, Ryan Linskey	7:10-7:30 (20 min)	Council receives report
COVID/ICS/Strategic Updates & Diversity Dashboard	• ICS Director, Tasha Wheatt-Delancy	7:30-7:50 (20 min)	Council receives updates from Director
Council Business Committee Updates **Director Evaluation Results** **Executive Officer Election Results**	• Chair, Harold Odhiambo	7:50-8:00 (10 min)	Council receives updates from Chair
Adjourn Meeting	• Chair, Harold Odhiambo	8:00	**Goodnight!**

Financial Reporting Package

December 2020

Multnomah County Health Department
Federally Qualified Health Center Financial Statement
For Period Ending October 31, 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 – PC 330 (BPHC): The Bureau of Primary Health Care grant revenue is isolated here. This grant is also 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 October 31, 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 October 31, 2020

Community Health Centers - Page 3											October Target:	33%
	Adopted Budget	Revised Budget	Budget Change	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20			
Revenue												
County General Fund Support	$ 10,121,214	$ 10,282,541	$ 161,327	$ 856,878	$ 856,878	$ 856,878	$ 856,878	$ -	$ -	$ 3,427,514	33%	
General Fund Fees and Miscellaneous Revenue	$ -	$ -	$ -	$ 4,818	$ 17,641	$ 7,271	$ 6,157	$ -	$ -			
Grants - PC 330 (BPHC)	$ 9,994,455	$ 9,994,455	$ -	$ -	$ 1,056,312	$ 1,004,805	$ 1,022,045	$ -	$ -			
Grants - COVID-19	$ -	$ -	$ -			$ 32,174	$ 25,007	$ -	$ -			
Grants - All Other	$ 9,036,672	$ 9,073,908	$ 37,236	$ 698,819	$ 496	$ 933,577	$ 784,981	$ -	$ -			
Medicaid Quality and Incentives	$ 6,722,000	$ 6,722,000	$ -	$ -	$ -	$ 682,500	$ 2,424,515	$ -	$ -			
Health Center Fees	$ 109,550,304	$ 109,550,304	$ -	$ 779,461	$ 13,191,600	$ 6,340,430	$ 9,475,457	$ -	$ -			
Self Pay Client Fees	$ 1,214,770	$ 1,214,770	$ -	$ 29,056	$ 57,042	$ 45,990	$ 86,436	$ -	$ -			
Beginning Working Capital	$ 2,515,544	$ 2,515,544	$ -	$ 209,629	$ 209,629	$ 209,629	$ 209,629	$ -	$ -			
Write-offs	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -			
Total	$ 149,154,959	$ 149,353,522	$ 198,563	$ 2,578,661	$ 15,389,598	$ 10,113,253	$ 14,891,105	$ -	$ -			
Expense												
Personnel	$ 98,585,933	$ 98,751,072	$ 165,139	$ 7,233,842	$ 7,033,847	$ 7,679,089	$ 7,607,023	$ -	$ -			
Contracts	$ 4,654,127	$ 4,654,127	$ -	$ 90,123	$ 80,949	$ 267,579	$ 207,258	$ -	$ -			
Materials and Services	$ 18,216,003	$ 18,248,980	$ 32,978	$ 1,461,548	$ 1,692,024	$ 1,305,266	$ 1,676,618	$ -	$ -			
Internal Services	$ 27,437,897	$ 27,438,343	$ 446	$ 1,087,730	$ 2,743,492	$ 1,807,649	$ 2,211,768	$ -	$ -			
Capital Outlay	$ 261,000	$ 261,000	$ -	$ 8,396	$ -	$ -	$ -	$ -	$ -			
Total	$ 149,154,959	$ 149,353,522	$ 198,563	$ 9,881,639	$ 11,550,311	$ 11,059,583	$ 11,702,666	$ -	$ -			
Surplus/(Deficit)	$ -	$ -	$ -	$ (7,302,978)	$ 3,839,286	$ (946,331)	$ 3,188,439	$ -	$ -			

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

Community Health Centers - Page 4 — October Target: 33%

	Adopted Budget	Revised Budget	Budget Change	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Year to Date Total	% YTD
Revenue											
County General Fund Support	$ 10,121,214	$ 10,282,541	$ 161,327	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,427,514	33%
General Fund Fees and Miscellaneous Revenue	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 35,887	
Grants - PC 330 (BPHC)	$ 9,994,455	$ 9,994,455	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,083,161	31%
Grants - COVID-19	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 57,181	
Grants - All Other	$ 9,036,672	$ 9,073,908	$ 37,236	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,417,872	27%
Medicaid Quality and Incentives	$ 6,722,000	$ 6,722,000	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,107,015	46%
Health Center Fees	$ 109,550,304	$ 109,550,304	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 29,786,947	27%
Self Pay Client Fees	$ 1,214,770	$ 1,214,770	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 218,524	18%
Beginning Working Capital	$ 2,515,544	$ 2,515,544	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 838,515	33%
Write-offs	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
Total	$ 149,154,959	$ 149,353,522	$ 198,563	$ -	$ -	$ -	$ -	$ -	$ -	$ 42,972,615	29%
Expense											
Personnel	$ 98,585,933	$ 98,751,072	$ 165,139	$ -	$ -	$ -	$ -	$ -	$ -	$ 29,553,800	30%
Contracts	$ 4,654,127	$ 4,654,127	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 645,909	14%
Materials and Services	$ 18,216,003	$ 18,248,980	$ 32,978	$ -	$ -	$ -	$ -	$ -	$ -	$ 6,135,456	34%
Internal Services	$ 27,437,897	$ 27,438,343	$ 446	$ -	$ -	$ -	$ -	$ -	$ -	$ 7,850,639	29%
Capital Outlay	$ 261,000	$ 261,000	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 8,396	3%
Total	$ 149,154,959	$ 149,353,522	$ 198,563	$ -	$ -	$ -	$ -	$ -	$ -	$ 44,194,200	30%
Surplus/(Deficit)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ (1,221,584)	

Notes:
Financial Statement is for Fiscal Year 2021 (July 2020 - June 2021). Columns are blank/zero until the month is closed.

The Revised Budget differs from the Adopted Budget due to the following budget modifications:

> A vacant Senior Finance Manager position was moved from an out-of-scope program in the Financial and Business Management division to an in-scope program in Integrated Clinical Services. General Fund Support and Personnel each increased by $161 thousand.

> $37 thousand Public Health Title V revenue (Grants - All Other) and $37 thousand expenses (Materials & Supplies) were transferred from an out-of-scope Environmental Health program to an in-scope Early Childhood Services program.

> Three positions in ICS were reclassified to better align employees' job titles with their responsibilities. Personnel costs and internal services (indirect expense) increased by $4 thousand, with an offsetting reduction to Materials and Services.

July - August was FY20 year end close. Health center fee's for July were booked in August. Health center fee's in October are approximating our monthly budgeted amount.

Grants- PC 330 (BPHC): Invoicing typically occurs one month after expenses. This is a typical timeline.

Grants- All Other: Behavioral Health Grants revenue receipt from July to September received in July. We expect to receive this revenue monthly starting in October.
Programs don't always spend in a uniform manner, sometimes they fluctuate, especially with school based grants, where spending is concentrated through out operational months.

Expenses for a period are invoiced in the next period as per the typical timeline.

Expenditures are tracking at 30% which is primarily due to personel and internal services which are tracking at 30% and 29% respectively.

Multnomah County Health Department
Community Health Council - Fiscal Year 2020 YTD Actual Revenues and Expenses by Program Group
For Period Ending October 31, 2020

	Category	Description	40-710 Administrative	Non-ICS Service Programs	40-720 HD Dental	40-730 HD Pharmacy	40-740 HD Primary Care Clinics	40-750 HD Quality and Compliance	40-760 HD Student Health Centers	40-770 HD HIV Clinic	40-780 HD Lab	Y-T-D Actual	Y-T-D Budget	FY2021 Revised Budget	Percent of Budget
Revenues	County General Fund Support		478,717	2,168,584	-	-	47,977	134,701	597,535	-	-	3,427,514	3,427,514	10,282,541	33%
	General Fund Fees and Miscellaneous Revenue		-	-	-	19,880	10,210	5,797				35,887	-	-	0%
	Grants - HRSA PC 330 Health Center Cluster		538,264	-	131,313	-	2,181,886	120,304	48,531	62,864	-	3,083,161	3,331,485	9,994,455	31%
	Grants - HRSA Healthy Birth Initiatives		-	294,037	-	-	-	-	-	-	-	294,037	326,667	980,000	30%
	Grants - HRSA Ryan White		-	-	-	-	-	-	-	618,748	-	618,748	839,942	2,519,826	25%
	Grants - OHA Ryan White		-	-	-	-	-	-	-	95,971	-	95,971	119,984	359,952	27%
	Grants - OHA Non-Residential Mental Health Services		-	910,613	-	-	-	-	-	-	-	910,613	929,448	2,788,345	33%
	Grants - HRSA Expanding Capacity for Coronavirus Testing		9,441	-	-	-	-	-	-	-	-	9,441	-	-	0%
	Grants - Other COVID-19 Funding		-	-	-	-	-	-	-	47,740	-	47,740	-	-	0%
	Grants - All Other		128,280	42,768		-	7,484		254,077	65,894	-	498,503	808,595	2,425,785	21%
	Medicaid Quality and Incentive Payments		1,444,297		783,976	-	-	878,742		-	-	3,107,015	2,240,667	6,722,000	46%
	Health Center Fees		942,554	788,209	3,667,806	10,078,564	13,043,443	-	454,537	811,835	-	29,786,947	36,516,768	109,550,304	27%
	Self Pay Client Fees		-	-	29,108	91,336	97,647	-	140	292	-	218,524	404,923	1,214,770	18%
	Beginning Working Capital		233,333	185,921	166,667	-	-	252,593	-	-	-	838,515	838,515	2,515,544	33%
Revenues Total			3,774,886	4,390,133	4,778,870	10,189,780	15,388,647	1,392,137	1,354,819	1,703,344	-	42,972,616	49,784,507	149,353,522	29%
	Personnel	Permanent	1,906,563	1,810,063	3,299,729	1,462,301	6,063,491	777,710	545,426	847,744	262,449	16,975,478	18,902,194	56,706,583	30%
		Premium	24,439	33,738	32,003	19,643	133,661	4,760	8,331	14,386	61	271,022	407,642	1,222,925	22%
		Salary Related	723,931	691,220	1,232,157	536,130	2,192,888	289,384	215,505	290,207	98,883	6,270,306	7,379,858	22,139,574	28%
		Temporary	47,662	19,428	63,654	19,116	296,945	28,667	5,825	102,860	-	584,157	426,016	1,278,048	46%
		Insurance Benefits	625,051	586,330	982,090	369,381	1,729,831	226,953	205,357	252,817	90,727	5,068,538	5,609,468	16,828,403	30%
		Non Base Fringe	14,976	5,067	22,045	2,170	90,230	11,969	851	25,522	-	172,828	77,159	231,478	75%
		Non Base Insurance	4,602	2,337	1,172	328	15,280	539	103	2,701	-	27,062	8,392	25,176	107%
		Overtime	9,472	10,898	48,474	573	104,455	5,989	156	1,970	2,422	184,409	106,296	318,887	58%
	Personnel Total		**3,356,696**	**3,159,081**	**5,681,324**	**2,409,644**	**10,626,781**	**1,345,971**	**981,555**	**1,538,206**	**454,542**	**29,553,800**	**32,917,024**	**98,751,072**	30%
	Contractual Services	County Match & Sharing		-								-	300,541	901,623	0%
		Direct Client Assistance	1,610	1,163	49		1,128		135	14,518		18,602	26,970	80,910	23%
		Pass-Through & Program Support		78,674								78,674	158,995	476,984	16%
		Professional Services	111,835	5,563	62,700	22,245	318,897	879	5,428	18,144	2,940	548,633	1,064,870	3,194,610	17%
	Contractual Services Total		**113,445**	**85,400**	**62,748**	**22,245**	**320,025**	**879**	**5,563**	**32,662**	**2,940**	**645,909**	**1,551,376**	**4,654,127**	14%
	Internal Services	Indirect Expense	300,930	107,836	664,715	281,928	1,242,511	87,966	68,138	161,294	53,181	2,968,499	3,467,453	10,402,359	29%
		Internal Service Data Processing	255,758	315,830	447,517	557,729	1,023,325	111,319	181,590	180,577	47,814	3,121,459	3,372,766	10,118,298	31%
		Internal Service Distribution & Records	11,580	4,365	33,033	34,475	55,578	2,156	29,853	3,126	9,585	183,751	195,903	587,708	31%
		Internal Service Enhanced Building Services	32,729	28,185	46,111	16,033	78,676	10,092		10,283	4,977	227,086	343,669	1,031,008	22%
		Internal Service Facilities & Property Management	162,195	139,675	228,510	79,456	389,891	50,013		50,958	24,662	1,125,361	1,369,105	4,107,316	27%
		Internal Service Facilities Service Requests	12,109	3,573	20,181	1,461	26,083	751	8,915	1,384	146	74,603	113,022	339,067	22%
		Internal Service Fleet Services	279	6,695	6,192			117	98	26		13,408	19,309	57,926	23%
		Internal Service Other	1,900	538	16,580	843	5,203		514	1,537	218	27,333	-	-	0%
		Internal Service Telecommunications	11,661	14,738	12,157	4,048	46,181	4,457	8,250	5,527	2,120	109,140	264,887	794,661	14%
	Internal Services Total		**789,142**	**621,436**	**1,474,996**	**975,974**	**2,867,449**	**266,872**	**297,356**	**414,712**	**142,702**	**7,850,639**	**9,146,114**	**27,438,343**	29%
	Materials & Supplies	Communications	900	10		-	-	520	559	707		2,697	3,245	9,734	28%
		Dues & Subscriptions	-	696	359	486	3,378	-	10,097	280	-	15,296	54,076	162,227	9%
		Pharmaceuticals		42	-	5,018,845	212,834		18,060	45,022		5,294,803	4,738,527	14,215,581	37%
		Rentals	7,596	3,570	7,704	9,502	37,096	5,355	6,704	4,349	1,580	83,456	18,231	54,692	153%
		Repairs & Maintenance	48	42	493	24	116	15	-	15	1,959	2,711	22,951	68,853	4%
		Software, Subscription Computing, Maintenance	77,719	1,061	2,508	33,790	19	418				115,515	36,187	108,562	106%
		Supplies	50,369	9,973	18,137	12,007	12,316	3,327	862	25,844	28,532	161,367	250,188	750,563	21%
		Local Travel	3,358	3,144	711	745	204	1,302	273	99	13	9,850	46,257	138,771	7%
		Medical & Dental Supplies	25,341	229	277,135	146	97,546	243	6,306	7,468	12,432	426,846	690,342	2,071,027	21%
		Training & Non-Local Travel	1,218	288	1,518	199	13,442	813	1,155	(149)	-	18,484	222,990	668,970	3%
		Refunds			1,257	113	1,777			112		3,258	-	-	0%
		Utilities									1,175	1,175	-	-	0%
	Materials & Supplies Total		**166,549**	**19,056**	**309,821**	**5,075,857**	**378,726**	**11,994**	**44,016**	**83,747**	**45,691**	**6,135,456**	**6,082,993**	**18,248,980**	34%
	Capital Outlay	Capital Equipment - Expenditure	-	8,396		-	-	-	-	-	-	8,396	87,000	261,000	3%
	Capital Outlay Total		**-**	**8,396**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**8,396**	**87,000**	**261,000**	3%
Expenditures Total			4,425,832	3,884,973	7,528,889	8,483,720	14,192,981	1,625,716	1,328,491	2,069,328	645,876	44,194,200	49,784,507	149,353,522	30%
Net Income/(Loss)			(650,946)	505,160	(2,750,018)	1,706,060	1,195,666	(233,578)	26,328	(365,984)	(645,876)	(1,221,584)	-	-	
Beginning Working Capital from FY 2020			2,402,217	43,917	2,588,938	-	41,715	2,834,609	2,000	23,600	-	7,936,995			

Notes:
Administrative Programs include the following:
> ICS Administration
> ICS Health Center Operations
> ICS Primary Care Administrative and Support

Non-ICS Service Programs include the following:
> Direct Clinical Services - Behavioral Health
> Early Childhood Services - Public Health

Beginning Working Capital from FY 2020 is subject to approval from General Ledger. Amounts should be considered preliminary.

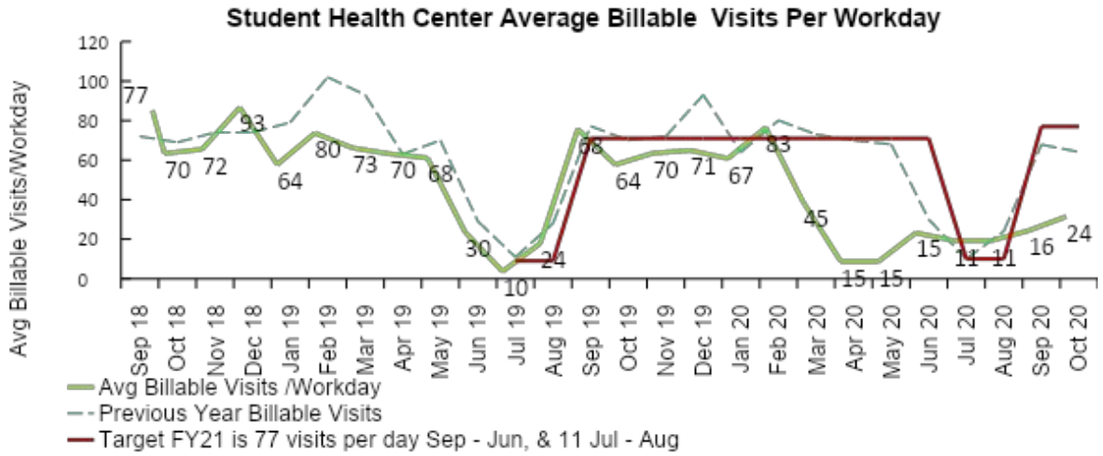
Multnomah County - Federally Qualified Health Center

Monthly Dashboard

October 2020

Prepared by: Stuart Johnson

FQHC Average Billable Visits per day by month per Service Area



What this slide shows:

This report takes the total number of billable visits for a month and divides it by total number of work days for an Average Billable Visits per work day, and compares to a Target based on the total # of provider FTE.

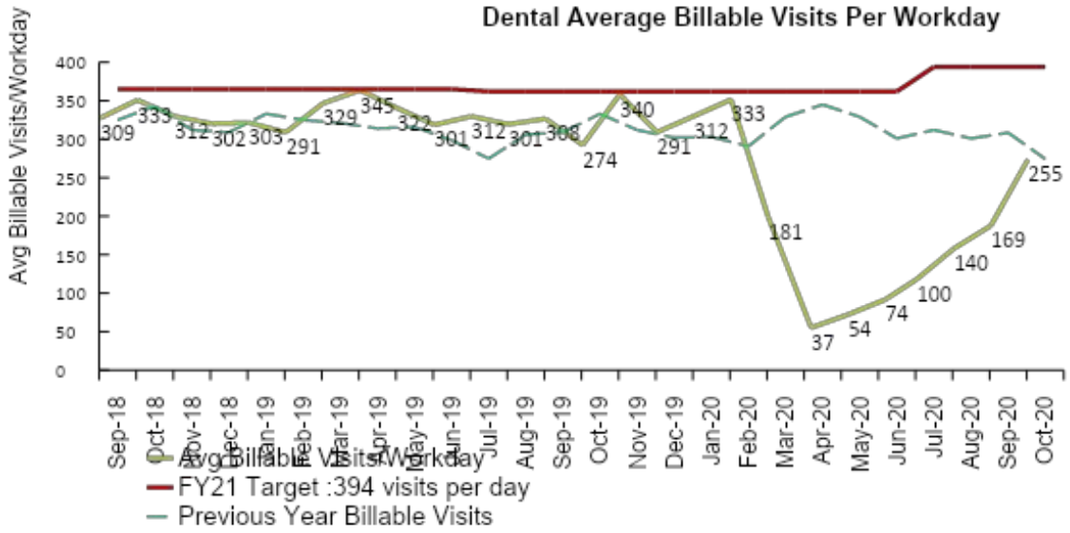
Good performance = the green "actual average" line at or above the red "target" line

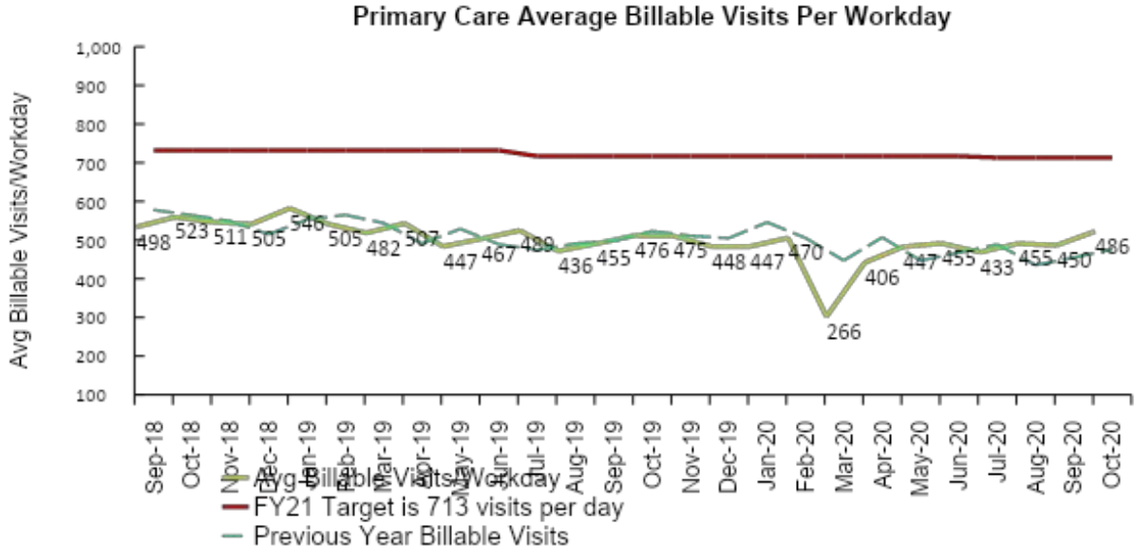
Definitions:

Billable: Visit encounters that have been completed and meet the criteria to be billed.

- Some visits may not yet have been billed due to errors that need correction.
- Some visits that are billed
- may not be paid, or not paid at the full billed amount, due to missing or incorrect documentation or coding, exceeding timely filing, or what is included in the insurance plan's benefits.

Work Days: PC and Dental are based on number of days actually worked. SHC are based on days the clinics are open and school is in session.





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

Percentage of Uninsured Visits by Quarter

What this slide shows:

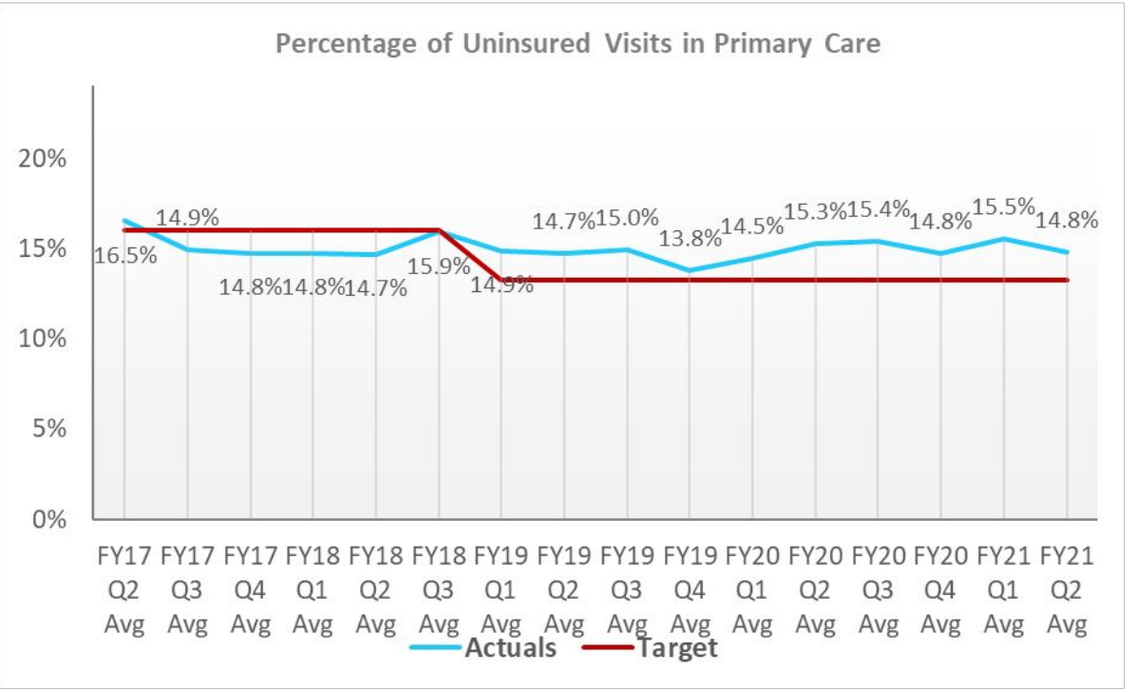
This report shows the average percentage of "self pay" visits per month.

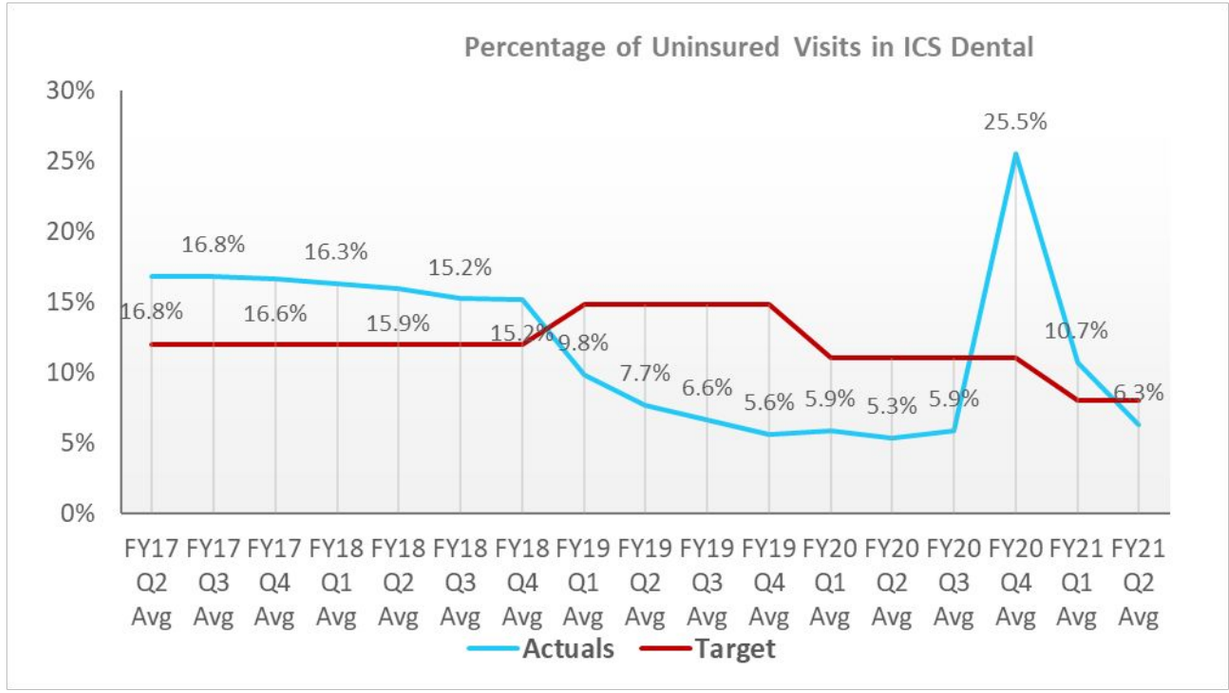
Good performance = the blue "Actual" line is <u>around or below</u> the red "Target" line

Definitions:

Self Pay visits: visits checked in under a "self pay" account

- Most "self pay" visits are for uninsured clients
- Most "self pay" visits are for clients who qualify for a Sliding Fee Discount tier
- A small percentage may be for patients who have insurance, but for various reasons have chosen not to bill the visit to insurance (confidential services, etc)





Comments:

Primary Care target % of Uninsured Visits for FY18: 16%; for FY19: 13.25%; for FY20 13.27%; FY21 13.23%

Dental target % of Uninsured Visits for FY18: 12%; for FY19: 14.85%; for FY20 11.00%; FY21 8%

Payer Mix for ICS Primary Care Health Center by Quarter

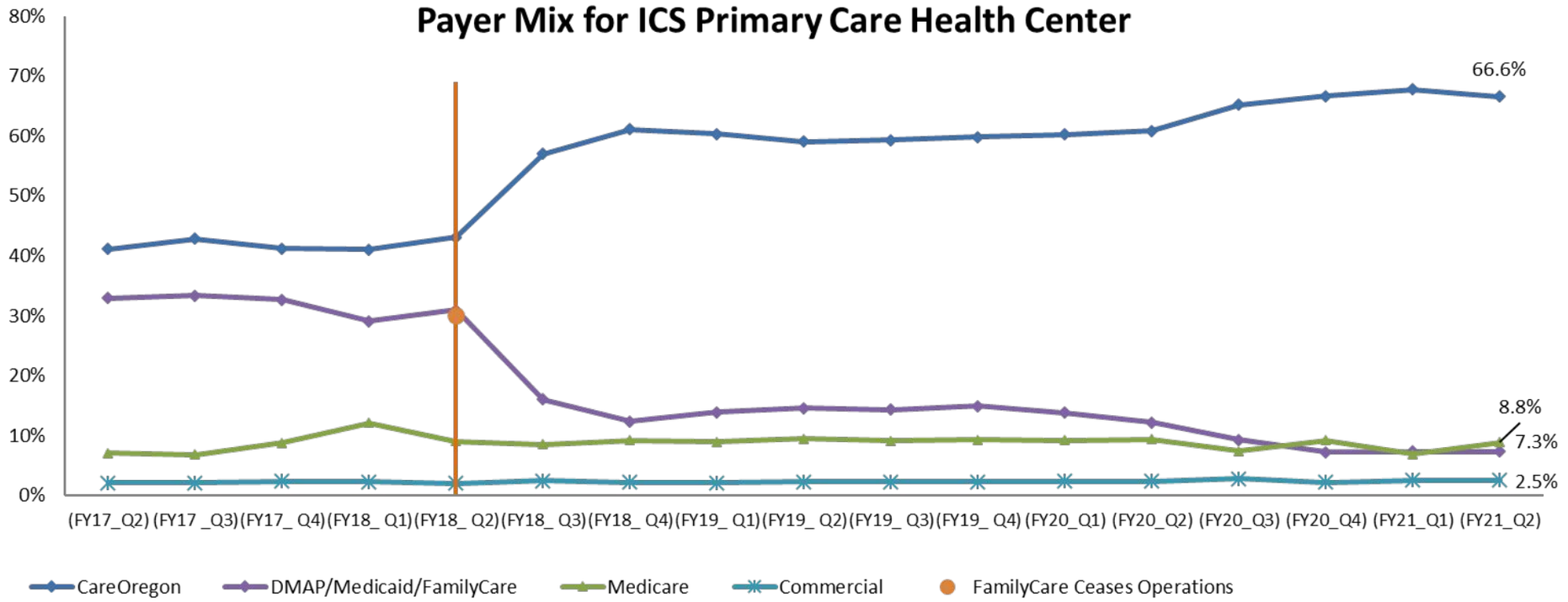
What this slide shows:

This report shows the percentage of total visits checked in to each payer for Primary Care (excludes SHC and HHSC).

This slide is not meant to assess "good performance," but to understand the changes in payer mix. Deviations (such as closure of a Medicaid plan or changes in plan preferred providers) may mean changes in revenue and should be reviewed and explained.

Definitions:

Payer: Who will be billed/charged for the visit, based on the account that the visit was checked in under.



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

Number of OHP Clients Assigned by CCO

What this slide shows:

This report shows the total number of patients OHP has assigned to the Multnomah County Health Center. *NOTE: Not all of these patients have established care.*

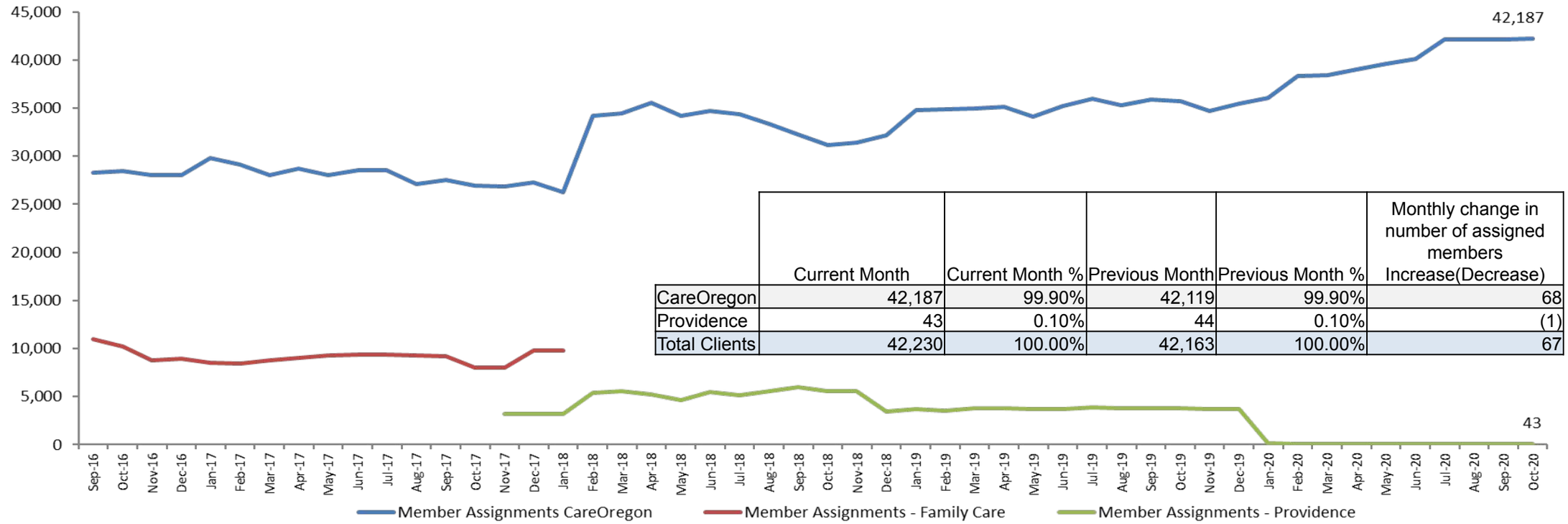
Good performance = increased number of assigned patients, suggesting higher potential APCM revenue

Definitions:

APCM: Alternative Payment and Care Model (aka APM: Alternative Payment Methodology). In addition to billing for services, APCM payers also pay health centers a PMPM rate.

PMPM: Per-Member-Per-Month. PMPM ranges around $40-60/month, depending on payer. This is only received if the patient is assigned to us by their OHP health plan AND meets criteria for being established and engaged in care (has a qualifying visit or care step)

OHP Primary Care Member Assignments



	Current Month	Current Month %	Previous Month	Previous Month %	Monthly change in number of assigned members Increase(Decrease)
CareOregon	42,187	99.90%	42,119	99.90%	68
Providence	43	0.10%	44	0.10%	(1)
Total Clients	42,230	100.00%	42,163	100.00%	67

CareOregon FY21 average 42,153 :: Providence FY21 average 46

ICS Net Collection Rate by Payer
Aug'20 – Oct'20 vs Jan'20 – Oct'20 (YTD)

	Aug - Oct Payments	YTD Payments	Aug - Oct Net Collection	YTD Net Collection
CareOregon Medicaid	$2,942,446	$9,519,534	98%	97%
Commercial	$160,645	$805,058	86%	84%
Medicaid	$267,808	$1,234,475	97%	92%
Medicare	$585,702	$1,725,425	98%	96%
Reproductive Health	$45,287	$199,420	98%	99%
Self-Pay	$156,599	$485,516	28%	19%
	$4,158,487	$13,969,428		

What this slide shows:

This report shows the effectiveness in collecting reimbursements by Payer

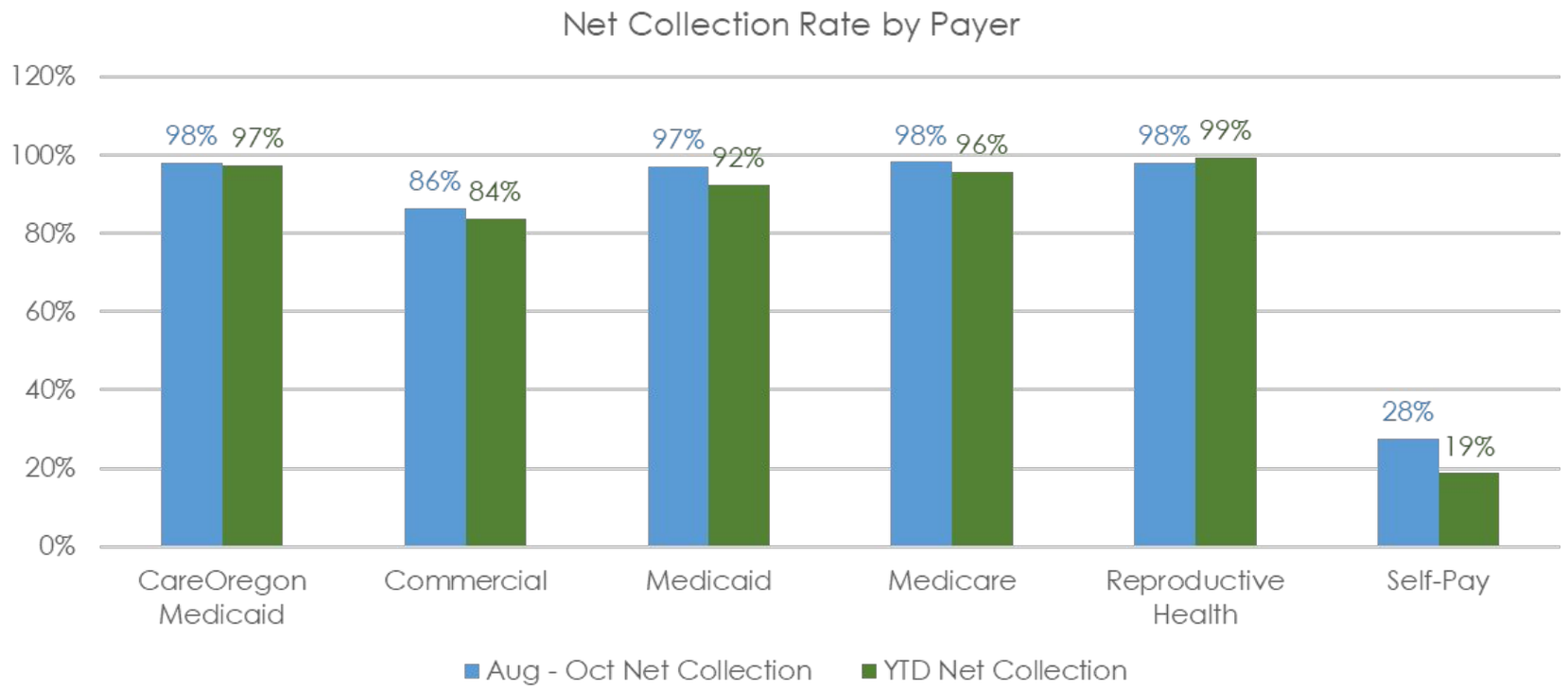
The benchmark for Net Collection Rate is 90% - 100%. Over 95% is ideal per HFMA

Definitions:

Net Collection Rate % = Payments / Payments + Avoidable

Avoidable: Bad Debt, Write-off Past Untimely Filing and DX Not Covered.

Payments: What we received from each payer, based on contracted rates (for insurance plans) and Sliding Fee Discount fees (for self pay)



ICS Net Collection Rate by Service Group
Aug'20 – Oct'20 vs Jan'20 – Oct'20 (YTD)

	Aug - Oct Payments	YTD Payments	Aug - Oct Net Collection	YTD Net Collection
MC Dental	$1,132,176	$3,736,694	96%	92%
MC HSC Health Service Center	$250,608	$919,548	88%	92%
MC Pharmacy - Self Pay Only	$64,405	$181,708	41%	28%
MC Primary Care	$2,629,138	$8,560,293	89%	83%
MC School Based Health Centers	$82,161	$571,185	95%	95%
	$4,158,487	$13,969,428		

What this slide shows:

This report shows the effectiveness in collecting reimbursements by Service Group

The benchmark for Net Collection Rate is 90% - 100%. Over 95% is ideal per HFMA

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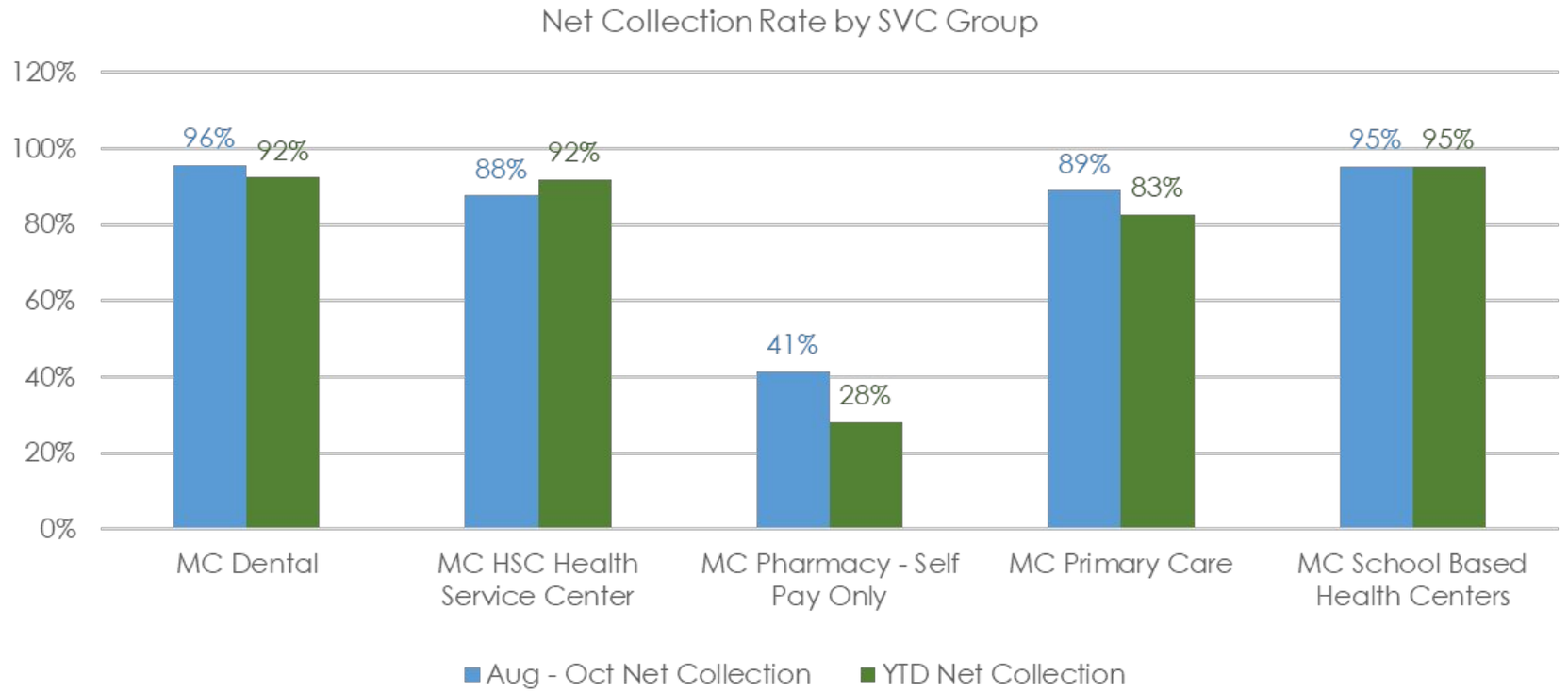


Multnomah County
Agenda Placement Request
Budget Modification

(FY 2021)

Board Clerk Use Only

Meeting Date: _____

Agenda Item #: _____

Est. Start Time: _____

Date Submitted: _____

Agenda Title: BUDGET MODIFICATION # HD-xx-21: TBD

Requested Meeting Date: January 7, 2021 **Time Needed:** 5 min

Department: 40 - Health Department **Division:** Integrated Clinical Services

Contact(s): Adrienne Daniels, ICS Deputy Director and Hasan Bader, ICS Budget Manager

Phone: 503-407-3426 **Ext.** X84826 **I/O Address** 165/7

Presenter Name(s) & Title(s): Adrienne Daniels, Deputy Director of Integrated Clinical Services

General Information

1. What action are you requesting from the Board?

Approval to appropriate $610,707 in revenue from the Intergovernmental Agreement for COVID-19 Federal Expanded Capacity Testing (CARES Act) to Integrated Clinical Services.

2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.

The Coronavirus Aid, Relief, and Economic Security Act (CARES Act) established federal support to public health, clinical health, and related healthcare programs to expand organizational capacity to treat and support patients during the COVID-19 pandemic. Integrated Clinical Services provides direct clinical healthcare to Multnomah County as a Community Health Center. Throughout the public health crisis, our clinics have provided primary care, dental, and pharmacy services; this includes COVID-19 testing, treatment, and prevention.

The requested funds will be used to purchase additional materials, staff services, and supplies related to the COVID-19 response. This includes materials to support testing, supplies and modifications to clinical design to improve infection prevention during procedures, and supplies to extend both primary care and dental services to priority BIPOC populations most at risk during the public health crisis (support for telemedicine and teledental services and outreach).

The budget modification will support Program Offer 407006: ICS Support and Infrastructure.

3. Explain the fiscal impact (current year and ongoing).

Approval of this budget modification will increase Multnomah County's federal/state FY21 budget by $610,707. There is no increase to County General Fund revenue.

4. Explain any legal and/or policy issues involved.

Funds allocated to the Community Health Center program will also require approval by the Community Health Council.

5. Explain any citizen or other government participation.

The Community Health Council acts as the governing board for the Community Health Center program. This board is required to be comprised of a minimum 51% active patients. The remaining board members represent various community stakeholders. The board has remained supportive of the Health Center program's response to COVID-19 and has encouraged outreach and services which are designed to reach BIPOC patient populations.

Budget Modification

6. What revenue is being changed and why? If the revenue is from a federal source, please list the Catalog of Federal Assistance Number (CFDA).

The County's federal/state revenue budget will increase by $610,707. This is funding from the CARES Act. The CFDA is 93.224.

7. What budgets are increased/decreased?

Integrated Clinical Services' budget will increase by $610,707.

8. What do the changes accomplish?

These budget modification will allow additional purchases to support the clinical COVID-19 response. This includes direct testing, logistical support for PPE and materials, and outreach to priority patient populations.

9. Do any personnel actions result from this budget modification?

These funds will support staffing roles responsible for implementing specific COVID19 response activities, including program coordination and testing. 4.5 FTEs will be supported.

10. If a grant, is 100% of the central and department indirect recovered? If not, please explain why.

The standard central I/C rate of 2.53% and the Health Department I/C rate of 9.17% is included in this budget modification.

11. Is the revenue one-time-only in nature? Will the function be ongoing? What plans are in place to identify a sufficient ongoing funding stream?

This revenue is one-time only funding from the CARES act. The funds will be used to purchase equipment which may be used over many months, extending the initial purchase power of this budget modification. Staff roles will be used to coordinate the distribution of supplies, respond to and support COVID19 testing, and assist in patient outreach. These roles will be limited in nature to be only active during the public health crisis.

12. If a grant, what period does the grant cover? When the grant expires, what are funding plans? Are there any particular stipulations required by the grant (e.g. cash match, in kind match, reporting requirements, etc)?

The funds must be spent by April 30, 2021. The CARES act may require future reporting on the impact of the purchases.

Required Signature

Elected Official or Dept. Director:		**Date:**	
Budget Analyst:		**Date:**	
Department HR:		**Date:**	
Countywide HR:		**Date:**	

Multnomah County
Agenda Placement Request
Budget Modification
(FY 2021)

Board Clerk Use Only

Meeting Date: _____

Agenda Item #: _____

Est. Start Time: _____

Date Submitted: _____

Agenda Title: BUDGET MODIFICATION # HD-xx-21: TBD

Requested Meeting Date: Dec 17, 2020 **Time Needed:** 5 min

Department: 40 - Health Department **Division:** Integrated Clinical Services

Contact(s): Tasha Wheatt-Delancy, ICS Director and Hasan Bader, ICS Budget Manager

Phone: 503-710-7006 **Ext.** X86642 **I/O Address** 165/7

Presenter Name(s) & Title(s): Tasha Wheatt-Delancy, Director of Integrated Clinical Services

General Information

1. What action are you requesting from the Board?

Approval to appropriate $316,219 in revenue from the Intergovernmental Agreement for COVID-19 CARES Act (Provider Relief Funding) to Integrated Clinical Services.

2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.

The Provider Relief Fund established federal support to clinical health practices by providing base payments intended to replace lost revenue due to the COVID-19 pandemic. As a safety-net clinic which participates in the HRSA Health Center Program, Integrated Clinical Services qualified for these payments. The total relief funding was developed by CMS utilizing previous Medicare revenue to determine qualified amounts.

The budget modification will support Program Offer 40019: ICS Primary Care Services.

3. Explain the fiscal impact (current year and ongoing).

Approval of this budget modification will increase Multnomah County's federal/state FY21 budget by $316,269. There is no increase to County General Fund revenue.

4. Explain any legal and/or policy issues involved.

Funds allocated to the Community Health Center program will also require approval by the Community Health Council.

5. Explain any citizen or other government participation.

The Community Health Council acts as the governing board for the Community Health Center program. This board is required to be comprised of a minimum 51% active patients. The remaining board members represent various community stakeholders. The board has remained supportive of the Health Center program's response to COVID-19 and has encouraged outreach and services which are designed to reach BIPOC patient populations.

Budget Modification

6. What revenue is being changed and why? If the revenue is from a federal source, please list the Catalog of Federal Assistance Number (CFDA).

The County's federal/state revenue budget will increase by $316,269. This is funding from the CARES Act Provider Relief Fund. The CFDA is 93.498.

7. What budgets are increased/decreased?

Integrated Clinical Services' budget will increase by $316,269.

8. What do the changes accomplish?

These budget modification will help reduce lost revenue in primary care programs due to lost revenue.

9. Do any personnel actions result from this budget modification?

These funds will support staffing roles responsible for primary care services.

10. If a grant, is 100% of the central and department indirect recovered? If not, please explain why.

The standard central I/C rate of 2.53% and the Health Department I/C rate of 9.17% is included in this budget modification.

11. Is the revenue one-time-only in nature? Will the function be ongoing? What plans are in place to identify a sufficient ongoing funding stream?

This revenue is one-time only funding from the CARES act. The funds will be used to supplement lost revenue associated with primary care staffing roles.

12. If a grant, what period does the grant cover? When the grant expires, what are funding plans? Are there any particular stipulations required by the grant (e.g. cash match, in kind match, reporting requirements, etc)?

The funds must be spent by December 31, 2020. The CARES act may require future reporting on the impact of the purchases.

Required Signature

Elected Official or Dept. Director:		**Date:**	
Budget Analyst:		**Date:**	
Department HR:		**Date:**	
Countywide HR:		**Date:**	

Title:	**Integrated Clinical Services: Vision, Mission and Values**		
Policy #:	**ADM.01.04**		
Section:	Integrated Clinical Services	Chapter:	Mission Statements and Philosophies
Approval Date:	12/14/2020	Approved by:	Tasha Wheatt-Delancy
Approval Date:	12/14/2020	Approved by:	H. Odhiambo, Chair Community Health Council
Related Procedure(s):	Not applicable		
Related Standing Order(s):	Not applicable		
Applies to:	Health Center Program (FQHC)		

PURPOSE

This policy defines the mission, vision and values for the Health Center Program (administered by the Health Department's Integrated Clinical Services (ICS) Division).

DEFINITIONS

Term	Definition
ICS	Integrated Clinical Services, a division within the Multnomah County Health Department

POLICY STATEMENT

ICS Vision:

Integrated. Compassionate. Whole person health.

ICS Mission:

~~Providing services that improve health and wellness for individuals, families, and our communities.~~

Bringing services to individuals and ~~,~~ families, ~~and communities~~ that advances health equity and improves the community's health and wellness.
Bringing services to individuals, families and communities that centers on racial equity, eliminates health inequities and improves health and wellness. ~~while advancing health equity and eliminating health disparities.~~

ICS Strategic Values:

- Equitable Care that assures all people receiv~~ive~~ high quality, safe, and meaningful care ~~Quality and Safety~~
- Patient and Community Determined: Leveraging the colletive voices of the people we serve~~Person-Centered and Culturally Relevant~~
- Supporting Fiscally Sound and Accountable practices which advances health and racial equity. ~~and center on racial equity~~
- Engaged, Expert, Diverse Workforce which reflects the communites we serve

REFERENCES AND STANDARDS

References: Health Center Program's Strategic Plan

HRSA Compliance Manual: Board Governance

PROCEDURES AND STANDING ORDERS

Not applicable

RELATED DOCUMENTS

Name	Location
None	N/A

POLICY REVIEW INFORMATION

Required Approval level:	Division Director, Community Health Council Chair
Regulatory Organizations:	Health Resources and Services Administration
Reviewers:	ICS Director
Inform:	Community Health Council Liaison
Point of Contact:	Adrienne Daniels, Deputy ICS Director
Renewal Term:	3 years
Next Review Date:	12/14/2023
Supersedes:	Not applicable

Community Health Council

Removal of Nurse Family Partnership and Healthy Birth Initiative from Scope of Services

Inform Only	Annual/ Scheduled Process No	New Proposal Yes	Review & Input	Inform & Vote

Date of Presentation: 12/14/20	Program / Area: Primary Care
Presenters: Adrienne Daniels	
Project Title and Brief Description: Removal of Nurse Family Partnership and Healthy Birth Initiative from the FQHC Scope of Services	
Describe the current situation: The Health Center Program (FQHC) currently provides nursing home visits as part of the scope of services available to patients. These are provided through two program areas: Nurse Family Partnership (NFP) and the Healthy Birth Initiative (HBI). Both programs are managed in the Public Health Division, and not in Integrated Clinical Services.	
Why is this project, process, system being implemented now? The change in scope is recommended because both the NFP and HBI programs can now qualify for higher reimbursement rates which do not require participation in the FQHC model. Remaining as part of the FQHC presents ongoing operational and compliance challenges.	
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):* The NFP and HBI programs provide culturally specific services to first time mothers and families during pregnancy and the postpartum period. Both programs have participated in the FQHC scope and previously benefited from the FQHC Wrap Payment model. However, Oregon has now implemented a specific targeted case	

management payment rate for these programs, which provides a higher financial benefit than the FQHC rate. ICS Leadership has reviewed the ongoing compliance and operational requirements to remain in scope of the FQHC with NFP and HBI programs. These operational requirements remain hard to oversee if the programs are managed outside of ICS. Given the change in reimbursement, remaining in scope of the FQHC without additional changes in operational oversight remains risky for both programs. Both programs would remain available for patients at Multnomah County, but would be managed outside of the FQHC's scope.
List any limits or parameters for the Council's scope of influence and decision-making: The Council cannot implement operational changes and is only voting on the scope of services.
Briefly describe the outcome of a "YES" vote by the Council *(be sure to also note any financial outcomes):* A YES vote would remove the NFP and the HBI from the scope of the FQHC. Nursing home visits would no longer be included as a service offered by the FQHC. Services could still be available to patients, but would not be managed by the FQHC.
Briefly describe the outcome of a "NO" vote or inaction by the Council *(be sure to also note any financial outcomes):* A NO vote would keep the NFP and the HBI in the scope of the FQHC. Leadership would need to work to assure operational oversight of both programs to remain in compliance with HRSA expectations.
Which specific stakeholders or representative groups have been involved so far? ● Jessica Guernsey, Public Health Director ● LaRisha Baker, Maternal Child Family Health Director ● Ricky Holt, Program Supervisor, Maternal Child and Family Health ● Debbie Rood, Public Health Budget Manager ● Wendy Lear, Financial and Business Mgt Director ● Adrienne Daniels, ICS Deputy Director
Who are the area or subject matter experts for this project? *(& brief description of qualifications):* ● LaRisha Baker, Maternal Child Family Health Director (Expert on NFP and HBI Programs)

Community Health Council

● Adrienne Daniels, ICS Deputy Director (HRSA compliance)
What have been the recommendations so far? Because both the NFP and HBI programs no longer receive a financial incentive to participate in the FQHC, it is recommended that both are removed from the scope of service. The programs will continue to be managed by the Public Health Division and provide services to patients who need access to culturally specific maternal care.
How was this material, project, process, or system selected from all the possible options? This option was selected based on the risk and operational changes required if both programs were to remain in the scope of the FQHC. It is the option which results in the lowest risk to the FQHC and doesn't impact financial collection for each program.

Council Notes:

Complaints Report

Reported Complaints | Complaint by Type

Reported Complaints

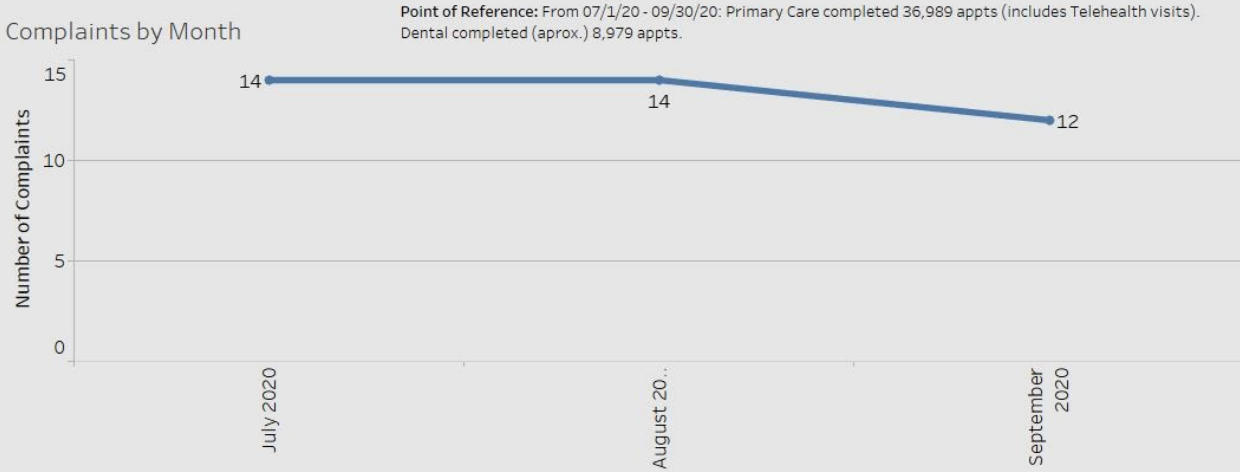
This report displays all of the complaints reported to ICS. Use the toolbar across the top to jump to *Complaints by Type*.

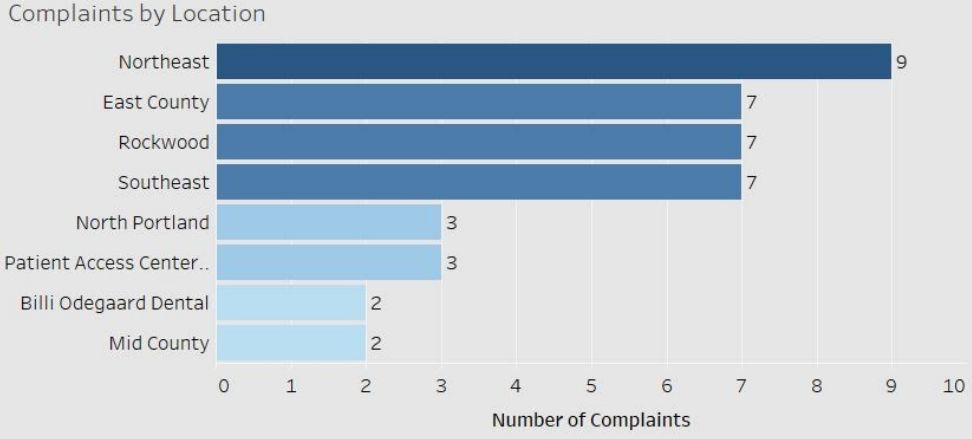
Use the filters below to further explore the data!

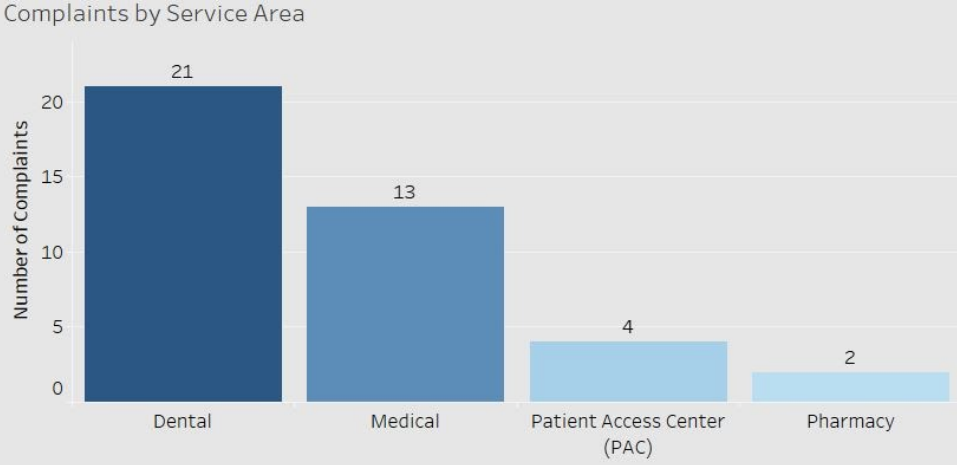
By Service Area: (All)

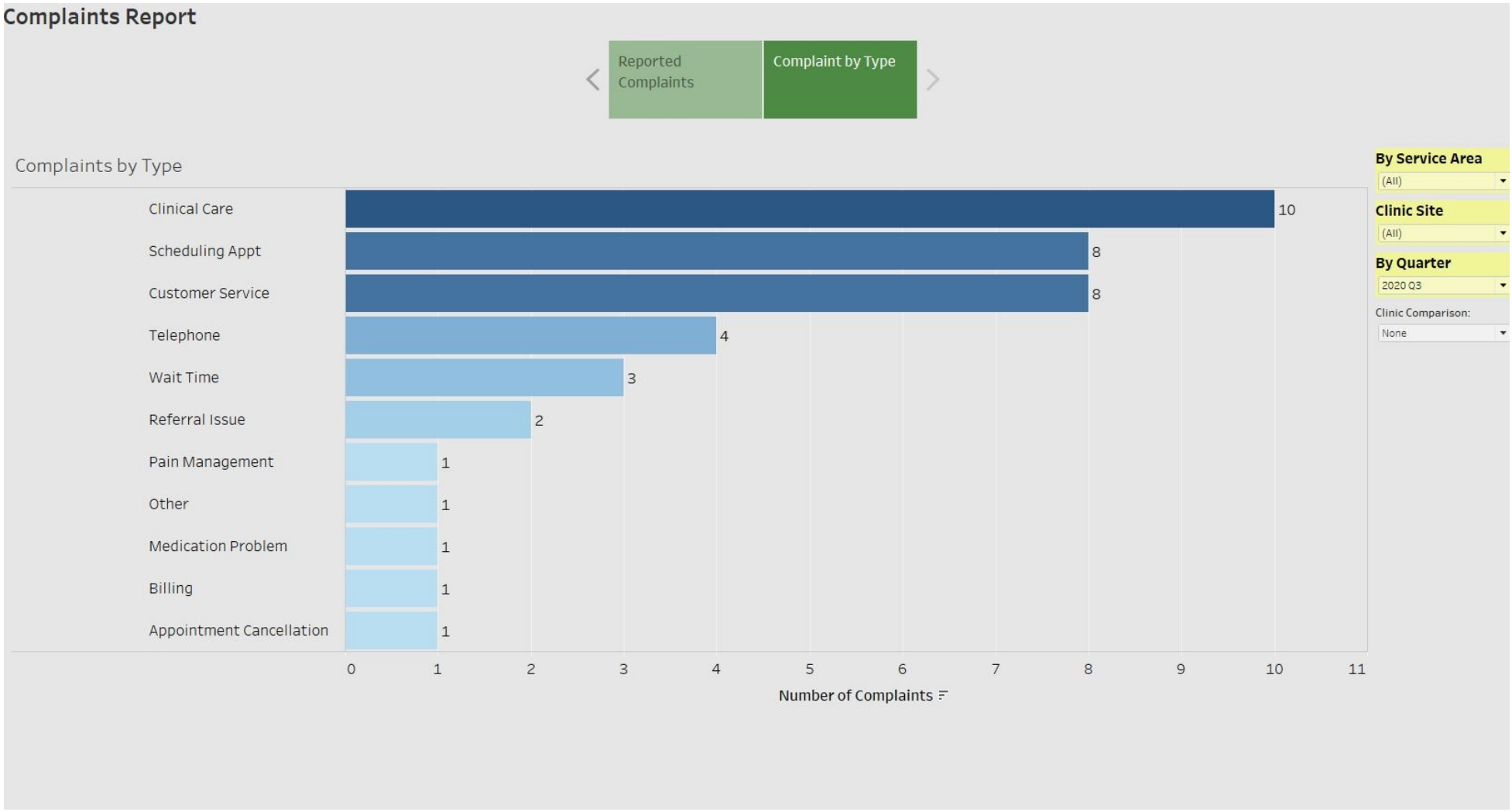
By Quarter: 2020 Q3

Point of Reference: From 07/1/20 - 09/30/20: Primary Care completed 36,989 appts (includes Telehealth visits). Dental completed (aprox.) 8,979 appts.








Complaints Report
Reported Complaints
Complaint by Type
Complaints by Type
Clinical Care
Scheduling Appt
Customer Service
Telephone
Wait Time
Referral Issue
Pain Management
Other
Medication Problem
Billing
Appointment Cancellation
10
8
8
4
3
2
1
1
1
1
1
0 1 2 3 4 5 6 7 8 9 10 11
Number of Complaints
By Service Area
(All)
Clinic Site
(All)
By Quarter
2020 Q3
Clinic Comparison:
None

Incidents Report

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

Point of Reference: From 07/1/20 - 09/30/20: Primary Care completed 36,989 appts (includes Telehealth visits). Dental completed (aprox.) 8,979 appts.

Multnomah County

Reported Incidents

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

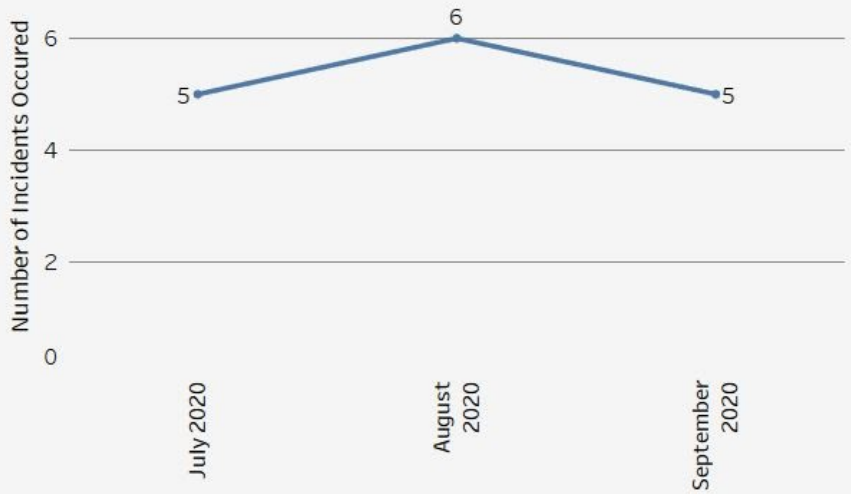
Use the filters below to further explore the data!

By Service Area
(All)

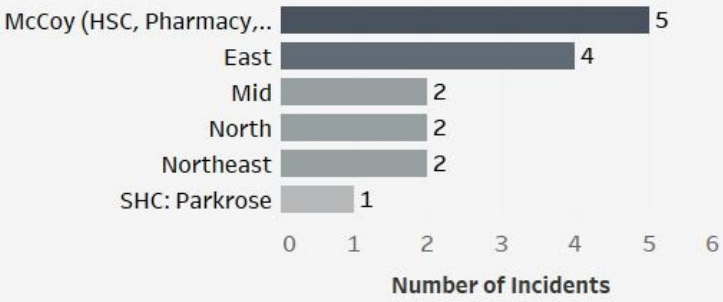
By Quarter:
2020 Q3

Subject Person Affected by Event..
Client

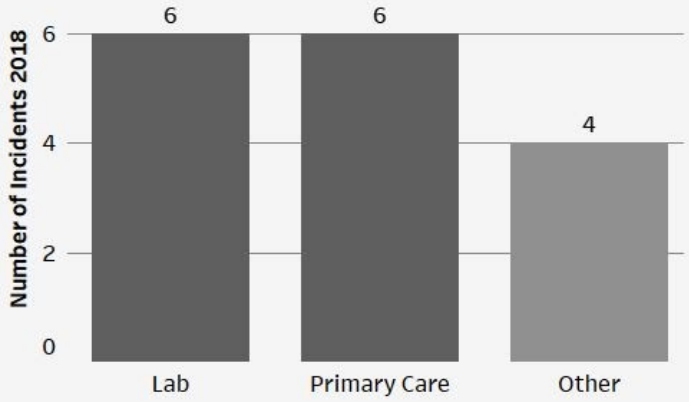
Incidents by Month

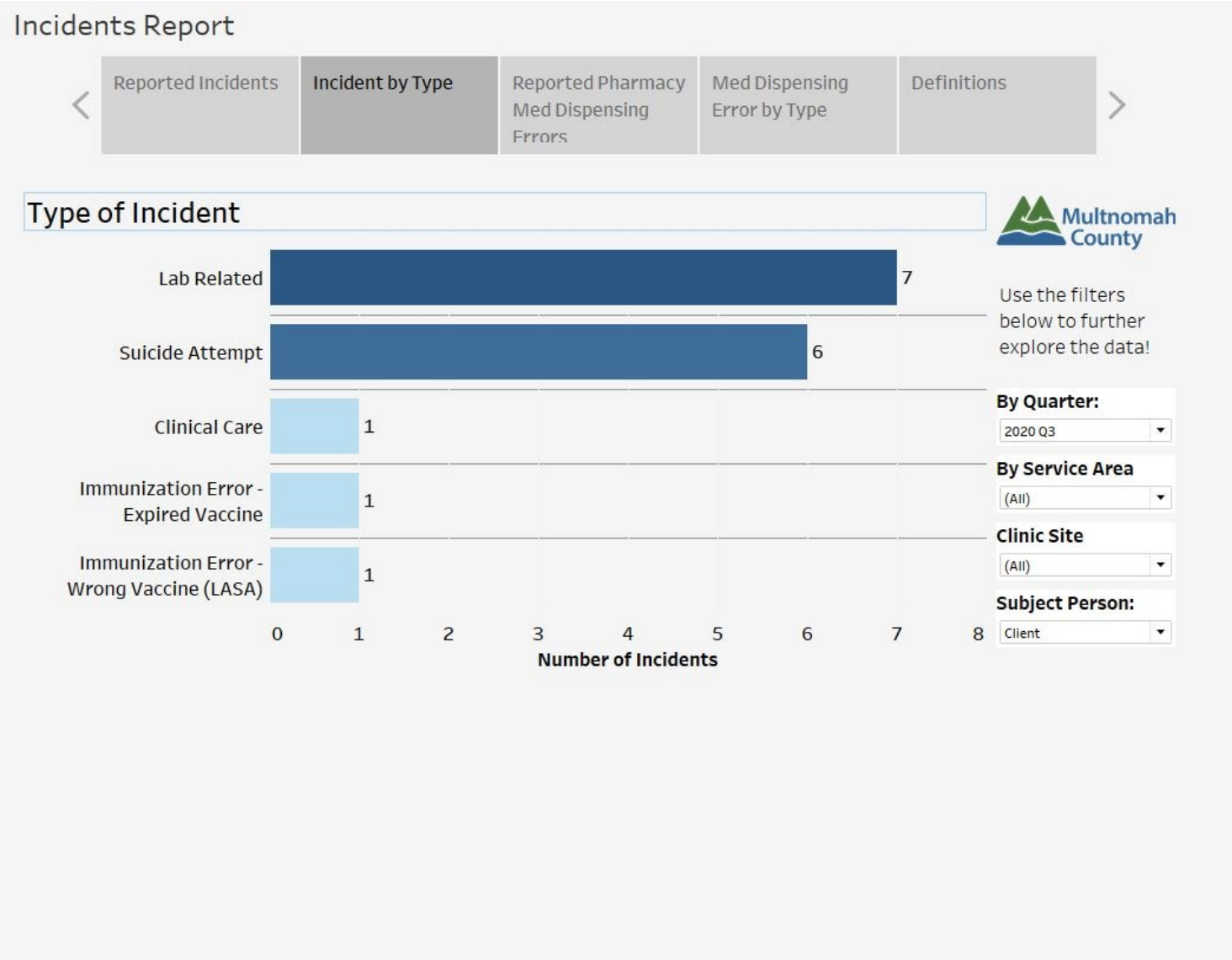


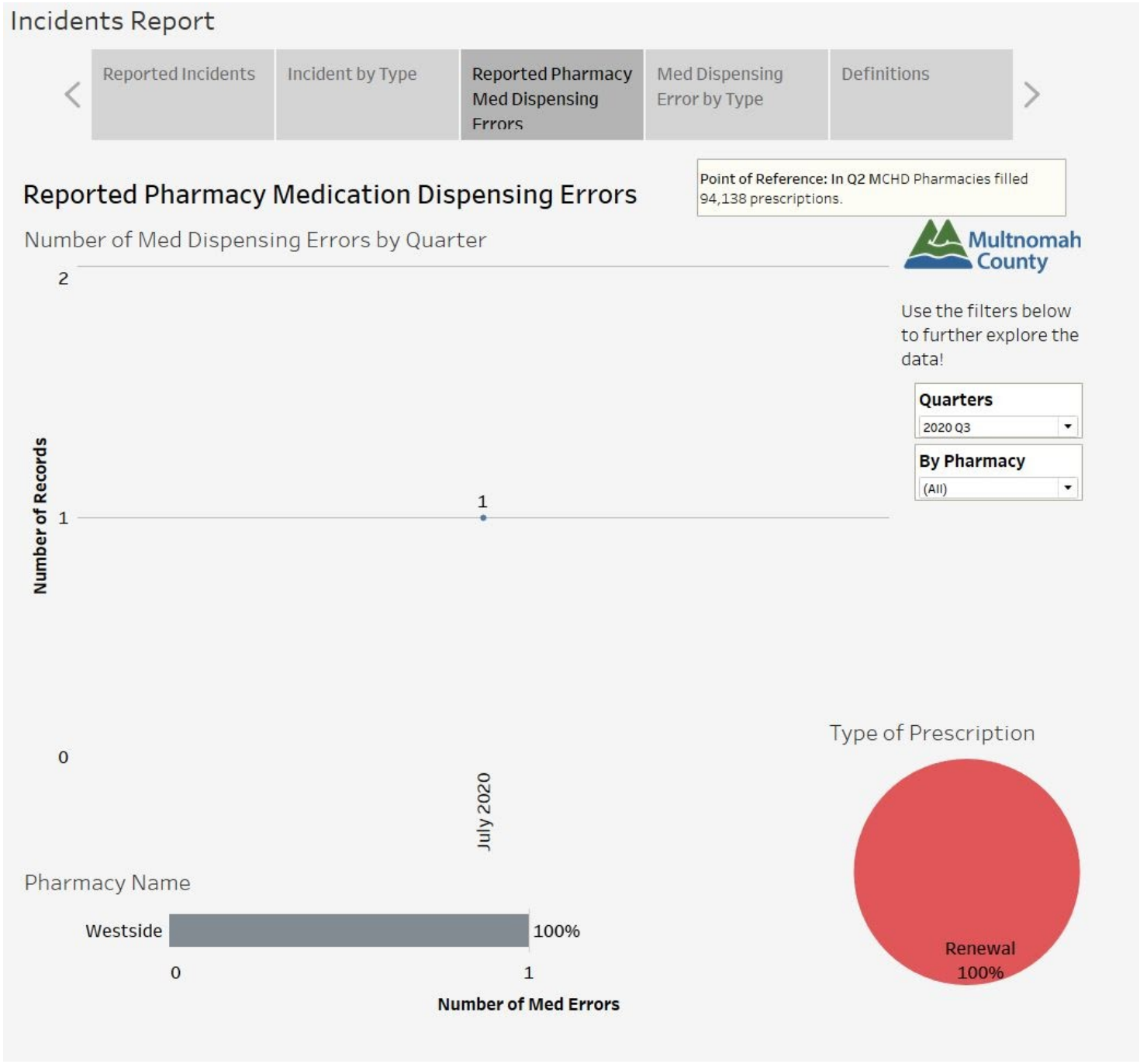
Incidents by Location

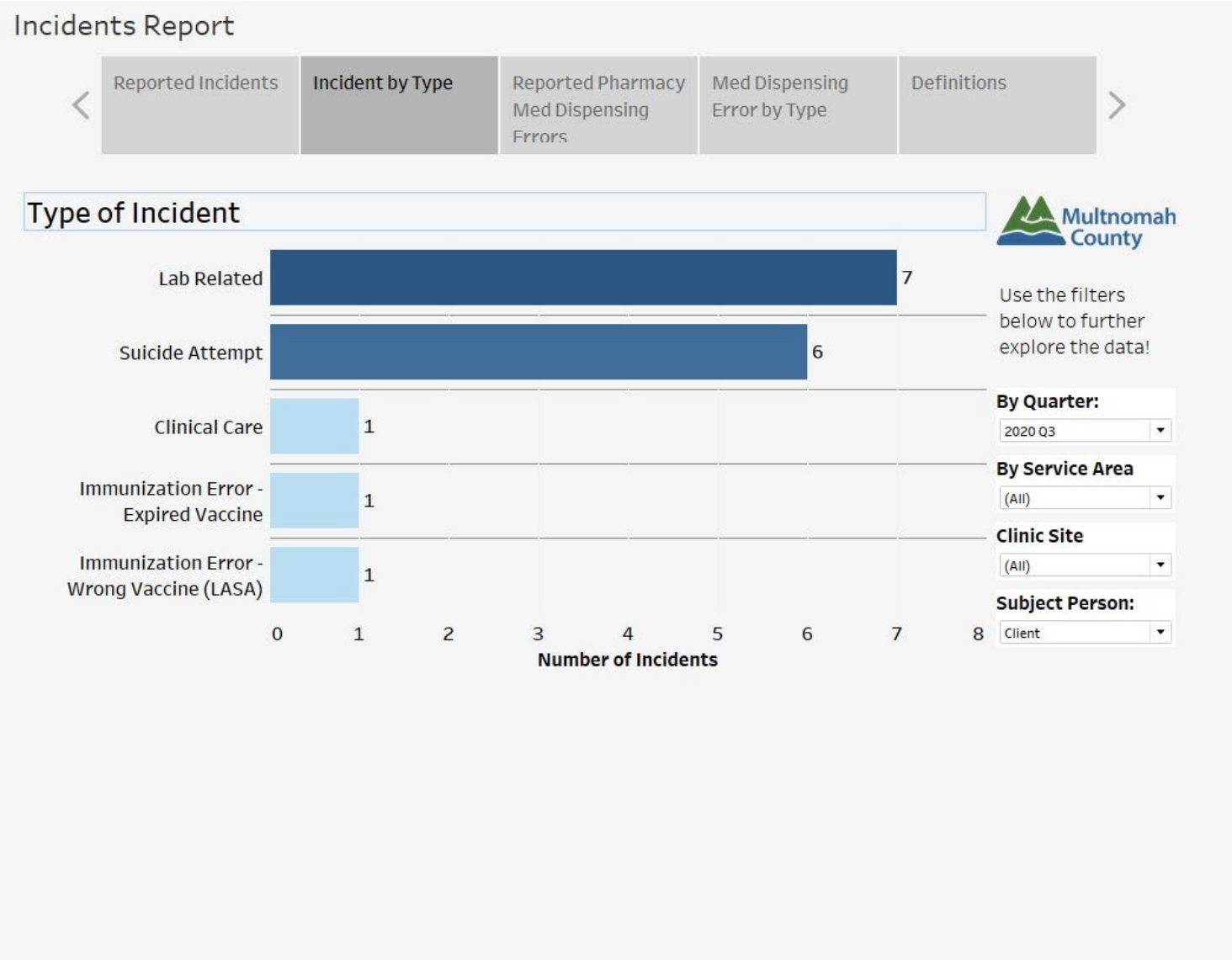


Incidents by Service Area




Incidents Report
Reported Incidents
Incident by Type
Reported Pharmacy Med Dispensing Errors
Med Dispensing Error by Type
Definitions
Type of Incident
Lab Related
7
Suicide Attempt
6
Clinical Care
1
Immunization Error - Expired Vaccine
1
Immunization Error - Wrong Vaccine (LASA)
1
0 1 2 3 4 5 6 7 8
Number of Incidents
Multnomah County
Use the filters below to further explore the data!
By Quarter:
2020 Q3
By Service Area
(All)
Clinic Site
(All)
Subject Person:
Client


Incidents Report
Reported Incidents
Incident by Type
Reported Pharmacy Med Dispensing Errors
Med Dispensing Error by Type
Definitions
Reported Pharmacy Medication Dispensing Errors
Point of Reference: In Q2 MCHD Pharmacies filled 94,138 prescriptions.
Number of Med Dispensing Errors by Quarter
Multnomah County
Use the filters below to further explore the data!
Quarters
2020 Q3
By Pharmacy
(All)
2
1
0
Number of Records
1
July 2020
Type of Prescription
Renewal
100%
Pharmacy Name
Westside
100%
0
1
Number of Med Errors


Incidents Report
Reported Incidents
Incident by Type
Reported Pharmacy Med Dispensing Errors
Med Dispensing Error by Type
Definitions
Type of Incident
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7
Suicide Attempt
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Immunization Error - Expired Vaccine
1
Immunization Error - Wrong Vaccine (LASA)
1
0 1 2 3 4 5 6 7 8
Number of Incidents
Multnomah County
Use the filters below to further explore the data!
By Quarter:
2020 Q3
By Service Area
(All)
Clinic Site
(All)
Subject Person:
Client