

Community Health Council

Community Health Council Board Meeting Minutes

Date: Monday, January 11, 2021

Time: 6:00 PM

Location: Zoom

Approved:
Attendance:

Recorded by: Priscilla Hunter

Board Members	Title	Y/N
David Aguayo	Treasurer	N
Fabiola Arreola	Vice Chair	Y
Tamia Deary	Member-at-Large	Y
Iris Hodge	Board Member	Y
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
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
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
Priscilla Hunter	Administrative Analyst/Scribe	Y
Dawn Shatzel	Primary Care Services Director, Interim	Y
Tasha Wheatt-Delancy	Health Center Executive Director	Y
Trista Zugel-Bensel	Dept of County Management Budget Office	Y

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

Action Items:

Community Health Council

- No action items

Decisions:

- Approved December 14, 2020 Meeting Minutes
- Approved Community Health Council Board name change
- Approved 2021 Community Health Council public meeting calendar

Reports Received:

- November 2020 budget report

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.

December 14, 2020 Meeting Minutes Approval (VOTE REQUIRED)

(See Document - December 14, 2020 CHC Meeting Minutes)

No questions or comments were raised by CHC members

Motion by Tamia to approve the December 14, 2020 Meeting Minutes.

Seconded by Fabiola

7 aye; 0 nay; 0 abstain

Motion carries

Monthly Budget Report

(See Documents-Monthly budget report)

Presented by Hasan Bader, ICS Finance Project Manager.

- Hasan presents the monthly budget report and visits for November 2020.
- The report shows the average billable visits per day by month, budget is redline and FY22 is green line.
- Not all student health centers are back open and visits are below than what was projected.

Community Health Council

- Dental has the same dip as student health centers during the second quarter but visits are going back up now that sites are opening (for dental).
- Primary care billable visits have been increasing since May 2020.
- Number of uninsured patients 15.6% of total billable visits for primary care have increased due to COVID 19.
- 66% of payer mix come from CareOregon and 9% come from Medicare.
- As of November 2020 there are 42,789 CareOregon assignments.
- The last three months are consistently more average than the YTD so there's been some improvement for collection rate by payer.
- Revenue collected for November was 1.2 million less than YTD amount.

No questions were raised by CHC members

COVID/ICS/Strategic Updates & Office of Patient Experience

(No report received)

Presented by Tasha Wheatt-Delancy, Health Center Executive Director

- There was a COVID outbreak at the Health Services Center and they had to close in-person services for four days from december 14th-17th due to staff quarantine affecting clinic needs. The clinic received a deep cleaning out of abundance of caution.
- The need to quarantine impacted staffing services, leadership worked with public health and other stakeholders and the health services center is now back open.
- RAMP UP - PAC hours are going back to pre pandemic hours. PAC staff had transitioned from in person site services to teleworking under the Emergency Management Plan- there was feedback from patients regarding long wait times and now PAC will go back to regular hours, 7:30-5:50 Monday-Friday. All PAC staff will have transitioned back to the Yeon building by the end of January. Leadership is making sure PAC staff have adequate PPE and ICS infection control specialist has done a full thorough assessment.
- ICS leadership is working with Public Health to get staff vaccinated, there have been 300 staff vaccinated as of 1/11/2021 . There was a survey sent out to ICS staff and 10% of staff responded that at this point in time they will pause on

Community Health Council

getting the vaccination. 90% stated they are pretty sure they will get vaccinated.

- CareOregon telemedicine parity has been extended through June of 2021. This was an emergency clause that allows ICS to get a reimbursement rate about the same as that of an in person visit .
- Legislative updates-the financial and business management division submitted a request for provider relief funds for \$6M due to loss revenue and are waiting for a response.
- Health center compliance audits are coming up and Brieshon D'Agostini, ICS Interim Quality director, is leading the work. There is a Joint Commission visit coming up early 2021.
- There will be an OHA Patient Centered Primary Care Home (PCPCH) audit sometime during the year and will visit at least 3-4 clinical sites.
- The health center recently updated their values and met with the Community Health Council Board to work on strategic planning.
- The Office of Patient Experience is being created to make a commitment to this work and will rebuild the client advisory groups.

No questions were raised by CHC members.

Quality Committee Update

(No report received)

Presented by Nina McPherson, Chair, Quality Committee

- The quality committee met on December 29, 2020 with Brieshon D'Agostini, ICS Interim Quality Director. They are utilizing services from an outside firm to complete the patient experience survey and should have results by spring 2021. This survey compares how the health center is doing in regards to patient satisfaction compared to other federally qualified health centers in Oregon. There is concern that a low number of complaints may indicate that all complaints aren't being captured.

Community Health Council

- Immunization incidents should be reported out to the Community Health Council board and there should also be trauma informed follow up that is patient centered.
- The quality committee is recruiting for members, they meet three to four times a year and anyone who is interested in joining the committee should contact Linda Niksich.

No questions were raised by CHC members.

Subcommittees Overview and Recruitment

(No report received)

Presented by David Aguayo, Finance Committee Chair, Tamia Deary, Nominating Committee Chair, and Linda Niksich, Board Coordinator

- The Finance Committee meets more frequently during the budget season and takes a deeper dive into the budget materials.
- Chair for the Nominating Committee, Tamia Deary gives an overview of the CHC Nominating Committee. The committee meets as needed with the Health Center Executive Director and CHC board chair when candidates have to be interviewed or updates need to be made to the nominating process. The committee makes recommendations for new members to the Executive Committee. They also conduct "Meet and Greets" with applicants and currently have several potential candidates attending their 3 required meetings.
- Anyone with any questions regarding the finance or nominating committee should contact Linda Niksich.
- There will be a need for ad-hoc committees to be created when there are short term projects such as, updating bylaws. There have previously been ad-hoc committees created for National Health Center week planning and also for CHC retreat planning.
- Linda Niksich will reach out for members who would be interested as these committees need to be built.

No questions were raised by CHC members.

Community Health Council

Council Business Committee Updates

The Executive Committee met on 2 December, 2020

- The Executive committee received a report from Brieshon D'Agostini regarding HIPAA compliance that was discussed during a previous executive session and was acted upon. More information regarding this to come at a later date.
- The executive committee and board chair would like to propose a name change, the current name does not convey the authority of the board and doesn't differentiate from other advisory groups in the health center. The name change will clarify that the CHC is the governing board of the health center and not an advisory committee.
- HRSA requires that the board approve the CHC public meeting calendar annually. The proposed meeting dates are the second Monday of each month for public meetings.

Motion by Tamia to approve the name change for the Community Health Council board.

Seconded by Iris

7 aye; 0 nay; 0 abstain

Motion carries

Motion by Fabiola to approve the 2021 CHC Public Meeting Calendar.

Seconded by Tamia

7 aye; 0 nay; 0 abstain

Motion carries

Adjourned 7:22pm

Signed: _____ Date: _____
Pedro Prieto Sandoval, Secretary

**Community Health Council
Public Meeting Agenda**

Monday, January 11, 2021

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 (Member at Large); Nina McPherson; Susana Mendoza; Harold Odhiambo (Chair); Pedro Sandoval Prieto (Secretary)

Item	Process/Who	Time	Desired Outcome
<u>Call to Order/Welcome</u>	<ul style="list-style-type: none">• Chair, Harold Odhiambo	6:00-6:05 (5 min)	Call to order Review processes
<u>Minutes</u> VOTE REQUIRED	<ul style="list-style-type: none">• Approval for December Public Meeting Minutes	6:05-6:10 (5 min)	Council votes to approve
<u>Monthly Budget Report & FY22 Budget Process</u>	<ul style="list-style-type: none">• Finance Project Manager, Hasan Bader• CFO, Jeff Perry	6:10-6:40 (30 min)	Council receives report and update
<u>COVID/ICS/Strategic Updates & Office of Patient</u>	<ul style="list-style-type: none">• Health Center Executive Director, Tasha Wheatt-Delancy	6:40-7:00 (20 min)	Council receives updates from Director

<u>Experience</u>			
<u>BREAK</u>	<ul style="list-style-type: none"> All 	7:00-7:10 (10 min)	
<u>Quality Committee Update</u> <u>&</u> <u>Sub-Committees Overview/Recruitment</u>	<ul style="list-style-type: none"> Quality Committee, Nina McPherson Finance Committee, David Aguayp Nominating Committee, Tamia Deary 	7:10 - 7:30 (20 min)	Council receives information and call for committee volunteers
<u>Council Business Executive Committee Update</u> <u>Name Change</u> <u>2021 Meeting Calendar</u> VOTES REQUIRED	<ul style="list-style-type: none"> Chair, Harold Odhiambo 	7:30-8:00 (30 min)	Council receives updates from Chair Council Discussion and Vote Council Discussion and Vote
Adjourn Meeting	<ul style="list-style-type: none"> Chair, Harold Odhiambo 	8:00	Goodnight!

Multnomah County - Federally Qualified Health Center

Monthly Dashboard

November 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.

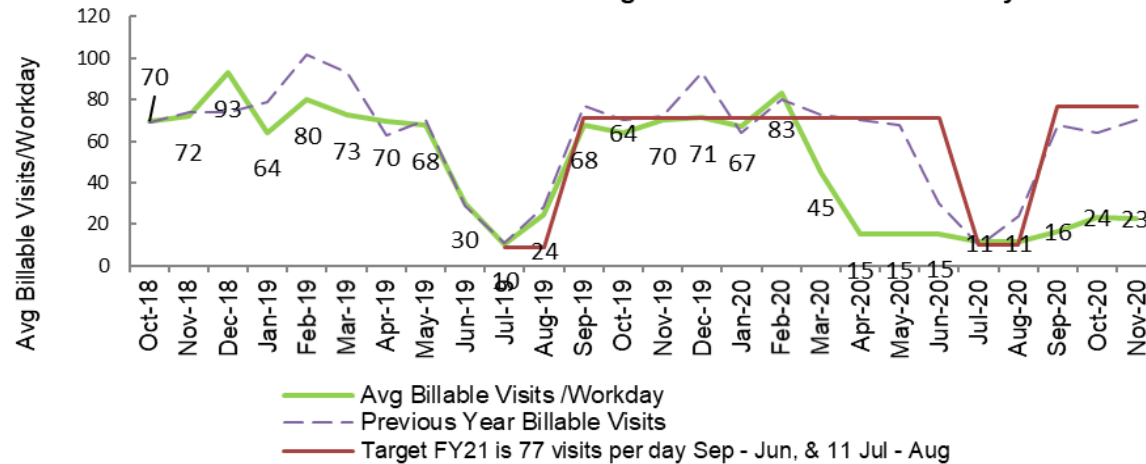
- Some visits may not yet have been billed due to errors that need correction.

- Some visits that are billed

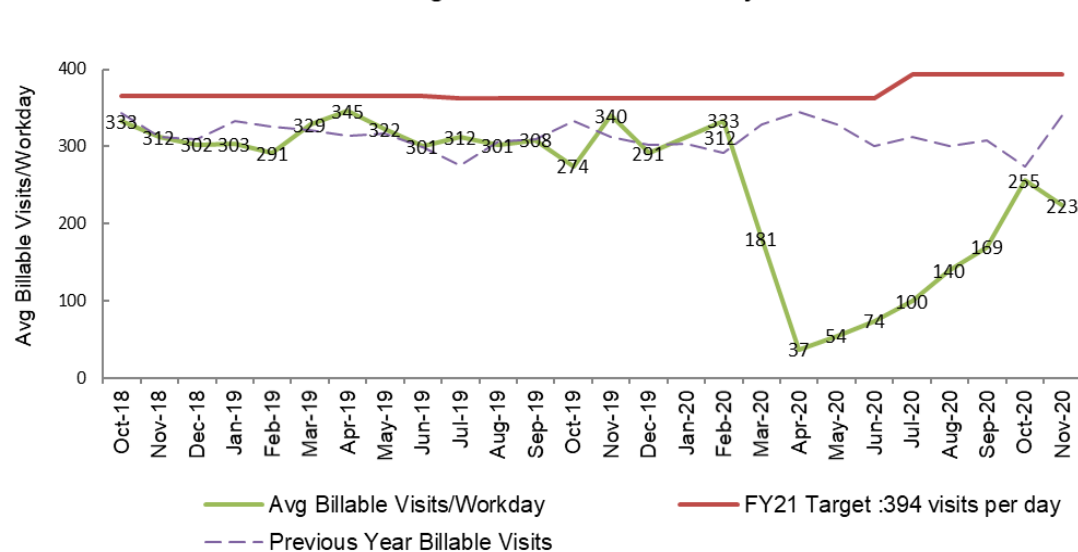
- may not be paid, or not paid at the full billed amount, due to missing or incorrect documentation or coding, exceeding timely filing, or what is included in the insurance plan’s benefits.

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.

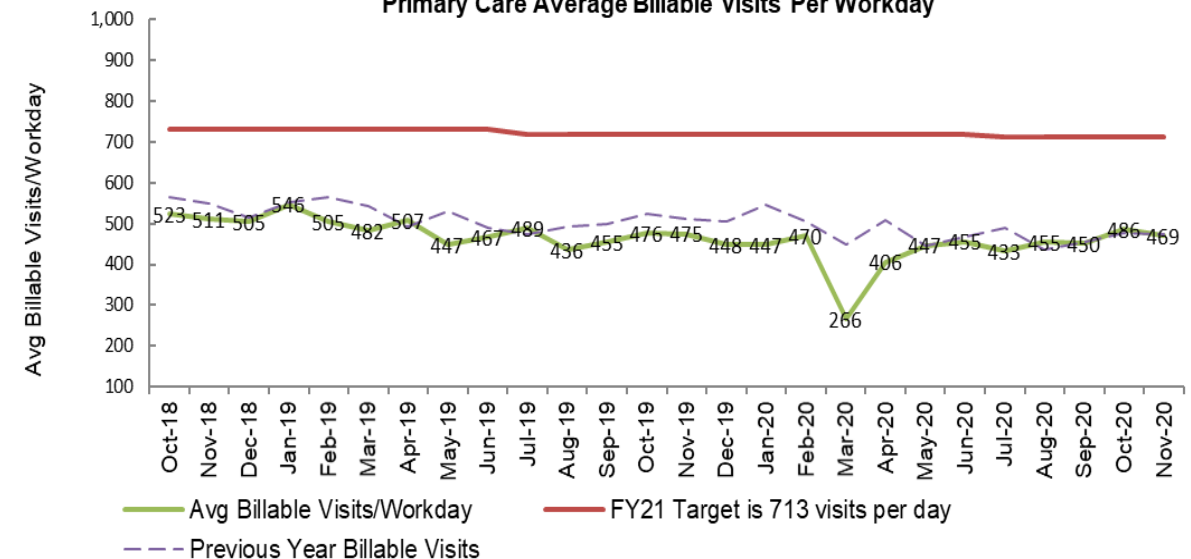
Student Health Center Average Billable Visits Per Workday



Dental Average Billable Visits Per Workday



Primary Care Average Billable Visits Per Workday



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:

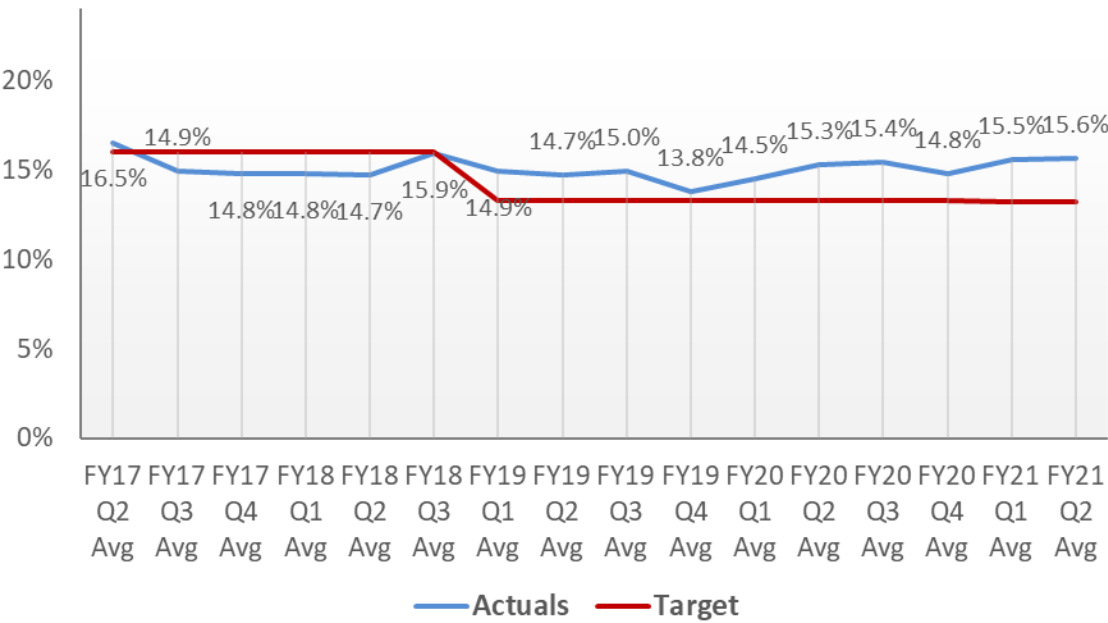
This report shows the average percentage of “self pay” visits per month.

Good performance = the blue “Actual” line is around or below the red “Target” line

Definitions:

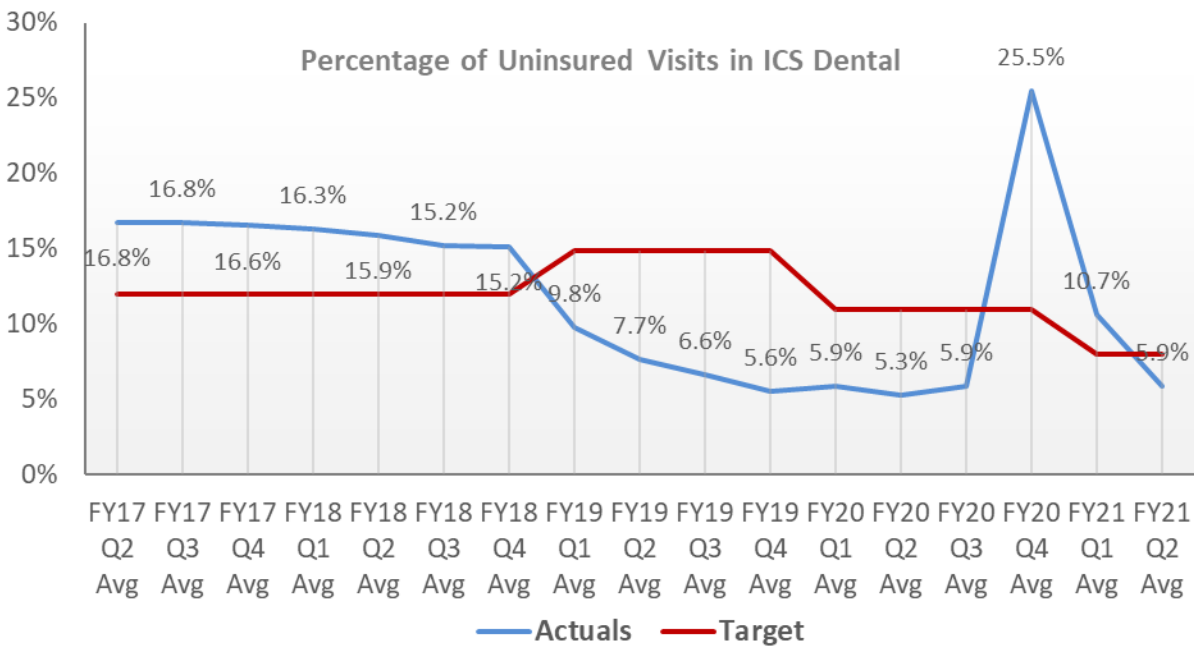
- Self Pay visits:** visits checked in under a “self pay” account
- Most “self pay” visits are for uninsured clients
 - Most “self pay” visits are for clients who qualify for a Sliding Fee Discount tier
 - A small percentage may be for patients who have insurance, but for various reasons have chosen not to bill the visit to insurance (confidential services, etc)

Percentage of Uninsured Visits in Primary Care



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%

Percentage of Uninsured Visits in ICS Dental



Payer Mix for ICS Primary Care Health Center

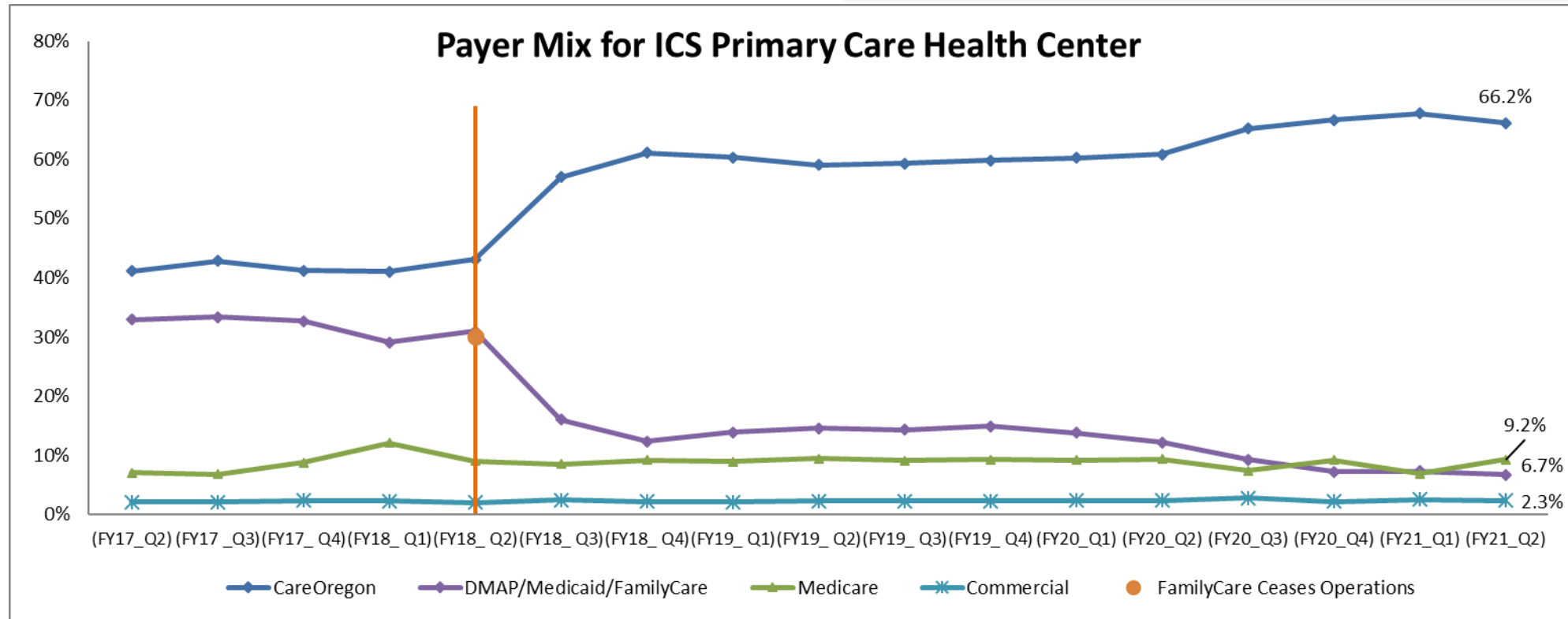
What this slide shows:

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 Primary Care clinics. *NOTE: Not all of these patients have established care.*

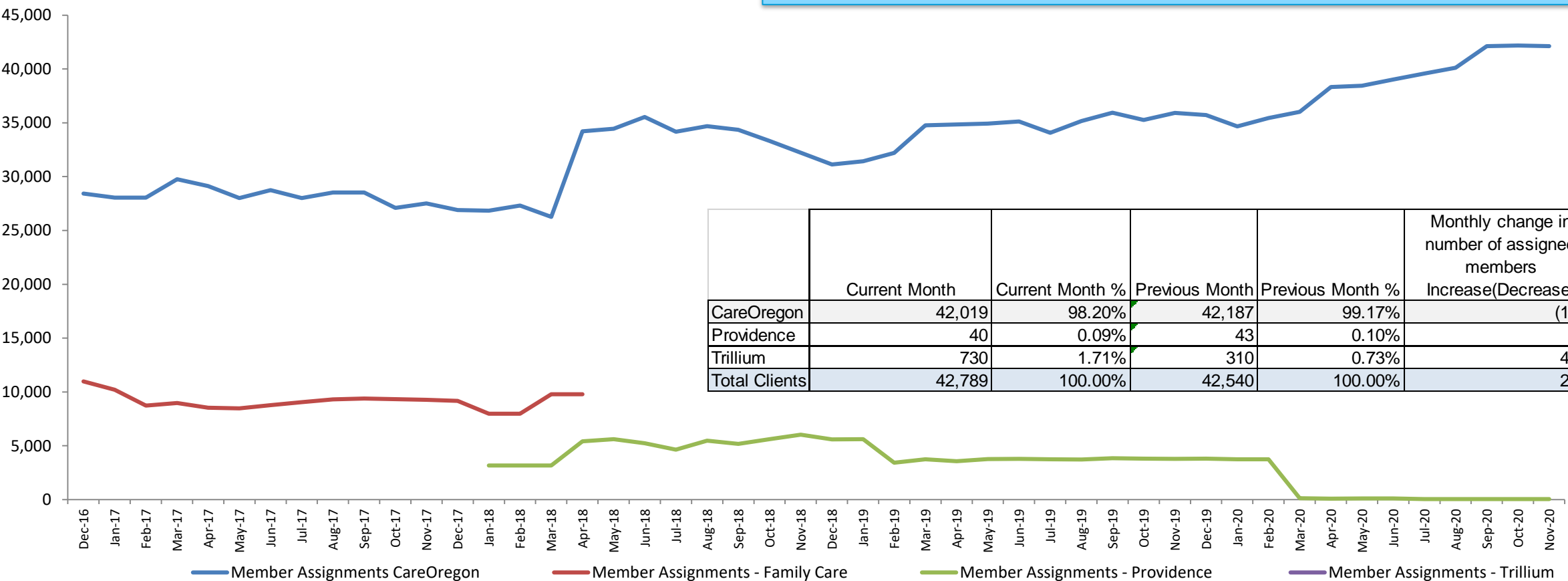
Good performance = increased number of assigned patients, suggesting higher potential APCM revenue

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



CareOregon FY21 average 42,126 :: Providence FY21 average 45 :: Trillium FY21 average 520

- Trillium added October 2020



ICS Net Collection Rate by Payer Sep'20 – Nov'20 vs Jan'20 – Nov'20 (YTD)

	Sep - Nov Payments	YTD Payments	Sep - Nov Net Collection	YTD Net Collection
CareOregon Medicaid	3,160,270	10,576,806	99%	98%
Commercial	177,567	865,622	86%	84%
Medicaid	274,690	1,313,063	97%	92%
Medicare	467,637	1,879,257	98%	96%
Reproductive Health	37,127	214,398	98%	99%
Self-Pay	149,861	531,587	25%	19%
	\$4,267,151	\$15,380,733		

What this slide shows:

This report shows the effectiveness in collecting reimbursements by Payer

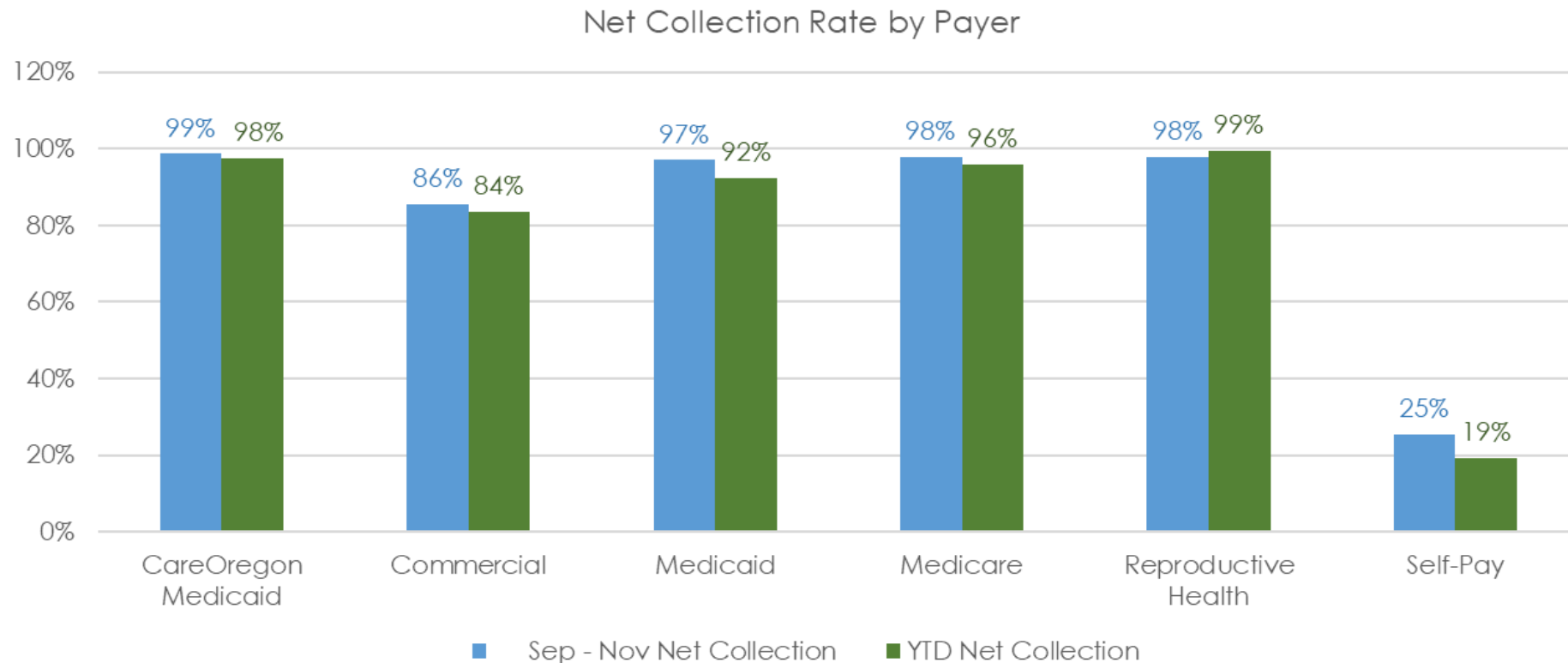
The benchmark for Net Collection Rate is 90% - 100%. Over 95% is ideal per HFMA

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 Sep'20 – Nov'20 vs Jan'20 – Nov'20 (YTD)

	Sep - Nov Payments	YTD Payments	Sep - Nov Net Collection	YTD Net Collection
MC Dental	\$ 1,296,225	\$ 4,218,287	96%	93%
MC HSC Health Service Center	\$ 241,361	\$ 982,669	88%	92%
MC Pharmacy - Self Pay Only	\$ 57,170	\$ 198,282	36%	28%
MC Primary Care	\$ 2,559,693	\$ 9,356,400	88%	83%
MC School Based Health Centers	\$ 112,701	\$ 625,095	96%	95%
	\$4,267,151	\$15,380,733		

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

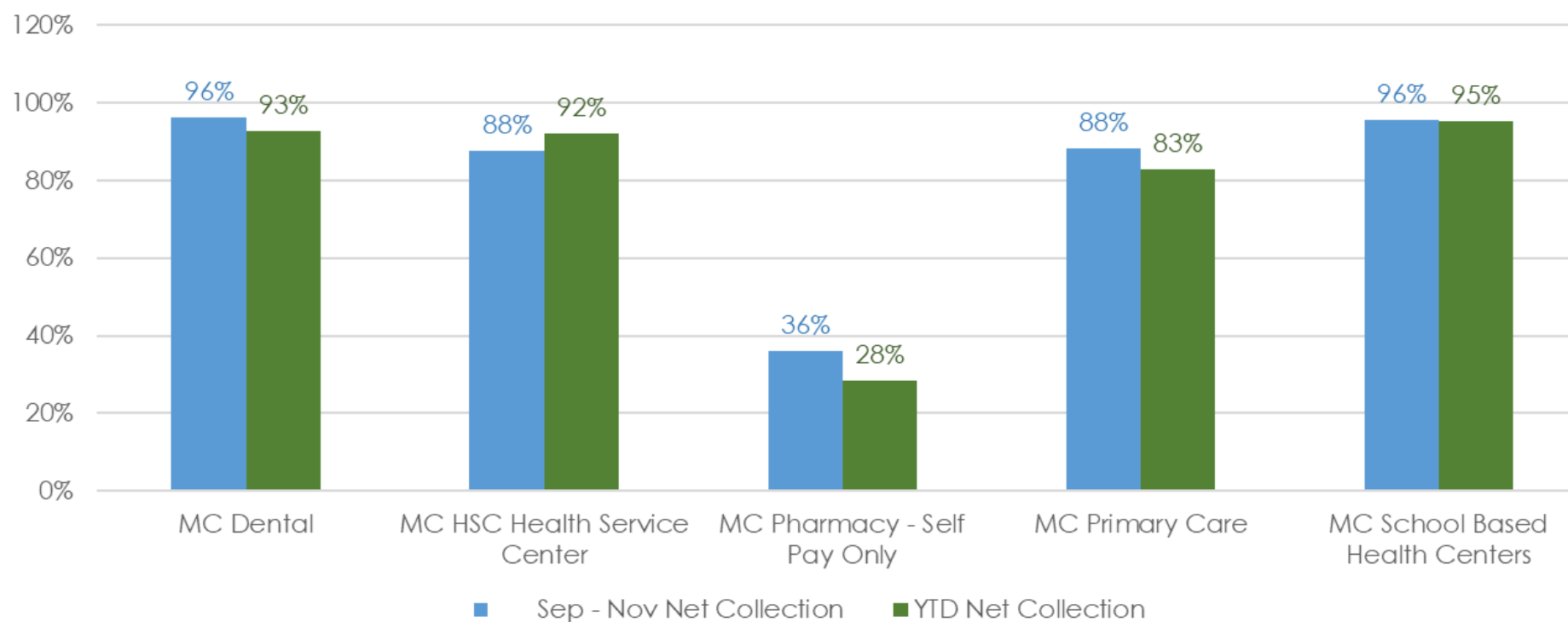
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Net Collection Rate by SVC Group





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

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

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

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

Grants – 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 November 30, 2020

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Internal Services

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

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



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

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November Target:

42%

	Adopted Budget	Revised Budget	Budget Change	01 July	02 Aug	03 Sept	04 Oct	05 Nov	06 Dec	
Revenue										
County General Fund Support	\$ 10,121,214	\$ 10,282,541	\$ 161,327	\$ 856,878	\$ 856,878	\$ 856,878	\$ 856,878	\$ 856,878	\$ -	\$ 4,284,392 42%
General Fund Fees and Miscellaneous Revenue	\$ -	\$ -	\$ -	\$ 4,818	\$ 17,641	\$ 7,271	\$ 6,157	\$ 5,273	\$ -	
Grants - PC 330 (BPHC)	\$ 9,994,455	\$ 9,994,455	\$ -	\$ -	\$ 1,056,312	\$ 1,004,805	\$ 1,022,045	\$ 1,009,220	\$ -	
Grants - COVID-19	\$ -	\$ -	\$ -			\$ 32,174	\$ 25,007	\$ 12,513	\$ -	
Grants - All Other	\$ 9,036,672	\$ 9,073,908	\$ 37,236	\$ 698,819	\$ 496	\$ 933,577	\$ 784,981	\$ 811,960	\$ -	
Medicaid Quality and Incentives	\$ 6,722,000	\$ 6,722,000	\$ -	\$ -	\$ -	\$ 682,500	\$ 2,424,515	\$ 5,408	\$ -	
Health Center Fees	\$ 109,550,304	\$ 109,550,304	\$ -	\$ 779,461	\$ 13,191,600	\$ 6,340,430	\$ 9,475,457	\$ 6,798,063	\$ -	
Self Pay Client Fees	\$ 1,214,770	\$ 1,214,770	\$ -	\$ 29,056	\$ 57,042	\$ 45,990	\$ 86,436	\$ 39,337	\$ -	
Beginning Working Capital	\$ 2,515,544	\$ 2,515,544	\$ -	\$ 209,629	\$ 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	\$ 9,748,282	\$ -	
Expense										
Personnel	\$ 98,585,933	\$ 98,751,072	\$ 165,139	\$ 7,233,842	\$ 7,033,847	\$ 7,679,089	\$ 7,607,023	\$ 7,382,760	\$ -	
Contracts	\$ 4,654,127	\$ 4,654,127	\$ -	\$ 90,123	\$ 80,949	\$ 267,579	\$ 207,258	\$ 384,705	\$ -	
Materials and Services	\$ 18,216,003	\$ 18,248,980	\$ 32,978	\$ 1,461,548	\$ 1,692,024	\$ 1,305,266	\$ 1,676,618	\$ 1,628,953	\$ -	
Internal Services	\$ 27,437,897	\$ 27,438,343	\$ 446	\$ 1,087,730	\$ 2,743,492	\$ 1,807,649	\$ 2,211,768	\$ 2,064,364	\$ -	
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	\$ 11,460,782	\$ -	
Surplus/(Deficit)	\$ -	\$ -	\$ -	\$ (7,302,978)	\$ 3,839,286	\$ (946,331)	\$ 3,188,439	\$ (1,712,500)	\$ -	



Multnomah County Health Department
Federally Qualified Health Center Financial Statement
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November Target: 42%

	Adopted Budget	Revised Budget	Budget Change	07 Jan	08 Feb	09 Mar	10 Apr	11 May	12 Jun	Year to Date Total	% YTD
Revenue											
County General Fund Support	\$ 10,121,214	\$ 10,282,541	\$ 161,327	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,284,392	42%
General Fund Fees and Miscellaneous Revenue	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 41,159	
Grants - PC 330 (BPHC)	\$ 9,994,455	\$ 9,994,455	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,092,381	41%
Grants - COVID-19	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 69,695	
Grants - All Other	\$ 9,036,672	\$ 9,073,908	\$ 37,236	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,229,833	36%
Medicaid Quality and Incentives	\$ 6,722,000	\$ 6,722,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,112,423	46%
Health Center Fees	\$ 109,550,304	\$ 109,550,304	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 36,585,011	33%
Self Pay Client Fees	\$ 1,214,770	\$ 1,214,770	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 257,861	21%
Beginning Working Capital	\$ 2,515,544	\$ 2,515,544	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,048,143	42%
Write-offs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Total	\$ 149,154,959	\$ 149,353,522	\$ 198,563	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 52,720,897	35%
Expense											
Personnel	\$ 98,585,933	\$ 98,751,072	\$ 165,139	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 36,936,560	37%
Contracts	\$ 4,654,127	\$ 4,654,127	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,030,614	22%
Materials and Services	\$ 18,216,003	\$ 18,248,980	\$ 32,978	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 7,764,409	43%
Internal Services	\$ 27,437,897	\$ 27,438,343	\$ 446	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 9,915,003	36%
Capital Outlay	\$ 261,000	\$ 261,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 8,396	3%
Total	\$ 149,154,959	\$ 149,353,522	\$ 198,563	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 55,654,982	37%
Surplus/(Deficit)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (2,934,084)	

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 2021 YTD Actual Revenues and Expenses by Program Group
For Period Ending November 30, 2020

			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	FY 2021 Revised Budget	Percent of Budget
Revenues	Category	Description													
	County General Fund Support		598,396	2,710,730	-	-	59,971	168,376	746,918	-	-	4,284,392	4,284,392	10,282,541	42%
	General Fund Fees and Miscellaneous Revenue		-	-	-	22,666	12,252	6,241	-	-	-	41,159	-	-	0%
	Grants - HRSA PC 330 Health Center Cluster		744,227	-	180,599	-	2,858,992	164,798	65,710	78,054	-	4,092,381	4,164,356	9,994,455	41%
	Grants - HRSA Healthy Birth Initiatives		-	392,805	-	-	-	-	-	-	-	392,805	408,333	980,000	40%
	Grants - HRSA Ryan White		-	-	-	-	-	-	-	854,826	-	854,826	1,049,928	2,519,826	34%
	Grants - DHHS and OHA Ryan White		-	-	-	-	-	-	-	132,321	-	132,321	149,980	359,952	37%
	Grants - OHA Non-Residential Mental Health Services		-	1,124,140	-	-	-	-	-	-	-	1,124,140	1,161,810	2,788,345	40%
	Grants - All Other		132,624	191,433	-	-	28,787	3	255,902	116,991	-	725,740	1,010,744	2,425,785	30%
	Grants - Other COVID-19 Funding		-	-	-	-	2,231	-	-	58,027	-	60,258	-	-	0%
	Grants - HRSA Expanding Capacity for Coronavirus Testing		9,436	-	-	-	-	-	-	-	-	9,436	-	-	0%
	Medicaid Quality and Incentive Payments		1,449,705	-	783,976	-	-	878,742	-	-	-	3,112,423	2,800,833	6,722,000	46%
	Health Center Fees		942,554	855,915	4,784,920	12,099,248	16,286,239	-	605,355	1,010,781	-	36,585,011	45,645,960	109,550,304	33%
	Self Pay Client Fees		-	-	36,350	103,266	117,322	-	-	140	783	-	257,861	506,154	1,214,770
Behavioral Health		-	-	-	-	-	-	-	-	-	-	-	-	0%	
Beginning Working Capital (budgeted in FY20)			291,667	232,402	208,333	-	-	315,742	-	-	-	1,048,143	1,048,143	2,515,544	42%
Revenues Total			4,168,609	5,507,425	5,994,179	12,225,180	19,365,794	1,533,903	1,674,026	2,251,782	-	52,720,898	62,230,634	149,353,522	35%
Expenditures	Personnel	Permanent	2,364,183	2,316,075	4,105,728	1,821,740	7,526,035	977,186	692,732	1,039,916	342,908	21,186,504	23,644,232	56,746,156	37%
		Premium	30,252	43,069	40,024	24,474	163,933	5,905	10,845	17,163	61	335,725	509,050	1,221,721	27%
		Salary Related	886,844	882,960	1,538,788	667,012	2,728,202	365,538	273,687	358,876	128,634	7,830,539	9,230,995	22,154,388	35%
		Temporary	58,950	23,531	96,909	21,684	385,919	37,369	7,501	124,732	-	756,595	516,693	1,240,064	61%
		Insurance Benefits	779,700	740,825	1,225,656	460,254	2,154,807	285,388	251,388	311,563	118,865	6,328,446	7,012,979	16,831,149	38%
		Non Base Fringe	17,180	5,701	26,682	2,493	103,104	13,280	980	27,820	-	197,241	90,104	216,249	91%
		Non Base Insurance	5,284	2,408	2,498	373	18,730	701	133	4,839	-	34,966	9,358	22,460	156%
		Overtime	12,736	13,189	89,545	573	135,785	6,705	643	4,037	3,332	266,545	132,689	318,887	84%
	Personnel Total		4,155,129	4,027,759	7,125,830	2,998,602	13,216,514	1,692,072	1,237,908	1,888,946	593,800	36,936,560	41,146,280	98,751,072	37%
	Contractual Services	County Match & Sharing	-	150,000	-	-	-	-	-	-	-	150,000	375,676	901,623	17%
		Direct Client Assistance	2,310	1,285	49	-	1,128	-	135	14,574	-	19,480	33,713	80,910	24%
		Pass-Through & Program Support	-	106,019	(90)	-	-	-	-	-	-	105,929	198,743	476,984	22%
		Professional Services	163,857	6,773	74,130	23,061	455,924	1,217	5,685	21,536	3,023	755,205	1,331,087	3,194,610	24%
	Contractual Services Total		166,167	264,076	74,089	23,061	457,052	1,217	5,820	36,110	3,023	1,030,614	1,939,219	4,654,127	22%
	Internal Services	Indirect Expense	363,759	136,645	833,722	350,836	1,545,255	101,942	85,796	198,365	69,475	3,685,795	4,334,316	10,402,359	35%
		Internal Service Data Processing	311,213	384,310	544,550	678,660	1,245,209	135,456	220,963	219,731	58,181	3,798,272	4,215,958	10,118,298	38%
		Internal Service Distribution & Records	14,353	5,367	40,313	42,614	68,869	2,641	36,919	3,839	11,834	226,748	244,878	587,708	39%
		Internal Service Enhanced Building Services	36,376	31,326	51,249	17,820	87,443	11,217	-	11,429	5,531	252,391	429,587	1,031,008	24%
		Internal Service Facilities & Property Management	239,268	206,047	337,095	117,212	575,163	73,779	-	75,172	36,381	1,660,117	1,711,382	4,107,316	40%
		Internal Service Facilities Service Requests	14,141	3,821	27,224	1,699	32,928	751	11,452	1,384	146	93,546	141,278	339,067	28%
		Internal Service Fleet Services	345	8,686	8,008	-	-	147	122	32	-	17,339	24,136	57,926	30%
		Internal Service Other	1,900	613	16,580	843	5,278	-	514	1,537	218	27,483	-	-	0%
		Internal Service Telecommunications	16,381	20,703	17,077	5,687	64,870	6,261	11,589	7,764	2,978	153,310	331,109	794,661	19%
	Internal Services Total		997,735	797,518	1,875,819	1,215,370	3,625,015	332,193	367,355	519,253	184,743	9,915,003	11,432,643	27,438,343	36%
	Materials & Supplies	Communications	1,135	10	-	-	-	650	754	852	-	3,402	4,056	9,734	35%
		Dues & Subscriptions	185	875	359	486	3,613	-	10,410	280	365	16,574	67,595	162,227	10%
		Insurance	-	-	-	-	-	156	-	-	-	156	-	-	0%
		Pharmaceuticals	-	42	-	6,439,456	235,475	-	18,994	45,873	-	6,739,840	5,923,159	14,215,581	47%
		Refunds	-	-	927	113	1,777	-	-	112	-	2,929	-	-	0%
		Rentals	7,596	3,570	7,704	10,355	37,096	5,355	6,704	4,349	1,580	84,309	22,788	54,692	154%
		Repairs & Maintenance	64	55	516	32	350	20	-	20	2,901	3,957	28,689	68,853	6%
		Software, Subscription Computing, Maintenance	79,018	1,061	2,508	43,550	19	1,717	-	-	-	127,873	45,234	108,562	118%
		Supplies	54,849	16,761	22,014	16,088	17,241	5,771	1,321	27,099	30,701	191,845	312,735	750,563	26%
		Local Travel	3,876	3,811	1,182	1,049	204	2,285	401	158	31	12,997	57,821	138,771	9%
		Medical & Dental Supplies	34,480	254	334,730	234	131,355	243	7,643	12,528	31,814	553,280	862,928	2,071,027	27%
		Training & Non-Local Travel	1,478	2,730	1,518	199	14,306	4,387	1,155	301	-	26,074	278,738	668,970	4%
		Utilities	-	-	-	-	-	-	-	-	1,175	1,175	-	-	0%
	Materials & Supplies Total		182,680	29,170	371,456	6,511,562	441,435	20,585	47,383	91,572	68,566	7,764,409	7,603,742	18,248,980	43%
	Capital Outlay	Capital Equipment - Expenditure	-	-	8,396	-	-	-	-	-	-	8,396	108,750	261,000	3%
	Capital Outlay Total		-	-	8,396	-	-	-	-	-	-	8,396	108,750	261,000	3%
Expenditures Total			5,501,711	5,118,523	9,455,590	10,748,595	17,740,017	2,046,067	1,658,465	2,535,882	850,133	55,654,982	62,230,634	149,353,522	37%
Net Income/(Loss)			(1,333,102)	388,902	(3,461,412)	1,476,585	1,625,778	(512,164)	15,561	(284,099)	(850,133)	(2,934,084)	-	-	
Total Beginning Working Capital from Prior Years (includes FY20 budgeted BWC)			2,402,217	43,917	2,588,938	-	41,715	2,834,609	2,000	-	-	7,913,395			

Notes:

Total Beginning Working Capital represents BWC reported on Ledger Account 50000

Administrative Programs include the following:

- > ICS Administration
- > ICS Health Center Operations
- > ICS Primary Care Administrative and Support

Service Programs include the following:

- > Direct Clinical Services - Behavioral Health
- > Early Childhood Services - Public Health
- > Probation and Treatment Services - DCJ Juvenile Services

2021 Board Mtg Calendar

Community Health Council



January:

1/11	CHC Public Meeting	6-8 pm
1/25	Executive Committee Meeting	5:45-7:15 pm

February:

2/8	CHC Public Meeting	6-8 pm
2/22	Executive Committee Meeting	5:45-7:15 pm

March:

3/8	CHC Public Meeting	6-8 pm
3/22	Executive Committee Meeting	5:45-7:15 pm

April:

4/12	CHC Public Meeting	6-8 pm
4/26	Executive Committee Meeting	5:45-7:15 pm

May:

5/10	CHC Public Meeting	6-8 pm
5/24	Executive Committee Meeting	5:45-7:15 pm

June:

6/14	CHC Public Meeting	6-8 pm
6/28	Executive Committee Meeting	5:45-7:15 pm

July:

7/12	CHC Public Meeting	6-8 pm
7/26	Executive Committee Meeting	5:45-7:15 pm

August:

8/9	CHC Public Meeting	6-8 pm
8/23	Executive Committee Meeting	5:45-7:15 pm

September:

9/13	CHC Public Meeting	6-8 pm
9/27	Executive Committee Meeting	5:45-7:15 pm

October:

10/11	CHC Public Meeting	6-8 pm
10/25	Executive Committee Meeting	5:45-7:15 pm

November:

11/8	CHC Public Meeting	6-8 pm
11/22	Executive Committee Meeting	5:45-7:15 pm

December:

12/13	CHC Public Meeting	6-8 pm
12/27	Executive Committee Meeting	5:45-7:15 pm