Community Health Center Board

Community Health Center Board Meeting Minutes
Date: Monday, February 8, 2021
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	Y
Kerry Hoeschen	Member-at-Large	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
Daniel Halberg	Spanish Interpreter	Y
Amy Henninger	Interim Medical Director	Y
Priscilla Hunter	Administrative Analyst/Scribe	Y
Chair Deborah Kafoury	Multnomah County Chair	Y
Toni Kempner	Regional Clinic Manager	Y
Michele Koder	Pharmacy and Lab Services Director	Y
Alexandra Lowell	Student Health Center Manager	Y
Charlene Maxwell	Deputy Nurse Practitioner Director	Y
Linda Niksich	Community Health Council Coordinator	Y
Anirudh Padmala	HC Business Intelligence and Information Officer	Y
Christine Palermo	Dental Program Manager	Y
Jeff Perry	ICS Chief Financial Officer	Y
Debbie Powers	Primary Care Clinical Deputy Director	Y
Liz Smith-Currie	Senior Policy Advisor to County Chair	Y

Tasha Wheatt-Delancy	**Health Center Executive Director**	**Y**
Trista Zugel-Bensel	**Dept of County Management Budget Office**	**Y**

Guests: John Ryan; Brandi Valasquez; Darrell Wade

Action Items:
- No action items

Decisions:
- Approved January 11,2021 Meeting Minutes
- Approved CHCB Strategic Plan
- Approved grant opportunity for Student Health Centers
- Approved stipend procedure update

Reports Received:
- December 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.

January 11, 2021 Meeting Minutes Approval (VOTE REQUIRED)
(See Document - January 11, 2021 CHC Meeting Minutes)

No questions or comments were raised by CHC members

Motion by Nina to approve the January 11, 2021 Meeting Minutes.
Seconded by Fabiola
7 aye; 0 nay; 1 abstain
Motion carries

FY22 Budget Discussion with Chair Kafoury

Led by CHCB Chair, Harold O.

- The board shared the new strategic values that accompany the mission and

vision of the health center. Tamia and Fabiola discuss the importance of the new strategic values and the most important change is to have the values be more meaningful and specific to the intentions of the health center.

- Centering equity as a priority and making fiscal practices in alignment with HRSA standards and useful for the board were also reasons for updating the health center strategic values.
- Rebranding the health center is extremely important in giving the health center an identity in the community and for long time stability and security. Rebranding will help distinguish the health center from others in the community while also maximizing community awareness of the health center services.
- Chair Kafoury mentions that the board of commissioners are in full support of the mission and vision of the health center and the leadership team. Changes to county general funds will not impact operations.
- Chair Kafoury mentions that there is a $10M budget shortfall for FY22 for the entire county and county leadership are working to figure out how to smooth over for the next year. County general funds have been put into a special pot that can and will be used for services that are not funded by HRSA. Chair Kafoury also mentions that having more frequent conversations with the CHCB would be helpful.

Questions raised by CHC members

What is the status update for the Health Center's rebranding project.

- Chair Kafoury says that there is still one last segment of the contract to be finished by the consultants, which were hired by clinics to complete the campaign and broken into sections that all had deliverables attached to them (values). The project was put on pause due to the pandemic. Chair Kafoury mentions that implementing the rebranding during the middle of the pandemic is not the best timing and is concerned about what message this would send to the community. We don't want it to be clouded with negative energy from the press, for example; instead of vaccinating we're focusing on changing the name and values. Let's make sure the rollout is good timing.
- Chair Kaforuy mentions the contract with the PR firm can be done while we're in the pandemic. These dollars have already been set aside, the result of this will be a list of things going forward including, how the health center begins rolling it out.

Is the rebranding good for the health center or should we wait?

- Chair Kaforuy says that the rebranding does make a lot of sense and that rollout in the right way can create a good buzz in the community. If we do it sooner or too soon there would be backlash about spending money on rebranding as opposed to getting community members vaccinated.

Are the county general funds that are being held by HD available to the health department at large ? Is there an amount set aside in particular for anything in that budget?

- Chair Kafoury mentions a diagram was created that has in scope out of scope services for the health center, this diagram will help determine how the county general funds will be utilized and what's left for the health center to access.

No other questions were raised by CHC members

Strategic Plan (VOTE REQUIRED)
(see document - Strategic Plan)

Presented by Adrienne Daniels, ICS Deputy Director

- Adrienne Daniels presents an updated 2020-2022 strategic plan for the health center to the CHCB board for approval.
- The board and staff developed this plan together at the 2020 Strategic Planning Retreat

Susana arrives at the start of this presentation

No questions were raised by CHC members

Motion by Tamia to approve the Health Center Strategic Plan.
Seconded by David
9 aye; 0 nay; 0 abstain
Motion carries

Monthly Budget Report
(See document- December 2020 Reporting Package)

Presented by Jeff Perry, Health Center Chief Financial Officer

- Jeff reports that there was $9.9M worth of revenue and deficit of $5.4M for December 2020.
- December's revenue target was 50% and the health center's largest shortfall was program expenses exceeding revenue.
- The largest health center expense is personnel.
- Included in the budget report is an additional $900k of covid relief dollars . The health center also received provider relief funds of $7.4M that were not included in the December 2020 budget report.
- Dental and student health centers are above benchmarks for net collection rate.

Questions raised by CHCB members

Will the $7.4M for provider relief funds be added to the February 2021 budget report?

- *Jeff answers the funds will be added to one of the future reports in due time and Tasha adds that a budget modification for the funds needs to be created and presented to the board of county commissioners so that the funds can be added to the budget.*

Will we continue adding direct vs. indirect costs to the budget reports?

- *Jeff answers that the budget team are still working on this with no completion date just yet.*

No further discussion questions were raised by CHCB members

Grant Opportunity for Student Health Centers (VOTE REQUIRED)
(see document - CHCB Grant Approval Request 2021_SHC Outreach and Engagement)

Presented by Alexandra Lowell, Student Health Center Manager

- Alex presented to the board an opportunity for student health centers to receive a $100k grant from the Oregon Health Authority. The grant funds will help support activities aimed at student and community engagement projects and also raise the profile of student health centers.
- The grant funds will also help to prioritize BIPOC students who experience inequalities in health outcomes.
- If awarded, the funds will be available to use from March 1-June 30 2021. Alex will find out the week of 2/15 if they received the grant.

No questions were raised by CHCB members

Motion by David to approve the Grant Opportunity for Student Health Centers.
Seconded by Fabiola
9 aye; 0 nay; 0 abstain
Motion carries

COVID/ICS/Strategic Updates
(No additional documentation received)

Presented by Tasha Wheatt-Delancy, Health Center Executive Director

- Tasha notified board members of the dental clinic opening at North Portland Health Center.
- There is a new site medical director at East county, Dr. Lindsay Braun.
- Primary Care is partnering with NAYA (Native American Youth and Family Center) to get residents in NAYA owned properties close to LaClinica vaccinated for the flu.
- Some health center staff met with HRSA technical assistance consultants in November 2020 and are waiting for a final report from HRSA. Some areas that will need to be updated are finance compliance.
- Southeast Health Center will close on March 28, 2021 to begin renovations.
- From January 6 to February 4 1,016 vaccines were COVID 19 vaccines were administered and 470 clinical staff have been vaccinated. 85 non clinical staff have been offered vaccinations.

- Dates are to be determined for pilot clinics for community covid vaccinations. health center leadership along with public health are focusing on zip codes with highest perceived burden
- Some health center staff at the Northeast health center were interviewed by KATU news on their experiences working for Multco during COVID 19. A brief portion of the video was shown during the meeting and Linda Niksich, CHCB Board Coordinator, sent a link to all board members and meeting guests to watch after the meeting.

No questions were raised by CHCB members

Council Business Committee Updates

- The Executive Committee met on January 25th and spent time discussing budget priorities. Adrienne Daniels reviewed the strategic plan, board members crafted the February agenda and requested updates from Tasha that were included in tonight's presentation.
- David Aguayo, CHCB Finance Committee Chair, presents the finance committee update. The committee has been meeting more frequently due to it being budget season and working with Jeff Perry, Health Center CFO on the FY22 budget activities and circumstances.
- The Finance Committee has been discussing activities around HRSA recommendations to bring the health center fully into compliance, some of the activities include board authority and financial compliance. Some recommendations from the finance committee including the CHCB board gaining control of all finances related to the health center and also separating the health center funds from the health department funds.

No questions were raised by CHCB members

Stipend Procedure Update (VOTE REQUIRED)
(See Document - Stipend Procedure)

Presented by Tasha Wheatt-Delancy, Health Center Executive Director

- Board members are offered a small stipend per meeting in lieu of itemizing expenses incurred for participation in meetings. We cannot raise the amount, but Board members are no longer limited to two stipends per month if you serve on multiple committees and participate in more than two Board/Committee meetings per month.

Questions raised by CHCB members

Where did the guideline for the 30 day timeline for requesting stipends come from?

- Linda answers that the 30 day deadline for requesting stipends was entered into the guidelines when they were created as that is the procedure for accounts payable.

How does this update change the procedure right now?

- Linda answers that there is no longer a limit of two stipends per month if you serve on multiple committees. You can receive a stipend for all committee meetings participated in during a given month.

No further questions were raised by CHCB members

Motion by Iris to approve Stipend Procedure Update
Seconded by Tamia
9 aye; 0 nay; 0 abstain
Motion carries

Adjourned 7:47pm

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

Community Health Center Board
Public Meeting Agenda

Monday, February 8, 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
Board 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
Call to Order/Welcome	• Chair, Harold Odhiambo	6:00-6:05 (5 min)	Call to order Review processes
Minutes **VOTE REQUIRED**	• Approval for January Public Meeting Minutes	6:05-6:10 (5 min)	Board votes to approve
FY22 Budget Discussion with Chair Kafoury	• County Chair, Deborah Kafoury	6:10 - 6:40 (30 min)	Board and Elected Official Discussion
Strategic Plan **VOTE REQUIRED**	• ICS Deputy Director, Adrienne Daniels	6:40-6:55 (15 min)	Board Discussion and Vote
BREAK	• All	6:55-7:05 (10 min)	

Monthly Budget Report	• Chief Financial Officer, Jeff Perry	7:05 - 7:20 (15 min)	Board receives report and update
Grant Opportunity SHCs **VOTE REQUIRED**	• SHC Manager, Alexandra Lowell	7:20 - 7:35 (15 min)	Board Discussion and Vote
COVID/ICS/Strategic Updates	• Health Center Executive Director, Tasha Wheatt-Delancy	7:35-7:50 (15 min)	Board receives updates from Director
Board Business Executive Committee Update **Stipend Procedure Update** **VOTE REQUIRED**	• Chair, Harold Odhiambo • Health Center Executive Director, Tasha Wheatt-Delancy	7:50-8:00 (10 min)	Board receives updates from Chair Board Discussion and Vote
Adjourn Meeting	• Chair, Harold Odhiambo	8:00	**Goodnight!**

Multnomah County
Federally Qualified Health Center

Monthly Financial Reporting Package

February 2021

V03 Updated 02/05/2021

Prepared by: Financial and Business Management Division

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.

Internal Service	**Allocation Method**
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
Mail/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 December 31, 2020

December Target: 50%

	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	$ 856,878
General Fund Fees and Miscellaneous Revenue	$ -	$ -	$ -	$ 4,818	$ 17,641	$ 7,271	$ 6,157	$ 5,273	$ 5,862
Grants - PC 330 (BPHC)	$ 9,994,455	$ 9,994,455	$ -	$ -	$ 1,056,312	$ 1,004,805	$ 1,022,045	$ 1,009,220	$ (102,209)
Grants - COVID-19	$ -	$ 926,977	$ 926,977	$ -	$ -	$ 32,174	$ 25,007	$ 12,498	$ 32,799
Grants - All Other	$ 9,036,672	$ 9,073,908	$ 37,236	$ 698,819	$ 496	$ 933,577	$ 784,981	$ 811,960	$ 684,513
Medicaid Quality and Incentives	$ 6,722,000	$ 6,722,000	$ -	$ -	$ -	$ 682,500	$ 2,424,515	$ 5,408	$ 568,655
Health Center Fees	$ 109,550,304	$ 109,550,304	$ -	$ 779,461	$ 13,191,600	$ 6,340,430	$ 9,475,457	$ 6,798,063	$ 7,615,455
Self Pay Client Fees	$ 1,214,770	$ 1,214,770	$ -	$ 29,056	$ 57,042	$ 45,990	$ 86,436	$ 39,337	$ 51,407
Beginning Working Capital	$ 2,515,544	$ 2,515,544	$ -	$ 209,629	$ 209,629	$ 209,629	$ 209,629	$ 209,629	$ 209,629
Write-offs	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total	$ 149,154,959	$ 150,280,499	$ 1,125,540	$ 2,578,661	$ 15,389,598	$ 10,113,253	$ 14,891,105	$ 9,748,267	$ 9,922,989
Expense									
Personnel	$ 98,585,933	$ 99,568,547	$ 982,614	$ 7,233,842	$ 7,033,847	$ 7,679,089	$ 7,607,023	$ 7,382,760	$ 7,864,022
Contracts	$ 4,654,127	$ 4,654,127	$ -	$ 90,123	$ 80,949	$ 267,579	$ 207,258	$ 384,705	$ 406,108
Materials and Services	$ 18,216,003	$ 18,325,355	$ 109,353	$ 1,461,548	$ 1,692,024	$ 1,305,266	$ 1,676,618	$ 1,628,953	$ 1,555,929
Internal Services	$ 27,437,897	$ 27,471,470	$ 33,573	$ 1,087,730	$ 2,743,492	$ 1,807,649	$ 2,211,768	$ 2,064,364	$ 1,506,898
Capital Outlay	$ 261,000	$ 261,000	$ -	$ 8,396	$ -	$ -	$ -	$ -	$ 16,378
Total	$ 149,154,959	$ 150,280,499	$ 1,125,540	$ 9,881,639	$ 11,550,311	$ 11,059,583	$ 11,702,666	$ 11,460,782	$ 11,349,335
Surplus/(Deficit)	$ -	$ -	$ -	$ (7,302,978)	$ 3,839,286	$ (946,331)	$ 3,188,439	$ (1,712,515)	$ (1,426,347)

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

December Target: 50%

	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	$ -	$ -	$ -	$ -	$ -	$ -	$ 5,141,271	50%
General Fund Fees and Miscellaneous Revenue	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 47,021	
Grants - PC 330 (BPHC)	$ 9,994,455	$ 9,994,455	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,990,172	40%
Grants - COVID-19	$ -	$ 926,977	$ 926,977	$ -	$ -	$ -	$ -	$ -	$ -	$ 102,478	11%
Grants - All Other	$ 9,036,672	$ 9,073,908	$ 37,236	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,914,346	43%
Medicaid Quality and Incentives	$ 6,722,000	$ 6,722,000	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,681,078	55%
Health Center Fees	$ 109,550,304	$ 109,550,304	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 44,200,466	40%
Self Pay Client Fees	$ 1,214,770	$ 1,214,770	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 309,268	25%
Beginning Working Capital	$ 2,515,544	$ 2,515,544	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,257,772	50%
Write-offs	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
Total	$ 149,154,959	$ 150,280,499	$ 1,125,540	$ -	$ -	$ -	$ -	$ -	$ -	$ 62,643,870	42%
Expense											
Personnel	$ 98,585,933	$ 99,568,547	$ 982,614	$ -	$ -	$ -	$ -	$ -	$ -	$ 44,800,582	45%
Contracts	$ 4,654,127	$ 4,654,127	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,436,722	31%
Materials and Services	$ 18,216,003	$ 18,325,355	$ 109,353	$ -	$ -	$ -	$ -	$ -	$ -	$ 9,320,338	51%
Internal Services	$ 27,437,897	$ 27,471,470	$ 33,573	$ -	$ -	$ -	$ -	$ -	$ -	$ 11,421,901	42%
Capital Outlay	$ 261,000	$ 261,000	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 24,774	9%
Total	$ 149,154,959	$ 150,280,499	$ 1,125,540	$ -	$ -	$ -	$ -	$ -	$ -	$ 67,004,317	45%
Surplus/(Deficit)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ (4,360,446)	

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.
- Programs don't always spend in a uniform manner, sometimes they fluctuate, especially with school-based grants, where spending is concentrated throughout operational months.
- Expenses for a period are invoiced in the next period as per the typical timeline.
- Expenditures are tracking at 45% which is primarily due to personnel and internal services which are tracking at 45% and 42% respectively.
- July - August was FY20 year-end close. Health center fees for July were booked in August. Health center fees 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.

Multnomah County Health Department
Community Health Council - Fiscal Year 2021 YTD Actual Revenues and Expenses by Program Group
For Period Ending December 31, 2020

	Category	Description	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	County General Fund Support		718,076	3,252,876	-	-	71,966	202,052	896,302	-	-	5,141,271	5,141,271	10,282,541	50%
	General Fund Fees and Miscellaneous Revenue		(25)	921	-	23,329	14,294	8,691	(189)	-	-	47,021	-	-	0%
	Grants - HRSA PC 330 Health Center Cluster		744,227	-	180,599	-	2,714,529	164,798	65,710	120,309	-	3,990,172	4,997,228	9,994,455	40%
	Grants - HRSA Healthy Birth Initiatives		-	488,352	-	-	-	-	-	-	-	488,352	490,000	980,000	50%
	Grants - HRSA Ryan White		-	-	-	-	-	-	-	1,066,888	-	1,066,888	1,259,913	2,519,826	42%
	Grants - DHHS and OHA Ryan White		-	-	-	-	-	-	-	159,471	-	159,471	179,976	359,952	44%
	Grants - OHA Non-Residential Mental Health Services		-	1,394,172	-	-	-	-	-	-	-	1,394,172	1,394,173	2,788,345	50%
	Grants - All Other		148,241	207,729	-	-	7,469	28	325,250	116,746	-	805,463	1,212,892	2,425,785	33%
	Grants - Other COVID-19 Funding		7,000	-	-	-	23,517	-	-	62,499	-	93,017	-	-	0%
	Grants - HRSA Expanding Capacity for Coronavirus Testing		9,461	-	-	-	-	-	-	-	-	9,461	305,354	610,707	2%
	Medicaid Quality and Incentive Payments		1,729,569	-	783,976	-	-	1,167,533	-	-	-	3,681,078	3,361,000	6,722,000	55%
	Health Center Fees		942,554	1,318,245	5,875,904	14,727,900	19,464,736	-	719,839	1,151,289	-	44,200,466	54,775,152	109,550,304	40%
	Self Pay Client Fees		-	-	43,817	122,670	141,360	-	140	1,282	-	309,268	607,385	1,214,770	25%
	Beginning Working Capital (budgeted in FY20)		350,000	278,882	250,000	-	-	378,890	-	-	-	1,257,772	1,257,772	2,515,544	50%
Revenues Total			4,649,103	6,941,177	7,134,296	14,873,898	22,437,870	1,921,991	2,007,052	2,678,484	-	62,643,871	75,140,250	150,280,499	42%
Expenditures	Personnel	Permanent	2,876,304	2,858,118	4,956,577	2,180,073	9,105,698	1,179,908	841,056	1,256,636	428,679	25,683,050	28,373,078	56,746,156	45%
		Premium	36,671	53,865	49,179	32,614	196,596	7,373	13,115	21,935	61	411,410	610,861	1,221,721	34%
		Salary Related	1,069,838	1,087,781	1,868,413	800,298	3,311,583	444,767	332,037	440,257	160,422	9,515,395	11,077,194	22,154,388	43%
		Temporary	76,148	28,532	150,358	28,994	473,255	49,252	8,735	152,727	-	968,002	876,975	1,753,950	55%
		Insurance Benefits	940,546	896,811	1,477,939	551,631	2,588,636	341,574	298,131	375,074	146,800	7,617,143	8,415,574	16,831,149	45%
		Non Base Fringe	18,359	5,869	33,621	3,320	113,250	14,748	1,010	29,909	-	220,085	207,536	415,072	53%
		Non Base Insurance	5,620	2,545	3,438	499	22,613	922	155	7,102	-	42,895	63,613	127,226	34%
		Overtime	15,638	13,024	130,617	573	161,938	9,564	1,327	5,818	4,103	342,603	159,443	318,887	107%
	Personnel Total		5,039,123	4,946,544	8,670,142	3,598,003	15,973,569	2,048,108	1,495,567	2,289,457	740,066	44,800,582	49,784,274	99,568,547	45%
	Contractual Services	County Match & Sharing	-	150,000	-	-	-	-	-	-	-	150,000	450,812	901,623	17%
		Direct Client Assistance	2,765	1,386	49	-	2,606	-	135	15,329	-	22,269	40,455	80,910	28%
		Pass-Through & Program Support	-	180,078	(225)	-	-	-	-	-	-	179,853	238,492	476,984	38%
		Professional Services	230,857	11,535	101,707	31,219	664,894	1,602	10,707	28,941	3,138	1,084,600	1,597,305	3,194,610	34%
	Contractual Services Total		233,622	342,998	101,530	31,219	667,500	1,602	10,842	44,270	3,138	1,436,722	2,327,063	4,654,127	31%
	Internal Services	Indirect Expense	432,251	167,155	1,014,407	420,966	1,867,548	116,452	103,025	241,797	86,588	4,450,190	5,217,743	10,435,486	43%
		Internal Service Data Processing	321,001	396,398	561,678	700,006	1,284,375	139,717	227,913	226,642	60,011	3,917,741	5,059,149	10,118,298	39%
		Internal Service Distribution & Records	16,679	6,373	48,036	50,752	82,653	3,119	43,983	4,555	14,082	270,232	293,854	587,708	46%
		Internal Service Enhanced Building Services	61,589	53,037	86,770	30,171	148,050	18,991	-	19,350	9,365	427,323	515,504	1,031,008	41%
		Internal Service Facilities & Property Management	285,857	246,167	402,733	140,035	687,156	88,145	-	89,810	43,466	1,983,369	2,053,658	4,107,316	48%
		Internal Service Facilities Service Requests	15,399	4,497	33,409	2,783	46,178	929	21,176	1,710	181	126,263	169,534	339,067	37%
		Internal Service Fleet Services	414	10,677	9,823	-	-	176	146	39	-	21,275	28,963	57,926	37%
		Internal Service Other	2,050	688	16,580	843	5,428	-	589	1,537	218	27,933	-	-	0%
		Internal Service Telecommunications	23,730	32,707	21,261	7,091	76,677	8,362	13,833	10,469	3,447	197,576	397,331	794,661	25%
	Internal Services Total		1,158,969	917,699	2,194,698	1,352,647	4,198,065	375,891	410,665	595,909	217,357	11,421,901	13,735,735	27,471,470	42%
	Materials & Supplies	Cash Discounts Taken	-	-	-	(4)	-	-	-	-	-	(4)	-	-	0%
		Communications	1,370	10	-	-	-	780	949	997	-	4,107	4,867	9,734	42%
		Dues & Subscriptions	185	975	1,606	640	4,690	-	10,568	280	365	19,310	81,114	162,227	12%
		Insurance	-	-	-	-	-	156	-	-	-	156	-	-	0%
		Pharmaceuticals	-	42	-	7,744,601	252,709	-	18,994	45,873	-	8,062,219	7,107,791	14,215,581	57%
		Refunds	-	-	1,332	113	2,112	-	-	112	-	3,668	-	-	0%
		Rentals	7,596	3,570	7,704	11,208	37,096	5,355	6,704	4,349	1,580	85,162	27,346	54,692	156%
		Repairs & Maintenance	80	69	538	39	567	25	-	25	2,903	4,248	34,427	68,853	6%
		Software, Subscription Computing, Maintenance	80,818	1,061	2,508	57,271	19	1,717	-	-	-	143,394	54,281	108,562	132%
		Supplies	64,341	22,244	24,509	20,978	35,076	5,854	2,228	36,514	37,633	249,378	377,431	754,863	33%
		Local Travel	4,428	4,486	1,766	1,189	304	3,035	436	174	31	15,849	69,386	138,771	11%
		Medical & Dental Supplies	41,252	254	423,224	234	160,087	243	11,113	13,166	47,763	697,336	1,071,551	2,143,102	33%
		Training & Non-Local Travel	5,661	2,779	1,518	199	16,267	4,535	1,268	1,039	-	33,265	334,485	668,970	5%
		Utilities	-	-	-	-	-	-	-	-	2,251	2,251	-	-	0%
	Materials & Supplies Total		205,730	35,491	464,704	7,836,470	508,927	21,701	52,259	102,529	92,527	9,320,338	9,162,678	18,325,355	51%
	Capital Outlay	Capital Equipment - Expenditure	-	-	24,774	-	-	-	-	-	-	24,774	130,500	261,000	9%
	Capital Outlay Total		-	-	24,774	-	-	-	-	-	-	24,774	130,500	261,000	9%
Expenditures Total			6,637,445	6,242,733	11,455,849	12,818,340	21,348,062	2,447,303	1,969,334	3,032,165	1,053,088	67,004,317	75,140,250	150,280,499	45%
Net Income/(Loss)			(1,988,342)	698,444	(4,321,553)	2,055,558	1,089,808	(525,311)	37,718	(353,681)	(1,053,088)	(4,360,446)	-	-	
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			

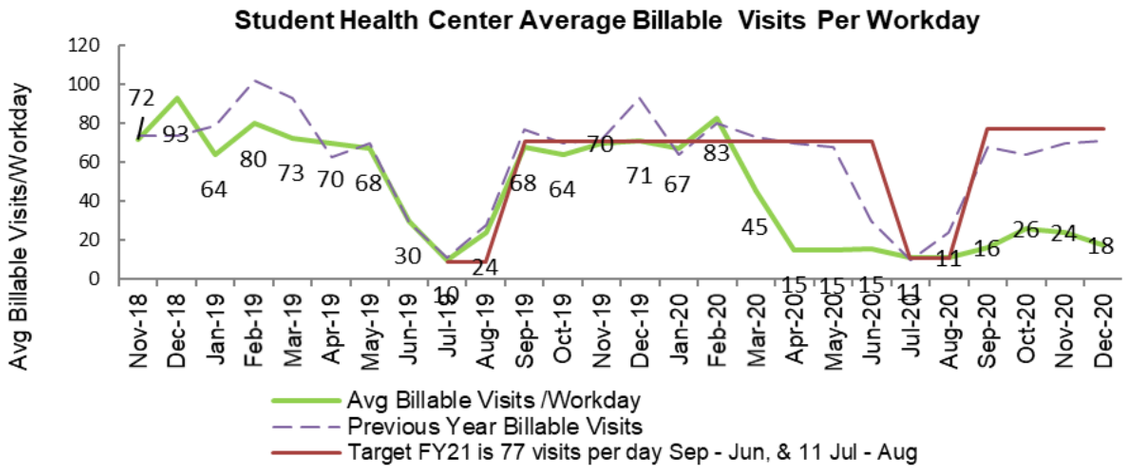
Multnomah County Health Department
Community Health Council - Fiscal Year 2021 YTD Actual Revenues and Expenses by Program Group
For Period Ending December 31, 2020

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

Non-ICS Service Programs include the following:
> Direct Clinical Services - Behavioral Health Division
> Maternal Child Family Health - Public Health Division

FQHC Average Billable Visits per day by month per Service Area



What this slide shows:

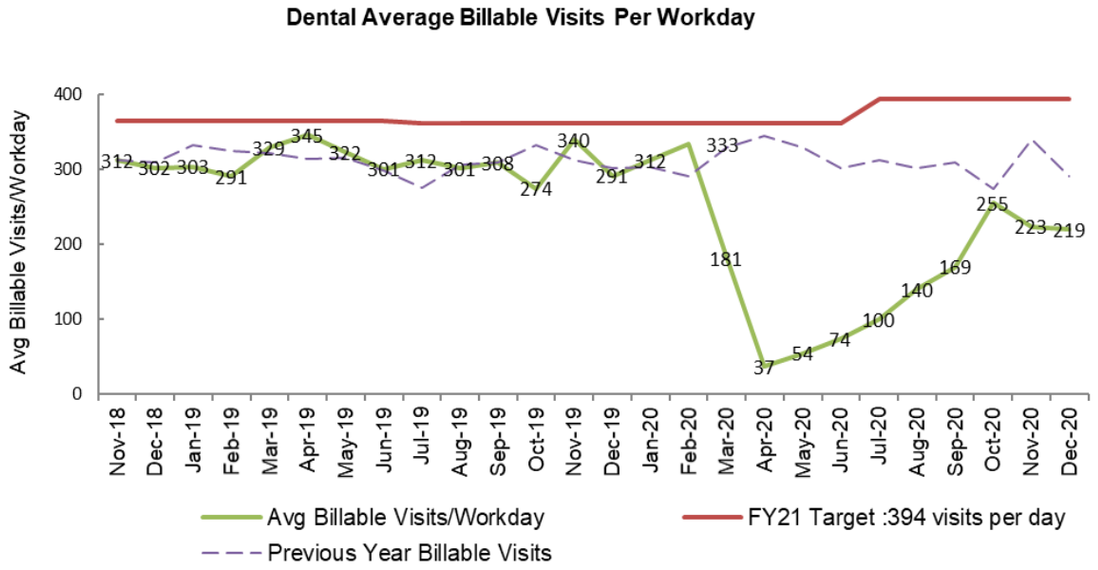
This report takes the total number of billable visits for a month and divides it by total number of work days for an Average Billable Visits per work day, and compares to a Target based on the total # of provider FTE.

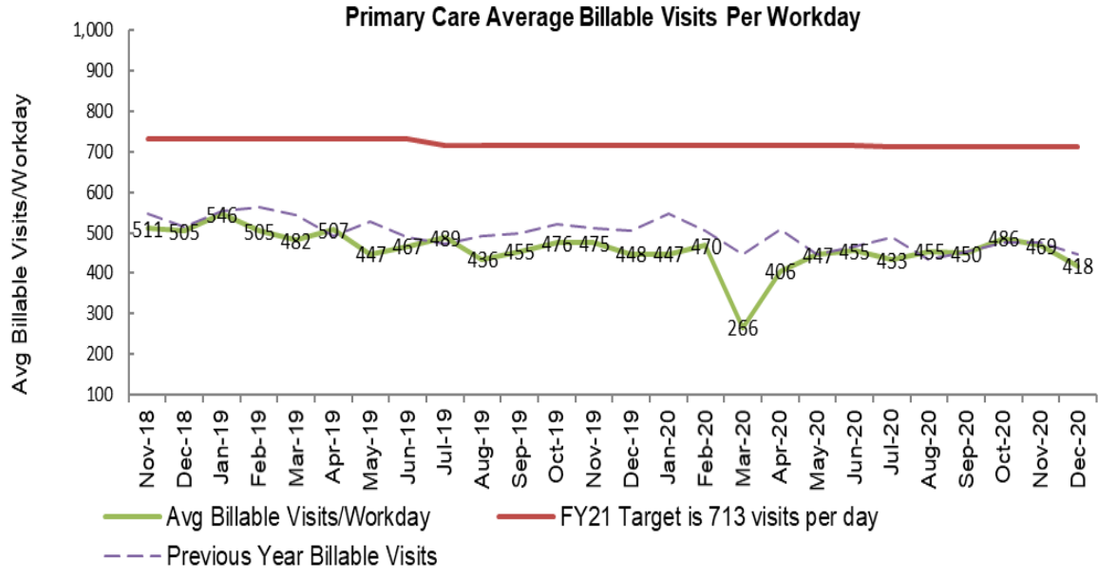
Good performance = the green "actual average" line <u>at or above</u> the red "target" line

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

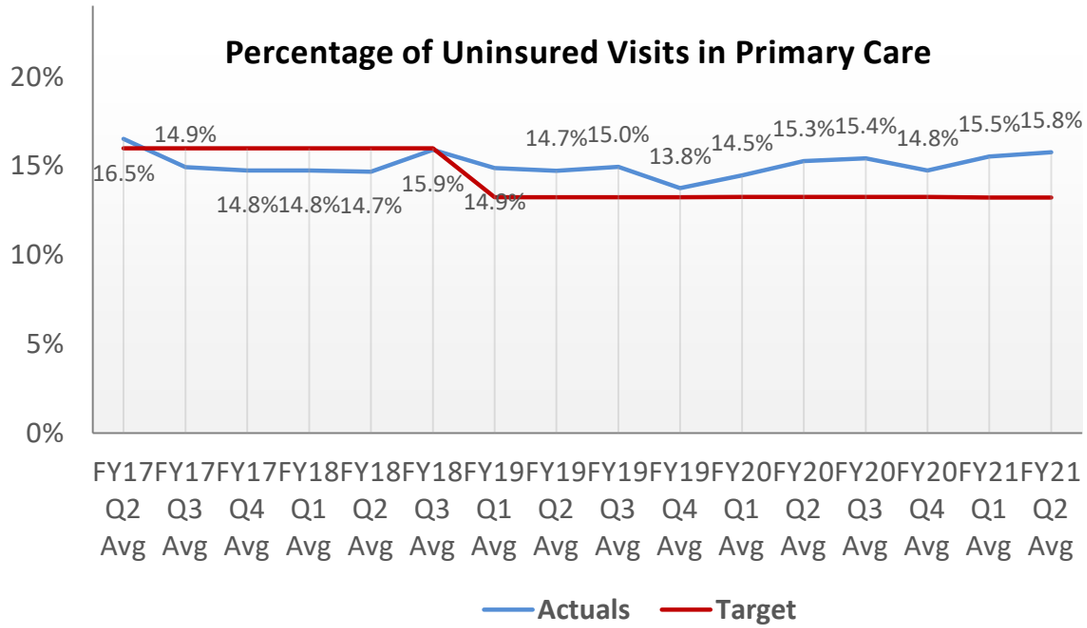
What this slide shows:

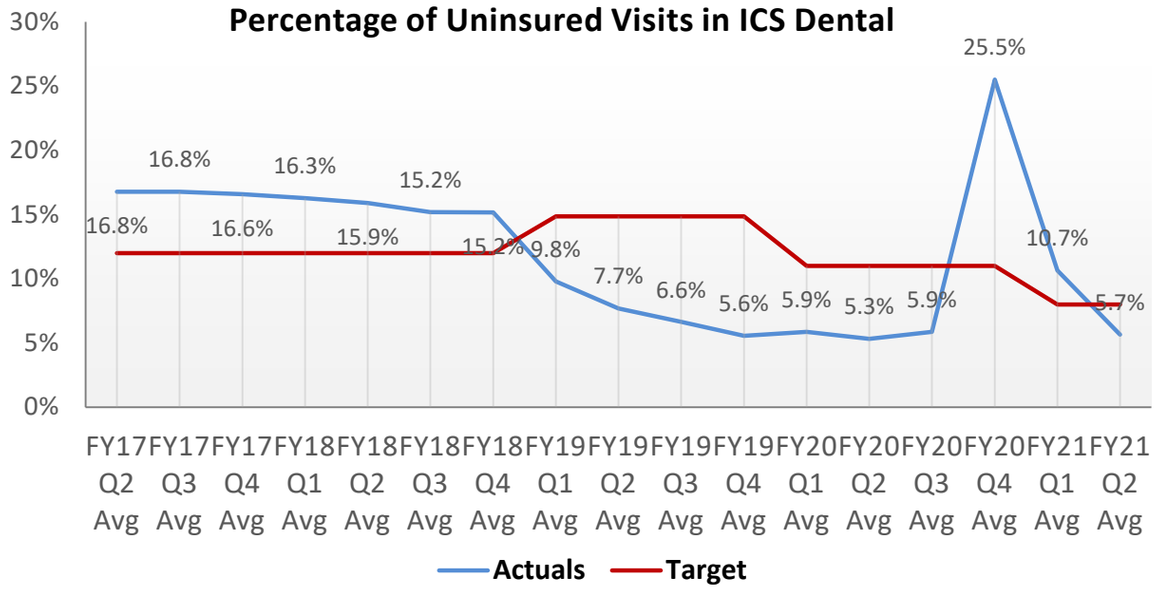
This report shows the average percentage of "self pay" visits per month.

Good performance = the blue "Actual" line is 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)





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

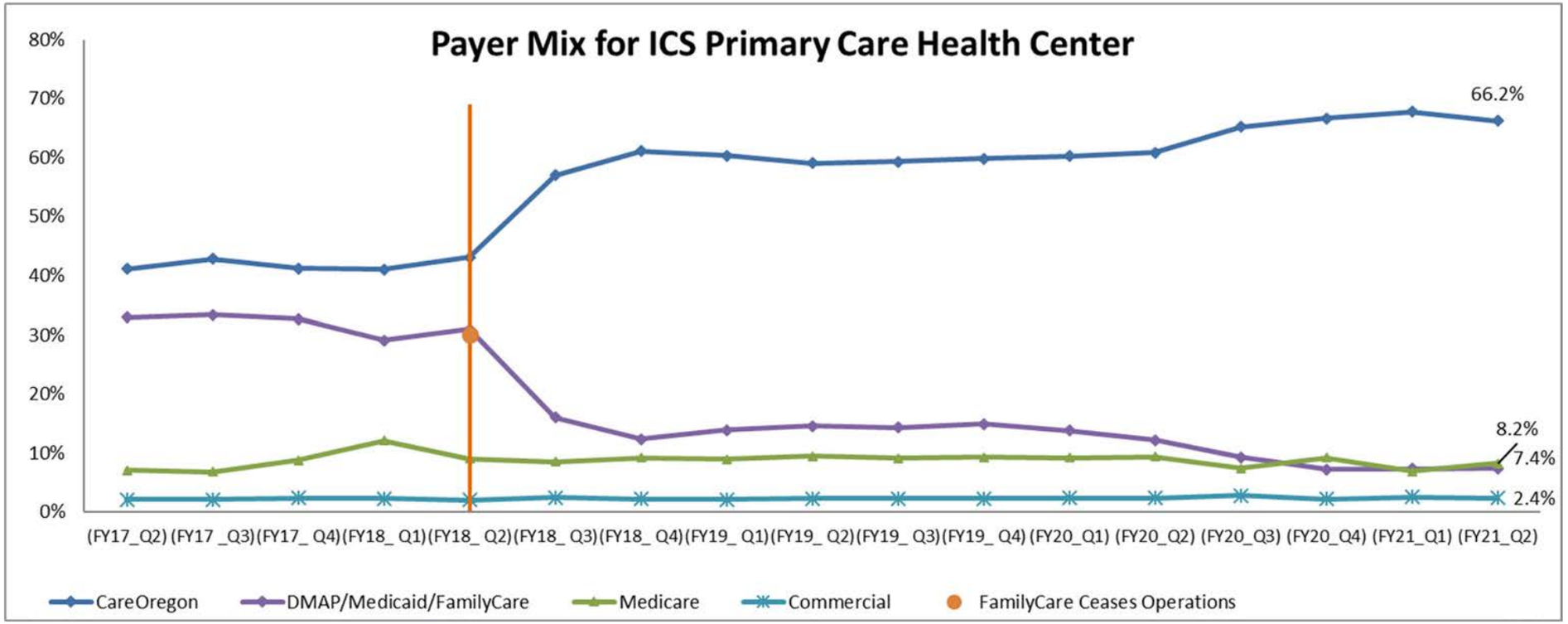
What this slide shows:

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:

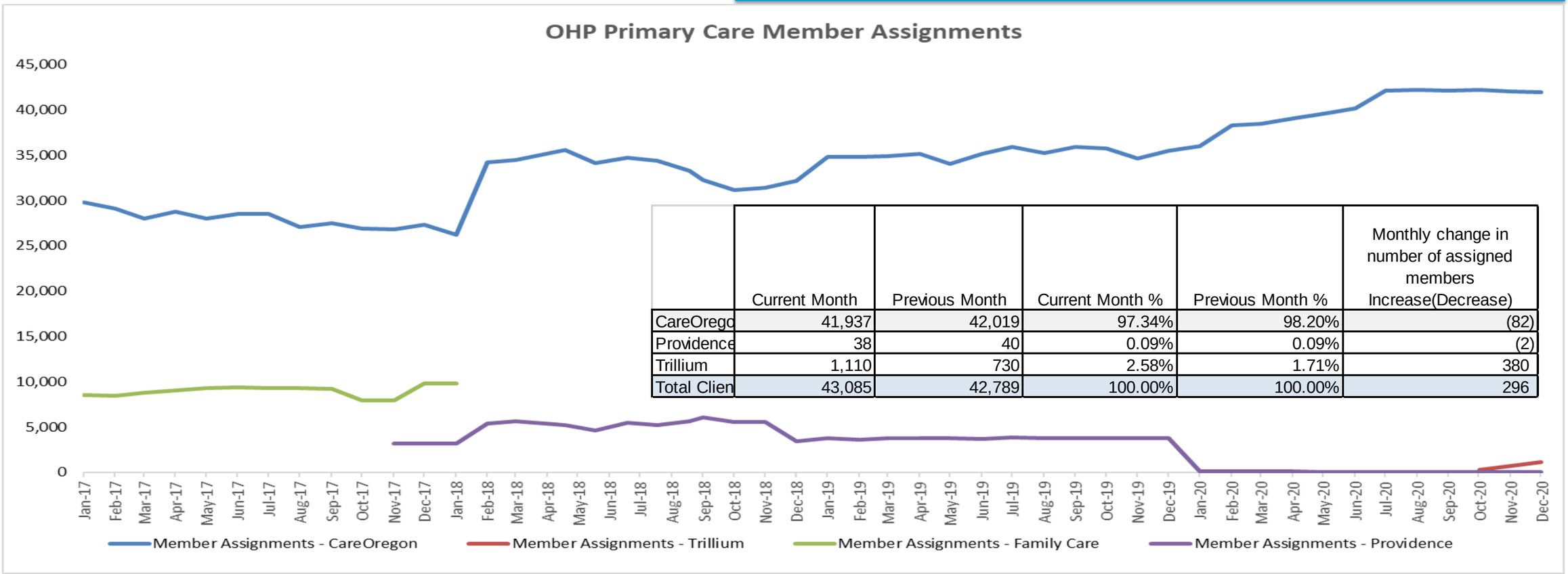
This report shows the total number of patients OHP has assigned to the Multnomah County Health Center Primary Care clinics. *NOTE: Not all of these patients have established care.*

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)



	Current Month	Previous Month	Current Month %	Previous Month %	Monthly change in number of assigned members Increase(Decrease)
CareOrego	41,937	42,019	97.34%	98.20%	(82)
Providence	38	40	0.09%	0.09%	(2)
Trillium	1,110	730	2.58%	1.71%	380
Total Clien	43,085	42,789	100.00%	100.00%	296

CareOregon FY21 average 42,095 :: Providence FY21 average 44 :: Trillium FY21 average 717

- Trillium added October 2020

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

	Oct - Dec Payments	YTD Payments	Oct - Dec Net Collection	YTD Net Collection
CareOregon Medicaid	3,641,526	11,870,345	99%	98%
Commercial	205,262	933,636	87%	84%
Medicaid	297,325	1,427,320	98%	93%
Medicare	520,121	2,075,394	98%	96%
Reproductive Health	36,329	226,875	100%	99%
Self-Pay	147,501	575,176	23%	19%
	$4,848,064	$17,108,746		

What this slide shows:

This report shows the effectiveness in collecting reimbursements by Payer

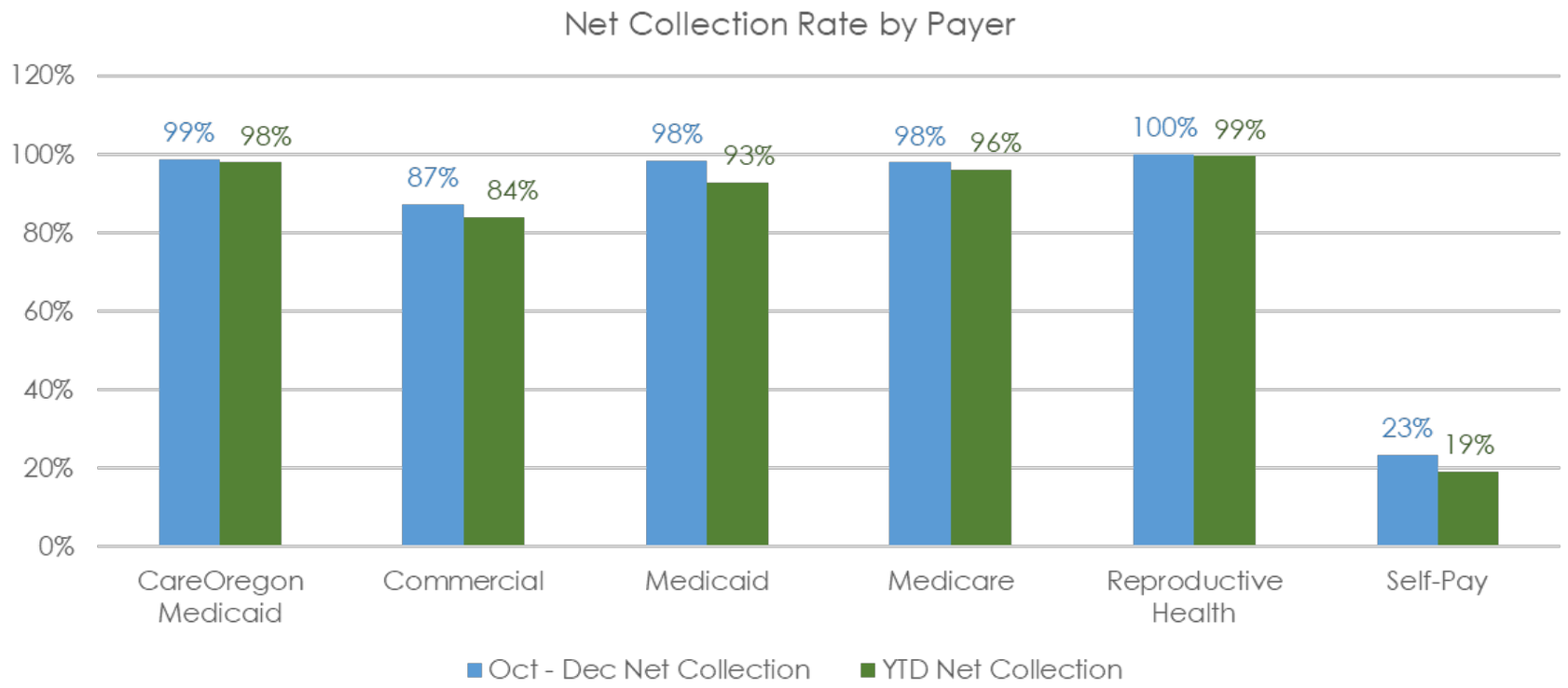
The benchmark for Net Collection Rate is 90% - 100%. Over 95% is ideal per HFMA

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
Oct'20 – Dec'20 vs Jan'20 – Dec'20 (YTD)

	Oct - Dec Payments	YTD Payments	Oct - Dec Net Collection	YTD Net Collection
MC Dental	$ 1,514,219	$ 4,717,304	97%	93%
MC HSC Health Service Center	$ 252,790	$ 1,071,235	89%	92%
MC Pharmacy - Self Pay Only	$ 56,921	$ 219,237	33%	28%
MC Primary Care	$ 2,884,418	$ 10,426,612	88%	83%
MC School Based Health Centers	$ 139,716	$ 674,358	98%	96%
	$4,848,064	$17,108,746		

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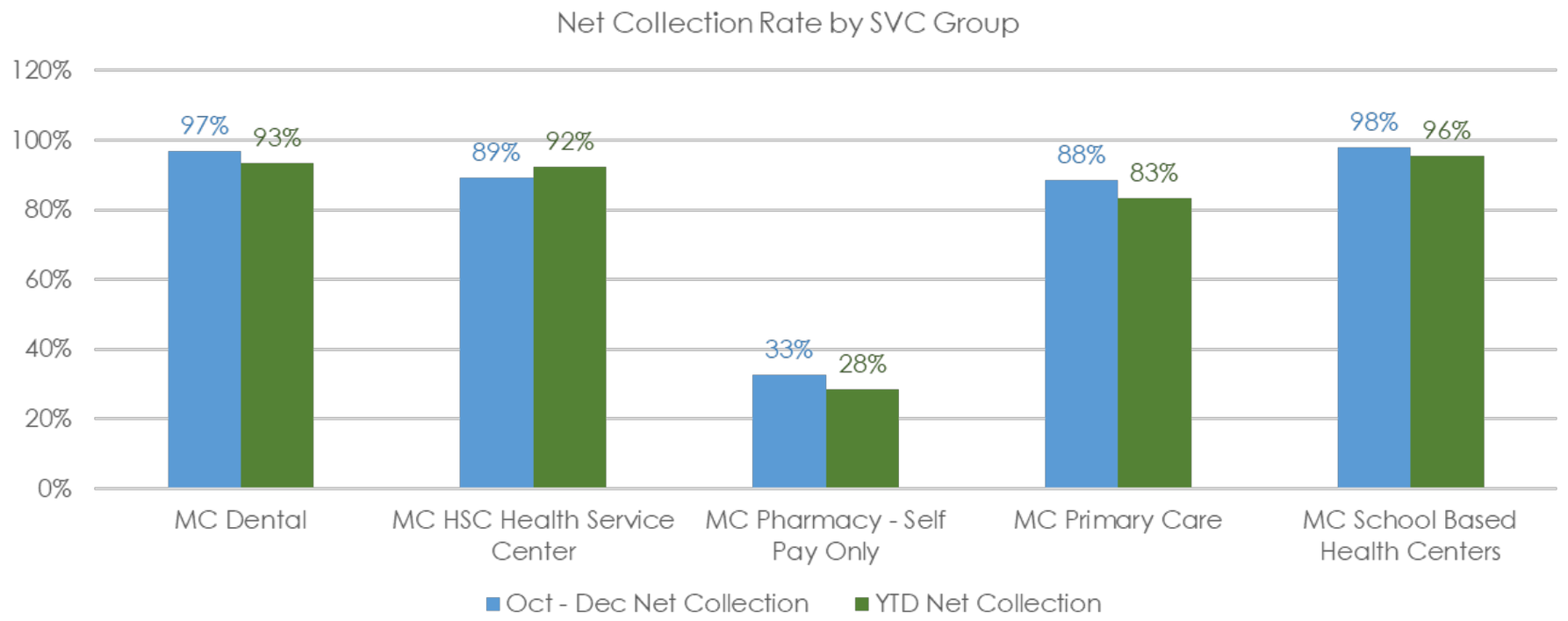

Multnomah County Community Health Center

2020 - 2022 Strategic Plan

Community Health Center Board

Table of Contents

Executive Summary

The Multnomah County Community Health Center Board is accountable for ensuring that the Community Health Center provides high quality, comprehensive services for patients in alignment with both its mission as well as federal program requirements. The Board establishes expectations and priorities for the Community Health Center through the annual strategic planning process and formal strategic plan. Due to the COVID-19 pandemic, the Board determined that the current strategic plan would be developed with a two year timeline.

Under the 2020-2022 Strategic Plan, the Community Health Center Board completed an assessment of the Community Health Center's strengths and weaknesses to select three position statements and six strategic objectives. The Board will work with staff to monitor and review objectives on a regular schedule.

Position Statements

For community members in Multnomah County seeking access to health care, your Multnomah County Health Center provides the care you want. Our multiple locations, passionate staff, focus on racial equity and the advancement of health equity and inclusion set us apart.

We will partner with our neighbors in achieving health equity by providing the care you want in the way that works for you. We will listen to you and work with you to reach your wellness goals.

We will provide high-value engagement and mission-centered work to all employees. Specifically, we commit to recruiting and retaining Black and or Indigenous, and Persons of Color (B/IPOC) staff reflective of our patient population by empowering them to be agents and leadership of change and be the voice of the community they represent.

2020-2022 Strategic Objectives:

1. Decrease staff turnover rates to improve continuity of care
2. Advance health equity
3. Create and increase patient continuum of care, regardless of where they are seen
4. Increase the co-enrollment of patients
5. Become the health center of choice
6. Track and address the social determinants of health

About Integrated Clinical Services and the Community Health Center Program

Integrated Clinical Services (ICS) provides comprehensive primary care, dental, pharmacy, lab, and associated clinical and quality services as part of the Multnomah County Health Department. ICS operates services as a Community Health Center Program - (Federally Qualified Health Center (FQHC)), assuring that care is available to all persons, no matter their income or insurance status. The community health center model provided by FQHCs was developed under the War on Poverty initiative and associated social investment movements from the 1960s. This model emphasizes and requires a patient-governed healthcare system. All FQHC programs must be located in areas where economic, social, cultural, or geographic barriers limit access to care. In 2019, FQHC programs provided care to nearly 30 million patients in the United States and associated territories.[1]

In addition to participating in the federal community health center program, ICS also participates in the Oregon Health Authority's Person Centered Medical Home model to assure high quality and high access standards. The health center program is accredited by The Joint Commission.

ICS's first federally recognized and accredited community health center location was the Roosevelt High School Student Health Center in 1977. Today, the program offers care at 18 locations across 24 clinics. It is recognized nationally for high levels of clinical quality. The health center program is governed and overseen by the Community Health Center Board (CHCB).

In 2019, ICS's health center program served over 62,000 unique patients who utilized a qualifying visit.[2] 64% of patients identify as an ethnic or racial minority and more than 95% of patients make less than 200% of the federal poverty limit. 72% of patients are enrolled with Medicaid or the Children's Health Insurance Program and 17% are uninsured. Nearly 40% of the health center's population are under the age of 18.[3]

[1] Health Resources and Services Administration "Health Center Program: Impact and Growth". Accessed Dec 23, 2020 at https://bphc.hrsa.gov/about/healthcenterprogram/index.html.
[2] HRSA does not include unique patients who accessed services unrecognized as a "visit". This includes only seeking immunization services, dental sealant services, prescription refills, and visits with non independent practitioners.
[3] 2019 Integrated Clinical Services Health Center Program data as reported to the Health Resources and Services Administration's Uniform Data Services (UDS).

The Strategic Planning Process

The Health Resources and Services Administration (HRSA) requires that all community health center programs participate in a formal strategic planning process as overseen by the governing board. Strategic planning should occur at minimum, every three years. Strategic planning is a separate process from the governing board's required annual Quality Plan, although the strategic plan may reference or direct investments into specific quality improvement or quality assurance efforts.

The Community Health Center Board held their annual strategic retreat on Saturday, November 14, 2020. This retreat included discussion of:

- Most recent Health Center Program *Patient Needs Assessment*
- The budget of the Health Center Program
- Review of 2019-2020 Health Center Program accomplishments
- *SWOT Analysis and Prioritization* of strategic options
- *Mission, Vision, and Values* of the Health Center Program
- Setting the *2020-2022 Strategic Priorities*
- Measurement and tracking of priorities (performance management)

The Role of the Board

The Community Health Center Board is composed of both health center patients and community members who support the mission and vision of community health centers. Patients must represent at least 51% of the board members. The board is accountable for ensuring that the health center program continues to meet both the regulatory requirements as set by the Health Services and Resources Administration (HRSA) as well as supporting the healthcare and health services needs identified by the community. These specific board roles and responsibilities are detailed in the federal Health Center Program compliance manual.[4]

The Board is responsible for reviewing and setting the strategic plan for the health center program. This includes oversight and approval of the Mission, Vision, and Values, as well as setting regular strategic objectives. The board discusses these strategies during their annual board retreat and regularly reviews performance metrics throughout the year.

The Role of Senior Leadership and Health Center Staff

Health Center program staff are responsible for assuring that the Board's directions and strategic initiatives are supported and implemented. Health Center staff members are accountable to the Executive Director of the Health Center Program, who works with the Board

[4] HRSA Health Center Program Compliance Manual. "Board Authority: Chapter 19"

to assure that the strategic plan is accurately documented and communicated to all stakeholders.

Senior Leadership, with the Executive Director, meet regularly with Board members to provide progress updates and discuss goals for the health center program. Senior Leadership also attend the annual Board retreat to provide support in developing new strategic initiatives and to present on the historical performance of the health center program.

Timeline and the Impact of the Coronavirus Pandemic

In February of 2020, Integrated Clinical Services initiated a clinical response to the coronavirus pandemic (COVID-19). Recognizing that this emergency would not be a short term response, the Community Health Center Board and Senior Leadership team agreed that a traditional five-year timeline would not be appropriate for the health center's 2020 strategic planning process. As a result, the 2020 plan reflects a two-year timeline of strategic initiatives. The board and senior leadership developed the strategic planning objectives and measures during the November 14th Board Retreat. Some board members also elected to participate in an optional, strategic planning training on October 30, 2020.

Senior Leadership and staff further refined the strategic plan and confirmed data to measure the plan's performance between November and December of 2020. The Board formally approved the updated *Mission, Vision, and Values* of the health center during the December 2020 board meeting. The Executive Committee of the Community Health Center Board reviewed the draft strategic plan during the January 2021 committee meeting. The Board formally approved the strategic plan during the February 2021 board meeting.

Community Health Center staff at an outdoor COVID-19 testing site at East County Health Center

Community Health Center Mission, Vision, and Values

Health Center Mission

Bringing services to individuals, families, and communities that improve health and wellness while advancing health equity and eliminating health disparities.

Health Center Vision

Integrated. Compassionate. Whole person health.

Health Center Values

- *Equitable care that assures all people receive high quality, safe, and meaningful care*
- *Patient and community determined: leveraging the collective voices of the people we serve*
- *Supporting fiscally sound and accountable practices which advance health equity and center on racial equity*
- *Engaged, expert, diverse workforce which reflect the communities we serve*

A health center family celebrates "Dia de las Madres" at East County Health Center

SWOT Analysis

The Community Health Center Board prepared a Strengths Weaknesses Opportunities and Threats (Challenges) analysis in preparation to guide their prioritization and goals for the year.

Strengths
-History on our side -Our reputation -Known for supporting communities -Inclusiveness -The different patients we serve, a variety and including LBGTQ, Homeless , people who are not citizens -The amount of languages that we support -Friendliness of staff and providers -Being part of a larger organization and connect people to services outside of our scope -Support system and the number of people working in the system -The CHC Board; good at making decisions, working well together -Clinics are really good about listening to patients, taking feedback from the community -Staff provide good attention to patients as well -Language access is very good -Crisis Management & Leadership during Covid while maintaining our key priorities and inviting external partners/patients for input and their need -Hiring *emphasizes* diverse workforce
Weaknesses
-Bureaucracy...too big for our own good. Example: A person who has a complicated diagnosis and might need different specialists and a lot of attention because of their health situation. There are alot of cooks in the kitchen, some people can slip through the cracks who have serious and acute health concerns. -Issues with Continuity of Care -We ask PC Providers to do a lot and see alot of people and I wish they had more time to ensure if a patient is referred out they get the care that they need. -Better phone system..wait time -The call center takes forever to get through to, and then sometimes there are no appointments. This has gotten worse since COVID19 -Bills come very late sometimes -Hiring a diverse workforce is often discussed but not revealed in results -HR involvement with goals of the clinics regarding diversity/inclusion
Opportunities
-Ensuring a complete and transparent process around fiscal management and procedures -More engagement with community based partners -Coordinated care when a patient is referred externally and there are sometimes breakdown in process and communication with patients as well as follow up -Better phone system...improve wait time -PPS rate

-Cultural options for patients is good to maintain
-Emphasize partnerships with other organizations
-Emphasize service offerings for all patients
-Use Covid 19 nimbleness by county and state level as an effective tool to promote our talents internally and externally
-Improving our ability to mirror our workforce with our community in order to be the health center of choice

Threats (Challenges)

-If we aren't able to change and grow, Health Systems who are able to do that will take our place.
-No longer the system of choice for community members
-When referrals do not occur timely, we could lose patients to specialized care
-Funding Change'
-Federal Level Legislative Changes
-Potential of a recession with higher demand lower resources
-If call center times are so long, we risk losing patients and revenue
-It can take a long time for information to reach the board, which can delay decision making
-Representation involvement requires terminations based solely on seniority regardless of talent/skills
-Varied funding sources, and long term reliability of continual funding source
-Competition from other CHC's, FQHCs, private practitioners for the same group of persons

2020-2022 Strategic Priorities and Objectives

Based upon the historical goals of the health center program, values, and SWOT analysis, the Board developed the following positioning statements and specific strategic objectives for the next two years. Each objective below was subsequently reviewed by health center staff so that they could prepare specific, measurable performance indicators to the Board.

Strategic positioning for 2020-2022:
For community members in Multnomah County seeking access to health care, your Multnomah County Health Center provides the care you want. Our multiple locations, passionate staff, focus on racial equity and the advancement of health equity and inclusion set us apart.

We will partner with our neighbors in achieving health equity by providing the care you want in the way that works for you. We will listen to you and work with you to reach your wellness goals.

We will provide high-value engagement and mission-centered work to all employees. Specifically, we commit to recruiting and retaining Black and or Indigenous, and Persons of Color (B/IPOC) staff reflective of our patient population by empowering them to be agents and leadership of change and be the voice of the community they represent.

Strategic Objectives	**Strategic Activities which support the objectives**
Decrease staff turnover rates to improve continuity of care	● Offer staff resiliency groups and establish new “stretch” job opportunities to encourage staff to develop new skills ● Partner with HR on strategic recruitment audiences
Advance health equity	● Host specific patient and community engagement sessions to gather feedback on how patients define health equity and their top health priority.
Create and increase patient continuum of care, regardless of where they are seen	● Develop robust outreach and education on how patients can access care, including new opportunities such as telemedicine and teledental services
Increase the co-enrollment of patients	● Continue both in-person and virtual assistance with insurance enrollment ● Strategic “in-reach”: Develop how to offer appointments to patients who may need a medical or dental appointment, regardless of what services they arrive for
Become the health center of choice	● Expand patient feedback ● Engage community in discussions about how to support and offer healthcare goals ● Assess overall community need to determine areas of the region which may benefit from health center services
Track and address the social determinants of health	● Perform quality assurance and analysis of patient data to assure we are accurately representing patient demographics ● Assure that referrals are available to more patients

Measuring Success and Progress of the Strategic Plan

Strategic planning is the process that companies and organizations use to set their priorities and work for the future. It relies on the mission and vision to identify specific values and decisions which must be made. The Strategic Plan for the Health Center Program is intended to set the priorities for investments, program development, and help manage risks that the organization may encounter. Health Center staff must be accountable to the Board by providing regular updates on the strategic plan objectives throughout the year.

Health Center staff will provide the Board with regular updates about the strategic plan through monthly Director updates. In addition, health center staff will develop a dashboard to support measurement of the board-approved strategic objectives. The below objectives will be evaluated to determine if they are appropriate and reliable measures for each objective.

Strategic Objectives	**Tentative Performance Measure(s)**
Decrease staff turnover rates to improve continuity of care	1. # of total vacancies by key roles 2. Average length of staff tenure by race, age, and gender
Advance health equity	1. Establish measures set by patients or the community (decolonization) 2. Relative % of staff vs. managers who are B/IPOC
Create and increase patient continuum of care, regardless of where they are seen	1. Patients who respond that they can 'get the care that I want, when I want it, in the way I want it' under patient surveys 2. % of patients who choose to fill prescriptions at a County pharmacy
Increase the co-enrollment of patients	1. # of patients who have both primary care and dental insurance assignments 2. # of patients who have both a primary care and dental visit
Become the health center of choice	1. Patients who respond that they can 'get the care that I want, when I want it, in the way I want it' under patient surveys 2. # of total patients and # of total patient visits
Track and address the social determinants of health	1. % of patients with completed SOGI demographic data 2. # of Community Health Worker referrals (total and completed)

Executive Director and Board Approval

The Executive Director and Community Health Center Board recognize and approve the 2020-2022 Community Health Center Strategic Plan as voted on February 8, 2021.

Signed: _____

Dated: _____

Tasha Wheatt-Delancy
Executive Director
Multnomah County Community Health Center

Signed: _____

Dated: _____

Harold Odiambo
Board Chair
Multnomah County Community Health Center

Presentation Summary

GRANT OPPORTUNITY

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

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

Date of Presentation: 2/8/2021	Program /Service Area: Student Health Centers		
Presenters: Alexandra Lowell			
This funding will support:	**X** Current Operations	**X** Expanded services or capacity	☐ New services

Project Title and Brief Description:

- **<u>Student Health Center Outreach and Engagement Project</u>**
- This opportunity from the Oregon Health Authority provides funding to support current School Based Health Center (Student Health Center) contractors to implement activities aimed at increasing students and family engagement and create systems that are responsive to community needs.

- The proposed project for our Student Health Center program (SHC) will implement a variety of outreach and engagement strategies to promote student access to comprehensive health/mental health services for school-age youth, including: social media, developing/designing printed materials and other SHC "swag" (branded pencils, hand sanitizer t-shirts, etc.) and producing an updated SHC video.
- The SPO will prioritize funding projects that focus on serving and engaging Black Indigenous and People of Color (BIPOC) and other populations experiencing inequities in health outcomes.
- Funding is from March 2/2021 – June 30 2021

What need is this addressing?

- Access/utilization of SHCs
- Disparities in access to SHCs
- Inequities in health outcomes, including mental health
- Student and family engagement
- Ensuring responsiveness to community needs

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

- Funding will support FTE for staff who are implementing project activities (Communication Specialist, Community Health Worker and Program Coordinator) and related costs (materials, supplies, etc.)
- As an outreach and engagement project, this will impact the entire school community, as well as school-aged youth throughout the jurisdiction.
- The project will impact a variety of health and health care access outcomes for youth including: reaching more BIPOC youth with health services; and SHC's ongoing metrics of providing well visits and health assessments.

What is the total amount requested: $71,086 for a 4 month period

Expected Award Date and project/funding period: March 2, 2021 - June 30, 2021

Presentation Summary

Briefly describe the outcome of a "YES" vote by the Board *(be sure to also note any financial outcomes)* A "yes" vote means MCHD will submit the application to the Oregon Health Authority that will allow for increased outreach and engagement for area school-aged youth and their families.
Briefly describe the outcome of a "NO" vote or inaction by the Board *(be sure to also note any financial outcomes)* A "no" vote means SHC outreach and engagement will be limited, as there are not currently sufficient funds in the budget to support an enhanced outreach campaign.

Proposed Budget (when applicable)

MCHD SHC Proposed Budget	
LINE ITEM AND BUDGET NARRATIVE	
A. PERSONNEL (FTE based on 4 months)	
Program Coordinator (Annual Salary and benefits = $117,060), 0.2 FTE (engage with youth directly via nine Youth Action Councils (YAC) connected to the SHCs. The YACs are student led clubs that promote the use of SHCs and empower peers and their communities to make better health choices through education and action.	$7,804.00
Communications Specialist (Annual Salary and benefits = $106,140), 0.2 FTE (engage and conduct outreach to BIPOC families via school districts, and community partners, including internal MCHD partners. This effort includes multimedia messaging (email, fliers, brochures, social media, website posts) about specific services offered annually, such as immunizations, sports physicals, and clinics hours, as well as information about health education, resources, and key BIPOC and other (youth/healthcare) events)	$7,076.00
CHW (Annual Salary and benefits = $93,650), 0.2 FTE (build on existing direct connections with families, schools, partners, and community organizations to further promote SHC services and link families to other resources, including medication and food delivery and SHC virtual tours.)	$6,375.33
FTE SUBTOTAL	**$21,255.33**
B. SUPPLIES/OTHER	
SHC Merchandise and branded items (this will include t-shirts, pencils, water bottles, etc., to be informed by YAC input)	$25,000.00
SHC Print Materials (this includes costs for design ($3,000) and printing ($5,000) of branded SHC materials	$8,000.00
Health Education Materials (this includes purchase and/or production of health education materials specific to adolescent health priorities)	$1,000.00
Waiting room upgrades (framed art .)	$3,000.00
SHC Video (Development, production and translation costs related to an updated SHC video)	$10,000.00
SUPPLIES/OTHER SUBTOTAL	**$47,000.00**

Presentation Summary

C. INDIRECT COSTS – calculated at 13.32% of personnel costs	**$2,8231**
D. TOTAL DIRECT AND INDIRECT	**$71,086.33**