



Health Department Integrated Clinical Services FY 2023 Proposed Budget

Presented to the
Board of County Commissioners

Multnomah County
May 31, 2022

Located at: www.multco.us/budget

Agenda

- Introduction
- Community Health Center Board
- Budget Overview - Approach & Equity
- Budget Overview by Program
- New, One-Time-Only, & Backfill General Fund
- Reallocations
- State/Federal Impacts or Other Policy Issues
- COVID-19 and American Rescue Plan Programs
 - FY 2022 Update and FY 2023 Budget
- Questions



Community Health Center Board

Integrated Clinical Services operates as a Community Health Center. Multnomah County serves as the Grantee and the Community Health Center Board is the required co-applicant governing body.

- Governing board for the health center must be 51% patient majority
- Sets health center policy and services available
- Monitors and oversees the financial performance
- Approves the health center's budget
- Selects and evaluates the Executive Director



CHCB Budget Process

- The CHCB holds annual strategic planning and evaluates the work of the health center program. This serves as the base model for future budget proposals.
- The CHCB specifically prioritized advancing health equity and continuous assessment of patient access models due to the ongoing impact from the COVID19 pandemic.
- Board members engage in budget planning and trainings from December - April before a final budget approval.
- The Health Center's budget must be fully approved by the Community Health Center Board.



CHCB FY23 Budget Framework

Recovery based growth in care access

- Investments into virtual care and appointment options
- Expansion of supporting services critical to care outcomes, such as medication management and mobile care

Equity Driven Patient Engagement

- Increased staffing for patient outreach teams
- Population health care management teams focused on chronic disease management
- Nurse triaging services to immediately connect with patients

Sustaining the Workforce

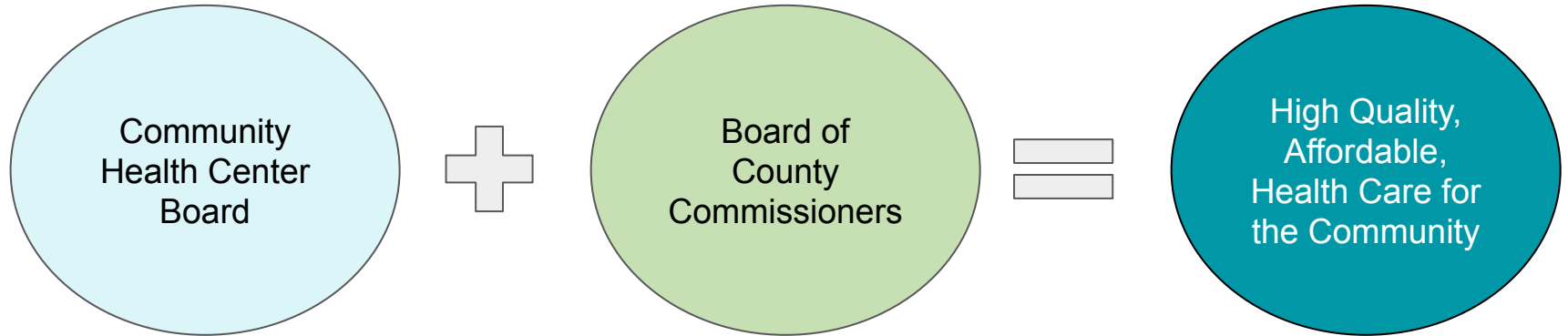
- Increase the amount of budgeted training and educational funds for staff at all workforce levels
- Building redundancy and recovery pools of clinical teams

Key Facilities Investments

- Short term investments identified at Rockwood Health Center
- Mid term expansion planning for La Clinica
- Long term evaluations for Mid County



Health Center Partnership



Our 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 reflects the community we serve.



Today's Health Center

Multnomah County's Community Health Center is the largest FQHC in Oregon. We provide care to all Multnomah County residents, including those who are low-income and uninsured.



Primary Care

Comprehensive primary care services at seven main locations, plus an additional specialty HIV clinic and specialty refugee care program.

Integrated Behavioral Health

Access to behavioral health, including MAT services, is available in all main health center clinics.

Dental

Preventive and some specialty dental services are co-located at six of our main primary care sites, with an additional dental clinic specializing in services for persons experiencing homelessness. We also provide school dental services through fluoride varnish and well child dental care programs.

Student Health Centers

We offer comprehensive primary and mental health care services to all Multnomah County youth ages 5-18 at nine different schools. There are no out-of-pocket costs.



Pharmacy

Safe and effective medication therapy across the continuum, including clinical pharmacy services, customized adherence packaging and mail order pharmacy services.



Wrap Around Support

As a community health center, we also provide all patients help with insurance enrollment, free interpretation, and access to other key programs designed to improve wellness. This includes: help with housing, transportation, and prescriptions for fruits/vegetables.



Today's Health Center

Overall, our health center program has 24 clinics across 18 locations. Our seven main locations have all three services available (co-located).



- 3 Administrative Locations
- 7 Primary Care Clinics
- 9 Student Health Centers
- 1 Specialty HIV Clinic
- 7 Pharmacies
- 7 Dental Clinics
- 1 Central Lab



Applying an Equity Lens

Population Based Approaches

Additional impact of Racial Equity Budgeting during COVID19

- Utilization of patient health outcomes and testing to determine investments for COVID19 infrastructure, expansion of care teams, and patient engagement
- Comparing access across three + years to determine recommendations for service area investments and right sizing to maintain or expand access

Systems Based Approaches

Continuing support of WESP and REDI

- Dedicated staffing teams to support evaluation and equity centered planning for patient and operational policies
- Core focus areas in the next year:
 - Policy
 - Diversity and Partnerships
 - Clinical Practices
 - Training and Development
 - Sustainability



Applying an Equity Lens

Systems Based Approaches: Highlights of REDI from 2022 and into 2023

Continuing support of WESP and REDI

- Dedicated staffing teams to support evaluation and equity centered planning for patient and operational policies
- Core focus areas in the next year:
 - Policy
 - Diversity and Partnerships
 - Clinical Practices
 - Training and Development
 - Sustainability

Multnomah County
Health Department/Division Date: 11/04/2019

Title: Patient Discharge from Clinical Services
Policy #: ICS.01.29

Section: Integrated Clinical Services **Chapter:** General
Approval Date: TBD **Approved By:** Bernadette T. Officer, Tony Access & Eng Director, XX CHC Chair

Related Procedure(s): Attached
Related Standing Order(s): Not applicable
Applies to: All ICS

PURPOSE
This policy provides guidelines and directions to ensure a uniform process for Clinical Services (ICS) clinics and programs in the event of the necessity of patient discharge.

DEFINITIONS

Term(s)	Definition(s)
Intermittent	Done regularly or repeatedly
Habitual	Done regularly or repeatedly
Program Manager	Primary Care Clinic Manager or Dental Services Manager

REFERENCES AND STANDARDS
Joint Commission Standard PC.04.01.01

Policy Statement
Management of Disruptive Client Behavior and Harassment

PURPOSE
This policy provides guidelines and directions for how staff should respond when a client harasses staff or another client, or exhibits generally threatening, discriminatory, unsafe, and/or violent behavior.

DEFINITIONS

Harassment
Verbal or physical conduct that is derogatory or shows hostility towards an employee because of race, color, sex, age, religion, national origin, political affiliation, marital status, sexual orientation, gender identity, gender expression, source of income, familial status, physical or mental disability, pregnancy, pregnancy-related limitations, status as a uniformed service member, an expunged juvenile record, or other protected status in accordance with applicable law, and
A. Has the purpose or effect of creating an intimidating, hostile or offensive work environment.
B. Has the purpose or effect of unreasonably interfering with an employee's work performance, or
C. Otherwise substantially and adversely affects an employee's employment opportunities

Discrimination
Unfair or prejudicial treatment of people and groups based on characteristics such as race, gender, age, sexual orientation, or disability status.

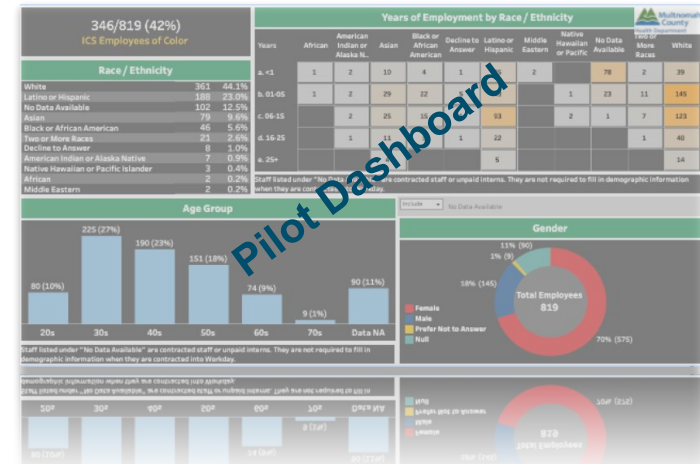
Racism
Prejudice, discrimination, or antagonism directed against a person or people on the basis of their membership in a particular racial or ethnic group, typically one that is a minority or marginalized.

Threat
An expression of, or the perception of an intent to cause physical or psychological harm.

Client
clients, visitors, etc.
This document will differentiate between clients who exhibit or harassment, and clients who may be subjects of harassment....

Staff

POLICY STATEMENT

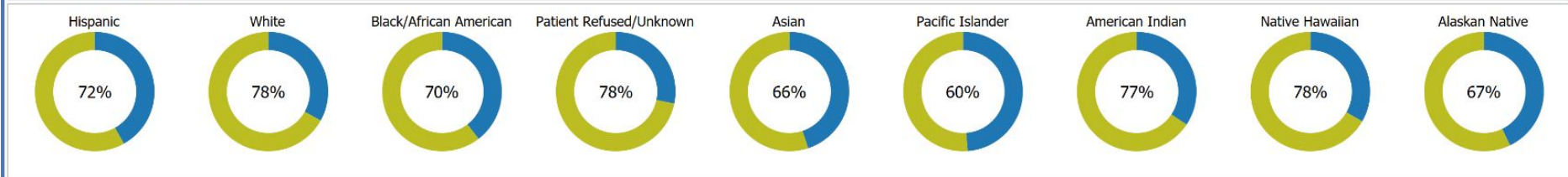


COVID-19 Vaccine administration by demographics

- Health Center Patients have a cumulative, completed vaccination rate of 74% through April 29, 2022

COVID-19 Dashboard	Active Patients	Completed Vaccine	Vaccination %
Vaccinations (Internal and External)- Rates of Covid Vaccine by Race/Ethnicity and Language for ICS Patients	67,270	49,641	73.8%

Vaccine Rates by Race/Ethnicity



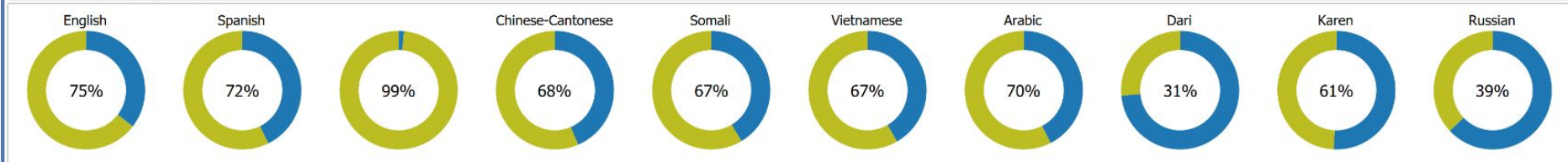
Rate of Completed Covid-19 Vaccine by Language

LANGUAGE (group)	Active Patients	Completed Vaccine	Vaccination %
Grand Total	67,270	49,641	74%
English	38,133	28,619	75%
Spanish	19,047	13,800	72%
Unknown Language	2,769	2,733	99%
Chinese-Cantonese	821	561	68%
Somali	765	515	67%
Vietnamese	718	481	67%
Arabic	677	476	70%

Rate of Completed Covid-19 Vaccine by Race/Ethnicity

Race/Ethnicity	Active Patients	Completed Vaccine	Vaccination %
Grand Total	67,270	49,641	74%
Hispanic	26,008	18,819	72%
White	21,830	16,976	78%
Black/African American	6,314	4,409	70%
Patient Refused/Unknown	6,159	4,807	78%
Asian	5,477	3,630	66%
Pacific Islander	787	470	60%
American Indian	578	444	77%

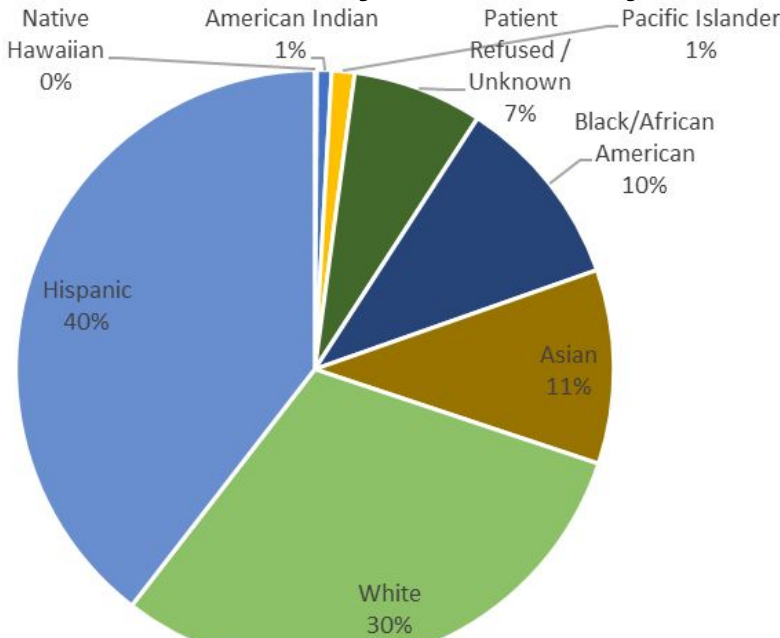
Vaccine Rates by Language (Top 10)



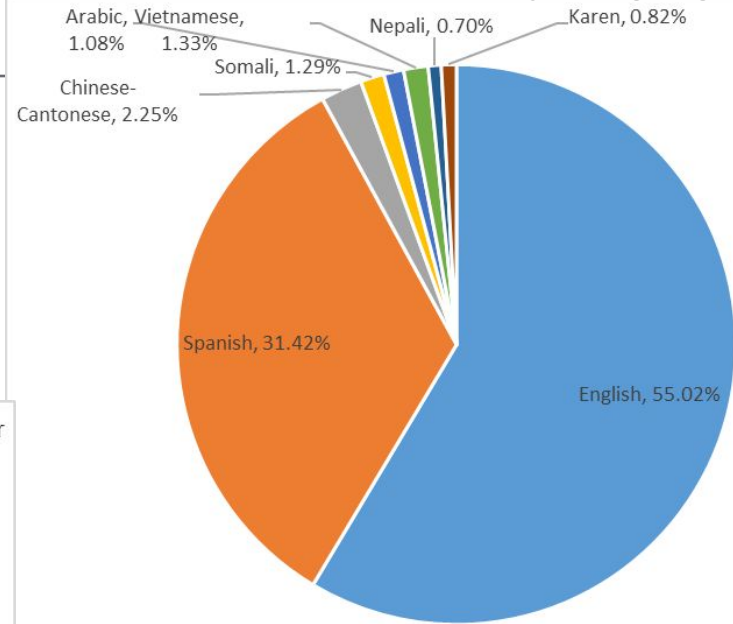
Applying an Equity Lens

- Outreach to patients for COVID19 vaccinations prioritized patient populations most adversely impacted by COVID19

COVID19 Vx by Race/Ethnicity



COVID19 Vx by Language



- COVID19 Vaccines provided by top languages and by race/ethnicity were overall more diverse than the entire population of the health center

Patients with completed Vx Series

49,929

Patients with complete Vx Series from FQHC

20,999

COVID19 Vaccines

35,991

COVID19 Tests

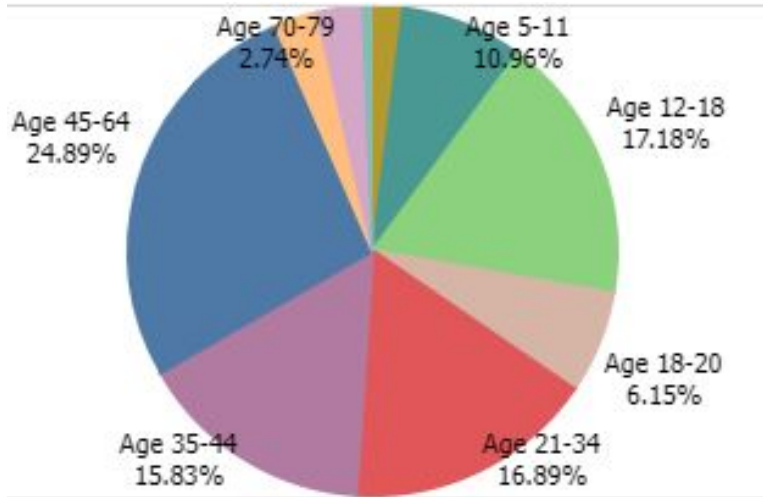
41,755



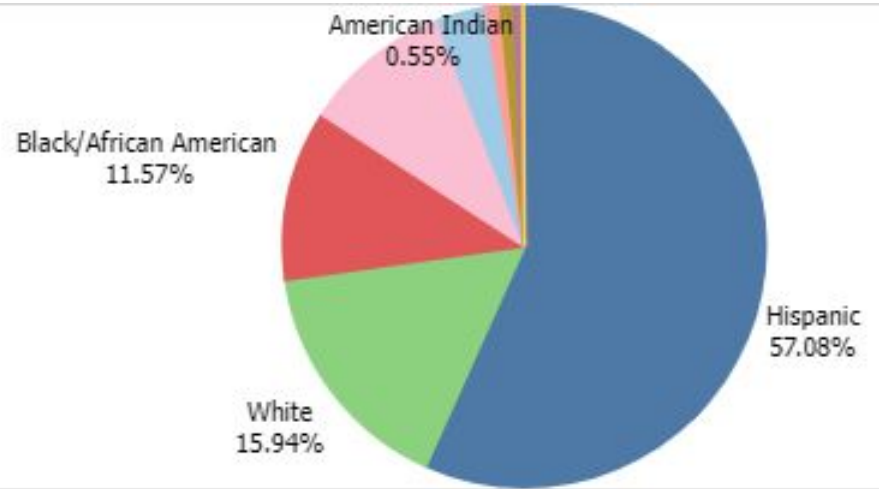
Applying an Equity Lens

- Testing had slightly higher racial demographic diversity compared to vaccinations

COVID19 Tests by Age



COVID19 Tests by Race and Ethnicity



-but also showed increased use by middle-age and younger adult populations

Patients with completed Vx Series	Patients with complete Vx Series from FQHC	COVID19 Vaccines	COVID19 Tests
49,929	20,999	35,991	41,755

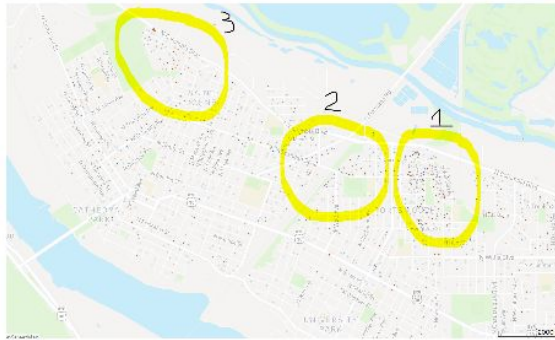


Applying an Equity Lens

- COVID19 Equity Strategy in Action

Health Share Unvaccinated Population-97203 Zip Code Drill down

Population	# of Total Individuals	# of MCHD patients
HSO Population in 97203	3479	1247
Section 1	851	339
Section 2	323	103
Section 3	582	253
Total of Sections 1-3	1756	659

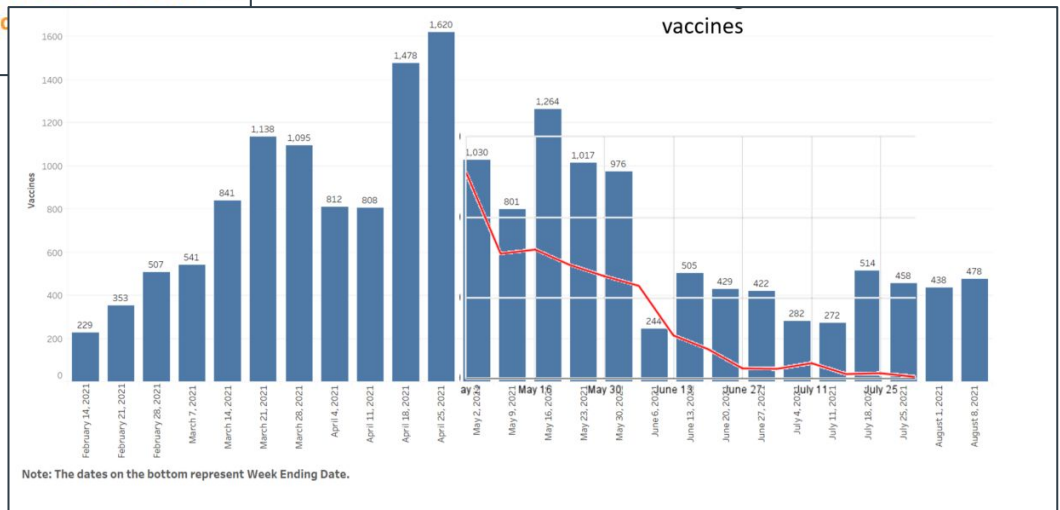


- Sections 1-3 represent 50% of all HSO members who live in 97203
- MCHD assigned patients account for 36% of 97203
 - MCHD assigned patients account for 40% of those in sections 1

careoregon.org 4

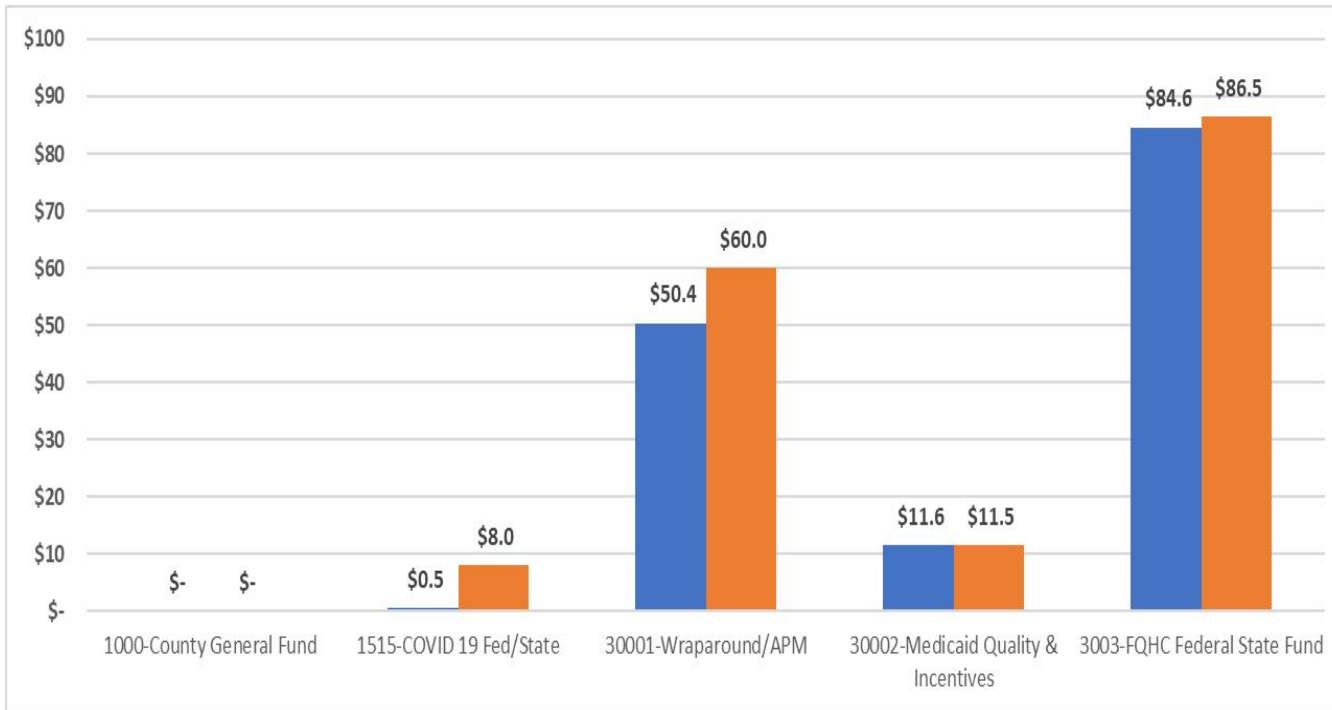
Next 3 slides will focus on each section above

Partner with Coordinated Care Organizations to map street by street differences in patient vaccine access and compare to our own patient lists and appointments



FY23 Health Center Budget by Fund

- The FY23 Budget Growth is primarily driven by changes in the wraparound and APM fund

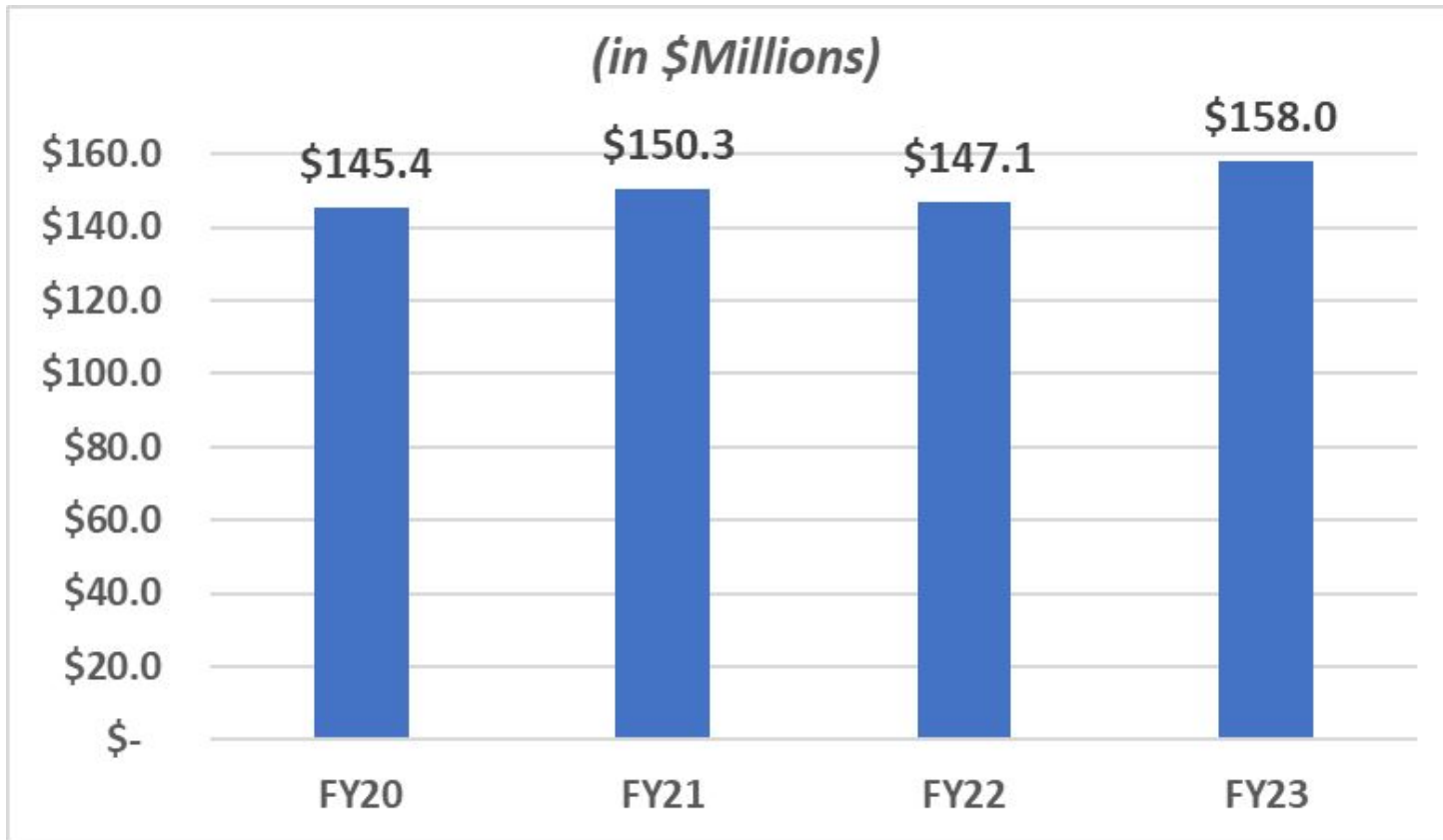


**This does not include capital requests for Rockwood in FY23*



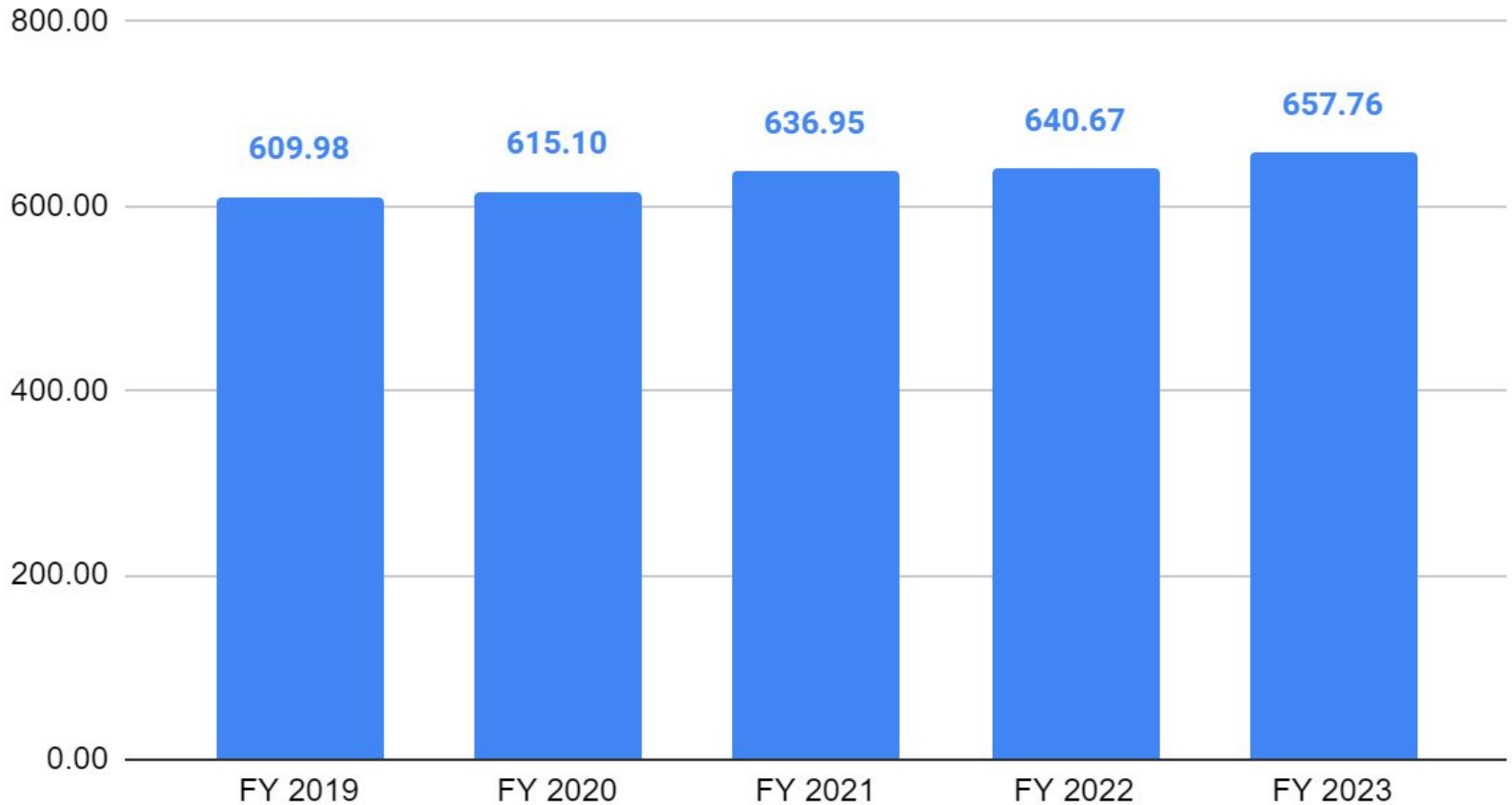
Health Center Budget Trend

- The FY23 Budget Growth is primarily driven by changes in the wraparound and APM fund
- This trend does not capture ARPA dollars



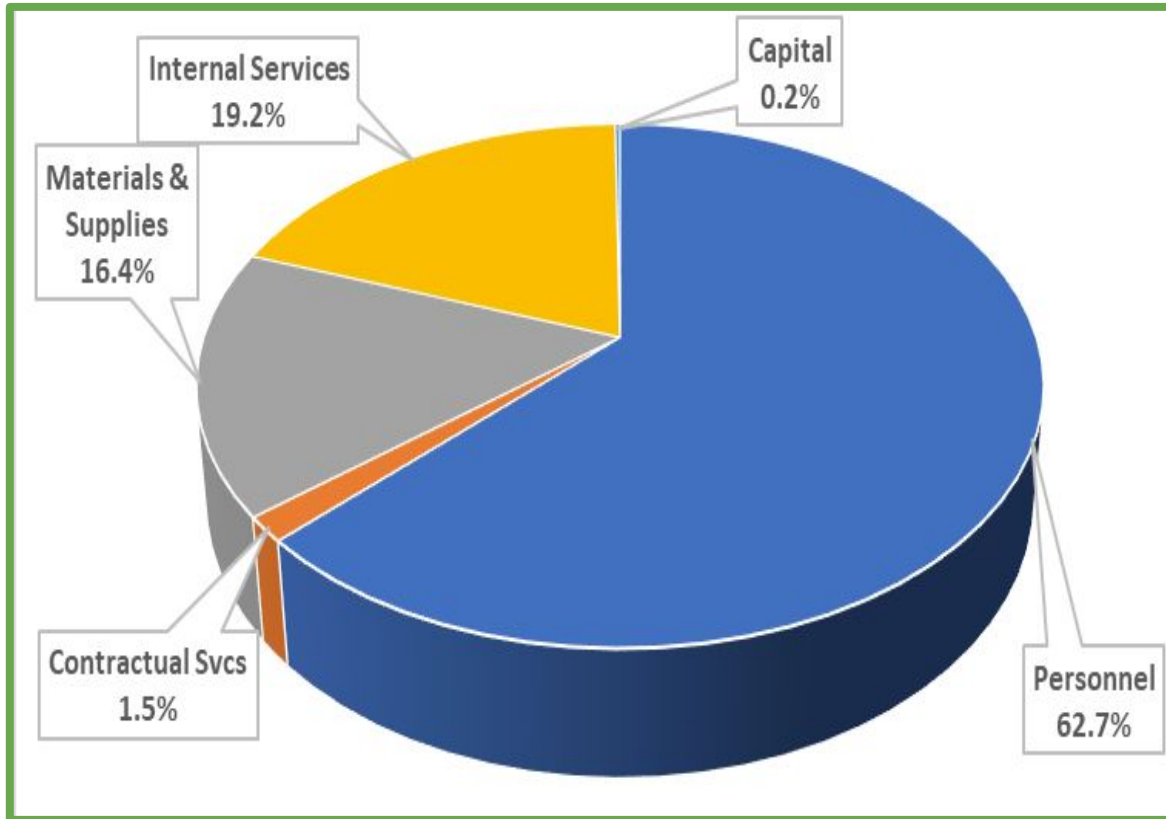
FTE - 5 Year Trend

FY 2019 Adopted - FY 2023 Proposed



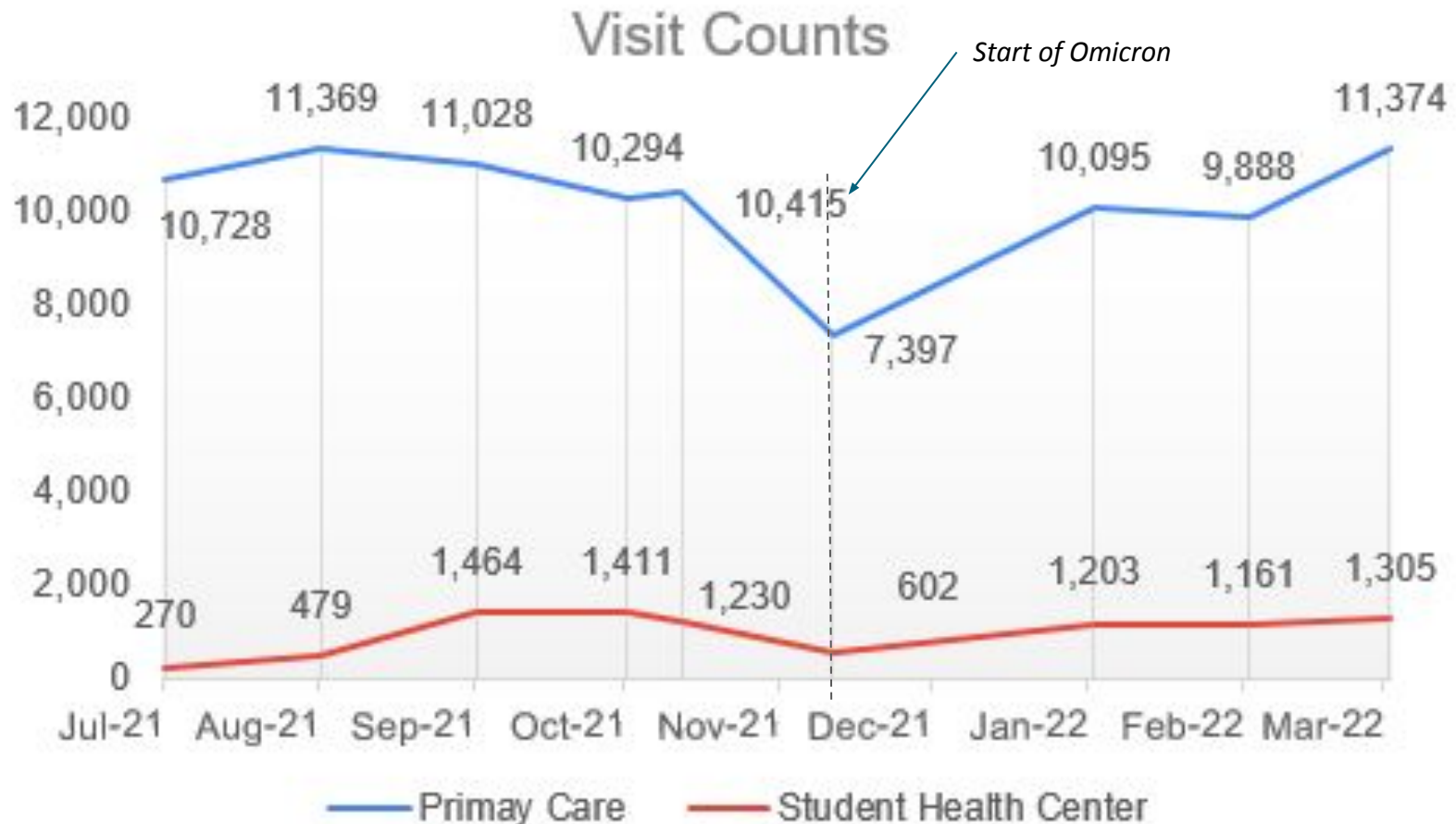
Health Center Budget by Category

- Majority of costs come from personnel
- Growth in material and supply costs in FY23 driven by inflation, expected increases in drug costs

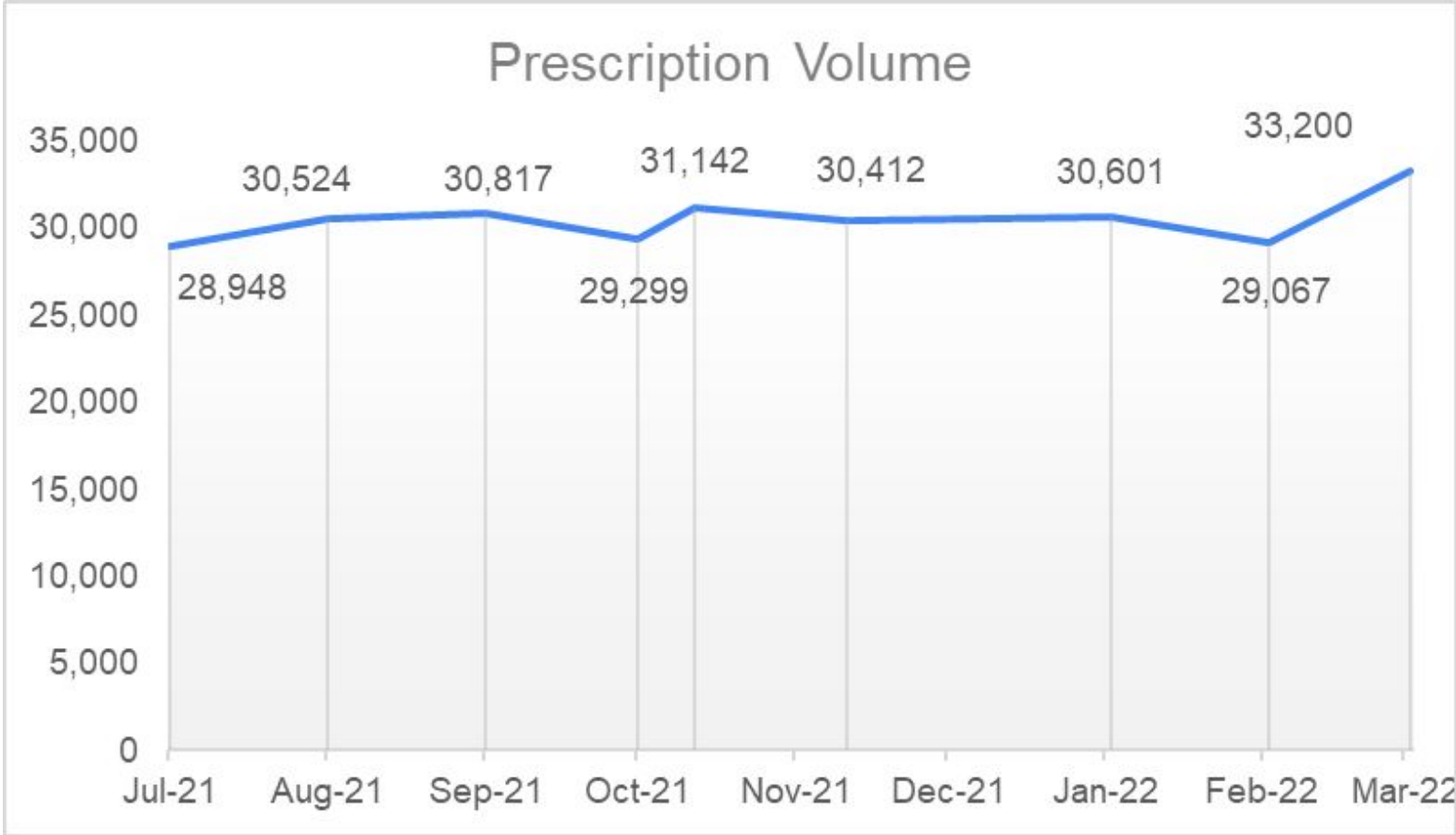


Service Trends - Primary Care

- All Uniform Data System eligible visits, including both in person and virtual care.
- Does not capture vaccination only appointments or services.



Service Trends - Pharmacy



Significant Program Changes (Primary Care and Pharmacy)

Primary care and pharmacy will increase total providers and programming as part of investments into population health and CCO 2.0. These investments are targeted to address patient populations most harmed by the COVID-19 pandemic.

- Increasing Integrated Behavioral Health (2 FTE, Program Offer 40102)
- Development of Nurse Triage within the call center (5 FTE, Program Offer 40199G)
- Expansion of the Refugee Services Team at Mid County (4 FTE, Program Offer 40022)
- Expansion of Clinical Pharmacists at multiple locations (5 FTE, Program Offer 40031)
- Advanced Practice Clinician Fellowship- multiple locations

Pharmacy is investing in technology to expand access to customized adherence packaging and mail order services.



Significant Program Changes (Student Health Centers)

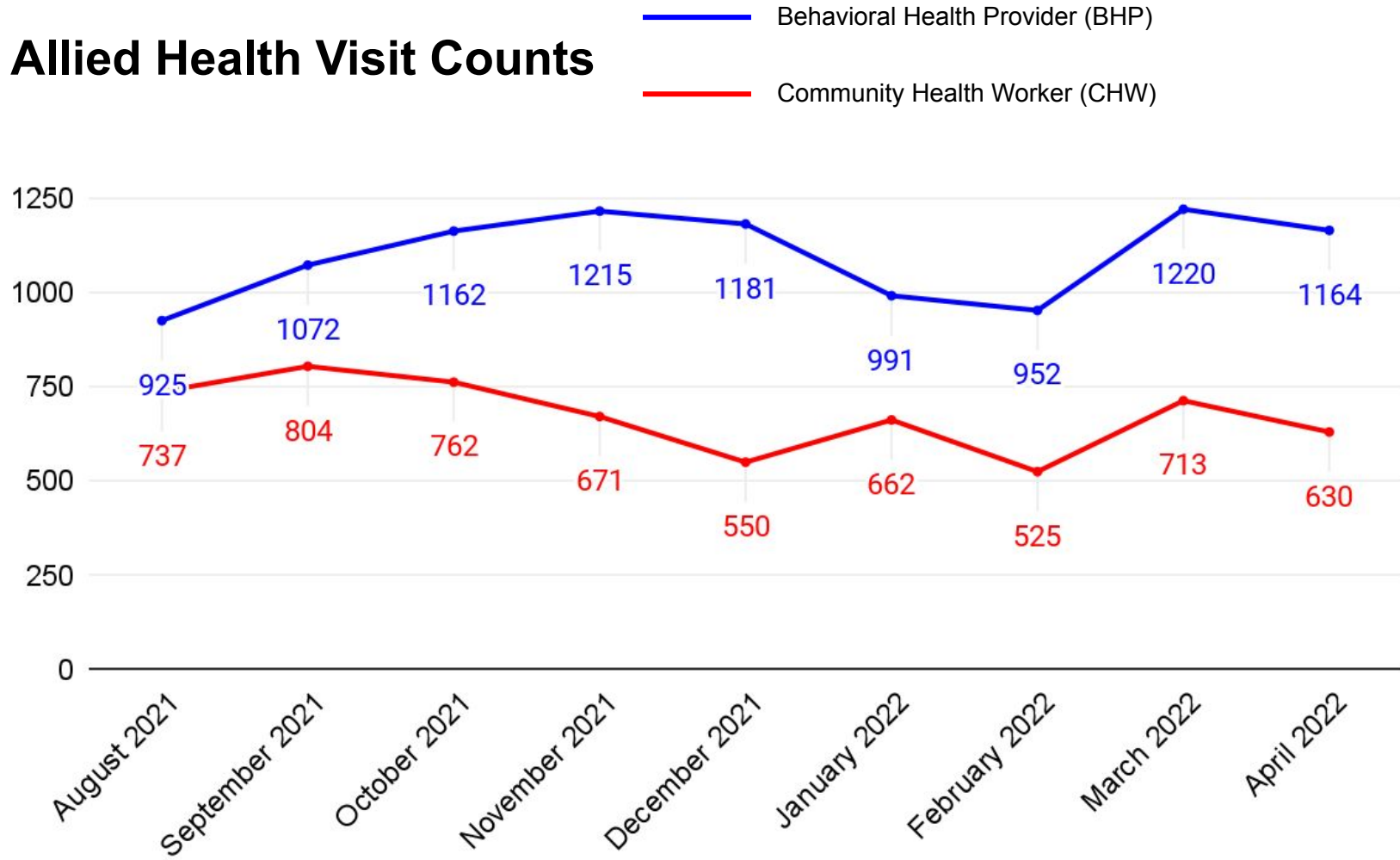
In FY23, the Student Health Center program will expand access to year round behavioral health, and add more days of provider access.

Helps address increased demand for behavioral health for students as part of COVID19 recovery and allow year round access to behavioral health providers.

- 2.0 Behavioral Health Providers will join schools in FY23 (Program Offer 40102)
- 1.0 Nurse Practitioner will mean that all locations will have a PCP on site (Program Offer 40024)
- RN FTE removed from SHC and added to to primary care programming at Health Centers and the Patient Access Center.



Service Trends (Allied Health)



Significant Program Changes (Allied Health PO#40102)

In FY23, integrated Behavioral Health Providers (BHP) role group and Community Health Workers (CHW) will move to a combined budget titled Allied Health.

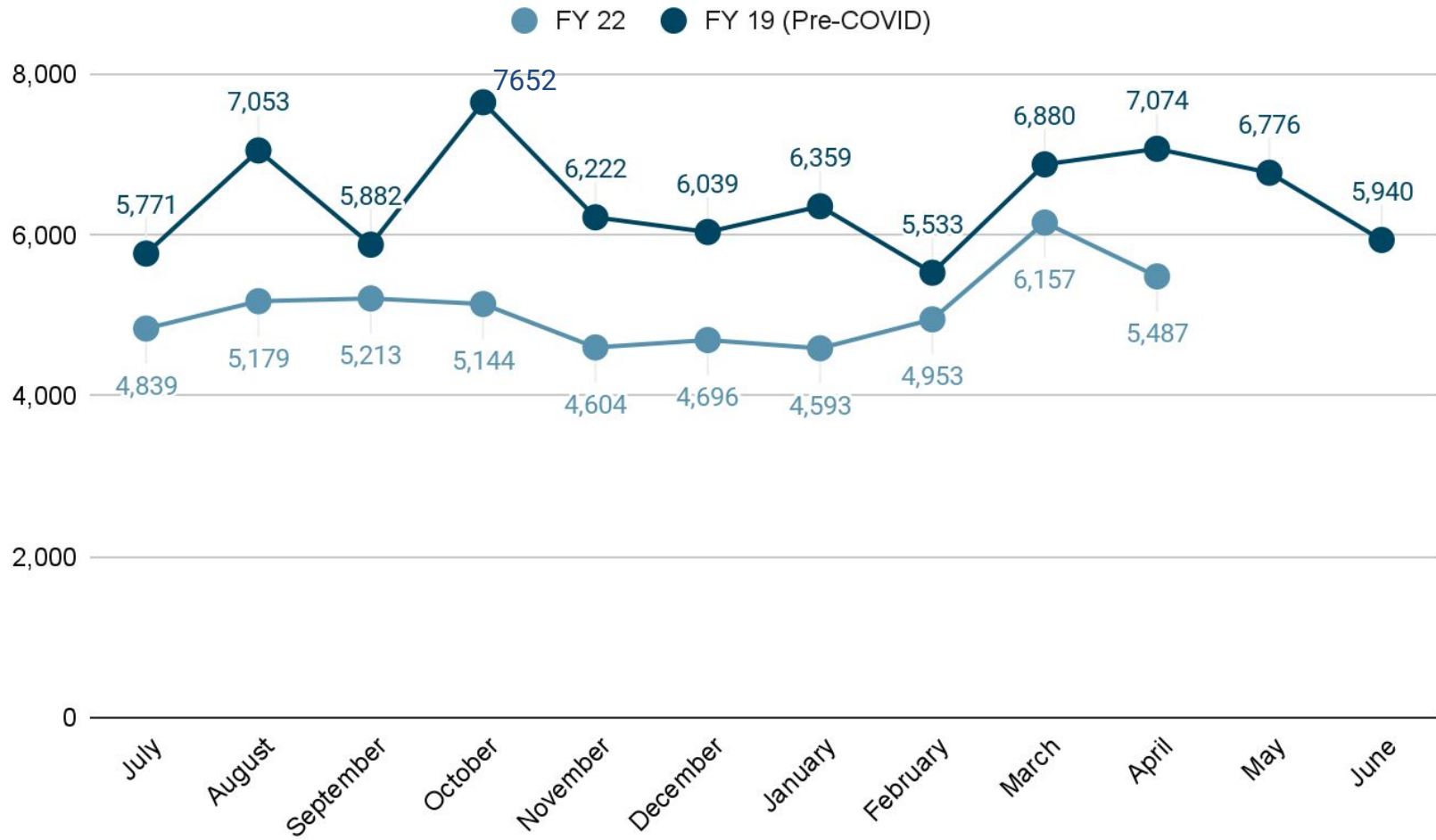
Both CHWs and BHPs will no longer be attached to the specific clinic budget which will lead to a more flexible use of funds with the primary focus being patient support related to behavioral health and social determinants of health.

The anticipated changes detailed below will further address the health center patient population need for more robust behavioral health and community health needs.

- Increase integration between BHP and CHW role groups
- Improve tracking utilization of services
- Track and anticipate revenue trends
- Assessment of Role Group need and support
- Adding 2.0FTE BHP to provide support for patients with complex care needs



Service Trends - Dental



Significant Program Changes (Dental)

Changes to Dental Health Model in FY23 are proposed to address operational delivery of services, allowing the care team model to maintain existing service levels while investing in the dental workforce.

- School Community Oral Health (SCOH)
 - Continuing all services but will introduce health assistant role
 - Expanded Function Dental Assistant (EFDA) roles will move into main dental clinics
- Main Dental Services
 - Addresses national shortage of EFDA roles
 - Reduction of total dental positions- some impacted staff have been offered roles, some are pending retirement decisions and updates to FTE
 - Investment into additional dental outreach navigator role
- Pilot project grant funded-Integrated Immunization CMA at Rockwood promoting and vaccinations for Dental and Medical clients.



Significant Program Changes (Quality and Patient Engagement)

- Creation of the HEAT (Health Engagement and Access Team) -
(4.0 FTE Program Offer 40199G)
- Expansion of population health work and chronic disease management (3.0 FTE Program Offer 40034)
- Increased quality and financial staff for compliance infrastructure, project management, and infection prevention
- New workforce development proposals for dental assistants, pharmacy technicians and medical assistants





FY 2023 Proposed Budget

Summary & Impacts

FY23 New, OTO, Backfill Offers

Program	FY 2023 General Fund	GF Backfill	FY 2023 Other Funds	Total	OTO	New
Rockwood Health Center Capital Improvement	2,000,000	0	0	2,000,000	X	X
Total	\$2,000,000	\$-	\$-	\$2,000,000		

- This program offer (#40107) will allow the health center to make improvements at the Rockwood Clinic, upgrading building infrastructure.
- Rockwood serves a linguistically and racially diverse patient population, with more than 43% of the clinic identifying as a person of color and 37% requesting an interpreter for care.
- More than 9,500 patients accessed care at Rockwood since 2021.



Use of Capital Funds for FQHC

HRSA provides limited grant opportunities for capital projects and expansions.

- Some ARPA funds are available for small repairs, but capped at total spending
- Larger renovations and expansion grants are rare
- Cannot utilize base grant for construction

Regular repairs and building maintenance is covered by both internal services costs and requested OTO funding.

- SEHC Repair from 2018 - 2022
- Rockwood Proposal in 2022/23 as part of an acquisition from Care Oregon but needs repairs
 - Roof replacement
 - HVAC replacement
 - Replace or modernize electric system



Significant General Fund Reallocations

- In FY22, the health center began the conversion to a new enterprise fund account structure.
- Shift in account funds occurred mid year, so that all FQHC revenue and expenses were transferred from the General Fund into a newly created FQHC Enterprise Fund (“Other Funds”).

Ledger Accounts	Ledger Account Type
10000:Cash	Asset
10100:Undeposited Payments	Asset
10450:Investments - Local Government Investment Pool (LGIP)	Asset
10600:Interfund Cash Clearing	Asset

Ledger Accounts	Ledger Account Type
20602:Prepaid Other Expenses	Asset
40090:Machinery & Equipment	Asset
42010:Leases, Buildings - A	Asset
45000:Inventory - Health	Asset
72100:Accounts Receivable	Asset
20345:Allowance for Discounts	Asset
30090:Payroll Payable	Liability
30100:Deductions Payable (Summarized)	Liability
30180:Benefits Payable Local Taxes	Liability
30700:Compensated Absences, Noncurrent	Liability
30705:Compensated Absences, Current	Liability
30830:Procurement Cards Payable	Liability
30831:MMP-Card Clearing	Liability
30905:Unearned Revenue, Health Department	Liability
31180:Net Pension Liability	Liability
31185:Net OPEB Liability - County Plan	Liability
70000:Accounts Payable, General	Liability



State/Federal Impacts or Other Policy Issues

HRSA Compliance

- Pathway to resolution for financial systems and board governance will require ongoing partnership

CCO Redetermination and NECR

- Medicaid eligibility in Oregon will resume regular process this summer, potentially impacting thousands of health center clients

CCO 2.0 Value Based Care

- CCOs have introduced new risk based contract arrangements, further pushing the role of FQHCs to be focused on preventative care management and shared savings



COVID-19 and ARP Update

HRSA appropriated special COVID19 ARPA funding to health centers in 2020 and 2021. Multnomah County's health center received several ARP allocations (\$10.9M total from HRSA and \$2.1M from County).

This has helped to fund:

- Significant upgrades to existing vaccine and infection prevention infrastructure
- 900 Covid-19 home tests distributed to clients supplementing lab testing during the Omicron related peak in the pandemic.
- Staffing to support continued operations in health programs, assist with pent up demand and delays in accessing care.



COVID-19 and ARP Update

HRSA appropriated special COVID19 ARPA funding to health centers in 2020 and 2021. Multnomah County's health center received several ARP allocations.

This has helped to fund:

- Staffing to support new vaccination outreach, delivery, and direct care response
- Staff wellness initiatives, including support for training, upgraded equipment, and equity & trauma recovery training
- Investments into data, systems, reporting, and digital tools



COVID-19 & American Rescue Plan Funding

Program	FY 2022 Adopted		FY 2023 Proposed		Variance
	Multco ARP	Other ARP	Multco ARP	Other ARP	
Health Center Program	\$2.1M	\$10.9M	\$0	\$8M	
Total	\$2.1M	\$10.9M	\$0	\$8M	

- The FY22 HRSA Awarded ARPA funds were for a two year period. The FY23 allocation is the second year of the award and not additional funding.



Questions

