



**Health Department  
FY 2025 Proposed Budget  
Integrated Clinical Services  
Presented to the  
Board of County Commissioners**

**Multnomah County  
May 21, 2024**

Located at: [www.multco.us/budget](http://www.multco.us/budget)



# Integrated Clinical Services Agenda

---

- Introduction
- Community Health Center Board
- Budget Approach & Equity
- Budget Overview
- State/Federal Impacts or Other Policy Issues
- Questions



# Who are we?

Multnomah County's Community Health Center is the largest public health center in Oregon. 1 in 10 Oregon Health Plan members being served by an FQHC receive their care at our Health Center.



# Comprehensive Health Care



Primary Care, Lab,  
and Student Health



Dental



Pharmacy



Mobile and  
Supportive Services

- One of the few “public entity” health centers in the United States
- High quality care for all ages and stages, birth to death
- Patients represent a large geographic region of Multnomah County. Top zip codes include:
  - 97233 (Rockwood)
  - 97236 (Powellhurst / Centennial)
  - 97230 (Parkrose)
- Care teams also support help with social needs, including food assistance, housing and utility navigation, transportation help, and insurance applications



# Who Uses Health Center Services?

More than 53,000 people trust us with their care every year; no person will ever be turned away due to inability to pay.



In calendar year 2023:

- 75% of clients have incomes below the federal poverty line
- 68% of clients identify as a racial or ethnic minority (more than 1 in 3 identify as Hispanic)
- Majority of our clients are female
- More than 100 languages spoken
- 39% are under the age of 19
- 6% designated as a refugee



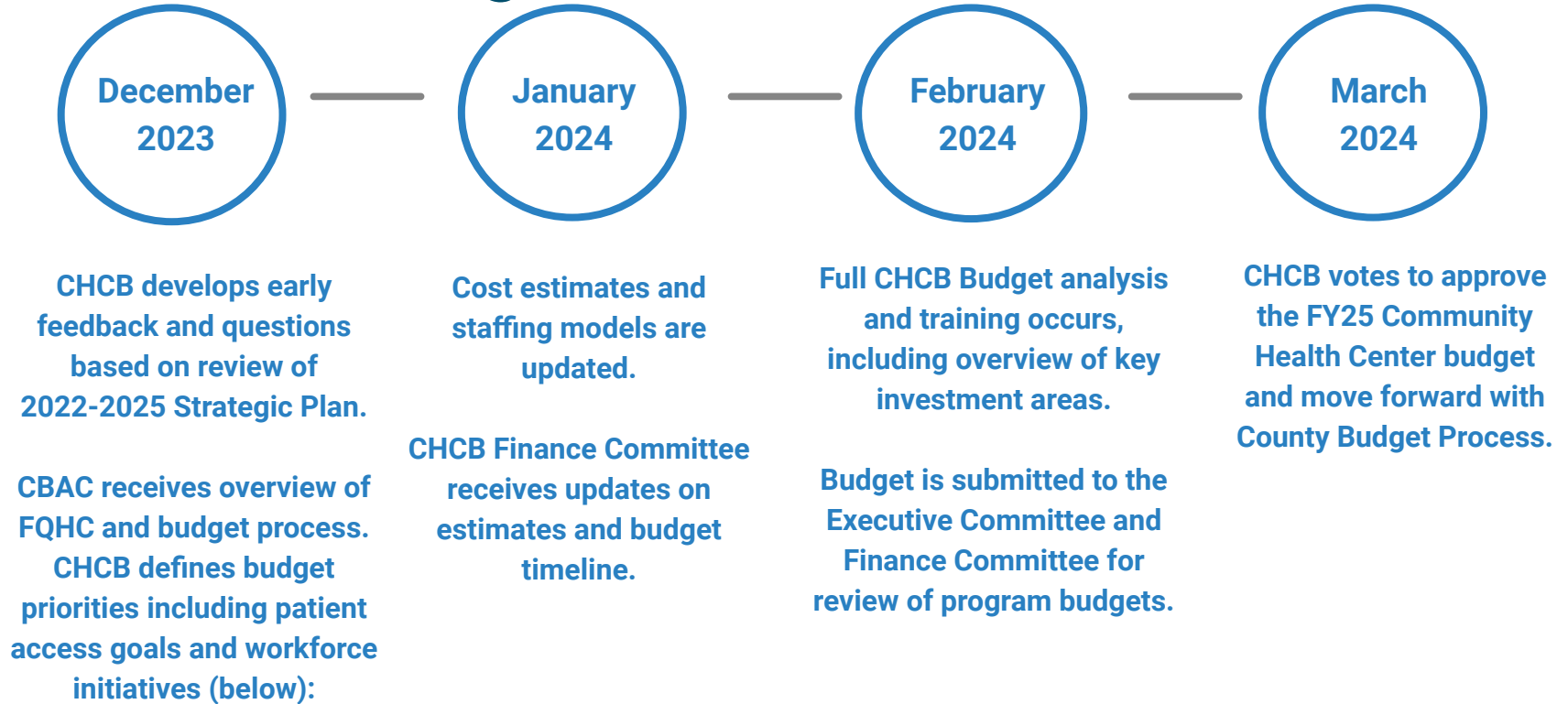


## Community Health Center Board

Volunteer, patient-majority Board provides governance on Health Center services, including budget, care policies, fees, and locations. Their lived experience is their best quality for membership; over half of the Board identifies as a person of color. The Board has been in operation since 1980.



# CHC Board Budget Timeline



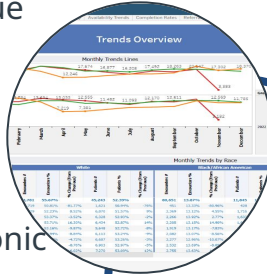
- Sustaining initiatives from COVID-19 era which increase access to integrated behavioral health
- Supporting multi-year projects such as the launch of a modernized website, expanded La Clinica services, and the mobile van
- Prioritizing enhanced investments which address key vacancies and staff engagement, such as workforce development pilots



# Budget Approach

**So we didn't win the powerball lottery, but our first Value Based Care expansion shows promise**

First year of new Value Based Care contracts completed, analysis shows need for expansion of clinical care team and analytical and Electronic Health Record (EHR) tools to measure quality and monitor cost.



**Weather events, cyber attacks, oh my!**



Local and National emergencies continue to raise urgency for capital investments and patient care needs - be ready at all times.

**Record breaking, national shortage of Expanded Function Dental Assistants hit year 4....**



National shortages pressure Health Center hiring, continuing the demand for in-house solutions.

**Demand, demand, demand**

Patient feedback drives reinvigoration of self scheduling and technology-aided access.





# Budget Approach

## Workforce and team-based care role development

- High School Work Partnership
- Medical Assistant Apprenticeship
- Pharmacy Technician Certification
- EFDA Pathways
- Advanced Practice Clinician Fellowship

**Equity Highlight:** Workforce pathways which are informed by and designed to meet community needs. Programs are all designed to include paid training.

## Value Based Care

### Financial changes

- Shared Accountability Model with CCO Partner
- Client high risk and utilization reports
- State Risk Adjustment workgroup for Social Determinants of Health

### Clinical care transformation

- Transitions of care team model
- New patient navigation and case management roles

## Operational access improvements

- Website overhaul
- MyChart Self Scheduling
- Flex Funding and Health Related Service Needs
- Technology Navigation

## Capital investments to match demand and resiliency

- Infrastructure repairs at Rockwood
- Mid County Generators
- Westside Pharmacy Prescription Expansion
- Fernhill Health Center (La Clinica expansion)

**Equity Highlight:** Resiliency investments are matched to locations where we see increased community impacts from climate change (eg: tree cover).



# FY25 Operating Budget Overview



## Primary Care and Lab

- 8 Locations, including HSC
- \$69.4 M
- Program Offers: 40012A, 40017, 40019, 40020, 40022, 40023, 40026, 40027, 40029, 40032



## Dental

- 8 Locations
- 92 SCOH Partners
- \$32.6M
- Program Offer: 40017



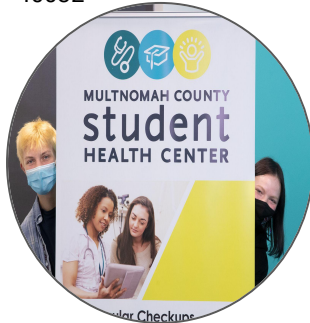
## Pharmacy

- 8 Locations
- \$43.8M
- Program Offer: 40031



## Mobile and Allied Health

- 8 Partner Sites
- \$9.3M
- Program Offer: 40102, 40027\*



## Student Health Centers

- 9 Locations in 5 School Districts
- \$9.2M
- Program Offer: 40024



## Quality, Administration, Business Intelligence, Call Center, and Finance

- Core administrative services
- \$36.1M
- Program Offers: 40103, 40036, 40033, 40030, 40016



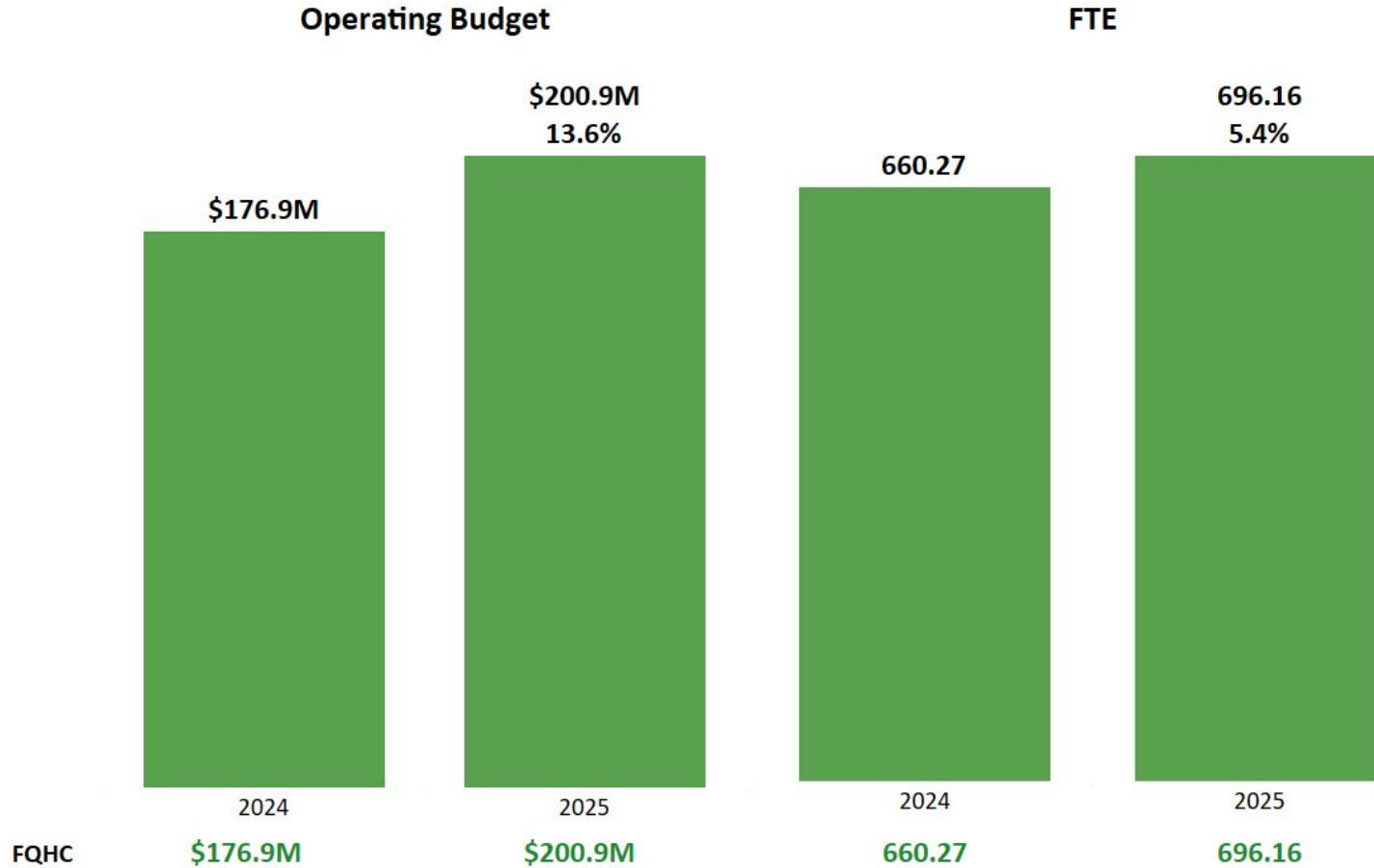
# Program Offers Detailed

Health Center Area	FY25 Budget	Program Offers	Notes
Primary Care & Lab	\$69.4M	40012A, 40017, 40019, 40020, 40022, 40023, 40026, 40027*, 40029, 40032	Includes all eight locations plus lab services.
Mobile & Allied Health	\$9.3M	40102, 40027*	Allied health includes community health workers and integrated behavioral health. Mobile health partners with 8 community organizations.
Student Health	\$9.2M	40024	Includes all nine locations
Dental	\$32.6M	40017	Includes all eight locations
Pharmacy	\$43.8M	40031	Includes all eight locations
Administration, Finance, & Quality	\$36.1M	40103, 40036, 40033, 40030, 40016	Includes insurance eligibility, patient access center, quality assurance, patient board governance, leadership and finance staff
Contingency and Reserve	\$64M	40034B	Health Center financial reserves

\*40027 represents cost centers from both Mobile Health and SEHC Primary Care, but the proposed budgets have not been duplicated in this table



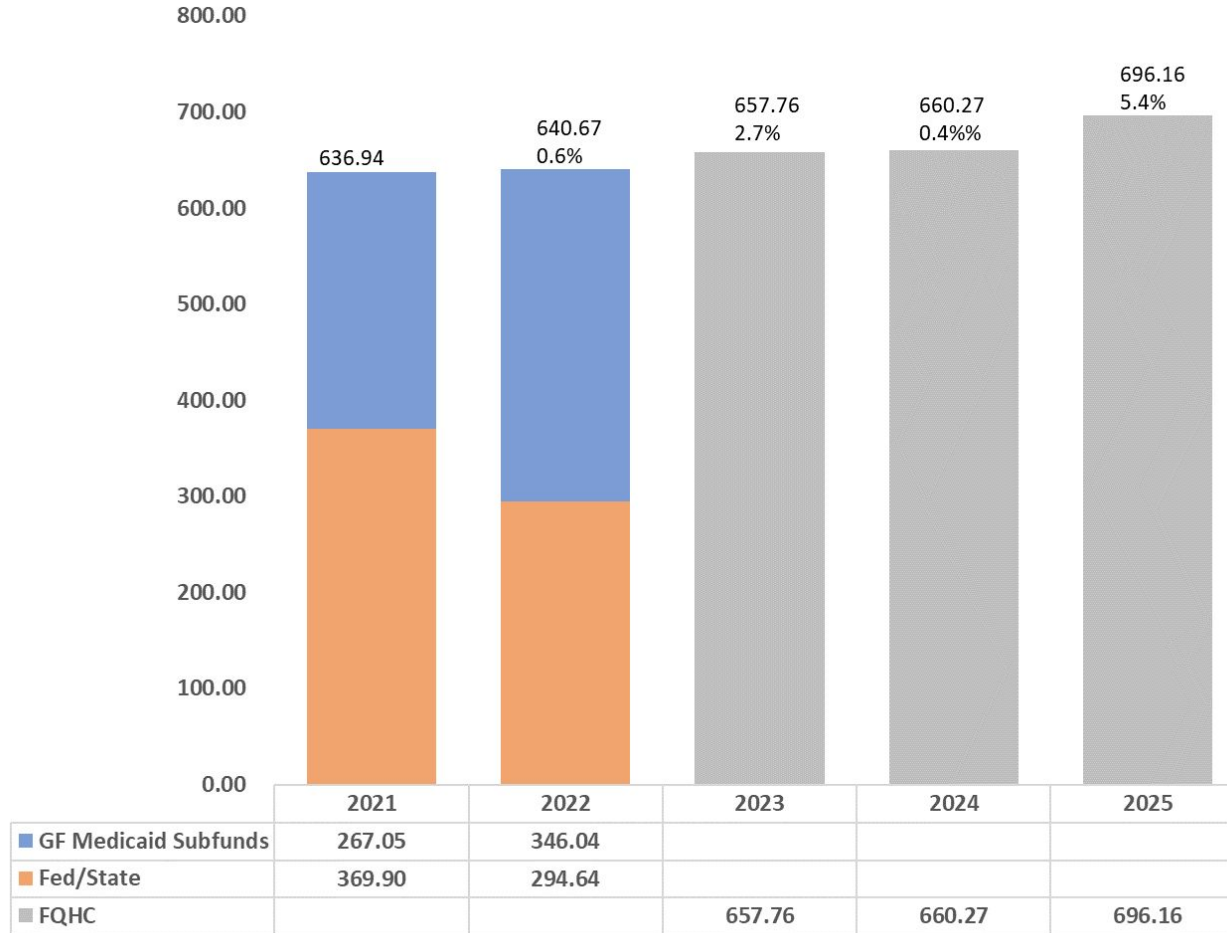
# Integrated Clinical Services



FQHC



# FTE - 5 Year Trend



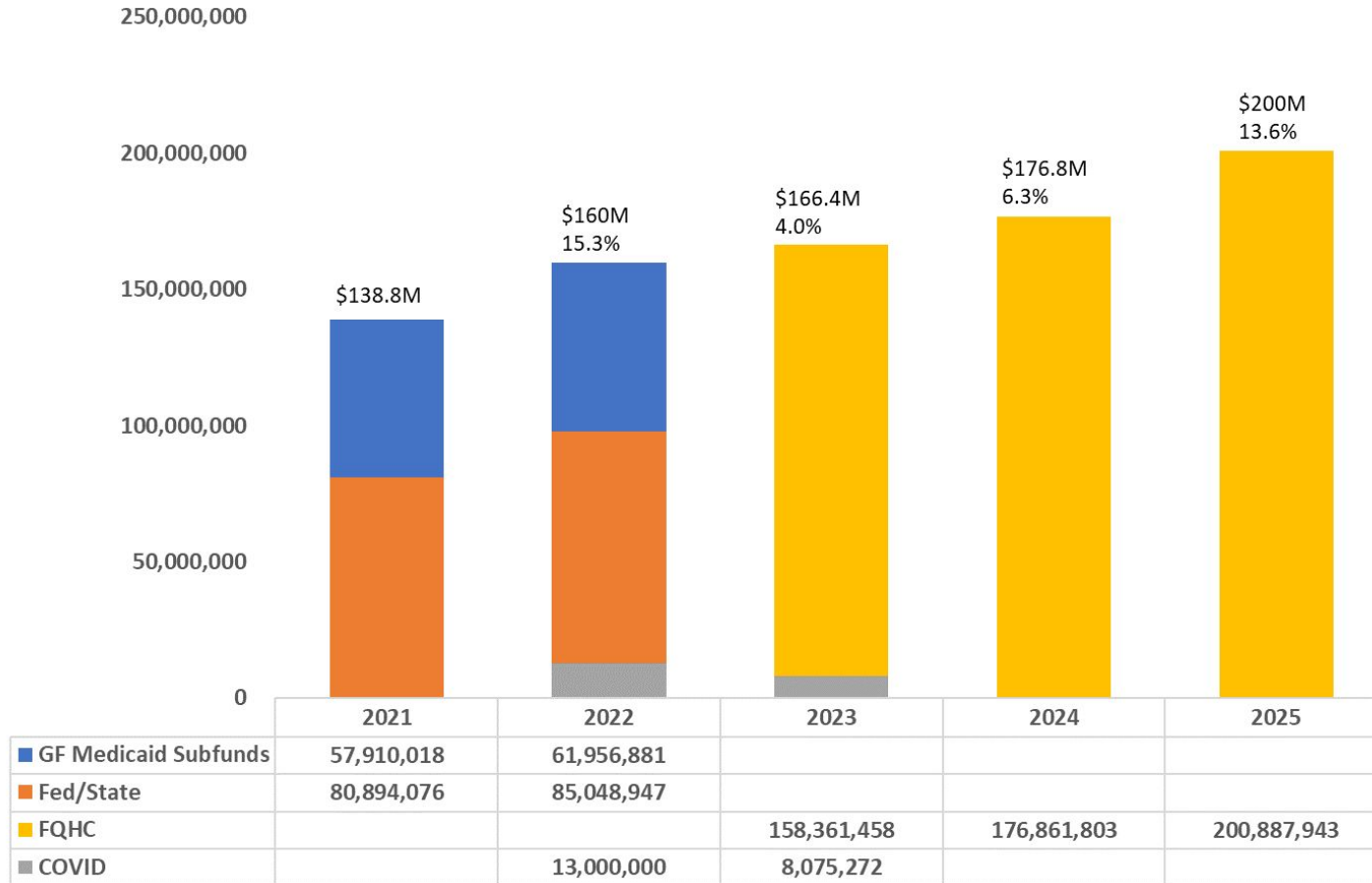
# FTE Investment Areas

Program Investment Areas	Staff Classifications	FTE
Value Based Care Investments	Case Managers and Nurse Care Managers Behavioral Health Specialists Community Health Workers Peer Support Specialists	13 FTE
Expansion of services at Fernhill Health Center	Dental Hygienist Pharmacy Techs Clinical and Community Pharmacists Sr. Office Assistant	5.6 FTE
Operational Access	Project Manager Business Analyst Sr Clinical and Community Pharmacists	8.0 FTE
Workforce	Medical Assistants Dental Assistants Pharmacy Techs Advanced Practice Fellows	10 FTE
FTE Investments		36.6 FTE



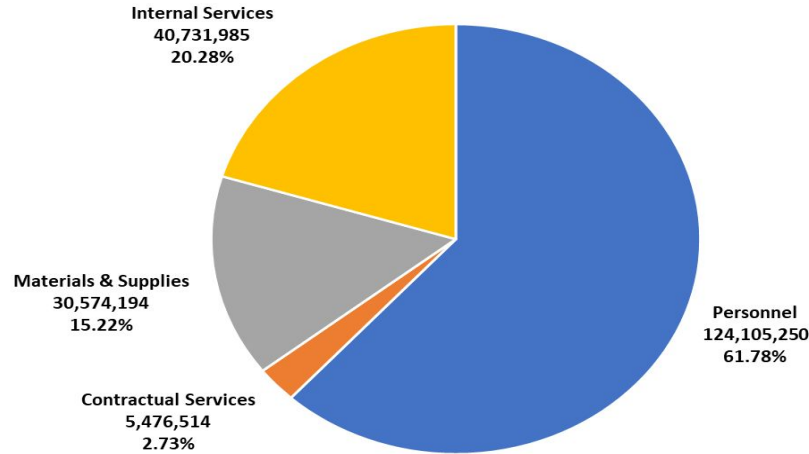
# 5 Year Trend of Significant Funds

5 Year Trend of Significant Funds



# Operating Budget by Category \$200,887,943

FY2025 Proposed Expenditure & Percent of Total



FY2025 Proposed Expenditures & Annual Percent Change

	FY21 Adopted	FY22 Adopted	FY23 Adopted	FY24 Adopted	FY25 Proposed
<b>Personnel</b>	89,348,025	90,953,264	106,322,509	112,662,593	124,105,250
		1.80%	16.90%	5.96%	10.16%
<b>Contractual Services</b>	3,265,489	15,792,431	3,518,134	3,376,112	5,476,514
		383.62%	-77.72%	-4.04%	62.21%
<b>Materials &amp; Supplies</b>	19,999,107	24,438,910	25,949,574	27,391,400	30,574,194
		22.20%	6.18%	5.56%	11.62%
<b>Internal Services</b>	25,891,473	28,471,223	30,296,513	33,421,698	40,731,985
		9.96%	6.41%	10.32%	21.87%
<b>Capital Outlay</b>	300,000	350,000	350,000	10,000	
		16.67%	0.00%	-97.14%	-100.00%





# Significant Program Changes

Fernhill Health Center will open in Spring FY 2025

- Relocation and addition of dental and pharmacy services
- Adds 5.6 FTE in FY 2025 (multiple program offers)

Value Based Care teams will expand by 13 staff (multiple program offers)

- 6 FTE Case Managers
- 5 FTE Community Health Nurses, Peer Support Specialists, and Community Health Workers
- 2 FTE Behavioral Health Clinician and Navigator

8 additional roles are added to support expanded patient access and reporting infrastructure

- 2 FTE Clinical Pharmacists
- 6 FTE Infrastructure and Information Systems staff



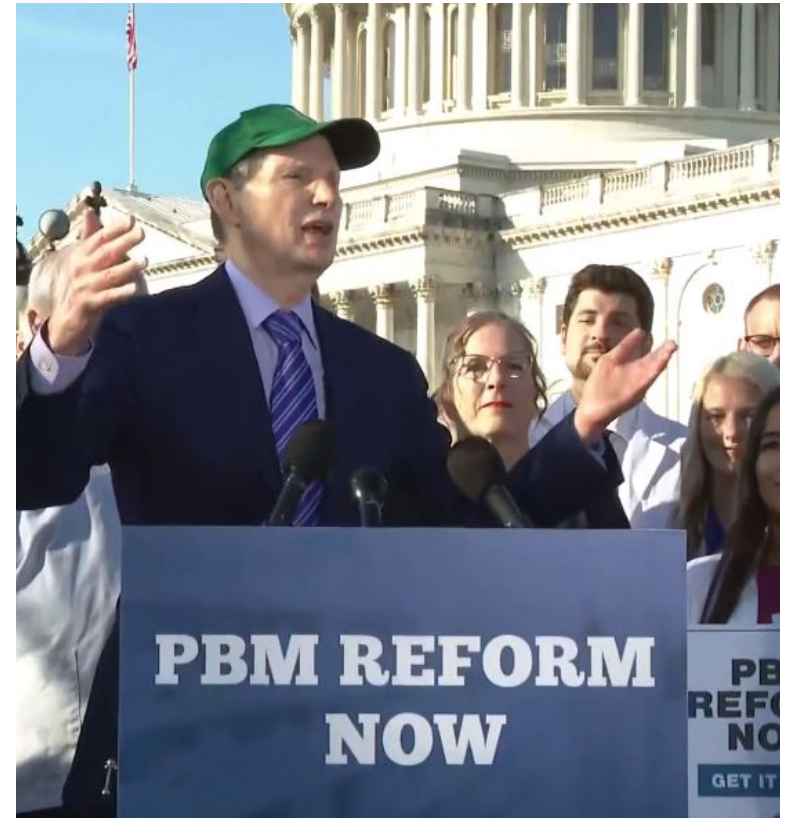
# Oregon Legislature - Short Session Updates

## Pharmacy Benefit Manager (PBM) Reform, HB 4149:

- State Primary Care Association and health centers led the development of additional protections for 340B pharmacies
- Will require licensure of PBMs and allow the State to expand oversight of PBMs

## School Based Health:

- State failed to approve adjusted grants to account for inflation; will be pursued in 2025 session



# State/Federal Impacts or Other Policy Issues

---

## Redetermination Impacts:

- Estimated to see some change in assigned clients due to redetermination, however, “Bridge” to the Basic Health plan will keep clients insured at a “Medicaid equivalent” level

## Rockwood Federal Earmark:

- \$1.9M appropriated to repair critical infrastructure at the Rockwood Health Center

## Federal Health Center Funding:

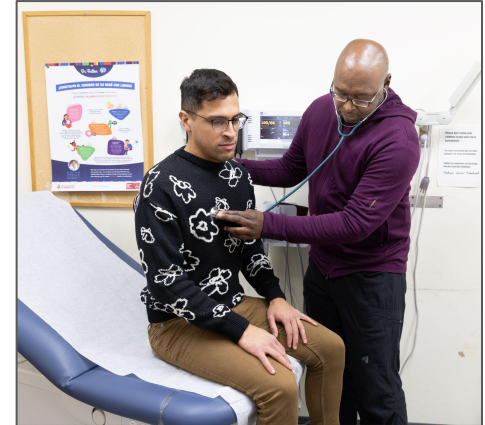
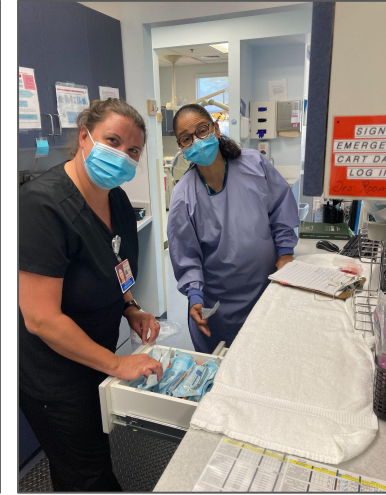
- Reauthorized through September 2024, but increases in funding are yet to be appropriated

## 340B Circuit Court Cases:

- Multiple cases across Circuit Courts challenge restrictions on purchasing policies and data sharing, and will inform national rule making for this program



# Questions



# Appendices: Program Offers

Health Center Area	FY25 Budget	Program Offers	Notes
Primary Care & Lab	\$69.4M	40012A, 40017, 40019, 40020, 40022, 40023, 40026, 40027*, 40029, 40032	Includes all eight locations plus lab services.
Mobile & Allied Health	\$9.3M	40102, 40027*	Allied health includes community health workers and integrated behavioral health. Mobile health partners with 8 community organizations.
Student Health	\$9.2M	40024	Includes all nine locations
Dental	\$32.6M	40017	Includes all eight locations
Pharmacy	\$43.8M	40031	Includes all eight locations
Administration, Finance, & Quality	\$36.1M	40103, 40036, 40033, 40030, 40016	Includes insurance eligibility, patient access center, quality assurance, patient board governance, leadership and finance staff
Contingency and Reserve	\$64M	40034B	Health Center financial reserves

\*40027 represents cost centers from both Mobile Health and SEHC Primary Care, but the proposed budgets have not been duplicated in this table



## **FY 2025 Legislative Updates**

### **Integrated Clinical Services (Community Health Center)**

#### **2024 Oregon Legislature - Short Session Highlights**

##### Pharmacy Benefit Manager (PBM) Reform, HB 4149

- Efforts to better regulate Pharmacy Benefit Managers (PBMs) is ongoing at both the state and federal level. State lawmakers were successful at pushing through legislation in the short session that will require licensing of PBMs in Oregon, which will improve reporting and allow the state to take action following complaints of revenue clawbacks and discriminatory contract practices, through additional oversight by the Oregon Department of Consumer and Business Services (DCBS).
- Our State Primary Care Association and health centers led in the development of additional protections included in the bill for 340B pharmacies - and while language that would have established a minimum dispensing fee was removed and legislation prohibiting contract pharmacy restrictions did not advance, we look forward to ongoing discussions planned for preserving access to critical pharmacy services while looking to control drug costs.

##### School Based Health and Student Health Centers, HB 4070

- The Oregon legislature failed to advance a bill that would have increased school-based health center grants to account for inflation, and would have authorized additional grant funding to expand key services (with an emphasis on mental health and substance use prevention, screening, referral, and treatment services). We will continue to support efforts to secure this much needed funding in 2025.

#### **Other State Policy Impacts**

##### Medicaid Redetermination Impacts

- During COVID-19, the federal government permitted automatic renewals for Medicaid coverage. This has now transitioned back to annual “redetermination” of Medicaid eligibility managed by each State.
- Oregon performed strongly in assuring that the vast majority of eligible clients stay enrolled on Medicaid. Our health center had originally estimated a reduction of Medicaid eligible clients, up to 20% of our primary care population. However, due to Oregon’s strong support for enrollment and outreach efforts, the total estimated impact for health center patients is much lower than originally anticipated.
- Based on our patient outreach and analysis, we expect to see 500-1,000 patients lose Medicaid insurance but will qualify for the new State Bridge and eventually the Basic Health Plan.
- The “Bridge” to the Basic Health Plan will keep clients who are not eligible for Medicaid still enrolled in health services at a Medicaid equivalent level. Adults with incomes between 138-200% of the federal poverty level are automatically enrolled in this no-cost Bridge Plan this year.

## Federal Policy Impacts

### Rockwood Federal Funding Earmark

- The Rockwood Health Center was purchased in February, 2023 from Care Oregon. An evaluation identified multiple improvements and repairs required to keep the building in operating condition. Multnomah County is providing funding to repair critical building systems between 2024-2025, managed by the Department of County Assets.
- A Congressional Delegated Spending award (Federal Earmark) of \$1.9M was awarded to further support critical infrastructure repairs. This funding is administered from the Health Resources and Services Administration (HRSA) and must be used between 2024-2026.
- The federal earmark will allow us to begin critical repairs and improvements of the building for ongoing healthcare access in the Rockwood neighborhood. We have been working closely with Facilities on the evaluation and design of the repairs.

### Federal Community Health Center Funding

- All Community Health Centers receive annual grant funding through the Centers for Medicaid and Medicare Services. Current health center funding is reauthorized through September 2024, including our annual appropriation. With the upcoming presidential election, it is unlikely that a new Congressional budget will be passed by September; this could delay grant appropriations in 2025.
- We will watch if Congress will pass short term funding extensions this fall, but are optimistic that Health Center funding remains a politically neutral program with support from both Democratic and Republican legislators.

### 340B Circuit Court Cases

- Multiple cases across Circuit Courts challenge restrictions on purchasing policies and data sharing, and will inform national rule making for the 340B program. Because participation in the 340B program is critical to ensure that our patients have access to medications and key pharmacy services, preserving the integrity of the 340B program for health centers is a priority - and we will continue to follow regulatory and legislative action that might impact the program.
- The National Association of Community Health Centers has formed a coalition for 340B reform and continues to advocate for the role that community health centers (FQHCs) play in the 340B program.