



**Program #40036 - FQHC-Community Health Council and Civic Governance** 5/2/2022

**Department:** Health Department **Program Contact:** Tasha Wheatt-Delancy  
**Program Offer Type:** Administration **Program Offer Stage:** As Proposed

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

Multnomah County’s Integrated Clinical Services (ICS) is the largest Federally Qualified Health Center in Oregon, providing high-quality, patient-centered health care and related services to communities across Multnomah County. Together, our eight primary care clinics, seven dental clinics, nine student health centers, seven pharmacies, and laboratory services serve more than 60,000 patients per year, with a focus on people who otherwise have limited access to health care.

The Community Health Center Board (CHCB) is the federally mandated consumer-majority governing board that oversees the County’s Community Health Center (also known as a public entity Federally Qualified Health Center-FQHC).

**Program Summary**

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Over sixty percent of our patients identify as people of color, and more than 40% are best served in a language other than English, including more than 100 different languages. Nearly 15% of our patients have no insurance, and 95% of our clients live below 200% of the Federal Poverty Guideline. All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

The Community Health Center Board (CHCB) members' community involvement allows Multnomah County to meet HRSA's 19 mandatory program requirements, including oversight of quality assurance, health center policies, patient satisfaction, health center executive director (ICS Director) accountability for the FQHC's compliance and operations. The CHCB must have a minimum of 51% MCHD health center consumer membership to meet federally mandated program requirements for FQHCs. Meeting the federal mandated program requirements allows the Health Center retain the federal grant and all benefits associated with the FQHC status. The CHCB works closely with the Community Health Center Executive Director (ICS Director) and the Board of County Commissioners to provide guidance and direction on programs and policies affecting patients of Multnomah County’s Community Health Center (FQHC services).

The CHCB has a critical role in assuring access to health care for our most vulnerable residents; it serves as the co-applicant board required by HRSA's Bureau of Primary Health Care to provide oversight of policies and programs within the scope of the Primary Care Grant. At minimum, 51% of Council Members are county persons who use the Health Department’s FQHC clinical services. The Council is currently comprised of 10 members and is a fair representation of the communities served by the Health Department's Health Center services.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of CHCB Meetings	12	12	12	12
Outcome	Percentage of consumers involved on the CHCB	51%	51%	51%	51%

**Performance Measures Descriptions**

Output: The Community Health Center Board must meet at least monthly, as required by Bureau of Primary Care FQHC requirements to perform board responsibilities.

Outcome: The Community Health Center Board must ensure 51% patient majority per federal requirements.

## Legal / Contractual Obligation

HRSA's 19 mandatory program requirements include Board Governance for the Community Health Center Board and oversight of quality assurance, health center policies, financial performance, patient satisfaction, health center executive director (ICS Director) accountability for the FQHC's compliance and operations.

All costs and revenues generated by this program must also comply with the HRSA FQHC requirements.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$136,242	\$0	\$0	\$311,265
Contractual Services	\$16,000	\$0	\$0	\$32,000
Materials & Supplies	\$5,028	\$0	\$0	\$5,450
Internal Services	\$43,830	\$0	\$0	\$70,617
<b>Total GF/non-GF</b>	<b>\$201,100</b>	<b>\$0</b>	<b>\$0</b>	<b>\$419,332</b>
<b>Program Total:</b>	<b>\$201,100</b>		<b>\$419,332</b>	
<b>Program FTE</b>	1.00	0.00	0.00	2.00

Program Revenues				
Other / Miscellaneous	\$201,100	\$0	\$0	\$419,332
<b>Total Revenue</b>	<b>\$201,100</b>	<b>\$0</b>	<b>\$0</b>	<b>\$419,332</b>

## Explanation of Revenues

This program generates \$41,834 in indirect revenues.  
\$ 419,332 - Medicaid Quality and Incentives

## Significant Program Changes

**Last Year this program was:** FY 2022: 40036 Community Health Council and Civic Governance

Due to COVID 19, the CHCB meetings transitioned to a virtual platform. Beginning in mid-FY 2022, the FQHC revenue and expenses were transferred from the General Fund into a newly created FQHC Enterprise Fund which is shown in Other Funds. Staff FTE was added to support board strategic planning and development for FY23.