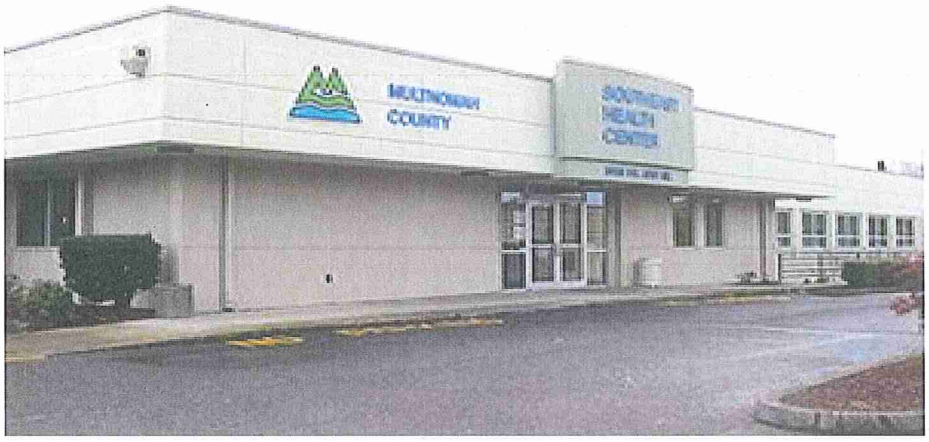


Multnomah County Southeast Health Clinic Primary Care Remodel

Preliminary Planning and Project Proposal

Project: To remodel a portion of the Southeast Health Clinic into a primary care center and relocate the Environmental Health services to an alternative location.

Board Approval being requested: March 15, 2012

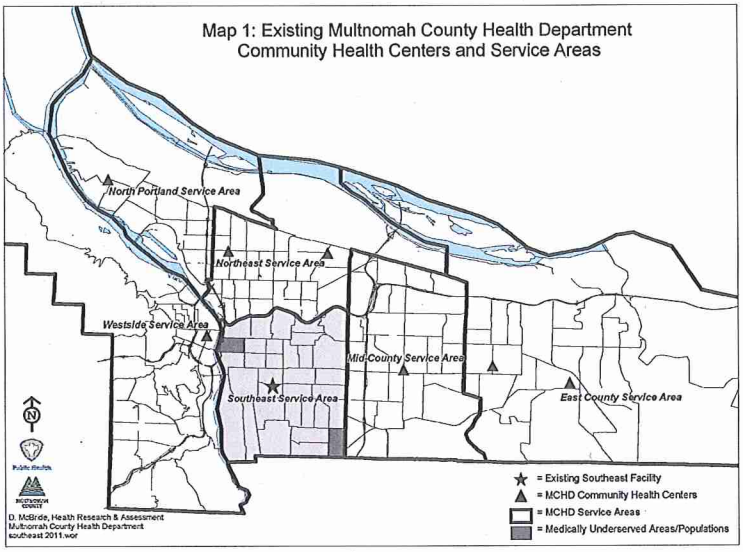
Sponsors and Stakeholders

Sponsors:	Multnomah County Health Department Director, Lillian Shirley
Stakeholders:	Multnomah County Board of Commissioners Multnomah County Health Department Multnomah County Facilities & Property Management

Background

The residents of Southeast Portland experience multiple barriers to accessing medical and other safety net health services. Poverty, lack of access to primary care services, limited English proficiency, lack of health insurance and homelessness are a few of the many barriers faced by SE Portland's diverse residents. Currently, around 2,900 of the Health Department's clients live in Southeast Portland; 22% are homeless or at risk of homelessness. Data show that these clients also have higher rates of hypertension, depression, diabetes, chronic pain, and tobacco use than other Health Department clients, resulting in the need for frequent visits to primary care providers. Currently, these high need clients are forced to travel longer distances to access services, creating a significant barrier to care and a negative impact on health and well-being. In addition there are a significant number of Southeast residents who are unable to access comprehensive care due to lack of providers who serve Medicaid and uninsured individuals.

In Southeast Portland there are three Health Department-operated school-based health centers serving 1,700 school age youth annually; two small-scale alternative care clinics with part-time hours; a part-time mental health clinic; a part-time primary care clinic; a sexual/reproductive health clinic; and a Federally Qualified Health Center (FQHC) look-alike clinic that is at capacity. When the shortage of health services is combined with the growing Southeast target population, it is clear there is substantial unmet need in the area. This has played a role in escalating barriers for the target population and continuing health disparities, particularly in communities of color.



Facing this need for targeted health care services, Multnomah County Health Department and Facilities and Property Management initiated explorations of repurposing the SEHC in *August 2011* for these uses. Understanding the feasibility of this effort, Multnomah County Health Department submitted a Grant Application on October, 21st, 2011 to Health Resources and Services Administration (HRSA) to fund a significant portion of this remodel. The space proposed for the primary care center is currently occupied by the Environmental Health (EH). MCHD and FPM intiated a search for suitable alternative location for the EH unit, based on their program needs and established criteria.

The primary care center will be approximately 9,900 square feet with (20) exam rooms, (3) seven person office pods, (4) private offices, a call center, lab, pharmacy, group room, along with support and administrative spaces. This project is estimated at $1.97 million with the proposed funding of

$1,687,000 from grants and $279,000 from internal funding. Based to the significant need of this center, MCHD has explored other funding mechanisms should MCHD not be awarded the grant.

FAC- 1 Process

The following is an outline of the FAC-1 process proposed for this project.

1. Approval Preliminary Planning and Project Proposal (March 15th, 2012)
   Complete design of SEHC based on concept plan.
   Investigate a new location for Environmental Health
   Approval of $150,000 for Design of the Primary Care Center at SEHC and Administrative Services.
2. Present BCC with the Resolution for Environmental Health relocation. (April 5th, 2012)
   Identify Funding Sources
   Negotiate and execute a lease agreement with the landlord.
3. Project Construction
   Present construction plan, final budget, and funding source for BBC approval. (June, 2012)

Project Goals

- The Southeast Health Center facility is centrally and strategically located to create primary care access for the target population and fill a critical gap in the safety net by providing comprehensive primary care to individuals who would otherwise remain unserved.

- Multnomah County Health Department will serve 3,500 new clients at the Southeast Health Center with two provider teams in the health center's first year and 5,000 clients with three provider teams in subsequent years. The first year will have only two provider teams for sustainability purposes.

Existing Conditions

Southeast Health Center Building

The Southeast Health Center (SEHC) is currently occupied by public health staff from various Multnomah County Health Department (MCHD) programs and a dental clinic. In its present state, the facility has no capacity to provide comprehensive primary care services. The proposed renovations will maximize the remaining space of the main floor of the facility (while not impacting the dental clinic) to supply the capacity to offer primary care, pharmacy, lab, mental health and enabling services.

There are three main factors that make the proposed SEHC Alteration and Renovation project appropriate given the current state of MCHD's seven community health centers and the SEHC facility. These include:

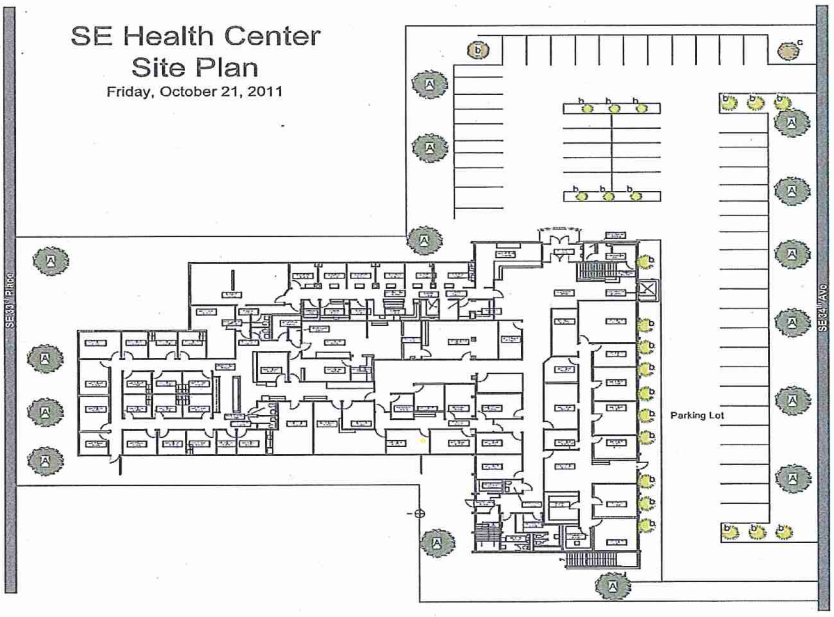
- Capacity of the Health Center Program – Existing health centers are at capacity or very close to capacity (due to the growth of the target population and increased demand for safety net services over the past few years) and do not have physical space left to expand services.

This demand is expected to continue as a result of negative economic conditions and expanded access to Medicaid through healthcare reform in Oregon.

- Condition/Location of the SEHC Facility – SEHC is a Multnomah County-owned facility that has undergone basic renovations over the past two decades. These renovations have supplied County Facilities with a detailed knowledge of the condition of the facility, including its structural soundness and the absence of hazardous materials. In addition, the exterior of the site (e.g., paint, new roof and heating/cooling units within the last 12 months, landscaping, and parking lot) is also in excellent condition. The facility is also centrally located in the inner SE service area to provide access to the vulnerable neighborhoods that house the target population.

- Capacity of the SEHC Facility –SEHC is currently occupied by public health staff from various MCHD programs and a dental clinic. The proposed renovations will maximize space on the main floor of the facility (while not impacting the existing dental clinic) to supply the capacity to offer primary care, pharmacy, lab, behavioral health and enabling services.

Existing Floor Plan



Program Functions

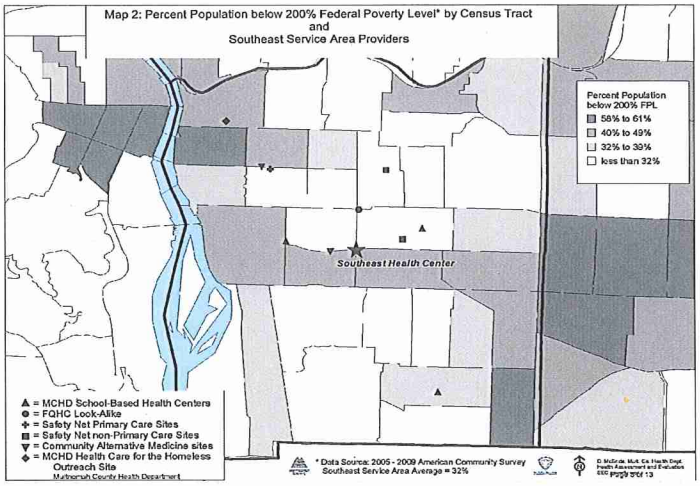
Primary Care Center

The Multnomah County Health Department (MCHD) works in partnership with its diverse communities to assure, promote, and protect the health of the people of Multnomah County. MCHD provides essential public health services including communicable disease prevention, investigation and reporting, maternal-child health home visiting, public health emergency preparedness, environmental health services, health assessment and evaluation, and community-based chronic disease prevention. MCHD also provides high quality care to vulnerable populations through its primary care clinics, school-based health centers, dental clinics, and specialty clinics throughout Multnomah County. The proposed project's ability to provide accessible primary care, behavioral health, and

enabling pharmacy services to the SE target population will be a crucial addition to the community's safety net. The project directly responds to the target population's health care needs, the barriers they face, and their increased demand for health care. The clinic will provide comprehensive, culturally competent primary care services which include treatment of acute and chronic illnesses, behavioral health, family planning, prenatal and preventive services (well child, immunizations) and enabling services and is intended to serve as a medical home for the residents of Southeast Portland.

Programming Objectives

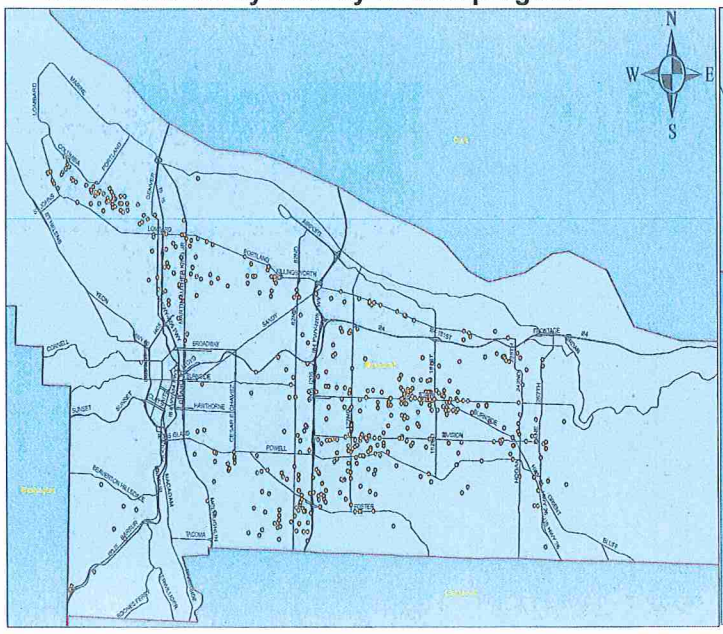
- Site on east side to maintain accessibility for community members
- Easily accessible by public transit



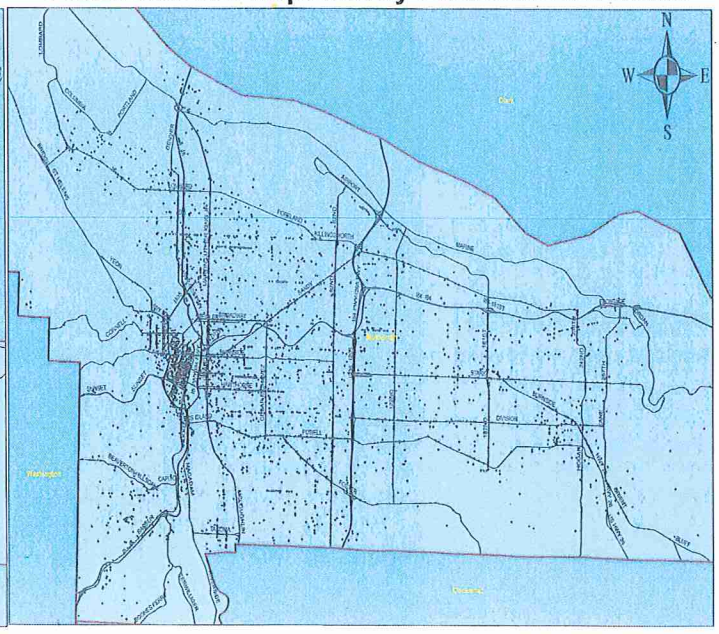
Environmental Public Health

The Environmental Health programs are designed to prevent food, water and vector borne diseases, promote healthy sustainable housing, support public health assessment through vital records registration, make connections between environmental health and healthcare while providing leadership on emerging public health issues like improvement of health equity, climate change, bedbug control, exposure to Biphenyl A and other toxins.

Clients served by Healthy Homes program



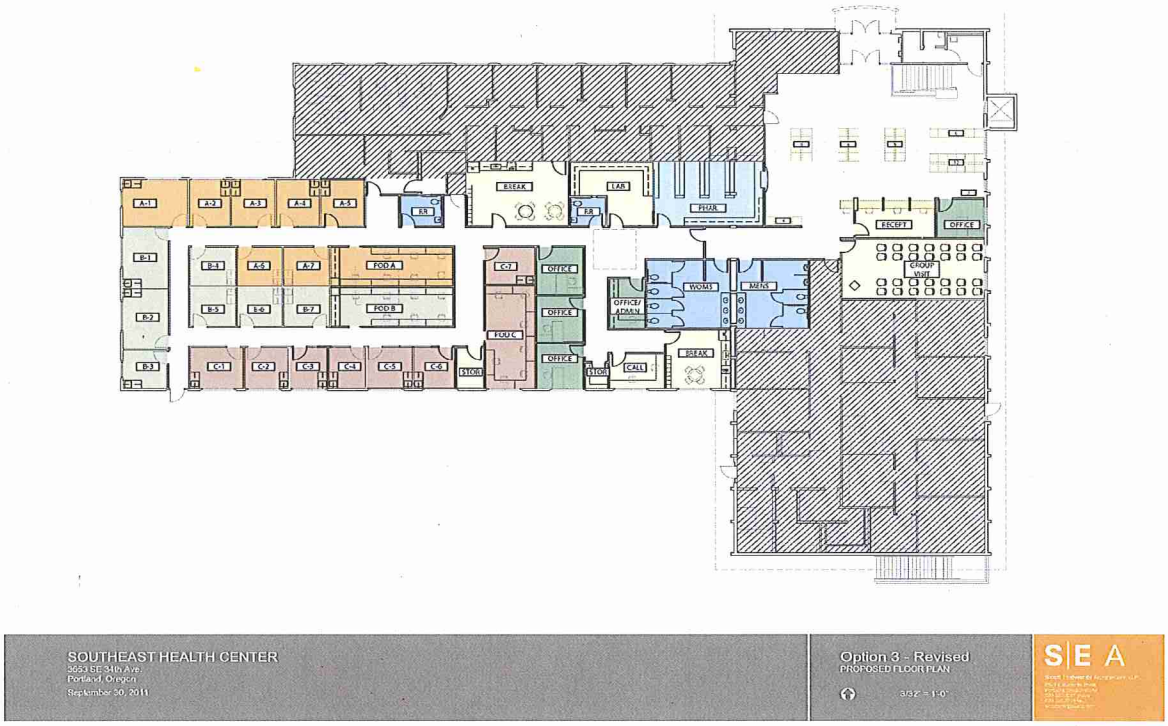
Public facilities inspected by Environmental Health



Project Scope

Renovate 9,900 square feet on the first floor of the two-floor 23,700 square foot facility. The scope of work includes demolition, construction, and moveable clinical/non-clinical equipment (e.g., instruments and furnishings for functioning exam rooms, lab, pharmacy, reception, and offices). Demolition will remove interior walls, electrical and cabling, interior doors and frames, ceilings and ceiling lights, and floorings. After demolition, construction activities will alter the space to form a new reception and waiting area; 20 exam rooms for three provider teams; a combined office for each provider team; a group visit room; lobby, staff, and patient restrooms; a lab; a pharmacy; storage; three staff offices; one administrative office; one break rooms; and a call center. All work will be done in compliance with HIPPA regulations.

The first floor renovations will not impact the space occupied by the dental clinic, so it can operate normally during construction. The area to be renovated is currently occupied by public health staff.



Schematic Layout of Proposed Primary Care Center

Multnomah County Environmental Public Health will be relocating to support the provision of comprehensive primary care at the Southeast Health Center location. Facilities has been working closely with Environmental Health to secure a new location that supports the business needs of providing health inspections of 15,000 facilities annually, birth and death certification of Multnomah county residents, Food Handler testing and training, housing home visits and inspections, Childhood Lead Poisoning and Prevention and implementation of policy initiatives that relate to Environmental Public Health like Bisphenol A-and Bedbug control. The proposed move in the summer 2012 meets the business needs of licensing 8,000 facilities between October and December. A preliminary site has been identified for relocation of the Environmental Health Programs that is within the budget and timeline outlined for initiation of the proposed remodel.

ENVIRONMENTAL HEALTH - SPACE POSSIBILITIES PHASE 2					
	Current	Site A	Site B	Site C	Site D
Square Footage	7,912	5,400	8,000	6,800	5,476
Bldg Floor	1st	2nd	2nd	1st	1st
Lease Type		mg	fs	fs	
Rate psf	$19.93	$19.00	$18.00	$18.00	$26.02
Annual Base Rent	$157,686	$102,600	$144,000	$122,400	$142,485
Class (A,B,C)	B	B	B	B	B
Turnkey		X	X	X	MC to Modify Space
FPM Admin Fee		$ 7,128	$ 10,560	$ 8,976	
Enhanced Janitorial					
Utilities (w/s,h,e, g) - est $2/psf					
O&M (mo impound) - est $1.20/psf					
County Maintenance - est $3/psf					
File Weight Load	No issue	TBD	No issue - Slab Flr	No issue - Slab Flr	TBD
Available Parking					
Included	Yes - Surface	14 Surface	15 Covered/Secured	15 Covered/Secured	Yes - Garage
Mo Cost					$45 per space
Mass Transit					
Max		X			
TriMet	X	X	X	X	X
County IT		On Site (WIC) Est $15,000	Need Install Est $30,000	Need Install Est $30,000	Yes
Security		Nightly P/L Rover	No	No	Yes

Project Site: Southeast Health Center, 3653 SE 34th Ave, Portland, OR 97202-3034

Google earth feet 600 meters 100

Multnomah County Policies and Initiatives

This project will align with County policies and initiatives for renovation projects, including the following aspirational goals:

1. High Performance Green Building Standards
2. Minority, Women, and Emerging Small Business Program
3. Solar Initiative
4. Architecture 2030
5. Regional Arts & Culture Council
6. BOLI Wages
7. Health Insurance Portability and Accountability Act (HIPAA)

Preliminary Budget Estimate

Southeast Health Center Renovation - Cost Estimate

Hard Costs:	$1,100,000*
Architectural & Permit Soft Costs:	$174,000
Equipment and Administration Soft Costs:	$413,000
Project Costs:	**$1,687,000**
Non-Allowed Grant – Cost Estimate	
Relocation of EH and RAC Fees:	$279,000
Total SEHC Renovation Cost Estimate:	***$1,966,000***

* The hard costs estimate is based on a construction budget study completed by DMC Cost Consulting dated 10/17/2011 and additional information provided by MKE & Associates Consulting Engineers.

Funding Sources

The total Southeast Health Center project cost is $1,966,000, and MCHD is requesting $1,687,000 in CD-BC* funding to support all allowable costs associated with the project. The project balance of $279,000 is secured and will be paid by local funds, including CareOregon and general fund money allocated to MCHD by the Multnomah County Board of Commissioners.

MCHD will not need any additional Section 330 funding to support the new operating costs associated with SEHC, including utilities, maintenance and repair, staffing, internal services (travel, postage, data processing, telecommunications, rent to County Facilities, etc.), medical and office supplies, etc. Rent is included as an expense because all Multnomah County-owned facilities charge rent to County programs for maintenance and repair costs. The projected operational budget for SEHC is $3,559,315. These expenses will be covered through revenue from billing for visits and services (e.g., Oregon Health Plan/Medicaid, Medicare, private insurance, fees for service, and pharmacy fees). There is no capital debt related to the proposed project, and MCHD can leverage local resources such as the Board of Commissioners, County Facilities, and CareOregon, if there are any capital reinvestment needs.

* Capital Development – Building Capacity HRSA funds

The following are potential funding sources for this project. On October 12, 2011, the Multnomah County Health Department submitted an application for a HRSA Grant to complete the renovation of Southeast Health Center.

- $1,687,000.00– HRSA Grant Application # 93996 (Decision in April 2012)*
- $279,000.00 – Relocation of EH and RAC Non-Grant Allowed fees**

Relocation and RAC fees will be funded by a mix of program income and county general funds. The county general funds would be already allocated within the health department operating budget. No new general funds are required.

*If Grant funding is unsuccessful, funds will need to be secured to complete project.
**These costs will need to be funding by Multnomah County. RAC is the Regional Arts Council.

Project Milestones

The proposed SEHC A&R project has a completion date of February 28th, 2013 and MCHD will open the SEHC for comprehensive primary care services March 1, 2013. Initially staff will include two provider teams, administrative support staff, a Psychiatric Nurse Practitioner for behavioral health services, a case manager for enabling services, and lab and pharmacy staff.

The operations timeline is also based in the fact that the proposed SEHC A&R project has not started construction activities and/or issued a construction contract. Taking these steps at this juncture is against Multnomah County Administrative Procedure FAC-1, which requires the County Board of Commissioners to approve participant roles and milestones at key points throughout capital projects over $1 million. To date, the Board has approved the grant application, but has taken no steps to approve an actual renovation timeline. At the point when this application was submitted, the only expenses related to the project that have been incurred by MCHD are for the services of Scott Edwards Architecture, the firm which produced the preliminary cost estimates to shape the project budget and the attached schematic drawing. The cost of Scott Edwards Architecture's services was included as an unallowable expense in the project budget and has already been paid through local funding.

Project Team

There will be a cross disciplinary project team assembled for the development of this project. Members of the immediately affected departments and agency partners will form this team. It is expected that the project team will be providing regular updates on project status to project sponsors and stakeholders. The following is an initial list of project team members; a complete list of team members will be included in later stages of the planning.

Project Team:

Multnomah County Health Department

- Susan Kirchoff, Director of Health Centers Operations
- Nicola Winchester, Project Manger
- Loreen Nichols, Director of Community Health Services
- Lila Wickham, Environmental Health Manager
- Mark Adams, Administrative Analyst, Environmental Health

Facilities & Property Management Division

- John Lindenthal, CIP Manager
- Greg Hockert, CIP Project Manager
- Bob Lilly, Facilities
- Carla Bangert, Lease Management
- Alden Kasiewicz, Scott Edwards Architecture, LLP

Multnomah County Attorney
Multnomah County Finance Office
Multnomah County Board of Commissioners

Public Outreach

This section provides the strategy the MCHD will take to inform the public and the clients seeking these services.

Goals of the Public Involvement Plan

The goals of this public involvement effort are to:

- Provide clear communication to the clients and public seeking the services to be provided at this primary care center.
- Provide clear communication to clients of the Environmental Heatlh section on their new location.
- Provide clear communication about the renovation to service providers
- Build trust and support for the project through regular and timely communication to neighborhood and internal audiences
- Provide a point of contact for the project for internal and external audiences

Point of Contact

The point of contact for this project is the Multnomah County Communications Office.
Julie Sullivan-Springhetti – (503-709-9858).

Key Stakeholders

The following stakeholders have been identified as central to our outreach efforts:

- Multnomah County Health Department Clients
- Health Department Community Health Council
- Health Department Partners & Contracted Organizations
- Adjacent Neighbors & Neighboring Businesses
- Other Governmental Partners
- Neighborhood Service Providers
- Multnomah County Health Department Employees
- AFSCME Local 88
- Oregon Nurses Association

Outreach Tools

The main tools Multnomah County may use to communicate and seek input are:

- One-on-one meetings with key stakeholders early on in the process
- Community meetings with neighborhood association and business groups to share information about the proposal, answer questions, and share opportunities for public involvement.
- Throughout the development Multnomah County will host meetings with project representatives with adequate time for one-on-one discussions before and after meetings
- Regular updates to organizations that have an ongoing interest in the project
- Project Fact Sheet with contact information for questions
- Frequently Asked Questions Sheet
- Email list serve of interested parties
- Media Relations such as regular press releases, create and distribute media kit, invite press to community meetings, place feature stories, and foster relationships with key media contacts

Environmental Health will use multiple venues to communicate with the public and our customers.

- **Licensed Facilities** including restaurants, pools, hotels, and childcare centers will receive special notices in their invoices indicating the change of address. The monthly Food Safety newsletter will include the change of address. We will acquire advice from the Food Service Advisory Committee on other communication strategies. All of our forms and applications will be updated along with our numerous websites.
- **Food Handler** books, websites will be revised along with notification of state and local partners.
- **Funeral Homes** will receive direct mailings of our change along with website changes and communications with our state partner to revise their materials.
- **Housing Programs, including Lead Poisoning Prevention** will disseminate the information through revisions of websites, partner notification and distributed materials.
- **Business Cards** for the 47 staff having regular interactions with the public will be revised.

Talking points

The Southeast Health Center is located in Southeast Portland at 34th and Powell. Dental services are currently provided at this site. The clinic will provide comprehensive, culturally competent primary care services which include treatment of acute and chronic illnesses, behavioral health, family planning, prenatal and preventive services (well child, immunizations), and enabling services and is intended to serve as a medical home for residents of Southeast Portland.

This health center aims to reduce barriers to health care access, to integrate behavioral health services, to provide continuity and coordination of services and to collaborate with community partners. Ancillary support services are operationally integrated and include pharmacy and lab. Enabling services include Medicaid eligibility screening, medical interpretation, transportation, case management and health education.

Appendix A

- HRSA Grant Application # 93996

Attachment A

Health Resources and Services Administration (HRSA) Southeast Health Clinic (SEHC) Grant Application

PROJECT COVER PAGE

*2. Project Description

Provide a detailed description of the scope of work for the project. Identify the major clinical and/or non-clinical spaces that will result from the project. Include the area (in square feet) or dimensions of the spaces to be altered and/or renovated. The description should also list major improvements, such as permanently affixed equipment to be installed; modifications and repairs to the building exterior (including windows); heating, ventilation, and air conditioning (HVAC) modifications (including the installation of climate control and duct work); electrical upgrades; plumbing work; and repairs to parking lots. Applicants must also describe plans for how the project's potential adverse impacts on the environment will be reduced and/or mitigated. Indicate whether or not the project will implement green/sustainable design practices/principles (e.g., using project materials, construction and design strategies, equipment selection, etc.).

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The Multnomah County Health Department (MCHD) is proposing the Southeast Community Health Center (SEHC) A&R project to renovate 9,900 square feet of the two-floor 23,700 square foot facility so it can begin providing comprehensive primary care services at the site. The first floor is 16,500 square feet and the basement is 7,200 square feet. The renovations will take place on the main floor where dental services are currently provided, but will not impact the space occupied by the dental clinic so it can operate normally during renovation. The square footage to be renovated is currently occupied by public health staff, and the unallowable cost of permanently relocating them will be covered through local funds. Relocation has been figured into the project timeline and total budget. Upon completing the proposed project, MCHD will be able to provide primary care, enabling, mental health, pharmacy and lab services (in addition to the dental services currently being offered) at the SEHC facility.

The scope of work for the SEHC project includes demolition, construction, and moveable clinical/non-clinical equipment (e.g., instruments and furnishings for exam rooms, lab, pharmacy, reception, and offices). Demolition will remove interior walls, electrical/cabling, interior doors/frames, ceilings/ceiling lights, and floorings. After demolition, construction activities will alter the space to form a new reception and waiting area; 21 exam rooms for three provider teams; a POD (e.g., combined office) for each provider team; a group visit room; lobby, staff, and patient restrooms; a lab; a pharmacy; storage; three staff offices; one administrative office; two break rooms; and a call center (see the attached schematic).

Construction activities include:

*Thermal/Moisture Protection: caulking and sealing windows and installing sound proofing in exam walls.
*Doors/Windows: installing 28 new doors, frames, and hardware.
*Finishes: applying drywall and acoustical ceilings; installing carpet tiles and linoleum; and painting new walls, ceilings, and frames.
*Specialties: installing two fire extinguisher cabinets, restroom stall partitions, restroom accessories, and restroom duress buttons.
*Furnishings: installing lockers, refrigerators, dishwashers, and upper and lower cabinets and counters in exam rooms, offices, lab, pharmacy, restrooms, and reception.
*Power System: adding new panels, wiring, and receptacles.
*Lighting System: wiring new light switches, light controls, and new low-energy, high-efficiency light fixtures.
*Fire, Security, Communication: installing a new fire alarm system, security cameras, and security system and relocating the paging system.
*IT: cabling for work station and exam room voice/data systems and relocating phone sets and PCs.
*Fire Sprinkler System installation.
*Plumbing: installing pipes and hook-ups in exam rooms, lab, pharmacy, and restrooms.
*HVAC: replacing duct work, installing new exhaust units in restrooms and respiratory precaution room, and installing IT room temperature control.

The attached EID Checklist relays that the project has no expected adverse impacts on the environment. If they do arise, the County's environmental policies will be followed to ensure proper mitigation. Construction activities will align with environmentally-friendly building practices in the County's LEED Policy by using materials from the existing facility when possible; low VOC paint; recyclable/low-emitting flooring; dual function, low flush valves in restrooms; faucets with aerators; and high-efficiency light fixtures. The County's Sustainable Purchasing Policy will also be implemented when selecting vendors and products, which ensures that the usage of public funds minimizes negative environmental impacts by giving preference to equipment which is energy-efficient (e.g., EnergyStar; EPEAT), made of recycled materials, recyclable, and/or made in Oregon. Old equipment and materials will be recycled when appropriate.

PROJECT MANAGEMENT

3b. Explain the administrative structure and oversight for the project, including the role and responsibilities of the health center's key management staff as well as oversight by the governing board. Identify the individual who will be the Project Manager and the individuals who comprise the Project Team responsible for managing the project. Indicate the qualifications of the Project Manager who will be responsible for managing the project and the Project Team that will be implementing the project. Describe how the Project Team has the expertise and experience necessary to successfully manage the project within the timeline outlined and achieve the goals and objectives established for this project. Describe the Project Team's ability to manage risk and take corrective action as

necessary. Describe the methodology that will be used to track progress on the facility development and associated service delivery impacts.

(Note: Please provide complete name and title of the team member)

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The Integrated Clinical Services (ICS) Division operates MCHD's Section 330 program, and is part of a robust administrative structure directed by the Multnomah County Board of Commissioners (a board of five elected officials) and Community Health Council (a 13 member consumer-majority board). The Board and Council provide oversight by approving the submission of grant-funded projects (they have already approved the proposed project) and project budgets. Since the proposed project budget is over $1 million, per Administrative Procedure FAC-1, the Board will also approve participant roles and milestones during the project. ICS also receives financial, contractual, procurement, capital project, and operational oversight from the Directors of MCHD, ICS, Business Services, and County Facilities (see Org Chart in Attachment 3).

The Project Team for the proposed project includes (see bio sketches in Attachment 3):

*Nicola Winchester, Project Manager (CD-BC Project Manager): Ms. Winchester has extensive experience as a project manager. Prior to joining MCHD, she coordinated projects in the banking, finance, and construction fields. In her current role, she has led multiple capital improvement renovation projects at County health centers, including the CIP and Rockwood projects discussed in the Resources/Capabilities section, and has experience coordinating team members' work, developing/monitoring project budgets, procuring goods/services, accomplishing timeline goals and project milestones, and identifying/mitigating potential barriers.

*Greg Hockert, Capital Improvement Projects Manager: Mr. Hockert has 20+ years of construction project management, property management, and building maintenance experience. In his current role with County Facilities, he leads planning, construction, property management, and building management duties for all County departments. This experience has equipped him with a high degree of technical skill; problem-solving ability; and knowledge of local laws, County policies, and environmental and OSHA compliance.

*Susan Kirchoff, Health Centers Operations Director: Ms. Kirchoff is responsible for overseeing all Primary Care, Dental, and school-based clinic operations for MCHD. Before joining MCHD in 2006, she was employed by Providence Health System where she provided senior operational leadership for surgical and emergency services. She has been a national speaker on the topic of successful strategies in the adoption of clinical technology, systems change, and quality improvement, and will use her expertise to guide the operational aspects of the project. Ms. Kirchoff has led multiple capital projects for MCHD, including the opening of Rockwood.

*Jon Marquardt, BPHC Grants Manager: Mr. Marquardt has been with MCHD since 1997, and has an extensive background in grant and project management. He oversees all reporting requirements for MCHD's 330 program; has extensive knowledge of federal regulations; and has led several capital projects. He is also experienced in budget management, timeline adherence, and fostering a collaborative team environment.

The Project Manager and Team have experience using Earned Value Management and federal Office of Management and Budget Curricular No. A-11, Part 7. This will assure the project is completed within the timeline and achieves its goals and objectives by integrating the scope of the renovation with the timeline and cost elements of the project; and manage risk and take corrective action by making certain the project's scope, schedule, and resources have measurable, reportable performance standards throughout the project period. The Team's past project and EVM experience, combined with the oversight provided by ICS, Business Services, and Facilities management, creates a strong internal infrastructure that will lead to a successful project that manages risk to ensure timely completion (see Resources/Capabilities Section).

***4. Project Timeline**

Project Completion Date
(MM/YYYY)

Indicate the timeframe for demonstrating progress for the project by identifying the start and end dates for each of the following critical milestones within the three-year budget/project period (36 months): planning, project development, alteration/renovation/repair or construction phase, and project completion. Describe the current status of the project planning, including any steps that may have been accomplished to date and identify the person or entity accountable for each milestone. Provide a justification for the reasonableness of the applicant's proposed timeframe for implementing the project during the project period.

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The project timeline includes:

*Planning (Oct. 2011-June 2012) To date, the Project Team (PT), basic renovation plan, and cost estimates have been determined. Official planning will begin April 1, 2012 and include the County Board's approval of the architectural/engineering proposal; a PT kick-off meeting; meetings to obtain user input; and design development (mechanical, electrical, and plumbing drawings). The PT will be accountable for achieving this milestone under the direction of the Project Manager (PM).

*Project Development (July 2012-April 2013) This phase includes 5 months for obtaining/ designing full construction documents and specifications, 2 weeks to obtain the building permit, 2 months for bidding, and 2 months for finalizing contracts. The PM and Health Department Business Services will be accountable for achieving this milestone.

*Alteration/Renovation (May 2013-Oct. 2013): By the end of this phase, all construction activities will be substantially completed. Equipment will be ordered by August to ensure it arrives in time for Project Completion. Clinical and administrative staff will start being recruited. All members of the PT are accountable for achieving this milestone under the direction of the PM.

*Project Completion (Nov. 2013-Dec. 2014): This phase includes going through the final punch list of tasks; placing equipment; setting-up clinic supplies, etc.; and submitting paperwork, including red line drawings, to close out permits. Staff recruitment will be finalized and orientation/training will take place. All members of the PT are accountable for achieving this milestone under the direction of the PM.

The reasonableness of the timeline was determined by Scott Edwards Architecture, which has vast experience renovating medical facilities, as well as the past capital experience of the PT. The project is scheduled to take 21 months once official planning begins, allowing ample time between completion date and end of the 3-year project period.

PROPOSAL COVER PAGE

***2. Need**

Describe the target populations for the proposed project and how the current facility(ies) capacity will be unable to support the current and/or increased demand for services from the target population. Describe the significant barriers to health care for the target population and the unmet need for services within the proposed service area.

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The Multnomah County Health Department (MCHD) is located in the NW corner of Oregon. Multnomah is the state's most populous and diverse county; home to 735,344 residents (28% are persons of color) and Oregon's largest city (Portland). MCHD's target population is the 246,348 residents below 200% of the federal poverty level (FPL). MCHD operates 7 community health centers in 6 service areas to serve its target population. The only service area without a community health center is Southeast (SE), the location of the proposed project site. The absence of a health center in SE is troubling since the area's target population has disparities in primary care access and key health indicators/outcomes related to diabetes, heart disease, child health, and behavioral health (see the Impact section for a detailed discussion). SE Portland also houses 25% of Portland's homeless population and highly impoverished communities of color. Health

disparities, poverty, and homelessness create complex health care needs that require access to comprehensive primary care services. MCHD can address these needs through the new primary care, mental health, enabling, pharmacy and lab services that will result from the proposed Southeast Health Center (SEHC) A&R project.

The SE service area is defined by 33 census tracts and five zip codes (see Maps in Attachment 3). It contains 19% of the county's population (137,691 residents) and is 82% White non-Latino, 2% African American, 1% Native American, 6% Asian/Pacific Islander, and 7% Latino. Of these SE residents, 32% (43,447) live below 200% FPL and are in MCHD's SE target population. Over the past decade, there has been a substantial, 7.4%, increase in the SE target population, compared to less than 1% in the entire service area. Almost half of the SE target population is severely impoverished, earning less than 100% FPL. This drastic influx of poverty has created a mixture of vulnerable and affluent neighborhoods. The affluent areas have historically overshadowed the need in vulnerable neighborhoods, resulting in SE being medically underserved.

The four vulnerable SE neighborhoods are located in the NW, NE, central, and SE parts of the service area, representing over half (17) of SE's 33 census tracts. In 7 tracts, the target population accounts for 32%-39% of residents; in 8 tracts, 40%-45%; and in 2 tracts, around 60%. Persons of color in these neighborhoods are more heavily impacted by poverty than they are in other areas of Multnomah County. In SE, 49% of African Americans (32.1% countywide), 21% of Asians/Pacific Islanders (16% countywide), and 36% of Native Americans (34% countywide) live below 100% FPL. This trend has caused communities of color to be overrepresented in the target population: there are 3 times more African Americans below 100% FPL in SE than there are in the total service area population; 2 times more Native Americans; and 1.5 times more Latinos and Asian/Pacific Islanders. Persons of color are estimated to comprise 26%-38% of the SE target population, compared to 18% of the service area. Members of the target population, particularly persons of color, suffer from chronic (diabetes and heart disease) and mental health (depression and anxiety) conditions, as well as comorbidities of these conditions, at higher rates. See Impact section and Data Sources in Attachment 3 for more information.

The growth of the target population has increased the demand for services to the point where MCHD is unable to support its health care access needs. From 2007-2010, MCHD's patients increased by 32%, with an average annual growth of 10%, resulting in all community health centers being at or near capacity. Two of MCHD's health centers are unable to accept new patients, the other five are close, and none of them have space to expand (see Response section). These factors, coupled with SE not having a health center, have resulted in the SE target population becoming underserved. Currently, MCHD can only serve 7% of the SE target population, compared to around one-fourth of the target population countywide. With the growth of the target population expected to continue, SE's vulnerable residents will continue to be underserved and heavily impacted by health and access disparities without the service impacts of the proposed project.

The local economic climate has caused a spike in unemployment (Oregon has had one of the highest unemployment rates in the nation since the recession began). This has not only played a role in increasing the size of the target population, it has also intensified barriers to care:

*Homelessness is perhaps the most pressing barrier in the SE target population. Over the last year, the total number of homeless persons in Portland increased by 17%, and the number of homeless families increased by 31%. SE is home to the highest concentration of homeless persons in the county. As a Section 330(h) grantee, MCHD understands that homelessness is tied to significant barriers to care such as a lack of stable housing, inability to access transportation, and uninsurance. Further, poor hygiene/nutrition, physical disability, severe mental illness, and substance abuse exacerbate these barriers and make treating existing conditions even more complex.

*Transportation is a challenge for the target population, as they must travel to facilities in other parts of the county to access primary care. As the vast majority must take public transportation, they face up to 90 minutes of travel time. Public transportation has became even more difficult to navigate since service cuts were implemented in 2010 due to the ongoing recession and local transit fares have risen by 70% in the past decade.

*Uninsurance and Medicaid are two more barriers. Throughout the majority of the service area, 17.5% of residents lack health insurance, compared to 16.8% countywide. For persons earning less than 200% FPL, the uninsurance rate in SE is 32.7%, compared to 30.9% countywide. Another third of the target population is enrolled in the Oregon Health Plan (OHP)/Medicaid.

The combination of these barriers is particularly troubling considering the lack of primary care providers who accept uninsured and OHP in the area. All of Multnomah County is a Health Professional Shortage Area (HPSA) for primary care, and the shortage is even more severe in SE. The countywide population-to-primary care provider FTE ratio is 1,135:1, and 1,542:1 in SE. The SE target population has an even more acute shortage with a ratio of 1,781 to 1 provider accepting OHP/offering sliding fee scale. Safety net access points within SE are sparse: there are three MCHD-operated school-based health centers serving 1,700 school age youth annually; two small-scale alternative care clinics with part-time hours; a part-time mental health clinic; a part-time primary care clinic; a sexual/reproductive health clinic; and a FQHC Look-Alike at capacity. Only the school-based clinics, the small part-time clinic, and the FQHC Look-Alike offer primary care services (see Collaboration section).

When this dearth of primary care providers is combined with the growing SE target population, it is clear there is a substantial unmet need in the area. The primary care safety net providers in SE can only serve around 12,000 clients annually, leaving about 75% of the target population unable to access services in the area. This has played a role in escalating barriers for the target population and continuing health disparities related to diabetes, hypertension, immunizations, and mental health, particularly in the highly impoverished communities of color. The SEHC facility is centrally and strategically located to create primary care access for the target population (see Map 2 in Attachment 3), and the proposed project will enable the facility to fill a critical gap in the safety net by providing comprehensive primary care to individuals who would otherwise remain unserved.

*3. Project Response

Describe why the proposed project is appropriate given the current state of the existing facility(ies). Indicate how the proposed project will be immediately and effectively utilized by the health center upon completion. Indicate whether or not the proposed project has started construction activities and/or issued a construction contract. Describe why the proposed project is appropriate given the unmet need for services and the target population. Explain how the proposed project will require no additional section 330 funding to support operating costs, including increases in utilities, daily maintenance and repair, and capital reinvestment for the project. If appropriate, describe how the organization will pay or retire the capital debt related to the proposal.

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There are three main factors that make the proposed Southeast Health Center (SEHC) A&R project appropriate given the current state of MCHD's seven community health centers and the SEHC facility. These include:

* Capacity of the Health Center Program –MCHD offers primary care services at community health centers within five of its six service areas (the SE service area is the only one without a health center). The seven MCHD health centers include Westside, North Portland, Northeast, La Clinica de Buena Salud, Mid-County, Rockwood, and East County. Three health centers (Westside, Northeast, and La Clinica) are very close to capacity. The other four health centers are operating above capacity (a provider panel is full at 95%): North Portland (154%), Mid-County (120%), Rockwood (98%), and East County (97%). Mid County and North Portland are unable to accept new clients, and the health centers that are accepting new clients can only serve as few as two new clients per day with an average wait time of 7 days for an appointment (if no referral to open access is made). None of the facilities have physical space left to expand services. The MCHD health center program is near capacity due to the growth of the target population and increased demand for safety net services over the past few years. This demand is expected to continue to increase and soon put all health centers above capacity. Without the comprehensive primary care services that will result from the proposed project, which will add the first primary care access point to SE, MCHD's ability to serve to new clients will be severely hampered or even nonexistent.

*Condition/Location of the SEHC Facility – The SEHC is a Multnomah County-owned facility that has undergone basic renovations over the past two decades. These renovations have supplied County Facilities with a detailed knowledge of the condition of the facility, including its structural soundness and the absence of hazardous materials. In addition, the exterior of the site (e.g., paint, new roof and heating/cooling units within the last 12 months, landscaping, and

parking lot) is also in excellent condition. See the attached site plan for more information about the facility's exterior. The facility is also centrally located in the SE service area to provide access to the vulnerable neighborhoods that house the target population (see Map 2 in Attachment 3).

*Capacity of the SEHC Facility – The SEHC is currently occupied by public health staff from various MCHD programs and a dental clinic. In its present state, the facility has no capacity to provide comprehensive primary care services. The proposed renovations will maximize the remaining space of the main floor of the facility (while not impacting the dental clinic) to supply the capacity to offer primary care, pharmacy, lab, mental health and enabling services. The renovations will result in MCHD serving 3,500 new clients at the SEHC with two provider teams in the health center's first year and 5,000 clients with three provider teams in subsequent years. The first year will only have two provider teams for sustainability purposes. See the attached floor plan/schematic drawing and Service Impacts section for more details.

The proposed SEHC A&R project has a completion date of December 31, 2013 (see Project Timeline), and MCHD will open the SEHC for comprehensive primary care services January 1, 2014. MCHD will begin recruiting clinical and administrative staff for the SEHC on September 1, 2013, and it will be fully staffed by November 30, 2013. Staff will include two provider teams, administrative support staff, a Psych NP for mental health services, a case manager for enabling services, and lab and pharmacy staff (see Form 2-Staffing Plan in Attachment 3 for more details). Staff orientation will take place during December 2013 so that services will be fully operational by January 1, 2014. By the end of January 2014, the SEHC will operate at 50% capacity, and move to full capacity no later than March 2014. This operations timeline ensures that MCHD will immediately and effectively utilize the proposed project well within the three year project period and is based on past experience renovating a facility to implement new comprehensive primary care services.

The operations timeline is also based in the fact that the proposed SEHC A&R project has not started construction activities and/or issued a construction contract. Taking these steps at this juncture is against Multnomah County Administrative Procedure FAC-1, which requires the County Board of Commissioners to approve participant roles and milestones at key points throughout capital projects over $1 million. To date, the Board has approved the grant application, but has taken no steps to approve an actual renovation timeline. At the point when this application was submitted, the only expenses related to the project that have been incurred by MCHD are for the services of Scott Edwards Architecture, the firm which produced the preliminary cost estimates to shape the project budget and the attached schematic drawing. The cost of Scott Edwards Architecture's services was included as an unallowable expense in the project budget and has already been paid through local funding.

The proposed SEHC A&R project is appropriate given unmet need for services in SE Portland and the service area's target population. The unmet need for services is reflected in the fact that the SE service area has a worse population to provider FTE ratio than the county as a whole (all of Multnomah County is considered a HPSA for primary care), and the ratio of the SE target population to safety net provider FTE is even more severe. There is also a MUP in the service area's vulnerable SE neighborhood and a MUA in the vulnerable NW neighborhood. This unmet

need is exacerbated by the fact that the current safety net clinics in SE are either at capacity, offer limited hours of operation, or only serve special populations. Further, only two of them provide primary care services. This lack of capacity has been intensified by the SE target population growing at 7 times the rate of the total service area population over the last decade. The SE target population has a large concentration of persons experiencing homelessness and very low income communities of color, who find it even more difficult to access services that are not in close proximity to their neighborhoods. The proposed project's ability to provide accessible primary care, mental health, enabling and pharmacy services to the SE target population will be a crucial addition to the safety net. The project directly responds to the target population's health care needs, the barriers they face, and their increased demand for health care (see the Needs, Collaboration, and Service Impacts sections for more details).

MCHD will not need any additional Section 330 funding to support the new operating costs associated with the SEHC, including utilities, maintenance and repair, staffing (see Form 2 in Attachment 3), internal services (travel, postage, data processing, telecommunications, rent to County Facilities, etc.), medical and office supplies, etc. Rent is included as an expense because all Multnomah County-owned facilities charge rent to County programs for maintenance and repair costs. As shown in the operational budget in Attachment 2, the projected operational budget for the SEHC is $3,559,315. These expenses will be covered through revenue from billing for visits and services (e.g., Oregon Health Plan/Medicaid, Medicare, private insurance, fees for service, and pharmacy fees). Attachment 3 includes a Form 3-Income Analysis Form that provides a detailed breakdown of income sources. There is no capital debt related to the proposed project, and MCHD can leverage local resources such as the Board of Commissioners, County Facilities, and CareOregon, if there are any capital reinvestment needs.

*4. Collaboration

Identify the safety-net providers (i.e. a neighboring health center or FQHC look-alike, rural health clinic, health department, and hospital) within the proposed service area for the project. Describe the formal and informal collaboration and coordination of services with other health care providers (e.g., from a neighboring health center or FQHC look-alike, rural health clinic, local school board, hospital, public health department, homeless shelters, patient advocacy groups, and other service providers). Describe the health center's efforts to coordinate its activities with neighborhood revitalization initiatives supported through the Department of Housing and Urban Development's Choice Neighborhoods and/or Department of Education's Promise Neighborhoods (if applicable). Identify how the health center will leverage other primary health services provided in the service area.

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The Multnomah County Health Department (MCHD) Southeast Health Center (SEHC) is located in a service area comprised of 33 census tracts and five zip codes (97232, 97214, 97215, 97202, and 97206). The SE service area has six safety net clinics, three MCHD school-based health centers, and a dining hall for the homeless where MCHD provides urgent care two afternoons per week (see Map 2 in Attachment 3). Even with these services, access to primary health care, mental health, enabling and pharmacy services is very limited. There are no hospitals in the service area, and the safety net clinics are either at capacity, offer limited hours of operation, or serve special populations. Aside from the school-based clinics, only two of the six safety net clinics provide primary care, and only one has comprehensive services. The service area safety net includes:

*National College of Natural Medicine (NCNM) at Asian Health and Services Center offers naturopathic and classic Chinese medicine to underserved members of the Asian community by appointment only. The clinic operates with limited hours, does not offer primary care services, and is located at 3430 SE Powell Blvd, Portland, 97202. Visit prices are $20-$30.

*NCNM at Immune Enhancement Project offers classic Chinese medicine that is intended to be adjunct to standard medical care received elsewhere. The clinic only serves patients with cancer, HIV, multiple sclerosis, diabetes, rheumatoid arthritis, hepatitis C, and pain syndromes, and does not offer primary care. It is located at 2015 SE Hawthorne Blvd., Portland, 97214. Visit prices are $20-$30.

*A Balance Life Health Center combines natural and conventional medicine, including primary care. It operates with limited hours three days/week and participates in the Family Planning Expansion Project to provide women's health care and family planning services to low income, uninsured clients. The clinic has one part-time provider, and is located at 2005 SE Hawthorne Blvd., Portland, 97214.

* Michael Horowitz, DO offers psychiatric care and addiction services eight hours/day, three days/week. The clinic provides services to low income and uninsured patients. Visits are $130-$200. The clinic is located at 4511 SE Hawthorne Blvd., Portland, 97215.

*Planned Parenthood offers comprehensive sexual health services, accepts Medicaid, and has sliding-scale fees for the uninsured. Primary care is not offered at this clinic; services include women's/men's health; contraception; STD testing, treatment, and vaccines; and pregnancy testing/services. The clinic is located at 3231 SE 50th Ave, Portland, 97206, and provides 17,000 visits to 12,000 patients from various parts of the county annually.

*OHSU Family Medicine at Richmond is operated by Oregon Health & Sciences University and was designated a FQHC Look-Alike in 2006. The clinic delivers coordinated primary care, mental health, pharmacy, and social services. Located at 3930 SE Division Street, Portland, 97202, the Richmond clinic serves around 8,700 clients annually (the majority of whom are SE Portland residents) and is currently at capacity.

*MCHD operates three School-Based Health Centers in the service area, which serve around 1,700 school age youth (5-19 years of age) annually. The clinics are at Cleveland, Franklin, and

Lane schools, and facilitate access to comprehensive preventive, primary and mental healthcare. Students are referred to MCHD community health centers for services not provided at school-based clinics.

*MCHD provides health care for the homeless services at St. Francis Dining Hall. The Dining Hall is located in the lowest level of St. Francis Church at 330 SE 11th Ave., Portland, 97214, and serves 300 hot meals per day to persons experiencing homeless, joblessness, and underemployment. At the Dining Hall, MCHD annually serves around 200 persons experiencing homelessness (a large, high-need population in SE Portland) through a primary care provider who offers urgent medical care and social worker who provides enabling services two afternoons per week.

MCHD currently coordinates services via formal and informal collaborations with the other safety net providers in the SEHC service area. There are no Choice Neighborhoods/Promise Neighborhoods revitalization initiatives in the service area or any other area of the county. Collaborations (supported by letters in Attachment 1) include:

*Formal Collaborations – MCHD currently has an Intergovernmental Agreement with the Portland Public School District which allows it to operate the three school-based health centers in the SEHC service area on school property. MCHD also has a formal agreement with the St. Francis Dining Hall for the health care for the homeless program. As the only shelter where homeless persons are legally allowed to be during the day, St. Francis has provided a letter of support. Also, MCHD operates the only five FQHC dental clinics in Multnomah County, and has formal collaborations with the other local Section 330 grantees (Outside In, Central City Concern, Native American Rehabilitation Association, and Rosewood Family Health Center) to provide dental care to their patient populations, many of whom access services at the existing SEHC dental clinic.

*Informal Collaborations – MCHD's clinical services are integrated with other Federal, state, local and privately funded community health services. For example, MCHD's Section 330 program is part of the Coalition of Community Health Clinics, a coordinated health care safety net system that includes 14 organizations dedicated to providing access to care for medically underserved residents. This countywide safety net includes MCHD and the other four Section 330 grantees, the FQHC Look-Alike (OHSU Richmond), and eight voluntary community clinics to ensure that health and enabling services are available to low income and uninsured residents of Multnomah County. The National College of Natural Medicine (which operates two clinics in the SEHC service area) and OHSU Richmond (the FQHC Look-alike in the service area) are both part of the Coalition, which has provided a letter of support for the project. OHSU and the four FQHCs have provided independent letters of support, as have A Balanced Life Health Center and Planned Parenthood. Letters have also been provided by the State Division of Medical Assistance Programs, Oregon Primary Care Association, CareOregon (the largest Medicaid/Medicare managed care plan in Oregon), Asian Health and Family services (a nonprofit in the service area), and US Senators Merkley and Wyden and US Representative Blumenauer. All the letters show that the current providers in the SEHC service area are not able to meet the need for primary care services among the area's vulnerable residents, as well as the collaborative nature of MCHD's relationships with local safety net providers.

These formal and informal collaborations will allow the proposed SEHC to leverage other primary care, alternative health care, and mental health services in both the SEHC service area and throughout the county. The Coalition clinics already leverage each other's services based on services offered, location, and capacity, and it will take a special interest in assuring the SEHC is integrated into the existing safety net. This leveraging is shown in the Coalition's letter of support, as well as the letters of support from the FQHCs and other safety net providers in SE Portland, and ensures that vulnerable individuals in SE and other parts of the county have the most accessible, highest quality of care based on their health care needs and where they reside. MCHD will leverage the services provided by the safety net clinics that are not members of the Coalition through coordinated referral relationships, and utilize its school-based clinics and St. Francis to make certain that the proposed SEHC is best serving the school age and homeless populations.

***5. Service Impacts**

Describe how the proposed project will enhance the quality of care and patient outcomes, and improve access to care within the community. Describe how the proposed project will facilitate improved access to health services at the health center and how the project will contribute to meeting the goals outlined in the health center's most recent strategic plan. Describe how the proposed project improvements are appropriate given other providers (section 330 health centers, FQHC Look-Alikes, health departments, rural health clinics, hospitals, etc.) within the service area. Project the impact of the CD-BC grant on the health center's service delivery. Projections should reflect expected levels upon completion of all projects in the proposal including the number of additional, unduplicated patients to be served.

Total number of additional, unduplicated patients to be served. 3,500

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The Southeast Health Center (SEHC) A&R project will allow the Multnomah County Health Department (MCHD) to begin providing primary care, enabling, mental health, pharmacy and lab services (in addition to the dental services currently being provided) at the facility. The addition of these services to the SEHC will drastically improve access to care within the community (the FQHC Look-alike, which is at capacity, is the only safety net clinic that offers comprehensive services), leading to enhanced quality of care and patient outcomes. The target population's health indicators, outcomes, and conditions (as well as access and other barriers)

point to the need for additional comprehensive services in the area. The proposed project will address these issues while also helping MCHD implement its Strategic Framework Plan.

The target population has a high need for comprehensive primary care, as it performs worse than the general population in key health indicators, including:

*Diabetes – The age adjusted diabetes prevalence countywide is 6%, and for the target population, it is 13%. Diabetes prevalence among communities of color in the target population is also disproportionately higher, particularly for African Americans.

*Cardiovascular disease – Heart disease accounted for 176.8 deaths/100,000 population countywide. Persons living in poverty have a mortality rate that is more than two times greater when compared to persons not living in poverty, and African Americans have a higher death rate associated with coronary heart disease than other racial/ethnic populations.

*Child health – In a typical year, about 20% of Multnomah County children do not receive recommended immunizations. According to the CDC, the rate of unimmunized children among families living in poverty can be up to 6% higher.

*Behavioral health – Depression impacts 8.2% of the countywide population ages 12-17 and 7.5% of the countywide population ages 18 and older. Studies suggest that depression prevalence is over 16% for teens (age 12-17) in the target population and over 15% for adults in the target population. Low income racial/ethnic minorities and women of all races also suffer from higher depression prevalence.

MCHD currently provides primary care to 7% (2,879) of the SE target population at community health centers located in other service areas. EHR data show that the SE target population has poorer health outcomes: 24% of diabetic SE patients have HbA1c levels less than or equal to 8% (28% countywide); 54% of hypertensive patients have blood pressure under control (55%); and 65% of children have up-to-date immunizations at age two (71%). Also, a higher percentage of SE clients have hypertension (22%), depression (18%), anxiety (12%), diabetes (10%), chronic pain (7%), and tobacco use disorder (12%) than the countywide patient population. These chronic and behavioral health conditions often coexist, leading to more complex health care needs. Individuals who have depression in addition to other conditions tend to have more severe symptoms of depression and illness(es); more difficulty adapting to medical condition(s); and experience higher costs associated with medical care. Poor health outcomes have caused SE clients to require a higher average number of visits, which is intensified by 30% being uninsured (22% of patients in other areas are uninsured).

The services that will result from the proposed project will drastically reduce the barriers the SE target population faces (e.g., homeless, transportation, and uninsurance) through providing convenient access. Primary care access that includes pharmacy, mental health and enabling services addresses social determinants of health, better engages the target population in preventive care, and keeps patients compliant with their disease treatment regimens. This combination will lead to improved health outcomes, as well as a much higher quality of care than they currently can access at other safety net providers in the area. This is particularly true for the

large number of persons experiencing homelessness who require enabling and mental health services to remain engaged in care.

MCHD's Integrated Clinical Services (ICS) Unit, which operates the Section 330 program, released its five-year Strategic Framework Plan in 2009. The plan's elements are consistent with the Bureau of Primary Health Care's approach to meeting the health care needs of the target population, including its performance goals and objectives. Since 2009, the Plan's core mission, vision, values, and objectives have not changed, but strategies have been consolidated to embed a quality and safety culture, ensure approaches are patient and family centered, engage staff in redesign work, and assure accountability and fiscal sustainability. ICS staff worked with the Community Health Council (governing board) to consolidate the Plan's strategies. Revisions have been completed using quality improvement leadership, tools, and infrastructure, and include goals to improve access to care throughout the county and improve diabetes, mental health and hypertension health outcomes among MCHD's patient population. The proposed SEHC project will help MCHD achieve these goals by providing access to care in the only MCHD service area without a community health center, removing barriers and providing a crucial service to the community. Further, the goals for improved diabetes, mental health, and hypertension care mirror the health improvement needs of the target population. Through embedding patient-centered care in a quality framework, MCHD has been able to set forth calculated goals that meet the needs of the most underserved individuals. The comprehensive services that will result from the proposed project will enable MCHD to put its Strategic Framework into practice in an underserved area and further align its health center program with the needs of the community.

The addition of comprehensive primary care services to the SEHC are not only appropriate given the community's needs, they also are appropriate given the other providers in the SE service area. As detailed in previous sections, there are currently three MCHD school-based health centers (which only serve school age youth) and two safety net clinics (OHSU Richmond, a FQHC Look-Alike operating at capacity; and A Balanced Life Health Center, a part-time clinic) that provide primary care in the service area. Despite providing crucial services, these providers leave a large unmet need for services for about three-quarters of the target population. The proposed project will bolster the service area's capacity to meet this unmet need.

The proposed project will have a significant impact in the SE service area and throughout MCHD's health center program. In the first year after project completion, the SEHC will provide primary care, mental health and enabling services to 3,500 additional, unduplicated clients with 15,360 visits. These clients will also have direct access to pharmacy and lab services at the facility. The staffing plan includes two provider teams, as well as enabling, pharmacy, mental health and administrative staff. The proposed renovation leaves room to expand services in subsequent years via a third provider team. Once this expansion occurs, the SEHC will be able to serve 1,500 additional, unduplicated patients annually, meaning that within two to three years, the facility will provide services to 5,000 patients each year with over 20,000 visits. The first year will only have two provider teams to ensure operations are sustainable (see Form 3-Income Analysis Form in Attachment 3), and the project will promote sustainability throughout MCHD's health center network by increasing both the number of clients served and the amount of revenue. This will enable the Program to provide a higher quality of care, better access, and take a large step towards meeting the health care needs of the SE target population.

6. Resources/Capabilities

Describe how the health center has the appropriate resources and capabilities to successfully implement and complete the proposed project (e.g. prior experience). Identify the health center's acquisition strategy, policies, and procedures, and its compliance with the appropriate Federal procurement requirements. Explain how the applicant organization will ensure the project will be completed on time (within the 3-year project period) and within budget. Explain how the health center has the appropriate financial management capability, accounting and control systems, and policies and procedures appropriate for the size and complexity of the organization. The extent to which the applicant can demonstrate adequate site control for the proposed project. If site is leased, the applicant demonstrates that the lease is long enough for the full value of the grant-supported improvements to benefit the grant activity. Describe efforts to secure other capital funding to support the proposed project. Provide details of the health center's analysis of its debt capacity as related to the proposed project.

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The Multnomah County Health Department (MCHD) has been a Section 330 grantee since January 1980. To meet the health care needs of the local community, MCHD operates a multi-site health center program with a number of service delivery sites, including but not limited to seven large community health centers (two are designed as healthcare for the homeless sites and one also has a HIV specialty care clinic); five dental clinics (four are co-located with health centers and the fifth is located in the facility proposed for renovation, the Southeast Health Center); 12 school-based health centers; and one school-linked health center. MCHD has spearheaded the opening of its community and school-based health centers and multiple renovation projects with the support of Multnomah County Facilities, MCHD Business Services, and community partners. These experiences have provided MCHD with a wealth of capital project management experience.

Over the last three years, MCHD has completed two major capital projects. The first was funded through a $2.3 million Capital Improvement Program (HRSA-09-244) award. The Capital Improvement Program (CIP) award funded seven projects, including renovations of two community health centers, renovations of three pharmacies, a renovation of the HIV specialty care clinic, and the construction of a school-based health center (the Southeast Health Center facility was not a CIP project site). The second capital project was implemented in 2010 through a partnership with CareOregon (a nonprofit Oregon-based Medicaid plan) and increased primary care and dental access in eastern Multnomah County by renovating a CareOregon-owned facility to open the new MCHD-operated Rockwood Community Health Center. This project was very similar in scope and cost to the proposed Southeast Health Center (SEHC) project. The main difference is that the scope of the Rockwood project included remodeling space to accommodate

dental services and the proposed SEHC project does not (the current SEHC dental clinic is highly functional and does not need to be remodeled). Both the Rockwood and CIP projects included key aspects of project management, including project teams, contracting for architectural and construction services, and procuring clinical and non-clinical equipment. The increase in patients that resulted from these capital projects has been sustained without additional Section 330 funding, as will the proposed Southeast Health Center.

As discussed in the Project Management Section, MCHD receives administrative oversight from the County Board of Commissioners and Community Health Council, and also MCHD Business services and County Facilities. As a public agency, this oversight enables MCHD to comply with Public Contract Review Board Rules and Oregon Revised Statutes for acquisition, procurement, financial management, and accounting. Multnomah County Administrative Guideline FIS.02.04 charges Business Services with implementing this specific administrative and oversight infrastructure for MCHD. Since MCHD is the largest public health department in Oregon, Business Services manages millions of dollars in federal grants annually and has a robust system in place to ensure that all MCHD policies and procedures align with federal administrative and policy requirements for financial management and procurement. Business Services has led MCHD to a solid reporting and financial management track record for its Section 330 program, as well as other programs funded by HRSA, the CDC, and the EPA. This history includes meeting all reporting requirements for each of the seven CIP projects.

Business Services staff will ensure that the proposed SEHC project's acquisitions and contracts also comply with all federal requirements by adhering to sound accounting practices and internal controls to monitor and report expenditures and revenues; using purchase orders for the acquisition of all equipment and services; following an intermediate procurement process for equipment and service contracts that includes soliciting a minimum of three informal or competitive quotes for contracts; awarding contracts; and holding the Project Team responsible for the timely completion of all projects and reporting requirements, as well as remaining compliant with terms and conditions of the grant award and contracts.

Business Services utilizes SAP software for MCHD's financial management and accounting and control system. Every grant-funded project is given a specific work breakdown structure (WBS) code to ensure that all expenditures are transparently and correctly tracked in the system. The WBS is the operative basis for the further steps in project planning, such as cost planning, scheduling, capacity planning, and project controlling. It provides a model of the work performed and forms the basis for organization and coordination of a project, and the amount of work, the time required, and the costs involved. The SAP financial management and accounting and control system will play a key role in ensuring that the proposed Southeast Health Center project is completed within the three year project period and on budget.

In addition to the oversight provided by SAP and Business Services, the Project Team has already and will continue to take steps to ensure the timely and fiscally responsible completion of the project. The 21 month project schedule provided in the Timeline section and the renovation budget were developed by the Project Team and Scott Edwards Architecture, and are based on prior experience with capital projects, including the remodeling of facilities to accommodate clinical services. The proposed Project Manager (Ms. Winchester) oversaw both

the CIP and Rockwood projects; two of the three other Project Team members (Ms. Kirchoff and Mr. Marquardt) were also on the teams for these projects; and the fourth Team member (Mr. Hockert) is a County Facilities staff who has a long history of successfully managing capital projects. As a result of this experience, the Team will utilize Earned Value Management to ensure the project is completed on time and within budget. Finally, the Southeast Health Center facility is owned by Multnomah County, providing County Facilities staff with a thorough understanding of the building, including the knowledge that there will be no need for abatement or other unexpected findings that would adversely impact the timeline and budget.

Multnomah County paid $400,000 in 1989 for the Southeast Health Center and owns the facility (to demonstrate adequate site control, a copy of the deed for the Southeast Health Center facility, located at 3653 Southeast 34th Ave, Portland, OR, 97202, is attached). Further, all costs for the proposed SEHC A&R project are either being requested by this CD-BC application or are secured. These details mean that the project does not need any financing, making analysis of MCHD's debt capacity as related to the proposed project not applicable.

The project has a total $278,552 in unallowable costs that cannot be paid through CD-BC funding. These unallowable costs have been secured from the following sources:

*Local funding granted by CareOregon for $10,000 in architect fees for initial cost estimates and schematics.

*$250,000 for moving will be paid by MCHD through forthcoming local general funds from the Multnomah County Board of Commissioners. General fund money to support the project is listed as forthcoming instead of secured since it will not be officially allocated until the CD-BC grant is awarded.

*$18,552 for Regional Art Council expenses will also be paid by MCHD through forthcoming local general funds from the Multnomah County Board of Commissioners. Multnomah County departments are required to allocate 2% of construction costs for all capital projects to the purchase of local art from the Regional Art Council.