



**Program #40103 - FQHC-Quality Assurance** **FY 2026 Department Requested**

**Department:** Health Department **Program Contact:** Brieshon D'Agostini  
**Program Offer Type:** Administration **Program Offer Stage:** Department Requested  
**Related Programs:**  
**Program Characteristics:**

**Program Description**

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 60% of our patients identify as people of color, and more than 38% require interpretation with 59% of our patients indicating they are best served in a language other than English. This includes more than 100 different languages. 84% of our patients have Medicaid, 3% have no insurance, and 95% of our clients live below 200% of the Federal Poverty Level (FPL). All programs within the Health Center are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

The Quality Assurance program supports services within the project scope of the Bureau of Primary Health Care (BPHC) grant. BPHC funding requires strict adherence to federal laws mandating which services must be provided by Federally Qualified Health Centers (FQHCs), which results in additional Medicaid revenue. This funding requires quality services, performance audits, and responsiveness to new methods of delivering safe and quality care. Maintaining FQHC accreditation assures that the County's primary care, dental, pharmacy, and all in-scope programs are eligible to continue receiving reimbursement for services. This also allows County providers to participate in loan forgiveness, qualifies the County for additional Alternative Payment Methodology reimbursements ("wrap funding"), and 340B drug program participation. This program measures clinical standards/outcomes, quality, safety and fiscal accountability with other similar health delivery systems. The BPHC, The Joint Commission (TJC), and Oregon's Patient Centered Primary Care Home (PCPCH) program are our primary external benchmarking organizations relative to performance indicators. The program works with the Community Health Center Board (consumer majority governing Board) and integrates client feedback results and collaborations with other health care delivery systems. These programs, implemented to meet goals in the Coordinate Care Organization's Pay-for-(quality) Performance, have payments tied to achieving specific health outcomes or state metrics for quality. The Quality Assurance program is tasked with testing, data collection, and reporting, designing and implementing the wide array of system improvements needed to meet these new benchmarks. The program also assures that robust infection prevention, Health Information Portability and Accountability Act (HIPAA), and patient safety processes are designed and implemented to meet accreditation standards.

**Performance Measures**

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Maintain accreditation with The Joint Commission, including the Patient Centered Medical Home standard	100%	100%	100%	100%
Output	Maintain compliance with the Bureau of Primary Health Care (BPHC) Health Resources and Services Administra	100%	100%	100%	100%
Output	HRSA Community Health Center Program Grant renewed annually	100%	100%	100%	100%

**Performance Measures Descriptions**

Outputs include maintenance of all compliance requirements, accreditation, and the renewal of the HRSA grant annually.

## Legal / Contractual Obligation

Quality services are a requirement of the Bureau of Primary Health Care's 330 Grant. Services in the scope of the grant and health center program must follow the HRSA Community Health Center Program's operational, fiscal, and governance requirements. The program is also accredited under The Joint Commission and follows their accreditation guidelines. 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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$4,738,354	\$0	\$5,226,319
Contractual Services	\$0	\$670,319	\$0	\$2,705,000
Materials & Supplies	\$0	\$320,971	\$0	\$410,777
Internal Services	\$0	\$1,937,118	\$0	\$1,509,158
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$7,666,762</b>	<b>\$0</b>	<b>\$9,851,254</b>
<b>Program Total:</b>	<b>\$7,666,762</b>		<b>\$9,851,254</b>	
<b>Program FTE</b>	0.00	26.40	0.00	27.45

Program Revenues				
Intergovernmental	\$0	\$150,000	\$0	\$150,000
Other / Miscellaneous	\$0	\$2,695,960	\$0	\$3,886,026
Beginning Working Capital	\$0	\$1,859,190	\$0	\$3,880,352
Service Charges	\$0	\$2,961,612	\$0	\$1,934,876
<b>Total Revenue</b>	<b>\$0</b>	<b>\$7,666,762</b>	<b>\$0</b>	<b>\$9,851,254</b>

## Explanation of Revenues

This program generates \$819,486 in indirect revenues.  
 HD FQHC Health Center Information Systems and Technology Incentives BWC \$2,659,341  
 HD FQHC ICS Business Intelligence APM \$548,595  
 HD FQHC ICS EHR APM \$614,807  
 HD FQHC ICS Systems & Quality APM \$771,474  
 HD FQHC PC330 - Quality Improvement GY25 \$150,000  
 HD FQHC PCPM - Business Intelligence \$533,128  
 HD FQHC PCPM Funding - Business Intelligence \$940,182  
 HD FQHC Trillium Primary Care Capitation Services Incentives - Electronic Health Records \$1,480,057  
 HD FQHC Trillium Primary Care Capitation Services Incentives - Electronic Health Records BWC \$310,687  
 HD FQHC Trillium Primary Care Capitation Services Incentives - Quality Improvement Services \$1,465,787  
 HD FQHC Trillium Primary Care Capitation Services Incentives - Quality Improvement Services BWC \$377,196

## Significant Program Changes

**Last Year this program was:** FY 2025: 40103 FQHC-Quality Assurance

The Health Center has not had a centralized trainer for the Office Assistants responsible for all of the detailed workflow from patient scheduling through the check-in process. To address this gaps, 2.0 FTE Business Analyst staffing has been added to support standard training and workforce development. In addition, a Manager position in Business Intelligence was added due to the success and impact on the Health Center's ability to obtain timely and relevant reports necessary to ensure data driven decision making and programming. Finally, a 1.0 FTE Equipment and Technology Business Analyst was added due to the need to have technical support with technology that is not supported by County IT after project implementation while also working to ensure Health Center equipment remains useful and relevant to current healthcare equipment used in practice.