



Public Meeting

April 2025



**community health
center board**

Multnomah County

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Public Meeting Minutes

March 10, 2025

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AGENDA



**community health
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Multnomah County



community health
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Multnomah County

Public Meeting Agenda

April 14th, 2025

6:00-8:00 PM

In Person Gladys McCoy 7th Floor, Room 708

Health Center Mission: Bringing services to individuals, families, and communities that improve health and wellness while advancing health equity and eliminating health disparities.

CHCB Board:

Tamia Deary (she/they) – Chair

Kerry Hoeschen (she/her) – Vice Chair

Darrell Wade (he/him) – Treasurer

Susana Mendoza (she/her) – Secretary

Brandi Velasquez (she/her/ella) – Member at Large

Brenda Chambers (she/her) – Board Member

Jose Gomez (el/ellos) – Board Member

Monique Johnson (she/her) – Board Member

Dani Slyman (she/her) – Board Member

Jenna Green – Interim Executive Director (Ex Officio)

- Meetings are open to the public
- Guests are welcome to observe/listen
- There is no public comment period
- All guests will be muted upon entering the Zoom

Please email questions/comments to **the CHCB Liaison at CHCB.Liaison@multco.us**. Responses will be addressed within 48 hours after the meeting

| Time | Topic/Presenter | Process/Desired Outcome |
|------------------------------|--|-------------------------|
| 6:00-6:05 (5 min) | Call to Order / Welcome <i>Tamia Deary, CHCB Chair</i> | |
| 6:05-6:10 (5 min) | Minutes Review - VOTE REQUIRED March 10, 2025 Public Meeting Minutes | Board reviews and votes |
| 6:10-6:20 (10 min) | Grant Renewals - VOTE REQUIRED <ul style="list-style-type: none"> • HRSA Ryan White Part D Year 2 Grant <i>Nick Tipton, Regional Manager Senior</i> • HRSA Behavioral Health Service Expansion Year 2 Grant <i>Kevin Minor, Integrated Behavioral Health and Addictions Manager</i> | Board reviews and votes |
| 6:20-6:30 (10 min) | Policy Approvals - VOTE REQUIRED <ul style="list-style-type: none"> • Operations Hours Policy • Health Center Purpose, Vision, and Values Policy • Policy Approval by the Co-Applicant Governing Board Policy <i>Brieshon D'Agostini, Quality & Compliance Officer</i> | Board reviews and votes |
| 6:30-6:35 (5 min) | Member at Large Special Election - VOTE REQUIRED <i>Tamia Deary, CHCB Chair</i> | Board reviews and votes |
| 6:35-6:45 (10 min) | FY26 Budget Approval - VOTE REQUIRED <i>Hasan Bader, Finance Manager</i> | Board reviews and votes |
| 6:45-7:00 (15 min) | Advanced Practice Clinician (APC) Fellowship Presentation <i>Rockwood Fellows</i> | Board receives updates |



| | | |
|--------------------------------|---|---|
| 7:00 - 7:10 (10 min) | Break | |
| 7:10-7:20 (10 min) | Quality Risk Report <i>Theresa Rice, Quality Supervisor</i> | Board reviews |
| 7:20-7:30 (10 min) | Monthly Financial Report <i>Hasan Bader, Finance Manager</i> | Board receives updates |
| 7:30-7:35 (5 min) | Committee Updates | Board receives updates |
| 7:35-7:40 (5 min) | Department Updates/Strategic Updates <i>Jenna Green, Interim Executive Director</i> | Board receives updates |
| 7:40-8:00 (20 min) | Board Discussion (<i>Closed Executive Session</i>) <i>Tamia Deary, CHCB Chair</i> | Board receives confidential updates in closed session |
| 8:00 | Meeting Adjourns | Thank you for your participation |

PUBLIC MEETING MINUTES



**community health
center board**

Multnomah County



CHCB Public Meeting Minutes
March 10, 2025
6:00-8:00 PM (via ZOOM)

Health Center Mission: Bringing services to individuals, families, and communities that improve health and wellness while advancing health equity and eliminating health disparities.

Board Members:

Tamia Deary (she/they) – Chair
Kerry Hoeschen (she/her) – Vice Chair
Darrell Wade (he/him)- Treasurer
Brandi Velasquez (she/her/ella) – Member at Large
Susana Mendoza (she/her) - Member at Large

Brenda Chambers (she/her) - Board Member
José Gómez (el/ellos) - Board Member
Monique Johnson (she/her) - Board Member
Dani Slyman (she/her) - Board Member

Jenna Green (she/her)- Interim Executive Director (Ex Officio)

Board Members Excused/Absent:

| Topic/Presenter | Discussion / Recommendations | Action | Responsible Party | Follow-up Date |
|---|--|---|-------------------|----------------|
| Call to Order / Welcome Tamia Deary, CHCB Chair | Meeting called to order at 6:04 pm. We <u>do have a quorum</u> with 9 members present Spanish Interpreters: Victor and Rosie | | | |
| Minutes Review - VOTE REQUIRED Tamia Deary, CHCB Chair | February 10, 2025, Public Meeting Minutes Review Edits from Executive Committee were noted - no further edits | Motion to approve: Bee Second: Brenda Yays: 8 Nays: 0 Abstain: 1 Decision: Approved | | |
| Board Discussion (Closed Executive Session) | Closed Executive session started at 6:14 and ended at 6:41 | Motion to approve | | |

| Topic/Presenter | Discussion / Recommendations | Action | Responsible Party | Follow-up Date |
|--|--|--|-------------------|----------------|
| <p><i>Tamia Deary, CHCB Chair</i></p> | | <p>Executive Session: Dani Second: Kerry Yays: 9 Nays: 0 Abstain: 0 Decision: Approved</p> <p>Motion to leave Executive Session: Monique Second: Brenda Yays: 9 Nays: 0 Abstain: 0 Decision: Approved</p> | | |
| <p>FY26 Budget Approval - VOTE REQUIRED <i>Hasan Bader, Finance Manager</i></p> | <p>Hasan presented the proposed FY26 Budget Overview that was previously given at the February 24, 2025 Executive Committee meeting and at the March 3rd Finance Committee</p> <p>FY26 Budget Financial Summary</p> <ul style="list-style-type: none"> ● Total draft budget is \$216.34m ● Used \$15.05m in beginning working capital ● Used \$66.90m APM (alternative payment method - a rate we get for each member per month) ● Used \$12.8m Incentives ● The rest will be in grants and fee for service | <p><i>Vote moved to next Public Meeting</i></p> | | |

| Topic/Presenter | Discussion / Recommendations | Action | Responsible Party | Follow-up Date |
|-----------------|--|--------|-------------------|----------------|
| | <ul style="list-style-type: none"> ● FY26 we have 724 FTEs ● HD Indirect Rate trend went down ● CHC does not use the CGF ● CHC uses revenue sources : <ul style="list-style-type: none"> ○ Grants ○ Medicaid Quality Incentives ○ Misc. Revenues <p>FY26 Revenue/Expense Breakdown</p> <ul style="list-style-type: none"> ○ 77% visit revenue ○ 16% Grants ○ 7% Beginning working capitol ○ 61% Personnel ○ 15.9 Materials and supplies ○ 19.4% Internal Services ○ 3.6% Contractual <p>FY25 to FY26 comparison</p> <ul style="list-style-type: none"> ○ \$202.6m adopted in FY25 ○ \$216.3m FY26 proposed <p>FY26 Program Budget - <i>KPI(key performance indicators) were used to calculate visits per workday/per provider for budget projections</i></p> <ul style="list-style-type: none"> ○ PC \$80.40m ○ Dental \$34m ○ Pharmacy \$43.1m ○ SHC \$10m ○ Administrative & Support \$29.5m ○ Quality & Compliance \$7.2m ○ HIV Clinic \$10m ○ Lab Services \$2.2m <p>Questions/Comments:</p> <p>Q: Can you walk us through how we have fewer visits overall and more staff?</p> <p>A: Between FY25 to FY26 we took into account more realistic/projected targeted visits closer</p> | | | |

| Topic/Presenter | Discussion / Recommendations | Action | Responsible Party | Follow-up Date |
|-----------------|---|--------|-------------------|----------------|
| | <p>to our actuals. Looking at the trends over a long period of time, we reconciled with our stretch goals to meet more realistic timelines with our payment models and overall care for our clients.</p> <p>Q: When talking about expected capital investments for 2026; is there a reason we are not including any type of number for the Mid-County project? Or can we not include that until scoping begins?</p> <p>A: The costs included in the FY26 were to address the scoping work. So we just don't have the projected capital expenditures outside of the initial scoping and that is materials and services and expect more contractual support with that type of work, but that is included in the \$2.6M capital budget.</p> <p>Q: In the budget, does it also cover additional admin Board support? Needs for technology, Board advancement funding or education?</p> <p>A: At a high level, yes - greater investments for board training and development are included in the FY26 budget. We do have the opportunity to explore the technology needs in this fiscal year but need to look at the costs associated. The Finance or Executive Committee will look at a different space for discussing the investments requested to understand more specifically what the Board is seeking.</p> <p><i>Jose left the meeting at at 7:15pm</i></p> | | | |

| Topic/Presenter | Discussion / Recommendations | Action | Responsible Party | Follow-up Date |
|--|---|--|-------------------|----------------|
| <p>FY25 Budget Modifications - VOTE REQUIRED Hasan Bader, Finance Manager</p> | <p>Budget Modifications Summary to request to use the remaining funds from the FY25 grants to add to the FY26 budget:</p> <ul style="list-style-type: none"> ● ARPA Capital Project <ul style="list-style-type: none"> ○ Grant total = \$ 1,183,848 ○ Grant period over 3 years 9/15/21-9/14/2024 ○ Grant was extended to 6/30/25 ○ Grant spend in FY25 = \$742,139 ● Behavioral Health Service Expansion <ul style="list-style-type: none"> ○ Grant Total \$600,000 ○ Grant period 9/1/2024-8/31/25 ○ Grant fund to spend in FY25 \$500,000 ● Quality Improvement Fund - Justice Involved <ul style="list-style-type: none"> ○ Transiting patients from Corrections Health to the Health Center ○ Grant Total is \$10,000,000 ○ Grant Period 12/12024-11/30/2026 ○ Grant fund to spend in FY25 \$291,000 ● Revenue Support Services - Afghan Clients <ul style="list-style-type: none"> ○ Provide Case Management, Mentoring and Case Management Services ○ Grant Total \$537,235 ○ Grant Period 6/1/2024-9/30/2025 ○ Grant fund to spend in FY25 \$405,146 <p>Questions/Comments:</p> <p>Q: Is this money already in the budget? Or are we drawing from the money we already have and then being reimbursed for it?</p> <p>A: We are asking for approval to include this in the budget, so we can provide these services and draw the money.</p> | <p>Motion to approve: Kerry Second: Dani Yays: 8 Nays: 0 Abstain: 0 Decision: Approved</p> | | |

| Topic/Presenter | Discussion / Recommendations | Action | Responsible Party | Follow-up Date |
|---|---|---|-------------------|----------------|
| <p>Fernhill Hours of Operation - VOTE REQUIRED</p> <p><i>Debbie Powers, Interim Chief Operations Officer</i></p> | <p>Debbie presented the hours of operation for the Fernhill location in alignment with current LaClinica Primary Care hours.</p> <p>Highlights for Fernhill:</p> <ul style="list-style-type: none"> ● 3.6 Medical Provider FTE ● 1.0 Pharmacist FTE ● Include Dental and Pharmacy services <p>Current Hours at LaClinica:</p> <ul style="list-style-type: none"> ● M-F : 8:00am-5:00pm <p>Proposed new hours at Fernhill:</p> <ul style="list-style-type: none"> ● Operation Hours : 8:00-5:30pm M/W/Thur/Fri 8:30-6:00pm Tues <p>Service Line Hours:</p> <ul style="list-style-type: none"> ● Primary Care: 8:00-5:00pm M/W/Thur/Fri 9:00-6:00pm Tues ● Dental : 8:00-5:00pm M/W/Thur/Fri 9:00-6:00pm Tues ● Pharmacy: 8:30-5:30pm M-F (<i>with closure for lunch hour</i>) <p>Questions/Comments:</p> <p>Comment: This schedule is confusing and may impact the patients, as they are not the hours at La Clinica and hope patients don't have a hard time adapting to this schedule.</p> <p>A: Your feedback is appreciated, and we will need to be very clear and promote what the Fernhill hours are to avoid any confusion. We can also revisit these hours and come back to the Board with updates. With the extra staffing and giving opportunities for later hours, we'd like to give clients these options and hope they really like it.</p> <p>Comment: The Board would like to have a review at 6 months to see how these hours are being utilized and interested to see metrics of the specific time windows of 8-10am and</p> | <p>Motion to approve: Bee Second: Darrell</p> <p>Yays: 8 Nays: 0 Abstain: 0</p> <p>Decision: Approved</p> | | |

| Topic/Presenter | Discussion / Recommendations | Action | Responsible Party | Follow-up Date |
|--|---|--------|-------------------|----------------|
| | 4-6pm. | | | |
| Break | | | | |
| Monthly Financial Report <i>Hasan Bader,</i> <i>Finance Manager</i> | <p>Hasan Bader presented the current monthly budget (Jan. 2025).</p> <p>Highlights include:</p> <ul style="list-style-type: none"> ● \$13,987,190 YTD revenue / 56% of budget ● \$110, 313, 514 YTD expenditures / 54% of budget ● Net Income \$3,673, 676 ● \$13.5m Program income collected ● Collect the Primary Care grant - usually 1 month behind in grant revenue submission - data is reflecting December numbers ● \$4.2 million in incentives in January - increase ● Billable visits by service area: <ul style="list-style-type: none"> ○ Student Health Center 68 ○ Primary Care 516 ○ Dental 260 ● Uninsured visits decreased due to Healthier Oregon Grant received from the State ● Payor Mix <ul style="list-style-type: none"> ○ Care Oregon 70% ○ Trillium 8% ○ Medicare/Medicaid 6% ○ Self-pay 6% <p>Comment: Presentation is more readable this time around and that is appreciated.</p> | | | |
| Q4 Qtr Complaint & Incidents <i>Kimmy Hicks,</i> <i>Quality Project Manager</i> | <p>Kimmy Hicks presented on Q4 Risk and Feedback Report:</p> <ul style="list-style-type: none"> ● Patient's Demographics <ul style="list-style-type: none"> ○ Encounters is defined as the total number of visits to our clinics ○ 26,751 patients ○ Encounters are 52,194 ○ Patients by Top 5 languages | | | |

| Topic/Presenter | Discussion / Recommendations | Action | Responsible Party | Follow-up Date |
|--|--|--------|-------------------|----------------|
| | <ul style="list-style-type: none"> ○ Patients by Race Q4 2024 ○ Patients by Age Q4 2024 ○ Patients by Sex Q4 2024 ○ Patients who need interpretation Q4 2024 ○ Feedback by Program ○ Feedback Issue Categories <p><i>The Board asked to send any follow up questions to CHCB Liaison or the CHCB Quality Committee due to time.</i></p> <p><i>CHCB Quality Committee will circle back with feedback for the next presentation.</i></p> | | | |
| <p>Vacancy Report <i>Erin Murphy, Human Resources Manager</i></p> | <p>Erin Murphy presented a high level overview of vacancies trends in ICS</p> <p>Highlights :</p> <ul style="list-style-type: none"> ● Overall Vacancies going down since Oct 2023 ● Increase in FTE ● APC (advanced practice clinicians) and Physicians are both revenue generating positions ● Dedicated staff working on provider recruitment ● EFDA (expanded function dental assistants) Trainee Programs assisting with vacancies and promoting staff within to expand areas in our program <ul style="list-style-type: none"> ○ PCC Pathway ○ Upskilling DA's (dental assistants) ○ Growing internal or external employees ● Currently 9 dental EFDA trainees moving toward filling 13 unfulfilled roles ● ICS holds the lowest vacancy rates over all divisions in the Health Department / County at 14% <p>Q: Have we hired the APC positions that are income generating have we reduced that vacancy in another way?</p> <p>A: APC to Physician numbers are stable, no significant change. The majority of the APC vacancies have been filled by our fellows.</p> | | | |

| Topic/Presenter | Discussion / Recommendations | Action | Responsible Party | Follow-up Date |
|---|---|--|-------------------|----------------|
| Board Committee Updates | <ul style="list-style-type: none"> ● <i>Updates moved to next Public Meeting in light of time</i> | | | |
| Department Updates/Strategic Updates | <p>Jenna presented the board with February's updates and advised more detailed descriptions are provided within the memo on pages 37-38 of the Board Book</p> <p>Highlights :</p> <ul style="list-style-type: none"> ● Inclement weather event <ul style="list-style-type: none"> ○ Opened 3 essential sites ○ Converted to telehealth services ● SDOH Screening process piloted a soft launch to test build before project expansion <ul style="list-style-type: none"> ○ Requirement from OHA ○ Client feedback is positive ○ 15-30 additional referrals to CHW's (community health workers) per day <p>The Board requested a future SDOH presentation</p> <p><i>Anriudh's HIPPA update requested for future meeting due to time</i></p> | | | |
| Board Discussion <i>(Closed Executive Session)</i> <i>Tamia Deary,</i> <i>CHCB Chair</i> | <p>Closed Executive session started at 8:33 and ended at 9:15pm</p> | <p><i>Motion to approve: Brenda</i> <i>Second: Monique</i> Yays: 8 Nays: 0 Abstain: 0 <i>Decision: Approved</i></p> <p><i>Motion to leave Executive</i></p> | | |

| Topic/Presenter | Discussion / Recommendations | Action | Responsible Party | Follow-up Date |
|-------------------------|------------------------------|--|-------------------|----------------|
| | | <p>Session: Susana Second: Monique Yays: 8 Nays: 0 Abstain: 0 Decision: Approved</p> | | |
| Meeting Adjourns | 9:15 p.m. | | | |

Signed: _____ Date: _____
 Susana Mendoza, Secretary

Signed: _____ Date: _____
 Tamia Deary, Board Chair

Scribe: Crystal Cook // Email: crystal.cook@multco.us

SUMMARIES



**community health
center board**

Multnomah County



Budget Modification Approval Request Summary

Community Health Center Board (CHCB) Authority and Responsibility

As the governing board of the Multnomah County Health Center, the CHCB is responsible for revising and approving changes in the health centers scope; availability of services, site locations, and hours of operations; and operating budget. Reviewing and approving the submission of continuation, supplemental, and competitive grant applications is part of this review and approval process.

An approval to submit a grant application will allow for budget revisions during the application development process within and between approved budget categories up to 25 percent without CHCB approval. All budget revisions that exceed the cumulative 25% budget revision cap will be presented to the CHCB for a vote prior to grant submission. Upon Notice of Award, the budget approved by the funder will be presented to the CHCB for a final approval.

Please type or copy/paste your content in the white spaces below. When complete, please return/share the document with **Board Liaison, CHCB.Liaison@multco.us**

| | | | |
|--|--|------------------------|----------------------------|
| Grant Renewal or Continuation Title | Ryan White Part D – Services for Women and Youth | | |
| This funding supports: <i>Please add an "X" in the category that applies.</i> | | | |
| Current Operations | Expanded Services or Capacity | New Services | |
| X | | | |
| Date of Renewal Request: | 4/14/2025 | Program / Area: | HIV Health Services Center |



| | | | |
|-----------------------------|------------------|----------------------------------|--------------------|
| Due Date of Renewal: | 4/14/2025 | Program Point of Contact: | Nick Tipton |
|-----------------------------|------------------|----------------------------------|--------------------|

Project Title and Description: *(include priority populations, clinic sites, etc.)*

The purpose of the RWHAP Part D Women, Infants, Children and Youth (WICY) program is to provide family-centered health care services in an outpatient or ambulatory care setting for low income WICY with HIV.

Under this announcement, applicants must propose to provide family-centered care in outpatient or ambulatory care settings to low income women (25 years and older) with HIV, infants (up to two years of age) exposed to or with HIV, children (ages two to 12) with HIV, and youth (ages 13 to 24) with HIV. HHSC serves women and youth (age 18 -25) and works to connect pediatric cases/exposed infants to OHSU.

Grant Progress Report/Status Update:

These funds have been instrumental in helping the HHSC create a unique primary care medical home focused on the needs of WICY living with HIV (LWH) that make up a significant portion (almost 18%) of the total HHSC patient population (over 1,600)

Since 2009, this evolving model of care has been helping WICY achieve high rates of retention in care that help improve health outcomes and help them achieve viral load suppression, thus preventing new infections.

Grant Deliverables for Renewal: *(#of patients, visits, staff, health outcomes, etc.)*

Grant Deliverables include : # of patients served (250); number of newly diagnosed enrolled in care (23); Medical Engagement (70% avg, varies among WICY subpopulation); and Viral Suppression (84% avg, varies among WICY subpopulations).

Total amount requested for renewal period: *Provide a budget or draft budget if available.*

Total grant amount and project period:



The project period budget request (8/1/2025-7/31/2026) = \$374,930

Highlight changes to scope and budget for renewal:

None noted

Briefly describe the outcome of a “YES” vote by the Board:

(Please be sure to also note any financial outcomes)

A “yes” vote means MCHD will submit the Ryan White Part D Non-Competing Continuation application that will support HHSC efforts to provide care to WICY LWH in the region.

Briefly describe the outcome of a “NO” vote or inaction by the Board:

(Please be sure to also note any financial outcomes)

A “no” vote means HHSC will not receive year-four funding from this funding stream, which means that clinical services for WICY LWH (almost 18% of the clinic population) will not continue at current capacity.

Proposed Budget (when applicable)

*Projected Costs are included in the table below, a detailed budget will be provided at the full CHCB meeting on April 14th.

| | |
|----------------------|------------------------|
| Project Name: | Start/End Date: |
|----------------------|------------------------|

| | Budgeted Amount | Comments | Total Budget |
|--|------------------------|-----------------|---------------------|
|--|------------------------|-----------------|---------------------|



| | | (Note any supplemental or matching funds) | |
|---|-----------------|---|----------------------------|
| A. Personnel, Salaries and Fringe | | | |
| Position Title: Nurse Practitioner, | \$32,376 | | See budget amount |
| Position Description : Provides medical care and treatment to persons with HIV disease. Duties emphasize direct diagnosis, treatment and medical management of the physical and emotional problems of HIV disease, referral to other internal and external health services, and leading the daily team huddles. | | | |
| Position Title: Physician Assistant, | \$33,927 | | See budgeted amount |
| Position Description: Provides medical care and treatment to persons with HIV disease. Duties emphasize direct diagnosis, treatment and medical management of the physical and emotional | | | |



| | | | |
|---|-----------------|--|----------------------------|
| problems of HIV disease, referral to other internal and external health services, and leading the daily team huddles. | | | |
| Position Title: Physician | \$11,095 | | See budgeted amount |
| Position Description: Provides medical care and treatment to persons with HIV disease. Duties emphasize direct diagnosis, treatment and medical management of the physical and emotional problems of HIV disease, referral to other internal and external health services, and leading the daily team huddles. | | | |
| Position Title: Clinic Medical Assistants (multiple positions) | | | See budgeted amount |
| Position Description: Assists medical providers in delivering primary care services. | \$31,516 | | |



| | | | |
|---|----------------|--|----------------------------|
| Position Title: Behavioral Health/Medical Case Manager | \$8,953 | | See budgeted amount |
| Position Description: Performs advanced, comprehensive behavioral and psychosocial services involving assessment and analysis of complex factors and coordination of specific case plans, mental health and substance abuse counseling, crisis intervention services, and support to provider teams. | | | |
| Position Title: Behavioral Health/Medical Case Manager | \$9,176 | | See budgeted amount |
| Position Description: Performs advanced, comprehensive behavioral and psychosocial services involving assessment and analysis of complex factors and coordination of specific case plans, mental health and substance abuse counseling, crisis | | | |



| | | | |
|---|----------------|--|----------------------------|
| intervention services, and support to provider team | | | |
| Position Title: Behavioral Health/Medical Case Manager, Sarah Albukhair | \$8,932 | | See budgeted amount |
| Position Description: Performs advanced, comprehensive behavioral and psychosocial services involving assessment and analysis of complex factors and coordination of specific case plans, mental health and substance abuse counseling, crisis intervention services, and support to provider team | | | |
| Position Title: Behavioral Health/Medical Case Manager, Claudia Schroeder | \$9,937 | | See budgeted amount |
| Position Description: Performs advanced, comprehensive behavioral and psychosocial services involving assessment and analysis of complex factors and coordination of specific case plans, mental health and | | | |



| | | | |
|--|----------------|--|----------------------------|
| substance abuse counseling, crisis intervention services, and support to provider team | | | |
| Position Title: Behavioral Health/Medical Case Manager, Shane Wilson | \$8,483 | | See budgeted amount |
| Position Description Performs advanced, comprehensive behavioral and psychosocial services involving assessment and analysis of complex factors and coordination of specific case plans, mental health and substance abuse counseling, crisis intervention services, and support to provider team | | | |
| Position Title: Lead Community Health Specialist/Navigator, Michele Foley | \$5,968 | | See budgeted amount |
| Position Description: Provides intensive navigation and care coordination as a member of the primary care team to WICY with multiple | | | |



| | | | |
|---|----------------|--|----------------------------|
| vulnerabilities and WICY who are newly diagnosed. | | | |
| Position Title: Community Health Specialist/Navigator, leisha Bolian | \$5,838 | | See budgeted amount |
| Position Description: Provides intensive navigation and care coordination as a member of the primary care team to WICY with multiple vulnerabilities and WICY who are newly diagnosed. | | | |
| Position Title: Community Health Specialist/Navigator, Josh Pericas | \$6,694 | | See budgeted amount |
| Position Description: Provides intensive navigation and care coordination as a member of the primary care team to WICY with multiple vulnerabilities and WICY who are newly diagnosed. | | | |
| Position Title: Clinical Psychologist, Renata Ackerman | \$5,850 | | See budgeted amount |



| | | | |
|--|----------------|--|----------------------------|
| Position Description: : Provides mental health therapy to patients, clinical supervision to medical case managers/behavioral health staff, and training to clinic staff | | | |
| Position Title: Psychiatric Nurse Practitioner, On-Call | \$8,246 | | See budgeted amount |
| Position Description: Provides mental health assessment, treatment, and medication management | | | |



| | | | |
|---------------------|------------------|--|----------------------------|
| TOTAL Fringe | \$152,761 | Fringe benefit costs include percentage-based and flat rate fringe benefits; the projected costs are driven by standard County benefit plans, which vary slightly by union bargaining unit and employment status (full-time, part-time, on-call, etc.). Percentage-based rates include FICA (7.65%, up to the first \$147,000 of salary and 14.5% for wages thereafter), Tri-Met tax (0.80%), State Family Leave (0.20%), Workers Compensation (0.70%), liability insurance (0.85%), unemployment insurance | See budgeted amount |
|---------------------|------------------|--|----------------------------|



| | | | |
|---|------------------|--|------------------|
| | | <p>(0.25%), retirement (32.98% - 38.77%).42% avg), health benefits administration (1.10%), County Attorney (1.60%), LTD/STD/Life Insurance (0.75%), retiree medical (2.00%), and VEBA (1.00% for management staff only). Flat rate benefits, which include medical and dental insurance, are charged at \$18,918 for a full-time employee.</p> | |
| Total Salaries, Wages and Fringe | \$339,750 | | \$339,750 |
| B. Supplies | | | |



| | | | |
|--|-----------|--|---------------------|
| General Office Supplies | \$1,324 | | See budgeted amount |
| Total Supplies | | | |
| C. Contract Costs | | | |
| Contract description | \$ 0 | | \$ 0 |
| Total Contractual | | | |
| D. Other Costs | | | |
| Description of training and other costs | \$ 0 | | \$ 0 |
| Total Other | \$ 0 | | \$ 0 |
| Total Direct Costs (A+B+C+D) | | | |
| Indirect Costs | | | |
| <i>The FY24 Multnomah County Cost Allocation Plan has set the Health Department's indirect rate at 13.97% of Personnel Expenses (Salary and Fringe Benefits). The rate includes 3.58% for Central Services and 10.39% for Departmental. Ryan White grants have an indirect cost rate cap of 10%.</i> | | | |
| Total Indirect Costs (13.97 of A) | \$33,856 | | \$33,856 |
| Total Project Costs (Direct + Indirect) | \$374,930 | | \$374,930 |



| | Revenue | Comments (Note any special conditions) | Total Revenue |
|--|---------|---|---------------|
| E. Direct Care Services and Visits | | | |
| Medicare | N/A | N/A | N/A |
| Description of service, # of visits | N/A | | |
| Medicaid | | N/A | N/A |
| Description of service, # of visits | N/A | | |
| Self Pay | | N/A | N/A |
| Description of service, # of visits | N/A | | |
| Other Third Party Payments | | N/A | N/A |
| Description of Service, # of visits | N/A | | |
| Total Direct Care Revenue | | N/A | N/A |



| F. Indirect and Incentive Awards | | | |
|--|------------|--|------------|
| Description of special funding awards, quality payments or related indirect revenue sources | N/A | | N/A |
| Description of special funding awards, quality payments or related indirect revenue sources | | | |
| Total Indirect Care and Incentive Revenue | N/A | | N/A |
| Total Anticipated Project Revenue (E+F) | | | |



Budget Modification Approval Request Summary

Community Health Center Board (CHCB) Authority and Responsibility

As the governing board of the Multnomah County Health Center, the CHCB is responsible for revising and approving changes in the health centers scope; availability of services, site locations, and hours of operations; and operating budget. Reviewing and approving the submission of continuation, supplemental, and competitive grant applications is part of this review and approval process.

An approval to submit a grant application will allow for budget revisions during the application development process within and between approved budget categories up to 25 percent without CHCB approval. All budget revisions that exceed the cumulative 25% budget revision cap will be presented to the CHCB for a vote prior to grant submission. Upon Notice of Award, the budget approved by the funder will be presented to the CHCB for a final approval.

Please type or copy/paste your content in the white spaces below. When complete, please return/share the document with **Board Liaison, CHCB.Liaison@multco.us**

| | | | |
|---|--|----------------------------------|--|
| Grant Renewal or Continuation Title | HRSA Behavioral Health Services Expansion (BHSE) | | |
| This funding supports: <i>Please add an "X" in the category that applies.</i> | | | |
| Current Operations | Expanded Services or Capacity | New Services | |
| | X | | |
| Date of Renewal Request: | April 14, 2025 | Program / Area: | ICS - Integrated Behavioral Health |
| Due Date of Renewal: | April 14, 2025 | Program Point of Contact: | Kevin Minor, Integrated Behavioral Health and Addictions Manager |
| Project Title and Description: <i>(include priority populations, clinic sites, etc.)</i> | | | |
| HRSA BHSE - BHSE funding supports the Community Health Center to increase access to behavioral health services through expanding mental health (MH) services and substance use disorder (SUD) support onsite at the mobile van unit, aka Wheely McHealy. Behavioral health providers are onsite and triage MH and SUD needs and services and work towards linking people into longer term primary care. | | | |
| Grant Progress Report/Status Update: | | | |



The opportunities provided by this grant have allowed us to hire a new behavioral health provider who is currently providing support and clinical interventions on the mobile clinic. The grant has also allowed ICS to provide support and training to the medical providers prescribing medication assisted SUD treatment. We changed the 0.5 FTE Case Manager open position to a Community Health Nurse in order to better meet the needs of clients and anticipate continued increased MH services.

Grant Deliverables for Renewal: *(#of patients, visits, staff, health outcomes, etc.)*

Access to MH and SUD services will be increased and the number of MH patients served will increase. In 2022, the Community Health Center saw approximately 4,000 patients and in 2023 saw approximately 4,550 patients. Although 2024 reporting is not officially finalized, we saw an increase in overall MH patients of 535 patients served in our Community Health Center, putting us ahead of schedule to meet our goal. We anticipate our increased staff capacity and training to provide MH services and medication assisted SUD treatment will continue to reach more patients throughout the duration of the grant.

Total amount requested for renewal period: *Provide a budget or draft budget if available.*

Total grant amount and project period:

Renewal period year 2: 9/1/2025 - 8/31/2026 = \$500,000

Total grant period: 9/1/2024 - 8/31/2026 = \$1,100,000

Highlight changes to scope and budget for renewal:

Staffing costs are generally the same as in Year 1. The key difference is that equipment (i.e., ultrasound, EKG) and Narcan were purchased in Year 1 and are, therefore, not needed in the Year 2 budget. The 0.5 FTE Case Manager 2 position was changed to a 0.38 FTE Community Health Nurse.

Briefly describe the outcome of a “YES” vote by the Board:

(Please be sure to also note any financial outcomes)

A yes vote approves the submission of the HRSA BHSE grant request of \$500,000 to continue expansion of MH services at the mobile van unit.

Briefly describe the outcome of a “NO” vote or inaction by the Board:

(Please be sure to also note any financial outcomes)

A no vote denies the submission of the HRSA BHSE grant request of \$500,000. The Health Center will not be able to expand or provide new MH services onsite at the mobile unit.

Proposed Budget (when applicable)



| Project Name: BHSE YEAR 2 | | Start/End Date: 9/1/2025 - 8/31/2026 | |
|--|-----------------|---|--------------|
| | Budgeted Amount | Comments (Note any supplemental or matching funds) | Total Budget |
| A. Personnel, Salaries and Fringe | | | |
| Position Title: Clinical Services Specialist (CSS) | \$86,360 | | |
| 1.0 FTE CSS to provide BH support; triage BH patient needs; coordinate patient assessment and treatment with onsite clinician; and provide patient with follow up plan and resources | | | |
| Position Title: Community Health Nurse | 37,815 | | |
| 0.38 FTE CHN to support continued engagement in medical and behavioral health treatment and services. The remaining 0.12 FTE (totaling 0.5 FTE) will be provided by other resources. | | Changed position from CM2 to CHN in year 2. | |
| Position Title: Case Manager 2 (CM 2) | \$68,977 | | |
| 1.0 FTE CM2 to register patients for care at the mobile clinic; assist with insurance enrollment; and link patients to primary medical care and other treatment services. | | | |
| Position Title: Behavioral Health Program Supervisor | \$13,434 | | |
| 0.10 FTE to supervise the CSS; provide grant oversight and monitor performance measures; participate in quality improvement initiatives; and establish relationships and agreements with community partners. | | | |
| Position Title: Advanced Practice Clinician | \$16,135 | | |
| 0.10 FTE to assess and triage patient behavioral health needs and treatment; prescribe medication assisted therapy (MAT); and coordinate with Clinical Services Specialist for patient follow up care. | | | |
| Position Title: Program Specialist Sr. | \$16,913 | | |
| 0.15 FTE Assist with program coordination and monitoring performance measures; coordinate with community partners for ongoing referrals. Reduce to 0.15 FTE in year 2 | | Decrease from 0.2 FTE in Year 1 | |



| | | | |
|---|------------------|--|--|
| Fringe Benefits | \$176,031 | | |
| Total Salaries, Wages and Fringe | \$415,665 | | |
| B. Supplies | | | |
| Medical Supplies - gloves, anti-bacterial hand wash, sanitizing wipes, face masks, and other personal protective supplies for patients accessing behavioral health services and staff = \$4,000; hygiene supplies used for patient engagement such as hand sanitizer, soap, shampoo, toothbrush/paste, bandages, sterile water = \$1,793 | \$5,793 | | |
| Total Supplies | \$5,793 | | |
| C. Contract Costs | | | |
| None | \$0 | | |
| Total Contractual | \$0 | | |
| D. Other Costs | | | |
| Local Travel: 179 miles per month x 12 months @ \$0.70/mile x 2 FTE | \$3,000 | | |
| Long Distance Travel: 2 staff to attend 2026 Mobile Healthcare Conference. Location has not been announced; estimations are based on 2025 conference information. | \$3,362 | | |
| Communications: \$59 per month plan x 12 months x 2 FTE | \$1,416 | | |
| Patient Assistance: \$5.60 per bus ticket x 50 = \$280; \$2,000 taxi vouchers to medical and supportive services appointments, \$200 per lice treatment to enter shelter x 5 people = \$1,000; \$720 misc. one time needs to assist engagement in care | \$4,000 | | |
| Software, Computing, Maintenance: \$794 laptop IT service costs x 2 | \$1,588 | | |
| Total Other | \$13,366 | | |
| Total Direct Costs (A+B+C+D) | \$434,824 | | |
| Indirect Costs | | | |
| <p><i>The FY26 Multnomah County Cost Allocation Plan has set the Health Department's indirect rate at 15.68% of Personnel Expenses (Salary and Fringe Benefits). The rate includes 4.18% for Central Services and 11.50% for Departmental. The Cost Allocation Plan is federally-approved.</i></p> | | | |



| | | | |
|--|------------------|--|--|
| Total Indirect Costs (15.68% of A) | \$65,176 | | |
| Total Project Costs (Direct + Indirect) | \$500,000 | | |

| | Revenue | Comments (Note any special conditions) | Total Revenue |
|---|----------------|--|----------------------|
| E. Direct Care Services and Visits | | | |
| Medicare | | | |
| Description of service, # of visits | | | |
| Medicaid | | | |
| Description of service, # of visits | | | |
| Self Pay | | | |
| Description of service, # of visits | | | |
| Other Third Party Payments | | | |
| Description of Service, # of visits | | | |
| Total Direct Care Revenue | | | |
| F. Indirect and Incentive Awards | | | |
| Description of special funding awards, quality payments or related indirect revenue sources | | | |
| Description of special funding awards, quality payments or related indirect revenue sources | | | |
| Total Indirect Care and Incentive Revenue | | | |
| Total Anticipated Project Revenue (E+F) | | | |



Origination 3/10/2025
 Last Approved N/A
 Effective 3/10/2025
 Last Revised N/A
 Next Review N/A

Owner Brieshon D'Agostini: ICS Quality Director
 Area Health Center Administration
 Applicability Integrated Clinical Services
 Legacy Policy Number (For Reference Only) CHCB Approved Policy

Health Center Changes to Hours of Operation (Policy)

RELATED PROCEDURE(S)

CHCB Topic Submission Procedure (in development)

APPLIES TO

Community Health Center (Integrated Clinical Services (ICS) Division)

PURPOSE

To provide clear requirements about when changes to Health Center hours require approval from the Community Health Center Board (CHCB)

DEFINITIONS

| Term | Definition |
|--|--|
| Ad hoc/Pop up clinic | One-time or intermittent events held as needed at external locations and/or outside regular business hours. |
| Hours of Operation/ Operating Hours | The hours, including start and end times, that are open for services. Facility Hours of Operation: the total hours of operation for a specific site/ building, starting at the earliest Health Center Service Hours start time and ending at the latest Health Center Service Hours end time at that location. <i>Does not</i> |

| | |
|------------------------|---|
| | <p><i>include services outside of the Health Center scope.</i></p> <p>Service Hours of Operation: the hours of operation for a specific in-scope Health Center service line (i.e. primary care, dental, pharmacy) within a Facility.</p> |
| Permanent hours | Hours set based on business need and planned to be ongoing, with no intent to return to previous hours within six months. |
| Temporary hours | A change to hours that is due to a temporary situation, such as staffing or environmental factors, and scheduled to return to permanent hours within six months. |

POLICY STATEMENT

In service to the clients, the Health Center maintains standard locations and hours to be available, accessible, and timely as appropriate, and in a manner which ensures continuity of services to our clients and communities. Changes to hours of operation should be carefully considered based primarily on capacity and client/community needs. Permanent changes to regular hours that change the earliest start time or latest end time for a facility, or changes that reduce the total weekly hours for a service line at a location, must be approved by the Community Health Center Board (CHCB) in accordance with HRSA requirements.

REFERENCES AND STANDARDS

HRSA Health Center Compliance Manual

- Chapter 6: Accessible Locations and Hours of Operation**

REQUIREMENTS: "The required primary health services of the health center must be available and accessible in the catchment [service] area of the center promptly, as appropriate, and in a manner which ensures continuity of service to the residents of the center's catchment area." (February 2025)
- Chapter 19: Board Authority**

REQUIREMENTS: "The health center governing board must adopt health care policies including the... Hours of operation of service sites." (February 2025)

PROCEDURES AND STANDING ORDERS

Initial Communication with the CHCB:

| Scenario | Examples | CHCB Vote |
|--|---|-----------|
| Ad hoc or "pop up" clinic hours that are added only when needed outside of regular | <i>Off-site immunization pop up clinics for flu or COVID vaccines</i> | Inform* |

| | | |
|---|--|---------|
| business hours or at different locations | <i>Ad hoc/intermittent clinic outside regular hours to increase access when needed</i> | |
| Short temporary change (scheduled to last less than 1 week) to Facility Hours | <i>Clinic closing for a full day for for a training Clinic closing for three days due to a needed repair or renovation</i> | No |
| Temporary change (scheduled to last over 1 week and less than 6 months) | <i>Closing a Pharmacy early at 3 pm on Wednesdays for 4 months due to low staffing Adding a half-day clinic every Saturday for 4 months as a pilot project to determine value and sustainability</i> | Inform* |
| Any change scheduled to last >6 months to the Service Hours at a site, that does not change the Facility Hours for a location or does not reduce the overall hours for a service line at a location. | <i>Extending Primary Care hours to 6 pm at a location where Dental hours already go until 7:30 pm</i> | Inform* |
| Permanent (scheduled to last >6 months) change to the regular Facility Hours at a location Permanent (scheduled to last >6 months) reduction to the total weekly regular service hours at a location, even if it doesn't change the facility hours. | <i>Changing all services at a site to end at 6pm instead of 7pm. Changing Pharmacy to close at 4pm every day instead of 5pm, even if other services are open later.</i> | Vote** |

* Informing may be done through the monthly CHCB Memo or may be a live presentation at a CHCB public meeting for changes expected to have a significant impact to patients.

** The CHCB vote includes approval of both the change to Permanent Facility Hours of Operation and an update to the hours listed in this policy.

Follow-up Communication with the CHCB:

In addition to initially informing the CHCB of temporary hours changes, the CHCB will also be informed when:

- It is discovered that what was scheduled to be a temporary hours change will need to last longer than 6 months, including the updated expected impact to clients, access, and staff
- The temporary hours change ends, including impacts that the change had to clients, access, and staff

Facilities and Permanent Facility Hours:

Individual service line hours are available on the Health Center external website

| Site/Address | Permanent Facility Hours | Health Center services |
|---|---|---|
| East County 600 NE 8th St, 3rd Floor, Gresham, OR 97030 | Monday - Friday 7:00 am - 7:00 pm | Primary Care, Dental, Pharmacy, Lab, Behavioral Health |
| Fernhill Health Center 5530 NE 42nd Avenue, Portland, OR 97218 | Monday, Wednesday - Friday 8:00 am - 5:30 pm Tuesday 8:30 am - 6:00 pm | Primary Care, Dental, Pharmacy, Lab, Behavioral Health |
| La Clínica de Buena Salud 6736 NE Killingsworth St Portland, OR 97218 | Monday - Friday 8:00 am - 5:00 pm | Primary Care, Lab, Behavioral Health |
| Mid County Health Center 12710 SE Division St Portland, OR 97236 | Monday - Friday 7:00 am - 7:00 pm | Primary Care, Dental, Pharmacy, Lab, Behavioral Health |
| North Portland Health Center 9000 N Lombard St Portland, OR 97203 | Monday - Friday 7:00 am - 7:00 pm | Primary Care, Dental, Pharmacy, Lab, Behavioral Health |
| Northeast Health Center 5329 NE MLK Jr Blvd Portland, OR 97211 | Monday - Friday 7:00 am - 7:00 pm | Primary Care, Dental, Pharmacy, Lab, Behavioral Health |
| Rockwood Community Health Center 2020 SE 182nd Ave Portland, OR 97233 | Monday - Friday 7:00 am - 7:00 pm | Primary Care, Dental, Pharmacy, Lab, Behavioral Health |
| Southeast Health Center 3653 SE 34th Ave Portland, OR 97202 | Monday - Friday 7:00 am - 7:00 pm | Primary Care, Dental, Pharmacy, Lab, Behavioral Health |
| HIV Health Services Center 619 NW 6th Avenue, 3rd Floor Portland, OR 97209 | Monday - Friday 8:00 am - 5:00 pm | Primary Care, Pharmacy, Lab, Behavioral Health |
| Centennial High School 3505 SE 182nd Ave, Gresham | Mon, Tues, Wed, Fri 7:45am-3:45pm Thurs 9:15am-5:15 pm | Primary Care, Lab, Behavioral Health |

| Site/Address | Permanent Facility Hours | Health Center services |
|---|--|---|
| Cleveland High School 3400 SE 26th Ave, Portland | Mon 9:15am-5:15 pm Tues-Fri 7:45am-3:45pm | Primary Care, Lab, Behavioral Health |
| David Douglas High School 1034 SE 130th Ave, Portland | Mon, Tues, Thurs, Fri 7:45am-3:45pm Wed 7:45am to 5:15pm | Primary Care, Lab, Behavioral Health |
| Franklin High School 5405 SE Woodward St, Portland | Hours: Mon-Wed & Fri 7:45am-3:45pm Thu 9:15am-5:15pm | Primary Care, Lab, Behavioral Health |
| Jefferson High School 5210 N Kerby St Portland, OR 97217 | Mon 9:15am-5:15pm Tues, Wed, Fri 7:45am-3:45pm | Primary Care, Lab, Behavioral Health |
| McDaniel High School 2735 NE 82nd Ave, Portland, OR 97220 | Mon 9:15am-5:15pm Tues-Fri 7:45am-3:45pm | Primary Care, Lab, Behavioral Health |
| Parkrose High School 12003 NE Shaver St, Portland | Mon, Tues, Wed, Fri, 7:45am-3:45pm Thurs 9:15am-5:15pm | Primary Care, Lab, Behavioral Health |
| Reynolds High School 1698 SW Cherry Park Rd, Troutdale | Mon 9:15am-5:15pm Tues-Fri 7:45am-3:45pm | Primary Care, Lab, Behavioral Health |
| Roosevelt High School 6941 N Central St, Portland | Mon, Tues, Wed, Fri 7:45am-3:45 pm Thurs 9:15am-5:15pm | Primary Care, Lab, Behavioral Health |
| Billi Odegaard Dental Clinic 33 NW Broadway, Suite 380 Portland, OR 97209 | Monday - Friday 7:00 am - 7:00 pm | Dental |

RELATED DOCUMENTS

| Name |
|------|
| N/A |

Approval Signatures

Step Description

Approver

Date

Applicability

Integrated Clinical Services

Standards

No standards are associated with this document

DRAFT



Origination 4/12/2021
Last Approved N/A
Effective N/A
Last Revised N/A
Next Review N/A

Owner Jenna Green:
Integrated
Clinical Services
Director - WOC
Area Health Center
Administration
Applicability Integrated
Clinical Services
Legacy Policy ADM.01.04,
Number (For CHCB
Reference Approved
Only) Policy

Health Center Vision, Purpose, and Values (Policy)

Related Procedure(s):

Not applicable

Applies to:

Health Center Program (FQHC)

PURPOSE

This policy defines the mission, vision, and values for the Health Center Program (administered by the Health Department's Integrated Clinical Services (ICS) Division).

DEFINITIONS

| Term | Definition |
|------|--|
| ICS | Integrated Clinical Services, a division within the Multnomah County Health Department |

POLICY STATEMENT

~~ICS Vision:~~

~~Integrated. Compassionate. Whole-person health.~~

~~ICS Mission:~~

~~Bringing services to individuals, families, and communities that improve health and wellness while advancing health equity and eliminating health disparities.~~

~~ICS Strategic Values:~~

- ~~▪ Equitable treatment that assures all people receive high quality, safe, and meaningful care~~
- ~~▪ Patient and Community Determined: Leveraging the collective voices of the people we serve~~
- ~~▪ Supporting Fiscally Sound and Accountable practices which advance health equity and inclusion, and center on racial equity~~
- ~~▪ Engaged, Expert, Diverse Workforce which reflects the communities we serve~~

Health Center Vision:

We envision that all people in our community receive reliable, high quality, inclusive, and comprehensive healthcare

Health Center Purpose:

To advance health equity outcomes and eliminate health disparities by providing integrated and collaborative healthcare to all individuals, families, and communities

Health Center Strategic Values:

Creativity and Engagement

We empower and collaborate with our staff and communities to create solutions that address the evolving needs of our communities

Person Centered

We support all people as authentic individuals and deliver excellent care tailored to their specific needs

Equitable Care

We strive to provide services that assure all people receive high quality and safe care that advances health equity

Fiscal Stewardship

We practice transparent, responsible, and accountable fiscal stewardship

Workforce Support

We value and strategically invest in our expert, diverse workforce that reflects communities we serve

REFERENCES AND STANDARDS

References: Health Center Program's Strategic Plan

HRSA Compliance Manual: Board Governance

PROCEDURES AND STANDING ORDERS

Not applicable

RELATED DOCUMENTS

| Name | Location |
|------|----------|
| None | N/A |

Approval Signatures

Step Description

Approver

Date

Applicability

Integrated Clinical Services

Standards

No standards are associated with this document



Origination 9/11/2023
 Last Approved N/A
 Effective N/A
 Last Revised N/A
 Next Review N/A

Owner Brieshon D'Agostini: ICS Quality Director
 Area Health Center Administration
 Applicability Integrated Clinical Services
 Legacy Policy Number (For Reference Only) CHCB Approved Policy, ICS.01.41, Policy

Policy Approval by the Co-Applicant Board (Policy)

Related Procedure(s):

N/A

Applies to:

All services and staff in the scope of the Community Health Center, including staff who support and develop health center policies.

PURPOSE

To describe a process for developing, reviewing, and approving clinical and administrative guidelines that require Co-Applicant Board approval to ensure compliance with the Health Resources Services Administration (HRSA) regulations and Joint Commission Standards. The Community Health Center Board acts as the governing board for the Multnomah County Community Health Center. To effectively maintain oversight, accountability, and governing duties, specific policies must be brought before the governing board at least once every three years.

DEFINITIONS

| Term | Definition |
|--------------|---|
| Co-Applicant | When the public agency's board cannot independently meet all applicable |

| | |
|------------------------|---|
| Board | health center governance requirements, a separate "co- applicant" must be established whose governing board meets Public Health Service Act (PHS) section governance 330 requirements. The Health Department's Community Health Center Board (CHCB) is the Co-Applicant Board for the Integrated Clinical Service's (ICS) Community Health Centers. |
| HRSA | The Health Resources and Services Administration. As a federally qualified health center (FQHC) and recipient of federal funds, ICS and the CHC must meet all HRSA Health Center Program Requirements . |
| Public Agency Status | HRSA's designation for health centers funded through a section 330 grant which include state, county, or local health departments. ICS Community Health Centers have a Public Agency Status. |
| Public Center | Defined by the Health Center Program's authorizing statute as a health center funded through a section of 330 grant to a public agency. |
| Co-Applicant Agreement | The Co-Applicant Agreement delegates the required authorities and functions of the Co-Applicant Board (the Multnomah County Community Health Center Board) and delineates the roles and responsibilities of the public agency and the co-applicant in carrying out the health center project. |

POLICY STATEMENT

The following policies must be reviewed and approved by the Community Health Center Board (CHCB) to meet HRSA program requirements:

| Policy Title and # | Policy Description |
|---|---|
| General Policies | |
| ADM.01.04 ICS Health Center Vision, Mission Purpose, and Values | Describes the vision, mission, and values for the Health Center (administered by the Health Department's Integrated Clinical Services (ICS) Division) . |
| ICS.01.41 Policy approval by the Co-applicant board | Describes the process for approving guidelines with the Co- Applicant Board. |
| ICS.01.45 Community Health Center New and Established Patients Service Area Criteria | Describes the service area where the Community Health Centers operate and provide care to patients. |
| ICS.01.47 Health Resources & Services Administration Consolidated Appropriations Act and Legislative Mandate Review Policy | Describes the Health Center's requirements and obligations to follow the HRSA Consolidated Appropriations Act(s) and related laws. |
| Patient Care, Quality, and Safety Policies | |
| ICS.01.44 Quality Improvement | Describes the quality improvement and assurance policy for Integrated Clinical Services and related health center programs. |
| ICS.01.19 Primary Care Provider Assignment and Selection | Describes the process used to link each ICS primary care client with a Primary Care Provider |

| | |
|---|--|
| | (PCP). |
| ICS.01.29 Client Dismissal from Health Center Services | Describes the reasons that can result in the discharge of an existing patient from clinical services. Describes the methods used to protect that patient's rights and needs. |
| ICS.04.08 Patient No-Show policy | Describes how clinics will address and respond to clients who do not attend or cancel scheduled appointments. |
| ICS.04.16 Community Health Center Feedback and Complaint Policy | Describes how the Health Centers will receive, process, and address patient complaints. |
| ICS.04.18 Community Health Center Client Rights and Responsibilities | Describes how patients' rights and responsibilities are communicated to patients and employees. |
| ICS.05.03 Client Eligibility Criteria – Student Health Centers | Describes patient eligibility for receiving services at a School- Based Health Clinic (Student Health Center). |
| ICS.01.50 Data Governance Policy | Describes the patient data and management of such information to set data governance standards and the process used to share patient and health center data. |
| <u>Health Center Hours of Operation Policy</u> | <u>Defines permanent hours of operation for all Health Center sites, and when changes to hours require a CHCB vote.</u> |
| Fiscal Policies | |
| AGN.10.03 Community Health Center Services Fee Policy | Describes the payment model for services that balances the client's need for services, advocacy for the underserved, and fiscal sustainability. |
| FIS.01.06 Uncollectible Client Accounts and Payment Plans | Describes the specific circumstances when the health center will waive uncollected fees or payments due to any patient's inability to pay. |
| FIS.01.16 Credit-Balance Policy | Describes how the health center program will manage patient accounts with credits. |
| ICS.12.01 Health Center Budget and Performance Monitoring | Assures that information is available and analyzed to make decisions about patient service utilization and health center performance. |
| ICS.12.02 Health Center Budget Compliance | Describes how expenditures and activities in the health center budget are in alignment with HRSA approved activities |
| ICS.12.03 Health Center Budget Development and Approval | Describes the steps and approval role of the CHCB in overseeing budget activities. |
| ICS.12.04 Health Center Contracts Review and | Provides guidance on how contract approvals |

| | |
|--|--|
| Compliance | are reviewed to be in alignment with HRSA required activities, including compliance with Federal Cost Principles. |
| ICS.12.05 Health Center Financial Accounting Systems and Controls | Describes the use of financial and internal control systems in governmental accounting for the health center program. |
| ICS.12.06 Health Center Financial Accounts Access | Assures that the health center leadership will receive information on revenue, costs, and accounts used for the health center program. |
| ICS.12.07 Health Center Financial Management and Reporting | Assures that the health center leadership is able to prepare financial statements and develop financial reporting packages for the CHCB. |
| ICS.12.08 Health Center Financial Performance Reporting | Describes the types of reports to be used and generated to track the financial health of the health center program. |
| ICS.12.09 Health Center Patient Collections and Write-Offs | Describes the process to review and approve patient accounts recommended for write off. |
| ICS.12.10 Health Center Program Monitoring | Assures the monitoring and allocation of staff time, operations, and resources to be in alignment with the HRSA approved scope of services and budget for the health center. |
| ICS.12.11 Health Center Program Patient Accounts Monitoring | Describes the activities which are part of the billing and claims process for management of patient accounts, including aged accounts. |
| ICS.12.12 Health Center Surplus and Reserves | Assures that surpluses and excess revenue from the health center program are retained for review and budgeted approval by the CHCB. |
| ICS.12.13 Operating Reserve | Assures that a reserve account is built and maintained to support adequate levels of net assets to support the Health Center's day-to-day operations in the event of unplanned shortfalls. |
| Clinical Staffing Policies | |
| HRS.04.03 Licensing, Credentialing, and Privileging | Describes the process and activities performed to review, assess, and verify the credentials for providers working in Multnomah County. |

REFERENCES AND STANDARDS

Joint Commission Standard, [LD.01.03.01 EP-6](#): Governance works with other leaders to annually evaluate the organization's performance in relation to its mission, vision, and goals.

[HRSA Health Center Program Requirements](#)

[HRSA Health Center Program Compliance Manual](#)

Authorizing Legislation: [Section 330 of the Public Health Service Act \(42 U.S.C. 254b\)](#)

Program Regulations: [42 CFR Part 51c](#) and [42 CFR Parts 56.201-56.604](#)

Grant Regulations: [45 CFR Part 74](#)

PROCEDURES AND STANDING ORDERS

1. The policies requiring Co-Applicant Board approval will be presented to the CHCB when modified and at least every three years.
2. The CHCB will discuss the details of the policies and ICS Community Health Center administration will be available to answer questions.
3. If the CHCB cannot approve the policy as submitted, the CHCB will make recommendations for the revisions. Input and feedback from the co-applicant board will be collected and incorporated into a revised policy,
4. A majority vote of the CHCB present is required for approval. A quorum of CHCB members must be present.
5. If approved, the policy will be published by ICS Community Health Center administration. The CHCB's approval will be documented in the minutes.
6. If not approved, the CHCB's reasons for rejection will be documented. Policies that have not been approved by the CHCB will be revised and brought back to the CHC for reconsideration.

Policies described above will not be implemented until CHCB approval has been obtained.

RELATED DOCUMENTS

| Name |
|---|
| Attachment A - Co-Applicant Board Agreement |
| Attachment B - Community Health Council Bylaws, 2017-19 |

Attachments

[A: Co-Applicant Board Agreement](#)

[B: Community Health Council Bylaws, 2017-19](#)

Approval Signatures

| Step Description | Approver | Date |
|------------------|----------|------|
|------------------|----------|------|

Applicability

Integrated Clinical Services

Standards

No standards are associated with this document

DRAFT

2024 Quality & Risk Report Out

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Chief Quality and Compliance Officer

Theresa Rice (she/her)
Quality Supervisor & Risk Manager

PURPOSE

“[The Health Center is responsible for] producing and sharing reports on QI/QA to support decision-making and oversight by key management staff and by the governing board regarding the provision of health center services.”

- HRSA Health Center Compliance Manual, Chapter 10

“Completing an annual risk management report for the governing board and key management staff that addresses the risk management program activities, goals, assessments, trainings, incidents, and procedures”

- FTCA Program Application Requirements

Agenda

- Patient Safety Incidents
- Patient Complaints
- Patient Experience Surveys
- HIPAA Events
- Staff Training

Purpose: Patient safety improvement opportunities and activities

Board Book Attachment(s): Patient Safety Dashboard

Patient Safety Incidents

| Year | Reported Incidents | Sentinel Events* |
|------|--------------------|------------------|
| 2024 | 248 | 1 |
| 2023 | 410 | 7 |
| 2022 | 319 | 7 |

Previous Sentinel Event definition (pre 2024):

A client safety event (not primarily related to the natural course of the client's illness or underlying condition) that reaches a client and results in death, permanent harm, severe temporary harm, including attempted or completed suicide of any client receiving care.

Updated definition aligns with Joint Commission clarifies that this definition **only applies while a patient is receiving care on site.**

Purpose: Patient safety improvement opportunities and activities

Board Book Attachment(s): Patient Safety Dashboard

Patient Safety Incidents

12-Month Lookback

Top 3 Reported Incident types:

- Suicide Attempt - 50
- Clinical Care - 31
- Immie Error - 14

Related QI Work

Project continuing to improve clinic sterilization process standardization and training for tasked employees.

Purpose: Roll-up of Patient Complaints and improvement activities

Board Book Attachment(s): Patient Complaint Dashboard

Patient Complaints

By the numbers

| | |
|------|-----|
| 2024 | 229 |
| 2023 | 264 |
| 2022 | 311 |

Purpose: Roll-up of Patient Complaints and improvement activities

Board Book Attachment(s): Patient Complaint Dashboard

Patient Complaints

12-Month Lookback

Top 3 complaints by type:

Scheduling Appt 55
Staff Person 49
Service 37

Related QI Work

ICS implemented a new reporting platform for complaints. This allows for submission of complaints directly from patients via external complaint form link in addition to the previously available means.

Purpose: Survey trends and improvement activities

Board Book Attachment(s): Crossroads Patient Survey Report

Patient Surveys

| | Behavioral Health | | Primary Care | | Dental | | Pharmacy | |
|------|-------------------|-------|--------------|-------|-----------|-------|-----------|-------|
| | Completed | Total | Completed | Total | Completed | Total | Completed | Total |
| 2024 | 161 | 1200 | 2682 | 17238 | 1492 | 9327 | 1480 | 4951 |
| 2023 | 192 | 937 | 2584 | 12326 | 1393 | 7773 | 1291 | 6381 |
| 2022 | 231 | 731 | 2800 | 9869 | 828 | 3942 | 716 | 4773 |

Patient Surveys

Continued Trend

Disparities among Asian populations, Cantonese Speakers continue. These groups report the lowest scores in satisfaction and experience.

12-Month Lookback

- Patient Satisfaction improved in all categories except “Appointment Access”
- Patient Experience improved in all categories except “Health Care Provider Involved You in Health Care Decisions”

Related QI Work

- Templates created to support clinic presentation of data to staff.
- PDSA’s and Work Groups at the Clinic Level to address trends

Disparity Definition: A difference in level or treatment, especially one that is seen as unfair.

Purpose: Privacy events and improvement trends

Board Book Attachment(s): HIPAA Event Report

HIPAA Events

By the numbers

| | Reported Incidents | Confirmed Breaches |
|---------|--------------------|--------------------|
| CY 2024 | 103 | 17 |
| CY 2023 | 135 | 22 |
| CY 2022 | 86 | 14 |

HIPAA Events

Purpose: Privacy events and improvement trends

Board Book Attachment(s): HIPAA Event Report

New Trends

- Commingling of paperwork.
- Confirming identity
- Confirming authorization

Related QI Work

- In 2024 6 classes of HR Operations 101 for managers & supervisors (which includes privacy training) with 49 participants

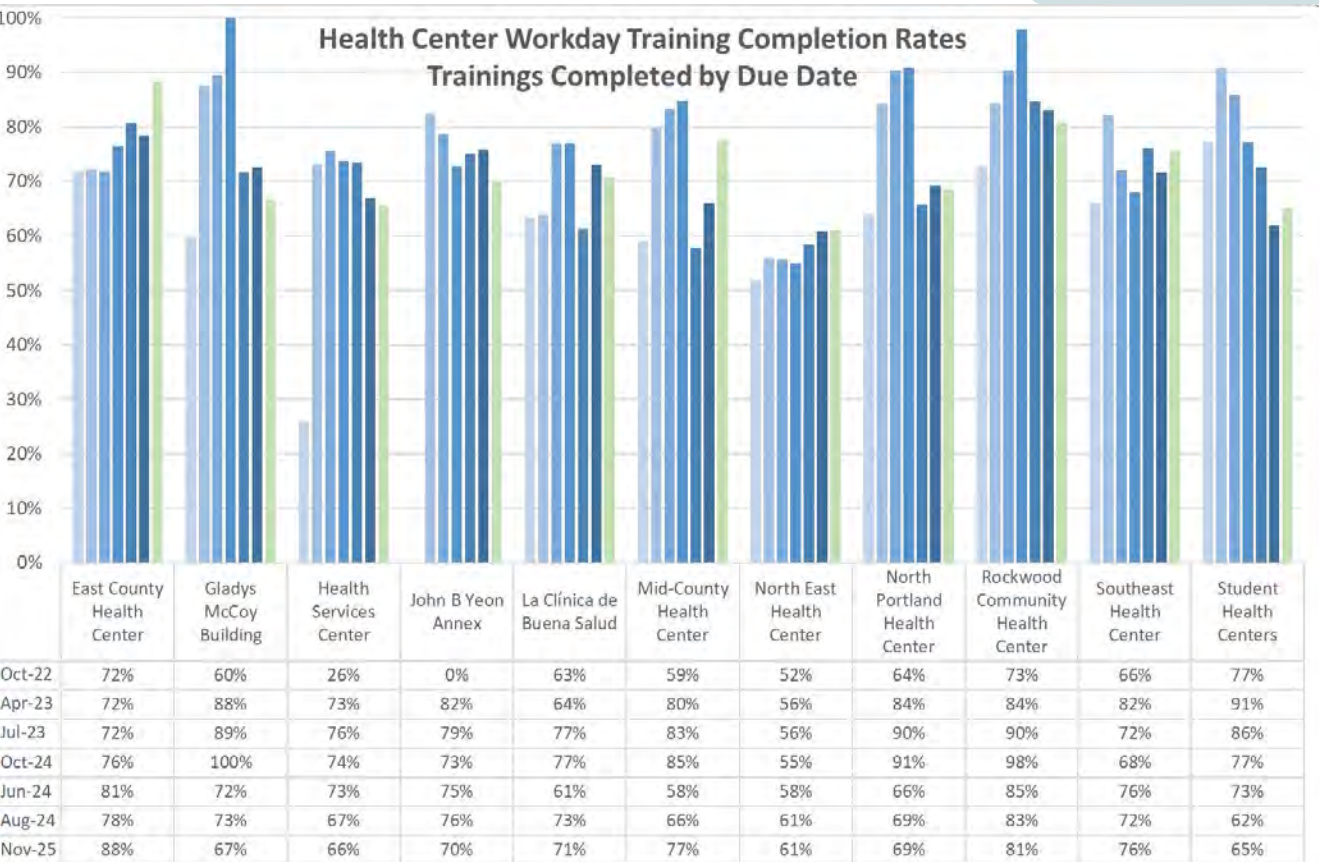
Commingling Definition:

to mix or blend together, often used in a legal context to describe the improper mixing of funds belonging to one party with those of another, or in this case, the records of one patient mixed with those of another.

Staff Training/Education

Purpose: Training, competency, education rates and trends

Board Book Attachment(s): N/A - new



Related QI Work

- Nursing Development Consultant working to improve the content and consistency of clinical competency sign-offs.
- Ongoing review and discussion with leadership on rates, and highlighting the importance of completion by due date.

Completed Risk Management Activities

Last 12 months

- Annual Hazard Vulnerability Assessments per clinic
- Annual Emergency Plan updates
- Quarterly Safety Walkthroughs
- Semi-Annual Environment of Care checks
- Open for Business Audit tool Improvement Project - COALA
- Required trainings review & updates
- Audited location & function of existing soap dispensers and hand sanitizer dispensers throughout clinics in support of hand hygiene improvement.

Proposed Risk Management Activities

Next 12 months

- Clinical Competency standardization - improving the approach and consistency in tracking of staff competency completion
- Update to Emergency Action Plan training
- Support of clinics in medical event response drills
- Patient Identification Confirmation observations

Quality Work Plan Status Update

2024 plan covers July 1, 2023-June 30, 2024

| Quality Activity | Primary Quality Category | Desired Outcome | End of Year Status |
|---|--------------------------|--|------------------------|
| Referral management | Safety & Compliance | Improvements to processes for referrals and follow-up to minimize delays to patient care and improve patient experience | Complete |
| Epic letters review | Client Experience | Review Epic letter templates for literacy, language, clarity, and privacy compliance. Review of letter template usage. | Complete |
| HD Policy Management Framework | System and Staff | ADJUSTED FROM FY23: With Health Department, develop framework and standards for development, review, approval, implementation, and training on new and updated policies. | Complete |
| HRSA Badge Analysis | System and Staff | (Request from CHCB Qual Comm) Analysis of which HRSA "Badges" are realistic for the Health Center to apply for, and what administrative lift might be needed. | Complete |
| Staff satisfaction survey | System and Staff | Pilot project to implement Health Center specific staff survey | Roll over to next year |
| Clinical Documentation and Coding Analysis | Clinical Quality | With contracted consultants, perform audit of current clinical documentation and coding practices and develop recommendations for improvements to maximize revenue, reduce compliance risk, reduce clinician/staff burnout, and provide appropriate documentation in clients' records. | Complete |
| Racial Equity in Patient Care | System and Staff | Build structure, capacity, and tools to enable analysis and improvement of racial disparities in our healthcare system. (Request from CHCB Qual Comm): Timely, cost effective, and accurate written translations | Complete |
| Clinic-administered meds/immis barcode scanners | Safety & Compliance | Reduce errors related to medication and immunization safety; better tracking of clinic-administered medications for 340B program compliance. | Complete |

Quality Work Plan Future State - shifting to a

calendar year plan... 2025 plan covers July 1, 2024-June 30, 2025

| Quality Activity | Primary Quality Category | Desired Outcome | Mid Year Status |
|---|--------------------------|--|------------------------|
| Improve Health Center Hypertension management | Clinical Quality | By end of CY 25 Improve Controlled Hypertension clinical quality measure by 3% from CY24 baseline. Engage clinic level staff in QI work related to hypertension. | In progress - on track |
| Collecting and Analyzing Data to Reduce Racial and Ethnic Disparities (desigualdades) in Maternal Health Outcomes | Clinical Quality | Evaluate perinatal outcomes for clients who receive prenatal care at the health center, analyze outcome trends based on race/ethnicity and determine what factors may influence trends. | |
| Immi Incident QA/QI | Safety & Compliance | More proactively identify immi incidents to ensure timely follow up and correction | Deliverables complete |
| Increase volume of documented hand hygiene observations | Safety & Compliance | Increase volume of completed and documented hand hygiene observations, supporting a higher level of awareness for the importance of hand hygiene, thereby increasing adherence to routine hand hygiene | In progress - on track |
| Compliance Risk Assessment | System & Staff | Insight into Health Center risks and recommendations for potential improvements to mitigate those risks | In progress - on track |
| Competencies/Clinical Training Coordination Improvement | System & Staff | Standard procedure for oversight, coordination, and documentation of competencies for all roles in all service lines. | In progress - on track |
| Staff satisfaction survey | System and Staff | Pilot project to implement Health Center specific staff survey | In progress - delayed |

Definitions

Breach: The impermissible acquisition, access, Use or Disclosure of PHI in any form or medium, including electronic, paper or oral form which compromises the security or privacy of such PHI. An impermissible Use or Disclosure of PHI is presumed to be a Breach unless it is demonstrated through a Risk Assessment that there is a low probability that the PHI has been compromised.

Commingling: To mix or blend together, often used in a legal context to describe the improper mixing of funds belonging to one party with those of another, or in this case, the records of one patient mixed with those of another.

Disparity: A difference in level or treatment, especially one that is seen as unfair.

Incident: A known or suspected event, question or concern related to PHI that is determined through a documented investigation not to be a Breach. After investigation, an Incident may be recategorized as a Complaint. See also definition for Security Incident for ePHI.

Security Incident: The attempted or successful unauthorized Access, Use, Disclosure, modification, or destruction of information or interference with system operations in an information system.



Department Updates

Strategic Updates

- Interim Executive Director
- Operations
- Clinical
- Quality



**community health
center board**

Multnomah County

TO: Community Health Center Board
 FROM: Jenna Green, Interim Executive Director & Senior Leadership
 RE: Public Meeting Memo - **Monthly Recap (March data)**
 DATE: **April 2025** (previous memos available under public meeting materials on the [CHCB Member site](#))



Executive Director Updates *System level information and updates*

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|------------------------|--|
| <p>Advocacy</p> | <ul style="list-style-type: none"> ● March 18th: Health Center participated in a FQHC roundtable at Virginia Garcia to discuss preserving Medicaid with U.S. Representative Suzanne Bonamici. ● March 18th: Health Center and Health Department leadership hosted a roundtable at the East County Health Center for U.S. Representative Maxine Dexter, CHCB Chair Tamia Deary, and County Commissioners Moyer & Jones-Dixon to discuss how cuts to Medicaid funding and attacks on the 340B program would impact our clients. ● April 3rd: CHCB Member Brenda Chambers joined Health Center staff at the Oregon Primary Care Association's State Advocacy Day in Salem to discuss protecting Medicaid, the 340B Program, School Health, and Health Center workforce with legislators (13 meetings!). |
| <p>Grants</p> | <ul style="list-style-type: none"> ● Received the Notice of Award (NoA) for Quality Improvement Fund (Justice Involved) (CHCB approval 6/2024). The total award is \$1,000,000 between 12/01/2024 - 11/30/2026 to provide care coordination for clients transitioning out of Corrections into Primary Care. ● Notified that we were not awarded the Oregon Health Authority “How To” Grant (CHCB approval 12/2024), which we had proposed for expanding opportunities for high school internships. No impact to current staff/services. |



Capital Projects *Facilities updates, high cost projects*

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| <p>Fernhill Health Center</p> | <ul style="list-style-type: none"> ● Grand Opening: May 30, 2025. All CHCB members should have received a “Save the Date” invitation; final invitations will be shared by early May. ● All equipment has been installed and IT teams are completing final testing. ● Patients updated via letters, after visit summaries, and texting campaigns. |
| <p>Generators</p> | <ul style="list-style-type: none"> ● The work is complete and the final drawn down in progress. |



Strategic Program Updates *Strategic plan/direction of the Health Center*

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| <p>Strategic Planning</p> | <ul style="list-style-type: none"> ● Draft 2025-2028 strategic plan, including input from our March 1 Strategic Planning retreat is being developed and will be shared with CHCB later this spring (tentatively May or June) for final feedback. |
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| Social Drivers of Health (SDoH) Screening | <ul style="list-style-type: none"> • SDoH screening begins its expanded launch in April. Patient feedback continues to be positive; over 350 patients have received the screening since launch with about 1/3 of patients asking for follow up in assistance. Of the four areas included in screening, results are currently highest for insecurities in the area of utilities at over 50% of the positive responses followed by food, transportation, and then housing. |
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| Risk and Compliance Updates <i>Compliance events, major incidents/events updates</i> | |
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|----------------------------------|--|
| Federal Healthcare Policy | <ul style="list-style-type: none"> • The Health Services Resource & Administration (HRSA) is being restructured under Secretary Robert F Kennedy Jr. We are analyzing possible impacts of the change in structure, but have not identified any fiscal changes at this time. |
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| Quality/Process Improvement <i>Improvement events and activities</i> | |
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| Patient Centered Primary Care Home (PCPCH) | <ul style="list-style-type: none"> • East County Health Center has successfully re-attested for Oregon's PCPCH program at Tier 4, as planned. All other primary care and Student Health Center sites due to re-attest this summer. |
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| General Program Updates <i>Program/Service-line specific updates</i> | |
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| Primary Care | <ul style="list-style-type: none"> • Primary Care held training for all clinical staff on best practices to support parents and caregivers during the early childhood period, which can help prevent/address the adolescent mental health crisis in our community. |
| Integrated Behavioral Health (IBH) | <ul style="list-style-type: none"> • IBH Program continues to develop workflows regarding the Transitions in Care for Justice-Involved Populations grant; goal to implement in April. • All five School Health Center (SHC) Behavioral Health Providers (BHPs) offered services in primary care clinics during Spring Break. |
| Dental | <ul style="list-style-type: none"> • Mid County Dental Clinic is hosting its 3rd baby day this Saturday. We have seen a total of 46 children under 3 so far. • Two participants in our EFDA (Expanded Function Dental Assistant) Pathway 3 cohort successfully completed their radiology certifications! • New Dental Equipment Specialist hired. |
| Pharmacy | <ul style="list-style-type: none"> • Westside Pharmacy expansion project is complete! Minor finishing touches remain but the additional space for the pharmacy robot and mail order is a significant improvement. • Our pharmacist navigator work is underway. We are in the process of creating standard operating procedures. |
| Information Systems | <ul style="list-style-type: none"> • County IT's biannual Security Risk Assessment (SRA) has kicked off! Health Center programs are participating in interviews with Moss Adams to discuss protocols regarding access provision, termination, processes, and procedures. • The Health Center's HIPAA review project with consulting firm Medcurity has |

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| | begun preliminary work, with kickoff scheduled for April. |
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Community Health Center Board Health Center Highlights



TO: Community Health Center Board
 FROM: Jenna Green, interim Executive Director
 RE: Public Meeting Memo - **Quarterly KPI Report**
 DATE: April 14, 2025

| Program | Completed Visits | | | | Average days from scheduling to appointment | | | |
|----------------|------------------|--------|--------|---------------|---|------|-------|-------------|
| | Jan | Feb | March | Total | Jan | Feb | March | Total |
| Medical* | 13,260 | 11,706 | 13,009 | 37,975 | 18.1 | 16.1 | 17.8 | 17.3 |
| Student Health | 1,714 | 1,998 | 1,555 | 5,267 | 8.1 | 6.7 | 7.7 | 7.5 |
| Dental | 5,072 | 4,351 | 4,733 | 14,156 | 18.9 | 18.2 | 18.4 | 18.5 |

**Includes integrated behavioral health, clinical pharmacy visits, and nurse visits*

| Program | Completed Visits | | | |
|-----------------------------------|------------------|-----|-------|--------------|
| | Jan | Feb | March | Total |
| PAC Nurse Triage encounter volume | 1075 | 860 | 889 | 2,824 |
| Refugee Program screenings | 113 | 119 | 32 | 264 |

| Program | Percentage of patients filling prescriptions at our pharmacies (Goal=70%) | | |
|--------------|---|-----|-------|
| | Jan | Feb | March |
| Primary Care | 55% | 55% | 54% |
| HSC | 63% | 66% | 65% |