



# Public Meeting

---

**July 2024**



**community health  
center board**

*Multnomah County*

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June 10 2024

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# AGENDA



**community health  
center board**

*Multnomah County*



# Public Meeting Agenda

## July 8th, 2024

### 6:00-8:00 PM

### In Person Gladys McCoy 8th Floor, Room 850

*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 Members Present:**

**Tamia Deary** – Chair

**Brandi Velasquez** – Member-at-Large

**Alina Stircu** – Board Member

**Darrell Wade**- Treasurer

**Susana Mendoza**- Member-at-Large

**Harold Odhiambo** - Board Member

**Kerry Hoeschen** – Secretary

**Jenna Green - Interim Executive Director (Ex Officio)**

- Meetings are open to the public
- There is no public comment period
- Guests are welcome to observe/listen
- 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
<b>6:00-6:05</b> (5 min)	<b>Call to Order / Welcome</b> <i>Tamia Deary, CHCB Chair</i>	
<b>6:05-6:15</b> (10 min)	<b>Patient Impact Story</b> <i>Introduction by Jenna Green, Interim Executive Director</i>	Board reviews and votes
<b>6:15-6:20</b> (5 min)	<b>Minutes Review - VOTE REQUIRED</b> June 10th, 2024 Public Meeting Minutes	Board reviews
<b>6:20-6:30</b> (10 min)	<b>Annual Quality Plan Review- VOTE REQUIRED</b> <i>Brieshon D’Agostini, Quality and Compliance Officer</i>	Board reviews
<b>6:30-6:40</b> (10 min)	<b>C8E Capital Grant Extension - VOTE REQUIRED</b> <i>Debbie Powers, Interim Health Center Chief Operations Officer</i>	Board reviews
<b>6:40-6:50</b> (10 min)	<b>State of Oregon Workforce Ready Grant - VOTE REQUIRED</b> <i>Debbie Powers, Interim Health Center Chief Operations Officer</i> <i>Jennifer Jako, Oral Health Equity Project Manager</i>	Board reviews and votes
<b>6:50-7:00</b> (10 min)	<b>Q1 Complaints and Incidents</b> <i>Kimmy Hicks, Project Manager, Quality Team</i>	Board reviews and votes
<b>7:00-7:15</b> (15 min)	<b>15 Minute Break</b>	Board reviews
<b>7:15-7:30</b> (15 min)	<b>Q1 Patient Experience Surveys</b> <i>Brieshon D’Agostini, Quality and Compliance Officer</i>	Board reviews and votes
<b>7:30-7:40</b> (10 min)	<b>Monthly Financial Reporting Package</b> Paul Fogel, Finance Manager	Board reviews



<p><b>7:40-7:45</b> (5 min)</p>	<p><b>Committee Updates</b> Finance Committee: Darrell Wade, Finance Chair Quality Committee: Tamia Deary, Quality Chair Executive Committee: Tamia Deary, Board Chair Nominating Committee: Tamia Deary, Board Chair Bylaws Committee: Tamia Deary, Board Chair</p>	<p>Board reviews</p>
<p><b>7:45 - 7:55</b> (10 min)</p>	<p><b>Department Updates/Strategic Updates</b></p> <ul style="list-style-type: none"><li>○ Interim Executive Director</li><li>○ Operations</li><li>○ Clinical</li><li>○ Quality</li></ul>	<p>Board reviews</p>
<p><b>7:55-8:05</b> (10 min)</p>	<p><b>Board Discussion (<i>Closed Executive Session</i>)</b> <i>Tamia Deary, CHCB Chair</i></p>	<p>Board receives updates in an executive session and has discussion</p>
<p><b>8:05pm</b></p>	<p><b>Meeting Adjourns</b></p>	<p>Thank you for your participation</p>



# PUBLIC MEETING MINUTES



**community health  
center board**

*Multnomah County*



**CHCB Public Meeting Minutes**  
**June 10, 2024**  
**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** – Chair

**Darrell Wade**- Treasurer

**Kerry Hoeschen** – Secretary

**Brandi Velasquez** – Member-at-Large

**Susana Mendoza**- Member-at-Large

**Alina Stircu** – Board Member

**Harold Odhiambo** - Board Member

**Jenna Green** - Interim Executive Director

**Board Members Excused/Absent: Alina Stircu**

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
<b>Call to Order / Welcome</b> Tamia Deary, CHCB Chair	Meeting called to order at 6:05pm  We <u>do have a quorum</u> with 6 members  Absent: Alina Stircu  Tamia requested a motion to amend tonight’s agenda by adding an executive session at the end to discuss confidential board items and unanimous consent was received.  Susy motioned to approve and Harold seconded. Since there were no objections, approved by unanimous consent.			
<b>Minutes Review - VOTE REQUIRED</b> Tamia Deary, CHCB Chair <ul style="list-style-type: none"> <li>May 13, 2024 Public Meeting Minutes</li> </ul>	May 13, 2024, Public Meeting minutes.  No changes requested.	<b>Motion to approve: Susy</b> <b>Second: Darrell</b>  Yays: 6 Nays: 0 Abstain: 0  <b>Decision: Approved</b>		

<p><b>Ryan White - Part C Competing Continuing Application - VOTE REQUIRED</b> Nick Tipton, Regional Manager Senior</p>	<p>Nick Tipton gave a reminder that this grant is part of our continuing services and pays for most of our HIV center nursing services. It is a key component to providing integral services to our HIV clients.</p>	<p><b>Motion to approve: Susy</b> <b>Second: Bee</b> Yays: 6 Nays: 0 Abstain: 0 <b>Decision: Approved</b></p>		
<p><b>Transitions in Care for Justice of All Populations - VOTE REQUIRED</b> Kevin Minor, Integrated Behavioral Health &amp; Addictions Manager</p>	<p>Kevin Minor introduced the HRSA Transition in Care for Justice Involved Grant</p> <p>He advised that this grant would focus on individuals that are being released from corrections and want to be engaged in primary care. It would link them for care and treatment at Multnomah County Health Department if they have no primary medical home.</p> <p>No questions or comments were noted</p>	<p><b>Motion to approve: Bee</b> <b>Second: Kerry</b> Yays: 6 Nays: 0 Abstain: 0 <b>Decision: Approved</b></p>		
<p><b>BH Services Expansion - VOTE REQUIRED</b> Kevin Minor, Integrated Behavioral Health &amp; Addictions Manager</p>	<p>Kevin Minor introduced the HRSA Behavioral Health Services Expansion Grant that focuses on access to the Mobile Health Clinic for behavioral health services through starting or expanding mental health and substance use disorder services.</p> <p>This grant would add a behavioral health provider to the mobile health clinic.</p> <p>Questions/Comments:</p> <ul style="list-style-type: none"> <li>● Susy asked if this grant would be working with the same population as the Transitions of Care for Justice of All? <ul style="list-style-type: none"> <li>○ This grant is specifically for individuals accessing</li> </ul> </li> </ul>	<p><b>Motion to approve: Susy</b> <b>Second: Kerry</b> Yays: 6 Nays: 0 Abstain: 0 <b>Decision: Approved</b></p>		



	<p>the mobile clinic. There may be some cross over but it is not designed to exclusively work with individuals being released from corrections.</p> <ul style="list-style-type: none"> <li>● Susy asked if we would be providing interpretation services?             <ul style="list-style-type: none"> <li>○ All interpreter services being provided in our health centers would also be provided in the mobile clinic.</li> </ul> </li> <li>● Why will Narcan not be purchased in year 2 under this grant?             <ul style="list-style-type: none"> <li>○ This indicates that we will purchase enough Narcan for the entire 2 years and will not need to purchase it again at the beginning of the second year.</li> </ul> </li> </ul>			
<p><b>HRSA Capital Earmark for Rockwood Repairs - VOTE REQUIRED</b>          Adrienne Daniels, Deputy Director Integrated Clinical Services</p>	<p>Adrienne advised that an earmark is designated funding in the federal budget for a specific project. The 2023 federal budget included funding for repairs to the Rockwood Community Health Center totaling \$1.97 million.</p> <p>Renovations for Rockwood would focus on critical infection control and prevention.</p> <p>This funding is earmarked only for crucial repairs essential for the operations for the building.</p> <p>The renovation schedule is still under review. We expect updated timelines on the duration of the renovation and potential clinic closures later this summer. No closure impact option is ready for review yet tonight.</p> <p>No questions or comments were noted.</p>	<p><b>Motion to approve: Kerry</b>  <b>Second: Bee</b>          Yays: 6          Nays: 0          Abstain: 0:  <b>Decision:</b>  <b>Approved</b></p>		

<p><b>Bylaws Meeting Requirement Change</b> Brieshon D'Agostini, Quality and Compliance Officer</p>	<p>Brieshon presented the bylaws update proposal for HRSA Compliance including the Progressive Action Detail on what happens if we remain out of compliance. We are currently in the Off Cycle Condition 90 day period.</p> <p>The risks if we remain out of compliance include restrictions on drawing down grant funds and applying for new grants, loss of FQHC status, loss of FQHC grant and other funding (enhanced Medicaid billing, additional grants).</p> <p>Proposed changes include 4 areas: “cleanup” updates, conflict of interest (procurement and contracts), board member family definition, and minimum meeting requirements for prospective members.</p> <p>The board will now have 2 weeks to review the proposed changes for a vote which may occur during an ad hoc CHCB meeting if not during the July CHCB public meeting.</p> <p>No questions or comments were noted.</p>			
<p><b>Break</b></p>				
<p><b>Monthly Financial Reporting Package</b> Hasan Bader, Finance Manager</p>	<p>Hasan Bader presented the financial reports year to date.</p> <p>We are currently at 92% budgeted revenue for the year and 79% expenditures. We have collected 70% of grant revenue. Year to date we are in the black by \$23,600,000. Year to date after 10 months, we are at 73.9% compared to budget which means we are under budget.</p> <p>Questions/Comments:</p> <ul style="list-style-type: none"> <li>Susy said it was a great presentation that was very well explained and is happy to see that there are no numbers</li> </ul>			

	in the red.			
<b>Committee Updates</b>	<p>Finance Committee: The committee met on 6/6 and Hasan walked the committee through monthly financials . Due to the July 4th holiday, the committee will be rescheduling the next meeting.</p> <p>Quality Committee: Tamia Deary, Quality Chair: The committee met on 5/22 and spent a lot of time on the recently publicized breach, adding items to the Quality Committee calendar, noted that Business Intelligence will do regular updates until we are confident that all necessary improvements have been enacted, and received updates on the recommended changes to the bylaws.</p> <p>Executive Committee: Tamia Deary, Board Chair: The committee had a discussion on the breach, doing a summer barbeque, the upcoming board appreciation at the end of June, the capacity we have to treat our clients versus the number of clients we have on our roster since we currently have capacity to treat about 35k clients in our dental program but have over 50k clients on our roster with CareOregon.</p> <p>Nominating Committee: Tamia Deary, Board Chair - No update given</p>			
<b>Department Updates/Strategic Updates</b>	<p>Jenna Green reviewed some of the highlights in our Community Health Center board memo which included:</p> <ul style="list-style-type: none"> <li>• Our overall county budget was approved last week</li> <li>• Our Health Department team is supporting different ways to recruit staff and had 150 community members join us for our Health Center Career Fair in May</li> <li>• Our generators project is moving ahead and we are requesting a no cost extension related to the project funding due to the likelihood that thee lead time will go over current grant timeline</li> </ul>			

	<ul style="list-style-type: none"> <li>• Changes to our mobile clinic include evaluating our current partnerships and schedules to maximize where we are sending our mobile unit to serve our communities</li> <li>• There was a decrease in medical and dental visits for our mobile unit in May due to some mobile van servicing that was needed</li> <li>• HIPAA Breach is pretty much wrapped up besides some ongoing monitoring</li> <li>• In the Cyber security section, we will start to have a standing section and report out</li> <li>• Excited to bring David Douglas High School online this summer</li> <li>• We have a new system that the Patient Access Center agents will now be able to use to enter symptoms from callers that the system will then automatically generate some probing questions to help agents triage calls</li> </ul> <p>No questions or comments were noted.</p>			
<p><b>NWRPCA Board Member report back</b></p> <p>Tamia Deary, CHCB Chair Bee Velasquez, Member-at-Large Susana Mendoza, Member-at-Large</p>	<p>Susy noted that the workshop was very interesting but also a bit difficult due to lack of interpretation.</p> <p>Bee enjoyed networking and hearing others’ challenges. The closing out session about being human was a great reminder that we are all at the end of the day human and all experience our own challenges.</p> <p>Tamia’s highlights included some of the workshops such as the mobile clinic sustainability and the power of experiencing the conference with other board members.</p>			
<p><b>Meeting Adjourns</b></p>	<p>Board voted 6 yes/0 No to enter Executive Session at 7:45pm Executive Session ended at 8:20pm and the Meeting adjourns</p>	<p><b>Motion to approve: Second:</b></p>		<p>Next public meeting scheduled on</p>

		<b>Vote to move into Exec</b> <b>Session:</b> Yays: 6 Nays: 0 Abstain: 0 <b>Decision:</b> <b>Approved</b>		July 08, 2024
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Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Kerry Hoeschen, Secretary

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Tamia Deary, Board Chair

Scribe: // Email:  
Shawna Williams / shawna.williams@multco.us



# SUMMARIES



**community health  
center board**

*Multnomah County*

# Quality Management Plan

Fiscal Year 2025: July 2024-June 2025



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**Purpose of this document:**

The Quality Management Plan supports our goal of high quality, equitable, safe care by providing the framework and guidance for the Health Center to:

- Communicate Health Center quality goals
- Inform Health Center strategic priorities, allocating resources, and monitoring progress
- Support quality assurance and improvement for services
- Meet quality management compliance requirements
- Provide the framework for quality metrics and reporting

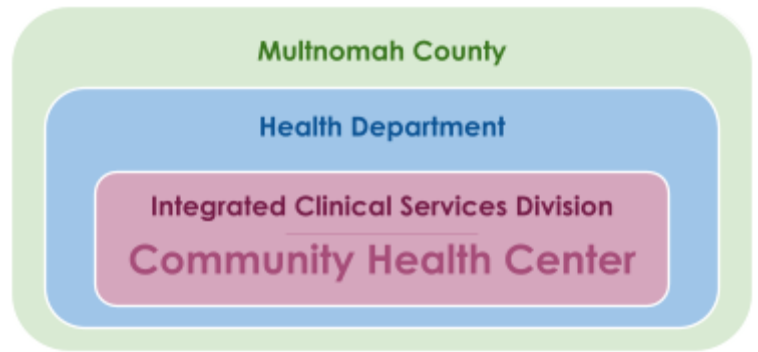
The Quality Management Plan is required by multiple regulatory organizations, such as:

- HRSA Health Center Compliance Manual
- FTCA Risk Management
- The Joint Commission accreditation
- Oregon Reproductive Health Program
- State Licensing Boards

# Health Center Overview

## Organizational Overview

The Multnomah County Community Health Center is a Federally Qualified Health Center (FQHC) housed within the Health Department's Integrated Clinical Services Division.



The Community Health Center:

- Provides primary care, dental, integrated behavioral health, and pharmacy services
- Welcomes all persons, regardless of insurance status, ability to pay, demographics, or documentation status
- Prioritizes culturally and linguistically appropriate care, supporting clients in a way that works for them

## Mission, Vision, Values

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

**Health Center Vision:** Integrated. Compassionate. Whole person health.

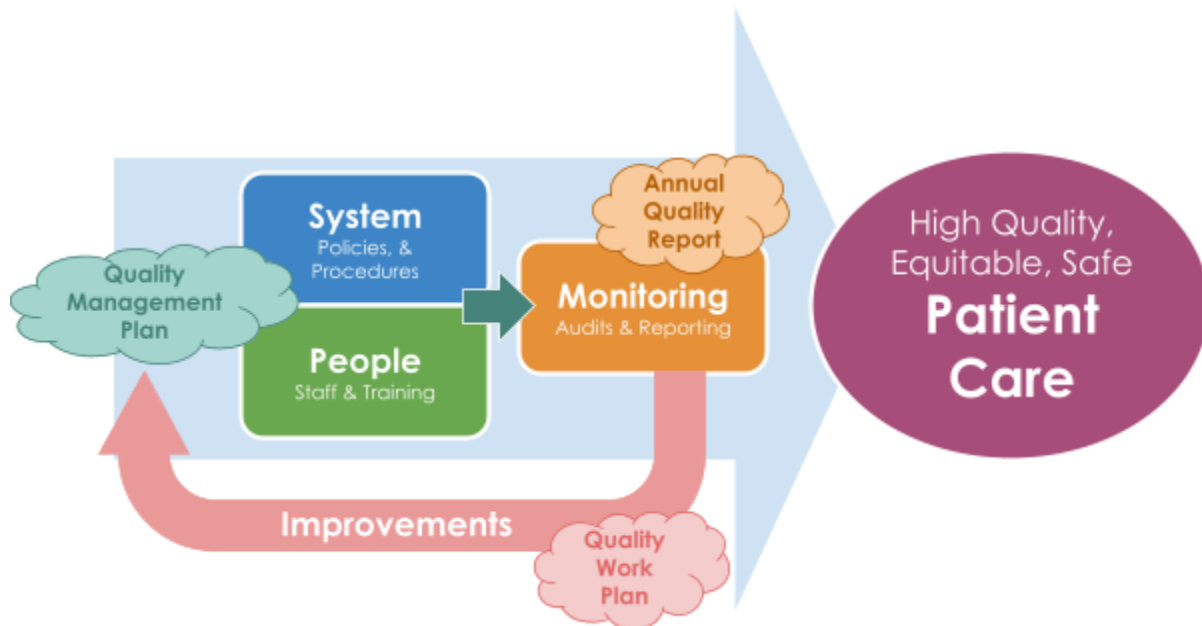
### Health Center Values

- Equitable care 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 center on racial equity
- Engaged, expert, diverse workforce which reflect the communities we serve



# The Health Center's Quality Approach

The critical components of delivering the high quality, equitable, safe care that our clients deserve, are to have a strong system of **policies, procedures, and tools**; a **robust staffing model with clear expectations and training**; a way to **monitor quality**; and **effective improvement activities** for when that foundation needs adjustment.



**To support this approach to Quality, there are three primary components:**

This **Quality Management Plan** defines the vision, framework, and roles for the Health Center (System and People). The Annual Quality Management Plan is approved by the Community Health Center Board.

The **Annual Quality Report** illustrates quality performance and helps to identify improvement opportunities (Monitoring). Additional reporting quarterly and throughout the year supplements the annual report.

The **Quality Work Plan** includes projects to impact performance (Improvements). The Quality Work Plan is operationalized and managed by Community Health Center staff.

# Governance and Structure

## Co-Applicant Agreement

The Community Health Center Board (CHCB) is the governing board for the Community Health Center, and delegates some accountability to the Board of County Commissioners (BCC). This arrangement is outlined in a co-applicant governance arrangement between the CHCB and the BCC, called the Co-Applicant Agreement\*. Quality management and this annual Quality Management Plan must be approved by the CHCB as part of their governing authority.

\*see the Co-Applicant Board Agreement for additional information

## Community Health Center Board Quality Governance

The Health Center's consumer-majority governing board is mandated by HRSA to provide oversight of the Health Center, including governance of the Quality activities such as:

<p><b><u>Quality Management Plan</u></b></p> <p>The CHCB reviews and approves each fiscal year.</p>	<p><b><u>Quality Assurance and Improvement Activities</u></b></p> <p>Quality Assurance/Improvement (QA/QI) activities are projects that help measure the quality of our services and make changes to improve that quality. These are presented to the CHCB on an ad hoc basis, and may be included in the Annual Quality Report. This includes activities such as internal audits, reviews, and exercises.</p>	<p><b><u>Accreditation/certification reports:</u></b></p> <p>The CHCB receives reports of regulatory activities, such as The Joint Commission (TJC) accreditation, recognition with other federal and state programs.</p>
<p><b><u>External program and financial audit reports</u></b></p> <p>Program and financial performance reviews from grant organizations, federal programs, and accreditation agencies are shared with the CHCB as part of regular compliance monitoring.</p> <p>Multnomah County is also required to perform an annual independent financial audit of government services. All County related audits are available at the Multnomah County Auditor website, and when the audit includes Health Center services, it is reported to the CHCB and to the Federal Government.</p>		<p><b><u>Patient surveys</u></b></p> <p>Patient surveys are a program requirement and an important component of a QA/QI program, and are reported to the CHCB.</p>
<p><b><u>Adverse incident reports</u></b></p> <p>Adverse incidents affecting patient satisfaction, staff satisfaction, safety, possible professional and general liability insurance claims, and the quality of clinical and management services are regularly reported to the CHCB.</p>	<p><b><u>Policies</u></b></p> <p>Some Community Health Center policies are approved by the CHCB, such as patient feedback, surveys, and data governance.</p>	<p><b><u>HRSA/BPHC required Clinical and Financial Performance</u></b></p> <p>HRSA/BPHC performance measures are reported at least annually. UDS data manual and tables are available on the HRSA/UDS website. Other internally designated measures may be assessed and reported more frequently. Some may be incorporated into reports reviewed by the CHCB.</p>

## CHCB Quality Committee

The CHCB Quality Committee is responsible for defining, prioritizing, overseeing, and monitoring the Health Center's performance improvement activities, including client and environmental safety. This includes partnering with the Community Health Center's Chief Quality and Compliance Officer and other leadership to:

- Meet at least quarterly and as needed
- Analyze aggregate quality performance data
- Assure that the activities in the Quality Management Plan are followed
- Review policies related to quality improvement as needed
- Review the Health Center's Standards of Care and/or Protocols
- Help ensure programs, services, and hours are client-centered and meet client needs
- Evaluate client satisfaction

Membership in the CHCB Quality Committee\* includes up to four (4) CHCB Board Members including at least one (1) actual or potential consumer. Committees may also consist of additional persons from the community who are not board members, but are selected based on their knowledge and/or concern about a specific issue, field, or endeavor.

*\*CHCB Bylaws are the final authority on all CHCB committee structure and membership.*

# Community Health Center Leadership Structure

## Community Health Center Senior Leadership

The Senior Leadership for Integrated Clinical Services (SLICS) team sets the direction and assures leadership alignment to achieve the vision and mission for the Community Health Center. Clinical and operational leaders from each service area are represented on this team. SLICS is led by the Community Health Center's Executive Director, whose working title is Integrated Clinical Services Director.

### **SLICS responsibilities include:**

- Accountability for the safety and quality of care, treatment, and services provided in the scope of the Community Health Center
- Strategic planning and implementation of operational policies
- Assuring alignment and progress toward accomplishing strategic goals
- Providing quality and safety oversight for the Community Health Center
- Development, review, and response to operational, clinical, and financial measures.
- Working with the Community Health Center Executive Director to provide comprehensive and timely reports to the Community Health Center Board

### **SLICS Meeting Frequency:**

- Twice per month and as needed
- Retreats twice per year and as needed

### **SLICS Membership:**

- ICS Director/Chief Executive Officer
- Health Center Chief Strategy and Population Health Officer
- Health Center Chief Clinical Services Officer
- Health Center Chief Operations Officer
- Health Center Chief Quality and Compliance Officer
- Health Center Chief Financial Officer
- Health Center Chief Information Officer
- Primary Care Medical Directors
- Pharmacy Director
- Pharmacy Deputy Director
- Dental Director
- Dental Deputy Director
- Deputy Operations Director
- Health Equity Development Director
- Executive Support Manager

## Health Center Clinic/Program Leadership

The next level of leadership after SLICS includes subsets of managers and supervisors who oversee programs and clinics. This leadership group is critical to both informing the development of initiatives as well as implementing those initiatives and changes throughout the system.

**Program Leadership:** All Community Health Center programs and services include a variety of managers, supervisors, and leads to support the critical work that enables the Health Center to deliver services to our clients. These include both direct and support services that enable the provision of care to clients.

**Primary Care Clinics:** Primary Care, including Student Health Centers (SHC) and the HIV Health Services Center (HSC) follows a regional model, with each region including multiple sites. Each region has both regional and site-specific managers and supervisors supporting and overseeing services. The structure for each region varies slightly depending on the needs of those clinics, and generally includes a combination of:

Role	Oversight
<b>Regional Clinic Manager</b>	<i>All clinic operations and functions</i>
<b>Regional Nurse Managers or site Nurse Supervisor</b>	<i>Nursing and clinic support functions</i>
<b>Program Supervisors (clinical support)</b>	<i>Clinical support functions</i>
<b>Clinic Supervisors</b>	<i>Day-to-day clinic operations</i>
<b>Site Medical Directors</b>	<i>Providers</i>

**Dental Clinics:** The Dental Clinics have a combination of central and site-specific leadership, including:

Role	Oversight
<b>Senior Dental Manager</b>	<i>All program operations and functions</i>
<b>Dental Operations Manager</b>	<i>Clinic operations and functions</i>
<b>Program Supervisors</b>	<i>Day-to-day clinic operations for each site</i>

**Pharmacies:** The Pharmacy Program has a combination of central leadership and site leads:

Role	Oversight
Pharmacy Director	All program operations and functions
Pharmacy Deputy Director	All program operations and functions
Pharmacy Operations Managers	Pharmacy site and program operations
Pharmacists in Charge (PICs)	Day-to-day operations for each site

**Program/Clinic Leadership Groups:** To best support our clients, services, and staff, program leadership includes subgroups with responsibilities for specific role groups or service lines. These include:

- Cross-Service Operations Huddle
- Primary Care Leadership Team (PCLT)
- Dental Care Leadership Team (DCLT)
- Integrated Clinical Operations Meeting (ICOM)
- Pharmacy Leadership + Pharmacists in Charge (PICs)

## Health Center Committees (Quality)

Committee	Membership	Frequency	Responsibilities
<b>Health Center Quality Leadership Team (QLT)</b>	Led by CQCO and CCO  Quality Team and key program and clinic leadership/ staff	At least 3x/year	<ul style="list-style-type: none"> <li>• Coordinated decision-making and implementation of quality work across the Health Center</li> <li>• Review quality metric data and trends</li> <li>• Identify quality improvement opportunities</li> <li>• Plan and develop improvement activities</li> <li>• Communicating changes and activities to staff and stakeholders</li> </ul>
<b>Interdisciplinary Review Committee</b>	Key Senior Leadership, IBH Manager, Quality Team	At least monthly and ad hoc	<ul style="list-style-type: none"> <li>• Review unique or challenging client situations</li> <li>• Decision-making for dismissal, transfer, or other actions to best support client and Health Center</li> </ul>

<b>Committee</b>	<b>Membership</b>	<b>Frequency</b>	<b>Responsibilities</b>
<b>Incident Review Committee</b>	Key Senior Leadership, IBH Manager, Quality Team	At least monthly	<ul style="list-style-type: none"> <li>Review reported client safety incidents</li> <li>Identify concerns and trends</li> <li>Determine follow up needed (investigations, Root Cause Analyses, training/coaching, process improvements, etc)</li> </ul>
<b>Pharmacy and Therapeutics Committee</b>	Key leadership and stakeholders	At least quarterly	<ul style="list-style-type: none"> <li>Oversee Joint Commission medication management chapter</li> <li>Related Quality and Process Improvement</li> </ul>
<b>340B Oversight Committee</b>	Key pharmacy staff and senior leadership	At least quarterly	<ul style="list-style-type: none"> <li>Oversee and guide 340B program policies and procedures, training, and compliance</li> </ul>
<b>RE.D.I. (Race/Ethnicity, Diversity, Inclusion) Committee</b>	Senior Leadership Health Equity Team  Cross-functional program/clinic leadership and staff	Varies	<ul style="list-style-type: none"> <li>Eliminate racial inequities in policies, procedures, and practices</li> <li>Develop clinical practices centered on racial and health equity using public health and population health strategies and decolonizing data</li> <li>Establish training and development opportunities focused on racial equity for employees and management</li> <li>Build infrastructure to support racial equity</li> <li>Develop sustainable health center culture centered on racial equity</li> </ul>
<b>Site Sustainability Teams</b>	Site leadership and representation from role groups	At least monthly	<ul style="list-style-type: none"> <li>Sustain quality improvements</li> <li>Review local workflows</li> <li>Initiate quality improvement projects at the local level (such as PDSAs)</li> </ul>
<b>Site Safety Committees</b>	Site leadership and representation from all building programs	At least monthly	<ul style="list-style-type: none"> <li>Conduct quarterly Building Safety Inspections</li> <li>Identify and report building safety concerns</li> <li>Implement safety improvement activities</li> </ul>
<b>Client Advisory Committee (CAC)</b>	Clients, coordination staff, key leadership, and stakeholders	At least quarterly	<ul style="list-style-type: none"> <li>Provide feedback and insight regarding Community Health Center quality and operations</li> <li>Collaborate with leadership to identify areas of improvement</li> </ul>
<b>Other committees as needed</b>			

## Quality and Compliance Program

To support the Health Center's responsibility of providing high quality, safe, equitable care, the Quality and Compliance Program provides critical resources and subject matter expertise on compliance, quality assurance, and quality improvement activities.



The core functions of the Quality and Compliance Program include:

Core function	Primary functions
Oversight of Health Center Quality and Compliance	<ul style="list-style-type: none"> <li>Collaborate across Health Center and with other Departments and Divisions to develop and implement policy and processes to improve and ensure quality of services</li> </ul>
HIPAA/Privacy and medical records	<ul style="list-style-type: none"> <li>Develop and maintain privacy policies</li> <li>Investigate HIPAA privacy incidents, breaches, and complaints</li> <li>Respond to medical records requests</li> <li>Scan and index documents into the medical record</li> <li>Provide subject matter expertise in protecting privacy and the ethical use of health information</li> </ul>
Client surveys	<ul style="list-style-type: none"> <li>Work with vendor to conduct client surveys for all service lines</li> <li>Analyze and present data, trends, and opportunities</li> </ul>
Client complaint management	<ul style="list-style-type: none"> <li>Coordinate receipt of and responses to complaints and grievances from clients</li> <li>Analyze and present data, trends, and opportunities</li> </ul>
Client safety incident management	<ul style="list-style-type: none"> <li>Coordinate interdisciplinary review of client safety incidents</li> <li>Analyze and present data, trends, and opportunities</li> </ul>
Credentialing and privileging	<ul style="list-style-type: none"> <li>Complete credentialing, privileging, and enrollment of Licenced Independent Practitioners (LIPs)</li> <li>Collaborate with Health HR on licensing and certification for all clinical roles</li> </ul>



Health Center specific training coordination	<ul style="list-style-type: none"> <li>• Support development, implementation, and tracking of health center e-training</li> </ul>
Policy management	<ul style="list-style-type: none"> <li>• Coordinate development, revision, and renewal of Health Center policies</li> </ul>
Quality improvement, assurance, and compliance	<ul style="list-style-type: none"> <li>• Coordinate and conduct internal audits and other activities to help ensure quality and compliance</li> <li>• Coordinate and support external surveys and other activities related to quality and compliance</li> <li>• Analyze and present findings, trends, and opportunities</li> </ul>
Employee safety	<ul style="list-style-type: none"> <li>• Collaborate with County and Health Department partner programs to support employee safety, including County Workplace Security, Risk Management, Facilities, and Attorney's Office</li> <li>• Identify and elevate trends and opportunities as needed</li> </ul>
Risk assessment and management	<ul style="list-style-type: none"> <li>• Collaborate with County and Health Department partner programs to assess and analyze risk</li> <li>• Identify and elevate trends and opportunities as needed</li> </ul>
EHR management	<ul style="list-style-type: none"> <li>• Collaborate with Health Center Clinical Systems Information (CSI) to identify and implement improvements related to the Electronic Health Record (EHR) systems</li> </ul>
Data and reporting	<ul style="list-style-type: none"> <li>• Collaborate with Health Center Business Intelligence (BI) to develop data reporting</li> </ul>

# Community Health Center Quality Metrics

The Health Center has identified a subset of key performance indicators (KPIs) that help illustrate the overall quality of services. Measuring health system quality is incredibly complex and includes regular analysis of many types of data by different roles within the organization. These KPIs are intended to give a high-level overview.

The KPIs are organized into four main categories in alignment with The Joint Commission (TJC) accreditation, though there is some overlap between the categories.

Category	Joint Commission Chapters
<b>Safety &amp; Compliance</b>	<ul style="list-style-type: none"> <li>Environment of Care (EC)</li> <li>Infection Prevention and Control (IC)</li> <li>Life Safety (LS)</li> <li>National Patient Safety Goals (NPSG)</li> <li>Emergency Management (EM)</li> </ul>
<b>Client Experience</b>	<ul style="list-style-type: none"> <li>Rights and Responsibilities of the Individual (RI)</li> </ul>
<b>System and Staff</b>	<ul style="list-style-type: none"> <li>Leadership (LD)</li> <li>Human Resources (HR)</li> </ul>
<b>Clinical Quality</b>	<ul style="list-style-type: none"> <li>Information Management (IM)</li> <li>Record of Care, Treatment, and Services (RC)</li> <li>Provision of Care, Treatment, and Services (PC)</li> <li>Medication Management (MM)</li> </ul>
<b>Quality Improvement</b>	<ul style="list-style-type: none"> <li>Performance Improvement (PI)</li> </ul>

## KPI Reporting

The Health Center produces an annual report on a Fiscal Year cycle that includes the KPIs, as well as quarterly reporting on a subset of these metrics. These reports are reviewed at the CHCB Quality Committee meetings, provided to the full Board and presented as a summary at public meetings. The KPIs are used to help inform the following year's Quality Work Plan.

Report	Content	Public Meeting Presentation
<b>Annual Health Center Quality Report</b>  <i>Due in August for previous fiscal year</i>	<ul style="list-style-type: none"> <li>Key Performance Indicators</li> <li>Helpful context on what the data is showing</li> <li>Important trends and disparities</li> <li>Quality improvement activities where applicable</li> <li>Compliance and Risk Management Activities</li> </ul>	Highlight 3-5 KPIs Summary of trends and disparities Highlight 3-4 improvement activities from the year
<b>Quarterly Quality data</b>  <i>Due when data is available following the end of a quarter</i>	<ul style="list-style-type: none"> <li>Subset of metrics that includes, at a minimum, client complaints, incidents, and surveys</li> <li>Important trends and disparities</li> <li>Improvement activities where applicable</li> </ul>	Summary of trends and disparities

## Key Performance Indicator Grid

Work Process	What question needs answered?	KPI	Calculation	Examples for Narrative	Category
<b>External Audits</b>	Were external audits passed?	External Audit Summary	Narrative: Summary of audit, findings, and resolutions.	Why is it important to resolve findings? What improvements were implemented?	<b>Safety &amp; Compliance</b>
<b>Internal Audits</b> (Open for Business, Environment of Care...)	Does the Health Center maintain a safe environment for staff and clients?	Internal Audit Trends	Number of internal audits completed per site.	What trends were identified? What improvements were implemented?	<b>Safety &amp; Compliance</b>
<b>Privacy Incidents</b>	Does the Health Center safeguard client information?	Privacy Incidents	Number of confirmed HIPAA breaches	What trends were identified? What improvements were implemented? What makes an incident a "breach"?	<b>Safety &amp; Compliance</b>
<b>Required Trainings</b>	Are staff completing and passing required trainings?	Training Passing Rates	WORKDAY + GOOGLE SHEETS Percentage of staff with all passed trainings	What trainings were required? Why are trainings required?	<b>Safety &amp; Compliance</b>
<b>Client Surveys</b>	Are clients satisfied with Health Center services?	Client Satisfaction Surveys	CROSSROADS Overall satisfaction (all services)	What trends were identified? Were there demographic disparities? What improvements were implemented?	<b>Client Experience</b>
<b>Client Complaints</b>	How do clients think the Health Center can improve?	Client Complaints	Total complaints (all services)	How many clients were served? What trends were identified? What improvements were implemented?	<b>Client Experience</b>
<b>Client Safety Incidents</b>	What is the Health Center's client safety risk?	Client Safety Incidents	Total incidents (all services)	How many clients were served? What trends were identified? What improvements were implemented?	<b>Safety + Client Experience</b>
<b>Client Advisory Committee</b>	Does the Health Center engage clients in improvements?	CAC Engagement	# of CAC meetings # of CAC participants	What does the CAC do? What topics were discussed?	<b>Client Experience</b>
<b>Clinical Quality</b>	Is the Health Center meeting health outcome metrics?	UDS Clinical Quality	UDS metrics	What trends were identified? (locations, types of metrics, demographic disparities, etc) What improvements were implemented?	<b>Clinical Quality</b>

<b>Work Process</b>	<b>What question needs answered?</b>	<b>KPI</b>	<b>Calculation</b>	<b>Examples for Narrative</b>	<b>Category</b>
<b>Clinical Peer Review</b>	Are providers delivering safe and effective services?	Clinical Peer Review	Total reviews completed	What trends were identified? (types of gaps, coaching/training opportunities, etc) What improvements or trainings were implemented?	<b>Clinical Quality</b>
<b>Appointment Access/Utilization</b>	Are clients accessing Health Center services	Appointment Access	ACCESS DASHBOARD Wait times Reasons for cancellations	What trends were identified? (types of appts, locations, etc) How are wait times being addressed? How is access being improved?	<b>Clinical Quality</b>
<b>Pharmacy Utilization</b>	Are clients using Health Center pharmacies	Pharmacy Utilization	Prescriptions filled at internal pharmacies	What trends were identified? (locations, etc)	<b>Clinical Quality</b>
<b>Quality Improvement</b>	Does the Health Center implement improvements?	Quality Work Plan Status	Status update on each project	What projects are on track? What factors impacted these projects?	<b>Quality Improvement</b>

*Additional KPIs may be scoped/developed for potential inclusion in future Quality Management Plans and Annual Quality Reports.*

# Quality Work Plan

Each year, the Health Center develops and implements a Quality Work Plan that includes projects and initiatives based on the quality metrics, strategic plan, operational needs, and resources. These activities are coordinated with other Health Center projects and initiatives to best plan resources and help support project success.

The Quality Work Plan represents the **Quality Improvement** category and consists of 5-8 system-level improvement projects, including at least one from each of the other four quality categories:



The Quality Work Plan is developed based on the previous year's Quality KPIs and other factors/considerations, such as strategic priorities and available resources, and is presented with or shortly after the Annual Quality Report.

The Quality Work Plan includes, at a minimum:

- Project Name
- Desired Outcome(s)
- Key Deliverables/Timeline
- Program or role leading the work (if known)

# Glossary

Business Intelligence	Accurate and ethical data management, reporting, and analysis to facilitate achievement of strategic goals and priorities
Clinical Information Systems	How our Electronic Health Record system supports our services and clients
Compliance	How we ensure we adhere to requirements from our regulatory organizations
Equity	How we dismantle barriers to healthcare access and delivery, in order to improve physical, emotional, and behavioral health outcomes.
Patient/Client Experience	How we support clients to feel welcome, supported, and safe in our care, and ensure equitable and client-centered experiences
Performance Improvement	Activities guided by experiences, events, and data which drive meaningful change at the Health Center
Privacy/HIPAA Compliance	How we ensure the security of our client and system information and comply with HIPAA/Privacy rules, oversight by the Health Center's Health Information Services (HIS) program
HIPAA Privacy Rule	HIPAA standards that address the allowable use and disclosure of protected health information (PHI)
HIPAA Security Rule	HIPAA standards that address a subset of information covered by the Privacy Rule: electronic protected health information (e-PHI)
Quality Assurance	How we maintain our standards of quality of care, including clinical services and operational processes
Quality Improvement	How we improve the quality and equity of healthcare delivery for our clients
Safety	How we prevent incidents, infection, errors, "near misses," and other adverse events by maintaining safe environments, workflows, and education

# Acronyms

BCC	<a href="#">Board of County Commissioners</a> <i>Elected representatives for each County district, as identified in the <a href="#">County Charter</a> and <a href="#">Oregon Administrative Rules</a>.</i>
BI	Business Intelligence
BPHC	<a href="#">Bureau of Primary Health Care</a> <i>A HRSA program that funds Health Centers in underserved communities, providing access to high quality, family oriented, comprehensive primary and preventive health care for people who are low-income, are uninsured, or face other obstacles to accessing health care.</i>
CHCB	<a href="#">Community Health Center Board</a> <i>The client majority board that governs the Community Health Center.</i>
CSI	Clinical Systems Information program
DCLT	<a href="#">Dental Care Leadership Team</a>
HIPAA	Health Insurance Portability and Accountability Act
HIS	Health Information Services program
HRSA	Health Resources and Services Administration
HVA	Hazard Vulnerability Analysis
ICS	Integrated Clinical Services, a division of MCHD that includes the Community Health Center
IT	Information Technology
MCHD	Multnomah County Health Department
OPX	Office of Patient Experience
OSHA	Occupational Safety and Health Administration
PCLT	<a href="#">Primary Care Leadership Team</a>
PDSA	Plan-Do-Study-Act: a Lean Quality Improvement tool for continuous improvement
QA	Quality Assurance
QI	Quality Improvement
QLT	Quality Leadership Team
SHC	Student Health Centers
SLICS	Senior Leadership for Integrated Clinical Services
TJC	The Joint Commission

# Grant Extension Request Presentation Summary

<b>Presentation Title</b>	Extension without funds for HRSA Capital Project (Generator Installations)			
<b>Type of Presentation: Please add an "X" in the categories that apply.</b>				
<b>Inform Only</b>	<b>Annual / Scheduled Process</b>	<b>New Proposal</b>	<b>Review &amp; Input</b>	<b>Inform &amp; Vote</b>
				X
<b>Date of Presentation:</b>	7/8/2024	<b>Program / Area:</b>	Health Center, all clinical services	
<b>Presenters:</b>	Debbie Powers, Health Centers Division Operations Director			
<b>Policy Title and Brief Description:</b>				
Extension Request for Capital Grant from HRSA				
<b>Describe the current situation:</b>				
<p>We received capital funding on 9/2/2021 from HRSA's Health Center Infrastructure Support program, which was authorized by US Congress through the American Rescue Plan Act (ARPA). The funding was granted to support three projects:</p> <ol style="list-style-type: none"> <li>1) An equipment purchasing project to support COVID-19 vaccination efforts, which is approximately 75% spent down</li> <li>2) Installation of backup generator at Mid-County Health Center, to ensure patient access to care even in the case of power outages. This project is approximately 25% spent down at present.</li> <li>3) Installation of backup generator at Northeast Health Center, to ensure patient access to care even in the case of power outages. This project is approximately 12% spent down at present.</li> </ol> <p>After the grant was received, further investigation made it clear that in order to complete the generator installations in compliance with local code regulations, the projects would need significant additional time for planning and rescoping.</p> <p>In addition, acquisition of the generators has taken longer than expected due to supply chain delays.</p>				





HRSA allows us to submit a no-cost extension (also known as an extension without funds), which will allow us to carry forward the unspent HRSA grant funds until 6/30/2025, which will allow us to complete all work outlined in the grant.

**Why is this project, process, system being implemented now?**

The grant currently ends in September 2024, so time is of the essence in order to be able to access these already awarded HRSA funds and complete the project.

**Briefly describe the history of the project so far (*Please indicate any actions taken to address needs and cultures of diverse clients or steps taken to ensure fair representation in review and planning*):**

As mentioned above, once the grant was awarded, additional investigation by County Facilities staff and local code inspectors revealed the need to alter the plan for generator installations, significantly delaying the project.

**List any limits or parameters for the Board’s scope of influence and decision-making:**

The CHCB has the authority to authorize the Health Center to request an extension without funds, with a vote documented in the meeting minutes.

**Briefly describe the outcome of a “YES” vote by the Board (*Please be sure to also note any financial outcomes*):**

With a yes vote, Health Center staff will submit a request to HRSA for an extension without funds, allowing sufficient time to continue to use HRSA funding to support completing these projects.

**Briefly describe the outcome of a “NO” vote or inaction by the Board (*Please be sure to also note any financial outcomes*):**

With a no vote, the Health Center would either need to put these projects on hold, or find alternate funds, as access to the HRSA funds would expire prior to project completion.

**Which specific stakeholders or representative groups have been involved so far?**

Multnomah County Facilities staff, ICS project management and ICS leadership staff, and HRSA quality/compliance staff.



**Who are the area or subject matter experts for this project?**  
*(Please provide a brief description of qualifications)*

Alex Lehr O’Connell - Program Specialist Senior for HRSA compliance and reporting  
Ryan Linskey - ICS project manager  
Multnomah County Facilities Staff

**What have been the recommendations so far?**

To ask for additional time, which will ensure completion of the generator installations, and avoid unworkable cost overruns.

**How was this material, project, process, or system selected from all the possible options?**

The health center sites were selected as they lacked sufficient backup power sources to ensure that care could continue even in the event of power outages, for example during winter storms.

Board Notes:



# 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**

<b>Grant Title</b>	State of Oregon Higher Education Coordinating Commission (HECC) Workforce Ready Grant		
<b>This funding will support:</b> <i>Please add an "X" in the category that applies.</i>			
<b>Current Operations</b>	<b>Expanded Services or Capacity</b>	<b>New Services</b>	
X	X		
<b>Date of Presentation:</b>	7/8/2024	<b>Program / Area:</b>	ICS Workforce Development
<b>Presenters:</b>	Debbie Powers , Interim Health Center Chief Operations Officer Jennifer Jako, Oral Health Equity Project Manager		
<b>Project Title and Brief Description:</b>			
<b><u>Oregon Higher Education Coordinating Commission (HECC) - Workforce Ready Grant</u></b>			
<ul style="list-style-type: none"> <li>● Awards for healthcare specific projects in two focus areas of which ICS may apply:             <ul style="list-style-type: none"> <li>○ <b>Nursing Career Pathways</b> (request around \$180,000 or below for 2 years)</li> <li>○ <b>Healthcare Career Pathways</b> (regional, likely to request around \$970,000 or below for 2 years for ICS Medical &amp; Dental Assistants)</li> </ul> </li> <li>● \$18 million for healthcare projects—specifically, \$9 million for projects that advance nursing career pathways and \$9 million for projects that address community-identified healthcare workforce needs.</li> </ul>			



- Workforce Ready Grants may be used to fund, but are not limited to, paid work experiences, workforce program tuition and fee assistance, wraparound services, the development of culturally and linguistically specific career pathways and organizational development.
- Applications are due July 31, 2024
- Notice of awards are expected in September 2024, with grant agreements being executed by the end of the calendar year. The allowable cost period is July 1, 2024 - June 30, 2026.

### What need is this addressing?:

The post-pandemic nursing and medical/dental assistant shortage has adversely affected Multnomah County Community Health Center's capacity to have adequate staffing to support providers and meet patient needs. Funding from this grant would assist with this, by supporting two areas of training and recruitment for Nurses, Medical Assistants, and Dental Assistants. Both the Nursing Career Pathway and the Healthcare Career Pathway will focus on equitable program participation for priority populations, defined by the funder, in workforce development (recruiting, hiring, training, retention) initiatives.

#### **Nursing Career Pathway**

The Nursing Career Pathway Project will establish a tuition assistance fund to support partial tuition reimbursement for MCHD staff enrolled in programs to advance their nursing degrees between July 1, 2024 - June 30, 2026. Nurses may pursue and hold a variety of credentials, including CNA, MA, LPN, and RN. This opportunity will focus on expanding education and training, increasing job retention, and advancing Nursing careers for MCHD employees.

#### **Healthcare Career Pathway**

The Healthcare Career Pathway will expand equity focused recruitment and training for Medical Assistants and Dental Assistants and will collaborate with schools/training centers within the Portland metro area. Additionally, this initiative will recruit participants from diverse communities to further advance health equity and quality care at MCHD's Community Health Centers (CHCs).

**Medical Assistants** provide clinical support to the patient care team to ensure the delivery of high quality patient care. This opportunity will fund three individuals to complete the Medical Assistant Apprentice training program and hourly wages for one year resulting in completion of educational requirements for full certification.

**Dental Assistants** provide clinical support to oral health teams (hygienist and dentists) to ensure the delivery of high quality oral healthcare. This opportunity will allow MCHD to recruit and hire five individuals selected from community based programs to complete the Dental Assistant curriculum and on-the-job training at MCHD's CHC. This furthers the already developed ICS Expanded Function Dental Assistant (EFDA) program.

**What is the expected impact of this project?** (*#of patients, visits, staff, health outcomes, etc.*)



If selected for this grant, Medical and Dental Assistants and Nurses will be trained and hired, greatly increasing the capacity of our MCHD CHC providers and in turn, providing more services to our patients.

**What is the total amount requested: approx. \$1,150,000**

*Please see attached budget*

Budgets for Dental and Medical Assistant Programs are in development. The estimated cost for the five Dental Assistant and three Medical Assistant Apprentices with indirect and supplies is estimated at \$970,000. The Nursing pathway tuition assistance is estimated at \$180,000.

**Expected Award Date and project/funding period:**

Notice of awards are expected in September 2024, with grant agreements being executed by the end of the calendar year. The allowable cost period is July 1, 2024 - June 30, 2026.

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

*(Please be sure to also note any financial outcomes)*

A yes vote means we will proceed with applying to the Workforce Ready Grant, potentially funding Medical and Dental Assistants and Nurses to be trained, hired, and retained, greatly increasing the capacity of our MCHD CHC providers to provide more services and higher quality services.

**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 we will not apply to the Workforce Ready Grant, thereby not attempting to secure funding for Medical and Dental Assistants and Nurses to be trained, hired, and retained, decreasing the potential capacity of our MCHD CHC providers and in turn, providing less services to our patients.

**Related Change in Scopes Requests:**

*(only applicable in cases in which project will represent a change in the scope of health center services, sites, hours or target population)*

n/a

**Proposed Budget - The budget is not finalized and the programs are assessing costs still.**

**Project Name:** Oregon Higher Education Coordinating Commission (HECC) - Workforce Ready Grant

**Start/End Date:** July 1, 2024 - June 30, 2026



	<b>Budgeted Amount</b>	<b>Comments</b> (Note any supplemental or matching funds)	<b>Total Budget</b>
<b>A. Personnel, Salaries and Fringe</b>			
<b>Dental Health Assistant 2</b>	\$460,325		\$460,325
5 FTE @\$92,065 annual salary and includes EFDA curriculum/on-the-job training			
<b>Health Assistant 2 (Medical Assistant Apprentice)</b>	\$276,195		\$276,195
3 FTE @\$92,065 annual salary and includes MA Apprentice training			
<b>EFDA Mentorship</b>	\$15,340		\$15,340
5 EFDA Mentors will receive a 5% premium (\$3,068) to provide mentorship and coaching to staff completing the EFDA.			
<b>Medical Assistant Leads</b>	\$9,756		\$9,756
3 MA Leads will receive a 5% premium (\$3,252) to provide mentorship and coaching to staff completing the apprentice program.			
<b>Total Salaries, Wages and Fringe</b>	<b>\$761,616</b>		<b>\$761,616</b>
<b>B. Supplies</b>			
Laptops for 3 FTE completing MA Apprentice program; DAs are already supplied.	\$24,000		\$24,000
Supplies for 5 FTE completing DA training, including: scrubs, dexter, typodonts, pole mount, X-ray sensor, and safety glasses	\$31,955		\$31,955
<b>Total Supplies</b>	<b>\$55,955</b>		<b>\$55,955</b>
<b>C. Contract Costs</b>			
<b>Total Contractual</b>	<b>0</b>		
<b>D. Other Costs</b>			



Tuition Nurse Education fund for staff to apply for tuition assistance to advance nursing credentials	\$180,000		\$180,000
Tuition for 5 FTE completing DA training, includes cost of testing and certification	\$25,390		\$25,390
<b>Total Other</b>	<b>\$205,390</b>		<b>\$205,390</b>
<b>Total Direct Costs (A+B+C+D)</b>	<b>\$1,022,961</b>		<b>\$1,022,961</b>
<b>Indirect Costs</b>			
<i>The FY25 Multnomah County Cost Allocation Plan has set the Health Department's indirect rate at 16.91% of Personnel Expenses (Salary and Fringe Benefits). The rate includes 4.11% for Central Services and 12.8% for Departmental. The Cost Allocation Plan is federally-approved.</i>			
<b>Total Indirect Costs (16.91% of A)</b>	<b>\$128,789</b>		<b>\$128,789</b>
<b>Total Project Costs (Direct + Indirect)</b>	<b>\$1,151,750</b>		<b>\$1,151,750</b>

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



<b>Total Indirect Care and Incentive Revenue</b>			
<b>Total Anticipated Project Revenue (E+F)</b>			





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### Proposed Budget (Draft)

<b>Project Name:</b> Oregon Higher Education Coordinating Commission (HECC) - Workforce Ready Grant	<b>Start/End Date:</b> July 1, 2024 - June 30, 2026
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	Budgeted Amount	Comments (Note any supplemental or matching funds)	Total Budget
<b>A. Personnel, Salaries and Fringe</b>			
<b>Position Title:</b> Dental Health Assistant 2	5 Staff at \$80,588		\$402,940
<b>Health Assistant 2 (Medical Assistant Apprentice)</b>	3 Staff at 87,882		\$263,646
Position Description			
<b>Position Title</b> EFDA Mentorship Premium 5%	5 EFDA Mentors at \$2,921		\$14,607
MA Lead Premium 5%	3 MA Mentors @ \$3,250		\$9,750
Position Description			
<b>Total Salaries, Wages and Fringe</b>	<b>\$690,943</b>		<b>\$690,943</b>
<b>B. Supplies</b>			
Description of supplies: Medical and Dental Supplies (3 laptops)	\$24,000		\$24,000
<b>Total Supplies</b>	<b>\$24,000</b>		<b>\$24,000</b>
<b>C. Contract Costs</b>			
Contract description: Covers staffing agencies (Cell Staffing, Maxim Healthcare Staffing, etc.), language services, and data and software services.			



<b>Total Contractual</b>			
<b>D. Other Costs</b>			
Description of training and other costs: Local travel, software purchases, and Facilities & Service requests			
Tuition Nurse Education	\$168,219		\$168,219
<b>Total Other</b>			
<b>Total Direct Costs (A+B+C+D)</b>	<b>\$116,838</b>		<b>\$116,838</b>
<b>Indirect Costs</b>			
<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. The Cost Allocation Plan is federally-approved. (Currently 16.91%)</i>			
<b>Total Indirect Costs (16.91% of A)</b>			
<b>Total Project Costs (Direct + Indirect)</b>			

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



Description of special funding awards, quality payments or related indirect revenue sources			
<b>Total Indirect Care and Incentive Revenue</b>			
<b>Total Anticipated Project Revenue (E+F)</b>			

# Q1 2024 Incidents & Complaints

June 27, 2024  
Kimmy Hicks, Project Manager

# Patient Incidents - Q4 2023

## Incidents Report

Reported Incidents	Incident by Type	Reported Pharmacy Med Dispensing Errors	Med Dispensing Error by Type	Definitions
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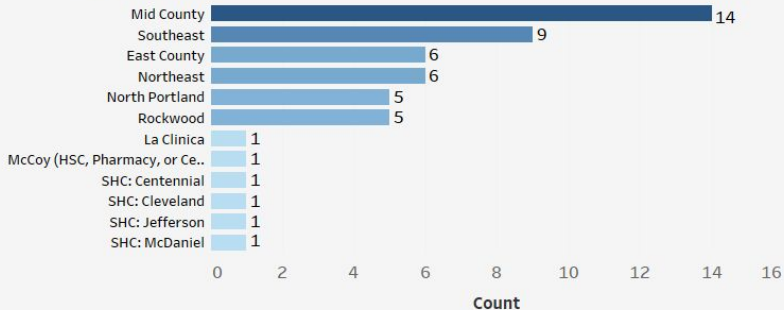


## Reported Incidents

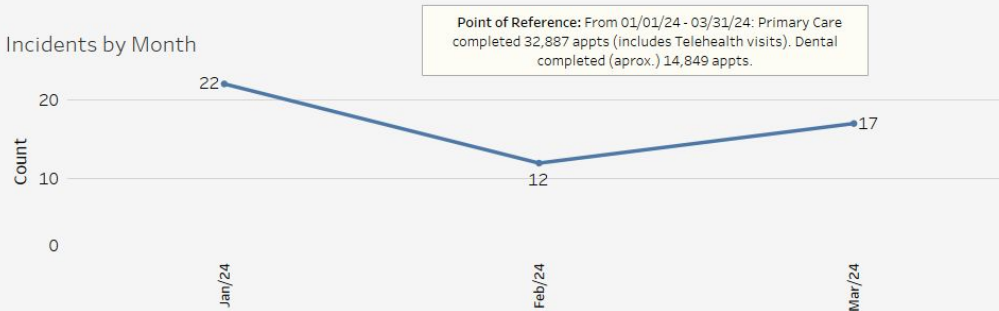
This report displays all of the incidents reported to ICS.

<b>By Service Area</b>	<b>By Quarter:</b>
All	2024 Q1
<b>Subject Person Affected by Event:</b>	
Client	

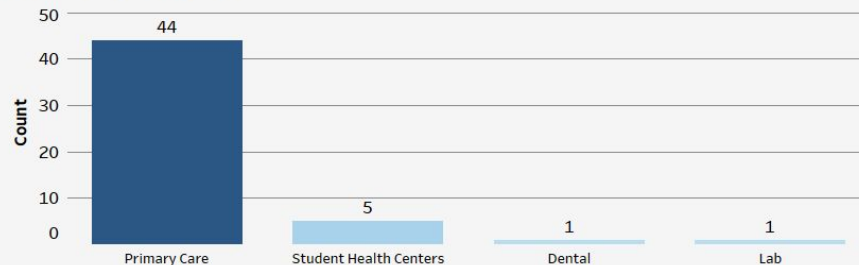
### Incidents by Location



### Incidents by Month



### Incidents by Service Area

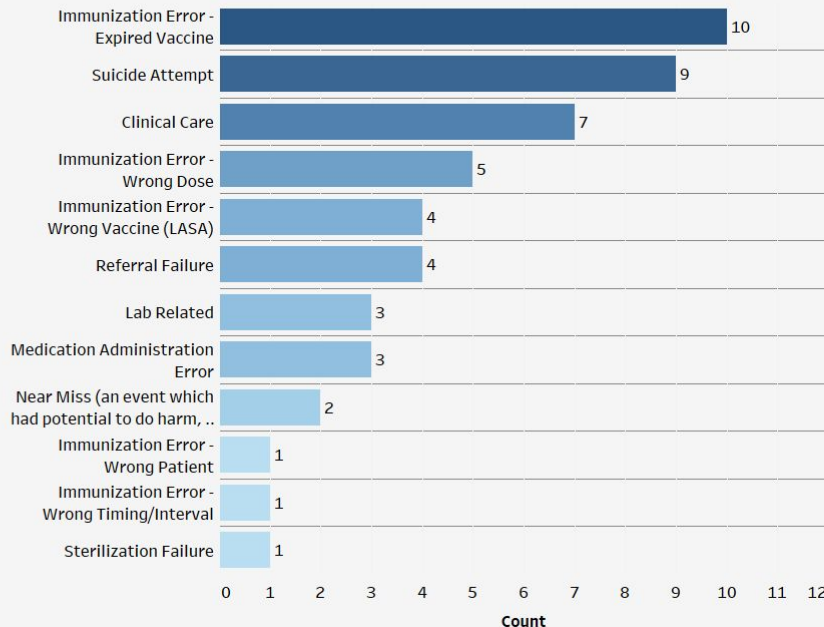


# Patient Incidents by Type

## Incidents Report

Reported Incidents	<b>Incident by Type</b>	Reported Pharmacy Med Dispensing Errors	Med Dispensing Error by Type	Definitions
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Type of Incident



Use the filters below to further explore the data!

**By Quarter:**  
2024 Q1

**By Service Area:**  
All

**Clinic Site:**  
All

**Subject Person:**  
Client

# Patient Complaints Q4 2023

## Complaints Report



Point of Reference: From 01/01/2024 - 3/31/24; Primary Care completed 32,887 appts (includes Telehealth visits). Dental completed (approx.) 14,849 appts.

## Reported Complaints

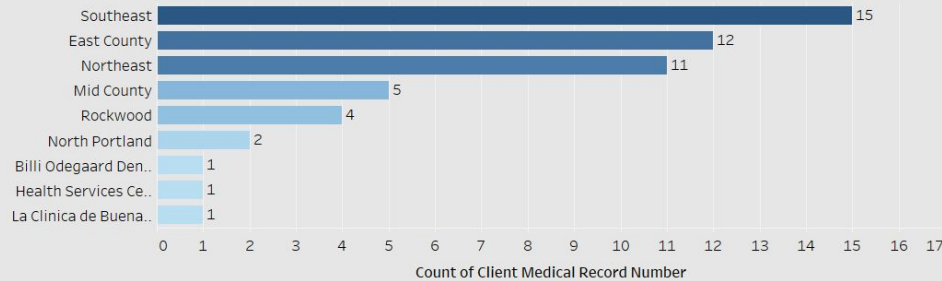
This report displays all of the complaints reported to ICS. Use the toolbar across the...

By Servi., All By Quar., 2024 Q1

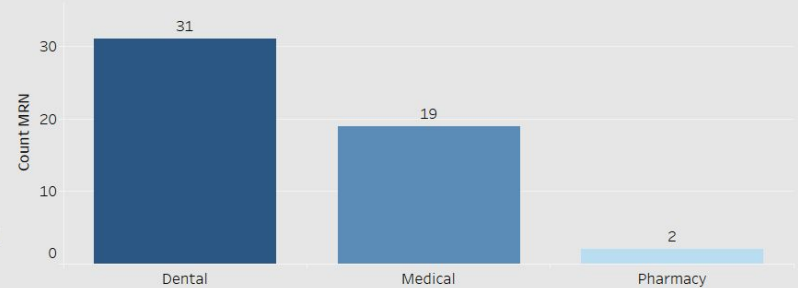
Complaints by Month



## Complaints by Location



## Complaints by Service Area



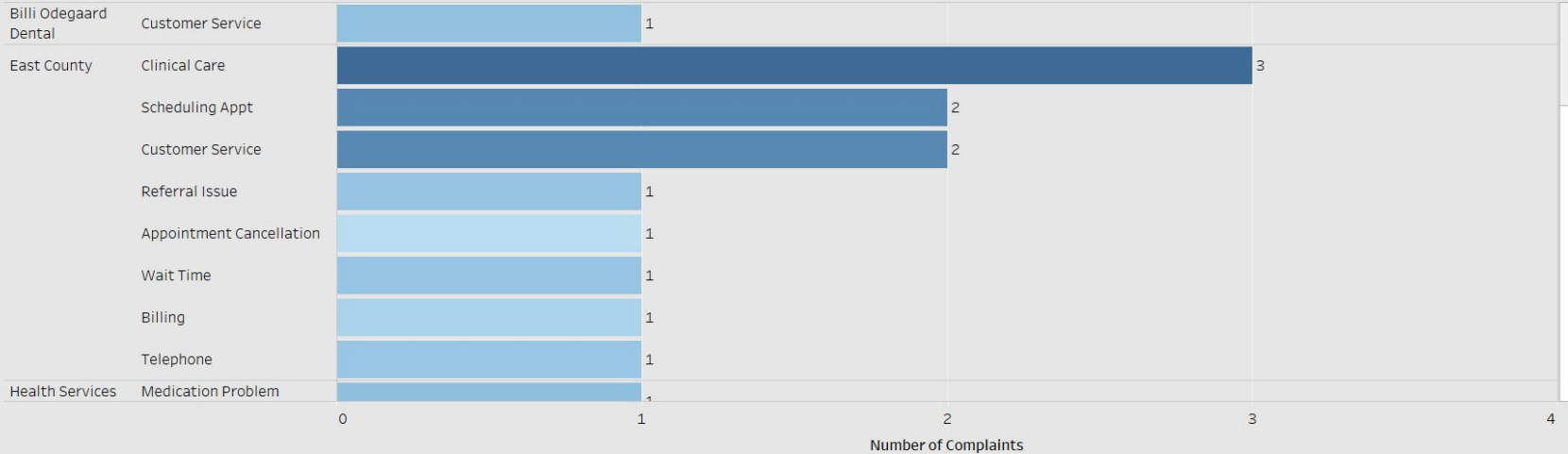
# Patient Complaints Q4 2023

## Complaints Report

Reported  
Complaints

Complaint by Type

### Complaints by Type



By Service Area

All

Clinic Site

All

By Quarter

2024 Q1

Clinic Comparison:

By Clinic



# Q1 2024 Patient Surveys: Trends, QI Work, and Improvements

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**Prepared for CHCB**

**July 8, 2024**

Linda Nicksich, Patient Experience Sr. Specialist



## Q1 2024 Update // Trends We Are Monitoring

### Trends Across the Health Center as a Whole (all service lines)

- Under National Benchmarks (except Provider Wait)
- Appointment Wait (about the same)
- Loyalty & Referral Intentions (were improving but fell in Q1 2024)
- Asked About Difficulties Caring for Health (was improving but fell)(except IBH)
- Cultural and Language Needs Being Met (was improving but fell)
- Disparities for Asian populations, Cantonese & Russian Speakers

### Pharmacy

- Privacy of Health Information
- RX Pick-up Wait Satisfaction

### Primary Care

- Provider Knowledge of Health History

### Dental

- Provider Time Spent
- Quality of Care (showing slight improvement)

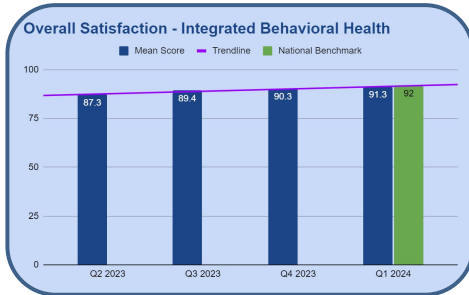
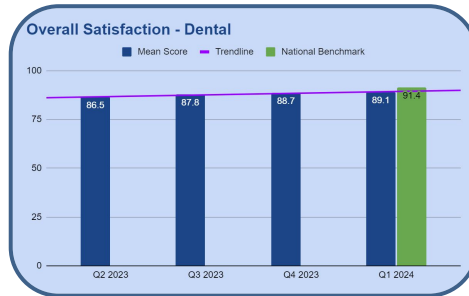
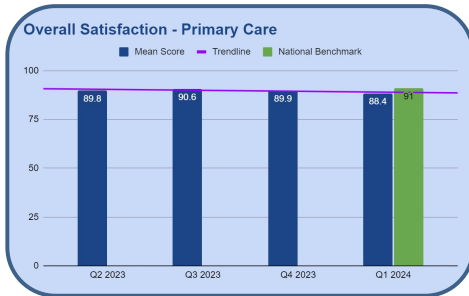
### Behavioral Health

- Provider Time Spent

Crossroads has over 120 FQHCs in their database. The National Benchmarks are the average or mean score of these FQHCs combined. There are two main sets of questions on the survey; Satisfaction-which refers to the patient's expectations of care and Experience-which refers to the patient's perception of care received.

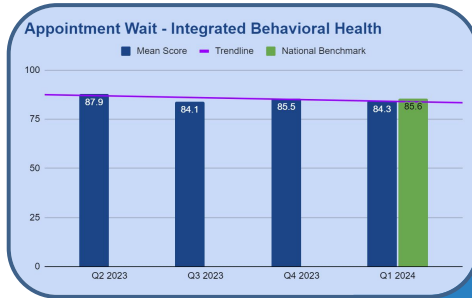
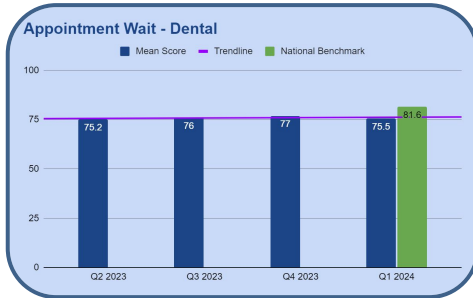
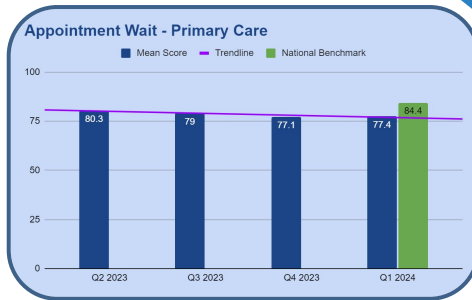
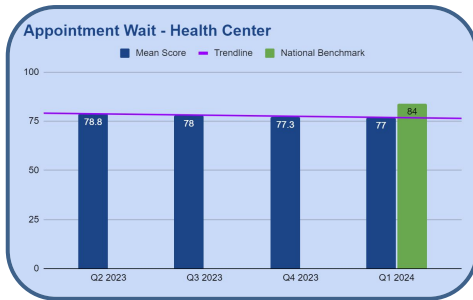
Each item in these categories represents a specific question on the survey except \*Disparities for Asian populations, Cantonese & Russian Speakers. These groups report the lowest satisfaction and experience of the entire patient cohort surveyed.

# Q1 2024 // Overall Satisfaction By Service Line



Overall Satisfaction-which refers to the patient's satisfaction with the entire appointment or pharmacy visit, are very close to the National Benchmark. These graphs show each service line's score over the last 4 quarters and the very last column (in green) shows the national benchmark (or average) for Q1 2024.

# Q1 2024 // Appointment Wait By Service Line



“Appointment Wait” refers to how satisfied the patient was with the wait from the time the appointment was requested to the actual appointment. This slide shows how the health center as a whole and each separate service line performed for “Appointment Wait” over the last 4 quarters.

## Q1 2024 // QI Work Highlights @Clinic Level

### Northern Region

- Operations teams went through a 4 section, three hour training related to environment of care, applying a quality lens, reviewing patient feedback, learning quality tools and then deep diving into a PDSA process
- One PDSA for NEHC resulted in plans to reconfigure front desk and signage to improve customer service
- Shared w/other clinic management groups

### Other Clinics

- Sharing opportunities for improvement at all staff meetings
- Sharing positive feedback as well
- Collaboration with all staff at the clinic level
- Learning QI tools such as PDSAs to empower teams to focus on improvements within the span of their control

Clinic managers are sharing their survey results with staff regularly. This includes opportunities for improvement as well as positive feedback. Each clinic has their own nuances...therefore, collaboration on activities to address trends is taking place at the clinic level, based on that clinic's specific patient feedback. As clinics develop strategies to improve patient satisfaction and experience, they are sharing their processes and results with other clinic management teams. This is creating normalization of working with Patient Satisfaction and Experience data on an ongoing basis. Clinic management is making this a regular part of their all staff meetings as well as sharing the work they are doing with other regions in order to help each other improve patient satisfaction and experience across all clinics and programs.

## Q1 2024 // Improvements and Upward Trends

### Health Center as a Whole (all service lines)

- Provider Wait Exceeded BM by 1.8%
- Exceeded 4 out of 5 Experience BMs
  - Asked About Difficulties Caring for Health
  - Asked About Causes of Worry or Stress
  - Same Day Answers to Questions
  - Test Results Received Quickly Enough

### Pharmacy

- Explanation of RX
- Cost of RX
- Comfort While Waiting at Pharmacy

### Primary Care

- Reception Staff Helpfulness
- Test Results Received Quickly Enough

### Dental

- Overall Satisfaction
- Phone Attendant Courtesy and Helpfulness
- Provider Assistant Courtesy and Helpfulness
- Provider Explanation
- Provider Listening
- Quality of Care
- Reception Staff Helpfulness

### Behavioral Health

- Overall Sat.
- Phone Attendant C&H
- Asked About Diff Caring for Health
- Provider Exp.
- Reception Staff C/R/H

There are 5 questions on the survey related to patient experience (the patient's perception of care received). In Q1 2024 the health center as a whole exceeded the National benchmarks for 4 out of the 5 questions (the 5th question not met was Provider involved you in health care decisions).

## Q1 2024 // Improvements for Disparities

### Improvements of 10% or More



Focusing on improvements for disparities among Asian populations (Chinese and other Asian), Cantonese Speakers, Russian Speakers, and Black African American populations, these comparisons show improvements of 10% or more for trends we have been monitoring for disparities.

\*First, Second, and Fourth comparisons are based on the percentage of “Yes” answers. The third measure, for Referral Intentions, is based on a “likelihood” scale.



# Department Updates

# Strategic Updates

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- Interim Executive Director
- Finance
- Operations
- Clinical
- Quality



**community health  
center board**

*Multnomah County*



# Community Health Center Board Health Center Highlights



TO: Community Health Center Board  
FROM: Jenna Green, Interim Executive Director & Senior Leadership  
RE: Public Meeting Memo  
DATE: July 2024

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## **Executive Director Reminders**

- The Health Center will be co-hosting a Back-to-School Fair on August 8th with Wallace Medical Concern and East County Community Health at the Rockwood Plaza. Our mobile medical van, eligibility specialists, program, and human resources staff will participate to provide direct health services and provide education about our community health center services in the region. This event was highly attended last year and we look forward to another successful community event.
- There will be an *optional* family-friendly staff appreciation event to launch National Health Center Week in August! CHCB members are invited to attend! The luncheon is tentatively scheduled for Saturday, August 3 and will most likely be held in a park setting.

## **Capital Projects**

- Generators: both generators have been ordered and construction prep work has begun. Both sites (MCHC & NEHC) are planning to break ground in the next few weeks.

## **Strategic Program Updates**

- Fernhill Health Center (La Clinica expansion to Portland Community College): Our community health center participated in the Sunday Parkways event in the Cully neighborhood on June 16, helping educate and share more about our upcoming expansion. Community health workers, eligibility staff, and our programs were on site to help share more about our services and let people test out our smoothie bike! We are also meeting with several community groups in July to determine if we can co-sponsor multiple neighborhood outreach events in the Cully area.

## **Risk and Compliance Updates**

- We received the final report for our 340B Drug Pricing Program Mock Audit. There were no substantive findings and minimal recommendations for updates to our policies and procedures.
- HRSA Operational Site Visit (OSV) update: Actions continue toward resolution of the

Board Composition Off Cycle Condition, including member recruitment. Response due to HRSA August 15, 2024.

- HIPAA Breach (former employee laptop access): Required investigations and notifications have been completed within time frames. County continues to work with Office of Civil Rights (OCR) to review and document event response.

**Major Key Performance Indicators for last complete month** (May 2024)

Program	Completed Visits	Average days from scheduling to appointment
Medical*	12,625 (↑ 1%)	18.7
Student Health	1,694 (↓ 8%)	6.6
Dental	5,873 (↑ 12%)	20
Triage Nurse encounter volume: 717 ↓ Refugee program screenings: 62 ↑ Transitions of Care (TOC) served 60 clients with complex mental health needs transitioning from EDs and inpatient facilities (reported quarterly: QTR/YR)		

\*Includes integrated behavioral health and clinical pharmacy visits

Mobile Clinic	Medical Visits	Dental Visits
May	75	12
June	74 ↓	48 ↑

Percentage of patients filling prescriptions at our pharmacies (Goal=70%)	
Primary Care Medical	57% (↑ 1%)
HSC	63% (↓ 3%)

**General Program Updates**

## Information Systems

- In collaboration with OCHIN, our electronic health record (EHR) vendor, we aim to enhance the current Self-Service Analytics program. To achieve this, two of our Information Systems staff members began training in June on specific tools within Epic, our EHR system. This initiative will allow us to optimize the out-of-the-box Epic tools, further solidifying our Epic First strategy.
- Cybersecurity: The Health Center Program is actively collaborating with Multnomah County IT security to conduct a comprehensive security risk assessment. This initiative aims to enhance the robustness of existing policies, procedures, and workflows, bolstering the overall cybersecurity practices.

## Dental

- Teresa Perez (EFDA) was 1 of 45 recipients nationally for “New Dental Infection Control Scholarship” through Association for Dental Safety (previously OSAP).
- Two (2) dental hygienists wrote an article for the dental newsletter regarding their mission trip to Guatemala.

**Medical/Primary Care:** Primary Care is doing the background work for two (2) foundational projects that will support our transition to value based care.

- **In Basket improvement**

- In-basket overburden is driving burnout and process improvements are needed to ensure consistency with the goal of delivering timely, accurate responses. A workgroup has formed to improve efficiencies and decrease rework and delays.

- **Medical transitions of care**

- A centralized team will be hired in the coming months to provide complex case management and hospital follow up to clients with the highest level of medical needs. Planning has begun to design the program and prepare for the team that will be engaged in this work.

## What is Value Based Care?

Value-based care is a term that Medicare, doctors and other health care professionals sometimes use to describe health care that is designed to focus on quality of care, provider performance and the patient experience in addition to lower costs.

## Value-Based Health Care Benefits



NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society

These projects will help streamline workflows and decrease duplicate work. Our provider workload committee is and has been contributing to in basket improvement ideas.

### Workforce Development Program Updates

- **Community Health Worker (CHW)**
  - Starting our second cohort of new CHW learners in partnership with OCHIN; learners are embedded in our clinics to complete didactic and technical skills training to become a certified community health worker.
- **Dental**
  - Pathway 1: Maria Lamas Chavez graduated from PCC ICDA program on June 22, 2024.
  - Pathway 2: Natalia Melnyk is first to become an EFDA through this pathway!
  - Pathway 3: First cohort began May 21, 2024 with five (5) candidates.
- **Pharmacy**
  - Four (4) clerks in the pharmacy technician workforce development program have completed  $\geq 50\%$  of their didactic work and are now applying for pharmacy technician licenses with the Oregon Board of Pharmacy. This will allow them to accelerate their hands-on training and increase their success in becoming certified pharmacy technicians.
- **Medical/Primary Care**
  - Medical Assistant Apprentice positions were in open recruitment in June. Interviews will take place in June for the five (5) available positions.