



Public Meeting

March 2025



**community health
center board**

Multnomah County

Table of Contents

Agenda

Public Meeting Minutes

February 10, 2025

Summaries

Department & Strategic Updates

AGENDA



**community health
center board**

Multnomah County



community health
center board
Multnomah County

Public Meeting Agenda
March 10th, 2025
6:00-8:00 PM
Virtual 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.

CHCB Board:

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) - Secretary

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
- 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
6:00-6:10 (10 min)	Call to Order / Welcome <i>Tamia Deary, CHCB Chair</i>	
6:10-6:15 (5 min)	Minutes Review - VOTE REQUIRED February 10, 2025 Public Meeting Minutes	Board reviews and votes
6:15-6:35 (20 min)	Board Discussion (Closed Executive Session) <i>Tamia Deary, CHCB Chair</i>	Board receives updates in an executive session and has discussion
6:35-6:45 (10 min)	FY26 Budget Approval - VOTE REQUIRED <i>Hasan Bader, Finance Manager</i>	Board reviews and votes
6:45-6:50 (5 min)	FY25 Budget Modifications - VOTE REQUIRED <i>Hasan Bader, Finance Manager</i>	Board reviews and votes
6:50-7:00 (10 min)	Fernhill Hours of Operation - VOTE REQUIRED <i>Debbie Powers, Interim Chief Operations Officer</i>	Board reviews and votes
7:00-7:10 (10 min)	Monthly Financial Report <i>Hasan Bader, Finance Manager</i>	Board receives updates
7:10-7:20 (10 min)	Break	



7:20-7:35 (15 min)	Q4 Qtr Complaint & Incidents <i>Kimmy Hicks, Quality Project Manager</i>	Board receives updates
7:35-7:50 (15 min)	FY25 Vacancy Report <i>Erin Murphy, Human Resources Manager</i>	Board receives updates and reviews
7:50-7:55 (5 min)	Committee Updates	Board receives updates
7:55 -8:00 (5 min)	Department Updates/Strategic Updates	Board receives updates
8:00-8:20 (20 min)	Board Discussion (<i>Closed Executive Session</i>) <i>Tamia Deary, CHCB Chair</i>	Board receives updates in an executive session and has discussion
8:20	Meeting Adjourns	Thank you for your participation

PUBLIC MEETING MINUTES



**community health
center board**

Multnomah County



**CHCB Public Meeting Minutes
February 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: Kerry Hoeschen, Brenda Chambers

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 6 members present. Absent: Kerry Hoeschen, Monique Johnson joined at 6:10pm Brenda Chambers joined at 7:52pm			
Minutes Review - VOTE REQUIRED Tamia Deary, CHCB Chair	January 13, 2025, Public Meeting Minutes Review Edit comment at the end of minutes: the board and staff thanks Harold for his service	Motion to approve: Bee Second: Susana Yays: 6 Nays: 0 Abstain: 0 Decision: Approved		

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
<p>Executive Officer Succession Confirm Susana Mendoza as CHCB Secretary per CHCB Bylaws Article XXIV, Section 4: Executive Officer Vacancies - VOTE REQUIRED <i>Tamia Deary, CHCB Chair</i></p>	<p>Kerry has moved to the Vice Chair 24 section 4 - fill officer vacancies through a succession plan. Susana will move into the secretary position. Unanimous Vote.</p>	<p>Motion to approve: Bee Second: Monique Yays: 7 Nays: 0 Abstain: 0 Decision: Approved</p>		
<p>Fernhill Health Center Relocation - VOTE REQUIRED <i>Adrienne Daniels, Strategy & Policy Director</i></p>	<p>Adrienne introduced Alex Lehr O’Connel</p> <p>Adrienne presented on the Fernhill Clinic progress and presented two items for formal board actions in alignment with the final 4 months of activities.</p> <p>HRSA asks for two actions: One being a vote to close La Clinica and the second being a vote to open Fernhill.</p> <p>Closing LaClinica and opening the new site at Fernhill, allows us to submit federal paperwork and pharmacy paperwork for 340B medications.</p> <p>Soft opening is expected for May 30th.</p> <p>Question:Susy - Why was the La Clinica name changed?</p> <p>Answer:Adrienne - staff and clients were asked two years ago... confusion around</p>	<p>Close La Clinica Motion to approve: Susana Second: Monique Yays: 7 Nays: 0 Abstain: 0 Decision: Approved</p> <p>Open Fernhill Motion to approve: Bee Second: Susana Yays: 7</p>		

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
	<p>clients still going to the current location. Some clients felt they could not go because they didn't speak Spanish. Several names surveyed do not have that info tonight. We preserved La Clinina de Ferhill to hold the name.</p> <p>Jose commented that the board should have been told sooner.</p> <p>Tamia - In Adrienne's defense, this conversation was had. Tamia was disappointed they were not involved in this decision because it gives them an opportunity to show up and support.</p> <p>Susy advised that she goes to La Clinica and did not receive a survey.</p> <p>Jose commented that he did not receive a survey.</p> <p>Tamia offers the board was informed there would be a name change.</p> <p>Tamia wants to encourage the board to join the grand opening</p>	<p>Nays: 0 Abstain: 0 Decision: Approved</p>		
<p>Executive Director Evaluation - VOTE REQUIRED <i>Tamia Deary, Board Chair</i></p>	<p>Proposed Bylaw change was discussed for the Executive Director evaluation to be changed from once a year to twice a year.</p> <p>Moving from an annual evaluation to a twice a year review process to provide more frequent feedback and give ED time to make suggested changes. The schedule will align with the county process. July Annual evaluation will ensure that board members terming out can provide feedback at the end of the year.</p>	<p>Motion to approve: Susana Second: Darrell Yays: 7 Nays: 0 Abstain: 0 Decision:</p>		

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
	<p>Tamia noted that tonight's vote will not include voting on the questions for the ED evaluation. The new schedule will allow for more concise and timely feedback.</p> <p>Article V and XVI, notice of intent provided two weeks ago.</p>	Approved		
<p>Purpose, Vision, and Values Subcommittee Draft Review <i>Brenda Chambers, PVV Committee Chair</i> <i>Anirudh Padmala, Health Center Information Officer</i></p>	<p>The Strategic Planning Retreat on November 16th formed a sub committee of 3 members of the board and 3 staff members for a collaborative effort. During the retreat the board recommended substantial changes such as having at least 3 meetings for one hour each for the Purpose, Vision and Values Committee.</p> <p>Proposed Purpose: changed wording from mission to purpose</p> <p>Anirudh shared the previous Mission, Vision and Values and compared it to the new Purpose, Vision and Values. A proposed draft version was presented to the board.</p> <p>Susana has recommended seeing the Purpose, Vision and Values posted at all clinics so our clients can see and to help us ground ourselves in these.</p> <p>Anirudh expressed appreciation for all of the committee members for taking part in this collaborative process. Our new statement will help ground us in the work.</p>			

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
<p>Rockwood Construction Updates <i>Adrienne Daniels, Strategy & Policy Director</i></p>	<p>No vote but requesting feedback. In June of 2024 the board approved vital repairs and renovation, replacing HVAC electrical panels and parts of the roof.</p> <p>Option: Full closure for speed of repair and efficiency and cheapest option. Closing clinic for a year.</p> <p>Option 2 limited closure, maintained operations but would close for risky times, high noise, dust and outside elements (roof) - longer process, \$ 400k-500k more.</p> <p>Option 3, consider changing parts of clinic schedules... 40 hour week open for 5 days, workshop options to be open less day but longer hours, more allow long weekend for more access, would save time on length. \$ 400k-500k more.</p> <p>Susy - would like to continue to provide services does not agree with closing completely, loved how Adrienne does her work.</p> <p>Tamia - provide info on how many patients will be impacted, when we closed SE how did that work, what were the impacts anticipated and unanticipated.</p> <p>Debbie explained SE did quite a lot of work in advance with a project manager, clients and unions in planning. 80 % of clients are still being seen by the same PCP. Spread providers and clients across different clinics. This closure would be longer than SE, it is doable with communication but would be missing the close provider patient relationship not the same as there are new providers.</p> <p>Tamia suggests a straw poll ...</p> <p>All board members all chose option 3, with a single vote from Susana for option 2.</p>			

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
Break				
Monthly Financial Report Hasan Bader, Finance Manager	<p>Hasan presented a financial report for July 1st - Dec 31st.</p> <p>Net income 280,000</p> <p>Expenditure 47%, collect 47% of revenue 6 months should be about 50%</p> <p>15 million expenditure 17.6 million, deficit from... one time payment of 2 mill from quality incentives, was a one time payment that we do not get on a monthly basis so they fluctuate so we look year to date or annual.</p> <p>Program info on visits and self pay were in line with other months.</p> <p>Internal services 12 million about 50 % - In Nov and Dec spent 1.1 and 1.7 million dollars, one capital grant (covid grant) preparation for Fernhill opening.</p> <p>Billable visits and payer mix... SHC 74 visits per day except in summer time averages 12 visits, Dental average budgeted 302 billable visits but averages 230-240 a day, primary care budgeted 648 averaging 480-500 a day ... track self pay or uninsured 12.4 % for uninsured but actually is around 4 % because of a Healthier Oregon grant.</p> <p>Dental 8% self pay but is 2.7 - 3% average</p> <p>Billable visits come from care oregon 69% - Trillion 8% - 60,000 assigned clients</p> <p>Question: Jose asked if we track the cost per visit or cost per client and what metrics Hasan is referring to?</p> <p>Answer: Hasan replied yes we do track this in the internal financial reports and</p>			

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
	<p>internal metrics for services that we sent to CareOregon and to Trillium and we get incentives based on that. It is specific metrics for programs and services but regarding the overall cost, we have visit revenue. We also have many grants so we can identify the cost attributed to the visit or to the grant. We do not have that in detail but we can get something like that.</p>			
<p>Vacancy Report <i>Erin Murphy,</i> <i>Human Resources Manager</i></p>	<p>The Board did not receive report in time will be moved to the next meeting</p>			
<p>Board Committee Updates</p>	<ul style="list-style-type: none"> ● Executive Committee: Tamia Deary, Board Chair : Budget presentation was robust ● Finance Committee: Darrell Wade, Finance Chair: Committee met and reviewed the monthly financials that were presented tonight ● Quality Committee: Susana Mendoza, Quality Chair : Operation hours in the center, will have more next month, update on UDS project we sent in data ahead of schedule due to a lot of work on improving the process, Tamia thanks Breishon, Anirudh and team congrats on job well done ● Nominating Committee: Bee Velasquez, Nominating Chair : Working on outreach and board material and planning for more outreach and recruiting, finally on the home stretch for getting business cards 			

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
	<ul style="list-style-type: none"> ● Bylaws Committee: Tamia Deary, Bylaws Chair : Need to reconnect.. Robust conversation on relaunching with an updated purpose with the support with everyone we need to move forward ● ED Selection Committee, Tamia Deary, EDSC Chair : No updates as of tonight ● Privacy, Security & Trust Committee: Dani Slyman, PST Chair : Final stages of putting together the work we want to cover ● Vision, Values & Purpose Committee: Brenda Chambers, VVP Chair : Discussed in presentation ● Strategic Planning Committee: Monique Johnson, SP Chair : First meeting to happen after next strategic planning retreat <p>Jenna - page 25 -26 2 requests to send save the dates... RSVP for Salem Hill Day for April 3rd advocacy day... open invitation for an in person all staff event April 10th.</p> <p>Capitol projects... both generators have been installed with remaining covid funds.</p> <p>Debbie calls out, transition of care nurses recently hired has been in works for a long time, momentum by the hiring of the nursing director Toni Kempner that translates to better care.</p>			

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
Board Discussion <i>(Closed Executive Session)</i> Tamia Deary, CHCB Chair	Closed Executive session started at 7:52 and ended at 8:46.	Motion to approve: Susana Second: Monique: Yays: 7 Nays: 0 Abstain: 0 Decision: Approved		
Meeting Adjourns	8:46 p.m.			

Signed: _____ Date: _____
 Susana Mendoza, Secretary

Signed: _____ Date: _____
 Tamia Deary, Board Chair

Scribe: Edie Honesto // Email: edie.honesto@multco.us

SUMMARIES



**community health
center board**

Multnomah County

Board Presentation Summary

Presentation Title	Fernhill Health Center Hours of Operation			
Type of Presentation: Please add an "X" in the categories that apply.				
Inform Only	Annual / Scheduled Process	New Proposal	Review & Input	Inform & Vote
				x
Date of Presentation:	03/10/2025	Program / Area:	Fernhill-all service lines	
Presenters:	Debbie Powers			
Project Title and Brief Description:				
<p>Fernhill Health Center Hours of Operation-Fernhill is a new site and will require a vote on the hours of operation. The program would like to propose an adjustment to the long standing 8am-5pm hours of operation.</p>				
Describe the current situation:				
<p>La Clinica de Buena Salud is a small single team health center with 8am-5pm hours of operation that provides primary care medical services only. Larger clinics are able to have extended hours beyond 8-5pm due to the number of employees at the site however for small clinics such as La Clinica de Buena Salud, this is not possible.</p> <p>With the move to the new Fernhill site and the addition of pharmacy and dental services, we'd like to offer a 9am-6pm day for medical and dental services as an offering to patients who prefer later appointments. Because the clinic is small with fewer employees, the program would shift to 9am-6pm hours rather than adding an hour to the day which is a more common way to extend clinic hours. The late hours would be offered only one day a week due to the need to retain an 8am opening which remains important for those who prefer earlier appointments and patients required to fast for lab appointments.</p> <p>Pharmacy hours would be 8:30am-5:30pm and closed for lunch. It is necessary to close for lunch because the pharmacy only has 1.0 FTE budgeted pharmacist position for this location in FY25. Because it is a</p>				



brand new pharmacy, it will take time to ramp up and we could not justify starting with 2 pharmacists. We will have the opportunity to revisit this in FY26.

Service	Monday	Tuesday	Wednesday	Thursday	Friday
Building Open	8am-5:30pm	8:30am-6pm	8am-5:30pm	8am-5:30pm	8am-5:30pm
Medical & Dental	8am-5pm	9am-6pm	8am-5pm	8am-5pm	8am-5pm
Pharmacy	8:30am-5:30pm	8:30am-5:30pm	8:30am-5:30pm	8:30am-5:30pm	8:30am-5:30pm

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

The new Ferhill location will open in May. Signage needs to be ordered and staff provided their work schedules.

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):

The purpose of extending the hours in the pharmacy and having the late schedule on Tuesdays is in support of patients with employment that may not provide time to attend appointments and pick up prescriptions, families with children in school, and those who prefer or need later options not currently available to them.

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

N/A

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

A yes vote will result in a later offering of appointments one day a week as an opportunity for patients who need or would prefer later appointments. Additionally, it allows an extra 30 minutes four days a week for patients to pick up their prescriptions.



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

The clinic will remain open at the current 8am-5pm schedule.

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

Management and staff have been involved so far. Feedback provided over time has also influenced this planning.

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

Daniel Martinez Tovar, Interim Deputy Center Operations Officer, Amaury Sarmiento Mid County and La Clinica Senior Manager, Michele Koder Pharmacy Director

What have been the recommendations so far?

The recommendation is to move forward with the one late day and keep the remainder of the schedule as it currently is to ensure that the lab schedule begins at 8am most days of the week and the retention of earlier provider appointments for patients with morning preferences while also offering pharmacy hours until 5:30.

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

A review of schedule utilization, no show trends, and feedback over time was taken into consideration for these decisions along with the budget and staffing volume.

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.

Grant Title	ARPA HHS Capital Grant – C8E44107								
This funding will support: <i>Please add an “X” in the category that applies.</i>									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #d9ead3;">Current Operations</th> <th style="background-color: #d9ead3;">Expanded Services or Capacity</th> <th style="background-color: #d9ead3;">New Services</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">X</td> <td></td> <td></td> </tr> </tbody> </table>				Current Operations	Expanded Services or Capacity	New Services	X		
Current Operations	Expanded Services or Capacity	New Services							
X									
Date of Presentation:	3/10/2025	Program / Area:	ICS						
Presenters:	Hasan Bader								
Project Title and Brief Description:									
<p>ARPA HHS Capital Grant: Multnomah County Federally Qualified Health Center (FQHC) was awarded \$1,183,848 in CY 2021 to help with alteration and renovation (A/R) of the service delivery sites at the Mid County Health Center (MCHC) and Northeast Health Center (NEHC) and other equipment to support multiple services delivery sites. The alteration and renovation form MCHC and NEHC include installing a generator on the exterior of the building and related electrical upgrades. The initial grant project period was Sept 15, 2021 through Sept 14, 2024. On Sept 17, 2024 HRSA approved our request and extended the deadline to 6/30/2025. This bud-mod request is to authorize adding \$742,139 to FY25 budget to reflect this change.</p>									
What need is this addressing?:									
This bud-mod appropriated unspent grant funds in FY24 to FY25 budget.									
What is the expected impact of this project? (<i>#of patients, visits, staff, health outcomes, etc.</i>)									



This project is to wrap up authorized installation of generators and other equipment.

What is the total amount requested: \$

Please see attached budget

\$742,139

Expected Award Date and project/funding period:

6/30/2025

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

(Please be sure to also note any financial outcomes)

The FY25 Health Center Budget reflects the ARPA grant funds through HRSA authorized extension, which was utilized to achieve the goals of the grant.

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

(Please be sure to also note any financial outcomes)

The Health Center would owe the amount back to the grantor (HRSA), health center dollars would need to cover the cost of COVID related activities that the Grant covers.

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 (when applicable)

Project Name:		Start/End Date:	
	Budgeted Amount	Comments (Note any supplemental or matching funds)	Total Budget
A. Personnel, Salaries and Fringe			
Position Title			



Position Description			
Position Title			
Position Description			
Total Salaries, Wages and Fringe			
B. Supplies			
Description of supplies: Medical and Dental Supplies			
Total Supplies			
C. Contract Costs			
Contract description: Covers staffing agencies (Cell Staffing, Maxim Healthcare Staffing, etc.), language services, and data and software services.			
Total Contractual			
D. Other Costs			
Description of other costs: Capital Projects at MCHC and NEHC (Generators) and other Capital Project Equipment.	\$742,139		\$742,139
Total Other	\$742,139		\$742,139
Total Direct Costs (A+B+C+D)	\$742,139		\$742,139
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. The Cost Allocation Plan is federally-approved.</i>			
Total Indirect Costs (16.94% of A)			
Total Project Costs (Direct + Indirect)	\$742,139		\$742,139

	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)			



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.

Grant Title	Behavioral Health Service Expansion – H8NCS53854-01-00								
This funding will support: <i>Please add an “X” in the category that applies.</i>									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #d9ead3;">Current Operations</th> <th style="background-color: #d9ead3;">Expanded Services or Capacity</th> <th style="background-color: #d9ead3;">New Services</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;">X</td> <td style="text-align: center;"> </td> </tr> </tbody> </table>				Current Operations	Expanded Services or Capacity	New Services		X	
Current Operations	Expanded Services or Capacity	New Services							
	X								
Date of Presentation:	3/10/2025	Program / Area:	ICS						
Presenters:	Hasan Bader								
Project Title and Brief Description:									
<p>Behavioral Health Service Expansion project to increase access to low barrier and client-centered behavioral health services, including medication for opioid use disorder (MOUD), at the HCP’s mobile van clinic (aka Wheely McHealy). Behavioral Health (BH) providers will be onsite and will triage mental health (MH) and substance use disorder (SUD) needs and services and work towards linking people into longer-term primary care at one of the HCP’s Community Health Centers (CHCs). The grant project period is Sept 1, 2024 through Augt 31, 2025. This bud-mod request is to authorize adding \$500,000 to FY25 budget to reflect this change for 10 months.</p>									
What need is this addressing?:									
This bud-mod adds grant funds to FY25 budget.									
What is the expected impact of this project? (<i>#of patients, visits, staff, health outcomes, etc.</i>)									



5,393 current patients will receive additional mental health services and 503 patients will receive MOUD treatment. Unduplicated estimated new patients is 300.

What is the total amount requested: \$

Please see attached budget

\$500,000

Expected Award Date and project/funding period:

8/31/2025

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

(Please be sure to also note any financial outcomes)

The FY25 Health Center Budget reflects the BHSE grant funds that support expanding mental health services.

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

(Please be sure to also note any financial outcomes)

The Health Center would not provide the expanded mental health services and will have to return the funds.

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 (when applicable)

Project Name:		Start/End Date:	
	Budgeted Amount	Comments (Note any supplemental or matching funds)	Total Budget
A. Personnel, Salaries and Fringe			



Position Title: Clinical Services Specialist, Case Manager 2, Advance Practice Clinician, Program Supervisor.	\$339,439		\$339,439
Position Description			
Position Title			
Position Description			
Total Salaries, Wages and Fringe	\$339,439		\$339,439
B. Supplies			
Description of supplies: Medical and Dental Supplies	\$100,176		\$100,176
Total Supplies	\$100,176		\$100,176
C. Contract Costs			
Contract description: Covers staffing agencies (Cell Staffing, Maxim Healthcare Staffing, etc.), language services, and data and software services.	\$4,000		\$4,000
Total Contractual	\$4,000		\$4,000
D. Other Costs			
Description of other costs: Capital Projects at MCHC and NEHC (Generators) and other Capital Project Equipment.			
Total Other			
Total Direct Costs (A+B+C+D)	\$444,615		\$444,615
Indirect Costs			
<i>The FY24 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 12.80% for Departmental. The Cost Allocation Plan is federally-approved.</i>			
Total Indirect Costs (16.91% of A)	\$56,385		\$56,385
Total Project Costs (Direct + Indirect)	\$500,000		\$500,000

	Revenue	Comments	Total Revenue
--	----------------	-----------------	----------------------



		(Note any special conditions)	
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)			



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.

Grant Title	Quality Improvement Fund- Justice Involved – Q8JCS54517		
This funding will support: <i>Please add an “X” in the category that applies.</i>			
	Current Operations	Expanded Services or Capacity	New Services
		X	
Date of Presentation:	3/10/2025	Program / Area:	ICS
Presenters:	Hasan Bader		
Project Title and Brief Description:			
<p>Quality Involvement Fund – Justice Involved project to focus on linking to care individuals with mental health (MH) and substance use disorder (SUD) treatment needs who are being released from Multnomah County jails. This focus will both leverage existing MCCHC work and that of Multnomah County Corrections Health (CH), both divisions of Multnomah County Health Department (MCHD), and will address some of the most pressing and prevalent needs among the local justice-involved (JI) population. The following provides data on (c) reducing risk for drug overdose, as it is related, and (d) addressing MH and SUD treatment needs, as it is the project’s focus.</p> <p>The grant project period is Dec 1, 2024 through Nov 30, 2026. This bud-mod request is to authorize adding \$291,000 to FY25 budget.</p>			
What need is this addressing?:			
This bud-mod adds grant funds to FY25 budget.			
What is the expected impact of this project? <i>(#of patients, visits, staff, health outcomes, etc.)</i>			



Multnomah County Community Health Centers (MCCHC) will formalize and improve coordination with Corrections Health (CH) to support individuals receiving/in need of MOUD and/or with SPMI who are leaving custody to connect with MCCHC primary and integrated behavioral health care.

What is the total amount requested: \$

\$291,000

Expected Award Date and project/funding period:

11/30/2026

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

(Please be sure to also note any financial outcomes)

The FY25 Health Center Budget reflects the Justice Involved grant funds that support Corrections Health Transition to Care services.

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

(Please be sure to also note any financial outcomes)

The Health Center would not provide the transition to care.

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 (when applicable)

Project Name:		Start/End Date:	
	Budgeted Amount	Comments (Note any supplemental or matching funds)	Total Budget
A. Personnel, Salaries and Fringe			



Position Title: Community Health Nurse, Case Manager 2, Peer Support Specialist	\$234,769		\$234,769
Position Description			
Position Title			
Position Description			
Total Salaries, Wages and Fringe	\$234,769		\$234,769
B. Supplies			
Description of supplies: Medical and Dental Supplies	\$16,531		\$16,531
Total Supplies	\$16,531		\$16,531
C. Contract Costs			
Contract description: Covers staffing agencies (Cell Staffing, Maxim Healthcare Staffing, etc.), language services, and data and software services.			
Total Contractual			
D. Other Costs			
Description of other costs: Capital Projects at MCHC and NEHC (Generators) and other Capital Project Equipment.			
Total Other			
Total Direct Costs (A+B+C+D)	\$251,300		\$251,300
Indirect Costs			
<i>The FY24 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 12.80% for Departmental. The Cost Allocation Plan is federally-approved.</i>			
Total Indirect Costs (16.91% of A)	\$39,700		\$39,700
Total Project Costs (Direct + Indirect)	\$291,000		\$291,000

	Revenue	Comments	Total Revenue
--	---------	----------	---------------



		(Note any special conditions)	
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)			



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.

Grant Title	Refugee Support Services – Afghan Clients								
This funding will support: <i>Please add an “X” in the category that applies.</i>									
<table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th style="width: 33%;">Current Operations</th> <th style="width: 33%;">Expanded Services or Capacity</th> <th style="width: 33%;">New Services</th> </tr> </thead> <tbody> <tr> <td></td> <td>X</td> <td></td> </tr> </tbody> </table>				Current Operations	Expanded Services or Capacity	New Services		X	
Current Operations	Expanded Services or Capacity	New Services							
	X								
Date of Presentation:	3/10/2025	Program / Area:	ICS						
Presenters:	Hasan Bader								
Project Title and Brief Description:									
<p>Refugee Support Services – Afghan Clients project guide patients through the complex healthcare system and work through and support their complex needs and situations, as these individuals have experienced trauma. The grant will provide funding for health education workshops using the agreed upon curriculum; provide care coordination and health care and service navigation services; use peer support networks to enhance skill-building and resource access; and provide mentorship services and reporting. The grant project period is June 1, 2024 through Sept 30, 2025. The grant total is \$537,235. This bud-mod request is to authorize adding \$405,146 to FY25 budget.</p>									
What need is this addressing?:									
This bud-mod adds grant funds to FY25 budget.									
What is the expected impact of this project? (#of patients, visits, staff, health outcomes, etc.)									



Total Afghan clients who went through the Refugee Program in the last three year is estimated at 886 individuals.

What is the total amount requested: \$

\$405,146

Expected Award Date and project/funding period:

9/30/2025

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

(Please be sure to also note any financial outcomes)

The FY25 Health Center Budget reflects the Refugee Support Services grant funds that support Afghan refugee services.

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

(Please be sure to also note any financial outcomes)

The Health Center would not provide the support services to our Afghan clients.

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 (when applicable)

Project Name:		Start/End Date:	
	Budgeted Amount	Comments (Note any supplemental or matching funds)	Total Budget
A. Personnel, Salaries and Fringe			
Position Title: Community Health Nurse, Case Manager 2, Program Specialist	\$329,115		\$329,115



Position Description			
Position Title			
Position Description			
Total Salaries, Wages and Fringe	\$329,115		\$329,115
B. Supplies			
Description of supplies: Office Supplies, printing, brochures, etc...	\$16,878		\$16,878
Total Supplies	\$16,878		\$16,878
C. Contract Costs			
Contract description: Covers staffing agencies (Cell Staffing, Maxim Healthcare Staffing, etc.), language services, and data and software services.	\$3,500		\$3,500
Total Contractual	\$3,500		\$3,500
D. Other Costs			
Description of other costs: Capital Projects at MCHC and NEHC (Generators) and other Capital Project Equipment.			
Total Other			
Total Direct Costs (A+B+C+D)	\$349,493		\$349,493
Indirect Costs			
<i>The FY24 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 12.80% for Departmental. The Cost Allocation Plan is federally-approved.</i>			
Total Indirect Costs (16.91% of A)	\$55,653		\$55,653
Total Project Costs (Direct + Indirect)	\$405,146		\$405,146

	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)			



Risk and Feedback Q4 2024

Patient Demographic Information for Q4 2024

Patient's Demographics

Patients #

26,751

Encounters #

52,194

Service Date
10/1/2024 to 12/31/2024
and Null values

Department
All

Program
All

Gender
All

Age Group
All

Race/Ethnicity
All

Language
All

Need Interpreter?
All

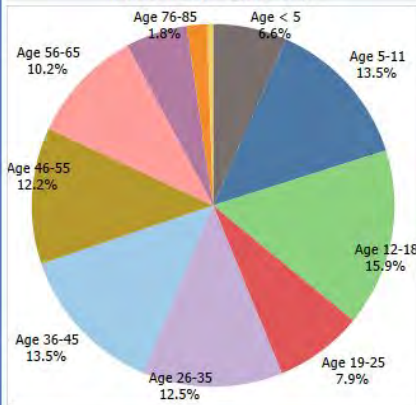
ZIP Code
All

Financial Class
All

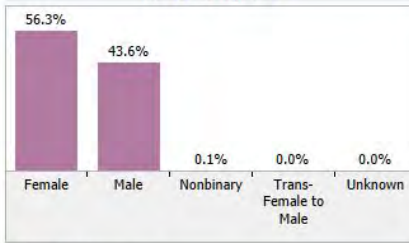
Payor
All

Refugee Filter
All

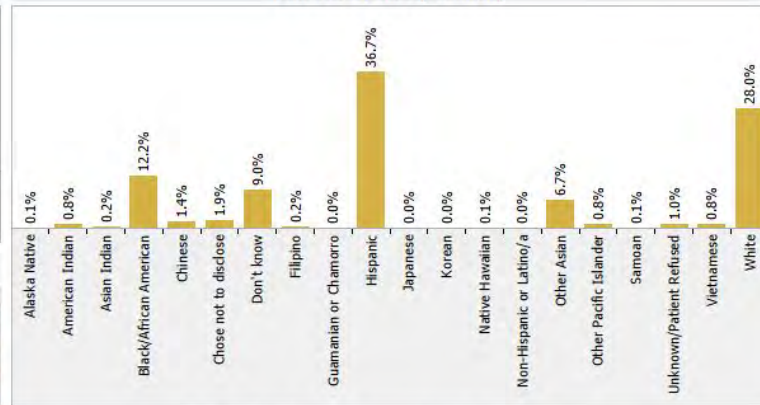
Patients by Age Group



Patients by Sex



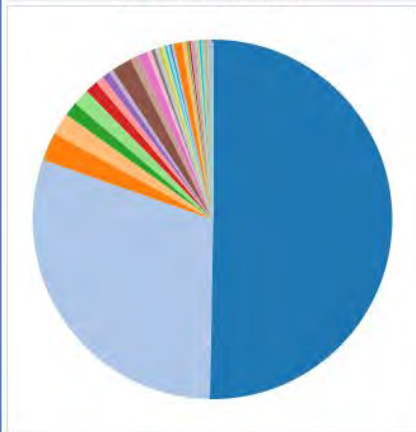
Patients by Race/Ethnicity



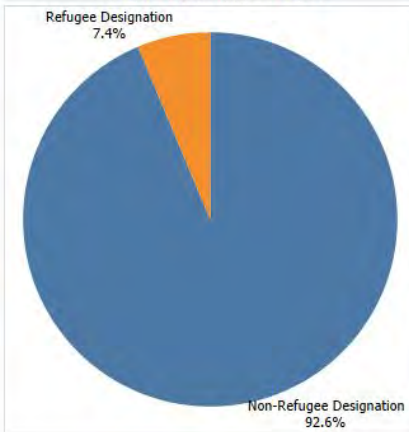
Need Interpreter?

	Patients #	Patients %
No	15,781	58.99%
Yes	10,967	41.00%
Unknown	3	0.01%
Grand Total	26,751	100.00%

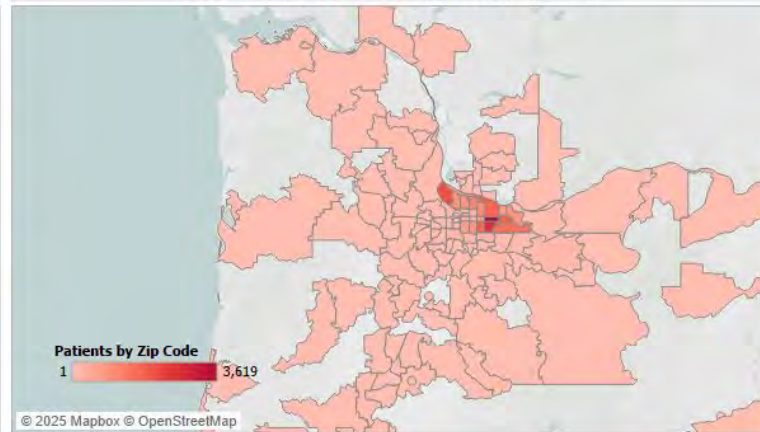
Patients by Language



Patients by Refugee Status



Patients by Zip Code Based on Patient's Registered Address.



Patients by Top 5 Languages

English 40.1% = 13,455

Spanish 37.8 % = 8,052

Russian 2.8% = 693

Chinese-Cantonese 2% = 516

Dari 2.3% = 501



Patients by Race Q4 2024

36.7% Hispanic = 9,820

28.0% White = 7,481

12.2% Black/African American = 3,253



Q4 2024 Patients by Age Q4 2024

Age Group 12-18 ; 15.9% or 4,242

Age Group 5-11; 13.5% or 3,613

Age Group 36-45; 13.5% or 3,611

Age Group 26-35; 12.5% or 3,337

Age Group 46-55; 12.2% or 3,258

Age Group 56-65 10.2% or 2,729



Q4 2024 Patients by Sex

Female 56.3% = 15,061

Male 43.6% = 11,652

Non-Binary 0.01% = 23



Q4 2024 Patients who need interpretation

Out of 26,751 patients who received care in Q4 2024

10,967 had interpretation services



Q4 2024 Feedback by Program = 35

Dental 20

Medical 10

Feedback Monthly Volume Report

Date is within 10-01-2024 and 12-31-2024

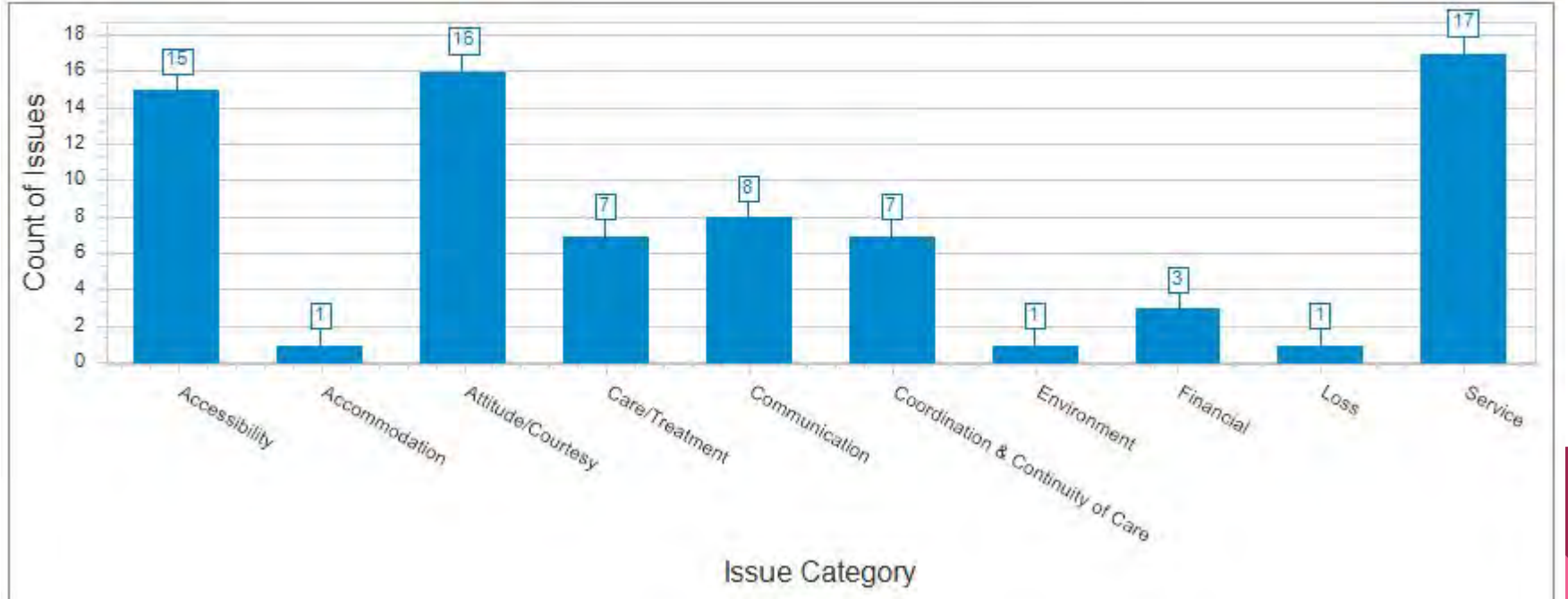
(Date is within 10-01-2024 and 12-31-2024) and ((File State is equal to "New") or (File State is equal to "In-Progress") or (File State is equal to "Closed")) and (((Submitting Site is equal to "Integrated Clinical Services (ICS)" or (Public Submission: Facility Group / Top-Level Site is equal to "Integrated Clinical Services (ICS)"))

Site	Care/Service Area	Date of Issue - Trend Month			Grand Total
		10	11	12	
Integrated Clinical Services (ICS)	Dental	8	8	4	20
	Gateway		1		1
	John B Yeon Annex		1	2	3
	Medical	5	2	3	10
	Pharmacy	1			1
Integrated Clinical Services (ICS) Total		14	12	9	35



Feedback Issue Categories

Date is within 10-01-2024 and 12-31-2024

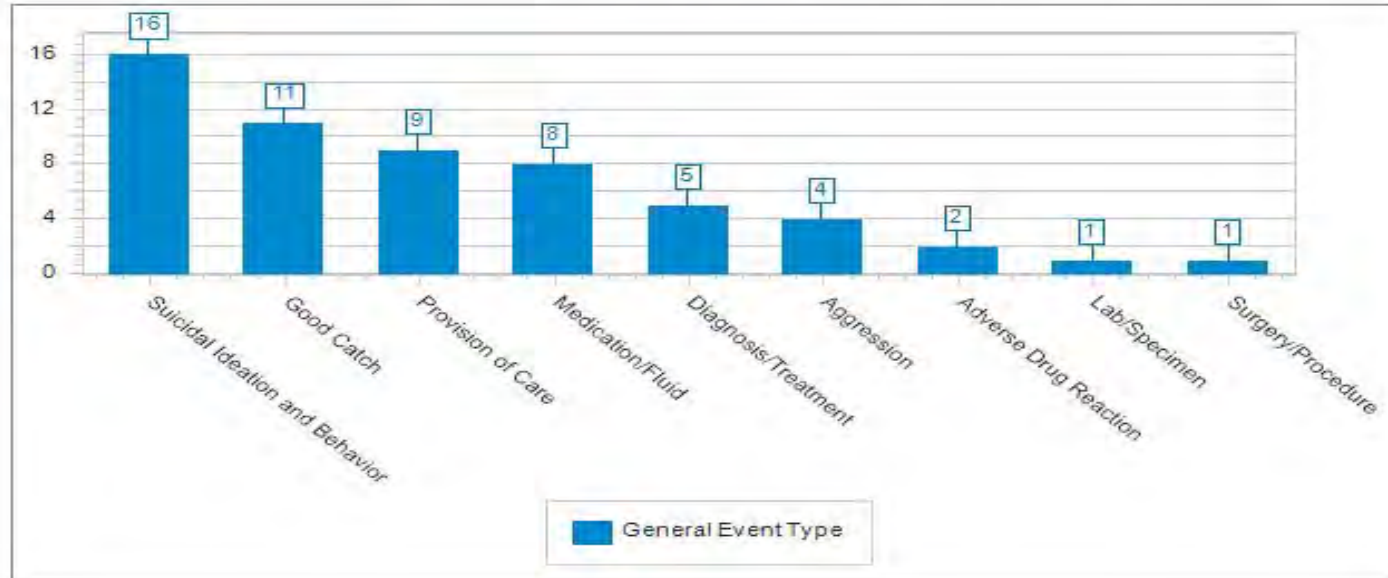


Risk Q4 2024 = 57 by Type

Event Report

Q4 2024 ALL ICS Sites

(Event Date is within 10-01-2024 and 12-31-2024) and ((File State is equal to "New") or (File State is equal to "In-Progress") or (File State is equal to "Closed")) and (((Site is equal to "Integrated Clinical Services (ICS)") or ((Other Site Involved is equal to "Integrated Clinical Services (ICS)"))))

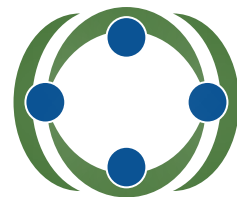




Department Updates

Strategic Updates

- Interim Executive Director
- Operations
- Clinical
- Quality



**community health
center board**

Multnomah County

Community Health Center Board Health Center Highlights



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

Executive Director Reminders - System level information and updates

- During the local February 13-14th weather event, the Health Center opened at our essential sites (Northeast Health Center, Mid County Health Center, & Westside Pharmacy) during the County closure. The Health Center provided:
 - 30 onsite and 369 telehealth primary care visits
 - 31 onsite dental visits
 - 32 telehealth visits for Student Health Centers
 - 159 pharmacy clients were served and picked up 438 prescriptions. An additional 557 prescriptions were processed and we were able to complete 9 prescription transfers.

Capital Projects - Facilities updates, high cost projects

- Final preparation is underway for the new Fernhill Health Center location to ensure readiness for occupancy in May. Public communication planned for March and April.
- The Rockwood construction project plan has been updated based on CHCB Executive Committee input from February 24. This change will add to the closure time for the clinic, but will result in a new check-in and lobby area.

Strategic Program Updates - Topics related to the strategic plan/direction of the Health Center

- On March 1, the CHCB and Senior Leadership Team held their second strategic planning meeting to refine and confirm strategic priorities.
 - Spring 2025: Draft proposal of the three year Health Center Strategic Plan
 - Summer 2025: Final plan adoption
- Our Social Drivers of Health (SDOH) screening process “soft launched” in February as part of the Oregon Health Authority’s data collection requirements. Patients are asked about social needs during the appointment scheduling process and then engaged with our HEAT Team or CHW Team for follow up options.
- The new [Health Center](#) website is now live! The website offers improved transcultural language access (English, Spanish, Russian, Chinese, Vietnamese, and Somali), provider search functionality, and full visibility to all services available at our Health Center.

Risk and Compliance Updates - Compliance events, major incidents/events updates

- Oregon’s Patient Centered Primary Care Home (PCPCH) program released new standards this year. The Health Center is analyzing the new standards in preparation for re-attestation.

Quality/Process Improvement - Improvement events and activities

- Our UDS submission improvement project successfully prepared us for this year's data submission, which was completed on February 10, five days early!

General Program Updates - Program/Service-line specific updates

- Primary Care
 - We had an all staff training on Suicide Prevention, lead by our Behavioral Health and Addictions Manager, Kevin Minor.
 - Annual screening of all patients ages 12 and older for depression and substance use disorder.
 - Our suicide prevention work, which starts with screening all of our clients to make sure everyone at risk for depression gets the support they need.
- Dental
 - March 3-6 is dental assistant appreciation week and March 6 is Dentist Appreciation day.
 - New dentist Dr. Lisa Anderson, DMD starts at our Rockwood Dental Clinic in March. Dr. Anderson replaces a dentist who retired at the end of 2024 after a long tenure at our CHC.
 - We were delighted to host representatives from Virginia Garcia at our Southeast clinic on February 20th, showcasing the successful Baby Day Program to our Portland-area partners.
- Pharmacy
 - Recruiting continues for our post-graduate clinical pharmacy residency program tentatively scheduled to begin in July 2025.
 - We continue to develop and pilot workflows for our new pharmacist navigator role. This role will conduct outreach calls to our clients who are currently enrolled in or may benefit from our med sync and adherence packaging programs, and to clients with adherence gaps for chronic medications, helping the Health Center meet medication-specific CCO metrics.
 - We are closely watching a number of pharmacy and 340B-related bills this legislative session and identifying opportunities for advocacy.
- Information Systems
 - The Health Center program is tracking and developing comments on the new Health and Human Services (HHS) proposal for changes to the HIPAA Security rule, in collaboration with Multnomah County IT and the County Chief Privacy Officer. This proposal is expected to enable additional technical controls to further strengthen the security, privacy, and trust of our client data.