



# Public Meeting

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**May 2025**



**community health  
center board**

*Multnomah County*

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# AGENDA



**community health  
center board**

*Multnomah County*



# Public Meeting Agenda

## May 12th, 2025

### 6:00-8:00 PM

### Via Zoom

*Health Center Purpose: 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)** - Member at Large

#### **Anirudh Padmala (he/him)** - 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>6:00-6:10</b> (10 min)	<b>Call to Order / Welcome</b> <i>Tamia Deary, CHCB Chair</i>	
<b>6:10-6:15</b> (5 min)	<b>Minutes Review - VOTE REQUIRED</b> April 14, 2025 Public Meeting Minutes April 21st, 2025 Special Public Meeting Minutes <i>Tamia Deary, CHCB Chair</i>	Board reviews and votes
<b>6:15-6:30</b> (15 min)	<b>Change in Pharmacy Hours: Standardization across Health Center Clinics - VOTE REQUIRED</b> <i>Michele Koder, Pharmacy Director</i>	Board reviews and votes
<b>6:30-6:40</b> (10 min)	<b>Healthshare HRSN Capacity Building Grant: Nutrition Education - VOTE REQUIRED</b> <i>Adrienne Daniels, Strategy &amp; Policy Director</i> <i>Claire Nystrom, Grants &amp; Grants Development Team</i>	Board reviews and votes
<b>6:40-6:45</b> (5 min)	<b>Medcurity Revised SRA Contract - VOTE REQUIRED</b> <i>Tamia Deary, CHCB Chair</i>	Board reviews and votes
<b>6:45-6:55</b> (10 min)	<b>Quality Management Plan - VOTE REQUIRED</b> <i>Brieshon D'Agostini, Quality and Compliance Officer</i>	Board reviews and votes
<b>6:55-7:05</b> (10 min)	<b>Break</b>	



<b>7:05-7:15</b> (10 min)	<b>Monthly Financial Report</b> <i>Hasan Bader, Finance Manager</i>	Board receives updates
<b>7:15-7:25</b> (10 min)	<b>Committee Updates</b> <i>CHCB Committee Chairs</i>	Board receives updates
<b>7:25-7:30</b> (5 min)	<b>Department Updates/Strategic Updates</b> <i>Anirudh Padmala, Interim Executive Director</i>	Board receives updates
<b>7:30-8:00</b> (30 min)	<b>Board Discussion (<i>Closed Executive Session</i>)</b> <i>Tamia Deary, CHCB Chair</i>	Board receives updates and discusses in a confidential executive session
<b>8:00</b>	<b>Meeting Adjourns</b>	Thank you for your participation

# PUBLIC MEETING MINUTES



**community health  
center board**

*Multnomah County*



# CHCB Public Meeting Minutes

## April 14, 2025

### 6:00-8:00 PM

### In Person Gladys McCoy Building Room 708

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

#### Board Members:

**Tamia Deary (she/they)** – Chair

**Kerry Hoeschen (she/her)** – Vice Chair

**Darrell Wade (he/him)**- Treasurer

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

**Susana Mendoza (she/her)** - Member at Large

**Brenda Chambers (she/her)** - Board Member

**José Gómez (el/ellos)** - Board Member

**Monique Johnson (she/her)** - Board Member

**Dani Slyman (she/her)** - Board Member

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

#### Board Members Excused/Absent:

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
<b>Call to Order / Welcome</b> Tamia Deary, CHCB Chair	Meeting called to order at 6:09pm. We <u>do</u> have a <u>quorum</u> with 8 members present Spanish Interpreters: Juan and Felipe Kerry joined at 6:29pm Brenda votes started capturing at 6:25pm Kerry, Monique and Brenda attended virtually			
<b>Minutes Review - VOTE REQUIRED</b> Tamia Deary, CHCB Chair	March 10, 2025, Public Meeting Minutes Review No edits	<b>Motion to approve: Dani</b> <b>Second: Jose</b> Yays: 7 Nays: 0 Abstain:		

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
		<b>Decision: Approved</b>		
<b>Grant Renewals - VOTE REQUIRED</b> <ul style="list-style-type: none"> <li><b>HRSA Ryan White Part D Year 2 Grant,</b> <i>Nick Tipton, Regional Manager Senior</i></li> <li><b>HRSA Behavioral Health Service Expansion Year 2 Grant,</b> <i>Kevin Minor, Integrated Behavioral Health and Addictions Manager</i></li> </ul>	<p>Nick was present to answer any questions about the Ryan White Part D : Women and Youth Health Grant - Year 2</p> <ul style="list-style-type: none"> <li>Funding medical services and case management to approximately 350 women and youth receiving care at the HIV Health Center</li> <li>Women and youth account for 18% of HHC clients</li> <li>Important keystone in our funding strategy to ensure that we're providing effective wraparound services for clients living with HIV in the Portland transitional grant area and all over the State of Oregon</li> </ul> <p>Questions/Comments: Q: Jose - When you say HIV services, does that also include AIDS? A: Correct, as that is an advanced form of HIV, we just primarily refer to it as HIV services.</p> <p>Kevin was present to answer any questions about the HRSA Behavioral HEalth Service Expansion Grant - Year 2</p> <ul style="list-style-type: none"> <li>Provides mental health and behavioral health services for our mobile clinics</li> <li>Mobile clinic provides accessible resources to patients that may have barriers or can't reach a health center</li> </ul> <p>Questions/Comments: Q: Jose - Do these services include all age groups? Does this also include suicide prevention? A: Yes, this includes all age groups in terms of behavioral health support. For medications, there is a recommendation that services are evaluated by a medical professional to</p>	<p><b>Motion to approve Ryan White Part D: Jose</b> <b>Second: Bee</b> Yays: 7 Nays: Abstain: <b>Decision: Approved</b></p> <p><b>Motion to approve HRSA BHSE Expansion: Dani</b> <b>Second: Jose</b> Yays: 7 Nays: Abstain: <b>Decision: Approved</b></p>		



Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
	<p>determine what is most appropriate, which could affect certain age groups. All mobile clinic patients accessing care receive a suicide assesment. Staff adhere to the suicidal ideation, mobile clinic protocol which includes accessing the crisis line, a safety plan and continued follow up by the provider until they have indicated that they are no longer at a high risk of suicide.</p> <p>Q: Jose - What age would be a limiting factor to receive medications?  A: Medication treatment on clinical standard indicates 16 years old as the lowest age. However, that is not always a hard line. Factors are determined by pre-existing health conditions, medical providers' clinical evaluation and medical safety when providing medication are also considered.</p>			
<b>Policy Approvals - VOTE REQUIRED</b> <ul style="list-style-type: none"> <li>• <b>Operations Hours Policy</b></li> <li>• <b>Health Center Purpose, Vision, and Values</b></li> <li>• <b>Policy Approval by the Co-Applicant Governing Board Policy, Brieshon D'Agostini, Quality &amp; Compliance Officer</b></li> </ul>	<p>Brieshon was present for questions on the following policies after several reviews have been given to the Board</p> <ul style="list-style-type: none"> <li>• Operations Hours</li> <li>• Health Center Purpose, Vision and Values</li> <li>• Policy Approval by the Co-Applicant Board</li> </ul> <p>No questions or comments</p>	<p><b>Motion to approve Operations Hours Policy: Darrell</b>  <b>Second: Bee</b>  Yays: 7  Nays:  Abstain:  <b>Decision: Approved</b>  <b>Motion to approve Purpose,Vision, Values: Bee</b>  <b>Second: Susana</b>  Yays: 8  Nays:</p>		

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
		Abstain: <b>Decision: Approved</b>  <i>Motion to approve Policy</i> <i>Approval by the Co-Applicant</i> <b>Board: Dani</b> <b>Second: Jose</b> Yays: 8 Nays: Abstain: <b>Decision: Approved</b>		
<b>Member at Large Special Election - VOTE REQUIRED</b> <i>Tamia Deary, CHCB Chair</i>	<p>Nominations Committee met and suggested Dani Slyman for the vacant Member at Large Position</p> <p>No self nominations were received</p> <p>Google form was sent to Board members requesting their vote prior to the Public meeting</p> <p>Dani was voted in as Member at Large to complete Susana's term (ending this year)</p> <p>Elections for the following positions will begin in November/December:</p> <ul style="list-style-type: none"> <li>• Secretary</li> <li>• (1)Member at Large</li> <li>• Board Chair</li> </ul>			

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
<b>FY26 Budget Approval - VOTE REQUIRED</b> Hasan Bader, Finance Manager	<p>EHR Budget has capacity to use the funds this fiscal year (Jenna sent updated email to Board members)</p> <p>High level details highlights:</p> <ul style="list-style-type: none"> <li>• Total drafted budget is \$216.34million</li> <li>• \$15.05million beginning working capital (BWC) <ul style="list-style-type: none"> <li>◦ previous fiscal year used \$8.5million</li> </ul> </li> <li>• \$66.9million alternative payment methods (APM)</li> <li>• \$12.8million incentives</li> <li>• Between FY22-FY26 <ul style="list-style-type: none"> <li>◦ approximately 7% increase which reflects inflation and new investments</li> <li>◦ FTE trends show an increase in staff</li> </ul> </li> </ul> <p>Questions/Comments :</p> <p>Q: Dani - When will the IT scoping be finalized?</p> <p>A: The Privacy,Security and Trust Committee will get those updates and will be overseeing the EHR updates and Medcurity SRA. The Committee will provide the Board with updates.</p> <p>Q: Jose - Seeking clarification and understanding of financial cycles. The funds that have been used this trimester, is that the 1st 3 months of 2025?</p> <p>A: We have not discussed that yet. This presentation is in advance for the upcoming Fiscal Year budget cycle, which runs July 01, 2025-June 30, 2026.</p> <p>Q: Jose - Is it possible to divide by quarters? To compare trends year by year and explain why the trends happen? Is that kind of analysis possible?</p> <p>A: Reports are submitted by month and quarterly. So you can compare month to month or quarter to quarter.</p> <p>A one page financial narrative would be helpful for the Board - Tamia to send Jose an example/template</p>	<p><b>Motion to approve: Bee</b></p> <p><b>Second: Darrell</b></p> <p>Yays: 9</p> <p>Nays:</p> <p>Abstain:</p> <p><b>Decision: Approved</b></p>		

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
<b>Advanced Practice Clinician (APC) Fellowship Presentation</b> <i>Rockwood Fellows</i>	<p>Mo, a current fellow at Rockwood, and Lauren, a previous APC Fellow and now a clinician, joined to inform their experience and program details</p> <ul style="list-style-type: none"> <li>• Fellowship program is in it's 3rd year</li> <li>• Currently there are 6 fellows (one at N/NE/RW/East/Mid/LC)</li> <li>• In clinic 4 days week with 1 weekday of training</li> <li>• The program is essential in providing patient care</li> <li>• Experience to learn is valued</li> <li>• Program proves to be successful as most fellows stay to work at our Health Center</li> <li>• Fellows are recruiting through the OHSU the PA and NP program</li> </ul> <p>Questions/Comments :</p> <p>Q: Dani- What area would you think could take the program to the next level?</p> <p>A: More structure around procedures for increased experience. Most fellows get exposed to procedures that are based around each clinic and what providers at those clinics do.</p>			
<b>Break</b>				
<b>Quality Risk Report</b> <i>Theresa Rice, Quality Supervisor</i>	<p>Theresa gave a summarized presentation on 2024 Quality Risk Report and Review. A deeper dive of the data review was provided to board members in their monthly packet.</p> <p>Highlights :</p> <ul style="list-style-type: none"> <li>• Requirement for Federal Tort Claims Act (FTCA) coverage to provide an annual overview of quality and risk items.</li> <li>• 2023-2024 data comparison <ul style="list-style-type: none"> <li>○ Patient Safety total volume decreased 39%</li> <li>○ Patients Complaints decreased 13%</li> <li>○ Fewer HIPAA reported incidents and confirmed breaches</li> <li>○ Patient satisfaction increased in all categories with the exception of appointment access</li> <li>○ Lowest scores in satisfaction experience continue to be: Asian populations, Cantonese and Russian speakers</li> <li>○ Staff training completion rates increased overall since reports-out began in the summer 2023</li> </ul> </li> </ul>			

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
	<p>Questions/Comments :</p> <p>Q: Susy - What are the indicators with patient disparities? What is the difference between them?</p> <p>A: Linda typically presents on that quarterly data, but can go back and get that information as well as presenting at a future Quality committee for a deeper conversation.</p> <p>Q: Jose - I wonder if we should be finding the hypothesis of why these specific cultures experience lower satisfaction? Why hasn't anything been done about it?</p> <p>A: We are actively trying to fine tune the ways we are asking questions and continue to make improvements on that process.</p> <p>Q: Jose - The 13% decline in complaints that was mentioned in the slide. Do you have the actual numbers vs. percentage?</p> <p>A: In 2024 the total number was 229 and in 2023 the total number was 264.</p>			
<p><b>Monthly Financial Report</b>  Hasan Bader,  Finance Manager</p>	<p>Hasan Bader presented a summary of the monthly financials.</p> <p>Highlights include:</p> <ul style="list-style-type: none"> <li>● February we should be at 68%</li> <li>● Revenue is 64% collected</li> <li>● Expenses 63% spent</li> <li>● \$3.36 million in the black at this time of the year <ul style="list-style-type: none"> <li>○ The number can change month to month because we receive checks for incentives</li> </ul> </li> <li>● \$16.1million collected in revenue in February <ul style="list-style-type: none"> <li>○ Spent \$16.4million</li> <li>○ Resulted in deficit of \$310k</li> </ul> </li> <li>● Self pay client fees was lower than expected <ul style="list-style-type: none"> <li>○ Due to less operating days due to weather events</li> <li>○ February is the shortest month</li> </ul> </li> <li>● Internal services is at 68% <ul style="list-style-type: none"> <li>○ Jump in February but this was reconciled by the capital project we have at East and Mid County. The projects are almost completed and we are able to</li> </ul> </li> </ul>			

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
	<p>bill</p> <ul style="list-style-type: none"> <li>Self-pay percentage or uninsured actual billable <ul style="list-style-type: none"> <li>Primary Care approximately 5%</li> <li>Dental approximately 3%</li> </ul> </li> </ul> <p>Questions/Comments : The Board Would appreciate a larger print out of the monthly reporting package</p>			
<b>Board Committee Updates</b>	<p>EC: Have been receiving closed session updates in the federal landscape. Talked about shifting to rely more heavily on the Board receiving materials a week in advance to review.</p> <p>Finance: Met today (rescheduled from April 3rd) walked through monthly financials that Hasan presented today.</p> <p>Quality: N/A</p> <p>Nominating: Went through special elections process and nominations. Community engagement and board recruitment opportunities. Upcoming recruitment video details and information were sent to members via email.</p> <p>Bylaws: Some updated and will discuss more in the Executive Session.</p> <p>ED: Intro with new County COO. Informed about board priorities including; clarifying co-applicant definition and ED reporting structure</p> <p>PST: 2nd meeting took place earlier this month, committee is in progress. Medcurity project kick-off happened and reviewed EHR projects.</p> <p>PVV: Officially done. PVV was announced/unveiled at the ICS All Staff Meeting on April 10th.</p> <p>Strategic Planning: N/A</p>			
<b>Department Updates/Strategic Updates</b>	<p>Memo highlights:</p> <ul style="list-style-type: none"> <li>Advocacy was the theme of March</li> <li>Hosted a tour at Rockwood with State Representative Dexter and new County Commissioners</li> <li>OPCA Advocacy Day where Heath Centers came together in Salem with State Representatives</li> <li>Came together with our partner Health Center, Virginia Garcia for roundtable discussion with Representative Bonamici</li> </ul>			

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
	<ul style="list-style-type: none"> <li>All Staff event had 546 attendees</li> <li>CHCB tabled amongst 19 other tables</li> <li>Fernhill Grand Opening is confirmed for May 30th - formal invites to come</li> </ul> <p>Questions/Comments : Comments that the All Staff was great and thank you for having the board</p>			
<b>Board Discussion</b> <b>(Closed Executive Session)</b> <i>Tamia Deary, CHCB Chair</i>	Closed Executive session started at 8:11 and ended at 8:37pm	<p><b>Motion to approve: Dani</b>  <b>Second: Bee</b>  Yays:  Nays: 0  Abstain: 0  <b>Decision: Approved</b></p> <p><b>Motion to leave Executive Session: Dani</b>  <b>Second: Jose</b>  Yays:  Nays: 0  Abstain: 0  <b>Decision: Approved</b></p>		
<b>Meeting Adjourns</b>	8:37 p.m			

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Susana Mendoza, Secretary

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

Scribe: Crystal Cook // Email: [crystal.cook@multco.us](mailto:crystal.cook@multco.us)





## CHCB Public Meeting Minutes

### April 21st, 2025

### 6:00-7:00 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

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**Susana Mendoza (she/her)** - Member at Large

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**José Gómez (el/ellos)** - Board Member

**Monique Johnson (she/her)** - Board Member

**Dani Slyman (she/her)** - Member at Large

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

**Board Members Excused/Absent: Susana, Monique**

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 6:03pm.  We <u>do have a quorum</u> with 7 members present:  Tamia, Jose, Bee, Dani, Darrell, Brenda, Kerry  Spanish Interpreters: Victor and Rosie			
<b>Medcurity Revised SRA Contract - VOTE REQUIRED</b> Tamia Deary, CHCB Chair	Cancelled due to not getting the contract out to board members in time	<b>Motion to approve:</b> <b>Second:</b> Yays: Nays: 0 Abstain: 0 <b>Decision:</b> <b>Approved</b>		

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
<b>Board Discussion</b> <b>(Closed Executive Session)</b> <i>Tamia Deary, CHCB Chair</i>	<p>Motion to move to Executive Session was approved</p> <p>Closed Executive session started at 6:12pm and ended at 7:38pm</p>	<p><b>Motion to approve:</b>  <b>Kerry/Dani</b>  <b>Second: Bee</b>  Yays: 7  Nays: 0  Abstain: 0  <b>Decision:</b>  <b>Approved</b></p> <p><b>Motion to leave Executive Session: Brenda</b>  <b>Second: Kerry</b>  Yays: 7  Nays: 0  Abstain: 0  <b>Decision:</b>  <b>Approved</b></p>		
<b>Meeting Adjourns</b>	7:38p.m			

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Susana Mendoza, Secretary

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Tamia Deary, Board Chair**

**Scribe: // Email: [anna.johnston@multco.us](mailto:anna.johnston@multco.us)**

# SUMMARIES



**community health  
center board**

*Multnomah County*

# Board Presentation Summary

<b>Presentation Title</b>	Pharmacy Hours of Operation			
<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>	5/12/2025	<b>Program / Area:</b>	Pharmacy	
<b>Presenters:</b>	Michele Koder			
<b>Project Title and Brief Description:</b>				
<p>We are proposing a change to pharmacy hours that will reduce the total building hours at East County and Mid County Health Centers by 30 minutes on Fridays, which requires board approval. The proposed change will also adjust pharmacy service hours at North Portland Health Center, but does not require a board vote due to total service hours and building hours remaining consistent.</p> <p>This change will allow for optimization of staffing during the primary hours utilized by patients and decrease the number of shifts we need to staff by removing times with very little patient traffic. It also prevents burnout and attrition of staff.</p> <p>Overall, this change will bring more consistency in pharmacy operating hours for clients.</p>				
<b>Location</b>	<b>Proposed Change to Pharmacy Hours</b>		<b>Impact</b>	
Westside (McCoy)	No changes proposed		No change to building hours	
Southeast	No changes proposed		No change to building hours	
Northeast	No changes proposed		No change to building hours	
Rockwood	No changes proposed		No change to building hours	
North	Hours changed by 30 mins, proposed to be: 8:30 am - 6:00pm		Increased total pharmacy hours available by 30 minutes	



East County	Hours changed by 1 hour, proposed to be: 8:30 am - 6:00pm	Decreases total pharmacy hours by 1 hour and building hours by 30 mins but improves staffing access
Mid County	Hours changed by 1 hour, proposed to be: 8:30 am - 6:00pm	Decreases total pharmacy hours by 1 hour and building hours by 30 mins, but improves staffing access

**Describe the current situation:**

We have varying hours across our pharmacy locations in an effort to match primary care hours. Current operating hours result in the need to maintain 3 shifts at our 2 busiest locations: East and Mid County Health Centers, which creates staffing strains on our entire program.

Locations	Current Operating Hours	Current Employee Shifts
Westside, Southeast	8:30-5:30	8:30-5:30
Northeast, Rockwood	8:30-6:00	8:30-5:30 9:00-6:00
North	9:00-6:00	9:00-6:00
East, Mid County	8:30-7:00	8:30-5:30 9:00-6:00 10:00-7:00

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

The more variability we have in employee shifts, the less cross coverage we have. This can result in longer wait times as well as unexpected curtailment of hours when staffing is not available. In the past year, pharmacies have experienced an increase in early closures due to lack of staff.

**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*):**

We reviewed prescription data to determine the degree to which clients would be impacted with a reduction in hours at Mid County and East County. Our analysis suggests few clients would be impacted, but staffing stability would be substantially improved. On average, we dispense 24-29 prescriptions per



hour between the hours of 8:30am to 6:00pm, whereas we dispense on average 8 prescriptions between the hours of 6:00pm to 7:00pm.

**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 reduce total building hours by 30 minutes on Fridays at East County and Mid County Health Centers.

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

Building hours at East County and Mid County health Centers will remain the same.

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

The Senior Leadership Team, pharmacy employees

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

Ritchie Longoria, Deputy Pharmacy Director; Jason Anderson, Pharmacy Operations Supervisor; Liz Mitchell, Pharmacy Operations Supervisor; Rosalio Espinoza, Pharmacy Operations Supervisor

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

The recommendation is to move forward with the proposal as presented.

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

Staff satisfaction and retention, the Pharmacist Employee Relations Committee, prescription and foot traffic data

Board Notes:



# Grant 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.

Grant Title	HRSN Community Capacity Building Funds: Nutrition Education		
This funding will support: Please add an "X" in the category that applies.			
Current Operations	Expanded Services or Capacity	New Services	
		X	
Date of Presentation:	May 12, 2025	Program / Area:	Community Health Workers
Presenters:	Adrienne Daniels and Claire Nystrom		
Project Title and Brief Description:			
This grant will provide 18 months of funding (October 2025 - April 2027) to help add nutrition education and coaching as a part of the Health Related Social Needs (HRSN) benefit. Funds are intended to help primary care clinics and providers build staffing, educational content, and workflows to deliver services in alignment with the HRSN expansion.			
What need is this addressing?:			
These community capacity building funds will help our health center hire staff who are able to provide nutrition education and counseling. These services are included as part of the HRSN Medicaid benefit, and are designed to help support patients through increased access to services which improve health			





outcomes. The capacity building grant is intended to help organizations test new services as part of a pathway to longer term sustainability.

Our health center currently offers several approaches to addressing food insecurity and its intersections with chronic disease. These services currently include: supportive fruit and vegetable prescriptions (community supported agriculture) as well as group classes for diabetes care management, grocery store tours, and culturally specific care for chronic disease. This new expansion would offer specific nutrition counseling as part of a patient's care plan and expand our capacity in group classes centered on chronic disease management.

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

The community capacity building funds for nutrition education would provide staffing and services for 18 months. Staff hired under this capacity grant would develop the operational workflows, educational materials and nutrition curriculums for patients, as well as directly provide:

- 1:1 patient nutrition education and coaching
- Group classes on nutrition education
- Culturally specific nutrition education materials and resources
- Grocery store tours focusing on shopping for healthy foods on a budget

We are still evaluating where the group classes would be located and would develop a final location plan this summer. Based on the current, culturally specific collaborations ( the Ethiopian and Eritrean Cultural and Resource Center and Native American Youth and Family Center) two tentative locations under review include: Mid County Health Center and Fernhill Health Center. Patients from any of our health center locations would be able to access these services, but must qualify under the existing HRSN population requirements: (1) Discharge from an institution from mental disease, (2) Discharge from incarceration, (3) Involvement with the child welfare system, (4) Individuals at risk for Homelessness, (5) Individuals transitioning to dual eligible status, and (6) Young adults with special health care needs.

**What is the total amount requested: \$323,577**

*Please see attached budget*

Funding includes staffing, benefits, and materials/supplies.

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

Applications for community capacity grants are due by the end of May 2025, with expected award notification by September 2025. Funding is available for 18 months (October 2025 - April 2027).

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

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



Our health center will apply for capacity building funds for nutrition education and hire staff who can provide these services for 18 months.

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

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

Our health center will not apply for capacity building funds and will not add nutrition education services.

**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)*

There are no scope change requests for this grant.

**Proposed Budget (when applicable)**

Project Name: Nutrition Education Capacity Funds		Start/End Date: October 2025 - April 2027	
	Budgeted Amount	Comments (Note any supplemental or matching funds)	Total Budget
<b>A. Personnel, Salaries and Fringe</b>			
<b>Registered Dietitian</b>	\$115,415	Includes full benefits	
1.0 FTE Role will provide direct coaching, education, and services for patients. Will work with Health Promotion Specialist on updating existing materials and developing new materials.			
<b>Community Health Worker (on call)</b>	\$23,455	Includes full benefits	
Community Health Workers will support nutrition education through group classes, culturally specific material creation, and patient engagement activities.			
<b>Health Promotion Specialist</b>	\$45,665	Includes full benefits	
0.27 FTE Role will help design culturally specific materials and training for nutrition courses in conjunction with Registered Dietician. Will work across CHW and other Role groups to develop and implement workflows to incorporate Nutrition Education into team based care .			



<b>Fringe Benefits</b>			<b>\$127,043</b>
<b>Total Salaries, Wages and Fringe</b>			<b>\$311,577</b>
<b>B. Supplies</b>			
Description of supplies	Printing costs, purchase of educational curriculums, licenses, and nutrition related content.		
<b>Total Supplies</b>	<b>\$10,000</b>		<b>\$10,000</b>
<b>C. Contract Costs</b>			
Contract description			
<b>Total Contractual</b>			
<b>D. Other Costs</b>			
Description of training and other costs	Costs for translation of materials to multiple languages		
<b>Total Other</b>	<b>\$2,000</b>		<b>\$2,000</b>
<b>Total Direct Costs (A+B+C+D)</b>			<b>\$323,577</b>
<b>Indirect Costs</b>			
<i>The FY26 Multnomah County Cost Allocation Plan has set the Health Department's indirect rate at 15.68% of Personnel Expenses (Salary and Fringe Benefits). The rate includes 4.18% for Central Services and 11.50% for Departmental. The Cost Allocation Plan is federally-approved.</i>			
<b><i>This grant opportunity does not permit indirect costs, so they are not applied to this grant application.</i></b>			
<b>Total Indirect Costs (12.16% of A)</b>			
<b>Total Project Costs (Direct + Indirect)</b>			<b>\$323,577</b>

# Quality Management Plan

Fiscal Year 2026: July 2025-June 2026

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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.

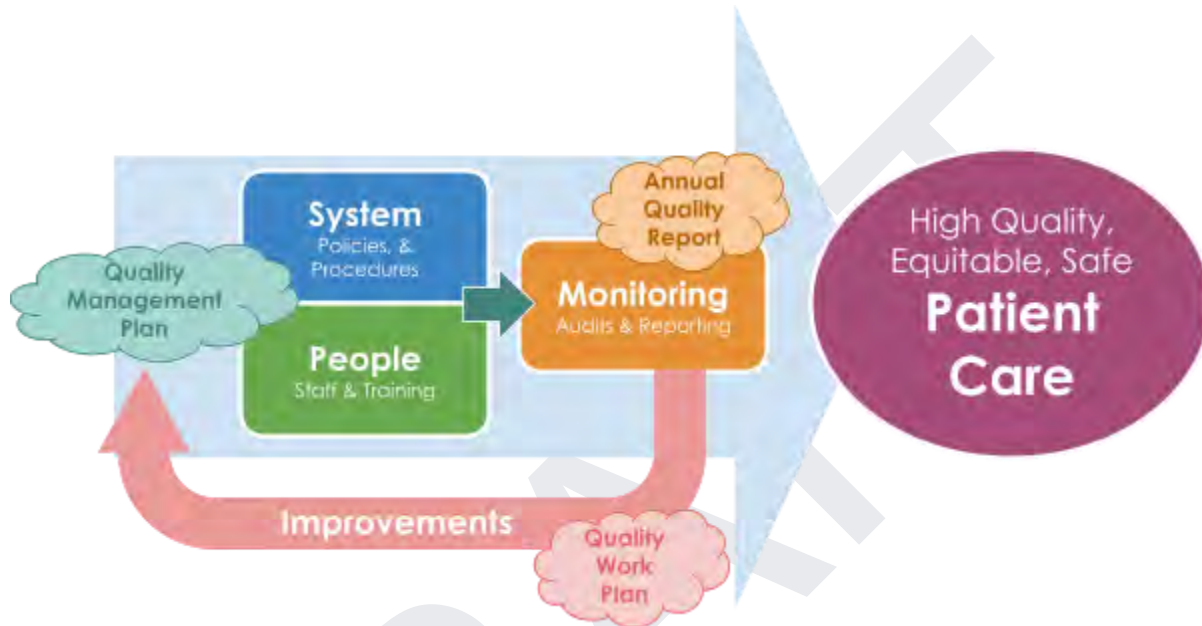
**Health Center Vision:** Integrated. Compassionate. Whole person health.

### 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 Quality goals, 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:

### Quality Management Plan

The CHCB reviews and approves each fiscal year.

### Quality Assurance and Improvement Activities

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.

### Accreditation/ certification reports:

The CHCB receives reports of regulatory activities, such as The Joint Commission (TJC) accreditation, recognition with other federal and state programs.

### External program and financial audit reports

Program and financial performance reviews from grant organizations, federal programs, and accreditation agencies are shared with the CHCB as part of regular compliance monitoring.

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.

### Patient surveys

Patient surveys are a program requirement and an important component of a QA/QI program, and are reported to the CHCB.

### Adverse incident reports

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.

### Policies

Some Community Health Center policies are approved by the CHCB, such as patient feedback, surveys, and data governance.

### HRSA/BPHC required Clinical and Financial Performance

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.

## 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>

Committee	Membership	Frequency	Responsibilities
<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>



Work Process	What question needs answered?	KPI	Calculation	Examples for Narrative	Category
<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:

<b>Safety &amp; Compliance</b>
<b>Client Experience</b>
<b>System and Staff</b>
<b>Clinical Quality</b>

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

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

# Acronyms

<b>BCC</b>	<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>
<b>BI</b>	Business Intelligence
<b>BPHC</b>	<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>
<b>CHCB</b>	<a href="#">Community Health Center Board</a> <i>The client majority board that governs the Community Health Center.</i>
<b>CSI</b>	Clinical Systems Information program
<b>DCLT</b>	<a href="#">Dental Care Leadership Team</a>
<b>HIPAA</b>	Health Insurance Portability and Accountability Act
<b>HIS</b>	Health Information Services program
<b>HRSA</b>	Health Resources and Services Administration
<b>HVA</b>	Hazard Vulnerability Analysis
<b>ICS</b>	Integrated Clinical Services, a division of MCHD that includes the Community Health Center
<b>IT</b>	Information Technology
<b>MCHD</b>	Multnomah County Health Department
<b>OPX</b>	Office of Patient Experience
<b>OSHA</b>	Occupational Safety and Health Administration
<b>PCLT</b>	<a href="#">Primary Care Leadership Team</a>
<b>PDSA</b>	Plan-Do-Study-Act: a Lean Quality Improvement tool for continuous improvement
<b>QA</b>	Quality Assurance
<b>QI</b>	Quality Improvement
<b>QLT</b>	Quality Leadership Team
<b>SHC</b>	Student Health Centers
<b>SLICS</b>	Senior Leadership for Integrated Clinical Services
<b>TJC</b>	The Joint Commission

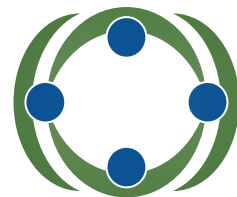


# Department Updates

## Strategic Updates

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- Interim Executive Director
- 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 - **Monthly Report**  
DATE: **May 2025** (previous memos available under public meeting materials on the [CHCB Member site](#))



### Executive Director Updates *System level information and updates*

<b>Fiscal Year (FY) 2026 Budget</b>	The CHCB voted to approve the proposed FY26 Health Center Budget on April 14, 2025. Next steps in this process is preparation for the May 22nd presentation to the Board of County Commissioners. Final Board of County Commissioner approval of the budget is anticipated in June 2025.
<b>Interim Executive Director Transition</b>	With the selection of Anirudh Padmala by the CHCB on April 29, Jenna Green will continue to support the transition until May 12th.
<b>Fernhill Grand Opening</b>	Fernhill Grand Opening is on May 30, 2025. Please RSVP <a href="#">here</a> if you haven't done so already; we look forward to having you at the celebration!



### Capital Projects *Facilities updates, high cost projects*


<b>Westside Pharmacy Expansion</b>	The Westside Pharmacy expansion project was completed on May 1st. We can now move forward in earnest with our plans to expand and market mail and adherence packing services.
<b>Fernhill Health Center</b>	<p>Staff will begin their move into the new clinic space on May 16th. Posters and additional signage is launched at La Clinica's current space to explain the relocation timeline. Patients will continue to receive updates directly from their medical team at La Clinica about the relation.</p> <p>The Grand Opening will occur on May 30th! Members of the public are welcome to attend.</p>





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

<b>Mid County Strategic Capital Planning</b>	The health center is beginning a scope of work and timeline to complete a market assessment for the building and financial analysis for expanded services. Our goal is to complete these two items by 2026, as part of the capital planning prioritization shared by the CHCB.
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<b>Capacity Expansion: Nutrition Services</b>	The health center will submit a proposal for HRSN Community Capacity Building for Nutrition Services, pending CHCB approval in May. Funding will provide expanded CHW capacity for outreach and engagement, as well as for direct nutrition coaching, group classes, and educational materials. Please reference the May Board Book for grant details.
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<b>Risk and Compliance Updates</b> <i>Compliance events, major incidents/events updates</i> 	
<b>Unannounced OSHA visit</b>	Oregon OSHA showed up at Mid County on April 24 for a surprise site visit, focusing on a number of health-related topics. Initial follow up is underway as we await the final report.
<b>Respiratory Protection respirator fit testing</b>	The Health Center works with an annual vendor to be on site and complete required respirator (N-95) fit tests. This year, we fit tested 335 staff at 8 sites over 8 days!

<b>Quality/Process Improvement</b> <i>Improvement events and activities</i> 	
<b>HIPAA Privacy/Security Project Kickoff</b>	The HIPAA privacy/security project with consulting firm Medcurity kicked off on April 9.

<b>General Program Updates</b> <i>Program/Service-line specific updates</i> 	
<b>Primary Care</b>	We have a lot of great projects underway in Primary Care, including launching our Population Health Program that will help our system reduce hospital readmissions for high risk patients and help us to create different care pathways based on patient risk. We also have an Inbasket Improvement project aimed to increase efficiency in the electronic health record, reduce burnout for staff using the health record, and improve patient care. The APC Fellowship program kicked off its recruitment for the next class and so far we have 10 promising applicants just in the first week of the applications opening!
<b>Integrated Behavioral Health</b>	<p>Welcome ICS's first employee Peer Support Specialist:</p> <p>The PSS will also have a role in managing that program. The Peer Support Specialist (PSS) team will offer emotional support to referred patients via phone, in clinic, and in the community, utilizing their lived experiences and training to connect them with lasting resources. The PSS team will collaborate with Transitions of Care-BH, SUD-expert BHPs, and the CHW team, and will participate in a HRSA grant for justice-involved individuals. Additionally, the PSS team will manage a volunteer cultural peer support apprentice program with Lutheran Community Services NW.</p>

<b>Dental</b>	<ul style="list-style-type: none"> <li>• Saturday Baby day at Baby Day at MC is showing consistent progress - we've seen almost ~50 additional patients</li> <li>• We have hired 1 hygienist and we continue to attend recruitment events for hygienists at PSU and at Mt. Hood Community College</li> <li>• We are excited to support a second round of dental hygienist student rotations with Mounty Hood students and we hope to continue this into a long standing partnership</li> <li>• Fernhill dental will start providing limited hygiene services this summer</li> </ul>
<b>Pharmacy</b>	See Capital Projects section for exciting Pharmacy update!
<b>Information Systems</b>	The Health Center is joining the OCHIN CIO Steering Committee. This opportunity puts the Health Center at the table to build influential relationships, advocate for technology to better serve our clients, and to innovate in partnership with OCHIN