Public Meeting

September 2026

community health center board

Multnomah County

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AGENDA

community health center board

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Multnomah County

Public Meeting Agenda

September 14, 2026
6:00 pm to 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:

Darrell Wade *(he/him)* – **Chair**
Vice Chair - Vacant
John Connelly *(he/him)* - **Treasurer (Acting Vice-Chair)**
Monique Johnson *(she/her)* – **Secretary (Acting Treasurer)**
Member-at-Large - Vacant
Christine Aavedal *(she/her)* – **Board Member**
Enrique Sama *(he/him)* – **Board Member**
Nicholas Hayes *(he/him)* – **Board Member**

Ex- Officio: Interim Executive Director - Debbie Powers *(she/her)*

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

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

Time	Topic/Presenter	Process/Desired Outcome
6:00 - 6:10 (10 min)	**Call to Order / Welcome** *Darrell Wade, CHCB Chair*	
6:10 - 6:15 (5 min)	**Minutes Review - VOTE REQUIRED** • August 10th, 2026 Public Meeting Minutes *Darrell Wade, CHCB Chair*	Board Reviews and votes
6:15-6:25 (10 min)	**Ryan White Part C Grant Renewal/Continuation - VOTE REQUIRED** *Nick Tipton, Regional Senior Manager*	Board Reviews and votes
6:25-6:35 (10 min)	**Student Health Center Grant Opportunity - VOTE REQUIRED** *Alexandra Lowell, Student Health Center Manager*	Board Reviews and votes
6:35- 6:45 (10 min}	**Fiscal Year 27 Quality Management Plan - VOTE REQUIRED** *Brieshon D'Agostini, Quality and Compliance Officer*	Board Reviews and votes
6:45-6:55 (10 min)	**Executive Director Recruitment** *Rachael Banks, Health Department Director*	Board Reviews updates
6:55 - 7:05 (10 min)	**Strategic Plan Updates** *Adrienne Daniels, Strategy & Policy Director* *Debbie Powers, Interim Executive Director*	Board Reviews updates

7:05-7:15 (10 min)	**BREAK**	
7:15-7:30 (15 min)	**FY26 Closeout Report** *Hasan Bader, Chief Financial Officer*	Board Reviews updates
7:30-7:35 (5 min)	**NACHC CHI & Expo Takeaways** *Darrell Wade, CHCB Chair*	Board Receives updates
7:35-7:45 (10 min)	**Board Committee Review** *Darrell Wade, CHCB Chair*	Board Receives updates
7:45-7:55 (10 min)	**Department Strategic Updates** *Debbie Powers, Interim Executive Director*	Board Receives updates
7:55	**Meeting Adjourns**	

PUBLIC MEETING MINUTES

community health center board

Multnomah County

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Multnomah County

Public Meeting Minutes
August 10, 2026
6:00 pm to 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.*

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Time	Topic/Presenter	Process/Desired Outcome
6:00 - 6:10 (10 min)	**Call to Order / Welcome** *Darrell Wade, CHCB Chair* • Meeting was called to order at 6:07pm • Absent: Christine? • We have a quorum with 5 members present • Christine joined at 6:pm	
6:10 - 6:15 (5 min)	**Minutes Review - VOTE REQUIRED** • July 13th, 2026 Public Meeting Minutes • July 24th, 2026 Special Public Meeting Minutes • July 30th, 2026 Special Public Meeting Minutes *Darrell Wade, CHCB Chair* **Edits/Comments: None**	***Motion to approve: John*** ***Second: Monique*** Yays: 5 Nays: 0 Abstain: 0 **Decision: Approved** ***all members present voted unanimously yes*
6:15-6:25 (10 min)	**Care Oregon Student Health Action Council Grant - VOTE REQUIRED** *Alexandra Lowell, Student Health Center Manager* **Highlights:** • Grant from CareOregon Community Organization	***Motion to approve: John*** ***Second: Monique*** Yays: 5 Nays: 0

	• If awarded, the amount would be $90,000 per year for a total of 3 years (FY27-FY29) • Notification will be in September 2026 • Opportunity for funding to support youth engagement in Student Health Centers • This funding can cover costs for the Student Health Action Council and is not tied to specific or required additional programming • It will assist in funding the project manager and interns who lead youth engagement at the nine high schools with an SHC • A request for funding has been submitted ahead of the deadline, but it will be withdrawn if the vote does not pass. **Questions/Comments:** • None	Abstain: 0 **Decision: Approved** ***all members present voted unanimously yes*

6:25-6:35
(10 min)
	Rockwood Reopening with 340B - -~~VOTE REQUIRED~~
	Debbie Powers, Interim Executive Director
	
	Highlights:
	• The planned vote for today's meeting regarding the Rockwood site reopening has been postponed to the October Public Meeting due to construction delays.
	• Will return in October with any additional updates and to request a vote.
	• Unexpected foundation issues discovered during construction have delayed the target reopening date from January 2027 to March or early April 2027.
	• The adjusted timeline is required to submit a "change of scope" application with HRSA to re-add Rockwood to the health center scope. This step is critical to securing access to 340B drug pricing program medications upon reopening.
	
	Questions/Comments:
	• John asked what budget impact this will have?
	  ○ Debbie answered that additional funds were added by the County to mitigate additional costs, such as the foundation findings. Additionally, we have money in the contingency funds to absorb the unknown for construction
	• Darrell asked as to where the Rockwood patients are being rerouted?
	  ○ Rockwood patients receiving medical care or need pharmacies are going to the East County Health Center. Dental patients are rerouted to multiple locations due to the chair capacity at each location.
		~~***Motion to approve:***~~
		~~***Second:***~~
		~~Yays:~~
		~~Nays: 0~~
		~~Abstain: 0~~
		~~**Decision: Approved**~~
		
		Vote was postponed and will be presented at a future Board meeting

6:35- 6:45 (10 min}	**Credit-Balance Policy- VOTE REQUIRED** *Hasan Bader, Health Center Chief Finance Officer* **Highlights:** • The purpose of this Credit Balance policy is to outline how the Health Center manages accounts with a credit balance. This is in accordance with HRSA requirements and the policies of Oregon's Department of State Lands regarding unclaimed property, as well as county financial policies. • There are no changes to the current policy; if the Board approves it, it will also receive approval from the CFO and the interim Executive Director. • A credit balance occurs when the total credits on a client's account surpass the total charges applied to that account. • A credit balance eligible for a refund is one in which all relevant charges and credits have been recorded, audited, and reconciled. • The Community Health Center aims to resolve credit balances on client	***Motion to approve: John*** ***Second: Monique*** Yays: 5 Nays: 0 Abstain: 0 **Decision: Approved** ***all members present voted unanimously yes*

	accounts as quickly as possible. If the client or third party cannot be reached, accounts receivable will follow the mandated process for submitting unclaimed property to the Department of State Lands. ● The Credit Balance policy is informed by accounting best practices, HRSA guidelines, Oregon's Department of State Lands regarding unclaimed property, and Multnomah County's Financial Policies. **Questions/Comments:** ● None	
6:45 - 6:55 (10 min)	**Community Health Center New and Established Patients Service Area Criteria (Policy & Procedure) - VOTE REQUIRED** *Debbie Powers, Interim Executive Director* **Highlights:** ● This policy outlines the process by which the Community Health Center assesses its service area and explains how CHC staff support clients who relocate outside this area, as well as new clients establishing care from outside the service area. ● This policy is mandated by HRSA. ● It details the CHC's review of the service area and the assistance provided to both current and new clients who are outside the service area, ensuring continued access to care and resources. ● Changes Noted: ○ Walk in workflow was removed as it lives in other policy areas ○ Revision of the employee's title responsible for the review process and the advancement of recommendations based on trends. ● Patient zip codes will be reviewed annually. ● Recent updates to the policy include: ○ The removal of a patient walk-in workflow, as this belongs in other policies. ○ Clarification of the ICS HRSA Grants Management Specialist title and the procedure for the annual review to demonstrate the collaborative assessment by health center staff and team in the event of a recommendation. ○ Tracked changes in the policy. **Questions/Comments:** ● None	***Motion to approve: John*** ***Second: Enrique*** Yays: 5 Nays: 0 Abstain: 0 **Decision: Approved** ***all members present voted unanimously yes*
6:55 - 7:05 (10 min)	**Fiscal Year 27 Quality Management Plan - VOTE REQUIRED** *Brieshon D'Agsotini, Quality and Compliance Officer* **Highlights:** ● The Quality Management Plan establishes the framework and infrastructure for delivering high-quality, equitable, and safe care. It fulfills mandatory compliance requirements for both HRSA and Joint Commission accreditation. ● The plan is one of three key components in the health center's quality cycle, alongside the Annual Quality Report (presented in April) and the Quality Work Plan. ● Changes for this fiscal year are minor and focus on alignment rather than substantive policy shifts: ○ Aligned Quality Committee meeting descriptions with CHCB bylaws. ○ Updated senior leadership roles, org charts, and meeting cadences to reflect recent staffing/budget adjustments.	***Motion to table vote: Monique*** ***Second: John*** Yays: 5 Nays: 0 Abstain: 0 **Decision: Approved** ***all members present voted unanimously yes*

	○ Adjusted the timeline and description for the annual quality and risk report. ○ Applied minor clarifications to key performance indicators (KPIs). Voting Outcomes & Implications: ● Yes Vote: Formally approves the FY27 Quality Management Plan as presented. ● No Vote: Requires further discussion to identify requested changes and delays approval, risking HRSA noncompliance due to the lack of an updated annual plan. **Questions/Comments:** ● Monique asked what is the timeline for implementation? ○ Brieshion answered that the plan was intended for adoption in May/June to take effect in July for the new fiscal year. Although slightly delayed, operations have continued under the current framework as the proposed updates are non-substantive. The plan was initially reviewed in March at a Quality Committee meeting. Subsequent board membership changes delayed additional committee meetings, so the plan was routed through the Executive Committee to reach the full board agenda. ● Monique asked if we are just adapting the previous management plan? ○ Brieshon confirmed that the FY27 plan is essentially identical to the FY26 plan, containing only minor administrative updates (such as alignment with current board bylaws, updated org ● Enrique asked where the Quality Management Plan material was provided? ○ Brieshon confirmed it was provided in the CHCB packet materials and noted it was pages 36-52 in the Board book. ● Monique motioned to table the vote	
7:05-7:15 (10 min)	**Executive Officer Succession Planning - VOTE REQUIRED** *Darrell Wade, CHCB Chair* **Highlights:** ● Per Article 14, Section 5 of the CHCB bylaws, automatic officer succession dictates that the Treasurer succeeds the Vice Chair, and the Secretary succeeds the Treasurer. ● If an officer declines or cannot serve in the succession line, the Nominating Committee must step in and provide a recommendation to fill the unexpired term upon notice of vacancy. ● Before voting, officers in the succession line were asked to state on the record whether they accept or decline stepping into the advanced roles. John Connelly confirmed his willingness to move into the Vice-Chair position. ● Motion to Table: During the discussion regarding John moving into the Vice Chair role, Monique proposed tabling the vote, citing low attendance (5 members present) and ongoing Nominating Committee efforts to recruit additional board members. **Questions/Comments:** ● None	***Motion to table vote : Monique*** ***Second: John*** Yays: 5 Nays: 0 Abstain: 0 **Decision: Approved** ***all members present voted unanimously yes*

BREAK		
7:25-7:40 (15 min)	**Q1 + Q2 Quarterly Quality Report** *Brieshon D'Agsotini, Quality and Compliance Officer* **Highlights:** Brieshon D'Agostini presented the combined Quarter 1 and Quarter 2 Quality Data Report, noting that the quarters were combined due to prior Quality Committee schedule delays. ● Patient Demographics: ○ Quarterly Volume: 43,000 patients served across 116,496 encounters/appointments. ○ Demographic distributions remained consistent with historical baseline data. ● Safety Incidents: ○ Quarter 1: 49 total incidents reported, consistent with baseline averages. ○ Quarter 2: 45 total incidents reported. ○ Incident Trends & Highlights: ■ *Student Health Centers:* Q2 saw a reduction in incident reports due to seasonal closures. ■ *Medication/Fluid:* Slight reduction in overall incidents attributed to lower seasonal vaccination volumes. ■ *Suicidal Ideation and Behavior:* Remained the top category across both quarters. Protocols dictate reporting for any known/disclosed occurrences within the prior 6 months while under care. Each incident triggers a comprehensive review by the Integrated Behavioral Health Manager and interdisciplinary team. ● Patient Feedback & Complaints: ○ Quarter 1: 29 feedback items received, predominantly via patient insurance plans. ○ Quarter 2: 36 feedback items received, including notable positive patient compliments. ○ *Note:* Individual feedback files may be coded under multiple categories. ● Patient Satisfaction & Experience Surveys: ○ Survey Volume: 1,306 surveys completed in Q1; 1,300 completed in Q2 across Primary Care, Dental, and Integrated Behavioral Health. ○ Key Metrics & Trends: ■ *Overall Satisfaction:* Remained steady on the higher end of the typical baseline range (89%–91%), remaining within 1–3 percentage points of regional benchmarks across all service lines. ■ *Appointment Wait Times:* Showed slight variation following several quarters of upward trends. Integrated Behavioral Health saw a slight decline, partially attributed to a smaller sample size. ■ *Test Results:* Turnaround time satisfaction continued an upward trend, demonstrating sustained operational improvement.	Board Reviews updates

	■ *Language & Interpretation:* Evaluation of materials and services in preferred languages showed high stability with only a 3% variance across the last four quarters. ■ *Staff Courtesy:* Staff and phone attendant courtesy scores varied by less than 2%. ● Quality Improvement (QI) Initiatives: ○ Access Model: Ongoing formal evaluation of the access model implemented in prior years. ○ Patient Intake Workflow: Standardized workflow implemented to streamline clinic onboarding and optimize billing accuracy. ○ Wound Care: Standardized wound care formulary and conducted provider education to improve care access. ○ High-Risk Patient Outreach: Active engagement strategy targeting high-risk patient populations. ○ Integrated Behavioral Health: Program evaluation currently in progress. ○ Clinical Pharmacy Survey: Conducted an ad-hoc survey regarding high no-show rates. Findings indicated that 90% of patients understood the purpose of their appointment, confirming that lack of appointment clarity was not a contributing factor to no-shows**.** **Questions/Comments:** ● Nicholas asked whether the Health Center tracks quality metrics regarding provider and staff input or employee workplace experience? ○ Brieshon clarified that while the Health Center does not currently conduct a standalone internal staff survey, employee input is gathered through several established mechanisms: 1. County-Wide Survey: Conducted every two years by Multnomah County, providing comprehensive workplace experience data collated and distributed back to individual health programs. 2. Health Department Pulse Surveys: Periodic short-form surveys administered by the Health Department to gauge staff feedback on targeted topics. 3. Ad-Hoc Staff Surveys: Special-purpose internal surveys conducted as needed for specific operational or programmatic evaluations.	
7:40-7:50 (10 min)	**UDS Report** *Alex Lehr O'Connell, Senior Grants Management Specialist* *Brieshon D'Agsotini, Quality and Compliance Officer* **Highlights:** Brieshon D'Agostini provided an educational overview and report on the annual UDS submission process, reporting timelines, and client demographic trends. ● Background and Purpose of UDS: ○ Definition: UDS is HRSA's federal data warehouse used to collect, monitor, and benchmark operational and clinical data from all Federally Qualified Health Centers (FQHCs). ○ Grant Compliance: Annual reporting is mandatory to maintain FQHC status and retain core health center grant funding.	Board Reviews updates

- System Utility: Provides longitudinal insight into community needs, identifies health center service gaps, and drives data-capture and documentation improvement workflows across clinical teams.
- Annual UDS Submission Timeline:
  - January – Early February: Final year-end data extraction, financial reconciliation (calendar year close), data entry, and error validation.
  - February 15: Mandatory submission deadline to HRSA (noted early submission achievement in recent years).
  - March: HRSA review and inquiry period; staff submit clarifications and data updates.
  - April – May: HRSA formal approval of final submission, followed by the initial executive report to the Community Health Center Board.
  - August – October: HRSA publishes benchmark data and health center Quality Improvement Badges online. Staff subsequently conducts a secondary comparative analysis and presents a peer-benchmarking report to the Board.
- Client Volume & HRSA Target Goals:
  - Trend Analysis: Patient volume declined during 2021 and 2022 due to the COVID-19 pandemic, followed by a steady recovery. Calendar year 2025 volume saw a minor variance of approximately 250 patients compared to the prior year.
  - HRSA Target Goal: The historical HRSA target is set at 66,000 patients, established during expanded projections following the passage of the Affordable Care Act (ACA). While missing the target does not directly jeopardize core grant funding, health centers nationwide have experienced shifts in post-ACA volume expectations.
  - Service Area Competition (SAC): The Health Center plans to formally request a target volume reduction during the next triennial SAC application cycle.
- Demographics & Payer Mix Highlights:
  - Language Services: 45%–47% of patients are best served in a language other than English. The Health Center serves an exceptionally diverse array of languages compared to peer health centers, reinforcing the critical role of robust interpretation and translation services.
  - Federal Poverty Level (FPL): Approximately two-thirds (~66%) of all patients live at or below 100% FPL, with an additional 11% in the subsequent income bracket. FPL data directly informs the Health Center's sliding-fee scale eligibility structure.
  - Insurance Coverage Breakdown:
    - Medicaid: ~75% of total patient population.
    - Dual Eligible (Medicaid/Medicare): 6%.
    - Medicare: 7%.
    - Private Insurance: 5%.
    - Uninsured: 6%–7%.
  - Medicaid Outreach Success: Outreach teams successfully sustained and expanded Oregon Health Plan (OHP) enrollment during post-pandemic redetermination periods, mitigating potential coverage losses and protecting health center revenue.
  - Housing Stability: The Health Center continues to capture self-reported housing status per HRSA definitions, supporting clinical workflows and qualifying the health center for HRSA's supplemental Healthcare for the Homeless funding.

Questions/Comments:

- None

7:50-8:00 (10 min)	**CHCB 2026 Fall Conferences** *Darrell Wade, CHCB Chair* ● **NACHC Fly-in, Washington D.C** ● **NWRPCA 2026 Primary Care Fall Conference, Salt Lake City, Utah** **Highlights:** ● Board Chair, Darrell Wade reviewed the three upcoming CHCB conference: ○ (September and December) NACHC Fly-in - Washington, DC ○ NWRPCA Primary Care Conferences - Salt Lake City, Utah ● A survey was previously distributed to board members to assess their interest in attending conferences for further support, training, or continuing education. ● A minimum notification of 6 weeks is required for registration. Inform the CHCB Liaison if Board members wish to attend. Debbie suggested 8 weeks is a safer timeline. **Questions/Comments:** ● Darrell Wade encourages the Board, particularly those new to the Board, to attend these conferences if possible. Darrell indicated that events are helpful and essential as they provide an opportunity to connect with other board members from across the country and learn about the initiatives taking place in various communities, particularly regarding how they advocate for and support their community health centers. Additionally, it is a chance to meet out-of-state providers and hear about their impactful work. There are also valuable workshops available, especially at Northwest Primary Care.	Board Reviews updates
8:00-8:10 (10 min)	**Department Strategic Updates** *Debbie Powers, Interim Executive Director* **Highlights:** National Health Center Week & Historical Context: ● Commemorated National Health Center Week, highlighting the movement's origin in 1964 with Dr. Jack Geiger and Dr. John Hatch following the "Freedom Summer" in Mississippi. ● Noted that early community health center models were adapted from South African community clinics serving populations impacted by poverty and apartheid. ● Emphasized the foundational role of the Office of Economic Opportunity (created under the Johnson Administration's War on Poverty) in expanding health centers nationwide. ● Reaffirmed the ongoing civil rights mission of health centers and expressed appreciation for the Board's service in advancing that mission. Policy & Strategy Updates (Medicaid Work Requirements): ● Adrienne Daniels, Policy and Strategy Director, in collaboration with the Health Department, submitted public comments regarding upcoming changes to Medicaid work requirements slated to take effect January 1, 2027.	Board Receives updates

	• Outlined concerns regarding increased administrative burdens on patients and providers, including stricter documentation requirements to establish medical fragility (e.g., a diagnosis such as cancer alone will no longer automatically qualify without medical documentation of inability to work; attestations will no longer be accepted post-2028). • Further updates will be provided to the Board via the Operations Memorandum. Dental Workforce Program Accomplishments: • Received an update on the "Grow Your Own" Expanded Function Dental Assistant (EFDA) workforce program, established to address critical regional staffing shortages. • Announced the successful graduation of the program's second student cohort. All graduates have been hired into active positions, expanding patient access and supporting clinic dental staff. **Questions/Comments:** • Debbie recognized Board members with August birthdays (Darrell Wade and Monique).	
8:10	**Meeting Adjourns at 7:29pm**	

SUMMARIES

community health
center board

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Grant Request Summary

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

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

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

Grant Renewal or Continuation Title	Ryan White Part C – Early Intervention Services for People Living with HIV

This funding supports: *Please add an **"X"** in the category that applies.*

Current Operations	Expanded Services or Capacity	New Services
X		

Date of Renewal Request:	**9/14/26**	**Program / Area:**	**HIV Health Services Center**
Due Date of Renewal:	**9/11/2026**	**Program Point of Contact:**	**Nick Tipton, Regional Clinic Manager Sr.**

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

Ryan White HIV/AIDS Program Part C Early Intervention Services (EIS) for designated jurisdictions. Funds support outpatient HIV primary care services targeted to low-income, vulnerable, medically underserved people living with HIV (PLWH). Multnomah County HIV Health Services Center (HHSC) was established with Part C grant funds in 1990.

Grant Progress Report/Status Update:
HHSC is midway through the second year of the three year project. HHSC is meeting all deliverable goals and is on track to spend out the award on time and within the parameters of the Ryan White Part C grant requirements.
Grant Deliverables for Renewal: *(#of patients, visits, staff, health outcomes, etc.)*
Grant Deliverables/Outcomes include : # of patients served (1675); # of new patients enrolled in care (150); number of newly diagnosed individuals enrolled in care (25); Medical Engagement (1600); and Viral Suppression (94%).
Total amount requested for renewal period: *Provide a budget or draft budget if available.* **Total grant amount and project period:**
The project period budget request (1/1/2027-12/31/2027) = This notice of funding opportunity allows HHSC to renew $757,912 annually for the third year of a three year project period. The budget goes towards personnel and indirect costs only.
Highlight changes to scope and budget for renewal:
None noted
Briefly describe the outcome of a "YES" vote by the Board: *(Please be sure to also note any financial outcomes)*
A "yes" vote means MCHD will submit the Ryan White Part C Non-Competing Continuation application that will support HHSC efforts to provide care to PLWH.
Briefly describe the outcome of a "NO" vote or inaction by the Board: *(Please be sure to also note any financial outcomes)*
A "no" vote means HHSC will not receive year-three funding from this funding stream, which means that clinical services for PLWH will not continue at current capacity.

Proposed Budget (when applicable)

Project Name: Ryan White Part C EIS Non-Competitive Continuation (NCC)	**Start/End Date:** 1/1/27-12/31/27

	Budgeted Amount	Comments	Total Budget
A. Personnel, Salaries and Fringe			
Project Director/Project Manager 0.05 FTE	**$5,980**		
Coordinates grant application processes, reporting cycles, and is the liaison with federal program officers; coordinates data quality improvement activities. Coordinates with community partners.			
Community Health Nurses 3.20 FTE On-Call Community Health Nurse Up to 67 hours	**$410,107**		
Provides clinic support (lab tests, injections, immunizations and screening tests), patient education and medication management, panel management, chronic disease management and support, nursing assessment and triage services (both walk-in and phone), management and coordination of outside referrals and adherence counseling. The nurses also help to scrub the visit schedule and participate in daily huddle.			
Total Fringe	**$272,924**		
Total Salaries, Wages and Fringe	**$689,011**		
General Office Supplies			
Total Supplies	**0**		
Contract description			
Total Contractual	**0**		
Description of training and other costs			
Total Other	**0**		

Total Direct Costs (A+B+C+D)			
MCHD charges an indirect cost rate of 14.67% of personnel costs. Included are costs up to the indirect cap rate of 10%, the remainder is provided in-kind.			
Total Indirect Costs	**$68,901**		
Total Project Costs (Direct + Indirect)	**$757,912**		

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

Total Anticipated Project Revenue (E+F)			

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Grant Approval Request Summary

Community Health Center Board (CHCB) Authority and Responsibility
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Please type or copy/paste your content in the white spaces below. When complete, please return/share the document with **Board Liaison, CHCB.Liaison@multco.us**

Grant Title	Cambia Health Foundation 2026 Grant Opportunity for Student Health Centers (SHC)		
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:	Sept 14, 2026	**Program / Area:**	Student Health Centers (SHC)
Presenters:	Alexandra Lowell		
Project Title and Brief Description:			

The Cambia Health Foundation is working to advance whole-person health by expanding access to behavioral health in underserved communities across Oregon, Washington, Idaho and Utah. This RFP will support school-based health centers and programs that expand access to wellness services, with an emphasis on behavioral, social, and emotional health. Priorities include approaches that engage students and parents/guardians as active voices in program design and/or implementation, advance peer-to-peer support and foster positive, inclusive environments.

The proposed project would support two interns for two school years: 1) SHAC Intern - to provide adult (near peer) co-facilitation and support to Student Health Action Councils (SHACs) and 2) Health Education Intern - to support health education in schools regarding, wellness, prevention and SHC services. In addition, funds would support efforts to engage new students, including immigrants and refugees, in group support provided

by an SHC behavioral health consultant. Impacts of these activities include increased access to SHC services, increased knowledge and skills to reduce adverse health outcomes, and ensuing youth voice/leadership.

What need is this addressing?:

Adolescence is a critical part of the lifespan, serving as the transition phase from childhood to adulthood. Experiences during this time period can shape long-term physical and mental health, employment, economic and social outcomes. As such positive experiences, peer and adult support, and intervention to disrupt experiences that may negatively affect overall wellness throughout the lifespan, can help minimize adverse effects on adolescents later in life. This includes reaching a broad swath of the student population with health education focused on prevention, early intervention, and treatment. Education activities also serve as as an outreach opportunity to increase access to SHC services

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

This funding would primarily support interns to provide co-facilitation of Student Health Action Councils and health education in schools. In addition it would support provision of groups for new students provided by a behavioral health consultant to minimize impacts on mental health (anxiety, stress, etc.) Costs are not linked to specific or required additional programming.

What is the total amount requested: $
Please see attached budget

$25,000 per year for 2 years

Expected Award Date and project/funding period:

Applicants are notified if awarded a grant in November 2026. Grant period will be January 2027-December 2028.

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

The health center can submit a grant proposal to Cambia Health Foundation to fund interns for SHACm classroom presentations and supplies for newcomers groups

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 pursue the grant opportunity to support the activities described above

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)

Proposed Budget (when applicable)

Project Name: Cambia Health Foundation	**Start/End Date: 1/1/2027 - 12/31/2008**

	Budgeted Amount	**Comments** (Note any supplemental or matching funds)	**Total Budget**
A. Personnel			
Interns (1-2 positions)	$19,382	712 hrs	$19,382
Provides adult facilitation of SHAC groups and health education in classrooms and health education in the classroom setting			
Total Salaries, Wages and Fringe	**$19,382**		**$19,382**
B. Supplies			
Food, Materials, etc. for SHAC meetings/events and behavioral health groups	$2,025		$2,025
Total Supplies	**$2,025**		**$2,025**
C. Contract Costs			
D. Other Costs			
Youth Stipends for participation/leadership roles in SHAC activities	$725		$725
Total Other	**$725**		**$725**
Total Direct Costs (A+B+C+D)	**$22,157**		**$22,157**
Indirect Costs			
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.			
Total Indirect Costs (14.67% of personnel costs)	**$2,843**		**$2,843**
Total Project Costs (Direct + Indirect)	**$50,000**		**$50,000**

Quality Management Plan

Fiscal Year 2027~~6~~: July 2026~~5~~-June 2027~~6~~

Multnomah County Health Department Community Health Center

Table of Contents

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:

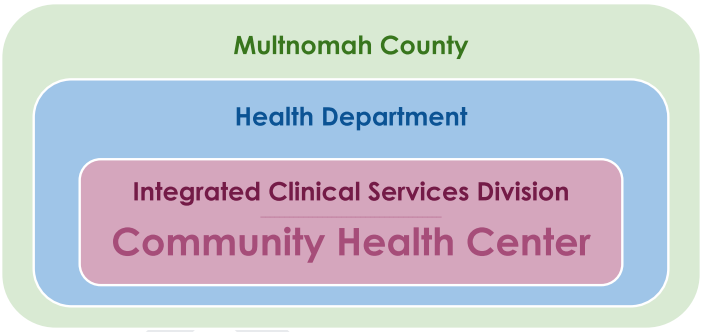
- Communicate Health Center quality goals
- Inform Health Center strategic priorities, allocating resources, and monitoring progress
- Support quality assurance and improvement for services
- Meet quality management compliance requirements
- Provide the framework for quality metrics and reporting

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

- HRSA Health Center Compliance Manual
- FTCA Risk Management
- The Joint Commission accreditation
- 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

Purpose, Vision, Values

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

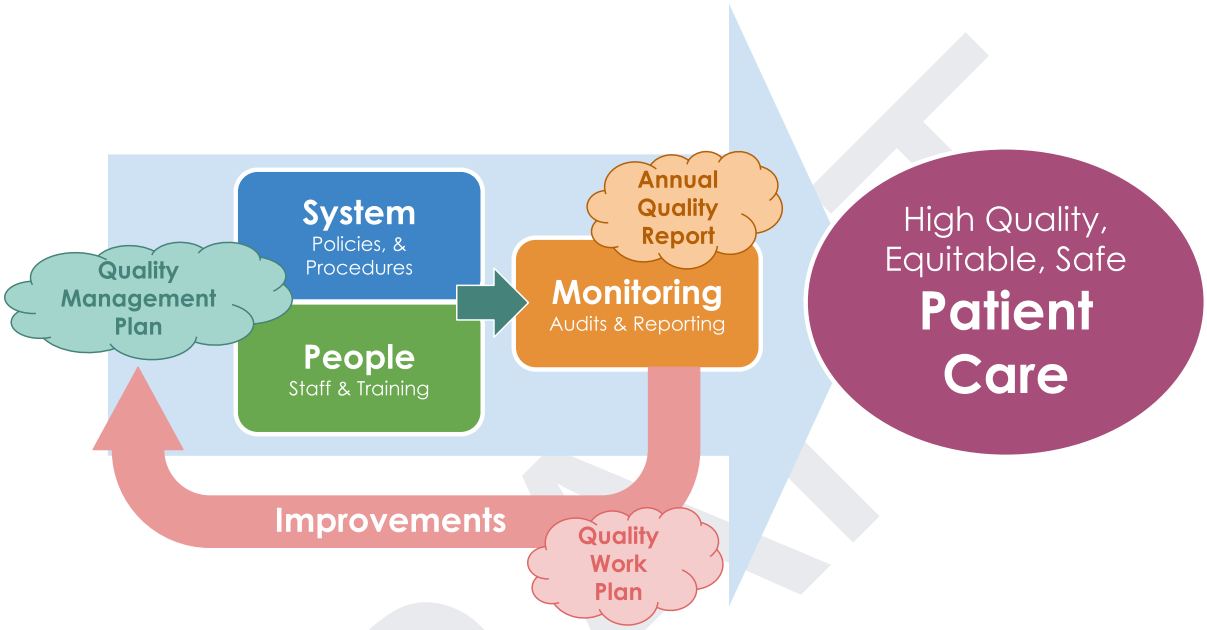
Health Center Vision: We envision that all people in our community receive reliable, high quality, inclusive, and comprehensive healthcare

Health Center Values

- **Creativity and Engagement:** We empower and collaborate with our staff and communities to create solutions that address the evolving needs of our communities
- **Person Centered:** We support all people as authentic individuals and deliver excellent care tailored to their specific needs
- **Equitable Care:** We strive to provide services that assure all people receive high quality and safe care that advances health equity
- **Fiscal Stewardship:** We practice transparent, responsible, and accountable fiscal stewardship
- **Workforce Support:** We value and strategically invest in our expert, diverse workforce that reflects communities we serve

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.

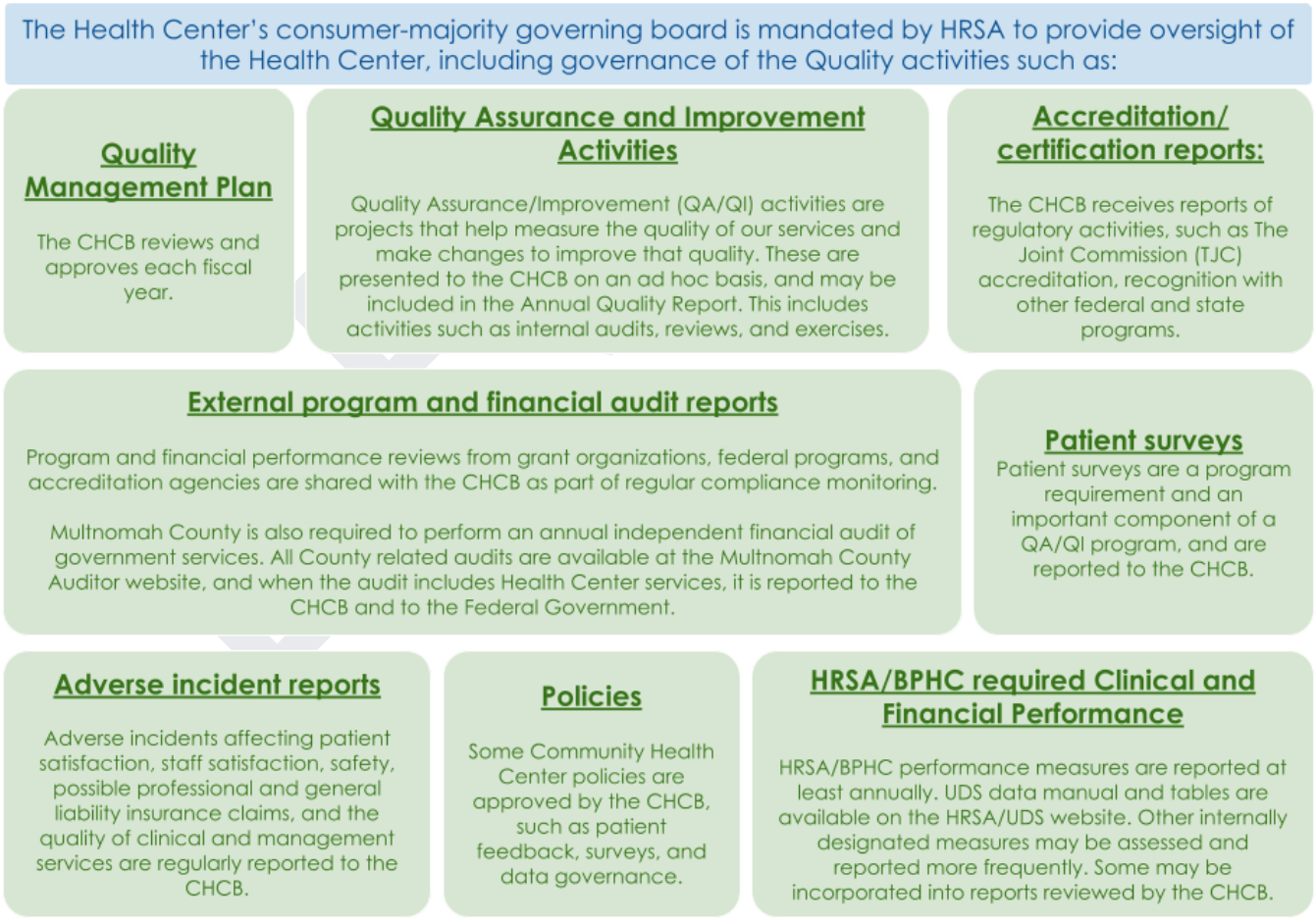
Governance and Structure

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 related to authorities and responsibilities, such as policy adoption, budget development and approval, scope/availability of health center services, executive director selection, sliding fee program, grant approval and administration, etc.*

Community Health Center Board Quality Governance



See HRSA Compliance Manual, Chapter 10 (Quality) and Chapter 19 (Board Authority)

CHCB Quality Committee

The CHCB Quality Committee is responsible for ensuring HRSA compliance by 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:

- Meets as needed, no fewer than three (3) ~~at least six~~ times per year ~~and as needed~~
- Analyze aggregate quality performance data
- Review information and provide input related to ~~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 as needed
- 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 Policy Director~~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 Director~~s~~
- Primary Care Deputy Medical Director
- Director of Nursing
- Pharmacy Director
- Pharmacy Deputy Director
- Dental Director
- ~~Dental~~ Deputy Dental Director
- Deputy Chief Operations Director

- ~~Health Equity Development Director~~¶
- ~~Executive Support Manager~~Health Center Chief of Staff

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
Regional Clinic Manager	*All clinic operations and functions*
Regional Nurse Managers or site Nurse Supervisor	*Nursing and clinic support functions*
Program Supervisors (clinical support)	*Clinical support functions*
Clinic Supervisors	*Day-to-day clinic operations*
Site Medical Directors	*Providers*
Clinical Pharmacy Program Manager	*Clinical Pharmacists*

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

Role	Oversight
Senior Dental Manager	*All program operations and functions*
Dental Operations Manager	*Clinic operations and functions*
Program Supervisors	*Day-to-day clinic operations for each site*

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*
Lead Pharmacy Technicians	*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)

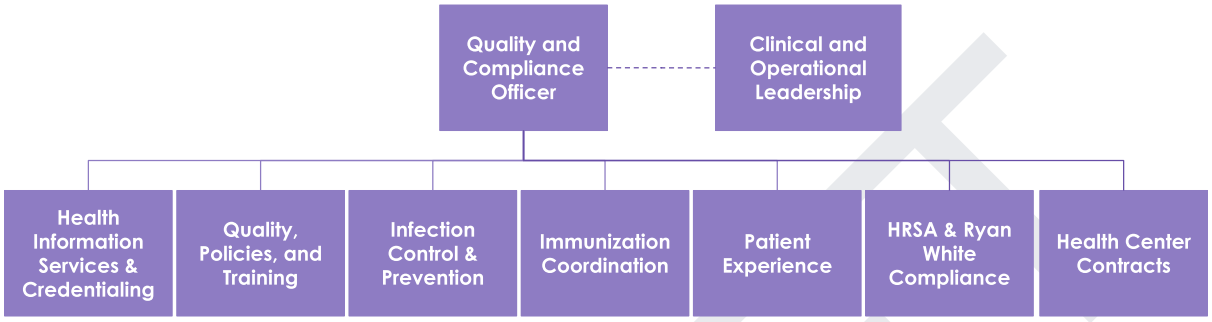
Health Center Committees (Quality)

Committee	Membership	Frequency	Responsibilities
Health Center Quality Leadership Team (QLT)	Led by ~~CQCO and CCO~~ Quality Team and key program and clinic leadership/ staff	At least 3x/year	• Coordinated decision-making and implementation of quality work across the Health Center • Review quality metric data and trends • Identify quality improvement opportunities • Plan and develop improvement activities • Communicating changes and activities to staff and stakeholders
Interdisciplinary	Key Senior	A~~t least~~	• Review unique or challenging client situations

Committee	Membership	Frequency	Responsibilities
Review Committee (IRC)	Leadership, IBH Manager, Quality Team	~~monthly and~~ ad hoc	• Decision-making for dismissal, transfer, or other actions to best support client and Health Center
Incident Review Team (IRT)~~Committee~~	Key Senior Leadership, IBH Manager, Quality Team	At least monthly	• Review reported client safety incidents • Identify concerns and trends • Determine follow-up needed (investigations, Root Cause Analyses, training/coaching, process improvements, etc)
Pharmacy and Therapeutics Committee	Key leadership and stakeholders	At least quarterly	• Oversee Joint Commission medication management chapter • Related Quality and Process Improvement
340B Oversight Committee	Key pharmacy staff and senior leadership	At least quarterly	• Oversee and guide 340B program policies and procedures, training, and compliance
Site Sustainability Teams	Site leadership and representation from role groups	At least monthly	• Sustain quality improvements • Review local workflows • Initiate quality improvement projects at the local level (such as PDSAs)
Site Safety Committees	Site leadership and representation from all building programs	At least monthly	• Conduct quarterly Building Safety Inspections • Identify and report building safety concerns • Implement safety improvement activities
Client Advisory Committee (CAC)	Clients, coordination staff, key leadership, and stakeholders	At least quarterly	• Provide feedback and insight regarding Community Health Center quality and operations • Collaborate with leadership to identify areas of improvement
Other committees as needed			

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	• Collaborate across Health Center and with other Departments and Divisions to develop and implement policy and processes to improve and ensure quality of services
HIPAA/Privacy and medical records	• Develop and maintain privacy policies • Investigate HIPAA privacy incidents, breaches, and complaints • Respond to medical records requests • Scan and index documents into the medical record • Provide subject matter expertise in protecting privacy and the ethical use of health information
Client surveys	• Work with vendor to conduct client surveys for all service lines • Analyze and present data, trends, and opportunities
Client complaint management	• Coordinate receipt of and responses to complaints and grievances from clients • Analyze and present data, trends, and opportunities
Client safety incident management	• Coordinate interdisciplinary review of client safety incidents • Analyze and present data, trends, and opportunities
Credentialing and privileging	• Complete credentialing, privileging, and enrollment of Licenced Independent Practitioners (LIPs) • Collaborate with Health HR on licensing and certification for all clinical roles

Health center-specific training coordination	• Support development, implementation, and tracking of health center e-training
Policy management	• Coordinate development, revision, and renewal of Health Center policies
Quality improvement, assurance, and compliance	• Coordinate and conduct internal audits and other activities to help ensure quality and compliance • Coordinate and support external surveys and other activities related to quality and compliance • Analyze and present findings, trends, and opportunities
Employee safety	• Collaborate with County and Health Department partner programs to support employee safety, including County Workplace Security, Risk Management, Facilities, and Attorney's Office • Identify and elevate trends and opportunities as needed
Risk assessment and management	• Collaborate with County and Health Department partner programs to assess and analyze risk • Identify and elevate trends and opportunities as needed
EHR management	• Collaborate with Health Center Clinical Systems Information (CSI) to identify and implement improvements related to the Electronic Health Record (EHR) systems
Data and reporting	• Collaborate with Health Center Business Intelligence (BI) to develop data reporting

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.

Category	Joint Commission Chapters
Safety & Compliance	• Environment of Care (EC) • Infection Prevention and Control (IC) • Life Safety (LS) • National Patient Safety Goals (NPSG) • Emergency Management (EM)
Client Experience	• Rights and Responsibilities of the Individual (RI)
System and Staff	• Leadership (LD) • Human Resources (HR)
Clinical Quality	• Information Management (IM) • Record of Care, Treatment, and Services (RC) • Provision of Care, Treatment, and Services (PC) • Medication Management (MM)
Quality Improvement	• Performance Improvement (PI)

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

KPI Reporting

The Health Center produces an annual report on a Calendar Year cycle that includes Quality KPIs, as well as quarterly reports for 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
Annual Health Center Quality Report *Typically presented in the first 4 months of the year~~Due in February or March for previous calendar year~~*	• Key data and trends~~Performance Indicators~~ • Helpful context on what the data is showing • Important trends and disparities • Quality improvement activities where applicable • Compliance and Risk Management Activities	Highlight 3-5 KPIs Summary of trends and disparities Highlight 3-4 improvement activities from the year
Quarterly Quality data *Due when data is available following the end of a quarter*	• Subset of metrics that includes, at a minimum, client complaints, incidents, and surveys • Important trends and disparities • Improvement activities where applicable	Summary of trends and disparities

Example Key Performance Indicator Grid

Work Process	What question needs answered?	KPI	Calculation	Examples for Narrative	Category
External Audits	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?	**Safety & Compliance**
Internal Audits (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?	**Safety & Compliance**
Privacy Incidents	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"?	**Safety & Compliance**
Required Trainings	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?	**Safety & Compliance**
Client Surveys	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?	**Client Experience**
Client Complaints	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?	**Client Experience**
Client Safety Incidents	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?	**Safety + Client Experience**
Client Advisory Committee	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?	**Client Experience**
Clinical Quality	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?	**Clinical Quality**

Work Process	What question needs answered?	KPI	Calculation	Examples for Narrative	Category
Clinical Peer Review	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?	**Clinical Quality**
Appointment Access/Utilization	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?	**Clinical Quality**
Pharmacy Utilization	Are clients using Health Center pharmacies	Pharmacy Utilization	Percent of prescriptions written that are filled at health center~~internal~~ pharmacies	What trends were identified? (locations, etc)	**Clinical Quality**
Quality Improvement	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?	**Quality Improvement**

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

Quality Work Plan

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

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

The Quality Work Plan is on a fiscal year cycle and is developed based on the previous calendar year's Quality KPIs and other factors/considerations, such as strategic priorities and available resources.

The Quality Work Plan includes, at a minimum:

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

The final report out to the CHCB Quality Committee includes:

- Whether outcomes and deliverables were achieved
- Barriers to successful completion, if any
- Recommendation for future projects, if any

Glossary

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

Acronyms

BCC	Board of County Commissioners *Elected representatives for each County district, as identified in the County Charter and Oregon Administrative Rules.*
BI	Business Intelligence
BPHC	Bureau of Primary Health Care *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.*
CHCB	Community Health Center Board *The client majority board that governs the Community Health Center.*
CSI	Clinical Systems Information program
DCLT	Dental Care Leadership Team
HIPAA	Health Insurance Portability and Accountability Act
HIS	Health Information Services program
HRSA	Health Resources and Services Administration
HVA	Hazard Vulnerability Analysis
ICS	Integrated Clinical Services, a division of MCHD that includes the Community Health Center
IT	Information Technology
MCHD	Multnomah County Health Department
OPX	Office of Patient Experience
OSHA	Occupational Safety and Health Administration
PCLT	Primary Care Leadership Team
PDSA	Plan-Do-Study-Act: a Lean Quality Improvement tool for continuous improvement
QA	Quality Assurance
QI	Quality Improvement
QLT	Quality Leadership Team
SHC	Student Health Centers
SLICS	Senior Leadership for Integrated Clinical Services
TJC	The Joint Commission

community health center board
Multnomah County

Board Presentation Summary

Presentation Title	FY2026 -FY2028 Strategic Plan Progress Updates

Type of Presentation: Please add an "X" in the categories that apply.

Inform Only	Annual / Scheduled Process	New Proposal	Review & Input	Inform & Vote
X	X			

Date of Presentation:	September 14, 2026	**Program / Area:**	All Health Center - Strategic Planning
Presenters:	Debbie Powers, Interim Executive Director Adrienne Daniels, Strategy and Policy Director		

Project Title and Brief Description:

The CHCB updated and approved the FY26-FY28 Health Center Strategic Plan in September 2025. This presentation will provide the board with a brief update on the strategic plan's implementation and progress in supporting the seven strategic priorities.

Describe the current situation:

The FY26-FY28 Strategic Plan provided guidance in the current budget and operational prioritization of programming for patient care and outcomes. Seven strategic priorities are used to guide decision making and support across all service lines:

1. Build a Strong Public Presence
2. Promote Partnerships and Collaboration
3. Assure Timely Access to Services
4. Support the Staff Experience and Resiliency
5. Maintain Financial Sustainability
6. Invest in High Quality Care
7. Innovate through Technology and Promote Safe Cyber Security Practices

The health center's executive leadership team developed key performance indicators for the plan to track progress and measure results, which will be used as part of the CHCB's FY28 budget planning process. In

addition to the seven strategic priority areas, the CHCB also identified critical infrastructure and services projects to support over the next three years. This includes evaluating a sustainable plan to expand Mid County Health Center and evaluate opportunities to improve Behavioral Health services.

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

HRSA requires that all health center governing boards approve a three year strategic plan. The Multnomah County Community Health Center Board has already approved of the existing plan so that operational staff can begin implementation. The Board receives regular updates on the plan's implementation and accomplishments over the three year period.

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):*

November 2024: CHCB met to begin strategic planning outcomes, needs, and early recommendations for the existing plan.

March 2025: CHCB met a second time to refine the early recommendations and develop updated strategic priorities as well as capital investment opportunities.

April 2025: CHCB voted to approve an updated Vision, Purpose and Values Policy

September 2025: CHCB voted to approve the current strategic plan

January 2026: CHCB provided budget feedback to support the strategic priorities' implementation and received an update on current projects underway which support the FY26-FY28 strategic plan.

September 2026: Progress report out on Strategic Planning Priorities

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

There are no decisions or votes for this evening's strategic planning update.

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

There is no vote required for this strategic plan report out.

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

There is no vote required for this strategic plan report out.

Which specific stakeholders or representative groups have been involved so far?
Senior Health Center Leadership, including the interim Executive Director, Strategy and Policy Director, and all Service Line Directors Managers of the Health Center Project Steering Committees (staff groups who contribute to program and project implementation of different initiatives)
Who are the area or subject matter experts for this project? ***(Please provide a brief description of qualifications)***
Variable depending on each strategic priority
What have been the recommendations so far?
Continue support for the existing strategic plan and implementation of multi-year project initiatives. The CHCB will further discuss what budget impacts and financial support may be required as part of the FY28 budget process during their fall 2026 Budget kick off.
How was this material, project, process, or system selected from all the possible options?
All CHCB members contributed to the planning, development and recommendations in the FY26-FY28 Strategic Plan.

Board Notes:

Leadership 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
FROM: Executive Senior Leadership
RE: Public Meeting Memo - **Monthly Report**
DATE: **September/2026** *(previous memos available under public meeting materials on the CHCB Member site)*

Executive Director Updates *System level information and updates*

2026 ICS All-Staff Event	Our Annual Health Center All Staff meeting will take place on October 8th at the Expo Center, bringing together team members from across the Health Center. This gathering provides an important opportunity to reflect on the past year's achievements, re-align with our vision, purpose, and values, engage in shared learning, and connect with peers. Jaycob sent CHCB members an invitation on September 1st via the CHCB Liaison email address. We look forward to welcoming everyone who can join us and introduce you to our Health Center teams.

Capital Projects *Facilities updates, high cost projects*

Multiple Health Centers	In the coming years, we anticipate there will be one major renovation occurring annually that will result in a need for a relocation. Currently Rockwood is under construction and with a projected fall move back timeline. In the summer of 2027, North Portland will have a complete roof rebuild and new HVAC system installed which will result in a 4 month closure. At this time, we are working with our Facilities team to understand what options are available for relocation. As we learn more, we will communicate those options and anticipated impacts.

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

Gender Affirming Care final	As anticipated, the Centers for Medicaid and Medicare Services

rules posted by CMS: No immediate patient care impacts	provided an updated final rule for public spending on certain types of gender affirming care services for populations under the age of 19. While the updated rule reverses certain types of public coverage for hormonal and cervical treatments, it maintains and clarifies that providing this care is not prohibited - an important distinction for how community health centers may proceed with important primary care services. The health center is reviewing the anticipated financial impact of this rule finalization, but there are no current operational changes in our services. We are also awaiting further guidance from the Oregon Health Authority on alternative state resources for this type of care.
Universal Health Plan Updates: Oregon Board delays release of recommendations	The Oregon Universal Health Plan Governance Board released a brief update this summer indicating it will delay its final recommendations to the Oregon Legislature on how the state could develop and implement a single payor, universal health plan. While Oregon currently manages an expanded Medicaid physical health benefit, it does not offer universal coverage regardless of income. The board's recommendations will be reviewed by the Oregon Legislature as part of the 2027 legislative session, and likely will require significant funding allocation or new funding mechanisms to support implementation. A report is now expected this winter. There are no current impacts to the Community Health Center, but we will monitor how the recommendations may influence the 2027 Legislative session and budget development. Typically, any programmatic expansions of health insurance support the health center patient population and we have previously supported efforts to expand health insurance coverage.
Community and Patient Engagement on HR1	The health center is preparing to update general information and education on our patient-facing website by October regarding common questions and resources for our patients on Medicaid changes. The community health center also joined the Oregon Health Authority "Stronger Together" series on September 3, reviewing how we are supporting patient engagement and answering questions about HR1 changes.
Strategic Planning: 6 months of progress	The health center will present progress and updates on the FY2026-2028 strategic plan during the CHCB September 14th meeting, highlighting different programs and projects which have supported the board's prioritized work.

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

FTCA application	Federal Tort Claims Act (FTCA) deeming provides medical malpractice coverage for FQHC clinical services. After several years of preparation, policy updates, trainings, and other documentation, our first attempt at an application has been submitted! It is rare for first attempts to be approved without additional work needed, so we are awaiting the response so we can address any additional questions as needed.

HRSA Change in Scope (CIS) for Rockwood reopening	As presented in a previous CHCB meeting, our Rockwood clinic has been closed for renovation and is expected to be reopened in Spring 2027. This will be coming to a full CHCB meeting for a vote soon so that the change can be submitted to HRSA. In the meantime, the Health Center is collecting the documentation required, such as letters of support from our community partners.

Quality/Process Improvement *Improvement events and activities*

PCPCH North Portland site visit	Preparation is underway for Oregon's Patient Centered Primary Care Home site visit at North Portland on October 29, 2026.

General Program Updates *Program/Service-line specific updates*

Primary Care	This month Primary Care welcomes five new Advanced Practice Clinician Fellows into the program. We are excited to host these fellows for a one year training program to prepare them for a successful tenure as a dedicated primary care provider working in an FQHC setting. This is the fifth class of the APC fellowship, and so far over the years the program has led to the retention of 14 former fellows as long term primary care providers.
Integrated Behavioral Health	This month, we are excited to welcome a new behavioral health provider to the Health and Services Center following a four-month vacancy. Additionally, two OHSU psychiatric nurse practitioner students are joining us at our Mid County and Health Services Center locations. They will gain hands-on experience in an integrated health center while supporting our providers and patients within their scope of practice. September also marks Suicide Prevention Month. The 2026 Oregon Suicide Prevention Month theme, "All of Us for All of Us: Building Community Connections for Suicide Prevention," serves as a reminder that suicide prevention is a shared responsibility, including within our health centers. We continue to evaluate our suicide risk support and outreach for the patients we serve, as well as for the providers who care for them, ensuring that anyone impacted by suicide has access to the help they need. For more information on how to learn more and take action, please visit Suicide Prevention | Multnomah County.
Dental	Fernhill dental will finally have a dental hygienist starting in

	September! Dental team is expecting to host a program level all-staff on Sept 3. Dental and Pharmacy team members are presenting at the National Maternal Oral Health Resource Center led Virtual cafe about our joint effort to support responsible antibiotic prescribing within the Multco dental team.
Information Systems	The CSI Epic Support team is supporting a large volume of changes in our Epic EHR, both driven by Health Center strategic projects as well as the rapid changes coming in technology health care coverage. Key focus areas include the implementation of the Financial Assistance Module to support our financial eligibility processes, new Epic Gallery functionality for document management within the EHR, and evaluation of new patient messaging and communication functionality. On the Business Intelligence team, the UDS reporting team held their kick off for the 2026 UDS report - the Health Center's large annual report due to HRSA every February. In preparation for this year's submission, we have some exciting work in progress with County IT and HR to improve our access to key financial and personnel data that has been a challenge in past reporting cycles.