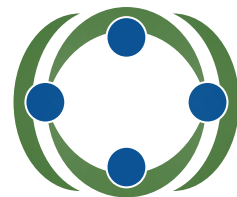




Public Meeting

December 2025



**community health
center board**

Multnomah County

Table of Contents

Agenda

Public Meeting Minutes

November 10, 2025

Summaries

Executive Director Strategic Updates

AGENDA



**community health
center board**

Multnomah County



Public Meeting Agenda December 8, 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

Darrell Wade (he/him) – Vice Chair

Susana Mendoza (she/her) – Secretary

Brandi Velasquez (she/her/ella) – Treasurer

Dani Slyman (she/her) – Member at Large

Brenda Chambers (she/her) – Board Member

Monique Johnson (she/her) – Board Member

Patrick Thomas (he/him) – Board Member

Anirudh Padmala (he/him) – Interim Executive Director (Ex Officio)

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

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

Time	Topic/Presenter	Process/Desired Outcome
6:00 - 6:10 (10 min)	Call to Order / Welcome <i>Tamia Deary, CHCB Chair</i>	
6:10 - 6:15 (5 min)	Minutes Review - VOTE REQUIRED <ul style="list-style-type: none">• November 10, 2025 <i>Tamia Deary, CHCB Chair</i>	Board reviews and votes
6:15 - 6:25 (10 min)	Policy Renewals - VOTE REQUIRED <ul style="list-style-type: none">• ICS.04.18 Community Health Center Client Rights and Responsibilities• ICS.04.16 Community Health Center - Feedback and Complaint Policy <i>Brieshon D'Agostini, Quality & Compliance Officer</i> <i>Kimmy Hicks, Quality & Compliance Project Manager</i>	Board reviews and votes
6:25 - 6:30 (5 min)	CHCB 2026 Calendar - VOTE REQUIRED <i>Anirudh Padmala, Interim Executive Director</i>	Board reviews and votes
6:30 - 6:40 (10 min)	Executive Officer Election - VOTE REQUIRED <i>Nominating Committee</i>	Board reviews and votes



6:40 - 6:50 (10 min)	New Board Member Election - VOTE REQUIRED <i>Nominating Committee</i>	Board reviews Nominating Committee recommendations and votes
6:50-7:00 (10 min)	Break	
7:00 - 7:10 (10 min)	Monthly Financial Report <i>Hasan Bader, Finance Manager</i>	Board receives update
7:10-7:20 (10 min)	Q3 Complaints & Incidents <i>Kimmy Hicks, Quality & Compliance Project Manager</i>	Board reviews
7:20-7:30 (10 min)	UDS Highlights <i>Alexander Lehr O'Connell, Senior Grants Manager</i>	Board receives update
7:30- 7:35 (5 min)	2025 Quality Committee Accomplishments <i>Susana Mendoza, CHCB Secretary and Quality Committee Chair</i>	Board receives update
7:35 - 7:40 (5 min)	Board Committee Updates <i>CHCB Committee Chairs</i>	Board receives update
7:40-7:50 (10 min)	Executive Director Strategic Updates <i>Anirudh Padmala, Interim Executive Director</i>	Board receives update
7:50 - 8:10 (20 min)	Board Discussion (Closed Executive Session) <i>Tamia Deary, CHCB Chair</i> <i>Per ORS 192.660(2), the following topics could be discussed:</i> <ul style="list-style-type: none"> • (i) To review and evaluate the employment-related performance of the chief executive officer of any public body, a public officer, employee or staff member who does not request an open hearing. • (p) To consider matters relating to cyber security infrastructure and responses to cyber security threats. 	Board considers matters in a closed executive session <i>Per Oregon Public Meetings Law, deliberation and decisions may only be made in a public CHCB meeting where a quorum is present through official public votes.</i>
8:10 pm	Meeting Adjourns	Thank you for your participation

PUBLIC MEETING MINUTES



**community health
center board**

Multnomah County



CHCB Public Meeting Minutes November 10, 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.

Board Members:

Tamia Deary (she/they) – Chair

Darrell Wade (he/him)- Vice Chair

Susana Mendoza (she/her) - Secretary

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

Dani Slyman (she/her) - Member at Large

Brenda Chambers (she/her) - Board Member

Monique Johnson (she/her) - Board Member

Anirudh Padmala (he/him)- Interim Executive Director (Ex Officio)

Board Members Excused/Absent: Dani Slyman

Call to Order / Welcome

*Tamia Deary, CHCB
Chair*

Meeting called to order at 6:08pm.

We do have a quorum with 5 members present

Interpreters : Victor and Rosie

Darrell joined at 6:23pm

<p>Consent Agenda - VOTE REQUIRED <i>Tamia Deary, CHCB Chair</i></p> <p>Minutes Review - VOTE REQUIRED <i>Tamia Deary, CHCB Chair</i></p>	<ul style="list-style-type: none"> Board Committee Updates Vacancy Report <ul style="list-style-type: none"> October 13, 2025 Public Meeting Minutes Edits/Comments: <ul style="list-style-type: none"> Addition : include scribe name at the end of minutes (<i>if not already included</i>) No further edits 	<p>Motion to approve: Brenda Second: Monique Yays: 5 Nays: 0 Abstain: Decision: Approved</p> <p><i>**all members present voted unanimously yes</i></p>		
<p>Treasurer Succession Plan Approval - VOTE REQUIRED <i>Tamia Deary, CHCB Chair</i></p>	<p>Treasurer transition: Bee Velasquez to become treasurer replacing Darrell Wade Susana remains as secretary</p>	<p>Motion to approve: Brenda Second: Susana Yays: 5 Nays: 0 Abstain:0 Decision: Approved</p> <p><i>**all members present voted unanimously yes</i></p>		

Executive Officer Election Slate of Candidates - <i>Tamia Deary, CHCB Chair</i>	Nominating Committee presented recommendations for 2026-2027 term <ul style="list-style-type: none"> ○ Positions: Chair, Secretary, 1 member at large ○ Slate: Chair-Dani Slyman, Secretary-Monique Johnson, Member at large-Open (Brenda declined) ○ Brenda and Dani running for Chair, no candidate member at large ○ Self-nomination invited; none submitted ○ Election scheduled for December public meeting 			
New Board Member Election - VOTE REQUIRED <i>Bee Velasquez, Nominating Committee Chair</i>	New Board member vote <ul style="list-style-type: none"> ● Candidate: Patrick Thomas (community member nominee, Health Services Center) <ul style="list-style-type: none"> ○ Interest: Aging, mental health, health access, equity/diversity, art therapy ○ Belief: Health care is a human right Discussion: <ul style="list-style-type: none"> ● Patrick's enthusiasm and commitment noted <ul style="list-style-type: none"> ○ Reminder to increase clinic diversity on the board ○ Motion to approve Patrick as a board-Approved 	Motion to approve: Brenda Second: Tamia Yays: 6 Nays: 0 Abstain: 0 Decision: Approved <i>**all members present voted unanimously yes</i>		

<p>Q2 Patient Surveys <i>Brieshon D'Agostini, Quality & Compliance Officer</i></p>	<p>Highlights Include:</p> <ul style="list-style-type: none"> ○ Patient Portal (Mychart): Slight increase above national benchmark ○ Demographic Scores: Asian and Cantonese-speaking patients scores improving, Approaching overall averages ○ Appointment wait: 6.6% below national benchmark; ongoing focus area ○ By service Line: <ul style="list-style-type: none"> ■ Primary care: Overall satisfaction up 2.5% over 3 years; appointment wait improving over 7 quarters; slight dip in test result communication ■ Dental: Quality of care and provider courtesy increasing; appointment wait decreasing, below benchmark ■ Integrated Behavioral Health: Overall satisfaction up 4% over 3 quarters; reception courtesy up 4-7% ■ Pharmacy: 100% satisfaction for prescription readiness for 4 consecutive quarters (20% increase over 3 years); consistently meets or exceeds benchmarks ■ Visuals provided for satisfaction and appointment wait time benchmarks ■ Quality improvement: <ul style="list-style-type: none"> ● Focus on patient access and wait times ● Convenient care pilot at Northeast and Rockwood clinics (data forthcoming) ● Questions: Request for number of survey participants (to be shared later) ● Praise for pharmacy performance 			
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Monthly Financial Report*Hasan Bader,
Finance Manager*

Hasan Badar presented on the monthly financials available in September Report

Highlights include:

- First quarter FY Summary (Sept):
 - Revenue:\$51.8M (24% of annual)
 - Expenditure: \$47.34M (22% of annual)
 - Net: \$4.5 Surplus
 - Primary Care (330) Grant: 18% collected (reflects two month due to billing lag)
 - No ARPA/COVID-19 funds remaining
 - Quality & Incentive Payments: 26% of annual collected
 - Health Center Fees: 24% collected
 - Self-Pay Client Fees: 14% collected
 - Personnel: 22% of budget (lower due to vacancies)
 - Contractual Services: 25% (on target)
 - Materials/Services & internal Services: below 25%
 - Program Income: Billable service average- \$7m/Month; self pay \$26-27k/month
- Internal Services: 20% of budget used; fleet services noted for higher expenditure (\$95k budgeted)
- Budget Modifications: None processed in first quarter
- Business Dashboard: Payer Mix (Primary Care): Care Oregon: 60-69%, New Highest: 8%, Self-Pay 4-5%
- CCO Assignments & Engagement: Care Oregon:-48,000 assigned, 60-62% engagement
- Discussion/Questions: Primary care grant at 20% (normal due to billing cycle)
- Fleet services expenditure addressed
- No significant outliers or concerns;visit numbers to be tracked in next report

**NACHC CHI &
Expo Takeaways**
Board Members

Conference & Board member Experiences:

- Attendees gained valuable insights on data sharing, supporting HRSA, and maximizing limited resources in health care.
- Importance of inviting HRSA staff to health center visits, including virtual options due to travel constraints.
- Emphasis on collecting and sharing patient stories to communicate impact.
- Board boot camp is highly recommended for all board members for development and support.
- Sessions attended included: Board governance and federal policy update from HRSA.
- AI Integration in patient experience and data collection.
- Direct engagement with HRSA partners provided clarity on policy changes and federal expectations.
- Positive networking and camaraderie among board members, with special mention of themed social events like 80s night.
- Strong encouragement for all board members to attend future board members to attend future board development activities and conferences

Board Member Recognition & Advocacy

- Shoutout to Dani for making valuable connections at conferences and Brenda for fostering team spirit at social events
- Kudos to Susana Mendoza for self advocacy in securing interpreters for full participation at conferences. Interpreters Victor and Felipe provided exceptional support, setting a high standard compared to on-site options.
- The board's unique structure as a public entity partnership is highlighted; only 10% of community health center boards are partnerships, the rest are consumer majority boards.
- Importance of connecting with consumer majority boards nationally to share learnings of best practices.

Strategic Updates & Achievements

- Update on Fernhill postponed to December for full context with Dani Present.
- Focus on aligning board activities with strategic priorities and elevating the impact of board work.
- Workforce development celebrated

<p>Executive Director Strategic Updates</p> <p><i>Anirudh Padmala, Interim Executive Director</i></p>	<p>Executive Director Strategic Updates</p> <p><i>Anirudh Padmala, Interim Executive Director</i></p> <ul style="list-style-type: none"> • Update on Fernhill postponed to December for full context with Dani present. • Focus on aligning board activities with strategic priorities and elevating the impact of board work. • Workforce development celebrated: • Pharmacy Technician workforce development program graduates: Alan Isaias, Carlos Armiento, Nicole Mongrain. • The dental program received the 2025 John McFarlane leadership award for promoting oral health for underserved populations. • Strategic plan for next three fiscal years being operationalized: <ul style="list-style-type: none"> ○ KPIs under refinement. ○ Projects mapped to strategic priorities for effective tracking and support. ○ Capital Projects & Community Engagement: <ul style="list-style-type: none"> ■ Mid-County capital evaluation project in progress: <ul style="list-style-type: none"> • Staff surveys showed strong support; results to be shared with all role groups (primary care, dental, pharmacy). • Next step: organizing community and patient focus groups. • Ongoing efforts to improve relationships with public entity partners. • Nominating committee actively recruiting new board members. <ul style="list-style-type: none"> ○ Patrick Thomas ○ Recruitment progress on track for 12/29 compliance deadline with HRSA <p>Food Insecurity Response</p> <ul style="list-style-type: none"> • Increased food insecurity observed due to federal government shutdown and snap benefit changes. • Health center responded by piloting emergency food distribution at Rockwood and Burn Hill Health Centers • Initial goal: Shelf-stable, nutritious food for 10-20 families per site. • Foods include apples, oranges, rice, noodles, beans, lentils, tortillas and canned vegetables. • Led by Strategy & Policy Director Adrian Daniels and community health worker supervisors Juliet and Adriana. • Discussion on leveraging Medicaid waivers and “food as medicine” approaches for 			
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	future resilience.			
Board Discussion (Closed Executive Session) <i>Tamia Deary, CHCB Chair</i>	Tamia removed the closed executive session item due to topics not being on the approved list.	Motion to enter executive Session First: Second: Yays: Nays: Abstain: Decision:		
Meeting Adjourns	7:41 PM			

Signed:_____ Date:_____

Susana Mendoza, Secretary

Signed:_____ Date:_____

Tamia Deary, Board Chair

Scribe: // Email: //Gina.Hale, Gina.Hale@multco.us

SUMMARIES



**community health
center board**

Multnomah County



Origination 12/12/2022
Last Approved N/A
Effective Upon Approval
Last Revised 12/12/2022
Next Review 3 years after approval

Owner Brieshon D'Agostini: ICS Quality Director
Area Client Rights and Responsibilities
Applicability Integrated Clinical Services
Legacy Policy Number (For Reference Only) CHCB Approved Policy, ICS.04.18

Community Health Center Client Rights and Responsibilities (Policy)

Related Procedure(s):

Not Applicable

Applies to:

All Multnomah County Community Health Center programs

PURPOSE

This policy describes client rights and responsibilities, and centers on the core tenets of safety, trust, and wellbeing of Health Center clients, staff, and other visitors, with the ultimate goal of clients receiving high quality care. This policy includes both the Community Health Center's responsibility to respect client rights, and the corresponding responsibilities of the clients/visitors toward staff and others in the Health Center. When clients understand and accept their responsibilities, the concept of the client as a partner in care becomes a dynamic component of the client's episode of care.

DEFINITIONS

Term	Definition
N/A	

POLICY STATEMENT

All clients served within the Health Center must be informed of their rights and responsibilities. The Health Center defines these rights and responsibilities and communicates them to the client in a Rights and Responsibilities statement.

Rights and Responsibilities statements must be prominently posted throughout client areas, in English and other major languages served by the Health Center in accordance with Health Center translation standards. Copies of Rights and Responsibilities statements will also be available in Health Center reception areas, in the New Patient Welcome packet and upon request from any Health Center employee. Health Center management staff are responsible for answering questions or addressing concerns of clients related to their rights and responsibilities.

REFERENCES AND STANDARDS

Joint Commission Requirements regarding the Rights and Responsibilities of the Individual

- Standard RI.01.01.01: The organization respects patient rights.
- Standard RI.01.01.03: The organization respects the patient's right to receive information in a manner he or she understands.
- Standard RI.01.02.01: The organization respects the patient's right to participate in decisions about his or her own care, treatment, and services.
- Standard RI.01.03.01: The organization honors the patient's right to give or withhold informed consent.
- Standard RI.01.04.01 The organization respects the patient's right to receive information about the individual(s) responsible for the patient's care, treatment, or services.
- Standard RI.01.04.03 The organization provides the patients with information about the functions and services of the primary care medical home.
- Standard RI.01.05.01: The organization addresses patient decisions about care, treatment, and services received at the end of life.
- Standard RI.01.06.03: The patient has the right to be free from neglect; exploitation; and verbal, mental, physical, and sexual abuse.
- Standard RI.01.07.01 The patient and their family have the right to have complaints reviewed by the organization.
- Standard RI.02.01.01: The organization informs the patient about his or her responsibilities related to his or her care, treatment, and services.

PROCEDURES AND STANDING ORDERS

Not applicable

RELATED DOCUMENTS

Name

Attachment A - Client Rights and Responsibilities Statement Poster - PC-120 (available in Spanish, Russian and Vietnamese)
Attachment B - Health Center: All Are Welcome Here (available in Chinese Simplified, Russian, Somali, Spanish and Vietnamese)

Attachments

- [A: Your Rights and Responsibilities](#)
- [B: Health Center All Are Welcome Here](#)

Approval Signatures

Step Description	Approver	Date
Quality Supervisor	Theresa Rice: Project Manager (NR)	Pending
Quality Supervisor	Brieshon D'Agostini: ICS Quality Director	10/24/2025

Applicability

Integrated Clinical Services

Standards

No standards are associated with this document



Origination 12/12/2022
Last Approved N/A
Effective Upon Approval
Last Revised 11/13/2025
Next Review 3 years after approval

Owner Kimmy Hicks:
Project Manager
Represented
Area Client Rights and
Responsibilities
Applicability Integrated
Clinical Services
Legacy Policy Number (For
Reference Only) CHCB
Approved
Policy,
ICS.04.16

Community Health Center Feedback and Complaint Policy (Policy)

Related Procedure(s):

[Complaint and Feedback Policy \(Procedure\)](#)

Applies to:

All Health Center Staff

PURPOSE

The purpose of this policy is to inform staff of the ways that a client complaint can be made, and how client complaints are managed and responded to.

DEFINITIONS

Term	Definition
Civil Rights Complaint	A complaint based on race, color, national origin, disability, religion, age, sex/ gender, sexual orientation, gender identity and expression, marital status, veteran status, source of income, or any other basis prohibited by federal, state, or local law. (Multnomah County Administrative Procedure DEI-1)
Complaint	Any statement or expression that a situation or event related to Health Center

	services or activities may be unacceptable or unsatisfactory.
Comment or Feedback	Any statement or expression that communicates an opinion or reaction related to Health Center services or activities.

POLICY STATEMENT

Client feedback helps the Health Center improve the quality of services, identify gaps in care, increase client satisfaction and engagement, help reduce disparities, and promote health equity. As required, the Health Center provides methods for clients to communicate complaints or comments related to Health Center services or activities, and encourages clients and families to share their experiences ~~by clearly identifying and communicating these methods.~~

The Health Center monitors, analyzes, conducts follow up, and makes improvements based on received feedback as appropriate for the specific situation with the goal of enhancing client satisfaction and safety. Complaints are compiled and managed by the Health Center Quality program using HIPAA compliant software.

The Health Center reports the number and types of complaints received by the Health Center to the the Community Health Center Board (CHCB) on a quarterly basis.

A client's access to care, treatment, or services will not be influenced by the submission of a complaint. ~~IGS~~The Health Center promotes a culture of safety where clients can make a complaint without fear of retaliation.

INFORMING CLIENTS OF THEIR RIGHT TO PROVIDE FEEDBACK AND COMPLAINTS

- All clients are informed of how they can make a complaint regarding the services received, their interaction with staff and the environment of care, such as exam rooms.
- Information on how to make a complaint or provide feedback is provided in:
 - Patient Rights and Responsibilities (posters and pamphlet)
 - HIPAA Notice of Privacy Practices (patient materials)
 - Notice of Non-Discrimination (posted in Health Center waiting area) under Section 1557 of the Patient Protection and Affordable Care Act
 - New Patient Welcome Packet
 - Multnomah County Health Department External Website (<https://multco.us/health/about-health-department/complaints>)

CLIENT FEEDBACK PATHWAYS

- **DIRECTLY TO STAFF:** A client, family member or their representative may express a complaint, regarding any aspect of care or treatment to any member of the staff. This may be communicated:
 - Verbally by telephone or in person

- Handwritten on a comment card, complaint form, letter, or other means
- Electronically by email or through MyChart message
- **Online Form:** <https://healthcenter.multco.us/contact-us>

NOTE: Unless other authority is present (e.g. parent of a minor child, individuals involved in care or payment for care), staff are unable to discuss the care of a client with others who do not have a Release of Information (ROI), even when the care is associated with a complaint. For information regarding exceptions to ROI rules see Multnomah County's Administrative Procedure HIPAA-1 and AGN 14.09.

- **CONFIDENTIALITY:** Clients and/or their families may choose to communicate their complaints or other feedback anonymously. If the person providing feedback requests to remain anonymous, Health Center leadership will protect their identity by keeping their name and any other personal information confidential.
- **REQUESTED ESCALATION:** If the person who made a complaint is not satisfied with the response they have received, they may escalate their feedback to the clinic or program manager. Further escalation [will be managed by the Quality Team to track the routing and response which](#) should go to the Chief Operations Officer, then to the Health Center Executive Director.

Complaints or feedback may also be submitted through:

- **THE MULTNOMAH COUNTY GOOD GOVERNMENT HOTLINE:** 1-888-289-6839, or through the [Good Government Hotline Website](#).
- **INSURANCE PLAN:** Clients may file a complaint about care or treatment directly to their insurance plan. Clients with Oregon Health Plan may choose to file a complaint through the [Oregon Health Plan Client Complaint Website](#).
- **DHHS OFFICE FOR CIVIL RIGHTS:** Clients and/or their families may choose to file complaints related to suspected Civil Rights violations directly with the US Department of Health and Human Services via their website address at the [Office for Civil Rights Complaint Portal](#).
- **MULTNOMAH COUNTY OFFICE OF DIVERSITY AND EQUITY:** Clients may submit complaints regarding violation(s) of Civil Rights, Limited English Proficiency and Disabilities to Multnomah County's Office of Diversity & Equity by contacting the Civil Rights Administrator at (503) 988-4201 or by emailing, civilrightshealth@multco.us.
- **THE JOINT COMMISSION:** Complaints regarding patient safety at a Health Center clinic accredited by the Joint Commission may be directly reported to The Joint Commission on line at: Joint Commission: [Report a Patient Safety Event](#).
- **NO SURPRISES ACT:** For information on how to submit a complaint regarding No Surprises Act rules, see the [CMS website](#).

HEALTH CENTER FOLLOW-UP RESPONSIBILITIES

- **REVIEW AND RESPONSE:** Health Center leadership reviews and, when possible, resolves complaints from clients, their families or representatives.
 - A response to complaints will be communicated as quickly as possible, and should

- not exceed five (5) business days from the date that the complaint was received by health center staff/leadership.
- Three varied attempts to follow-up with the client will be completed within the 5 business days, unless the client does not want to be contacted or has reported anonymously.
- All client complaints will be entered into the complaint management system within 5 business days; RLDatix which is managed by Quality.
- Upon request, a complaint must be escalated to the clinic/program manager, Chief Operations Officer, then Executive Director.
- Complaints and feedback received through a patient ~~satisfaction survey's~~ insurance company are routed to the Quality Program to coordinate follow-up. **HR COMPLAINT:** If a complaint involves a staff member and there is a suspected violation of a Human Resources (HR) policy or Personnel Rule, consult Health Center Senior Leadership and Health HR Business Partner for guidance and or resolution.
- **PRIVACY/HIPAA COMPLAINT:** Any complaint that involves the possibility of a breach or unlawful disclosure of protected health information must be immediately reported to the ICS Privacy Manager for an investigation in compliance with Multnomah County's Administrative Procedure HIPAA-4; LEG.02.10.
- **ALLEGATION OF ~~DISCRIMINATION~~ DISCRIMINATION DUE TO DISABILITY:** The Americans with Disabilities Act (ADA) has established a procedure to be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability. Clinic staff must assist persons pursuing a complaint under ADA by contacting the Health Department Human Resources Manager or designee.
- **LEGAL ACTION:** If a client's complaint involves the threat of legal action, the information must be immediately brought to the attention of County Risk Management, the County Attorney's office and the ICS Director (CHC Executive Director).

REFERENCES AND STANDARDS

- The Joint Commission Standard; RI.01.07.01: The patient, and their family, has the right to have complaints reviewed by the organization.
- HRSA Health Center Program Chapter 10 QI QA
- Administrative Procedure DEI-1
- Administrative Procedure DEI-2
- *Civil Right definition obtained from the U.S. Department of Health and Human Services, Office for Civil Rights website <https://www.hhs.gov/civil-rights/for-individuals/race/index.html>

RELATED DOCUMENTS

Name
Attachment A – <u>Feedback and Complaint Procedures</u>
Attachment B – Medical and Dental Comment Card, Form G-426
Attachment C – Pharmacy Comment Card, Form G-446

Attachments

- [📎 A: Medical and Dental Comment Card](#)
- [📎 B: Pharmacy Comment Card](#)
- [📎 Paper Complaint Form PC-140.pdf](#)

Approval Signatures

Step Description	Approver	Date
Operations Deputy director	Debbie Powers: Health Centers Division Operations Direc	Pending
Policy Coordinator	Ashley Francois: Training and Policy Coordinator	11/18/2025
Quality and Compliance Project Manager	Kimmy Hicks: Project Manager Represented	11/13/2025

Applicability

Integrated Clinical Services

Standards

No standards are associated with this document

January						
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- Public Meeting
- Executive Meeting
- Nominating Committee Meeting
- Finance Committee Meeting
- CHCB Privacy Security & Trust Meeting

Safety

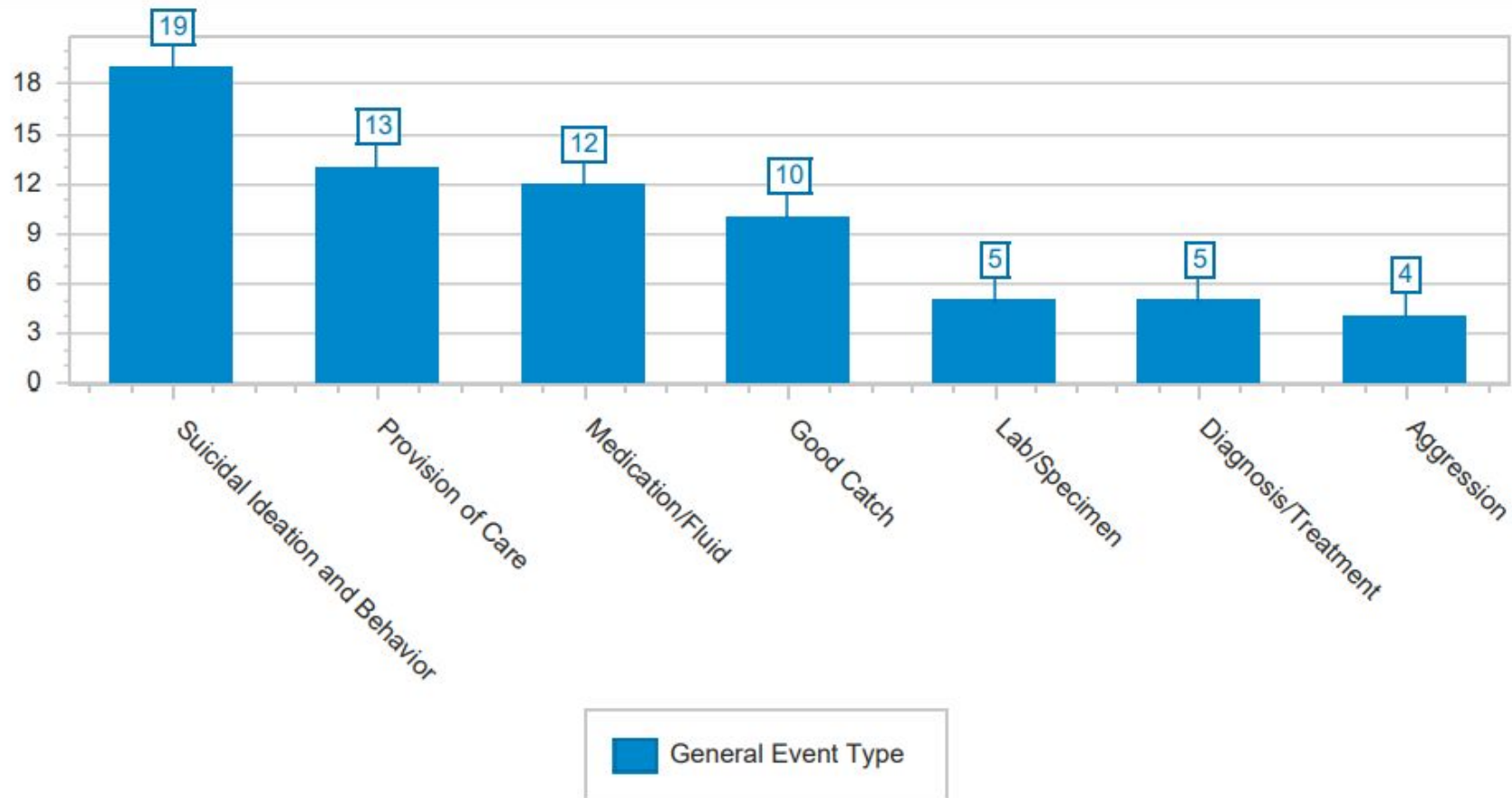
Q3 2025

Q3 2025 Incidents by Site, by Program - Risk Form Submission = 68

Care/Service Area	Department	
Student Health Center	Parkrose High School	2
	Franklin High School	1
	David Douglas High	5
Student Health Center Total		8
Pharmacy	Mid County Pharmacy	1
	East County Pharmacy	1
Pharmacy Total		2
Medical	Southeast Health Center	2
	Rockwood Community	5
	Northeast Health Center	10
	North Portland Health	5
	Mobile Van Medical	1
	Mid County Health Center	9
	HIV Health Services	10
	Fernhill Medical	2
	East County Health	7
Medical Total		51
Lab	Mid County Health Center	2
Dental	Northeast Health Center	2
	North Portland Health	1
	Mid County Health Center	1
	Billi Odegaard Dental	1
Dental Total		5
Grand Total		68

Student Health Center	Number of Patient Visits
Parkrose	648
Franklin	150
David Douglas	764
Total Patient	1562
Primary Care	
Southeast	3154
Rockwood	4072
Northeast	4121
North Portland	3630
Mobile Van	348
Mid-County	8903
Fernhill	995
Health Services	2715
East County	8325
Medical Total	36263
Northeast Dental	1842
North Portland	980
Mid County Dental	2059
Billi Odegaard	995
Dental Total	5876
Grand Total Visits	45,267

All Health Center Sites Patient Incidents Q3 2025



Top 3 Risk Areas by # of Submissions



Suicidal Ideation and Behavior = 19

Suicidal Ideation and Behavior form is used to report any suicide and attempts the client has made or disclosed which occurred in the past 6 months while in our care.



Provision of Care = 13

Use the Provision of Care form to report an incident that occurred during or after the patient has received care or treatment.



Medication & Fluid = 12

Use the Medication/Fluid form to report an incident involving a dispensed or administered medication.



Patient Feedback

Q3 2025

Patient Feedback by Program & Site Q3 2025; Feedback Classification by Department

Feedback Classification by Department

Q3 2025

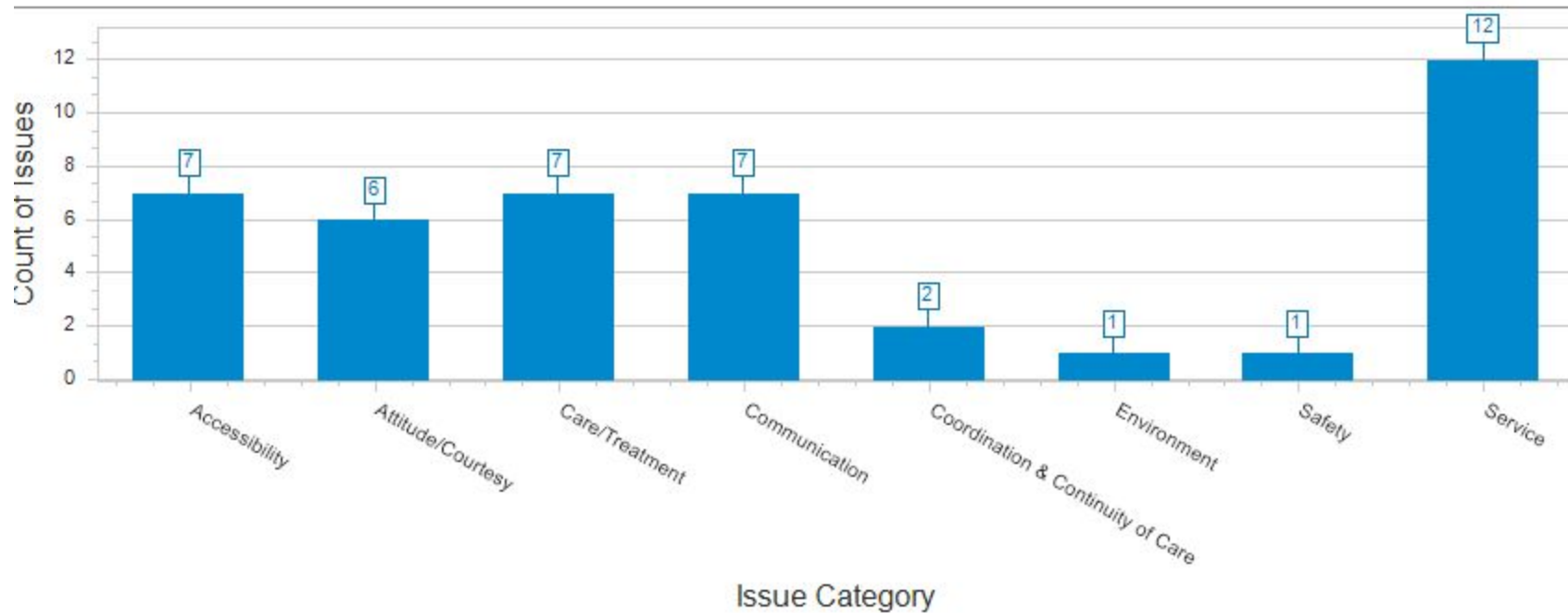
(Date is within 07-01-2025 and 09-30-2025) and ((File State is equal to "New") or (File State is equal to "In-Progress") or (File State is equal to "Closed")) and (((Submitting Site is equal to "Integrated Clinical Services (ICS)") or (Public Submission: Facility Group / Top-Level Site is equal to "Integrated Clinical Services (ICS)")))

		Classification				
Submitting Care/Site	Submitting Department	Comment Card	Complaint	Grievance	Suggestion	Grand Total
Dental	Billi Odegaard Dent			1		1
	East County Health			2		2
	Mid County Health C	1		3		4
	North Portland Hea			1		1
	Northeast Health Ce			1		1
	Southeast Health C			1		1
Dental Total		1		9		10
Medical	East County Health			2		2
	HIV Health Services			1		1
	Mid County Health C		1	3		4
	North Portland Hea			2	1	3
	Northeast Health Ce			3		3
	Southeast Health C		1			1
Medical Total			2	11	1	14
Student Health Cent	Parkrose High Scho		1			1
Grand Total		1	3	20	1	25

Patient Feedback

Feedback Issue Categories Q3 2025

Date is within 07-01-2025 and 09-30-2025



Patient's Demographics

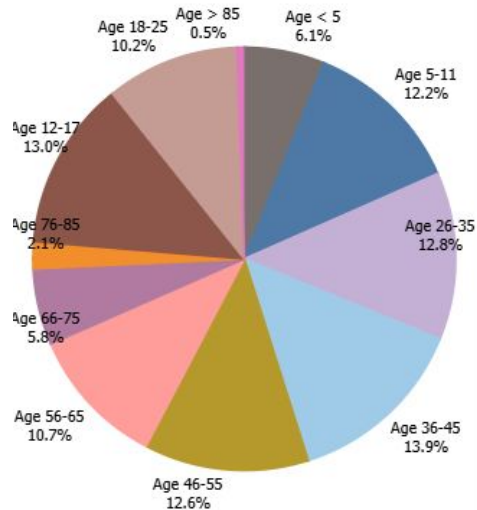
Patients #

27,946

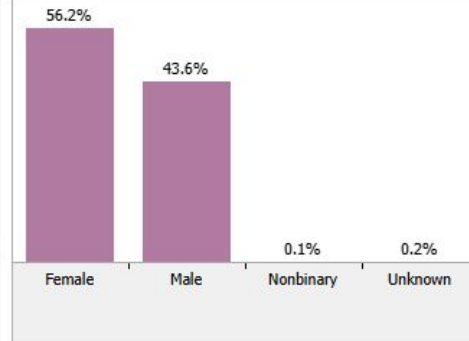
Encounters #

55,209

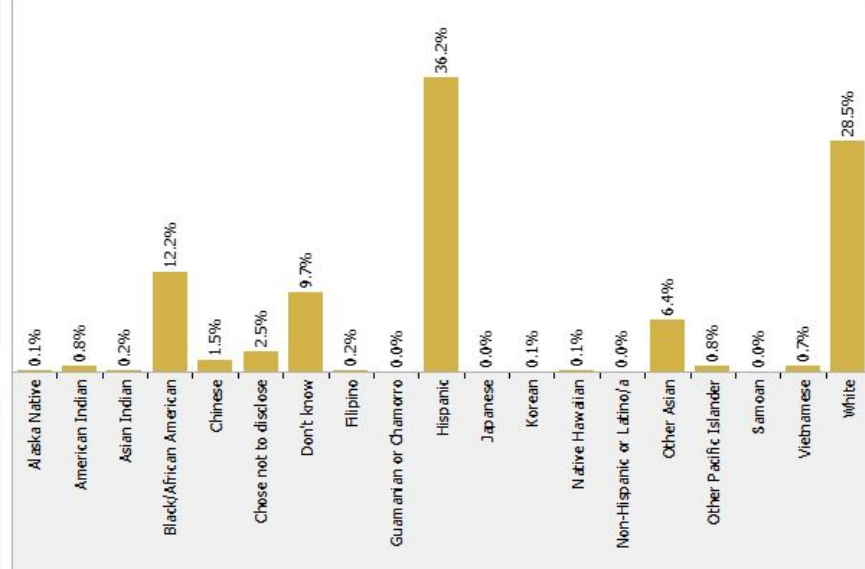
Patients by Age Group



Patients by Sex



Patients by Race/Ethnicity



Need Interpreter?

	Patients #	Patients %
No	17,190	61.51%
Yes	10,750	38.47%
Unknown	6	0.02%
Grand Total	27,946	100.00%

CY 2024 UDS Comparisons Report

1. Clinical Quality Metrics
2. Client Demographics
3. Financial Metrics

Alex Lehr O'Connell

Refresher: What is UDS?

UDS (Uniform Data System): HRSA's system to collect and compare data from all health centers. <https://data.hrsa.gov/tools/data-reporting>

Annual UDS report*: the report that all health centers submit to HRSA every year to show the services provided, populations served, patient outcomes, and some financial data.

**Includes clients who had at least one UDS-countable visit during CY 2024.*

UDS excludes some visit/client data, such as when a client only receives immunizations or screenings

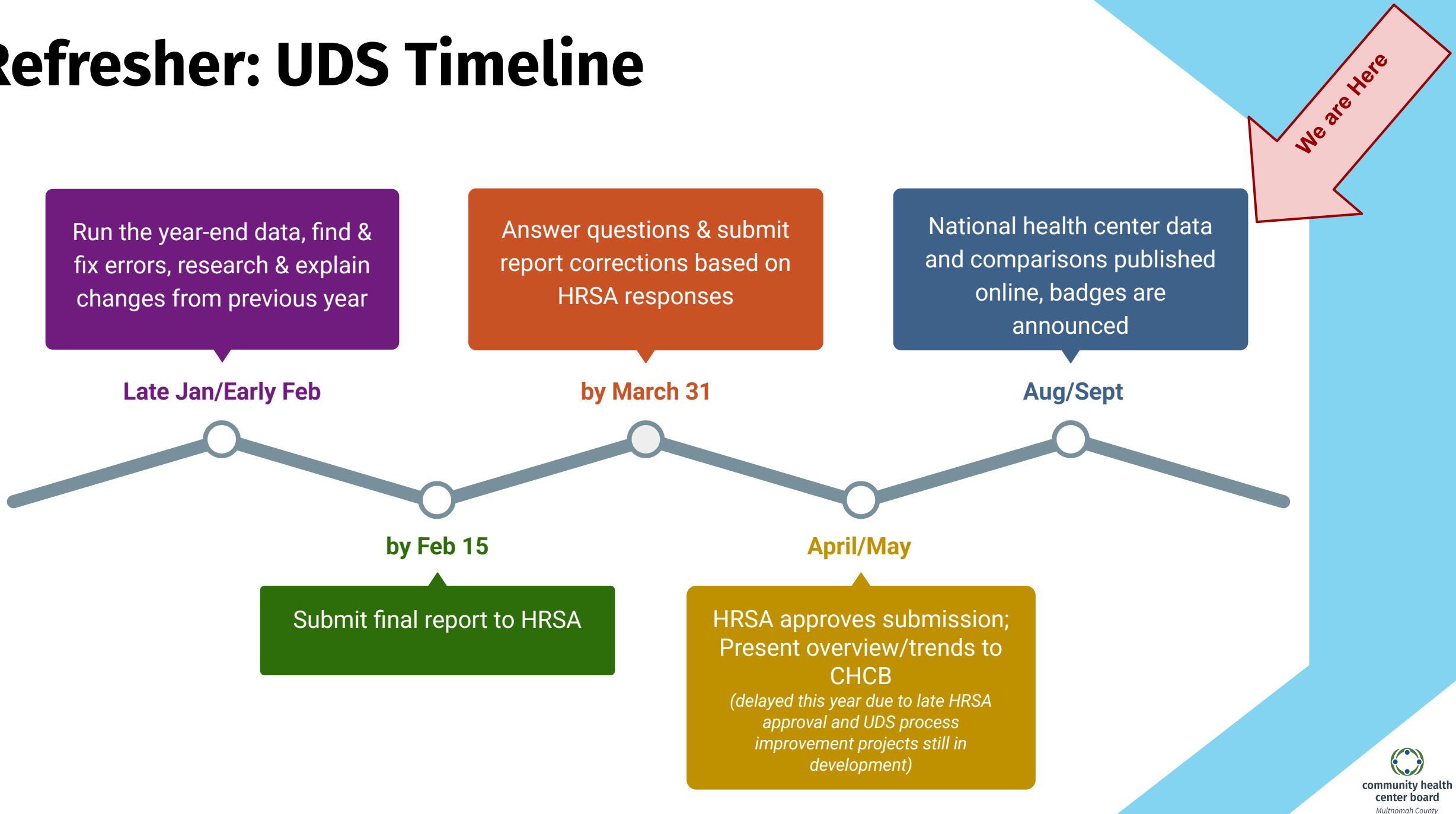
Why is UDS important:

- Required for health center grant funding
- Insight into community needs and health center services
- Identifies potential areas for improvement

UDS Comparison Reports

- All FQHC organizations (approximately 1,400 nationally, and 30 in Oregon) submit the report, representing care provided to over **30 million people per year**.
- In late Summer, HRSA publishes the full data sets.
- This allows us to view our health center in comparison to our peer health centers.

Refresher: UDS Timeline

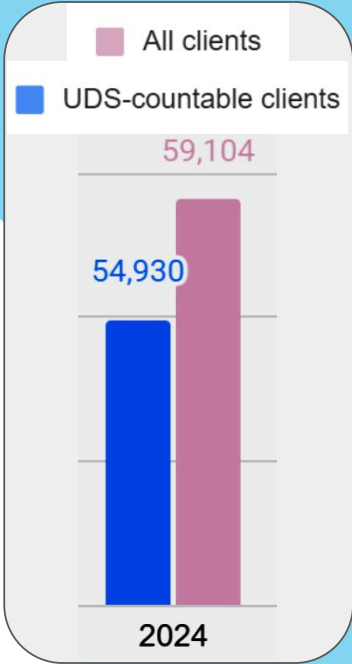


CY2024 UDS: Comparisons

Clinical Quality Measures

Clinical Quality Metrics

Clinical Quality Measure	Our Health Center	Oregon FQHCs	FQHCs Nationally	Adjusted Quartile Ranking
Early entry into prenatal care (first trimester)	68%	78%	71%	3
Low Birth Weight (note: lower % is better)	8%	7%	9%	2
Controlling High Blood Pressure	68%	67%	67%	2
HIV Screening	77%	55%	52%	1
Statin Therapy for Cardiovascular Disease	83%	75%	78%	1

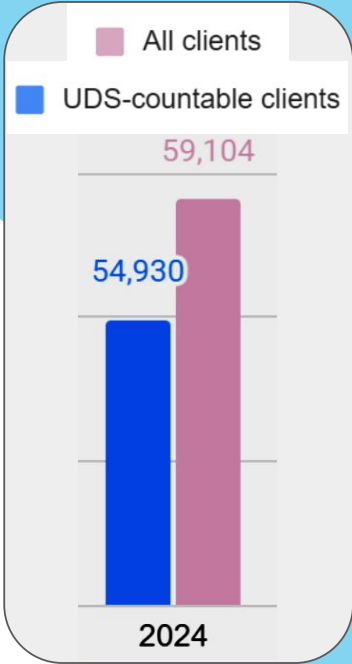


CY2024 UDS: Comparisons

Demographics

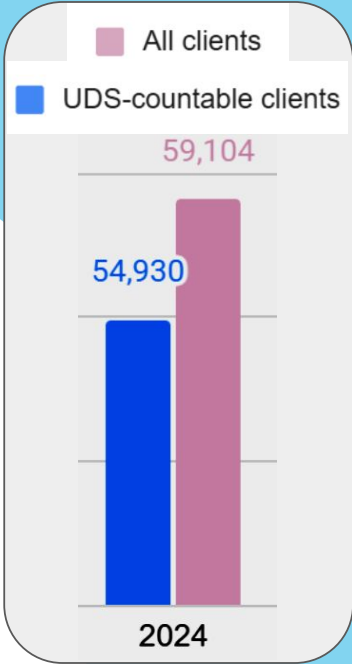
Client Demographics - Diverse Language Needs

	Our Health Center	FQHCs nationally
Clients Best Served in a Language Other than English	47%	29%



Client Demographics - Serving Low Income Clients

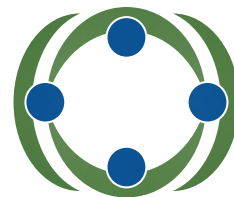
Clients by Income <i>(excludes clients without income data reported)</i>	Our Health Center	FQHCs nationally
100% FPL and below	69%	46%
101-150% FPL	11%	10%
151-200% FPL	6%	6%
Over 200% FPL	5%	8%





Executive Director 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: Anirudh Padmala, Interim Executive Director, & Senior Leadership
RE: Public Meeting Memo - **Monthly Report**
DATE: **December 2025** (previous memos available under public meeting materials on the [CHCB Member site](#))



Executive Director Updates *System level information and updates*

CHCB Member Recruitment	The Nominating Committee has reviewed prospective board member applications, met prospective candidates, and deliberated on applicants throughout November. The board has recommended multiple prospective board members to be brought forward for a vote at the public meeting. The CHCB is on track to resolve the Board Composition condition well ahead of the December 28 timeline.
Fiscal Year 2027 Budget	A preliminary review of the Health Center visit projections and other revenue scenarios was presented to the CHCB on November 20. Health Center senior leadership teams are incorporating all federal legislative and policy changes and their impact on revenues into the budget preparation. We are currently reviewing schedules and planning for further review, engagement, prioritization, and approval processes with the CHCB.




Capital Projects *Facilities updates, high cost projects*


Rockwood Renovation Project	We are moving through the procurement process and hope to have a contractor decided upon in the month of December. Once we get our contractor agreement, we will then be able to get a more accurate construction schedule and timeline for the temporary construction closure.
Cleveland Student Health Center	Cleveland Student Health Center will move to the Marshall High School campus summer of 2026 for a three year long school renovation project. Voters had approved a proposed \$1.83 billion dollar bond to rebuild or modernize three Portland Public School District (PPS) high schools and for some middle school renovations. From this, both Jefferson and Cleveland will undergo major construction. While Jefferson will be able to remain open during construction, Cleveland will not and will be relocated for the duration of the three year closure. The Student Health Program is working on the transition and communication plan with the PPS school district as well as the County's Facilities Project Managers.





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

Mid County Capital Expansion Evaluation	Community and patient focus groups are on track for completion this month, with four opportunities for patients and community members to participate. Attendance has exceeded goals for the focus groups, and feedback will be compiled through Cascadia, a third party consultant to help preserve patient autonomy.
Federal Policy	<p>The Community Health Center is participating in multiple workgroups with the State Primary Care Association and Multnomah County to assure patient care needs and health center specific operational risks are elevated to State Leadership. Topics we are continuing to provide ongoing education and advocacy about include:</p> <ul style="list-style-type: none"> • State Quality Pool investments into the Primary Care System • 340B Rebate Model Pilot Impact and 340B Litigation in Oregon • Medicaid plans in Oregon, including Medicaid adjacent plans such as Healthier Oregon and the Basic Health Plan • Telehealth reimbursement and availability
SNAP Emergency Food Support Pilot	The health center offered temporary, limited, emergency food support as part of patient support and uncertainty of SNAP funding availability. Shelf stable food, including some fresh fruits were distributed through the Community Health Worker program for 15 patient families per week who expressed an urgent food insecurity need which could not be resolved through other referral processes.

Risk and Compliance Updates <i>Compliance events, major incidents/events updates</i> 	
Joint Commission Lab Visit	The Joint Commission completed their visit of our labs, which happens every 2 years, the first week of November. There were a few findings, to be expected, which are easily corrected and we will maintain our accredited status. The surveyor repeatedly said how impressed she was with our staff and processes, in particular our Lab Director, Matt Hoffman!
Patient Centered Primary Care Home Verification Visit	The same week as the Joint Commission visit we also hosted Oregon Health Authority for a site verification visit of our East County clinic. There were no issues and we maintained our Tier 4 recognition.

Quality/Process Improvement <i>Improvement events and activities</i> 	
Safety Data Sheet (SDS) process improvement	OSHA requires that we have information available about safe handling of chemicals on site. We recently completed a project to make it easier for staff to find updated SDS information electronically instead of relying on difficult-to-maintain binders.

General Program Updates <i>Program/Service-line specific updates</i> 	
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<p>Primary Care</p>	<p>I am honored to announce the graduating class of Health Assistants who are now officially Medical Assistants (United We Heal Program): KyReona Kahey, Leslie May, Yeseira Duran, Raquel Rubio Batista, Mia Lopez and I want to acknowledge the wisdom imparted by their journey persons: Lacy Kea, Trese Isom, Nereyda Chavez, Kandy Camarena, Kalia Berk-Coleman, Edith Martinez Ocampo and most of all the most amazing Program Supervisors: Daisy Ponce Quiroz, Billiethia Broussard, Joana Michel</p> 
<p>Integrated Behavioral Health</p>	<p>As 2025 concludes, we are pleased to report that we are on track to serve over 7,000 patients this year, representing an increase of nearly 1,000 patients served compared to 2024. For 2026, we are currently formulating objectives for the integrated behavioral health program, which will include a focus on providing support for patients requiring assistance with attention deficit hyperactivity disorder, a common concern for which patients seek care. Additional points of focus for integrated behavioral health will be shared early in the New Year once they are fully developed and we have determined the prioritized patient needs/issues and recommended interventions to support these patients.</p>
<p>Dental</p>	<p>Dental Workforce Development Update: All six dental assistant trainees successfully passed their Infection Control Exam on the first attempt, achieving a 100% pass rate. This reflects their dedication to excellence in infection control and patient safety. Next, they begin the radiology series to further develop clinical knowledge and hands-on skills.</p>
<p>Pharmacy</p>	<p>Due to increased capacity at Westside Pharmacy, we have expanded prescription mail order services to clients throughout the health center who meet several simple criteria such as being able to receive mail from the United States Postal Service (USPS) in a safe, secure location.</p> <p>Fernhill Pharmacy is growing and nearing 100 prescriptions per day!</p> <p>The clinical pharmacy program and nursing program are collaborating</p>

	<p>on a chronic disease management program for clients with diabetes. The goal is to make team-based care a standard pathway that does not rely on provider referrals.</p>
Information Systems	<p>OCHIN recently shared our health center's results from staff participation in the KLAS survey, a national survey on clinician use of Electronic Health Record (EHR) systems. Survey results for our health center showed we were in the top half of health centers in our overall clinician EHR experience score, and we improved 7 points from our score the previous year. The survey and the team at OCHIN also helped identify areas where we can continue to improve, including ongoing staff training and staff engagement in EHR changes.</p>