



Public Meeting

May 2026



**community health
center board**

Multnomah County

AGENDA



**community health
center board**

Multnomah County



Public Meeting Agenda
May 11th, 2026
6:00 PM - 8:05 PM
IN PERSON

Health Center Purpose: *Bringing services to individuals, families, and communities that improve health and wellness while advancing health equity and eliminating health disparities.10*

CHCB Board:

Darrell Wade (he/him) – **Acting Chair**

Brandi Velasquez (she/her) – **Acting Vice Chair**

Monique Johnson (she/her/ella) – **Acting Treasurer**

Dani Slyman (she/her) – **Acting Secretary**

Yalila Alcaraz (she/her/ella) – **Board Member**

John Schlosser (he/him/they/ them) – **Board Member**

Patrick Thomas (he/him/they/ them) – **Board Member**

Christine Palermo (she/her) – **Board Member**

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

Absence:

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

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

Time	Topic/Presenter	Process/Desired Outcome
6:00 - 6:10 (10 min)	Call to Order / Welcome <i>Darrell Wade, CHCB Acting Chair</i>	
6:10 - 6:15 (5 min)	Minutes Review - VOTE REQUIRED <ul style="list-style-type: none"> • April 13th, 2026 - <i>Darrell Wade, CHCB Acting Chair</i> 	Board reviews and votes
6:15-6:25 (10 min)	NOI Infrastructure Dollars - VOTE REQUIRED <i>Katie Thornton, Regional Senior Manager</i>	Board Reviews and votes
6:25 - 6:40 (15 min}	Succession Planning- VOTE REQUIRED <i>Darrell Wade, CHCB Acting Chair</i>	Board Reviews and votes
6:40 - 6:50 (10 min)	Geiger Gibson Program Emerging Leader Award: Aaron Baeza <i>Debbie Powers, Interim Chief Operations Officer</i>	Board receives updates
6:50 - 7:10 (20 min)	BREAK	
7:10 - 7:20 (10 min)	Policies and Issues Conferences Report Out <i>Dani Slyman, Acting Secretary & Anirudh Padmala, Interim Executive Director</i>	Board receives updates

7:20 - 7:30 (10 min)	Monthly Financial Report <i>Hasan Badar, Health Center Finance Officer</i>	Board Reviews updates
7:30 - 7:40 (10 min)	Quality Report-Out CY 2025 Q4 <i>Brieshon D'Agostini, Quality and Compliance Officer</i>	Board receives updates
7:40 - 7:55 (15 min)	Annual Quality/ Risk Report <i>Theresa Rice, Quality Supervisor</i>	Board receives updates
7:55-8:05 (10 min)	Department Updates/ Strategic Updates <i>Anirudh Padmala, Interim Executive Director</i>	Board receives updates
8:05	Meeting Adjourns	

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PUBLIC MEETING MINUTES



**community health
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Multnomah County



**CHCB Public Meeting
Minutes
April 13th, 2026
6:00pm-10pm
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.

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:

- Brenda Chambers** (she/her) – **Chair**
- Darrell Wade** (he/him) – **Vice Chair**
- Monique Johnson** (she/her) – **Secretary**
- Brandi Velasquez** (she/her/ella) – **Treasurer**
- Dani Slyman** (she/her) – **Member-at-Large**

- Elise Schumock** (she/her) – **Board Member**
- Yalila Alcaraz** (she/her/ella) – **Board Member**
- John Schlosser** (he/him/they/ them) – **Board Member**
- Patrick Thomas** (he/him/they/ them) – **Board Member**
- Christine Palermo** (she/her) – **Board Member**

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

All guests 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
6:00-6:05pm	<p>Call to Order / Welcome <i>Brenda Chambers, CHCB Chair</i></p> <p>Meeting Opening & Reminders</p> <ul style="list-style-type: none"> ● Spanish Interpretation available via Zoom, Interpreters Filipe & Victor confirmed to be present. ● Questions to be directed to board liaison Mavis via email <p>Quorum Confirmed</p>	Roll call
6:05 - 6:10pm	<p>Minutes Review - VOTE REQUIRED</p> <ul style="list-style-type: none"> ● March 9th, 2026 - <i>Brenda Chambers, CHCB Chair</i> <p><i>Brenda Chambers, CHCB Chair</i></p> <p>Approved.</p>	<p>Actions</p> <p>Votes-</p> <p>Yays: 6</p> <p>Nays:</p> <p>Abstain:4</p> <p>Decision: Approved</p>

<p>6:11pm 6:12pm-Public Meeting Paused</p>	<p>Agenda Item: Welcome Alex Powell</p> <p>Introduced Alex Powell Lovell, Student Health Center Program Manager. Alex confirms ready; audible check passed. Hand up noted (Dani)- Dani Motions to table agenda and move to executive session; Brenda notes motion must be addressed/vote</p>	
<p>6:13pm</p> <p>Board moves over to virtual breakout rooms</p>	<p>Board Discussion (<i>Closed Executive Session Takes place</i>) Elise takes minutes per ORS 192.660 Media Permitted.</p> <p>Per ORS 192.660(2), the following topics could be discussed:</p> <ul style="list-style-type: none"> <i>b. to consider the dismissal or disciplining of, or hear complaints or charges brought against, a public officer, employee, staff member or individual agent who does not request an open hearing.</i> 	<p>Motion to enter executive Session - First: Second: Yays:6 Nay:2 Abstain: 1 Decision: Approved</p> <p>Motion to leave Executive Session approve: Second: Yays: 6 Nay:1 Abstain: 2 Decision: Approved</p>
<p>9:30pm</p>	<p>Public Meeting Continues: Motion to Impeach Chair Brenda Chambers</p> <p>Impeachment Proceeds. Motion Carries.</p>	<p>Motion: Impeachment of Brenda Chambers</p> <p>Yays: 5 Nay:3 Abstain: 2 Decision: Approved</p>
<p>9:40pm</p>	<p>Meeting Continues with Darrell taking over as interim Chair suggested by the boars legal counsel, Lindy Laurence</p> <ul style="list-style-type: none"> Board continues meeting without Brenda Chambers and Motion is made again to Approve March minutes Minutes approved unanimously again 	



<p>9:43pm</p>	<p>Cleveland High School Moving to Marshall - VOTE REQUIRED <i>Alex Lowell, Student Health Center Program Manager</i></p> <ul style="list-style-type: none"> ● Background: PPS re-modernization projects completed at Roosevelt, Frankle, McDaniel; next is Cleveland High School rebuild starting summer 2026, lasting 3 years to 2029 ● Student health center moving temporarily to Marshall campus during rebuild ● New Center part of rebuild ● No Vote risks HRSA noncompliance during renovations ● Financial impact query: PPS covers primary move costs; county facilities charges reimbursed by PPS ● Motions & Votes ● Motion by Christine (amended) to close Cleavland site; seconded by Dani; unanimous approval 	<p>Actions: Close Cleveland Location- Votes- Yays: 9 Nays: Abstain: Decision: Approved</p> <p>Actions: To Open Marshall Location Votes- Yays: 9 Nays: Abstain: Decision: Approved</p>
<p>9:50PM</p>	<p>Monthly Financial Report & FY 27 Budget Overview - VOTE REQUIRED <i>Hasan Badar, Health Center Finance Officer/ Anirudh Padmala, Interim Executive Director</i></p> <p>Timeline: Started November; board input Jan-Feb; presented to finance committee April 1 CHCB approval before County Adoption (late May/early June); County Presentation May 6</p> <ul style="list-style-type: none"> ● Chief Financial Officer Hasan states he presented this budget information to the finance committee already ● Total proposed budget: \$219.8 Million (1.5% increase from FY26 \$216.3 Million) ● Uses \$12.6 Million beginning working capital, \$76.2 Million APM (per member/month), \$13.9 Million incentives ● Revenue: 80% visit revenue(fees, incentives, AMP) 14% Grants, 6% working capital ● Expenses: Personnel (largest), Contractual/Internal Services, materials/supplies, capital ● 5 year trend: FY23 \$166.7M -> FY27 \$219.8M ● FTEs: FY23 13.44% -> FY27 14.67%(1% Lower than FY26, assessed on payroll ● Budget by fund/program (key highlights): Key Changes/Indicators- ● Primary Care \$80.73Million, 310 FTEs, 190, 107 billable visits,15 visits/day/provider ● Dental \$33.1 Million down from FY26; 4.65% Business increase, stable dentist FTEs, hygienist ● Pharmacy \$41.4M from FY26 \$43.1M due to rebate/340B changes; 53.5 FTEs, 400k prescriptions,58% capture rate ● Student Health Center \$10M Flat; 1.65 FTEs 17,017 visits 	<p>Action-Board Reviews and votes To Table the budget: Approval Yays: 3 Nay:5 Abstain: 1 Decision: Denied</p> <p>Action-To Approve the FY27 Budget: Yay:7 Nay: Abstain: 2 Decision: Approved</p>

	<ul style="list-style-type: none"> ● Admin/Support \$27.5M Significant from FY26 ● Quality/Compliance \$7.2M Flat ● HSC Clinic \$10M Flat ● Lab Minor Increase ● Q&A: ● When is the deadline before county vote March/April ● EHR Project: \$2.6 M included in FY27 despite delays ● Newer board members expressed needing more intake time <p>Motion to Approve FY27 budget Approved</p>	
10:28pm	Motion to table the remainder of the meeting listed in the Agenda. Board Votes.	Action to table the remainder of the Agenda: Yay:8 Nay: Abstain: 1 Decision: Approved
10:30pm	Meeting adjourned	Thank you for your participation

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

SUMMARIES



**community health
center board**

Multnomah County

Board Presentation Summary

Presentation Title	Trillium Community Grant Funding Request			
Type of Presentation: Please add an “X” in the categories that apply.				
Inform Only	Annual / Scheduled Process	New Proposal	Review & Input	Inform & Vote
				X
Date of Presentation:	4/27/2026	Program / Area:	Northeast Health Center	
Presenters:	katie thornton			
Project Title and Brief Description:				
Trillium Community Grant Funding: request to ask Trillium for \$444,000 of their designated community health dollars to support multiple capital improvement projects at the Northeast Health Center				
Describe the current situation:				
Trillium outreached to the NE HCM in regards to interest in submitting a proposal to support any existing capital projects within the health center.				
Why is this project, process, system being implemented now?				
The timeline for approval from the Trillium CAC is an early spring submission with a mid summer vote from the council, and a funding deposit in January of 2027.				
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):				
Since the initial contact from Trillium in the summer of 2025, the NEHC HCM has worked with the NEHC staff and facilities team to create a cohesive list of quoted projects that would support the mission of safe, accessible and enhanced patient access at the health center.				



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

The board is able to approve if a formal submission can be made to Trillium requesting the \$444,000 for capital improvements at the Northeast Health Center.

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

A yes vote will allow the health center to formalize their request for Trillium’s community funding dollars to support the capital improvements at NEHC.

**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 will prevent the health center from being able to ask for the Trillium’s community funding dollars to support the capital improvements at NEHC.

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

Northeast health center staff, senior leadership and facilities/property management.

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

katie thornton health center senior manager for 10 years.

What have been the recommendations so far?

The recommendation has to ask for the funding.

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

The health center was outreached to, so this reflects an opportunity that came to us, rather than one we sought.

Board Notes:



Patient Surveys, Feedback, and Safety Incidents CY2025 Q4

CHCB Public Meeting
May 11, 2026

Brieshon D'Agostini, Quality &
Compliance Officer

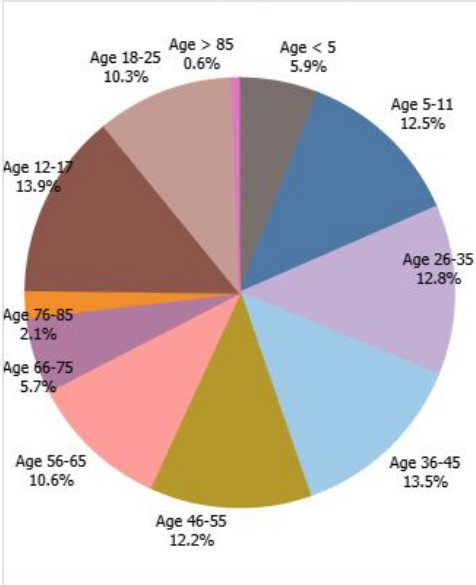


Q4 2025 Patient Demographics

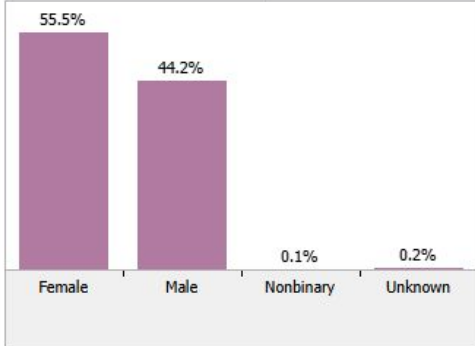
Patient's Demographics

Patients #	Encounters #
28,565	56,813

Patients by Age Group



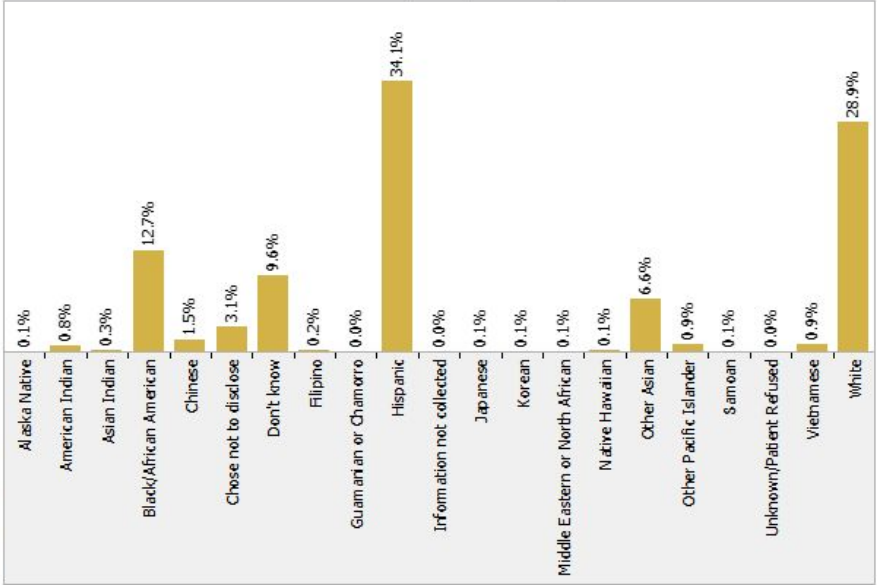
Patients by Sex



Need Interpreter?

	Patients #	Patients %
No	18,116	63.42%
Yes	10,448	36.58%
Unknown	1	0.00%
Grand Total	28,565	100.00%

Patients by Race/Ethnicity



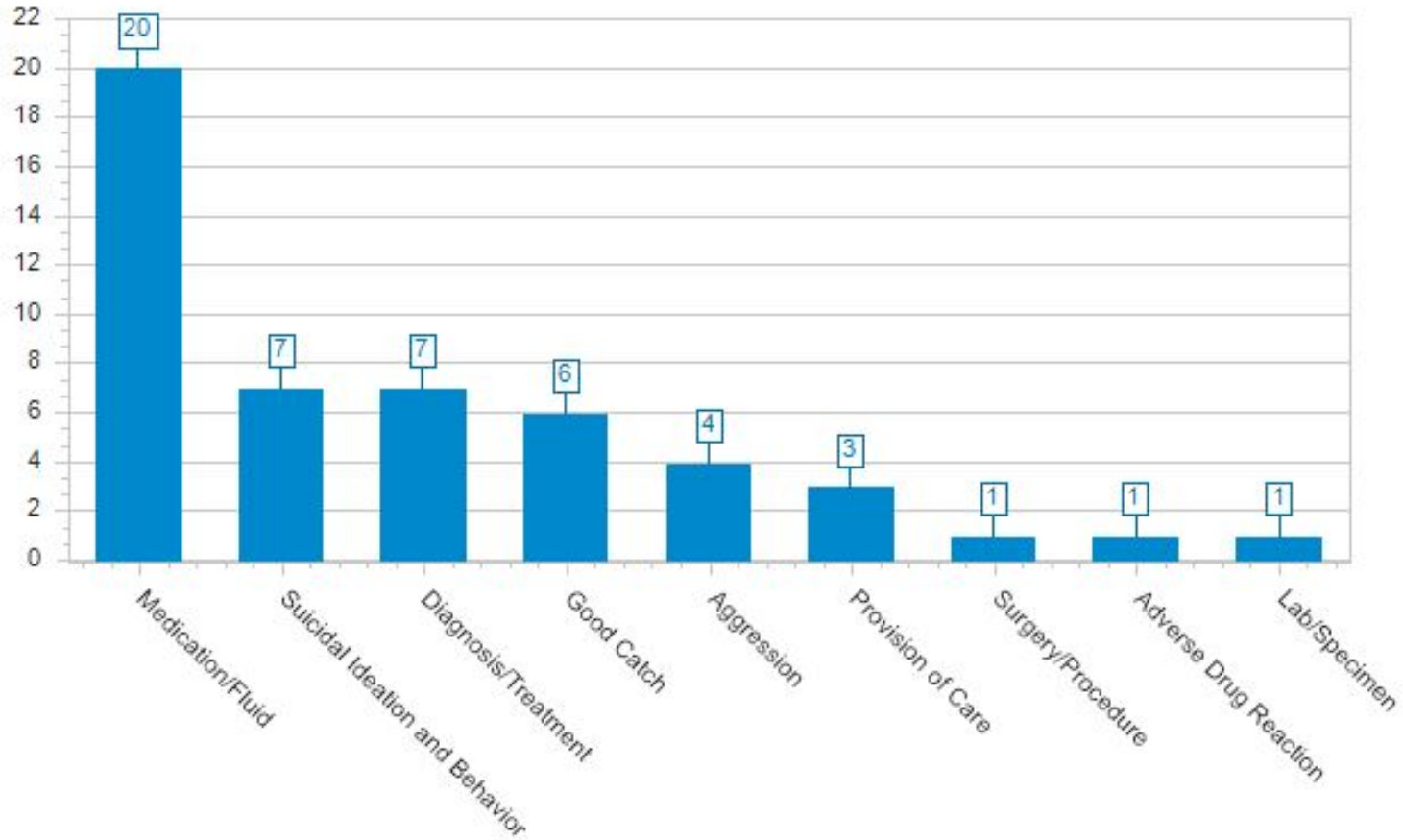
Safety

Q4 2025

Q4 2025 Incidents by Service/Site - Total 50

Care/Service Area	Department	
Student Health Cent	Reynolds High Scho	1
	Parkrose High Scho	1
	McDaniel High Scho	2
Student Health Center Total		4
Pharmacy	Southeast Pharmacy	1
	Northeast Pharmacy	1
	North Portland Phar	1
	Mid County Pharmac	1
	East County Pharms	1
Pharmacy Total		5
Medical	Southeast Health C	5
	Rockwood Commu	6
	Northeast Health Ce	7
	North Portland Heal	6
	Mobile Van Medical	3
	Mid County Health C	1
	HIV Health Services	4
	Fernhill Medical	2
	East County Health	3
Medical Total		37
Lab	North Portland Hea	1
Dental	Rockwood Health C	1
	Northeast Health Ce	1
	North Portland Hea	1
Dental Total		3
Grand Total		50

Q4 2025 Incidents by Category - Total 50



Top 3 Risk Areas by # of Submissions



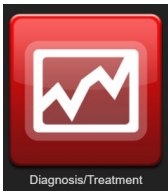
Medication & Fluid = 20

The Medication/Fluid form is used to report an incident involving a dispensed or administered medication.



Suicidal Ideation and Behavior = 8

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.



Diagnosis/Treatment = 7

The Diagnosis/Treatment form is used to report an incident involving a patient's delayed, incorrect or other impactful event related to the diagnosis or treatment of the patient.



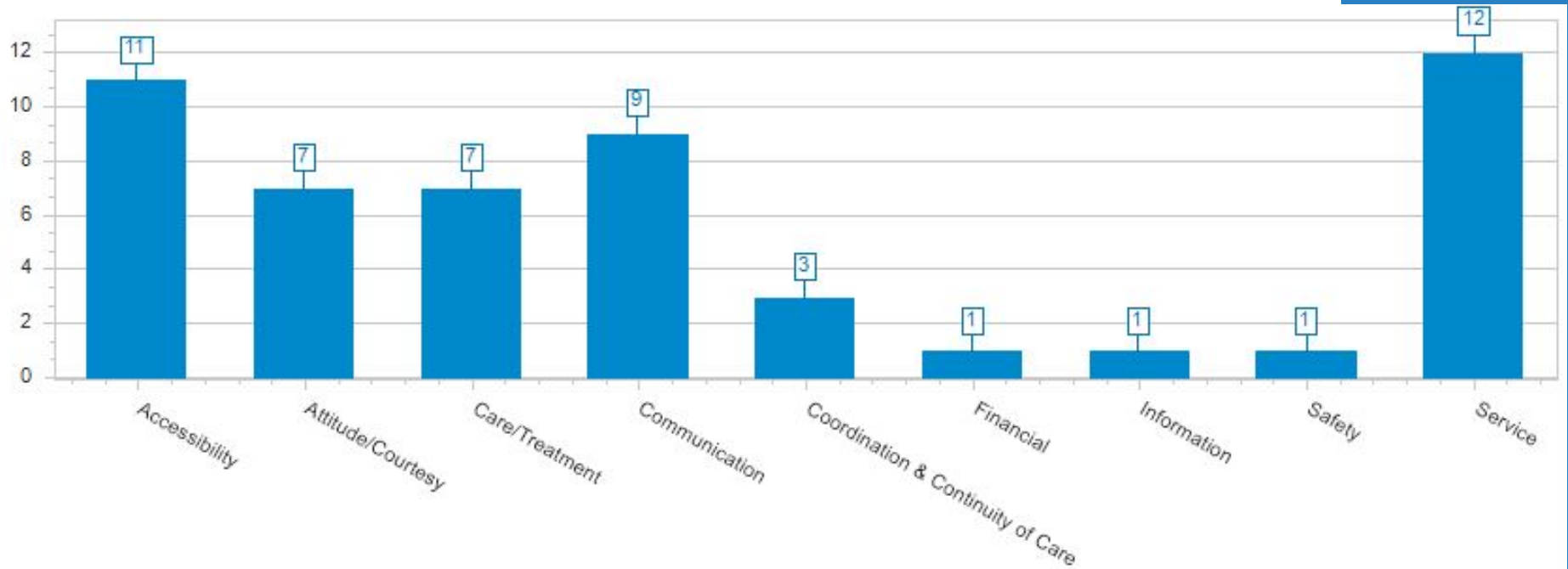
Patient Feedback

Q4 2025

Feedback Classification By Site/By Care Service Area

Submitting Care/Service	Submitting Department	Classification			Grand Total
		Complaint	Grievance	Suggestion	
Dental	East County Health		1		1
	North Portland Health		1		1
	Northeast Health Center		4		4
	Rockwood Health Center		1		1
	Southeast Health Center		2		2
Dental Total			9		9
Gladys McCoy Building	Administrative Staff			1	1
Medical	East County Health		1		1
	HIV Health Services		4		4
	Mid County Health Center		3		3
	Northeast Health Center	1	3		4
	Rockwood Community Health		1		1
	Southeast Health Center		3		3
Medical Total		1	15		16
Pharmacy	Mid County Pharmacy		1		1
Student Health Center	McDaniel High School	1			1
Grand Total		2	25	1	28

Q4 2025 Feedback by Category - Risk Form Submission = 52





Patient Satisfaction & Experience Surveys

Q4 2025 // Trends Summary

★ Improvement
✓ Steady
🔍 Monitoring

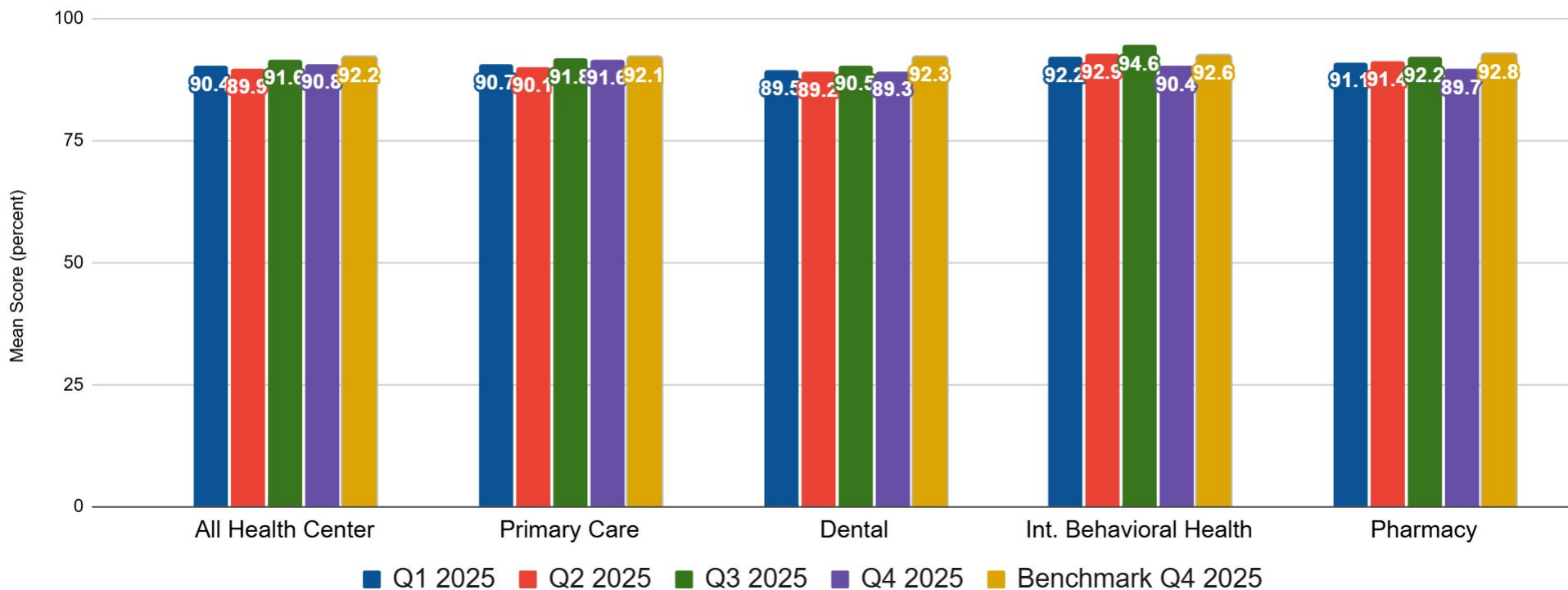
Trends: statistically significant differences in scores when analyzed by multiple factors, such as: number of surveys completed, steady changes in scores over time, large variation over a short time, differences for specific demographic groups, etc.

Service	Measure	Trend
Health Center PC, Dental, IBH <i>n = 922 (surveys completed)</i>	✓ Overall scores	Slight drops from last quarter, but within typical range overall
	★ Appointment wait - 83.3%	Continuing to trend up
	✓ Test results communication - 87%	3.7% decrease from previous quarter, still within typical range
	✓ Portal (MyChart) satisfaction 88.5%	Holding steady 6.5% over <i>the national benchmark!</i>
	★ Ease of connecting to care team (video) - 91.7% (n=9)	6% increase <ul style="list-style-type: none"> • Low denominator (high variability) • Within typical variation
	✓ Interpretation (92.5%) & written materials in preferred language (87.7%)	First two quarters have been steady within 1.1%. Will continue to monitor over time.

BOLD: Closely tracked measures

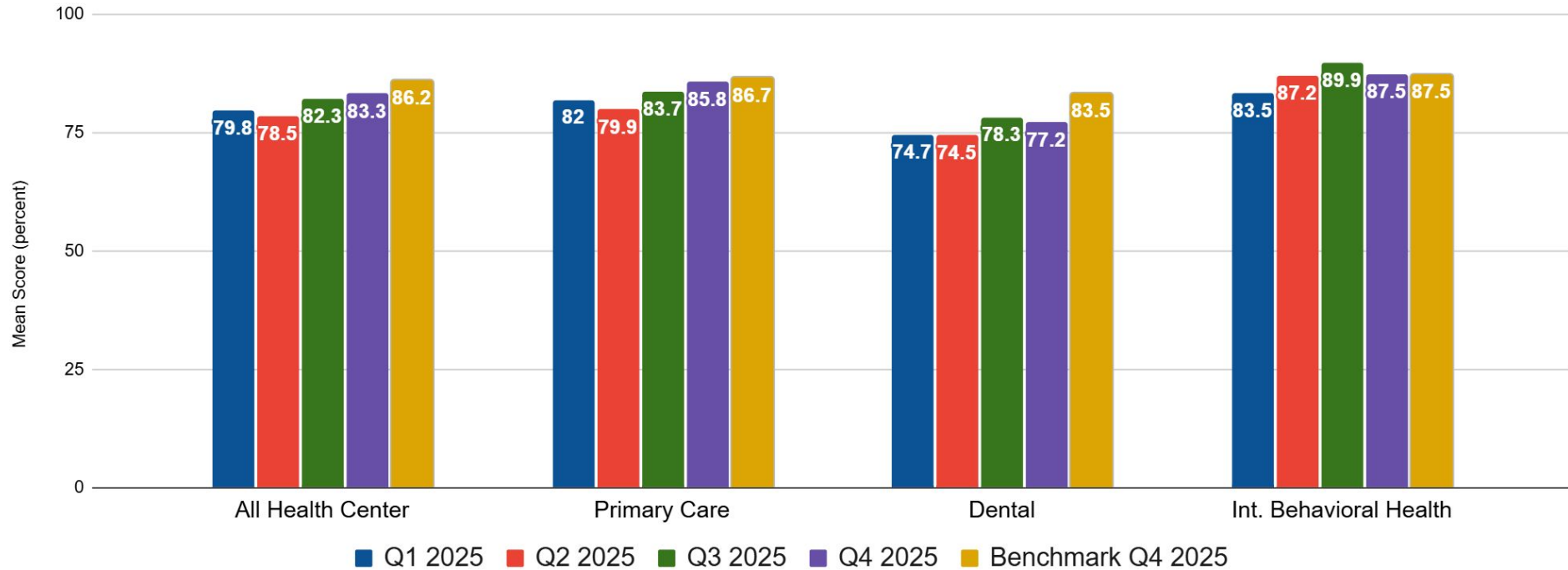
Q4 2025 // Overall Satisfaction By Service Line

Overall Satisfaction



Q4 2025 // Appointment Wait By Service Line

How satisfied are clients with the length of time from scheduling to appointment?



CY 2025 // Year-to-Year Trends

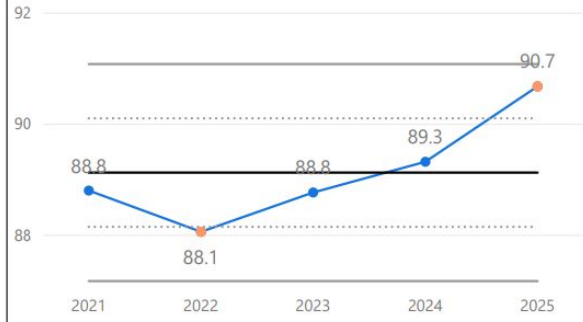
Service

Health Center: PC, Dental, IBH
n = 4489 (surveys completed)

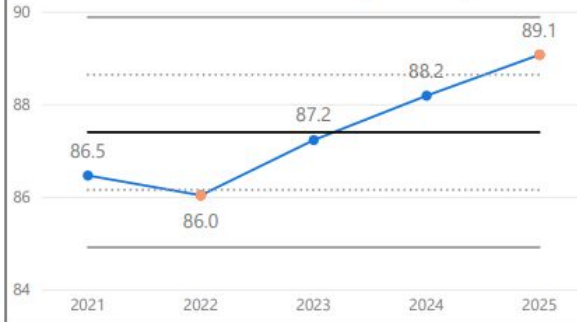
● High/Low scores

Trends: statistically significant differences in scores when analyzed by multiple factors, such as: number of surveys completed, steady changes in scores over time, large variation over a short time, differences for specific demographic groups, etc.

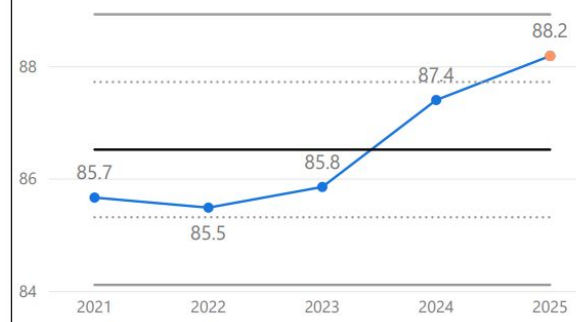
Overall Satisfaction



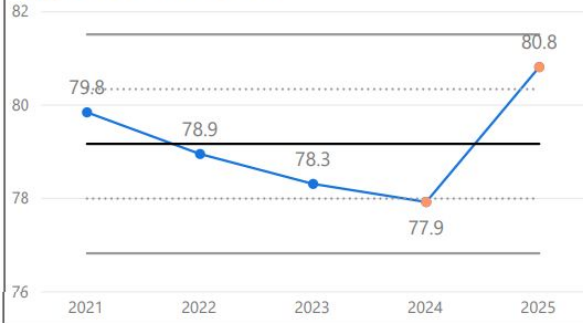
Phone Attendant Courtesy & Helpfulness



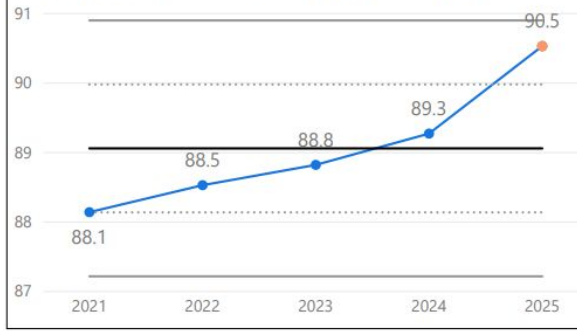
Test Results Communication



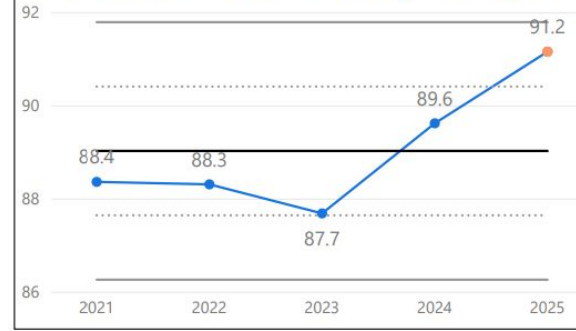
Appointment Wait



Reception Staff Courtesy & Respect



Test Results Received Quickly Enough?



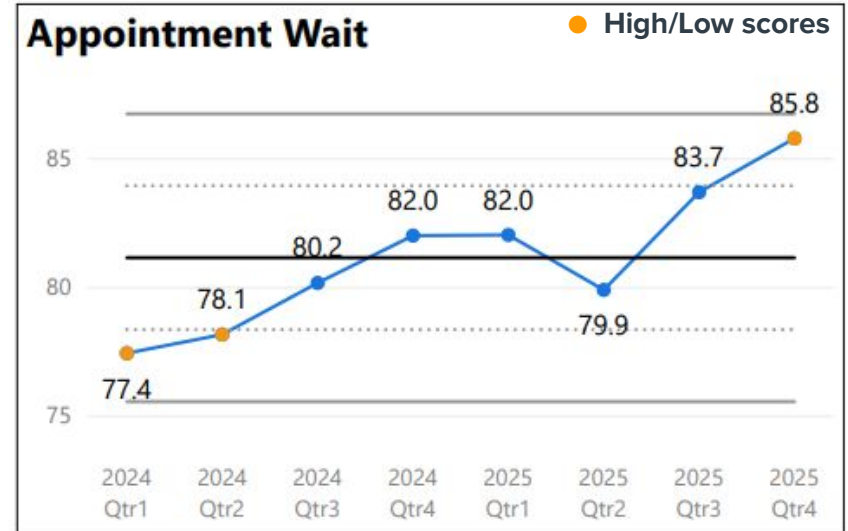
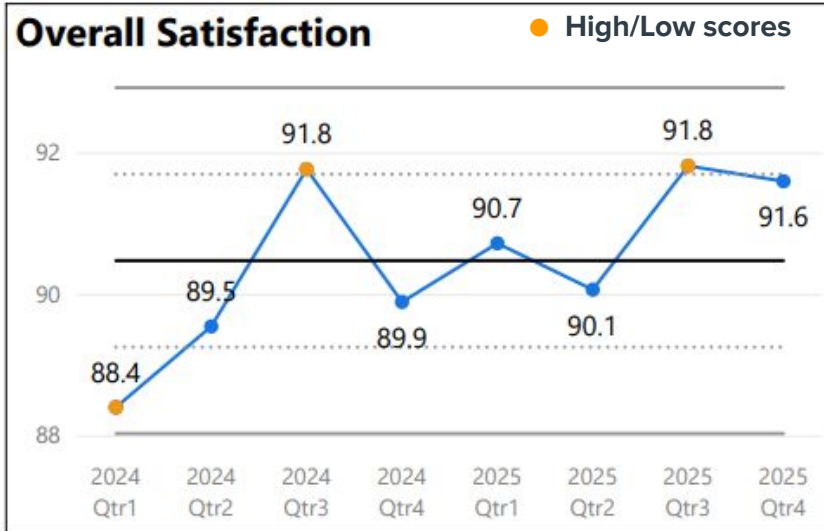
Q4 2025 // Trends Summary

★ Improvement
 ✓ Steady
 🔍 Monitoring

Trends: statistically significant differences in scores when analyzed by multiple factors, such as: number of surveys completed, steady changes in scores over time, large variation over a short time, differences for specific demographic groups, etc.

Service	Measure	Trend
Primary Care <i>n = 586</i>	✓ Overall scores	Holding fairly steady overall
	★ Appointment wait (82.6%)	Another 2.1% increase (less than 1% below benchmark) Convenient Care pilot sites continuing to improve

BOLD: Closely tracked measures



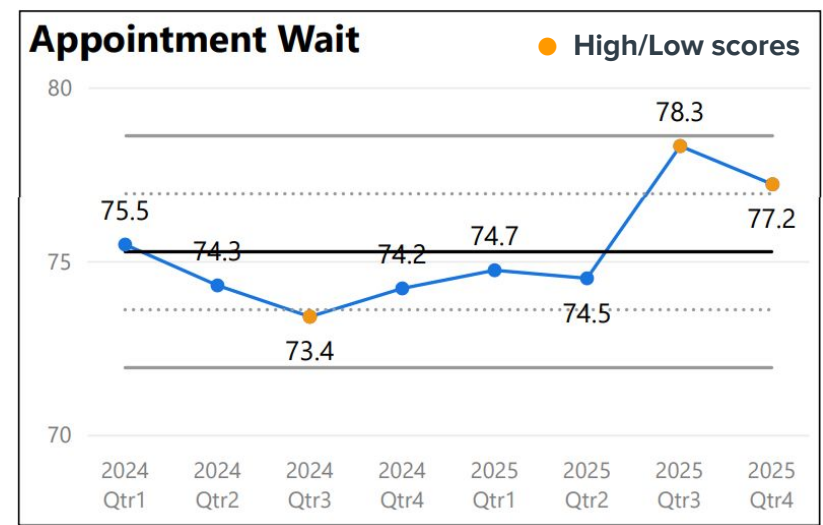
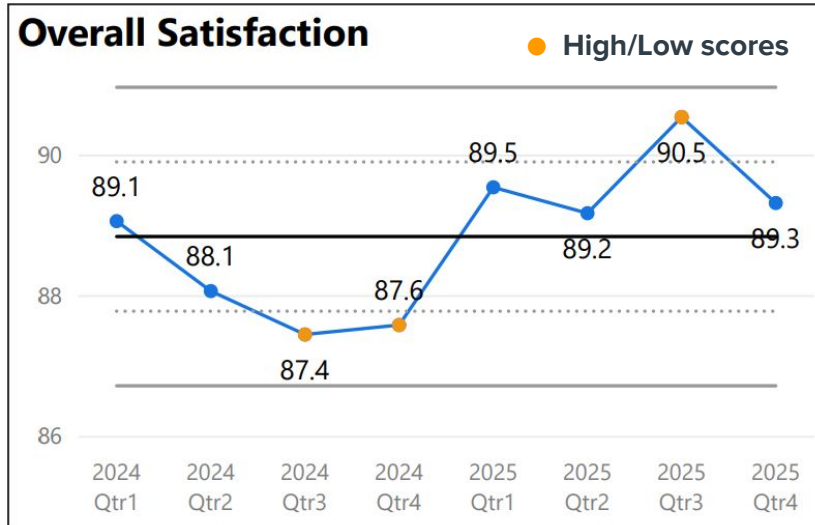
Q4 2025 Update // Trends Summary

★ Improvement
 ✓ Steady
 🔍 Monitoring

Trends: statistically significant differences in scores when analyzed by multiple factors, such as: number of surveys completed, steady changes in scores over time, large variation over a short time, differences for specific demographic groups, etc.

Service	Measure	Trend
Dental n = 276	★ Overall scores	Holding fairly steady overall
	✓ Appointment wait	Slight decrease, above our average, within typical range
	🔍 Appointment wait benchmarks	6.3% below benchmark

BOLD: Closely tracked measures



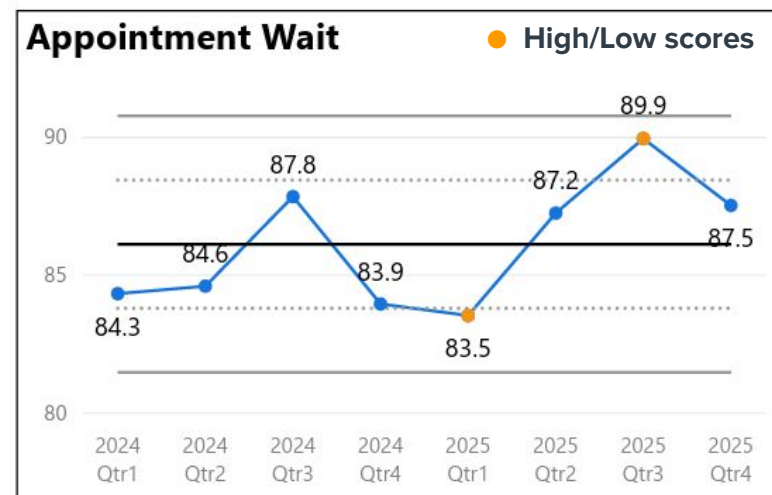
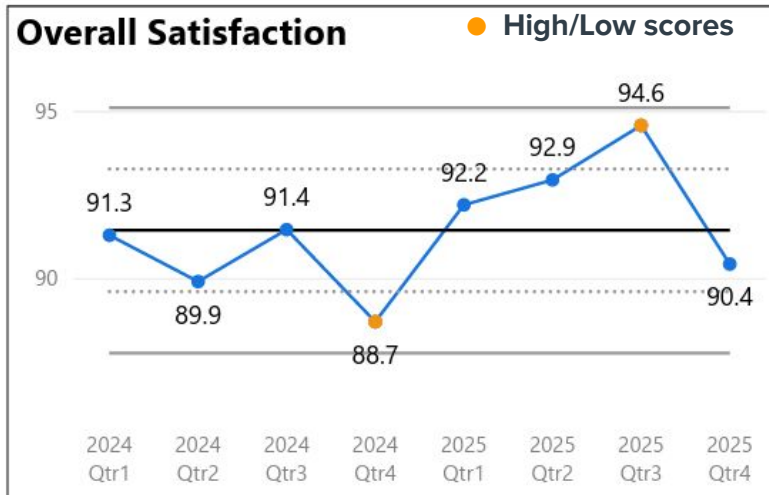
Q4 2025 Update // Trends Summary

★ Improvement
 ✓ Steady
 Monitoring

Trends: statistically significant differences in scores when analyzed by multiple factors, such as: number of surveys completed, steady changes in scores over time, large variation over a short time, differences for specific demographic groups, etc.

Service	Measure	Trend
Integrated Behavioral Health <i>n</i> = 60	Overall scores	Some decreases, within typical ranges
	★ Appointment wait	1.4% decrease, within typical range, at benchmark
	Provider time spent	1.1% decrease, within typical range
	✓ Portal (MyChart) satisfaction	5.6%% decrease, low denominator, within typical range

BOLD: Closely tracked measures



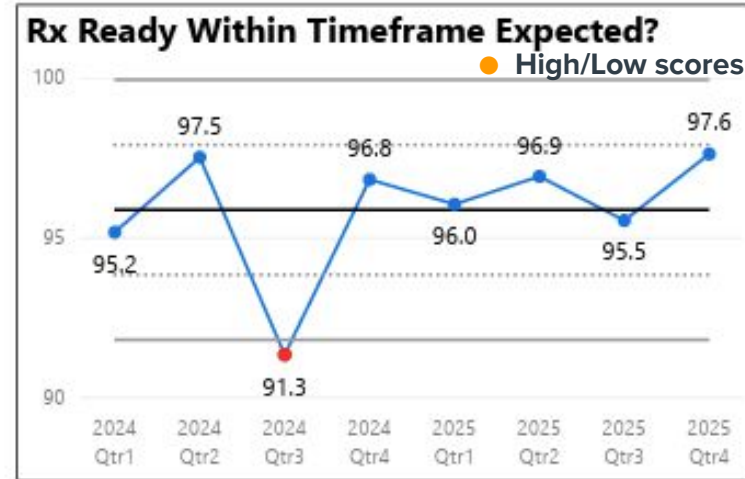
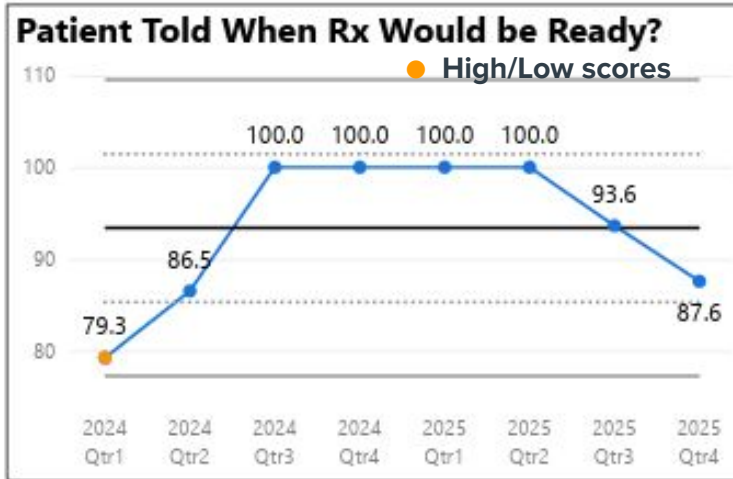
Q4 2025 Update // Trends Summary

★ Improvement
 ✓ Steady
 🔍 Monitoring

Trends: statistically significant differences in scores when analyzed by multiple factors, such as: number of surveys completed, steady changes in scores over time, large variation over a short time, differences for specific demographic groups, etc.

Service	Measure	Trend
Pharmacy <i>n=349</i>	Privacy of Health Information	2.6% decrease (improvement project started)
	✓ Overall scores	Some decreases, but generally steady over time and within 5% of benchmarks
	Patient told when prescription would be ready	Decrease this quarter, within typical range

BOLD: Closely tracked measures



Q4 2025 // Comments - Positive

[I like] the fact that you can get an appointment for the same day.

*Primary Care
Survey conducted in Spanish*

I appreciate that they provided an interpreter, and I was able to communicate effectively with the doctor.

*Dental
Survey conducted in Russian*

I've gone there for eight years, and the staff and I know each other very well. Even with new technicians and pharmacists, the communication is clear, and everyone is professional.

*Pharmacy
Survey language not reported*

The humanity that people show when they're talking to you, the concern you feel in the way they speak and express themselves, and that they always try to speak in your language—that's very gratifying, and I sincerely appreciate it. When I've spoken with the receptionists, my doctor, and the mental health provider, they were very kind. That's truly appreciated in the moment because they take the time to express what you need. Thank you so much for considering our opinions.

*Integrated Behavioral Health
Survey conducted in Spanish*

Q4 2025 // Comments - Opportunities

It took them a while to give me the results. They only told me about them when they called me for my next appointment.

*Primary Care
Survey conducted in Spanish*

I think if they expanded their availability, like having a bigger office, they could have more dentists and see more people. That would be my only suggestion.

*Dental
Survey conducted in English*

A little more time would be helpful, as sometimes the time is very limited.

*Integrated Behavioral Health
Survey conducted in Spanish*

I would like the pharmacy to give me all my medicines at the same time.

*Pharmacy
Survey language not reported*

QI Work

- Pharmacy: review of all pharmacy window locations for options to protect patient privacy
- Primary care: Access Model review- currently in process to evaluate the impact of major access changes that occurred in 2022.

2025 Quality & Risk Report Out

Brieshon D'Agostini (she/her)

Quality and Compliance Officer

Theresa Rice (she/her)

Quality Supervisor & Risk Manager

PURPOSE

“[The Health Center is responsible for] producing and sharing reports on QI/QA to support **decision-making and oversight** by key management staff and by the governing board regarding the provision of health center services.”

- HRSA Health Center Compliance Manual, Chapter 10

“Completing an **annual risk management report** for the governing board and key management staff that addresses the risk management program activities, goals, assessments, trainings, incidents, and procedures”

- FTCA Program Application Requirements

Agenda

Annual Review of

- Patient Safety Incidents
- Patient Complaints
- Patient Experience Surveys
- HIPAA Events
- Staff Training
- Clinical Operational And Lab Audit - COALA

FTCA: Federal Tort Claims Act

Under the FTCA, the federal government acts as a self-insurer, and recognizes liability for the negligent or wrongful acts or omissions of its employees acting within the scope of their official duties. The United States is liable to the same extent an individual would be in like circumstances. The statute substitutes the United States as the defendant in such a suit and the United States—not the individual employee—bears any resulting liability.

Via FTCA application for initial deeming, we demonstrate a high level of compliance with risk management activities. Receiving FTCA deemed status provides protections in the event there is a claim made against the organization and also provides significant discount on our medical malpractice insurance premiums.

This annual review is one of the required elements of the application.

Timeline to submission

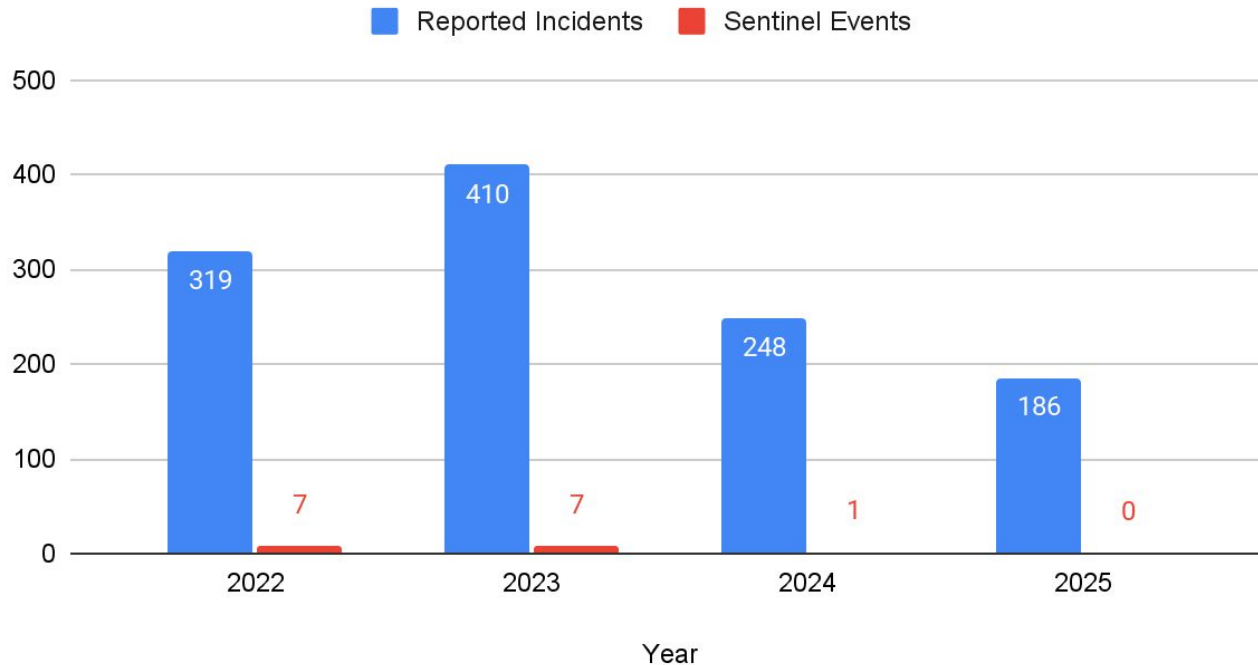
- **March:** gather COALA reports, request employee reports from HR/Credentialing, training plan and educational tracking form completed, annual Quality & Risk report out to CHCB Quality, FTCA deeming training webinar March 25-27
- **April:** Employee entry in the HRSA database (EHB), Presentation to CHCB
- **May:** CHCB minutes reviewed & signed, finalize, review with Brieshon and ED for approval and submission
- **By end of June:** Submit application

Patient Safety Incidents

Purpose: Patient safety improvement opportunities and activities

Board Book Attachment(s): Patient Safety Dashboard

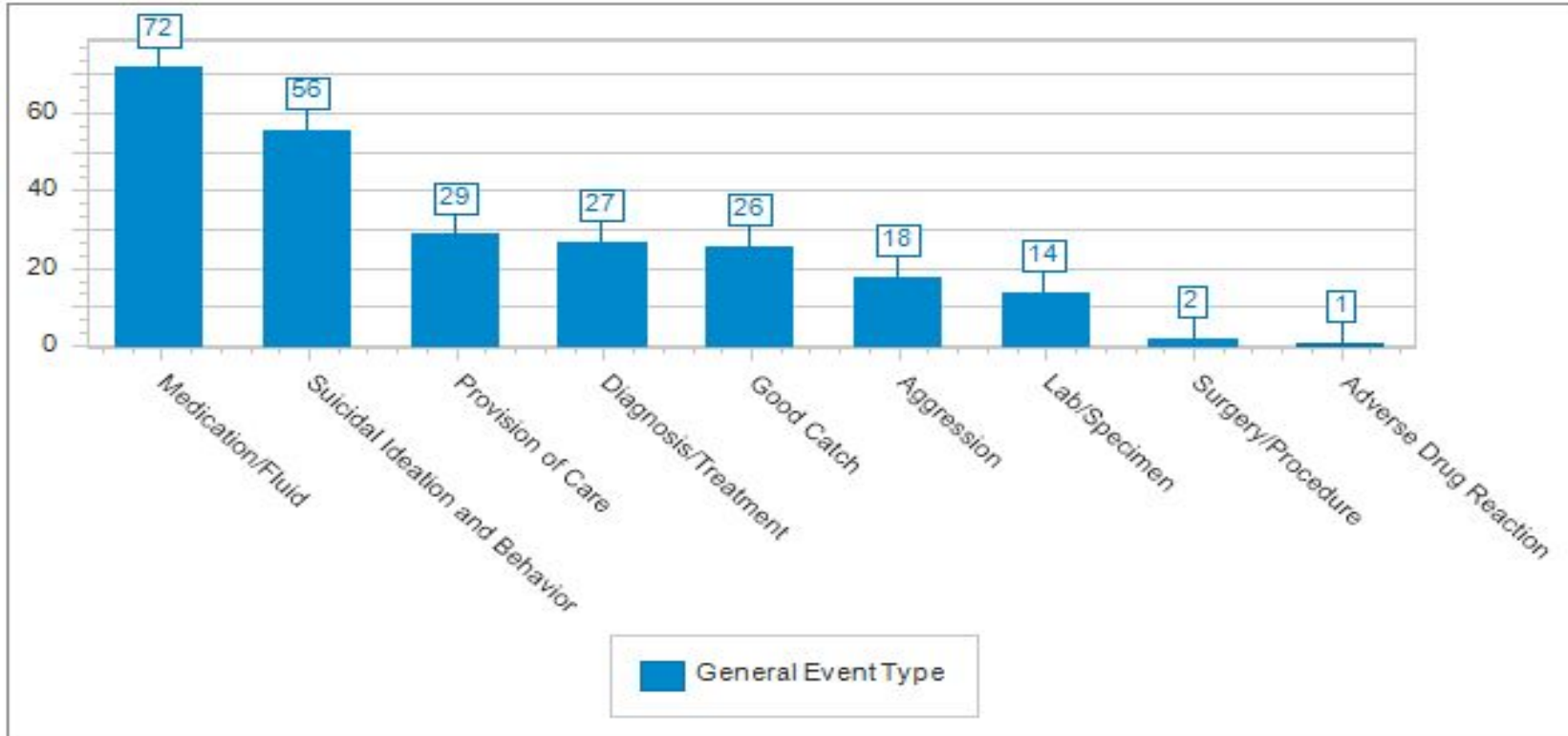
Reported Incidents and Sentinel Events



Updated definition of sentinel event aligns with Joint Commission's guidance for ambulatory care settings. Noted update in use of definition in 2024.

Patient Safety Incidents By Type

Purpose: Patient safety improvement opportunities and activities
Board Book Attachment(s): Patient Safety Dashboard

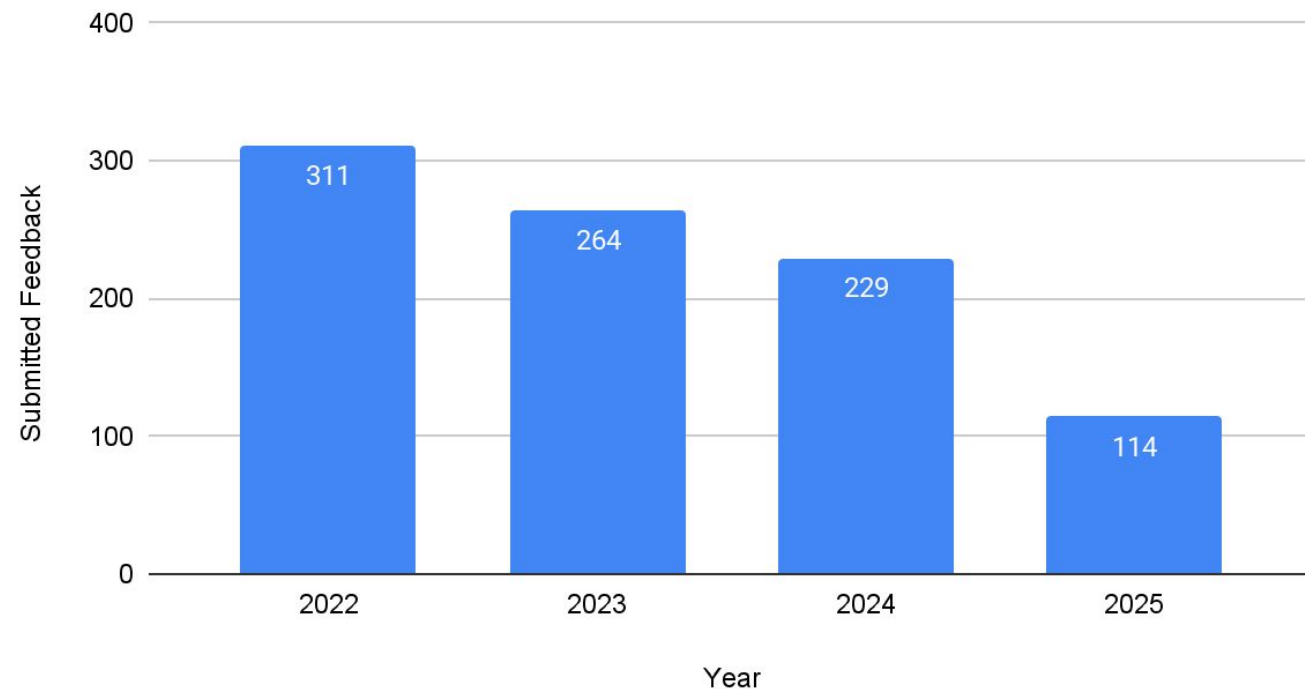


Patient Feedback

Purpose: Roll-up of Patient Complaints and improvement activities

Board Book Attachment(s): Patient Complaint Dashboard

Submitted Feedback by Year

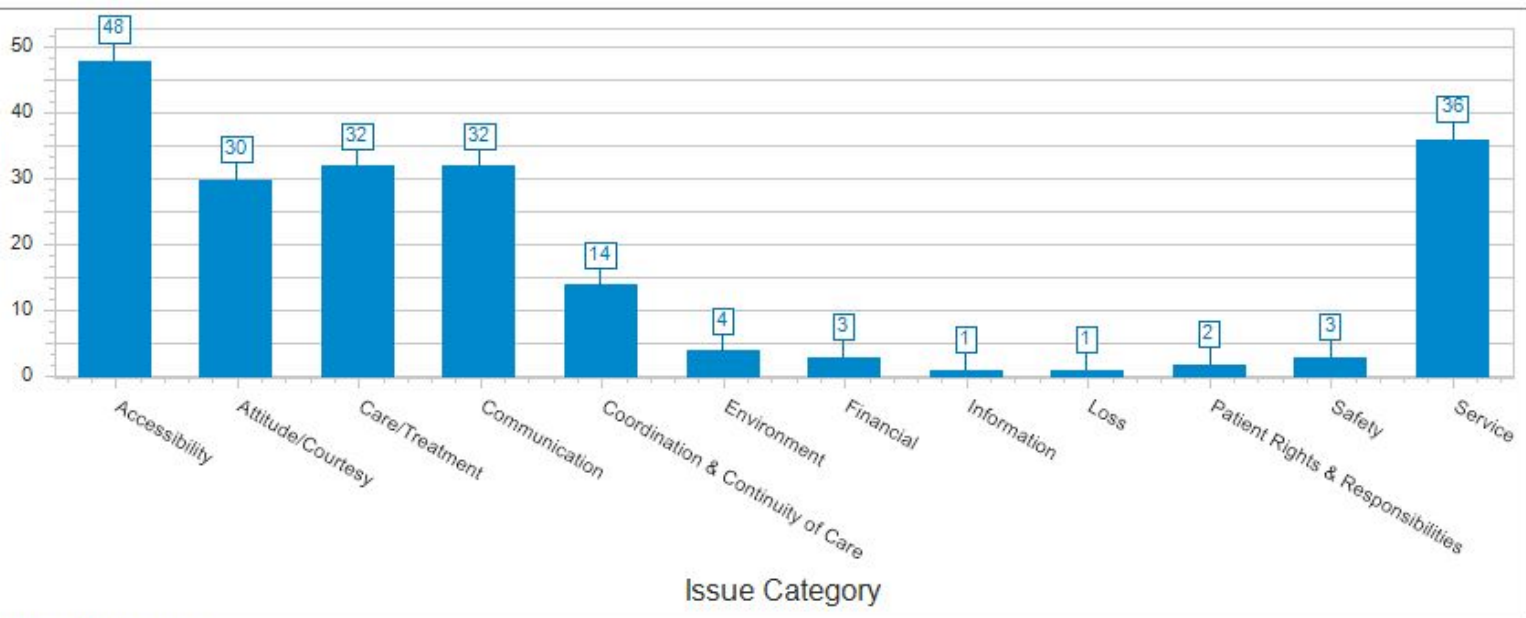


Sources of patient feedback are grievances through insurance provider, emails received from Director's office, completion of public complaint form on the website, or formal complaint submitted via clinic staff.

2025 Feedback Issue Categories

2025 Feedback Issue Categories

Date is within Calendar 2025



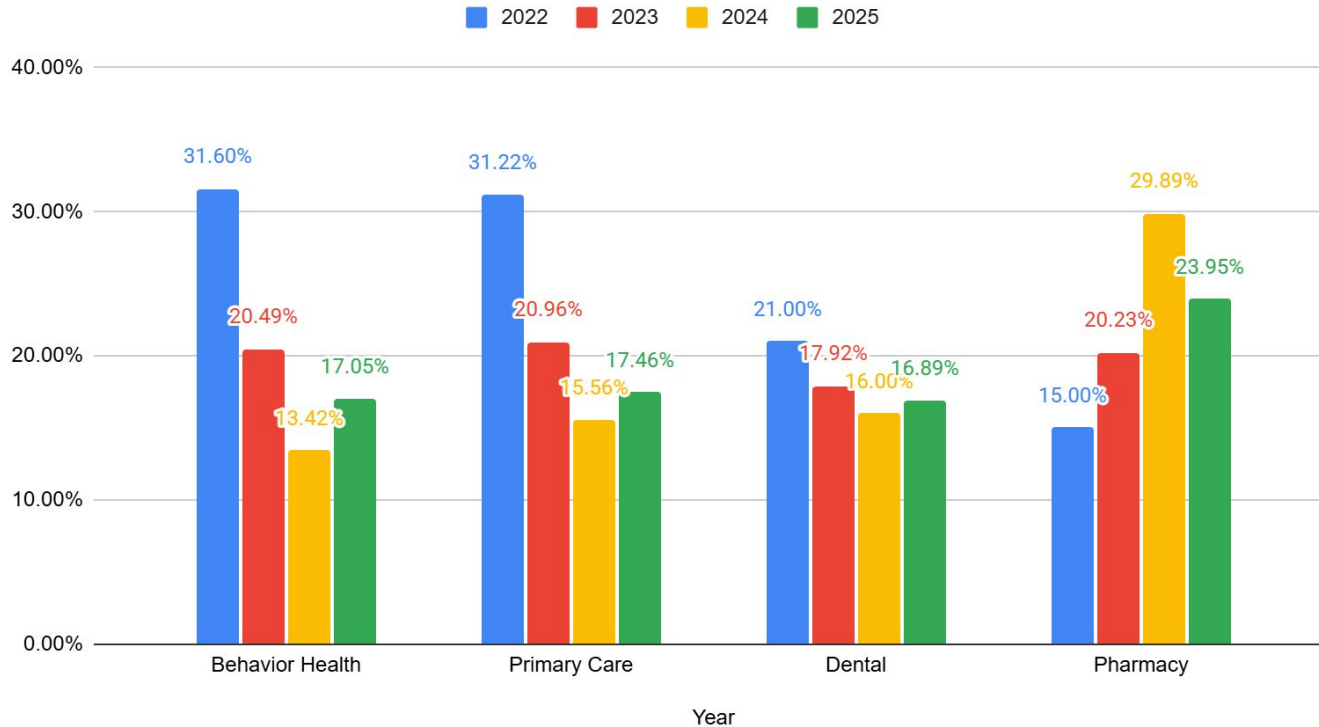
75% (36 of 48) of Access Complaints relate to appointment cancellations and the inability to schedule.

Patient Surveys

Purpose: Survey trends and improvement activities

Board Book Attachment(s): Crossroads Patient Survey Report

Completion Rate By Program & Year



In 2025, Crossroads completed Student Health Center surveys, completing 435 total.

Purpose: Survey trends and improvement activities

Board Book Attachment(s): Crossroads Patient Survey Report

Patient Surveys

Continued Trend

Significantly improved scores and reduced disparities for Asian and Cantonese-speaking populations across most measures.

12-Month Lookback

Consistency and improvement across programs

Significant improvement in satisfaction with Appointment Wait Time

Related QI Work

Convenient Care pilot started in Spring 2025:
Two clinics with a provider that sees patients with acute needs if their PCP or team are not available.

Disparity Definition: A difference in level or treatment, especially one that is seen as unfair.

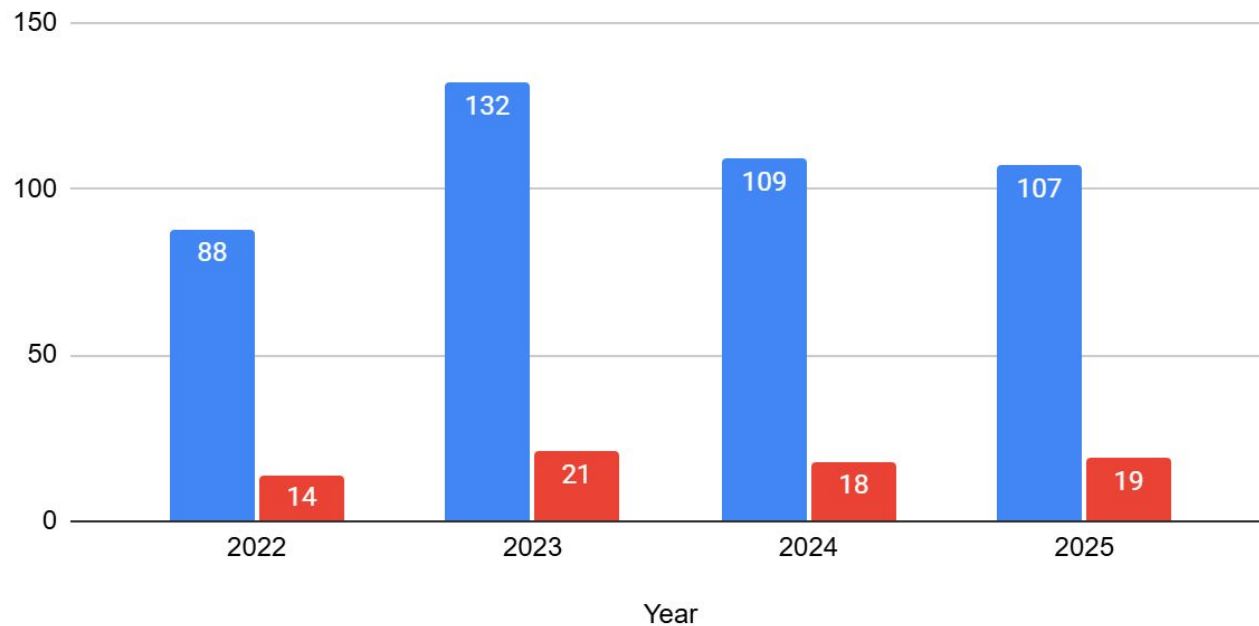
HIPAA Events

Purpose: Privacy events and improvement trends

Board Book Attachment(s): HIPAA Event Report

Reported Incidents and Confirmed Breaches

■ Reported Incidents ■ Confirmed Breaches



HIPAA Events

Purpose: Privacy events and improvement trends

Board Book Attachment(s): HIPAA Event Report

Trends

Our internal privacy incidents mirrored the broader trends seen across the healthcare industry, centered on high-volume human touchpoints. Unlike the large-scale external "cyber-breaches" often seen in the news, our incidents are typically "low-impact, high-frequency" events, categorized into three primary areas:

- **Point-of-Care Hand-Offs:** The most common incident involved the misdirection of printed materials, such as handing an After-Visit Summary (AVS) to the incorrect patient during the discharge process.
- **Documentation Accuracy:** Occasional clerical errors occurred where clinical information was entered into the incorrect patient record.
- **Physical Safeguards:** Incidents involving unsecured PHI, such as paperwork inadvertently left in exam rooms or common areas after hours, were identified during routine "sweep".

Analysis & Mitigation

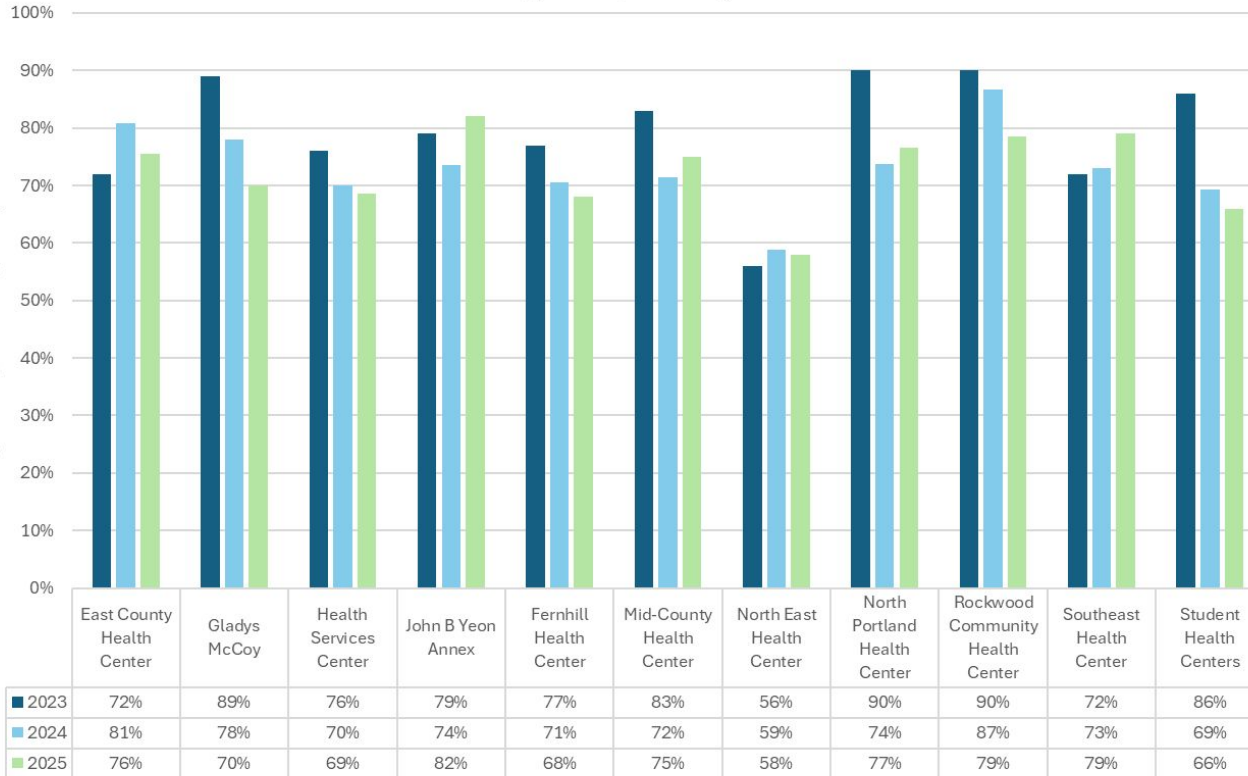
- While these incidents are categorized as HIPAA "breaches" or "incidents," they serve as critical data points for our quality improvement process. In 2025, our reporting volume remained steady, which reflects a strong culture of transparency among our staff rather than a lapse in security.

Staff Training/Education

Purpose: Training, competency, education rates and trends

Board Book Attachment(s): N/A - new

Health Center Workday Trainings Completion Rates
Trainings Completed by Due Date



Related QI Work

We continue to provide regular data to managers and supervisors on training completion rates and the importance of training completion. Additionally, we are evaluating disparities among roles in terms of volume of training hours and time to complete training.

COALA - Clinical, Operational, and Lab Audit

What - A formalized and routine audit performed by various members of clinic leadership to review different areas of the clinic environment.

Why - This effort started 2 years ago with an overall of the previous tool referred to as “Open for Business” which was cumbersome, excel based, inconsistently completed and not felt to be value added by clinic leaders.

Who - RN Managers & Program Supervisors helped focus the questions in partnership with Quality & Infection Prevention.

When - The updated audits are performed on a quarterly schedule, with some kind of clinic audit happening on a monthly basis. The new audit was rolled out in early 2025, and this is the second year of its implementation.

Audit identifies issues for swift correction (such as tears in exam tables, stained ceiling tiles, non-sterilize instruments in sterile supply).

2025 Project improvement efforts as a result of COALA: Hand sanitizer dispenser change across clinics, discontinued use of exam-table paper across clinics, change in wound care supply types to mitigate risk of contamination.

Completed Risk Management Activities & Projects

2025

- Annual Hazard Vulnerability Assessments per clinic
- Annual Emergency Plan updates
- Quarterly Safety Walkthroughs
- Semi-Annual Environment of Care checks
- Clinical Operational and Lab Audit (COALA) implemented.
- Required trainings review & updates
- Replaced non-functional hand sanitizers and added new hand sanitizer dispensers in support of systemic hand hygiene improvement.
- Medcurity privacy/security audit
- Instrument Sterilization Improvement Project: Updated all of our processes for cleaning and sterilizing reusable medical instruments
- Replaced privacy curtains with recyclable curtains
- Added Personal Protective Equipment (PPE) wall-mounts to all primary care sites to promote use and decrease germ spread.

Planned Risk Management Goals & Activities

2026

- Lab Specimen Labeling Improvement: reduce number of lab labeling incidents to 3 or fewer in 2026. (10 reported in 2025).
- Improvement in patient privacy protections at pharmacy counter at two clinics
- Clinical Competency standardization - improving the approach and consistency in tracking of staff competency completion
- Update Emergency Action Plan training content
- Support of clinics in medical event response drills
- Projects as a result of 2025 Medcurity audit:
 - Desktop encryption
 - New tool for flagging unexpected access to patient records
 - Refresher training/reminders for protecting PHI

Definitions

Breach: The impermissible acquisition, access, Use or Disclosure of PHI in any form or medium, including electronic, paper or oral form which compromises the security or privacy of such PHI. An impermissible Use or Disclosure of PHI is presumed to be a Breach unless it is demonstrated through a Risk Assessment that there is a low probability that the PHI has been compromised.

Commingling: To mix or blend together, often used in a legal context to describe the improper mixing of funds belonging to one party with those of another, or in this case, the records of one patient mixed with those of another.

Disparity: A difference in level or treatment, especially one that is seen as unfair.

HIPAA Incident: A known or suspected event, question or concern related to PHI that is determined through a documented investigation not to be a Breach. After investigation, an Incident may be recategorized as a Complaint. See also definition for Security Incident for ePHI.

Patient Safety Incident: Any event (or near miss) that is not consistent with the routine operation of MCHD services and has resulted in a preventable adverse consequence, or the risk thereof. Some incidents may be identified after being reported by clients/patients in the form of a documented complaint.

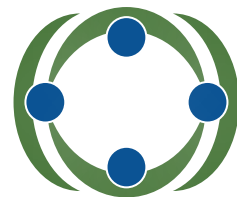
Security Incident: The attempted or successful unauthorized Access, Use, Disclosure, modification, or destruction of information or interference with system operations in an information system.



Department Updates

Strategic Updates

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



**community health
center board**

Multnomah County

Community Health Center Board Health Center Highlights



TO: Community Health Center Board
 FROM: Anirudh Padmala, Interim Executive Director & Senior Leadership
 RE: Public Meeting Memo - **Monthly Report**
 DATE: **May 2026** (previous memos available under public meeting materials on the [CHCB Member site](#))



Executive Director Updates *System level information and updates*

FY 2027 Budget	<p>CHCB Acting Chair Darrell Wade will be representing the Community Health Center Board at the Board of County Commissioners and presenting the CHCB's priorities to the BOCC on May 6. This budget reflects CHCB's commitment and investments in: increased access to Primary Care services for our community members, technology investments to alleviate the administrative burden as a result of HR1, and workforce development pathways that build the workforce of the future.</p>
Board Member Recruitment	<p>The Nominating Committee met on May 1st to review the prospective board member applications and has scheduled meet and greets with the prospective board members. These are scheduled for the weeks of May 4th and May 11th.</p>



Capital Projects *Facilities updates, high cost projects*


Rockwood Capital Improvement	<p>Rockwood construction is in full swing. Demolition has begun on the lobby, and excavation for new electrical service is in progress. The site is currently occupied by contractors. Primary Care and Pharmacy teams are working at the East County Health Center and the Dental staff are at multiple temporary work sites. We are not seeing barriers to care for our Rockwood clients, and they are making it to their visits at the temporary sites.</p>
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Strategic Program Updates *Strategic plan/direction of the Health Center*

Strategic Plan Spotlight: Support the Staff Experience and Resiliency	<p>New Employee Onboarding plays a pivotal role in how staff experience the Health Center and is crucial for retention, recruitment, and ongoing staff resiliency. Across the Health Center, we are focused on maintaining and updating the onboarding process. A key priority for the Dental program in support of the strategic plan is to review and update the onboarding for dental staff role groups for improved staff training and consistency of the new hire experience across role groups.</p>
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	Of particular focus this year is the Dental Assistant role group, a critical role group that supports dentists and hygienists in delivering high-quality patient care and treatment planning.
2027 Strategic Project Forecasting: Managers and Supervisors Engagement	Managers and Supervisors of the Health Center will gather in May to discuss and review how we can further support our seven strategic priorities in 2026 and 2027. This early forecasting helps our Health Center identify and begin planning for long-term interventions or new pilot programs to consider as part of our 12-month planning cycle.
HR1 Planning	The Health Center continues to monitor and plan for the first major HR1 change impacting our clients - beginning on January 1, 2027, many Oregon Medicaid members will need to show engagement of 80 hours of work or volunteer participation, or an eligible exemption. We are working to advocate with the Oregon Health Authority for how to make these exemption pathways transparent and easily accessible to patients. To ensure patients are well-informed about their necessary actions and available choices, a dedicated communication campaign is currently under development.

Risk and Compliance Updates <i>Compliance events, major incidents/events updates</i>		
New Desktop Encryption	See “Information Systems” section below for the update.	

Quality/Process Improvement <i>Improvement events and activities</i>		
Pre-Construction and Infection Control Risk Assessments (PCRA/ICRA)	These assessments are done at key points before, during, and after construction projects to help ensure safety for our staff and clients. Updated guidance is being presented in April 2026 to support timely completion.	

General Program Updates <i>Program/Service-line specific updates</i>		
Primary Care	In Primary care we have welcomed two new providers, one at the Fernhill Health Center and one at the Mid County Health Center. We are currently recruiting for the next class of APC Fellows. We are also excited to announce that we have hired a Psychiatric Site Medical Director who will supervise our Psychiatric Mental Health Nurse Practitioners and help with ongoing program development.	
Integrated Behavioral Health	All Integrated Behavioral Health vacancies at North East Health Center were filled in April. Strong candidates are currently being considered for positions at Fernhill and the Health Services Center.	

	<p>Community partnerships are expanding; our Life Works NW referral system has processed over 120 cases. We also launched an improved discharge process with Cedar Hills, featuring direct contacts and specific protocols to better support transitioning patients. We continue to pursue further collaborative opportunities.</p>
<p>Dental</p>	<p>We are working on filling a current vacancy at Mid county to be able to staff Saturday Dental Clinic</p>
<p>Pharmacy</p>	<p>An ever-growing, national focus on the 340B Drug Pricing Program continues with multiple drug manufacturers requiring mandatory claims-level data submission for in-house and contract pharmacies. We are working on processes to comply with these directives in order to maintain access to 340B pricing.</p> <p>Our pharmacies currently use a closed-door model because the Oregon Health Authority's (OHA) 340B policy prevents filling prescriptions for non-Health Center clients to comply with federal Medicaid rebate mandates. Over the past year, the Pharmacy Director and OPCA have proposed solutions to transition to an open-door model while maintaining federal compliance for OHA. OHA pharmacy leaders support these recommendations and are now seeking internal approval.</p>
<p>Information Systems</p>	<p>The Information Systems teams collaborated with the County IT teams to successfully migrate our PAC call center, PAC nurse triage, and eligibility teams to the new Webex Contact Center platform. After months of preparation, the April launch went smoothly, and the teams look forward to the enhanced call center features including improved real-time data for our call centers and the ability to offer a more patient-friendly experience.</p> <p>The CSI Epic support team is working on several major projects with OCHIN and County IT that will improve the speed and security for Health Center staff logging in to Epic: In April we completed the majority of our initial migration from Citrix to Epic Local Hyperspace, which improves the speed of Epic login and helps contain costs for our EHR. We are also preparing to test and roll out our Imprivata Single Sign-On with OCHIN. This will allow staff to use badges to quickly and securely tap in and out of the shared workstations in the clinic. Lastly, IT is rolling out encryption to the desktop workstations in all our clinics based on recommendations from our Medcurity security audit.</p>