Public Meeting

August 2026

community health center board

Multnomah County

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AGENDA

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Public Meeting Agenda

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.*
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** • July 13th, 2026 Public Meeting Minutes • July 24th, 2026 Special Public Meeting Minutes • July 30th, 2026 Special Public Meeting Minutes *Darrell Wade, CHCB Chair*	Board Reviews and votes
6:15-6:25 (10 min)	**Care Oregon Student Health Action Council Grant - VOTE REQUIRED** *Alexandra Lowell, Student Health Center Manager*	Board Reviews and votes
6:25-6:35 (10 min)	**Rockwood Reopening with 340B - - VOTE REQUIRED** *Debbie Powers, Interim Executive Director*	Board Reviews and votes
6:35- 6:45 (10 min}	**Credit-Balance Policy- VOTE REQUIRED** *Hasan Bader, Health Finance Officer*	Board Reviews and votes
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*	Board Reviews and votes
6:55 - 7:05 (10 min)	**Fiscal Year 27 Quality Management Plan - VOTE REQUIRED** *Brieshon D'Agsotini, Quality and Compliance Officer*	Board Reviews and votes

7:05-7:15 (10 min)	**Executive Officer Succession Planning** - **VOTE REQUIRED** *Darrell Wade, CHCB Chair*	Board Reviews and votes
7:15-7:25 (10 min)	**BREAK**	
7:25-7:40 (15 min)	**Q1 + Q2 Quarterly Quality Report** *Brieshon D'Agsotini, Quality and Compliance Officer*	Board Reviews updates
7:40-7:50 (10 min)	**UDS Report** *Alex Lehr O'Connell, Senior Grants Management Specialist* *Brieshon D'Agsotini, Quality and Compliance Officer*	Board Reviews updates
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**	Board Reviews updates
8:00-8:10 (10 min)	**Department Strategic Updates** *Debbie Powers, Interim Executive Director*	Board Receives updates
8:10	**Meeting Adjourns**	

PUBLIC MEETING MINUTES

community health center board

Multnomah County

community health center board
Multnomah County

Public Meeting Agenda

July 13th, 2026
6:00 pm to 7:30 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.*
CHCB Board:

Darrell Wade *(he/him)* – **Chair**
Dani Slyman *(she/her)* – **Vice Chair**
John Connelly *(he/him* - **Treasurer**
Monique Johnson *(she/her/ella)* – **Secretary**

Patrick Thomas *(he/him/they/ them)* – **Member-at-Large**
Christine Palermo *(she/her)* – **Board Member**
Enrique Sama *(he/him)* – **Board Member**
Nicholas Hayes *(he/him)* – **Board Member**

Ex- Officio: Interim Executive Director - Vacant

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*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 - 6:05 (5 min)	**Call to Order / Welcome** *Darrell Wade, CHCB Chair* • Meeting was called to order at 6:07pm • Absent: Dani • We have a quorum with 5 members present • Patrick joined virtually at 6:16pm • Nicholas joined virtually at 6:40pm	
6:05 - 6:10 (5 min)	**Minutes Review - VOTE REQUIRED** • May 11th, 2026 Public Meeting Minutes (*Revised by ICS Management*) • May 22nd, 2026 CHCB Special Meeting Minutes (Rational Unicorn) • June 8th, 2026 Public Meeting Minutes (*Revised by ICS Management*) *Darrell Wade, CHCB Chair* **Edits/Comments:** No edits mentioned	***Motion to approve: Christine*** ***Second: Monique*** Yays: 5 Nays: 0 Abstain: 0 **Decision: Approved** ***all members present voted unanimously yes*

6:10-6:20 (10 min)	**HRSA Legislative Mandate Policy - VOTE REQUIRED** *Adrienne Daniels, Strategy and Policy Director* **Highlights:** ● Each year, the federal government sets a budget. The budget contains policy requirements for each agency. ● HRSA's policy requirements were introduced in 2019, and renewed in 20222 and again in 2025. ● The new language in our policy needs updating due to new appropriations language requirements ● External consultants and OPCA highly recommend updating our language to avoid being out of compliance ● New language that is recommended : ○ Option 1 :(original language presented in June) Restriction on disseminating false or misleading information ■ None of the funds made available in the Consolidated Appropriations Act may be used to disseminate information that is deliberately false or misleading. ○ Option 2 (OPCA encourages): Restriction on disseminating false or misleading information ■ It is the policy of the Multnomah County Community Health Center not to disseminate information that is deliberately false or misleading. ● The compliance and communications team along with the County Attorney's office show no concerns or raise risk to the health center with either option ● Next month policy submittal to HRSA if the board adopts ● The board agreed upon option B **Questions/Comments:** ● Monique asked if there is more of a risk of being denied if we go with option B? ○ Adrienne answered, No as it adopts the similar requirements from HRSA option A is more narrow while option B provides the broader approach that holds the entire organization to the same standard of scale and integrity, regardless of where the funding comes from.	***Motion to approve:Christine*** ***Second: John*** Yays: 6 Nays: 0 Abstain: 0 **Decision: Approved** ***all members present voted unanimously yes* ***The board agreed upon option B unanimously*
6:20- 6:30 (10 min}	**Ryan White Part D Grant Renewal- VOTE REQUIRED** *Nick Tipton, Regional Manager Senior* **Highlights:** ● Multnomah County HIC Health Services Center was established in 1990, receiving grant funding through Ryan White Cares Act parts A.B,C, D, and F. ● RWCA Part D funds medical care and case management for Women, Infants, Children and Youth (WICY) living with HIV receiving care at HHSC. ● HSC is the primary recipient for parts A,B C and D ● This is the first year of a four year grant. This funding from this competitive renewal application would cover 8/1/26-7/31/27. ● HHSC is the only Ryan White funded clinic that serves the entire of Oregon and	***Motion to approve: Monique*** ***Second: John*** Yays: 6 Nays: 0 Abstain: 0 **Decision: Approved** ***all members present voted unanimously yes*

	parts of southwest Washington. ● By providing all HIV services at one site, HHSC maximizes their ability to connect difficult to reach clients with a full array of services. ● Women and Youth account for approximately 22% of HHSC clients. ● Accounts for 230 clients that are patients at HSC ● Funds medical providers, MA's …. ● Slight increase since last cycle use 319k??? ● **Questions/Comments:** ● John asked if this is a renewal? - i thought this was monique because i could barely hear her ○ Nick answered that this is not a renewal, this is a… it's a pay-to-renewal, we have the receiving money, but we do a competitive application for you. So this is a competitive application.	
6:30 - 6:35 (5 min)	**Health Center Licensing, Credentialing, and Privileging Policy- VOTE REQUIRED** *Brieshon D'Agostini, Quality and Compliance Officer* **Highlights:** ● The purpose of the policy is to protect patients by ensuring that its healthcare workers possess requisite training, experience, and competence. ● HRSA, Joint Commission, payor contracts, federal and state law/licensing boards, FTCA. ● Reviewed by the Medical Director, Operations, Quality, Credentialing team, HR. ● There are no substantive changes to the policy. ● Clarification of HR's role in collecting and maintaining documentation. ● LMFT (Licensed Marriage and Family Therapists) and LCPs (Licensed Professional Counselor) are included in the definition of Mental Health Counselors. ● Aligned with current processes for clinical oversight. ● Updated to current job titles. ● Clarified how healthcare workers type is determined by job functions. ● Updated "Physician Assistant" to the current industry language of "Physician Associate". ● No formal implementation or training will be needed **Questions/Comments:** None	***Motion to approve: Christine*** ***Second: Monique*** Yays: 6 Nays: 0 Abstain: 0 **Decision: Approved** ***all members present voted unanimously yes*
6:35 - 6:40 (5 min)	**Operating Reserve Policy- VOTE REQUIRED** *Hasan Bader, Health Center Chief Finance Officer* **Highlights:** ● The purpose of this Operating Reserve Policy is to build and maintain an adequate level of net assets to support the Health Center's day-to-day operations in the event of unplanned revenue shortfalls. ● Required by Health Resources & Services Administration. ● There are no changes to the policy and no required training needed. ● The reserve may be used as contingency for one-time only expenses. ● Reserve and contingency funds will create ongoing stability for the Health Center	***Motion to approve: John*** ***Second: Monique*** Yays: 6 Nays: 0 Abstain: 0 **Decision: Approved** ***all members present*

	● Contingency reserve may used for one time only expenses ● The target minimum Operating Reserve Funds is equal to three months of average recurring operating cost. **Questions/Comments:** ● John asked if the money is already existing and will be carried over next FY? ○ Hasan confirmed that is correct	*voted unanimously yes*
6:40 - 6:50 (10 min)	**BREAK**	
6:50 - 7:00 (10 min)	**Monthly Financial Report** *Hasan Badar, Health Center Finance Officer* **Highlights for May 2026:** ● YTD for revenue is $192,261,666 or 88% of the budget. ● YTD for expenditures is 183,194,811 or 84% of the budget. ● We are currently in the Black with about $9 million. **Health Center Fees:** ● For the month of May, we collected $7,010 for the primary care grant. ● $1million in Quality incentives or 91% of YTD budget. ● We collected $167million in Health center fees or 90% ● $13million in revenue posted **Self Pay Client Fees:** ● Collection of $37,240 dollars **Expenses:** ● Spent $11 million dollars or 84%, which is 7%-8% below budget ● For material and services we spent $2.3 million which is 99% percent of the budget **Internal Service:** ● Spent $3,200k million dollars which is on target ● Total spent $17 million ● $553million in deficit ● YTD $9mil surplus and 84% of budget ● Indirect expenses $3.2mil ● YTD $34million or 81% of budget **FQHC Average Billable Visits Per Day** ● The student health center had 74-75 billable visits per day ● The dental department had 258 billable visits per day. ● Primary care had 520-530 billable visits per day. **Percentage of Uninsured Visits by Quarter** ● Primary care visits were 4.3% for the quarter. ● Dental visits were 3% for the quarter. ● Trends for both PC and Dental are increasing. **Payer Mix for Primary Care** ● Care Oregon had a payer mix of 65%.	Board Reviews updates

	• Trillium had a payer mix of 9%. • Self pay had a payer mix of 5-6%. **Number of OHP Clients Assigned by CCO** • Care Oregon had about 48,000 clients assigned. • Care Oregon had 26,800 engaged clients. • Trillium had about 17,385 clients assigned. • Trillium had 3,500 clients engaged. **Questions/Comments:** • Nicholas asked - Given that a federal bill is expected to slash Medicaid funding, and the Oregon governor is looking to cut approximately $481 million from the state's biennial healthcare budget, how will this impact the organization's ability to provide care—especially since their patient mix relies heavily on CareOregon (Medicaid)? ○ Hasan answered - The next FY budget we anticipated that some current Medicaid patients will lose coverage and transition to being uninsured. Because uninsured patients bring in significantly lower rates of revenue compared to insured patients, the organization is projecting a $5 million revenue loss from this shift. This has been factored into the budgets for primary care, dental services, and, in some cases, Student Health Centers.	
7:00 - 7:10 (10 min)	**Board Committee Updates** *Committee Chairs* Quality - none Nominating - none Executive - none Finance - none PST - none	Board Receives updates
7:10	**Meeting Adjourns** • **Meeting adjourned at 6:55pm**	

Signed:_____ Date:_____

Monique Johnson, Secretary

Signed:_____ Date:_____

Darrell Wade, Board Chair

Scribe: Crystal Cook // email: crystal.cook@multco.us

Special Public Meeting Minutes
July 24, 2026
4pm-5pm,
Via zoom

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

CHCB Board:

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

Interim Executive Director (Ex Officio) - Vacant

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- 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
4:00-4:05 (5 min)	**Call to Order / Welcome** *Darrell Wade, CHCB Chair* Meeting begins 4:14PM We do have a quorum with 5 members present. Nicholas was absent/excused	
4:05-4:55 (55 min)	**Board Closed Executive Session** *(optional)* *Darrell Wade, CHCB Chair* The Board requested to move into a closed Executive Session at 4:21PM The Board returned to the Public meeting at 5:10PM	***Motion for CHCB member to go into Closed Session:*** ***Second:*** **No motion was called** Yays: Nays: Abstain: Decision: **Approved** ***Motion for CHCB member to go into Leave Closed Session:*** **No motion was called/noted** *Second:*

		Yays: Nays: Abstain: **Decision: Approved**
4:55-5:00	**Interim Executive Director Appointment - VOTE REQUIRED** *Darrell Wade, CHCB Chair* The Board requests, in order to make an informed decision, that the County provide the names, resumes and/or CV's, position descriptions and confirmations on who is interested from the selected titles per the Succession plan by Tuesday July 28th, 2026. The Board will schedule another Special meeting after requested materials are provided. The Board will also form a search committee and send their selected proposed candidates for the permanent Executive Director position to the County per Co-applicant agreement, HRSA guidelines and CHCB Bylaws. The Board ED selection committee will consist of : Darrell, Monique and Enrique.	
5:00pm	The meeting adjourned at 5:15pm	***Motion to Adjourn the meeting : Monique*** ***Second:* John** **Yays: 5** **Nays: 0** **Abstain: 0** **Decision:** **Approved** ***all members present voted unanimously yes*

Special Public Meeting Minutes
July 30, 2026
4:30pm-5:30pm,
Via zoom

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

CHCB Board:

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

Interim Executive Director (Ex Officio) - Vacant

- Meetings are open to the public
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- There is no public comment period
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*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
4:30-4:35 (5 min)	**Call to Order / Welcome** *Darrell Wade, CHCB Chair* Meeting begins 4:53PM We do have a quorum with 5 members present. Christine was absent/excused	
4:40-5:25 (45 min)	**Board Closed Executive Session** *(optional)* *Darrell Wade, CHCB Chair* The Board determined to not go into the optional closed session	
5:25-5:30	**Interim Executive Director Appointment - VOTE REQUIRED** *Darrell Wade, CHCB Chair* Board members moved to appoint Debbie Powers as the interim Executive Director. Board members thanked Debbie for stepping into the interim role.	***Motion to Select Debbie Powers as interim Executive Director meeting : Darrell*** ***Second:* John** **Yays: 5** **Nays: 0**

		Abstain: 0 **Decision:** **Approved** ***all members present voted unanimously yes*
5:30pm	The meeting adjourned at 4:58pm	

Scribe: Crystal Cook // email: crystal.cook@multco.us

SUMMARIES

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Grant Approval Request Summary

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

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

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	CareOregon Community 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:	July 27, 2026	**Program / Area:**	Student Health Centers (SHC)
Presenters:	Alexandra Lowell		

Project Title and Brief Description:

CareOregon Community Foundation 2026 Grant Opportunity

The CareOregon Foundation opened a new grant opportunity for 2026 focused on helping communities thrive through funding the work of local leaders and organizations to support for youth and young people within immigrant and refugee, LGBTQ+ and Tribal/indigenous communities, and the ways in which they reimagine leadership, livelihood, and governance. The health center submitted a letter of inquiry in June and was invited to submit a full proposal by July 31, 2026. This funding would be allocated to Student Health Centers.

What need is this addressing?:

This is an opportunity to receive funding to support our Student Health Action Council youth engagement.

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

This funding can support Student Health Action Council costs and is not linked to specific or required additional programming. It will help fund the project manager and interns who lead youth engagement at the nine high schools that host an SHC.

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

$90,000 per year for 3 years

Expected Award Date and project/funding period:

Early September applicants are notified if awarded a grant for FY27-FY 29

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 CareOregon Community Foundation to fund current Student Health Action Council activities.

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 and would not have the additional operating funding for Student Health Action Council which would fund an intern and the project manager.

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: CareOregon Community Foundation 2026 Grant -SHC	**Start/End Date: Per year for 3 years**

	Budgeted Amount	Comments (Note any supplemental or matching funds)	Total Budget
A. Personnel, Salaries and Fringe			
SHAC Project Manager	$55,719	.22TE	$55,766
Leads youth engagement			
Intern	$10,602	400 hrs	$10,602
Provides adult facilitation of SHAC groups			
Total Salaries, Wages and Fringe	**$66,321**		**$66,321**
B. Supplies			
Food, Materials,	$4,000		$4,000
Total Supplies	**$4,000**		**$4,000**
C. Contract Costs			
Contract description	-		-
Total Contractual	**-**		**-**
D. Other Costs			
Local and non local travel, Conference participation, Youth Stipends	$6,085		$6,031
Total Other	**$6,085**		**$6,031**
Total Direct Costs (A+B+C+D)	**$79,679**		**$79,679**
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 A)	**$10,224**		**$10,231**
Total Project Costs (Direct + Indirect)	**$90,000**		**$90,000**

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

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Board Presentation Summary

Presentation Title	**Change in Scope Request: Open Rockwood Health Center**

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:	8/10/2026	**Program / Area:**	HRSA Compliance - Scope
Presenters:	Debbie Powers, Interim Health Center Executive Director		

Project Title and Brief Description:

Rockwood Health Center post-renovations, via a Change in Scope request to HRSA

Describe the current situation:

CHCB approved removal of the Rockwood Health Center from our HRSA Scope during the extensive renovation of the site. Construction delays have moved our timeline for reopening and are now expected by 12/31/2026, with the site beginning services on 1/1/2027 or soon thereafter. In order to reopen, we must add the site to our HRSA scope, via a CHCB vote and subsequent HRSA approval of a Change in Scope request, to be submitted by the health center with a Yes vote by the CHCB.

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

CHCB and HRSA approvals are required to open the site on 1/1/2027 (or as soon thereafter once renovations are completed.

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):*

Multnomah County purchased the Rockwood Community Health Center facility in February 2023 to ensure continued access to comprehensive primary care, integrated behavioral health, dental, and

pharmacy services for the County's most underserved residents. The building, however, was in dire need of repairs and renovation.

The renovations will reduce the risk of future infrastructure failures and ensure long-term access to care. The site was removed from our HRSA Scope, with CHCB and HRSA approval, prior to closing for renovations.

It is essential to get CHCB approval now in order to submit a Change in Scope request to HRSA with enough lead time to get their approval to add the site to our scope, and approval of 340B Pharmacy access for the site.

CHCB has been updated on the project throughout the process.

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

The CHCB maintains authority of addition of sites to our scope. No Change in Scope request to add the site can be submitted without CHCB approval. Thus, CHCB must vote on approving submission of that request.

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

With a **YES** vote, the health center will submit a Change in Scope request to HRSA.

Once HRSA approves that request, the health center will secure 340B Pharmacy program access, and commence services on 1/1/2027, or as soon as possible once final renovations are completed.

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

With a **NO** vote, the health center will be unable to submit a Change in Scope request to HRSA, and thus the site will not be within the health center's scope, and unable to access the benefits of FQHC status and the 340B Pharmacy program.

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

Health Department facilities and health center leadership were involved in clinic design, budgeting for and implementing the project.

CHCB has been updated throughout the process including approving submission of the successful grant application to HRSA that provided funding to support the project and voted for the initial Change in Scope.

Who are the area or subject matter experts for this project? *(Please provide a brief description of qualifications)*
• Brett Taute, Facilities Manager • Project Sponsor and Interim Health Center Executive Director - Debbie Powers • Pharmacy Director Michele Koder • ICS Quality and Compliance team
What have been the recommendations so far?
To add the Rockwood clinic to our scope, secure 340B Pharmacy program approval, and open the site once renovations are complete.
How was this material, project, process, or system selected from all the possible options?
Renovations at Rockwood have been needed and in planning for several years. CHCB voted to approve submission of the grant proposal to HRSA funding the project, which was approved by HRSA. CHCB voted to submit a change in scope to HRSA to remove the site from our scope prior to renovations beginning, which HRSA approved on 3/16/2026 . The health center must submit a Change in Scope request to HRSA, with approval by CHCB vote, to add the clinic to our HRSA Scope, which will allow the health center to access FQHC benefits and 340B Pharmacy program benefits when the site reopened.

Board Notes:

community health center board
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Policy Review Presentation Summary

Presentation Title	Credit Balance Policy

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:	7/27/26	**Program / Area:**	Finance
Presenters:	Hasan Bader		

Policy Title and Brief Description:

Credit Balance Policy - Policy describes how to handle accounts with a credit balance

Describe the current situation:

Policy has expired and has been refreshed

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):*

Policy verbiage updated to current

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

Policy must align with the HRSA rules and regulations

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

Acceptance and adoption of the policies and procedures places the Health Center in compliance with HRSA rules and regulations

Briefly describe the outcome of a "NO" vote or inaction by the Board ***(Please be sure to also note any financial outcomes):***
Health Center will not be in compliance with HRSA regulations
Which specific stakeholders or representative groups have been involved so far?
Health Center Executive Director, Health Center CFO
Who are the area or subject matter experts for this project? ***(Please provide a brief description of qualifications)***
Health Center Executive Director, Health Center CFO, Health Center Strategy and Health Center Quality, Revenue Cycle, Medical Billing
What have been the recommendations so far?
Recommendations to renew the policy as listed
How was this material, project, process, or system selected from all the possible options?
N/A
If approved, is this policy ready to be implemented? If not, what is the process and timeline for implementation?
Yes

Board Notes:

Status **Active** PolicyStat ID **20054055**

Origination	1/13/2020
Last Approved	4/21/2026
Effective	4/21/2026
Last Revised	4/21/2026
Next Review	4/20/2029
Owner	Hasan Bader: Finance Manager Senior
Area	Health Center Fiscal
Applicability	All Health Department
Legacy Policy Number (For Reference Only)	CHCB Approved Policy, FIS.01.16

Credit-Balance Policy (Policy)

RELATED POLICIES/PROCEDURES:

Not applicable

APPLIES TO

All Multnomah County Community Health Center programs

PURPOSE

This policy describes how the Community Health Center will handle accounts with a credit balance.

DEFINITIONS

Term	Definition
Credit Balance	A credit balance results when the total of the credits posted to a client's account (e.g., payments, etc.) exceeds the total of the charges applied or applicable to the account.
Credit balance eligible	A credit balance eligible for a refund is one where all the applicable

for a refund	charges and credits have been posted to the account and the refund has been reviewed and adjusted based on the application of current eligibility criteria or any other applicable conditions.

POLICY STATEMENT

Maintaining client balances for protracted periods of time tends to create a barrier to care for clients without resources to pay. It is the Community Health Center's policy to resolve credit balances on client accounts as promptly as possible and in compliance with all applicable regulations by issuing eligible refunds to the client or third party.

The Community Health Center adheres to generally accepted accounting practices and handles accounts with a credit balance in a timely and accurate manner.

Credit balances on accounts may occur for a number of reasons including but not limited to the following:

- Payment for provider, supplier or physician services after benefits have been exhausted, or where the individual was not entitled to benefits.
- Incorrect application of the deductible or coinsurance.
- Payment for non-covered items and services, including medically unnecessary services or custodial care furnished an individual.
- Payment based on a charge that exceeds the reasonable charge.
- Duplicate processing of charges/claims.
- Payment to a billable provider on a non-assigned claim or to a beneficiary on an assigned claim. (Payment made to wrong payee.)
- Primary payment for items or services for which another entity is the primary payer
- Payment for items or services rendered during a period of non-entitlement.
- Payments or adjustments posted incorrectly

Upon verification, the overpayments process will be initiated within 60 days of being identified.

The accounts receivable team will make a diligent effort to refund credit balances directly to the client or third-party. In cases in which the client or third-party are unreachable, accounts receivable will follow the required submission process for remitting unclaimed property to the Department of State Lands.

The Accounts Receivable month end process will include the review of the Credit Balance Report and properly addressing credit balances.

REFERENCES AND STANDARDS

- HRSA's Health Center Compliance Manual, Chapter 16: Billing and Collections
- Oregon's Department of State Lands, Division Rules, Chapter 141, Division 45, Administration of Unclaimed Property

PROCEDURES AND STANDING ORDERS

Not applicable

RELATED DOCUMENTS

Name
N/A

POLICY REVIEW INFORMATION

Point of Contact:	A. Daniels – Interim Executive Director
Supersedes:	N/A

Approval Signatures

Step Description	Approver	Date
Policy Coordinator (on behalf of CHCB Liaison)	Shawna Williams: Program Specialist Senior	4/21/2026
Health Center Director	Anirudh Padmala: Integrated Clinical Services Director	3/11/2026
Policy Coordinator	Shawna Williams: Program Specialist Senior	3/5/2026
Policy Owner	Hasan Bader: Finance Manager Senior	3/3/2026

Applicability

Behavioral Health, Health Department Admin, Integrated Clinical Services, Public Health

Standards

No standards are associated with this document

community health center board
Multnomah County

Policy Review Presentation Summary

Presentation Title	**Community Health Center New and Established Patients Service Area Criteria (Policy & Procedure)**

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:	8/10/2026		**Program / Area:**	Health Center-All programs and clients
Presenters:	Debbie Powers			

Policy Title and Brief Description:

Community Health Center New and Established Patients Service Area Criteria (Policy & Procedure)

This policy provides information regarding how the community health center annually reviews its service area in accordance with HRSA Compliance Manual, Chapter 3 "Needs Assessment." It also includes how health center staff can assist clients who move outside of our service area and new clients who would like to establish who live outside of the service area. Finally the policy includes a service area review procedure to identify and potentially respond to a high number of clients seeking services from outside of the service area.

Describe the current situation:

There are no substantial changes to this policy. Edits are to clarify that employee performing the service area evaluation is a health center employee, the walk-in workflow that had been attached as a related procedure was removed as it was not specifically relevant to the policy, and clarification on the team (operations, quality team and with community engagement) should there be a service area recommendation.

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):***

Included language about community involvement should there be a service area recommendation identified through the annual review process.
List any limits or parameters for the Board's scope of influence and decision-making:
Policy must align with the HRSA Compliance Manual.
Briefly describe the outcome of a "YES" vote by the Board ***(Please be sure to also note any financial outcomes):***
Policy is updated. It is currently due for review.
Briefly describe the outcome of a "NO" vote or inaction by the Board ***(Please be sure to also note any financial outcomes):***
Additional conversation will take place and the policy would come back for a vote. This would put the review further past its review date.
Which specific stakeholders or representative groups have been involved so far?
The Quality, Medical Directors, and the Operations teams.
Who are the area or subject matter experts for this project? ***(Please provide a brief description of qualifications)***
The Quality and Compliance team due to HRSA compliance.
What have been the recommendations so far?
Recommendations are included in the edits to the policy.
How was this material, project, process, or system selected from all the possible options?
N/A
If approved, is this policy ready to be implemented? If not, what is the process and timeline for implementation?
Yes

Status **Pending** PolicyStat ID **21090974**

Origination	4/10/2023
Last Approved	N/A
Effective	Upon Approval
Last Revised	7/22/2026
Next Review	3 years after approval

Owner	Debbie Powers: Health Centers Division Operations Direc
Area	Health Center Administration
Applicability	Integrated Clinical Services
Legacy Policy Number (For Reference Only)	CHCB Approved Policy, ICS.01.45

Community Health Center New and Established Patients Service Area Criteria (Policy & Procedure)

ASSOCIATED POLICIES

Client Dismissal from Health Center Services (Policy)

RELATED POLICIES/PROCEDURES

Primary Care Provider Assignment and Selection (Policy)

APPLIES TO

All Community Health Center (Integrated Clinical Services) programs and clients

PURPOSE

The Community Health Center (CHC) welcomes all clients. This policy provides information regarding how the community health center annually reviews its service area in accordance with the HRSA

Compliance Manual, Chapter 3: "Needs Assessment," how community health center staff can assist clients who move outside of our service area, and new clients who would like to establish care at the health center and may live outside of our service area.

DEFINITIONS

Term	Definition
N/A	

POLICY STATEMENT

The community health center identifies, and annually reviews, its service area based on where current or proposed client populations reside as documented by the ZIP codes reported on the community health center's Form 5B: Service Sites and Service Area, as documented in the Service Area Competition grant application. The community health center also respects the rights of patients to receive care in the setting of their choice.

New clients who live outside of Multnomah County

The health center offers services to all patients residing in Multnomah County. When a client wishes to establish care at the health center and lives outside of Multnomah County the care team will provide the client with the risks and benefits of receiving services that are not geographically close to their residence. Some barriers may include transportation and the referral network. Client perceived benefits may include access to linguistically and culturally appropriate care. If, after receiving information from the care team, a client chooses to seek care closer to their residence, the health center will provide the client with the contact information of other community health centers that may suit the client's needs.

Established clients that move outside of Multnomah County

When a client moves outside of Multnomah County, the care team will review the risks and benefits of receiving ongoing care from a provider no longer geographically close to their residence as outlined above. If the care team determines that it is unsafe to provide care given the distance, or if the patient moves out of state, the health center shall assist the patient with transitioning their care to a closer provider and a 90-day supply of medication refills, as appropriate.

Service Area Identification and Annual Review

Annually, the ICS HRSA Senior Grants Management Specialist shall ~~coordinate an evaluation of~~evaluate client zip codes against its current proposed population and bring analysis and recommendations to senior leadership on whether a full Needs Assessment is indicated.

- For clients who are still active (seen within the past 3 years) and have not been seen in the past 12 months, the health center shall attempt outreach and engagement consistent with current practices of clinic staff performing outreach.

- If the health center recognizes that >100 clients are seeking services from a zip code outside of our service area, it shall embark on a needs assessment to understand how services and delivery may be modified to better meet the needs of clients in their communities. Such an assessment would be performed as a collaborative effort to include operations, quality team staff, and community engagement.

REFERENCES AND STANDARDS

HRSA Compliance Manual, Chapter 3: "Needs Assessment"

PROCEDURES AND STANDING ORDERS

N/A

RELATED DOCUMENTS

Name
N/A

Approval Signatures

Step Description	Approver	Date
Quality and Compliance Officer	Brieshon D'Agostini: ICS Quality Director	Pending
Policy Coordinator	Shawna Williams: Program Specialist Senior	7/22/2026
Operations Director	Debbie Powers: Health Centers Division Operations Direc	7/22/2026

Applicability

Integrated Clinical Services

Standards

No standards are associated with this document

History

Comment by Henninger, Amy: Medical Director on 1/27/2026, 2:20PM EST

> @D'Agostini, Brieshon: ICS Quality Director per ICOM updated timeframe to 24 months for outreach and engagement

Comment by D'Agostini, Brieshon: ICS Quality Director on 1/27/2026, 3:02PM EST

> @Henninger, Amy: Medical Director - Sounds good! Are there any additional changes anticipated for this policy before it goes to the CHCB for a vote (likely March or April)? @Powers, Debbie: Health Centers Division Operations Direc

Comment by Williams, Shawna: Program Specialist Senior on 2/19/2026, 2:11PM EST

> @D'Agostini, Brieshon: ICS Quality Director@Henninger, Amy: Medical Director@Powers, Debbie: Health Centers Division Operations Direc In reviewing this policy prior to it going to CHCB for a vote this spring, the question arose as to what mechanism/who is responsible for completing the Service Area Identification and Annual Review that includes evaluating client zip codes against its current proposed population?

Comment by Powers, Debbie: Health Centers Division Operations Direc on 2/19/2026, 5:22PM EST

> @D'Agostini, Brieshon: ICS Quality Director is this Alex?

Comment by Powers, Debbie: Health Centers Division Operations Direc on 3/26/2026, 2:55PM EDT

> @Kempner, Toni: Nursing Director Brieshon is going to work on updating the walk in workflow. This is old and the one from 2021 is busy. It will be sent to you for review.

Comment by Powers, Debbie: Health Centers Division Operations Direc on 6/16/2026, 10:13PM EDT

> Removing the walk-in policy workflow. It will be attached to the triage policy. I don't think these workflows should be attached to this policy.

Comment by Kempner, Toni: Nursing Director on 6/18/2026, 3:16PM EDT

> @Powers, Debbie: Health Centers Division Operations Direc, @D'Agostini, Brieshon: ICS Quality Director, the attached walkin workflow is still attached but I agree this should not be included and I will work on updating it for the triage protocol. Thank you.

Comment by Powers, Debbie: Health Centers Division Operations Direc on 7/22/2026, 4:18AM EDT

> Added the language, "in alignment with current outreach and engagement strategy." It was discussed in email but not captured in edits. Reads "For clients who are still active (seen within the

> past 3 years) and have not been seen in the past 12 months, the health center shall attempt outreach and engagement in alignment with current outreach and engagement strategy."

Edited by Powers, Debbie: Health Centers Division Operations Direc on 7/22/2026, 4:24AM EDT

> See July 22nd note.

Last Approved by Powers, Debbie: Health Centers Division Operations Direc on 7/22/2026, 4:24AM EDT

Draft saved by Powers, Debbie: Health Centers Division Operations Direc on 7/22/2026, 4:57AM EDT

Comment by Powers, Debbie: Health Centers Division Operations Direc on 7/22/2026, 5AM EDT

> Sorry everyone, this is the last and final. I think there was a version control issue or operator error. I cross referenced an email from Shawna Williams with language we all agreed to on 5/12 drafted by Theresa. This version captures all of the language we agreed to under the annual review.

Edited by Powers, Debbie: Health Centers Division Operations Direc on 7/22/2026, 5AM EDT

> Sorry everyone, this is the last and final. I think there was a version control issue or operator error. I cross referenced an email from Shawna Williams with language we all agreed to on 5/12 drafted by Theresa. This version captures all of the language we agreed to under the annual review.

Last Approved by Powers, Debbie: Health Centers Division Operations Direc on 7/22/2026, 5AM EDT

Draft saved by Powers, Debbie: Health Centers Division Operations Direc on 7/22/2026, 5:32AM EDT

Edited by Powers, Debbie: Health Centers Division Operations Direc on 7/22/2026, 5:33AM EDT

> Operations was spelled incorrectly. Please approve.

Last Approved by Powers, Debbie: Health Centers Division Operations Direc on 7/22/2026, 5:33AM EDT

Last Approved by Williams, Shawna: Program Specialist Senior on 7/22/2026, 2:50PM EDT

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:

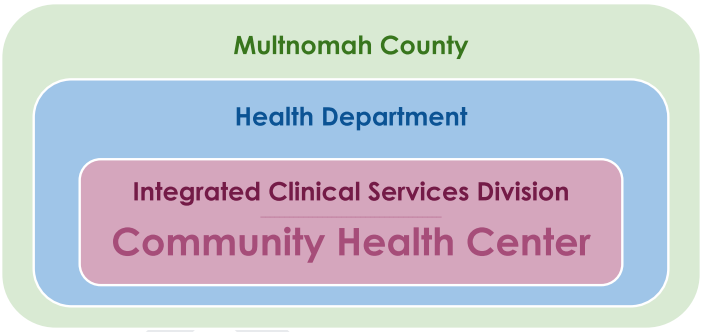
- Communicate Health Center quality goals
- Inform Health Center strategic priorities, allocating resources, and monitoring progress
- Support quality assurance and improvement for services
- Meet quality management compliance requirements
- Provide the framework for quality metrics and reporting

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

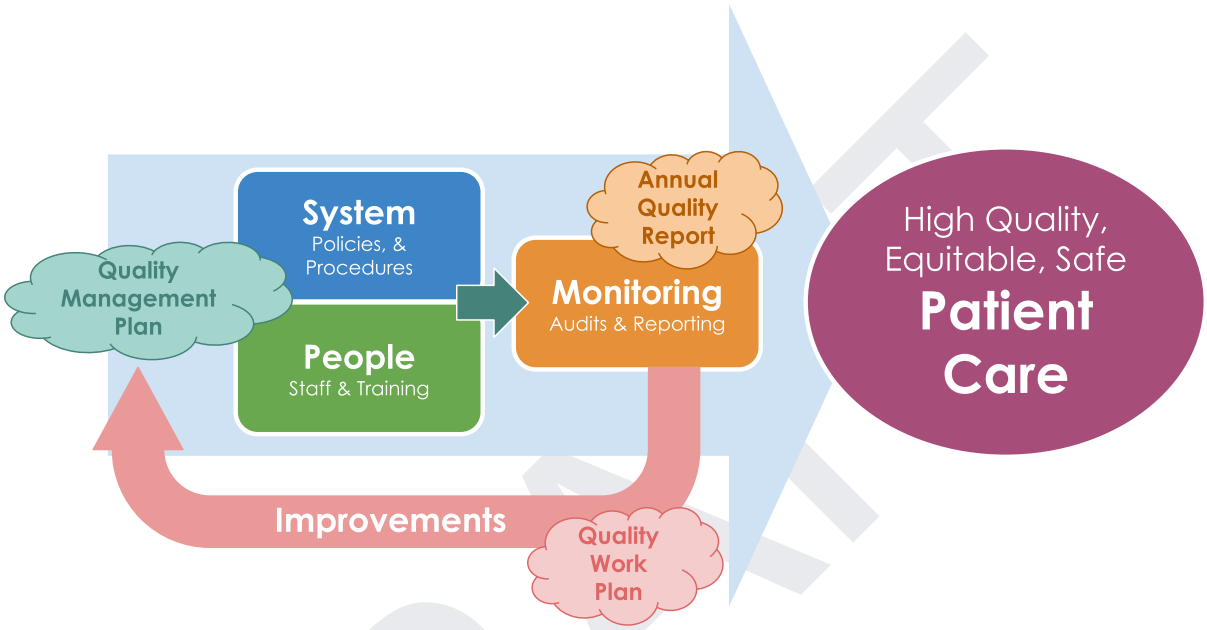
Health Center Vision: We envision that all people in our community receive reliable, high quality, inclusive, and comprehensive healthcare

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.

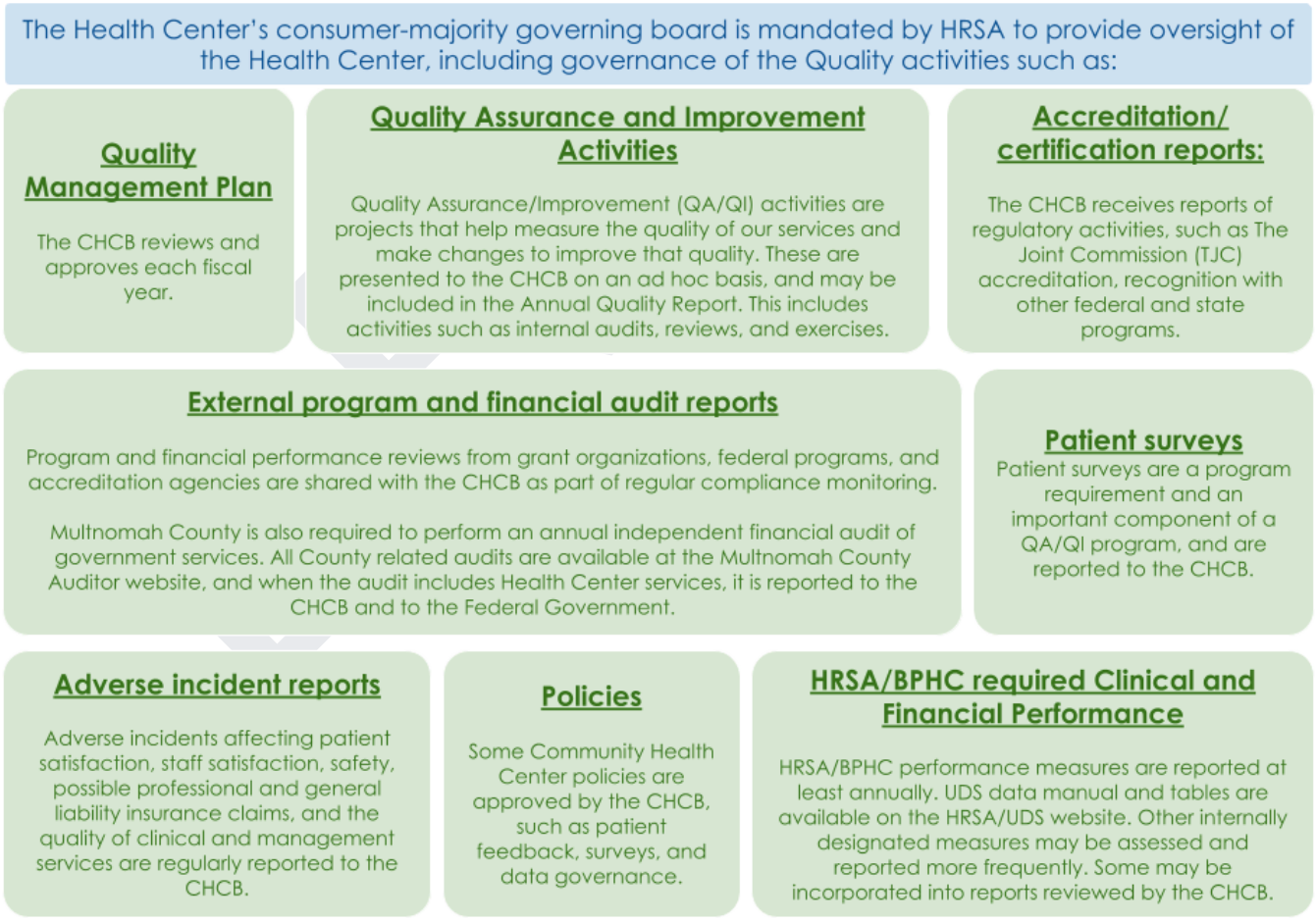
Governance and Structure

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)

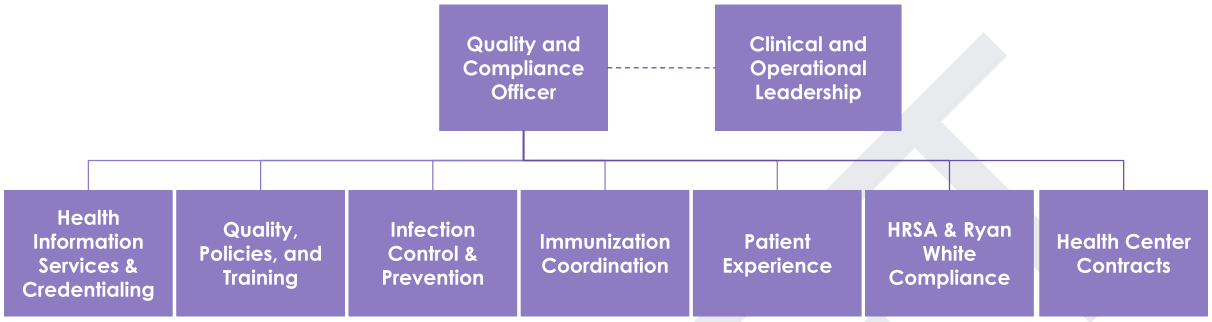
Health Center Committees (Quality)

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

Patient Surveys, Feedback, and Safety Incidents

CY2026 Q1 & Q2

CHCB Public Meeting
August 10, 2026

Brieshon D'Agostini (she/her)
Quality & Compliance Officer

Multnomah County
Health Department
Community Health Center

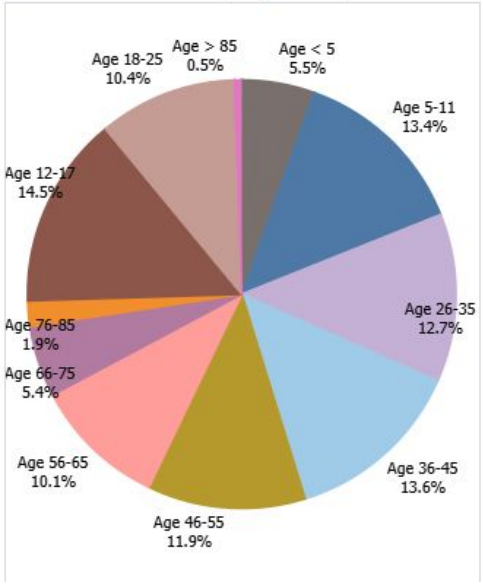
Q1-Q2 FY2026 Patient Demographics

January 1 - June 30, 2026

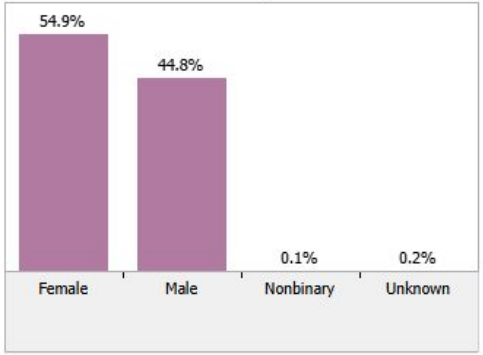
Patient's Demographics

Patients #	Encounters #
43,028	116,496

Patients by Age Group



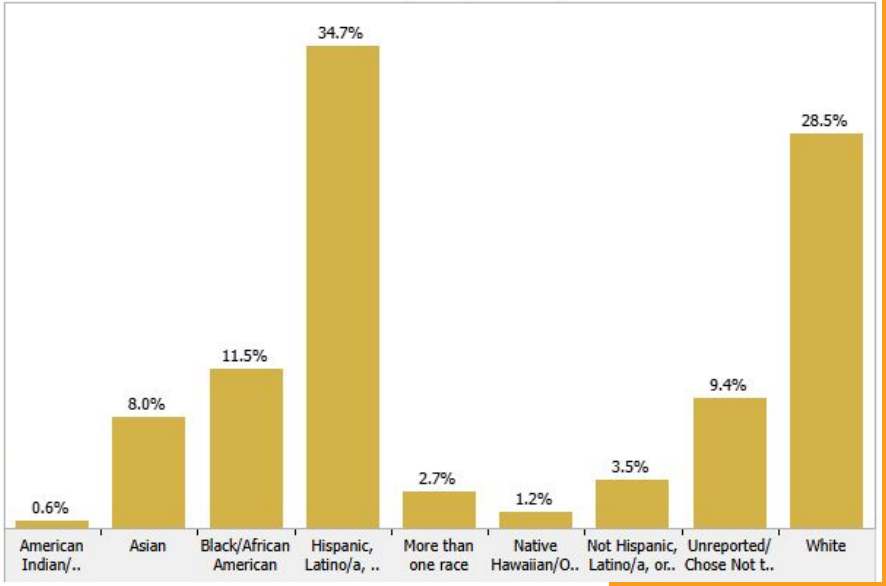
Patients by Sex



Need Interpreter?

	Patients #	Patients %
No	27,710	64.40%
Yes	15,315	35.59%
Unknown	3	0.01%
Grand Total	**43,028**	**100.00%**

Patients by Race/Ethnicity

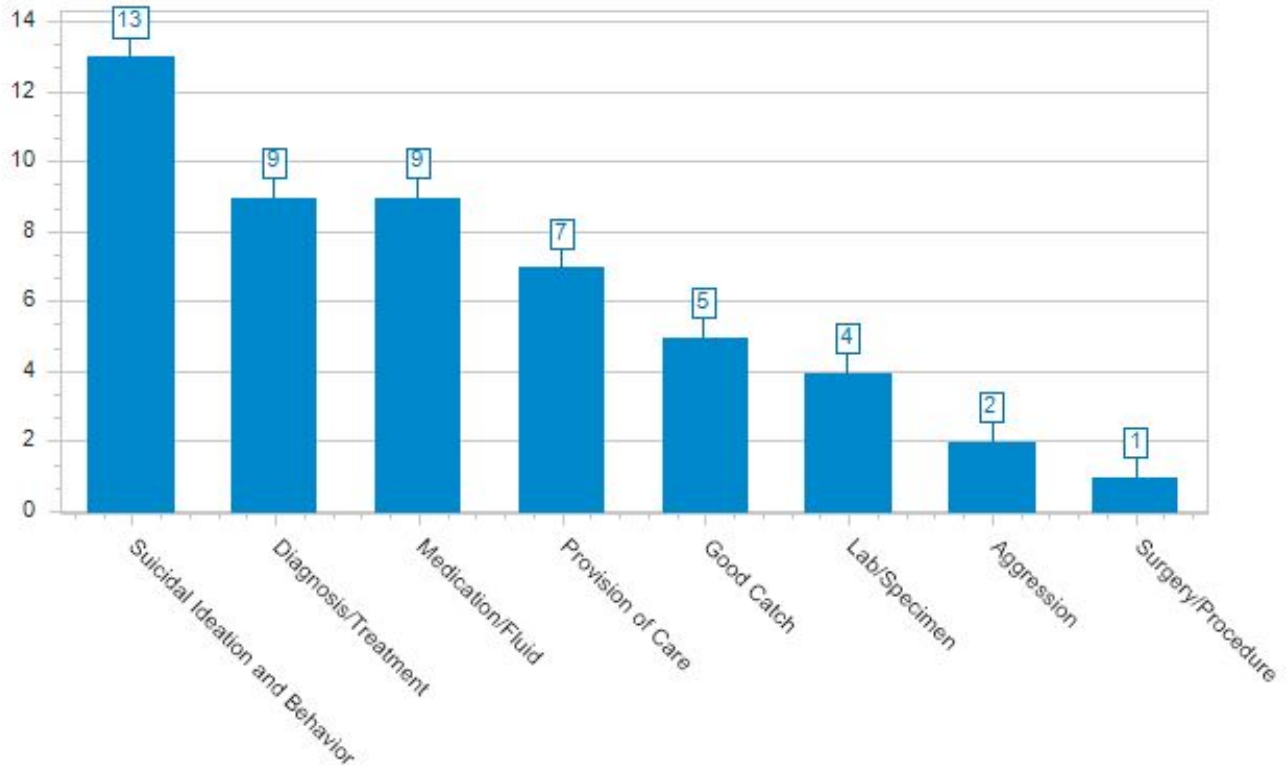


✔ Consistent with typical demographic data

Safety

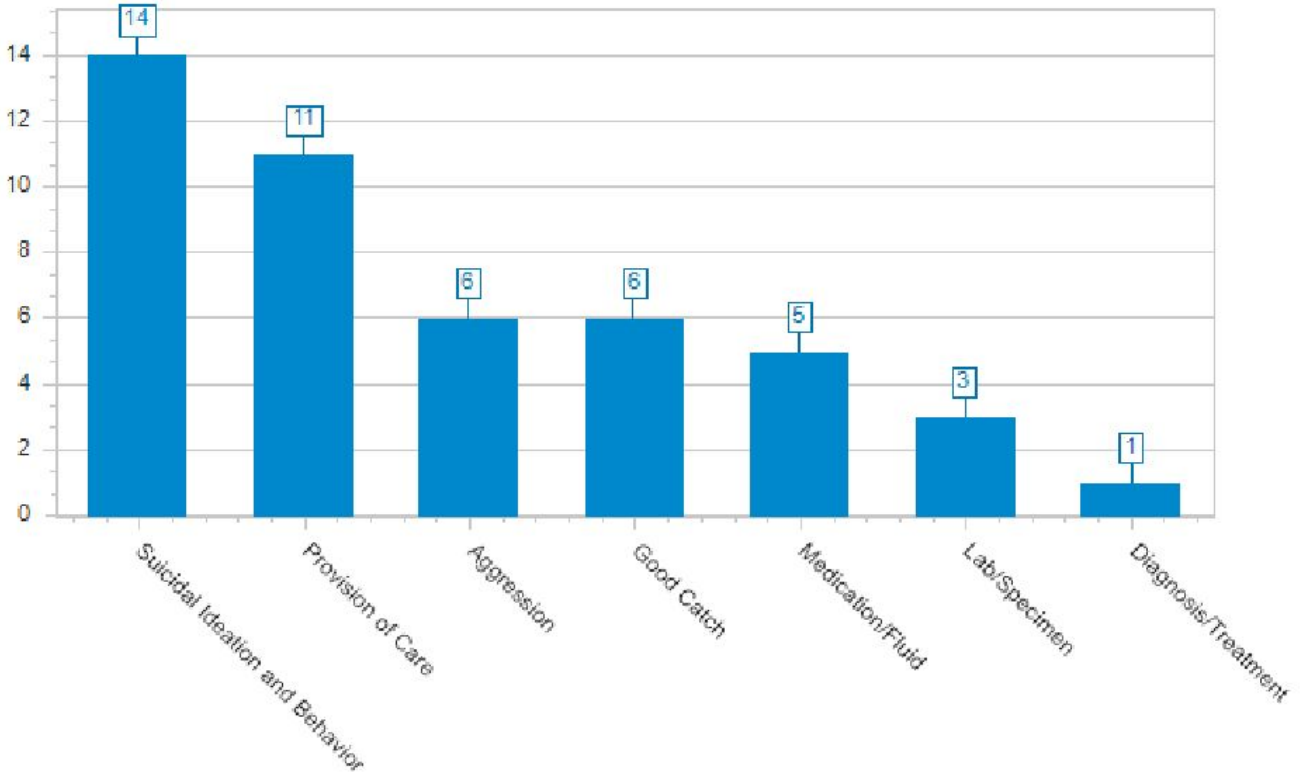
Q1 2026 Incidents by Category

Care/Service Area	Department	
Student Health Cent	Roosevelt High Scho	2
	Reynolds High Scho	1
	Parkrose High Schoo	1
	McDaniel High Scho	1
	Franklin High School	1
	David Douglas High	1
Student Health Center Total		7
Medical	Southeast Health C	2
	Rockwood Commu	3
	Northeast Health Ce	5
	North Portland Heal	8
	Mid County Health C	5
	HIV Health Services	8
	Fernhill Medical	1
	East County Health	4
Medical Total		36
Lab	Mid County Health C	1
Dental	Southeast Health C	1
	Mid County Health C	1
	East County Health	2
	Billi Odegaard Dent	1
Dental Total		5
Grand Total		49



Q2 2026 Incidents by Category

Care/Service Area	Department	
Student Health Cent	McDaniel High Scho	1
	Jefferson High Scho	1
	David Douglas High	2
	Centennial High Sch	1
Student Health Center Total		5
Pharmacy	Westside Pharmacy	1
	Northeast Pharmacy	1
	North Portland Phar	1
Pharmacy Total		3
Medical	Southeast Health C	7
	Rockwood Commu	2
	Northeast Health Ce	7
	North Portland Heal	2
	Mobile Van Medical	2
	Mid County Health (	2
	HIV Health Services	3
	East County Health	2
Medical Total		27
Lab	East County Health	3
Dental	Southeast Health C	5
	Northeast Health Ce	1
	Mid County Health (	1
Dental Total		7
Grand Total		45



Safety Summary Q1 & Q2 2026

Trends:

- Overall reports are consistent with previous quarters.
- Q2 reduction in Student Health Center reports due to summer closure.

Medication & Fluid: involving a dispensed or administered medication or vaccine.

Slight reduction in overall medication/fluid incidents due to a lower volume of vaccines administered in this time of year

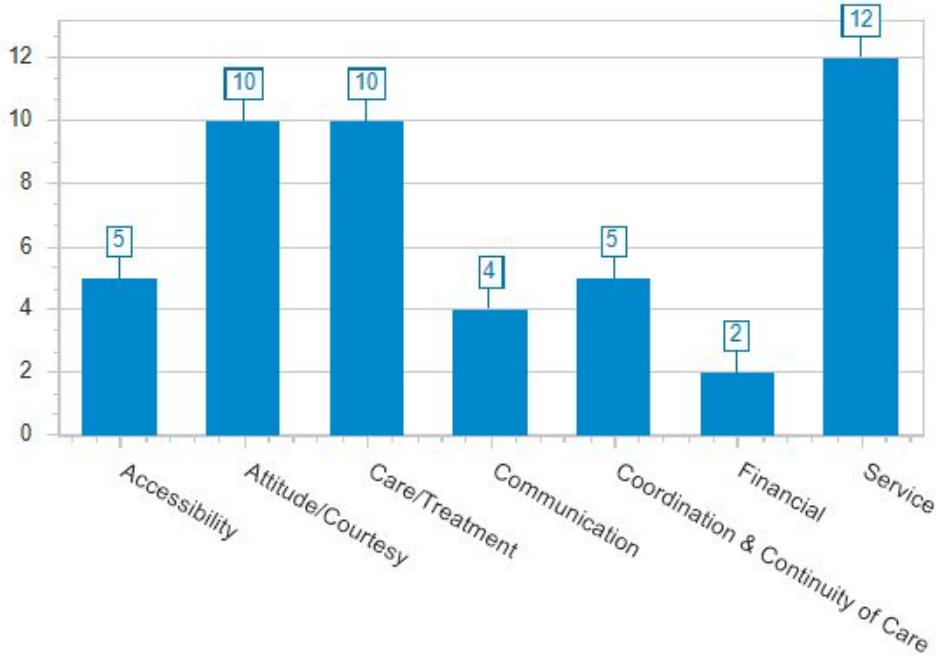
Suicidal Ideation and Behavior: Any suicide or attempt the client has made or disclosed which occurred in the past 6 months while in our care.

Every instance is reviewed by an interdisciplinary team to review the care provided and any additional follow up that may be needed.

Patient Feedback

Q1 2026 Feedback

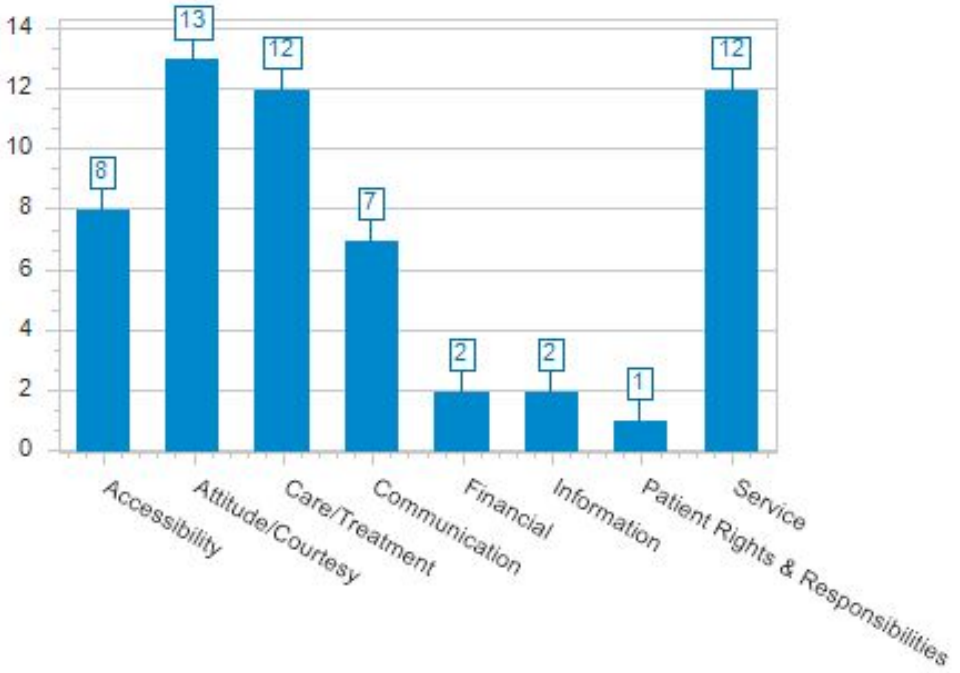
Submitting (	Submitting Department	Complaint	Grievance	Suggestion	Grand Total
Dental	Billi Odegaard Dental Clinic		1		1
	East County Health Center De		2		2
	Mid County Health Center Der		3		3
	North Portland Health Center I		1		1
	Northeast Health Center Denta		2		2
	Rockwood Health Center Dent		1		1
	Southeast Health Center Denta		1		1
Dental Total			11		11
John B Yeo	Patient Access Center (PAC)		2		2
Medical	East County Health Center		2		2
	HIV Health Services Center	1	1		2
	Mid County Health Center		3		3
	Mobile Van Medical			1	1
	North Portland Health Center		2		2
	Northeast Health Center		2		2
	Southeast Health Center		2		2
Medical Total		1	12	1	14
Pharmacy	Northeast Pharmacy		1		1
Student Hea	Reynolds High School		1		1
Grand Total		1	27	1	29



NOTE: Feedback often involves multiple categories and is counted separately in each one.

Q2 2026 Feedback

Submitting	Submitting Department	Complaint	Compliment	Grievance	Suggestion	Grand Total
Dental	Billi Odegaard Dental Cli			1		1
	East County Health Cen			4		4
	Mid County Health Cent			5		5
	Northeast Health Cente			6		6
	Southeast Health Cente				1	1
Dental Total				16	1	17
Medical	East County Health Cen			1		1
	HIV Health Services Cer			2		2
	La Clínica de Buena Salu			3		3
	Mid County Health Cente			2		2
	North Portland Health C			4		4
	Northeast Health Center		1	2		3
	Rockwood Community			1		1
	Southeast Health Center	1		2		3
Medical Total		1	1	17		19
Grand Total		1	1	33	1	36



NOTE: Feedback often involves multiple categories and is counted separately in each one.

Patient Satisfaction & Experience Surveys

Q1-Q2 2026 // Trends Summary

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.

★ Improvement ✔ Steady 🔎 Monitoring

Service		Measure	Trend
Health Center PC, Dental, IBH *n = 1306 (Q1), 1300 (Q2) (surveys completed)*	✔	Overall scores	Scores generally consistent Overall satisfaction on the higher end of typical
	✔	**Appointment wait**	**Some variation after trending up for several quarters.**
	★	Test results received quickly enough	Continuing to trend up
	✔	Interpretation and Translation	New measure, steady within 3.1% variation over four quarters

BOLD: Closely tracked measures

Q1 & Q2 2026 // Trends Summary

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.

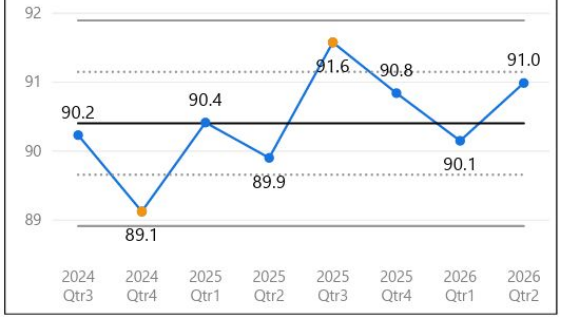
Service

Health Center: PC, Dental, IBH

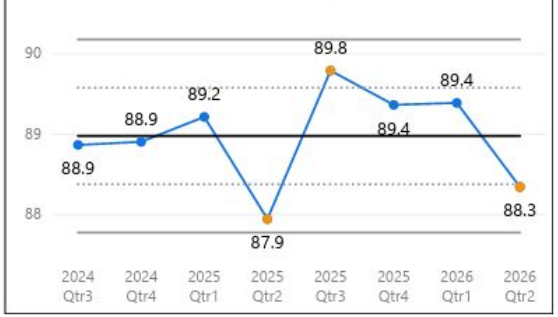
n = 1300 (surveys completed)

- **High/Low scores**

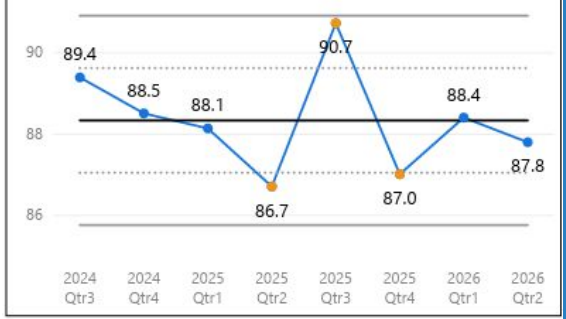
Overall Satisfaction



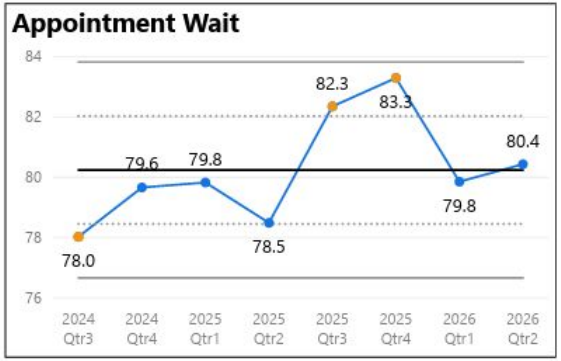
Phone Attendant Courtesy & Helpfulness



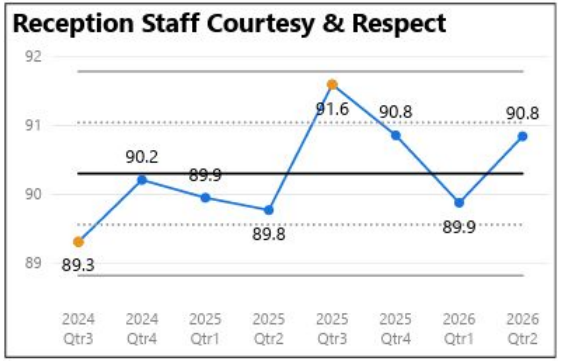
Test Results Communication



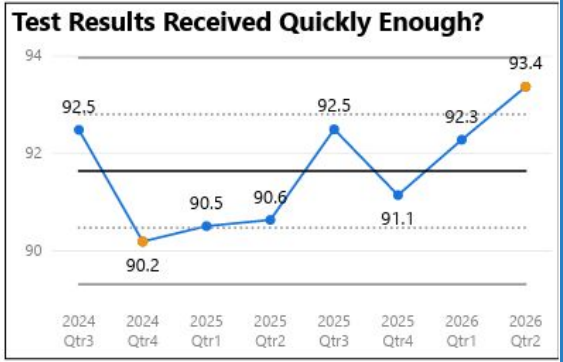
Appointment Wait



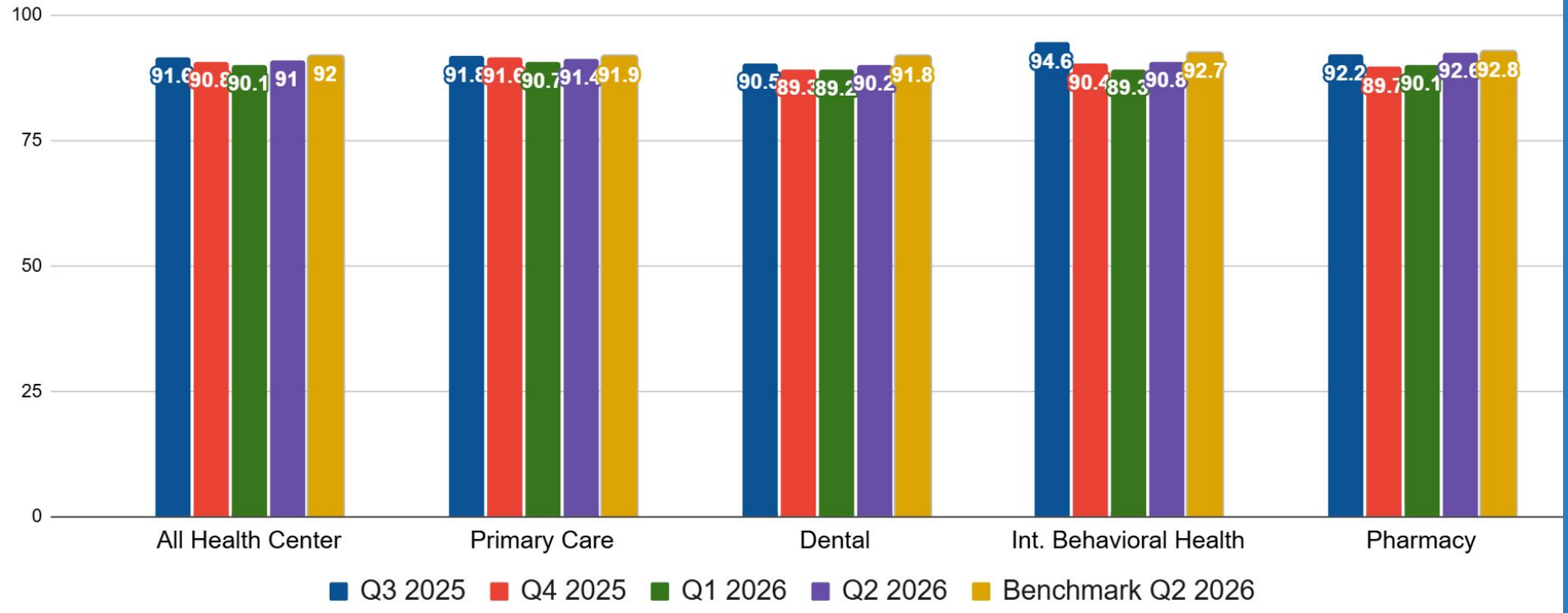
Reception Staff Courtesy & Respect



Test Results Received Quickly Enough?

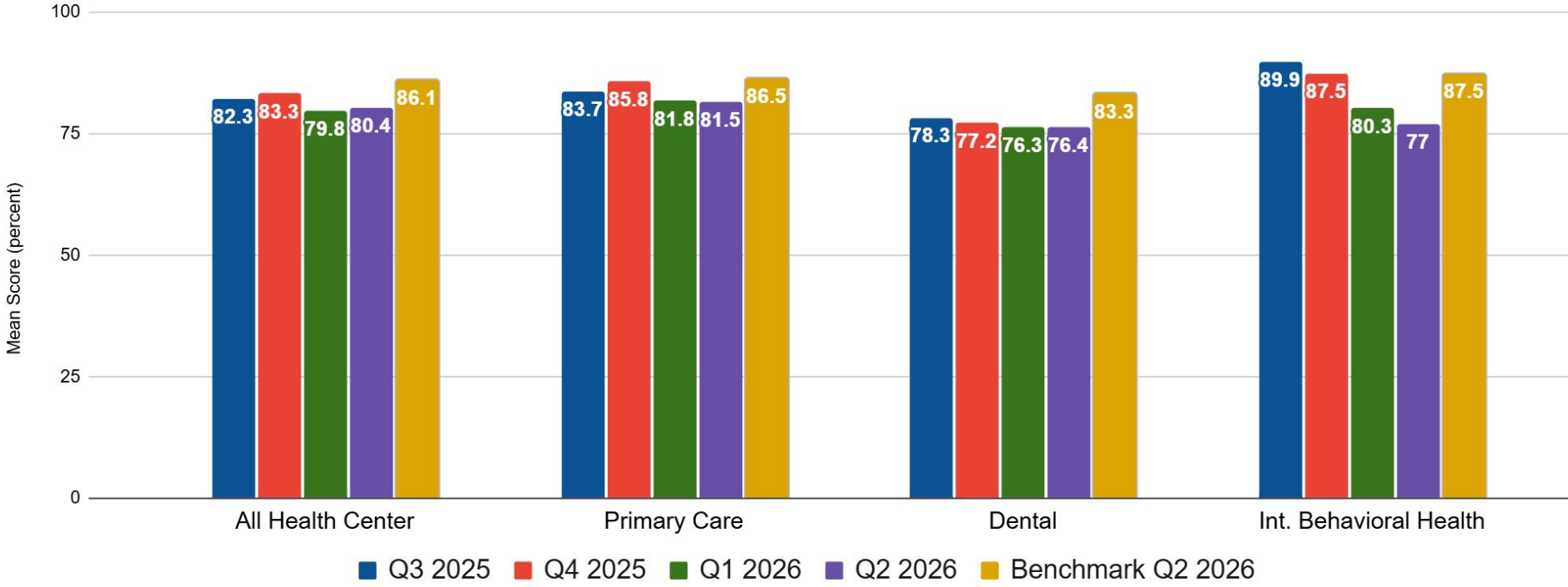


Q1-Q2 2026 // Overall Satisfaction By Service Line



Q1-Q2 2026 // Appointment Wait By Service Line

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



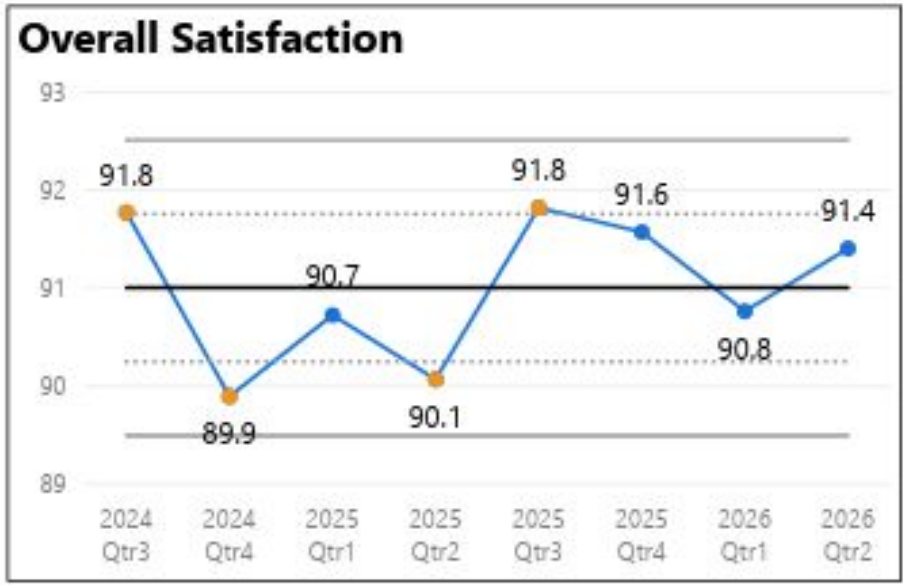
Q1 & Q2 2026 // Trends Summary

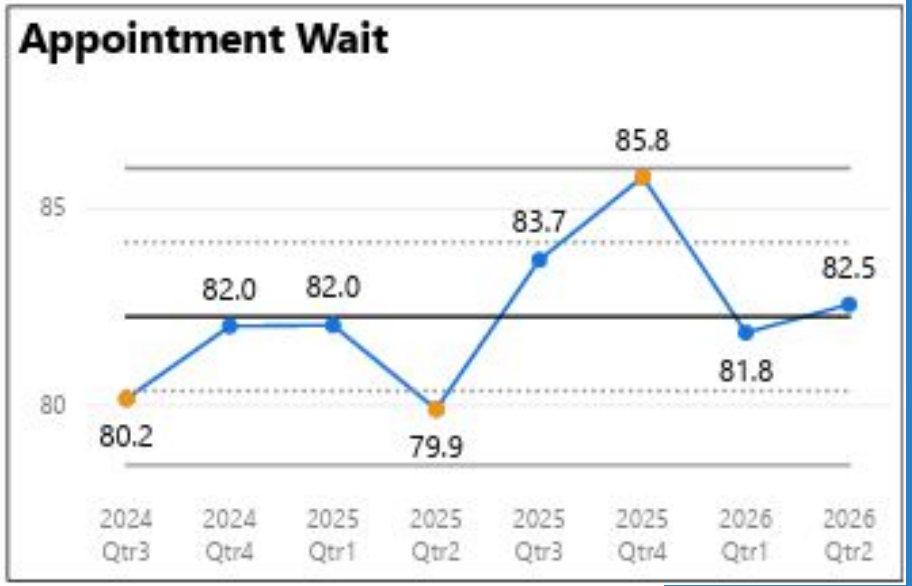
Trends: statistically significant differences in scores when analyzed by multiple factors, such as: number of surveys completed, steady changes in scores over time, large variation over a short time, differences for specific demographic groups, etc.

★ Improvement ✔ Steady 🔎 Monitoring

Service		Measure	Trend
Primary Care *n = 840*	✔	Overall scores	Holding steady at high end of typical range
	✔	**Appointment wait**	**Holding steady**

BOLD: Closely tracked measures ● **High/Low scores**





Q1 & Q2 2026 // Trends Summary

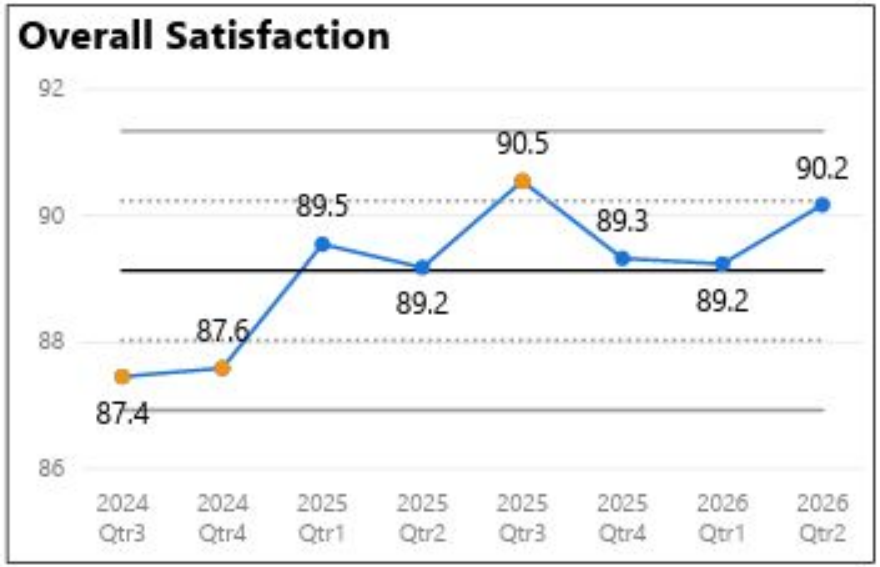
Trends: statistically significant differences in scores when analyzed by multiple factors, such as: number of surveys completed, steady changes in scores over time, large variation over a short time, differences for specific demographic groups, etc.

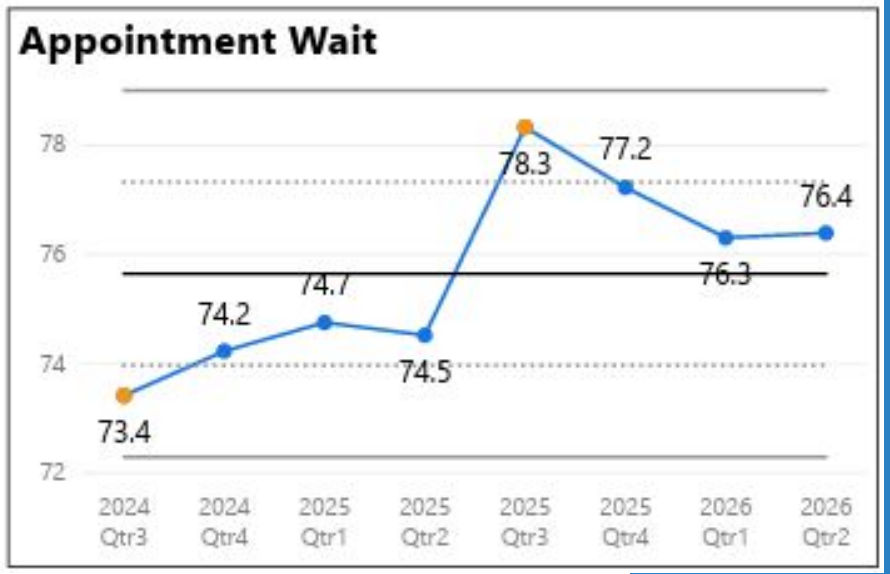
★ Improvement ✔ Steady 🔎 Monitoring

Service		Measure	Trend
Dental *n = 414*	✔	Overall scores	Holding fairly steady overall
	✔	**Appointment wait**	**Holding steady, high side of typical range for our health center**
	🔎	**Appointment wait benchmarks**	**6.9% below benchmark**

BOLD: Closely tracked measures

● **High/Low scores**





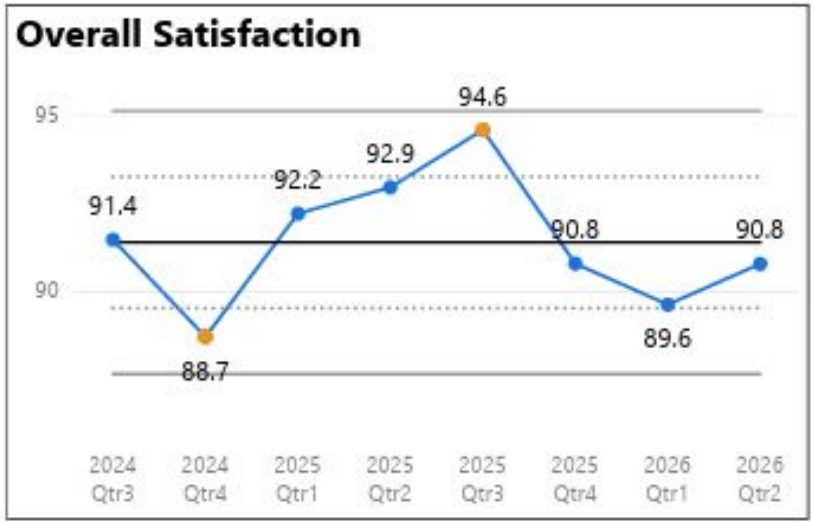
Q1 & Q2 2026 // Trends Summary

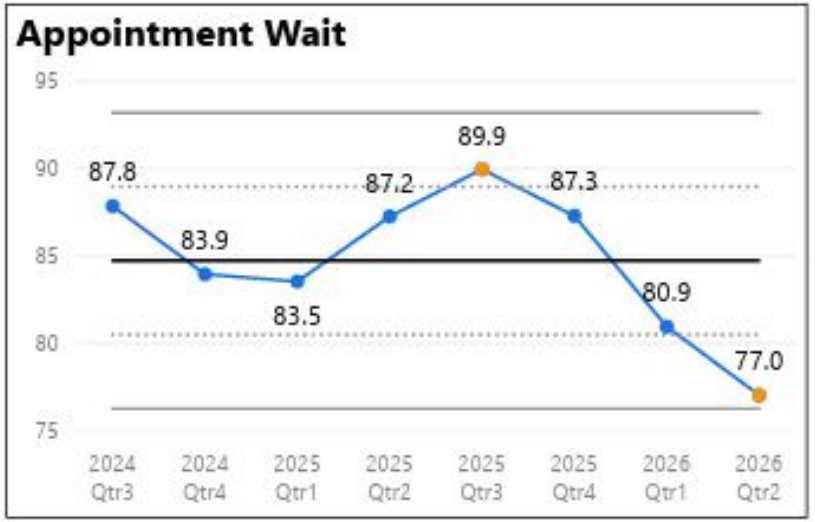
Trends: statistically significant differences in scores when analyzed by multiple factors, such as: number of surveys completed, steady changes in scores over time, large variation over a short time, differences for specific demographic groups, etc.

★ Improvement ✔ Steady 🔎 Monitoring

Service		Measure	Trend
Integrated Behavioral Health *n = 89 (Q1)* *46 (Q2)*	✔	Overall scores	Some decreases, within typical ranges
	🔎	**Appointment wait**	**3.9% decrease, below typical range for our health center**
	★	Cultural and Language Needs Met	6% increase, high end of typical range for our health center

BOLD: Closely tracked measures ● **High/Low scores**





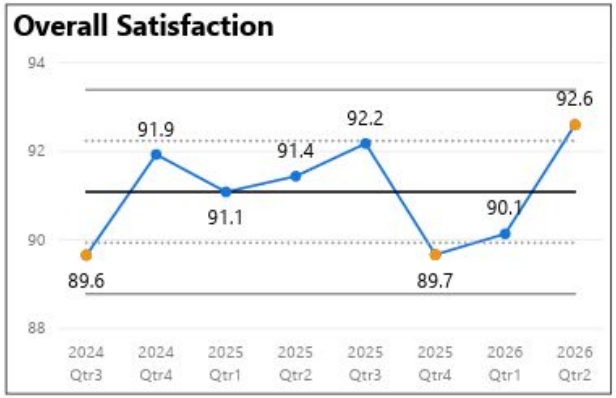
Q1 & Q2 2026 // Trends Summary

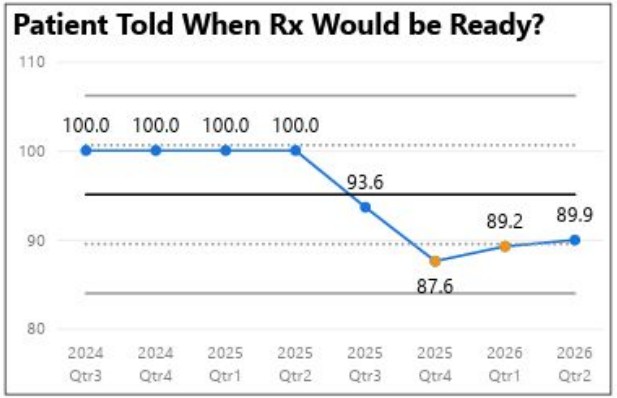
Trends: statistically significant differences in scores when analyzed by multiple factors, such as: number of surveys completed, steady changes in scores over time, large variation over a short time, differences for specific demographic groups, etc.

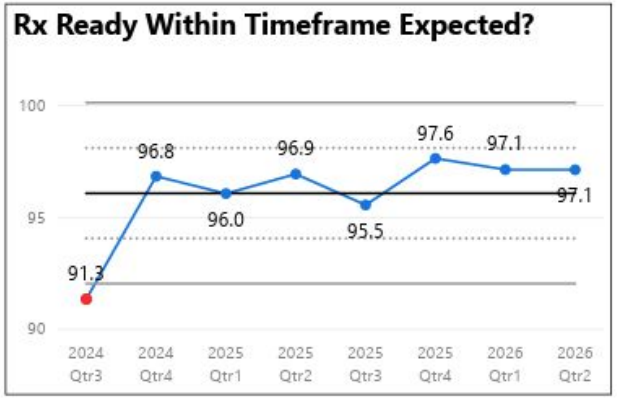
★ Improvement ✔ Steady 🔎 Monitoring

Service		Measure	Trend
Pharmacy *n=349*	★	**Privacy of Health Information**	**3.5% increase over 2 quarters**
	✔	Overall scores	Steady, overall satisfaction 2.9% increase over 2 quarters
	✔	Patient told when prescription would be ready	Holding steady, within typical range

BOLD: Closely tracked measures ● **High/Low scores**







Q1 & Q2 2026 // Comments - Positive

The doctor patiently and carefully diagnosed my condition.

Primary Care
Survey conducted in Cantonese

I like that the employees at this clinic are always polite and always listen carefully to everything I have to say.

Dental
Survey conducted in Russian

I like the attention they give. I like how they express themselves with you, even if you don't understand. A doctor who attended to me last, and well, everyone who has attended to me there.

Integrated Behavioral Health
Survey conducted in Spanish

Professional, clean, no muss, no fuss, everything was as they said it would be; you can't ask for more from a pharmacy.

Pharmacy
Survey language not reported

Q1 & Q2 2026 // Comments - Opportunities

Because it's pretty difficult to have a long wait, but I would love for it to be sooner.

Primary Care
Survey conducted in English

I am a little disappointed with how long it took to get an appointment.

Integrated Behavioral Health
Survey conducted in English

I feel like I left with questions. It seemed like there was a rush, and I wasn't really able to ask further questions or get them answered. When I come to the doctor, they could take more time to provide the information.

Dental
Survey conducted in Spanish

I feel that the waiting area and the pickup window are too close to each other.

Pharmacy
Survey language not reported

Q1 & Q2 2026 // Quality Improvement (QI)

- Access Model Evaluation - in progress
- New Patient Intake Workflow
- Wound Care Formulary Standardization/Education (access/patient care)
- High-Risk Outreach (access)
- IBH Program Evaluation
- Clinical Pharmacy Ad Hoc Survey
  - 90% of patients understood the reason for appointment
  - Not understanding the reason for appointment was not a factor in the high no-show rate

Presentation Title	CY2025 UDS Data Report

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:	8/10/2026	**Program / Area:**	All FQHC
Presenters:	Brieshon D'Agostini, Chief Quality and Compliance Officer		

Project Title and Brief Description:

As a HRSA FQHC, we are required to submit a comprehensive report annually on services provided, clinical quality measures, patient demographics, costs, revenues, and other key information. This is the Uniform Data System (UDS) Report, and the information required is dictated by HRSA, with minor changes each year. This information is shared with the CHCB to provide key context for strategic planning and helps guide decision making.

Describe the current situation:

UDS data for Calendar Year 2025 has been accepted and published on HRSA's UDS site.

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

We share UDS data with the CHCB to inform about changes in who we serve, how we serve them, and what services we provide, in order to help guide strategic decision making.

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):*

Presentations such as this have been done annually for several years, and presentation

materials have been adapted each year as best as possible in response to CHCB feedback, which is welcomed again in this session.
List any limits or parameters for the Board's scope of influence and decision-making:
The UDS Report does not require CHCB vote for approval; however it encompasses all costs/revenues/services/staff of the FQHC scope, which is defined by CHCB.
Briefly describe the outcome of a "YES" vote by the Board ***(Please be sure to also note any financial outcomes):***
N/A
Briefly describe the outcome of a "NO" vote or inaction by the Board ***(Please be sure to also note any financial outcomes):***
N/A
Which specific stakeholders or representative groups have been involved so far?
Alex Lehr O'Connell, Senior Grants Management Specialist Brieshon D'Agostini, Chief Quality and Compliance Officer ICS Business Intelligence team Additional ad hoc subject matter experts as needed
Who are the area or subject matter experts for this project? ***(Please provide a brief description of qualifications)***
Alex Lehr O'Connell, Senior Grants Management Specialist, has worked with FQHCs for many years, and has managed UDS process for ICS since 2018.
What have been the recommendations so far?
N/A

How was this material, project, process, or system selected from all the possible options?
UDS Reporting is one of HRSA's requirements annually to maintain FQHC compliance.

Board Notes:

Department Strategic Updates

- Executive Leadership
- Operations
- Clinical
- Quality

community health center board

Multnomah County

Community Health Center Board

Health Center Highlights

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

Executive Updates *System level information and updates*

National Health Center Week **August 2-8, 2026**	As we celebrate this week with ice cream for the staff, logo t-shirts, and pins, we invite staff to reflect on our history. Each day this week, our Communications team has a piece of our story posted to our external website taking us back nearly 175 years highlighting both our history with the purchase of land in the West Hills in 1868 for what was to become the Multnomah County Hospital having partnered with the University of Oregon. Following the merger of the Multnomah County Hospital into OHSU in 1973, the county pivoted from running a hospital to serving the community by way of health centers spread throughout the neighborhoods. In 1977, Multnomah County received its first Federal Health Center grant which with State and local funds was used to build our first clinic. This clinic served about 5,500 Multnomah County residents in the North/Northeast area of Portland in its first year. The first Community Health Center Board was convened in October of 1980. Understanding our history and evolution is important as from our employees to our volunteer Board, CHCB, we are all a part of our rich history and future. The Health Center program grew out of the Civil Rights movement and the War on Poverty under President Lyndon Johnson in the mid 1960s. This history and its objectives live on through our work today. Link to Health Center stories and events
HRSA Technical Assistance	The CHCB requested Technical Assistance from HRSA which was provided by HRSA July 22nd-July 24th. The HRSA consultant was impressed with our overall program and as expected will provide recommendations. We look forward to reviewing recommendations when they are made available to us and working together on actionable recommendations. Thank you to all who took the time to participate on short notice.

Capital Projects *Facilities updates, high cost projects*	
Rockwood Construction	As we get further into the Rockwood construction project, we are much closer to obtaining clarity on our construction completion timeline and a reopening date. We expect construction to be complete at the end of December giving us a re-open date early January. Closing the physical location required a vote to complete a change in scope and we will request a yes vote at our August 10th Public Meeting to add the Rockwood Health Center physical location back in January.

Strategic Program Updates *Strategic plan/direction of the Health Center*	
Final Interim Rule: Medicaid Work Requirements Published	CMS published their "Interim Final Rule" (IFR) regarding the HR1 Medicaid work requirements, articulating additional details and rules which States will be required to implement by January 1, 2027. The IFR added additional requirements for exemptions regarding medical frailty, which will require medically frail patients to prove that they are also unable to work. This detail was not included in the original HR1 legislation. • Oregon has joined a 22 State Coalition to sue CMS over this proposed final rule change, arguing that the federal government has overstepped its authority and the State's own right to define medical frailty. The case will not impact the implementation timeline of HR1 and litigation will be monitored for possible impacts on our support to patients. • The Community Health Center joined the Health Department in submitting public comments to this IFR, stating that we believe it would disproportionately harm health center patients and add administrative burden to our provider teams.
HR1 Implementation Preparation	The Community Health Center presented at a Multnomah County-wide HR1 strategy meeting on July 30th with partner organizations and CCOs to begin articulating suggested community engagement goals and needed support from the Oregon Health Authority. We also presented to CareOregon's Integrated Community Network Advisory Board on August 3, asking for additional metro-region safety net providers to confirm their recommended actions and communication strategies to patients.

Risk and Compliance Updates *Compliance events, major incidents/events updates*	
FTCA Submission Updates	The Health Center submitted our FTCA Deeming Application on July 22nd and received feedback on July 30th that additional document confirmations were required. Health Center staff are working to resolve and answer specific questions so that the FTCA application can be fully

	reviewed.

Quality/Process Improvement *Improvement events and activities*

Lab Specimen Labeling	Quality team is partnering with the Nurse Managers and Program Supervisors to pilot a test of the patient lab specimen labeling workflow to ensure proper labeling processes are followed so there are no delays or errors in lab results. The next steps are to finalize proposed steps and identify a pilot clinic.

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

Primary Care

Primary care teams have done a phenomenal job working together to come up with new and sustainable ways to increase our clinical quality, with improvements across the board for most measures.

At the Northeast Health Center, teams have designed a metrics performance board that will be updated regularly to show their progress.

Certified Medical Assistants Laura and Arisbeth at Northeast Health Center

Integrated Behavioral Health	The Health Services Center (HSC) has filled the Behavioral Health Provider position, effective September 8, 2026. Interviews for the School Health Center Integrated Behavioral Health Supervisor are concluding, with an offer expected by mid-August. We are also launching a MyChart pilot to streamline essential paperwork and reduce unnecessary clinic visits.
Dental	We will have a new dental hygienist starting at Fernhill in September. This will be the first time we have consistent dental care at Fernhill since we opened.
Pharmacy	Contract Pharmacy Program Update: Unfortunately, we did not receive enough data in time to meet HRSA's July registration window. Our third party administrator ultimately provided recommendations for 26 community pharmacies and we are evaluating the terms of the agreements. Our goal is to register a number of contract pharmacies during the next registration window from October 1-October 15. We are launching new workflows to address non-adherence with blood pressure, cholesterol and diabetes medications. Each week, pharmacy staff will contact clients who are due to refill these medications and offer enrollment in our Med Sync or Auto-Refill programs.
Information Systems	Our Business Intelligence & Analytics team is completing their transition to a new platform and process for how they manage reporting requests. After a successful pilot, they are looking forward to having better tools in place to streamline how they collaborate on data and report requests. We are continuing to partner with County IT to upgrade our phone systems to the Webex Call Center platform which offers enhanced features for callers and improves our ability to monitor call center performance data. This month we successfully completed the migration of the HSC clinic (their phones are handled separately from the main PAC call center) as well as the CSI Epic Help Desk, which takes support calls from all our frontline staff who need help with Epic.