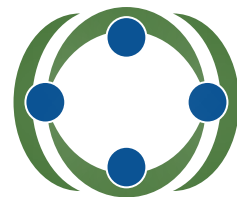




# **Public Meeting**

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**August 2025**



**community health  
center board**

*Multnomah County*

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July 14, 2025

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# AGENDA



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## Public Meeting Agenda August 11th, 2025 6:00 - 8:05 PM Via Zoom

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

### CHCB Board:

**Tamia Deary (she/they)** – Chair

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

**Darrell Wade (he/him)** – Treasurer

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

**Susana Mendoza (she/her)** – Secretary

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

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

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

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

- Meetings are open to the public
- 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
<b>6:00-6:10</b> (10 min)	<b>Call to Order / Welcome</b> <i>Tamia Deary, CHCB Chair</i>	
<b>6:10-6:15</b> (5 min)	<b>Minutes Review - VOTE REQUIRED</b> July 14, 2025 Public Meeting Minutes <i>Tamia Deary, CHCB Chair</i>	Board reviews and votes
<b>6:15-6:25</b> (10 min)	<b>BODC Staffing &amp; Hours Update - VOTE REQUIRED</b> <i>Noelle Phan, Dental Senior Manager WOC</i>	Board reviews and votes
<b>6:25-6:35</b> (10 min)	<b>Rockwood Hours Change - VOTE REQUIRED</b> <i>Zack Hathorne, Interim Regional Health Center Senior Manager</i>	Board reviews and votes
<b>6:35-6:45</b> (10 min)	<b>Policy Renewal: HRSA Legislative Mandate (Due September 2025) - VOTE REQUIRED</b> <i>Adrienne Daniels, Strategy &amp; Policy Director</i>	Board reviews and votes
<b>6:45-7:00</b> (15 min)	<b>Q1 Patient Surveys (June)</b> <i>Linda Niksich, Program Specialist Senior</i>	Board receives updates
<b>7:00-7:15</b> (15 min)	<b>UDS Report</b> <i>Brieshon D'Agostini, Quality and Compliance Officer</i> <i>Alexander Lehr O'Connell, Senior Grants Management Specialist</i>	Board receives updates
<b>7:15-7:25</b> (10 min)	<b>Break</b>	



<b>7:25-7:30</b> (5 min)	<b>Monthly Financial Report</b> <i>Hasan Bader, Finance Manager</i>	Board receives updates
<b>7:30-7:35</b> (5 min)	<b>Committee Updates</b>	Board receives updates
<b>7:35-7:40</b> (5 min)	<b>Executive Director Strategic Updates</b> <i>Anirudh Padmala, Interim Executive Director</i>	Board receives updates
<b>7:40-8:00</b> (20 min)	<b>Board Discussion (<i>Closed Executive Session</i>)</b> <i>Tamia Deary, CHCB Chair</i> <i>Per ORS 192.660(2), the following topics could be discussed:</i> <ul style="list-style-type: none"><li>• (d) To conduct deliberations with persons designated by the governing body to carry on labor negotiations</li><li>• (f) To consider information or records that are exempt by law from public inspection</li><li>• (o) To consider matters relating to the safety of the governing body and of public body staff and volunteers and the security of public body facilities and meeting spaces</li></ul>	Board receives updates in an executive session and has discussion <i>Per Oregon Public Meeting Laws, deliberation and decisions may only be made in a public CHCB meeting where a quorum is present through official public votes.</i>
<b>8:00</b>	<b>Meeting Adjourns</b>	Thank you for your participation

# PUBLIC MEETING MINUTES



**community health  
center board**

*Multnomah County*



## CHCB Public Meeting Minutes July 14, 2025 6:00-8:00 PM (via ZOOM)

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

### Board Members:

**Tamia Deary (she/they)** – Chair

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

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

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

**Susana Mendoza (she/her)** - Secretary

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

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

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

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

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

**Board Members Excused/Absent: Susana**

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
<b>Call to Order / Welcome</b> Tamia Deary, CHCB Chair	Meeting called to order at 6:09pm. We <u>do</u> have a <u>quorum</u> with 8 members present Spanish Interpreters: Juan and Maria (Patricia) Kerry joined virtual Susana was absent			

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
<b>Minutes Review -</b> <b>VOTE REQUIRED</b> Tamia Deary, CHCB Chair	June 09, 2025 Public Meeting Minutes Edits/Comments: No edits	<b>Motion to approve : Bee</b> <b>Second: Monique</b> Yays: 8 Nays: 0 Abstain: <b>Decision: Approved</b> <i>**all members present voted unanimously yes</i>		
<b>Legal Support -</b> <b>VOTE REQUIRED</b> Tamia Deary, CHCB Chair	Reviewed current scope of work from Rational Unicorn Legal Services Request for a motion to switch legal support to Rational Unicorn as primary legal representation and transition out of Ogden Murphy Wallace <ul style="list-style-type: none"> <li>Due to contract procurement process timeframe RU agreed to work on one project at a time and contracting will ensure they are compensated for any services needed while contract process nears completion</li> <li>Currently in process : awaiting clarifications from outstanding questions and language               <ul style="list-style-type: none"> <li>Both parties have come to an agreement to Net30 payment terms and payment will be made using ACH method</li> </ul> </li> </ul>	<b>Motion to approve: Dani</b> <b>Second: Darrell</b> Yays: 4 Nays: 2 Abstain: 2 <b>Decision: Approved</b>  <i>Members Votes taken:</i> <i>*Dani, Tamia,</i>		



Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
	<p>Questions/Comments</p> <p>Q: Brenda - What does 'strongly worded letters' referring to in the project scope of work?</p> <p>A: Tamia - These would be letters without specific topics and we can discuss further once our lawyer is present at a future meeting</p> <p>Q: Brenda - Are we still reviewing public meetings law?</p> <p>A: Tamia - It is important we proactively have the support we need from legal representation in areas such as public meeting laws to better prepare if we were to have another situation arise</p>	<p><i>Darrell, Monique</i> = yes</p> <p><i>*Bee, Brenda</i> = no</p> <p><i>*Jose, Kerry</i> - abstain</p>		
<p><b>Q1 Complaints &amp; Incidents</b> <i>Brieshon D'Agostini,</i> <i>Quality &amp; Compliance</i> <i>Officer</i></p>	<p>Brieshon presented on behalf of Kimmy Hicks</p> <p>Highlights Include:</p> <ul style="list-style-type: none"> <li>● Patient Incident Q1 <ul style="list-style-type: none"> <li>○ 6 good catch</li> <li>○ 4 diagnosis &amp; treatment</li> <li>○ 2 aggression</li> <li>○ 14 medication &amp; fluid</li> <li>○ 15 suicidal ideation</li> </ul> </li> <li>● Top 3 risk areas <ul style="list-style-type: none"> <li>○ Diagnosis and treatment</li> <li>○ Medication &amp; Fluid</li> <li>○ Suicidal Ideation &amp; Behavior</li> </ul> </li> <li>● Patient Feedback Q1 <ul style="list-style-type: none"> <li>○ 25 complaints and grievances for ICS total</li> <li>○ Largest is access / time it takes to get an appointment</li> </ul> </li> </ul> <p>Questions/Comments:</p> <p>Q: Kerry : Do the elevated numbers at Mid-County dental and SEHC reflect higher patient visits? Is the percentage comparable to the feedback received?</p> <p>A: SEHC and east have the highest dental visits, and was lower this term, so the numbers</p>			

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
	<p>can vary month to month, and the highest medical visits are Mid-County and East, so the numbers don't reflect that on the slide.</p> <p>Comment: Request to have the visits included in the slides to see which clinic had how many visits and can easily compare to data provided</p>			
<b>Break</b>				
<b>Monthly Financial Report</b> <i>Hasan Bader, Finance Manager</i>	<b>Monthly Financials Update</b> Hasan Bader <ul style="list-style-type: none"> <li>Monthly financials available in May (FY25)</li> </ul> <p>Hasan Bader presented the budget. Highlights include:</p> <ul style="list-style-type: none"> <li>By May, we are 80% through the fiscal year</li> <li>revenue year to date, 88% of budget <ul style="list-style-type: none"> <li>11 mos should be 91.7%</li> </ul> </li> <li>\$5.9million net income YTD - in the black</li> <li>Collected \$13.15 mil in visit fees</li> <li>Over budget for incentives</li> <li>Largest expenses is personnel - around 81% <ul style="list-style-type: none"> <li>likely do to contracted services</li> </ul> </li> <li>Catch up posting for 3months in May for internal services <ul style="list-style-type: none"> <li>March-April no posting</li> <li>Catching up \$1million</li> <li>10% YTD below budget for billables</li> </ul> </li> <li>(4) FY25 Final Budget Bud-mods in April-May increased budget</li> <li>SHC close in the summer - budget to be less during that time and same as last FY</li> <li>Running below average budgeted visits in dental</li> <li>PC running lower than budgeted visits - better than last FY</li> <li>Uninsured visits for dental and PC budgeted for FY26 based on actual percentage</li> <li>Payor Mix</li> </ul>			

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
	<ul style="list-style-type: none"> <li>○ CO 68-70%</li> <li>○ Trillium 8%</li> <li>○ Others 8%</li> <li>○ Self pay 5%</li> <li>● CCO assigned members from CO and Trillium increased               <ul style="list-style-type: none"> <li>○ Working on engagement rate w/ Trillium ~22%</li> </ul> </li> </ul> <p>Questions/Comments:</p> <p>Q: Dani - For the percentage of uninsured clients slide - can we see the comparison from the past years so we can see that data?</p> <p>A: Hasan - Yes</p>			
<b>Board Committee Updates</b>	<p>Committee Chairs shares their updates</p> <ul style="list-style-type: none"> <li>● Finance - Met on July 3rd and went through monthly financials that were presented tonight</li> <li>● Quality - Susy absent / no updates</li> <li>● Nomination - Met on July 5th and working with the recruitment video edits/provided feedback and will report back. A meeting with a potential new board member is scheduled and we have another current candidate up for review. Reminder that PRIDE and Rockwood Health Center events coming up and encourage the board to join</li> <li>● By-laws - Met with Rational Unicorn to go over reinstatement of 501(3)C and will have another meeting once Bylaws draft is ready to go</li> <li>● Privacy Security and Trust Committee - Met on June 24th focused on Medcurity dashboard, reviewed outcomes and discussed what we would like to see at future public and PST meetings</li> <li>● Exec Committee - Takeaways : Prioritizing setting goals for Executive Director evaluation and legal representation updates</li> <li>● ED recruitment - Committee met with Health Dept. and Deputy Dir. and Brieshon to go over process and it its kick off</li> </ul>			

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
<b>Department Updates/Strategic Updates</b>  <i>Anirudh Padmala, Interim Executive Director</i>	<p>Additional Highlights that aren't included in CHCB memo :</p> <ul style="list-style-type: none"> <li>Pharmacy - up to 1026 prescriptions dispensed at Fernhill Health Center</li> <li>BODC dental prescriptions can now be picked up at CCC providing clients with more access</li> </ul> <p>Questions/Comments:  Q: Bee - With the new pharmacy changes at Westside and no longer taking CAREAssit patients, how will that affect overall pharmacy revenue?  A: Michele - We ran the math and we were breaking even on CAREAssist clients, so not a significant portion of net revenue.</p>			
<b>Board Discussion (Closed Executive Session)</b> <i>Tamia Deary, CHCB Chair</i>	<p>Closed Executive session started at 7:33PM and ended at 8:06PM</p> <p>Executive minutes were taken with 8 members present.</p> <p>Topics to include :</p> <ul style="list-style-type: none"> <li>(f) To consider information or records that are exempt by law from public inspection</li> <li><del>(i) To review and evaluate the employment-related performance of the chief executive officer of any public body, a public officer, employee or staff member who does not request an open hearing</del></li> <li>(o) To consider matters relating to the safety of the governing body and of public body staff and volunteers and the security of public body facilities and meeting spaces</li> <li>(p) To consider matters relating to cyber security infrastructure and responses to cyber security threats</li> </ul>	<p><b>Motion to approve: Brenda</b>  <b>Second: Monique</b>  Yays: 8  Nays: 0  Abstain: 0  <b>Decision: Approved</b>  <i>**all members present voted unanimously yes</i></p> <p><b>Motion to leave Executive Session: Dani</b>  <b>Second: Monique</b></p>		

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
		Yays: 8 Nays: 0 Abstain: 0 <b>Decision:</b> <b>Approved</b> <i>**all members present voted unanimously yes</i>		
<b>Meeting Adjourns</b>	8:06PM			

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

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

Scribe:crystal.cook // Email: //crystal.cook@multco.us

# SUMMARIES



**community health  
center board**

*Multnomah County*

# Board Presentation Summary

<b>Presentation Title</b>	BODC Staffing & Hours Update			
<b>Type of Presentation: Please add an "X" in the categories that apply.</b>				
<b>Inform Only</b>	<b>Annual / Scheduled Process</b>	<b>New Proposal</b>	<b>Review &amp; Input</b>	<b>Inform &amp; Vote</b>
				X
<b>Date of Presentation:</b>	8/11/25	<b>Program / Area:</b>	ICS/Dental	
<b>Presenters:</b>	Noelle Phan, Dental Senior Manager			
<b>Project Title and Brief Description:</b>				
This is a 6 month follow up to Billi Odegaard Dental Staffing and Clinic Hours.				
<b>Describe the current situation:</b>				
This is an update to the recent short term change of closing BODC on Mondays. BODC's current clinic hours are Tuesday through Friday (closed on Mondays). Staff have made accommodations with the day closure.				
<b>Why is this project, process, system being implemented now?</b>				
<ul style="list-style-type: none"> <li>• The board had asked for an update when this change was originally made.</li> <li>• The change was needed as we couldn't hire enough dental assistants.</li> <li>• Recent graduating students allowed for Mondays to be reevaluated.</li> </ul>				
<b>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):</b>				
<p>What is needed to reopen BODC on Mondays?</p> <ol style="list-style-type: none"> <li>1. Fill dental assistant vacancies             <ol style="list-style-type: none"> <li>a. 2 openings, need at least 1 EFDA filled to hire dentist</li> </ol> </li> </ol>				



2. After dental assistant(s) are hired, hire a Dentist
  - a. The new dentist would work Monday, Wednesday and Friday

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

Not applicable

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

BODC can reopen on Mondays when staffing vacancies are hired and onboarded. Allows BODC to offer services 5 days a week.

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

Hours remain unchanged. BODC remains open 4 days a week (Tuesday-Friday)

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

Dental leadership

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

Noelle Phan, Dental Senior Manager and Christian Thomson, Dental Operations Manager

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

Continuing Recommendation:

- Keep BODC clinic hours to Tuesday through Friday (closed on Mondays) until vacancies are filled.
- We have made progress this month (July 2025) to reopen Mondays soon.

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

Progress to reopen BODC on Mondays

- Filled 1 of 2 dental assistant vacancies.
  - Filled 1 EFDA with a Workforce graduate





- Still recruiting for 1 more EFDA
- We have the needed EFDA staffing to hire a dentist.
  - Starting dentist recruitment for BODC at the end of July.
- Once a dentist is hired- we would make final determination on when to set a date to reopen on Mondays at BODC. Our target is September-October 2025.
  - This includes time for dentist recruitment and onboarding.
  - BODC staff will be properly informed of the reopening date.

Board Notes:

# Board Presentation Summary

<b>Presentation Title</b>	Rockwood Hours Change			
<b>Type of Presentation: Please add an “X” in the categories that apply.</b>				
<b>Inform Only</b>	<b>Annual / Scheduled Process</b>	<b>New Proposal</b>	<b>Review &amp; Input</b>	<b>Inform &amp; Vote</b>
				X
<b>Date of Presentation:</b>	8/11/25	<b>Program / Area:</b>	Rockwood Community Health Center / ICS	
<b>Presenters:</b>	Zack Hathorne			
<b>Project Title and Brief Description:</b>				
Change to Rockwood Primary Care Hours. Hours expanding 8-7pm on Mondays and Tuesdays. All other days will remain the same. All other service lines will maintain their existing hours.				
<b>Describe the current situation:</b>				
Current operating hours at Rockwood Community Health Center medical are Monday through Friday 8-5pm				
<b>Why is this project, process, system being implemented now?</b>				
Severe staffing limitations post pandemic required a pause on expansion of service hours. Staffing levels are now adequate and stable to allow for late hours expansion to care.				
<b>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):</b>				
Multiple expansion hours were reviewed by site leadership and staff. All options were considered for best patient outcomes and access.				
<b>List any limits or parameters for the Board’s scope of influence and decision-making:</b>				



This expansion to hours only affects the Rockwood primary care team. No changes to pharmacy, lab or dental hours.

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

Rockwood Community Health Center Primary Care will expand to late hours access on Mondays and Tuesdays from 8-7pm

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

Rockwood Community Health Center Primary Care will maintain current operating hours of Monday through Friday 8-5pm

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

Rockwood Community Health Center staff, Senior ICS Leadership

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

Subject matter experts are the Rockwood Leadership team in tandem with Senior ICS Leadership

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

Increased late hours access to match the East County Primary Care 7pm clinic.

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

The Monday and Tuesday late hours expansion best meets Rockwoods staffing levels and resources available out of other options (including only expanding to 6pm).

Board Notes:

# Policy Review Presentation Summary

<b>Presentation Title</b>	<b>Policy Renewal: HRSA Legislative Mandate</b>			
<b>Type of Presentation: Please add an “X” in the categories that apply.</b>				
<b>Inform Only</b>	<b>Annual / Scheduled Process</b>	<b>New Proposal</b>	<b>Review &amp; Input</b>	<b>Inform &amp; Vote</b>
	X			X
<b>Date of Presentation:</b>	8/11/25	<b>Program / Area:</b>	Legislative Policy	
<b>Presenters:</b>	Adrienne Daniels			
<b>Policy Title and Brief Description:</b>				
Health Resources and Services Administration (HRSA) Consolidated Appropriations Act and Legislative Mandate was first passed in 2019 and again in 2022. It provides additional clarification and rules about how HRSA programs may invest funding in alignment with federal rules.				
<b>Describe the current situation:</b>				
The Multnomah County Community Health Center is a 330 grantee and must abide by all HRSA funding and compliance rules. The Health Center has maintained a specific policy about funding and legislative compliance since 2019, including a 2022 policy renewal to assure alignment with the HRSA Consolidated Appropriations Act. The policy is reviewed by staff on an annual basis and reviewed by the Community Health Center Board every three years (or sooner if required for pending compliance).				
<b>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):</b>				
The HRSA Consolidated Appropriations and Legislative Mandate Policy is due for renewal based on the three year timeline. HRSA recently reviewed this internal policy in March 2025 in alignment with our standing compliance and grant process, finding it was in compliance. Both the legislative and quality staff teams have reviewed the policy, as well as current federal policy changes to understand if the scope of the existing policy must be amended.				



While there are several executive orders and pending federal guidelines anticipated by HRSA this fall, the teams have found that there are no changes to the existing appropriations act or rules. Both the legislative staff and quality staff agree that no further changes are recommended to the policy at this time.

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

This policy is specific only to the Community Health Center and does not mandate other County funding or legislative activities.

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

The Health Center will maintain the current policy as recommended on the current three year renewal cycle.

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

The existing HRSA Consolidated Appropriations Policy will expire, risking non-compliance with further HRSA reviews or grant attestations.

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

Quality, Compliance, and Legislative staff teams

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

Brieshon D'Agostini, Quality and Compliance Officer

Adrienne Daniels, Strategy and Policy Director

Laura Blanke, Health Center Strategy, Policy, and Research Analyst

Alex Lehr O'Connell, HRSA Grant Specialist

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

Maintain the existing HRSA Appropriations Policy as is, without modification.

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



While HRSA has stated that additional guidance may be published regarding funding or compliance requirements, such mandates have not yet been made public. Without clear guidance from HRSA, the health center does not recommend pre-empting federal rule making.

**If approved, is this policy ready to be implemented? If not, what is the process and timeline for implementation?**

No further implementation activities are expected, as this is a policy renewal.

Board Notes:

# Q1 2025 Patient Surveys: Trends, Improvements, and QI Work

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**CHCB Meeting**  
**August 11, 2025**

Linda Niksich, Patient Experience Sr. Specialist



## Q1 2025 Update // Trends We Are Monitoring

Service Line	Topic	Trend
Across the Health Center	Satisfaction Questions	14 of 17 measures below Benchmark
	Appointment Wait Times (Access)	5.2% below Benchmark
	Demographic Disparities	Asian Populations Cantonese Speakers
Primary Care	Same Day Answers to Questions	Trending down
Dental	Reception Staff Courtesy/Respect	Down from Q4 2024
	Reception Staff/Helpfulness	Down from Q4 2024
IBH	Same Day Response to Questions	Possible Indication of Trend
Pharmacy*	Ease of Filling Prescription	Down from Q4 2024

This slide shows the trends and/or indicators of trends that we are monitoring for the health center as a whole and each service line being surveyed.

Crossroads has over 120 FQHCs in their database. The National Benchmarks are the average or mean score of these FQHCs combined.

What indicates a trend? Scores continuously going down over a three quarter period, more than 3 percentage points total for the 3 month period.

**Why do we use Benchmarking as a tool?** Benchmarks are the “Ultimate Goal” not a baseline...benchmarks serve as reference points or targets that CHCs can use to assess their performance and measure it against established industry standards. These benchmarks are typically evidence-based metrics that reflect best practices in healthcare.



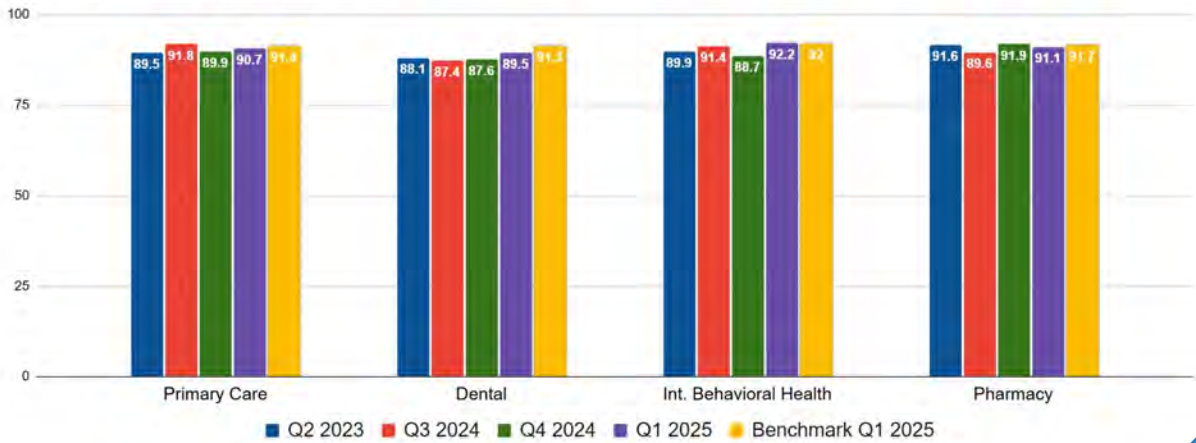
## Q1 2025 // Improvements

Service Line	Topic	Trend
Across the Health Center	Loyalty and Referral Intentions	Improved
	Satisfaction Questions	13 of 16 improved
Primary Care	Overall Provider Rating	<b>Exceeds benchmark</b>
	Provider Time Spent	<b>Exceeds benchmark</b>
	Provider Wait (from check-in to seeing provider)	<b>Exceeds benchmark</b>
Dental	Satisfaction Questions	12 of 15 improved
	Loyalty and Referral Intentions	Both Improved
	Same Day Response to Questions	Improved 4.1%
Integrated Behavioral Health	Satisfaction Questions	12 of 15 improved
	Satisfaction Questions	<b>Exceeded 11 of 15 Benchmarks</b>
	Loyalty and Referral Intentions	<b>Both Exceed Benchmarks</b>
Pharmacy	Staff Friendliness and Professionalism	Continues Upward Trend
	Patient Told When RX Would Be Ready	<b>100% 3rd Straight Quarter</b>

This slide shows notable improvements in Q1 2025.

## Q1 2025 // Overall Satisfaction By Service Line

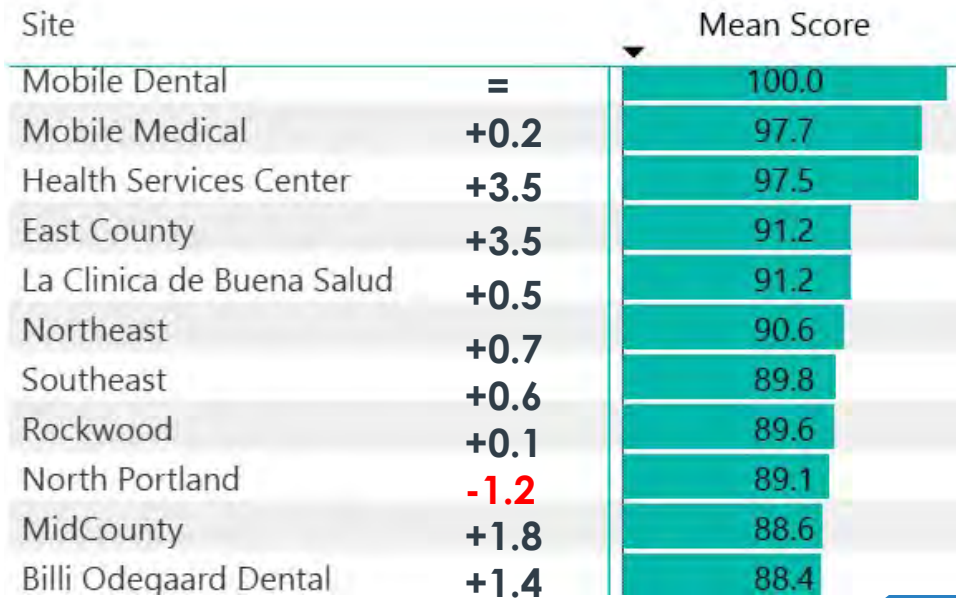
Overall Satisfaction by Service Line



Overall Satisfaction-refers to the patient's satisfaction with the entire appointment. These graphs show each service line's score over the last 4 quarters compared to the national benchmark (in yellow) for Q1 2025.

**Benchmarks come from the 120+ FQHCs for which Crossroads conducts surveys.**

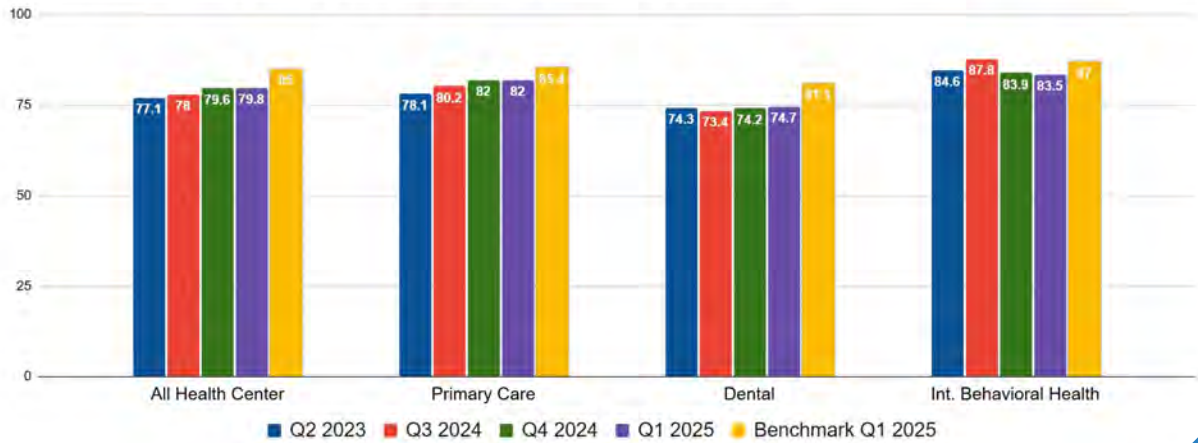
## Q1 2025 // Overall Satisfaction By Clinic Site



Overall Satisfaction of the entire visit...this includes all service lines provided at that site (excluding Pharmacy). Sites ranked by mean score. The middle column indicates whether the site's score improved (+) or decreased (-) or stayed the same (=) compared to the previous quarter.

## Q1 2025 // Appointment Wait By Service Line

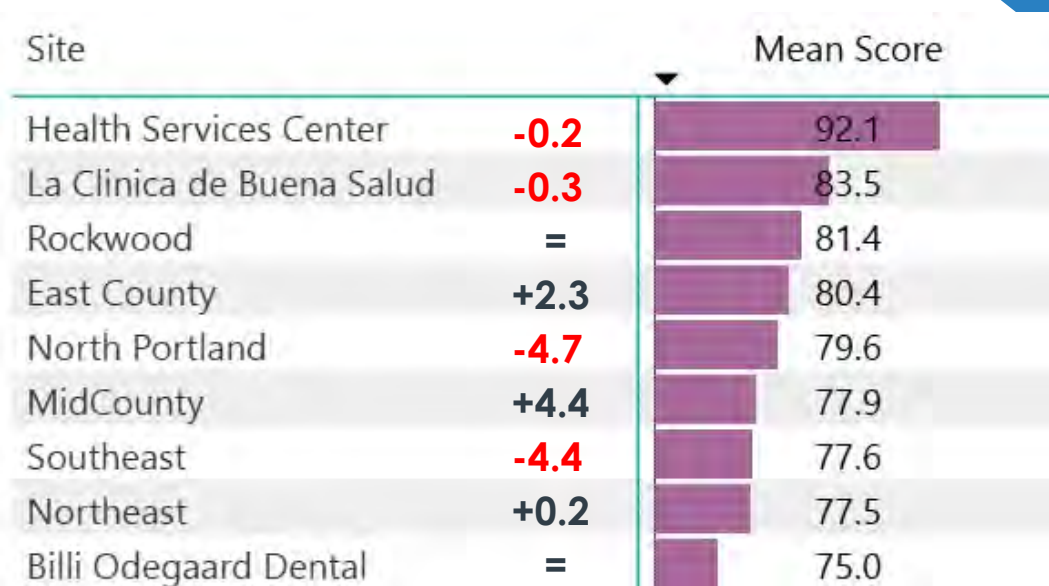
How satisfied are clients with the length of time from scheduling to appointment?



“Appointment Wait” refers to how satisfied the patient was with the wait from the time the appointment was requested to the actual appointment.

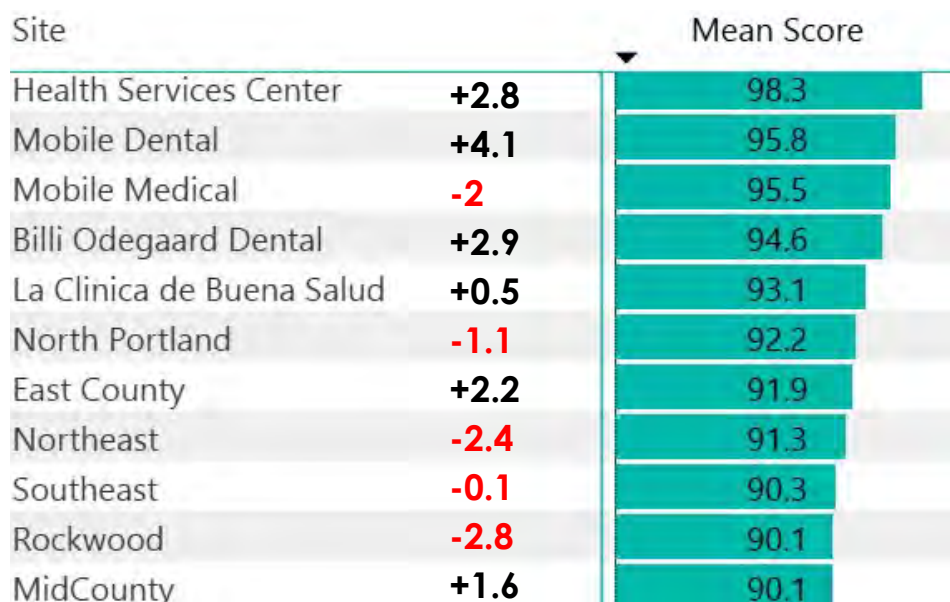
These graphs show each service line’s score over the last 4 quarters compared to the national benchmark (in yellow) for Q1 2025.

## Q1 2025 // Appointment Wait By Clinic Site



Appointment Wait; time from making the appointment to the actual appointment date/time. Sites ranked by mean score...this includes all service lines provided at that site (excluding Pharmacy). The middle column indicates whether the site's score improved (+) or decreased (-) or stayed the same (=) compared to the previous quarter.

## Q1 2025 // Quality of Care - By Clinic Site



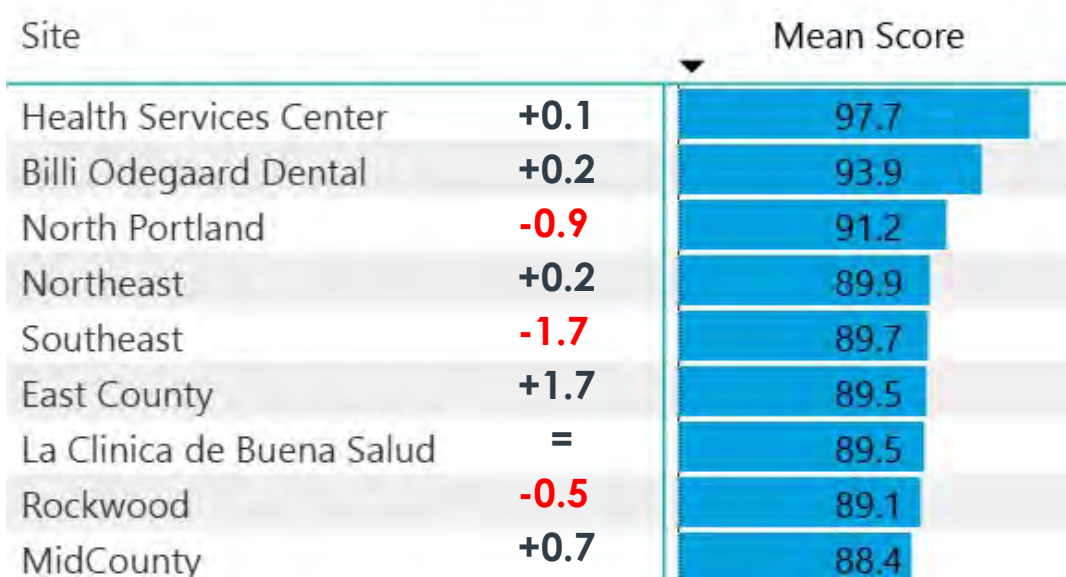
Overall Quality of Care (singular question). Sites ranked by mean score...this includes all service lines provided at that site (excluding Pharmacy). The middle column indicates whether the site's score improved (+) or decreased (-) or stayed the same (=) compared to the previous quarter.

## Q1 2025 // Provider Satisfaction Group - By Clinic Site

Site		Mean Score
Health Services Center	<b>+1.7</b>	97.8
Mobile Medical	<b>-1.7</b>	96.2
Mobile Dental	<b>-0.5</b>	96.0
Billi Odegaard Dental	<b>+3.7</b>	95.1
La Clinica de Buena Salud	<b>+1.0</b>	94.8
East County	<b>+2.0</b>	92.3
Northeast	<b>-0.6</b>	92.1
MidCounty	<b>+1.4</b>	91.8
Southeast	<b>+0.3</b>	91.8
Rockwood	<b>-1.1</b>	91.6
North Portland	<b>-0.7</b>	91.4

These scores represent the question group for Provider Satisfaction; Overall Provider Rating, Explanation, Respect, Listening, Knowledge of Health History, and Time Spent. Sites ranked by mean score...this includes all service lines provided at that site (excluding Pharmacy). The middle column indicates whether the site's score improved (+) or decreased (-) or stayed the same (=) compared to the previous quarter.

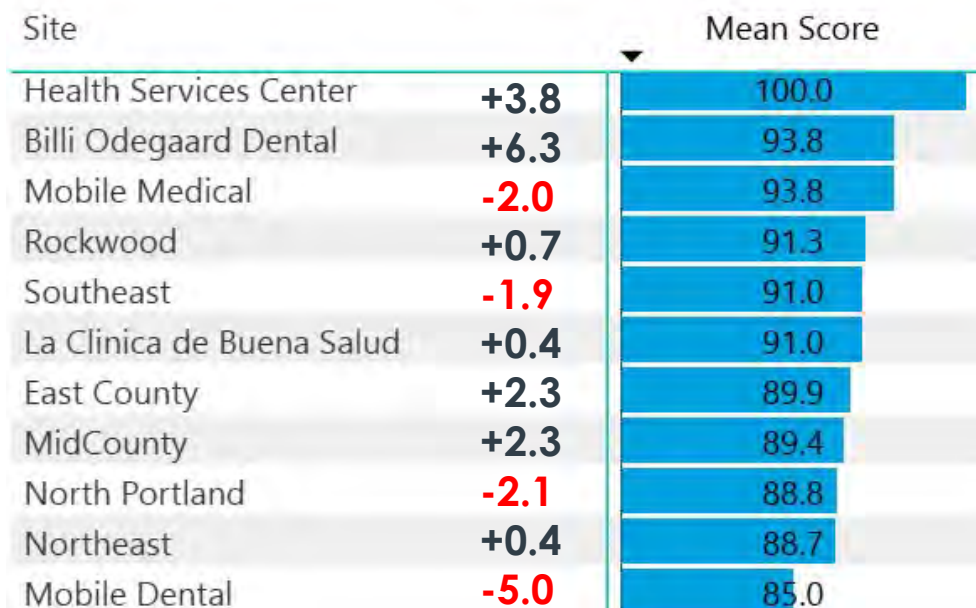
## Q1 2025 // Phone/Reception Staff - By Clinic Site



This question group represents Phone Attendant/Reception Staff Courtesy, Helpfulness, and Respect. Sites ranked by mean score...this includes all service lines provided at that site (excluding Pharmacy). The middle column indicates whether the site's score improved (+) or decreased (-) or stayed the same (=) compared to the previous quarter.



## Q1 2025 // Cultural & Language Needs Met - By Clinic Site



Cultural and Language Needs being met (singular question). Sites ranked by mean score...this includes all service lines provided at that site (excluding Pharmacy). The middle column indicates whether the site's score improved (+) or decreased (-) or stayed the same (=) compared to the previous quarter.

## Q1 2025 // Loyalty Intentions - By Clinic Site

Site		Mean Score
Mobile Dental	<b>+9.0</b>	100.0
Mobile Medical	<b>+9.0</b>	100.0
Health Services Center	<b>+1.0</b>	99.2
La Clinica de Buena Salud	<b>+0.6</b>	97.1
Billi Odegard Dental	<b>+0.1</b>	96.8
Rockwood	<b>+1.1</b>	95.9
East County	<b>+1.6</b>	95.6
North Portland	<b>+0.3</b>	95.6
Northeast	<b>-4.5</b>	93.7
Southeast	<b>+3.3</b>	93.3
MidCounty	<b>+1.2</b>	90.9

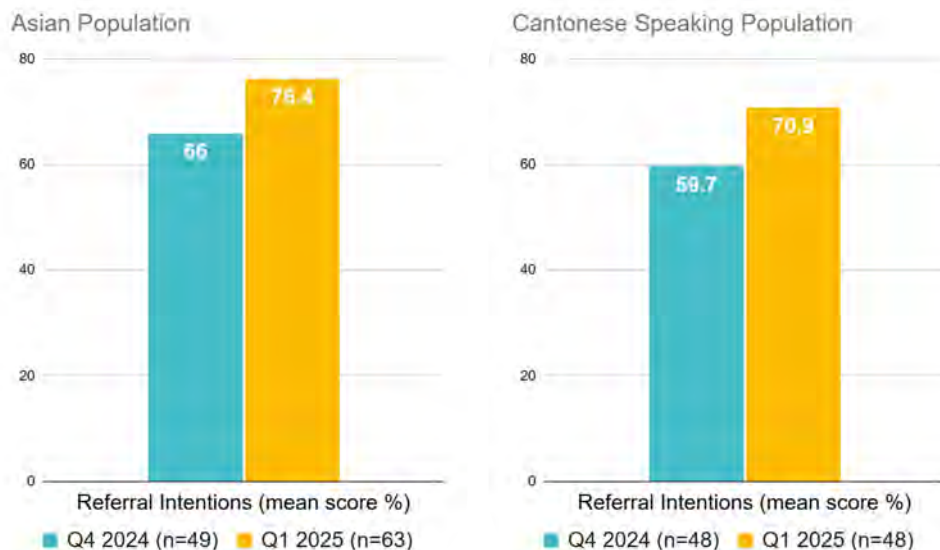
How likely are you to continue to use our services? (singular question). Sites ranked by mean score...this includes all service lines provided at that site (excluding Pharmacy). The middle column indicates whether the site's score improved (+) or decreased (-) or stayed the same (=) compared to the previous quarter.

## Q1 2025 // Referral Intentions - By Clinic Site

Site		Mean Score
Mobile Medical	<b>+4.9</b>	95.9
La Clinica de Buena Salud	<b>+3.2</b>	95.6
Health Services Center	<b>-1.3</b>	93.0
Mobile Dental	<b>=</b>	92.5
North Portland	<b>+1.3</b>	90.6
Northeast	<b>+1.2</b>	88.2
East County	<b>+4.4</b>	87.4
Rockwood	<b>-2.3</b>	87.4
Billi Odegard Dental	<b>+10.4</b>	87.1
MidCounty	<b>+6.1</b>	84.4
Southeast	<b>-3.6</b>	83.3

How likely are you to refer friends and family to Multnomah County Health Center? (singular question). Sites ranked by mean score...this includes all service lines provided at that site (excluding Pharmacy). The middle column indicates whether the site's score improved (+) or decreased (-) or stayed the same (=) compared to the previous quarter.

## Q1 2025 // Improvements for Disparities



Focusing on improvements for disparities, our Asian populations (Chinese and other Asian) and Cantonese Speakers continue to be the most dissatisfied...these measures showed improvement of 10% or more.

“Asian” subcategories include multiple races within Asian culture, but for our health center patients identify almost entirely “Chinese” and “Other Asian”.

“n=” refers to the total number of respondents from the demographic shown that answered the specific question.

## Q1 2025 // Opportunities for Improvement

- I would have liked the provider to have a little more time, but I know he only has a few minutes.
- I would have liked to find an appointment closer to the date that I called and not have had to wait so long.
- They didn't have my medicine refilled until another day. Sometimes it's urgent to get it filled, and they didn't have it.

## Q1 2025 // Kudos

-All of the humbleness of the personel, the receptionist, the nurses, and dentists—all of them were very kind. Everything was done with respect and very kindly.

-All of the service was very good; it was quick and efficient. They were all very attentive; the phone scheduler, the receptionist, the nurse, and the doctor.

-(Pharmacy) They stick to the time they say it will be ready.

## Q1 2025 // Quality Improvement (QI)

### Clinic QI Work

#### **Fernhill & Mid County Health Centers**

- **Dec 2024:** Developed workflow using EPIC Chat to update front desk (who then update patients) if a provider is behind

#### **Northeast Health Center**

- **March 2024:** Started a redesign project for the front desk area based on patient feedback
- **July 2025:** New Front Desks have been installed

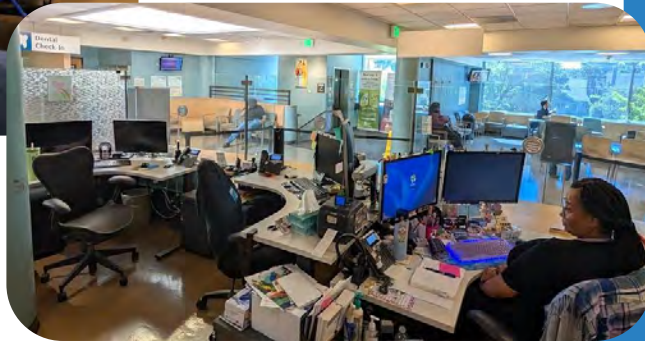
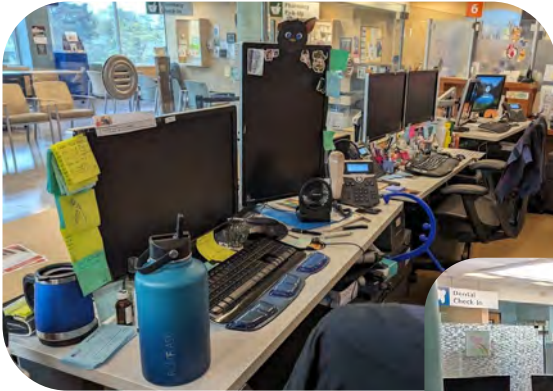
#### **Appointment Wait**

- **May 2025:** Convenient Care Pilot @ Northeast
- **August 2025:** Convenient Care Expansion @ Rockwood

This slide shows a list of Quality Improvement work that was developed based on patient survey feedback and the approximate start dates of each.

**Why do we do patient surveys?** In order to know what areas of service need improvement and to see where we excel. It is also a required activity by certain accrediting bodies. Let's keep adding to this list of QI work taking place in our clinics! This is how we CLOSE THE GAP!

## Q1 2025 // Quality Improvement (QI)



We have an update from Northeast about their front desk redesign project! The main concern was that patients were feeling ignored while waiting to get called up. One aspect of improvement was customer service of course, but the other aspect was that the monitors were blocking the view. The new design included L shaped desks so that staff could see patients more clearly and vice versa. These desks were installed in mid-July.



# Board Presentation Summary

<b>Presentation Title</b>	UDS Report			
<b>Type of Presentation: Please add an “X” in the categories that apply.</b>				
<b>Inform Only</b>	<b>Annual / Scheduled Process</b>	<b>New Proposal</b>	<b>Review &amp; Input</b>	<b>Inform &amp; Vote</b>
X	X			
<b>Date of Presentation:</b>	8/11/25	<b>Program / Area:</b>	All FQHC	
<b>Presenters:</b>	Brieshon D’Agostini, Quality & Compliance Officer Alex Lehr O’Connell, Senior Grants Management Specialist			
<b>Project Title and Brief Description:</b>				
<p>As an FQHC, we are required to submit a comprehensive report annually on services provided, clinical quality measures, patient demographics, costs, revenues, and other key information to HRSA. This is the Uniform Data System (UDS) Report, and the data elements and information required to be submitted 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 at two points:</p> <ul style="list-style-type: none"> <li>• <b>Spring/Summer: Overview of prior calendar year data and highlight significant changes, trends, or points of interest. (August 2025)</b></li> <li>• Autumn (after HRSA publishes UDS data): Overview of comparisons to other health centers (anticipated in September or October 2025)</li> </ul>				
<b>Describe the current situation:</b>				
UDS data for Calendar Year 2024 was submitted early and was accepted by HRSA, and is posted on the <a href="#">CHCB google site</a> .				
<b>Why is this project, process, system being implemented now?</b>				
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, Program Specialist Sr - HRSA  
Brieshon D'Agostini, Chief Quality and Compliance Officer  
Health Center 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 the UDS process for the Health Center 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.



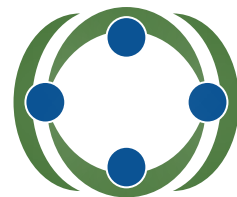
Board Notes:



# Executive Director Strategic Updates

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- Interim Executive Director
- Operations
- Clinical
- Quality



**community health  
center board**

*Multnomah County*

# Community Health Center Board

## Health Center Highlights



TO: Community Health Center Board  
FROM: Health Center Senior Leadership and Anirudh Padmala, Interim Executive Director  
RE: Public Meeting Memo - **Monthly Report**  
DATE: **August 2025** (previous memos available under public meeting materials on the [CHCB Member site](#))



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

<b>Week of Celebration</b>	<ul style="list-style-type: none"><li>National Health Center Week, held from August 3rd to August 9th, was a week of celebration and this is by far the best time of the year for me. We kicked off the festivities by recognizing our dedicated staff and teams on social media and delivering ice cream to each site as a token of our appreciation. The Board of County Commissioners also honored the week by hosting a proclamation celebration, officially recognizing it as National Health Center Week in Multnomah County. CHCB Chair Tamia Deary was among the signatories of this proclamation. This week, the Vision-Purpose-Values were introduced to the Health Center teams. The plan is to implement them across all sites using signage and other communication methods. Additionally, we enjoyed a Back to School Health Fair at Vance Park, an event proudly co-hosted with our community neighbors, Wallace and East County Community Health.</li></ul>
<b>Grants</b>	<ul style="list-style-type: none"><li>On July 31, we were notified that our application for the Health Share of Oregon CCBF Grant for Nutrition Services Expansion was not selected. This will not affect the operations of the health center program.</li></ul>



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

<b>Mid County Evaluation</b>	<ul style="list-style-type: none"><li>This month, the Health Center team is beginning an evaluation of the Mid County Health Center. This initiative aligns with the capital planning priorities established by the Community Health Center Board (CHCB). The evaluation's goal is to recommend whether to repair or replace the facility, considering additional services and building requirements. The projected completion date for this work is February 2026.</li></ul>
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## Strategic Program Updates *Strategic plan/direction of the Health Center*

<b>Strategic Planning</b>	<ul style="list-style-type: none"><li>In July, the CHCB Executive Committee reviewed feedback from the strategic plan survey. The discussion focused on taking some additional time to review the survey with the goal of finalizing the changes in time for the September public meeting. The board survey was reopened, and the presentation materials from the executive committee were sent to the full board on July 31 for final feedback and consideration.</li></ul>
<b>Legislative Updates - PWRORA</b>	<ul style="list-style-type: none"><li>The Health Center has provided guidance and feedback to the Multnomah County Government Affairs team regarding the proposed public benefit definitions. Multnomah County will submit written feedback and commentary on the proposed changes, noting the disproportionate impact and risks for health center patients. We anticipate additional operational implementation guidance from HRSA by this fall.</li></ul>



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

<b>PCPCH Virtual Site Visit</b>	Oregon's Patient Centered Primary Care Home (PCPCH) program will be conducting a virtual site visit at East County in September. Planning and preparation are already well underway.
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## Quality/Process Improvement *Improvement events and activities*

<b>Text Messaging</b>	Process Improvement work is in progress to ensure text messaging (appointment reminders, health information, etc) processes are useful for clients, sustainable for staff, and meet HIPAA requirements.
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## General Program Updates *Program/Service-line specific updates*

<b>Primary Care</b>	Convenient care is starting at Rockwood Health Center this week. This allows any established patient and a limited number of new patients who screen positive for symptoms to be scheduled with a provider at NEHC and now at Rockwood. We are excited to offer this option for clients in addition to the existing same day appointments.
<b>Integrated Behavioral Health</b>	Integrated Behavioral Health has seen increased peer utilization due to greater resource awareness and effective role integration within health centers. This has improved our ability to connect with patients outside the clinic, including meeting in the community and making care more accessible and holistic. We've also expanded medication-assisted treatment options by adding Brixadi for cravings and withdrawal,

	enhancing long-term sobriety chances. I anticipate reporting soon on the impact of the newly onboarding adolescent-specific behavioral health provider.
<b>Dental</b>	<ul style="list-style-type: none"> <li>• Dental team is actively recruiting for a dentist at our Billi Odegaard location</li> <li>• Our 2nd cohort of Pathway 3 EFDA Students start on Aug 12</li> </ul>
<b>Pharmacy</b>	<p>We are continuing to watch and plan for the following.</p> <ul style="list-style-type: none"> <li>• HB 2385, the bill that prohibits drug manufacturer restrictions on the use of 340B at contract pharmacies, is undergoing legal challenge. Legal challenges to similar laws in other states have been unsuccessful. It will be important for us to watch this closely as we plan for our contract pharmacy program implementation later this calendar year.</li> <li>• We did an extensive review of the federal Executive Order 14273 which requires health centers to offer insulin and injectable epinephrine at or below the 340B cost + a small administrative fee to low-income individuals who have high-cost sharing and unmet deductibles (e.g. high copays). We believe our existing fee of \$10 for insulin and injectable epinephrine is in compliance with this new mandate and no policy changes are required.</li> <li>• HRSA just approved a voluntary 340B rebate pilot for 10 drugs. If implemented, our pharmacies will have to pay the wholesale cost and request a rebate for the 340B discount from drug manufacturers. This may have significant financial risk to the health center if expanded.</li> <li>• Fernhill Pharmacy Update <ul style="list-style-type: none"> <li>○ We continue to be in conversation with the Oregon Health Authority on a pathway to make Fernhill our 1st open-door pharmacy model, providing services to all Cully neighbors.</li> <li>○ In the interim, we are preparing to begin selling a limited number of over-the-counter items such as Tylenol to building occupants and neighbors.</li> </ul> </li> </ul>