



Public Meeting Agenda
March 9th, 2026
6:00-8:00 PM
Via Zoom

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

CHCB Board:

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

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

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

Absence:

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

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

Time	Topic/Presenter	Process/Desired Outcome
6:00 - 6:10 (10 min)	Call to Order / Welcome <i>Brenda Chambers, CHCB Chair</i> <ul style="list-style-type: none"> • The meeting was called to order at 6:08 pm. • All members were present and there was a quorum. 	
6:10 - 6:15 (5 min)	Minutes Review - VOTE REQUIRED <ul style="list-style-type: none"> • February 9th , 2026 <i>Brenda Chambers, CHCB Chair</i> Edits/Comments: <ul style="list-style-type: none"> • None. 	Board reviews and votes Motion to approve: Brandi Velasquez Second: Christine Palermo Yays: 10 Nays: 0 Decision: Approved All board members approved.
6:15-6:20 (5 min)	Rockwood Renovation: Six Month Closure- VOTE REQUIRED <i>Debbie Powers, Health Center Operations Director</i> RCHC- Design and Construction <ul style="list-style-type: none"> • Rockwood Health Center will have an upcoming renovation. • Grant funding was approved and voted on by CHCB on June 10th, 2024. 	Board Reviews and votes Motion to approve: Brandi Velasquez Second: Christine Palermo Yays: 10

	<ul style="list-style-type: none"> ● The CHCB provided input on closure options February 10th, 2025. ● Updates provided through CHCB memos and Interim Executive Director updates. ● Today the CHCB will be voting to approve closure on March 9th, 2026. ● With a “yes” vote the Rockwood Community Health Center will go forward with renovations as scheduled. ● With a “no” vote the renovation project would not be able to move ahead as scheduled, as there would not be approval to close. <p>Edits/ Comments:</p> <ul style="list-style-type: none"> ● Board member Patrick Thomas asked if Rockwood has their own pharmacy and does this include pharmacy expansion? <ul style="list-style-type: none"> ○ He also asked how are patients being informed about where they’re going to get their care and what is being done to inform patients of where they will get their care? ○ Interim Health Center Operations Director Debbie Powers stated that Rockwood does have a pharmacy and the pharmacy will be moving to the first floor of east county. ○ She also stated that for Dental clients their prescriptions will be filled wherever they’re located. ○ She also confirmed that it was a comprehensive communication plan shared with patients. ● Board member John Schlosser asked Interim Health Center Operations Director Debbie Powers if there are changes to transportation time. <ul style="list-style-type: none"> ○ Interim Health Center Operations Director Debbie Powers stated that there is a team to support transportation at the time of scheduling. ● Board Member Patrick Thomas asked about the patient census for this center. <ul style="list-style-type: none"> ○ Interim Health Center Operations Director Debbie Powers stated that she would follow up with the board member about this. ● Secretary Monique Johnson asked if interpretation support was provided to patients when communication about the construction was shared. <ul style="list-style-type: none"> ○ Interim Health Center Operations Director Debbie Powers confirmed the use of interpretation support. 	<p>Nays: 0</p> <p>Decision: Approved</p> <p>All board members approved.</p>
<p>6:20- 6:25 (5 min)</p>	<p>Annual Forms <i>Brenda Chambers, CHCB Chair</i></p> <ul style="list-style-type: none"> ● Annual forms are a requirement for each board member to complete annually for Health Resources and Services Administration. ● Annual forms were delivered to each board member on January 30th, 2026 and again on February 20th, 2026. ● Board Chair Brenda Chambers made a formal request to all board members to complete their annual forms no later than March 30th, 2026. ● Community Health Center Board Liaison to share out fillable forms with board members. 	
<p>6:25 -6:35 (10 min)</p>	<p>Monthly Financial Report <i>Hasan Bader, Finance Manager</i></p> <p>Highlights:</p>	<p>Board receives update</p>

- YTD actuales for revenue was \$121,848,252 which is 56% of the budget.
- YTD actuales for expenditures was \$111,695,391 which is 51% of the budget.
- Net income is \$10,152,860 YTD.

Revenue:

- PC 330 Grant has collected 50% YTD which is on target for this grant.
- Health center fees budgeted \$167,028,592.
- In January we received 13.5 million dollars.
- Health center fees are 57% of the budget.
- Quality and incentives payments were about 60% of the budget.
- Quality and incentives payments differ each month.
- 17.3 million dollars were collected in the month of January.

Expense:

- Personnel expenses are the main category for expenses.
- Personnel expenses for the month of January were \$68,957,358 or 52% of the budget.
- Contract expenses for the month of January were 3,865,950 or 49% of the budget.
- Material and Services for the month of January were \$18,554,045 or 53% of the budget.
- Internal services for the month of January were \$111,679,391 or 51% of the budget.

Health Center Fees:

- Program income for the month of January was \$13,351,821.

Self Pay Client Fees:

- Program income for the month of January was \$26,967.

Indirect Expenses:

- For the month of January there was \$1,539,493 collected which is 52% of the budget.

Budget Adjustments:

- Four budget modifications were applied.
- YTD at 217.3 million and there is no change in January.

FQHC Average Billable Visits

- **Student Health Center**
 - 73 billable visits per day.
- **Dental Visits:**
 - 258 billable visits per day.
- **Primary Care:**
 - 675 billable visits per day.

Percentage of Uninsured Visits by Quarter

- 9.4% target of uninsured visits in Primary Care per quarter.
- 2.5% of uninsured visits in Dental per quarter.

Payer Mix:

- Care Oregon is about 69%
- Trillium is about 7%
- Medicare is about 7%.
- Self-Pay is about 4-5%.

Number of OHP Clients Assigned by CCO:

- For the month of January there were about 48,000 assigned clients by Care Oregon.

	<ul style="list-style-type: none"> For the month of January there were about 16,575 assigned clients by Trillium. <p>CCO Assigned Patients Engagement:</p> <ul style="list-style-type: none"> 26,8000 Care Oregon patients were engaged and have been seen within the last 12 months. 3,082 Trillium patients were engaged and have been seen within the last 12 months. 	
<p>6:35-6:50</p>	<p>Break</p>	
<p>6:50-8:00 (70 min)</p>	<p>Mid County Capital Evaluation <i>Cascadia Partners & Capital Link</i></p> <p>Edits/ Notes:</p> <p>About Cascadia Partners:</p> <ul style="list-style-type: none"> HRSA National Cooperative Partner Supporting Health Center & nonprofits with capital, operation, and strategic planning. National leaders in facility, financial, and operational strategies. <p>Our Work in Action:</p> <ul style="list-style-type: none"> 30+ years of service 1400+ Health Centers & PCA Supported Nationwide \$1.6 Billion Financed <p>Overview of Scope of Work</p> <ul style="list-style-type: none"> Maps & Growth Projection Staff Survey (CL) Site Visit (CP) Focus Groups (CP) Service, Staffing Staff & Space Planning (CL) Expansion Viability & Cost Assessment <p>Patient Origin</p> <ul style="list-style-type: none"> Multnomah County CHC served nearly 55,000 patients in 2024. Low Income <ul style="list-style-type: none"> 216,112 low-income residents in Multnomah County CHC’s Primary & Secondary Service Area. Low Income Residents NOT Served by FQHC <ul style="list-style-type: none"> 111,228 low-income residents are not served by an FQHC in Multnomah County CHC’s Primary and Secondary Service Area. Primary & Secondary Services area zip codes with highest numbers: <ul style="list-style-type: none"> 97030 (Gresham) - 8,585 97206 (Portland)- 6,942 97230 (Portland)-6,861 97203 (Portland)- 6,023 <p>Advisory Board:</p> <ul style="list-style-type: none"> Well-respected in estimating growth for specific areas. Multnomah’s primary and secondary services are zip codes. <p>Data Shown:</p> <ul style="list-style-type: none"> The number of individuals over age 40 is projected to grow, while the 25-40 age group is expected to decline over the next decade. Speciality care services growth opportunity is expected for Lab/Radiology, Ophthalmology, Physical Therapy, and Psychiatry. 	<p>Board receives update</p>

- The a lesser extent Dermatology, Cardiology, Endocrinology and Ears Nose Throat (Therapy)

Staff Survey Results:

- Open from Monday October 6 through Friday, October 1th, 2025.
- 17 questions, 15 minutes to complete
- 51 total responses.
- 90% of completed responses were supportive of expanding the Mid County's Health Center.

Who Completed the Survey:

- Employees who have been at Mid County for over 7+ years were the largest base of respondents.
- The highest role that completed this survey were clinical staff.

Physical Space Ranking:

- Respondents rated that the physical space greatly needs improvement and remodeling.

Service Ranking:

- Respondents rated primary care as the focus of growth in the future.

On-Site Visits and Focus Groups:

- Tour 1: Mid County Health center (10/6/25)
- Undersized clinics lead to overcrowding and challenges with patient flow.
- Clinic space has been repurposed for storage and makeshift offices.
- Limits on exam rooms keep the clinic from serving more patients.

MCHC Tour Takeaways:

- Lack of space is a constraint.
- Patient flow and accessibility could be improved.
- Design issues compromise staff function and comfort.
- Parking and exterior access is inadequate.

Focus Groups:

- Solicited feedback from existing patients, family members, and community members through focus groups in four languages to include English, Spanish, Dari, Cantonese, Russian.
- Focus groups were held at an accessible location at the Midland Library on 122nd & SE Stark in November and December of 2025.
- Participants were compensated with \$50 gift cards.

Feedback from Focus Groups:

- The current facility is too small.
- Lacks sufficient parking.
- Bottlenecks at front entrance and door.
- Feedback on location was mixed.
- Participants in the English/Spanish focus group like the current location but are loyal to staff and willing to travel further to continue seeing the same providers.
- The new facility should have automatic doors, better lighting, multiple check-in lines, number or kiosk system and private room.

Service, Staffing and Space Planning:

- Service- What service lines should we grow
- Staffing- How many and what kind of staff would we need?

- Space- What are the space needs?

Services

- Primary Care
- Dental Care
- Behavioral Health & Psych
- Pharmacy
- Support Services

Staffing

- From 100 FTE to 139 FTE

Primary Care/ Behavioral Health/ Psych

- Growth in Nurse Practitioner
- Pod model: 3 providers, 3 Medical Assistants, 1 RN, 1 LPN, 0.5 Clinical Pharmacist and 0.5 Behavioral Health.

Dental:

- Small growth in dentist providers, more growth in other staff.

Pharmacy:

- Almost double staff (Pharmacists and Pharmacy Technicians)

Spacing:

- 50 Exam Rooms
- 5 Care Team Workspace
- Autism and triage space
- 10 Receptionist
- Lab with Restroom

BH/Psych

- 5 BH Consult Rooms
- Psych Consult
- Integrated into Care Team Spaces

Dental:

- 10 Operatories
- 1 Procedure room
- Imaging Space
- Larger Sterilization Space
- Restroom for staff and patients

Pharmacy:

- Waiting room
- Divided consult space
- 3 times larger than current

Other:

- Wheelchair alcoves
- Child play area
- Lactation and prayer rooms
- Teaching space
- Very large conference room
- Indoor Bike storage for staff
- Increased storage
- Refugee Space and Storage
- CHW Office
- Flexible Office Space

	<p>Cost Estimate Scenarios:</p> <ul style="list-style-type: none"> ● Buy lounge & renovate ● Demo, Build 2 Story ● Build New, 1-Story ● Build New, 2-Stories <p>Expansion Potential:</p> <ul style="list-style-type: none"> ● Expansion potential is limited to the west. ● To understand the feasibility of expanding, Apex reached out to two adjacent property owners in Jan 2026 to gauge their interstate in selling. ● The County could continue to pursue acquisition of the Lounge property but cannot force a sale. <p>Cost Estimates:</p> <ul style="list-style-type: none"> ● These costs estimates are “order of magnitude” estimates ● Fast to make, but imprecise and exploratory in nature. ● The approach is general. <p>Uses of Project Cash: Scenario C:</p> <ul style="list-style-type: none"> ● \$51, 292, 974. <p>Comments:</p> <ul style="list-style-type: none"> ● Member-at-large Dani Slyman asked for new market tax credits and the potential of investment for this property. <ul style="list-style-type: none"> ○ Presenter Dave Kleiber stated that he was confident that they could find an investor, but was not sure how many credits could be found. The amount of net benefit to the board varies. ● Board Secretary Monique Johnson asked the presenter what option of demolition would be the most sustainable. <ul style="list-style-type: none"> ○ Presenter Rhey Haggerty stated this was not included in the presentation and that transit access was a need received within the employee focus group. ● Board Member Yalila Alcaraz asked if there was a difference in timing or scheduling between if you were to demolish the existing building versus buying new land. <ul style="list-style-type: none"> ○ Presenter Rhey Haggerty confirmed that this would impact scheduling and timing. ● All County owned properties are owned by Multnomah County. If the old building is for sale those funds go into general funds for the County. 	
8:00	Meeting Adjourns	

Signed: _____ Monique Johnson /s/ _____ Date: _____

Monique Johnson, Secretary

Signed: _____ Brenda Chambers /s/ _____ Date: _____

Brenda Chambers, Board Chair

Scribe: // Email: //Mavis Sanchez-Scholes, mavis.sanchezscholes@multco.us