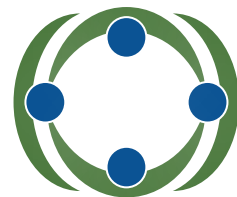




Public Meeting

April 2026



**community health
center board**

Multnomah County

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March 9th, 2026

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AGENDA



**community health
center board**

Multnomah County



Public Meeting Agenda
April 13th, 2026
6:00 PM - 9:15 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
- There is no public comment period
- Guests are welcome to observe/listen
- All guests will be muted upon entering the Zoom

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

Time	Topic/Presenter	Process/Desired Outcome
6:00 - 6:10 (10 min)	Call to Order / Welcome <i>Brenda Chambers, CHCB Chair</i>	
6:10 - 6:15 (5 min)	Minutes Review - VOTE REQUIRED <ul style="list-style-type: none"> • March 9th, 2026 - <i>Brenda Chambers, CHCB Chair</i> 	Board reviews and votes
6:15-6:25 (10 min)	Cleveland High School Moving to Marshall - VOTE REQUIRED <i>Alex Lowell, Student Health Center Program Manager</i>	Board Reviews and votes
6:25- 7:10 (45 min)	Monthly Financial Report & FY 27 Budget Overview - VOTE REQUIRED <i>Hasan Badar, Health Center Finance Officer</i> <i>Anirudh Padmala, Interim Executive Director</i>	Board Reviews and votes
7:10-7:20	BREAK	
7:20-7:35 (15 min)	Geiger Gibson Program Emerging Leader Award: Aaron Baeza <i>Daniel Martinez Tovar, Interim Deputy Chief Operations Officer</i>	Board receives update
7:35-7:40 (5 min)	Billi Odegaard Change in Hours <i>Azma Ahmed, Dental Director</i>	Board receives update

<p>7:40 -9:15 (35 min)</p>	<p>CHC Board Member Discussion <i>Brenda Chambers, CHCB Chair (Closed Executive Session)</i></p> <p>Per ORS 192.660(2), the following topics could be discussed:</p> <ul style="list-style-type: none"> • <i>b. to consider the dismissal or disciplining of, or hear complaints or charges brought against, a public officer, employee, staff member or individual agent who does not request an open hearing.</i> 	<p>Board receives updates in an executive session and has discussion 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.</p>
<p>9:15</p>	<p>Meeting Adjourns</p>	

PUBLIC MEETING MINUTES



**community health
center board**

Multnomah County



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

SUMMARIES



**community health
center board**

Multnomah County

Board Presentation Summary

Presentation Title	Cleveland HS Relocation to Marshall			
Type of Presentation: Please add an “X” in the categories that apply.				
Inform Only	Annual / Scheduled Process	New Proposal	Review & Input	Inform & Vote
				X
Date of Presentation:	4/13/2026	Program / Area:	HRSA Compliance- Scope	
Presenters:	Alexandra Lowell, and/or Anirudh Padmala			
Project Title and Brief Description:				
Relocating Cleveland High School Student Health Center (SHC) to Marshall High School during new build (June 2026 - August 2029).				
Describe the current situation:				
<ul style="list-style-type: none"> • The Cleveland High School new build will take place beginning in summer of 2026 through summer 2029. The entire school, including MCHD’s SHC, will move to Marshall High School, which has been used on occasions of prior bond renovations/builds of Portland Public Schools (PPS) high schools. • The build is expected to take three years, after which the school, including the SHC, will move back into their new Cleveland High School. The SHC will reopen in their new clinic space Fall 2029. • No service interruption is expected and the SHC will continue to serve the same student body. • By HRSA regulations, this move requires adding the new Marshall location (3905 SE 91st Ave, Portland, OR 97266) as a service site in our Board- and HRSA-approved Scope, and removing Cleveland from the Scope. Additional Board actions will be required to move back to Cleveland once the build is complete in three years. 				
Why is this project, process, system being implemented now?				



- Cleveland High School is one of several PPS schools being modernized or rebuilt through the voter approved 2025 bond measure.
- Marshall Campus was selected as the best site to serve as the temporary home for Cleveland.
- The SHC is being entirely rebuilt in a new location on the campus and the bond covers the cost. Health Department facilities and SHC leadership are involved with all clinic designs and are pleased with progress.

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*):

- Most PPS schools were built before World War II and many are over 100 years old. These buildings are in need of significant upgrades. Improvement and modernization of our schools is a vital necessity for the district. The bond program allows PPS to continue the essential work of improving our aging school buildings in several key areas as well as upgrading important educational and technical infrastructure.
- The PPS Long Range Facilities Plan calls for the modernization and rebuilding of all PPS school facilities over the next several decades. Four capital improvement bonds have been passed so far and every school in the District has been upgraded by the work.
- Information about the renovation project, including virtual tours, is [available here](#) as well as information to PPS to student’s families about the move, including transportation to Marshall High School.
- In FY2025, Cleveland High School Student Health Center served 550 unique individuals through 1,394 visits.

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

- The board is not approving any new services or changes to hours of operation.
- **Two votes are required:**
 - **Close Cleveland SHC**
 - **Open Cleveland @ Marshall SHC**
- As renovations at Cleveland near completion, two additional CHCB votes will be needed, which will be presented for vote at that time:
 - Close Cleveland SHC @ Marshall
 - Open Cleveland SHC

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

- The Cleveland High School SHC (3400 SE 26th Ave) will be removed from our scope and all services at that site will cease at the end of the workday on June 10, 2026.



- Cleveland @ Marshall High School SHC (3905 SE 91st Ave.) will be added to our scope and clinic services/functions will begin at the new location on August 10, 2026, starting with sports physicals, and expanding to full service on 8/26/2026.
- In three years, once renovations are complete, additional Board actions will be required to approve relocating back to Cleveland High School (adding Cleveland to, and removing Cleveland @ Marshall from our scope).

Briefly describe the outcome of a “NO” vote or inaction by the Board

(Please be sure to also note any financial outcomes):

- No SHC services can commence at the Marshall campus for the Cleveland student body and feeder schools.
- Staff reassignments will have to be made to accommodate the Cleveland SHC staff that would be without a work location.
- We will be out of compliance with HRSA for having a site listed in scope that is not active.
- Current clients and new clients would need to access services elsewhere.

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

Health Department facilities and SHC leadership are involved with clinic designs.

Who are the area or subject matter experts for this project?

(Please provide a brief description of qualifications)

- Greg Hockert, Facilities Manager, Alexandra Lowell, SHC Program Manager, Bri Barrios, SHC Program Supervisor

What have been the recommendations so far?

- To relocate to the clinic along with the school until renovations are complete, then move back.

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

- The PPS Long Range Facilities Plan calls for the modernization and rebuilding of all PPS school facilities over the next several decades. Four capital improvement bonds have been passed so far and every school in the District has been upgraded by the work.

Board Notes:



- Cleveland High School is one of several PPS schools being modernized or rebuilt through the voter approved 2025 bond measure.
- Marshall Campus was selected as the best site to serve as the temporary home for Cleveland.
- The SHC is being entirely rebuilt in a new location on the campus and the bond covers the cost. Health Department facilities and SHC leadership are involved with all clinic designs and are pleased with progress.

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*):

- Most PPS schools were built before World War II and many are over 100 years old. These buildings are in need of significant upgrades. Improvement and modernization of our schools is a vital necessity for the district. The bond program allows PPS to continue the essential work of improving our aging school buildings in several key areas as well as upgrading important educational and technical infrastructure.
- The PPS Long Range Facilities Plan calls for the modernization and rebuilding of all PPS school facilities over the next several decades. Four capital improvement bonds have been passed so far and every school in the District has been upgraded by the work.
- Information about the renovation project, including virtual tours, is [available here](#) as well as information to PPS to student’s families about the move, including transportation to Marshall High School.
- In FY2025, Cleveland High School Student Health Center served 550 unique individuals through 1,394 visits.

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

- The board is not approving any new services or changes to hours of operation.
- **Two votes are required:**
 - **Close Cleveland SHC**
 - **Open Cleveland @ Marshall SHC**
- As renovations at Cleveland near completion, two additional CHCB votes will be needed, which will be presented for vote at that time:
 - Close Cleveland SHC @ Marshall
 - Open Cleveland SHC

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

- The Cleveland High School SHC (3400 SE 26th Ave) will be removed from our scope and all services at that site will cease at the end of the workday on June 10, 2026.



Board Presentation Summary

Presentation Title	Billi Odegaard Change In Hours			
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:	3/25/2026	Program / Area:	Dental	
Presenters:	Azma Ahmed, Dental Director			
Project Title and Brief Description:				
Billi Odegaard reopening				
Describe the current situation:				
Inform: BODC has hired a new dentist and we are now open on Mondays				
Why is this project, process, system being implemented now?				
There was a request from the board to stay updated on reopening.				
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):				
August 2024 - CHCB voted to close Billi Odegaard Dental Clinic (BODC) on Mondays due to dentist resignation				
August 2025 - Update shared with CHCB on hiring. The Board voted to reopen BODC when we have adequate staffing				
January 2026 - CHCB memo update - new dentist hired and we can open 5 days when they are fully onboarded				



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

None

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

This is an inform

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

This is an inform

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

N/A

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

N/A

What have been the recommendations so far?

N/A

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

N/A

Board Notes:



Executive Director Strategic Updates

- Interim Executive Director
- Operations
- Clinical
- Quality



**community health
center board**

Multnomah County

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



Executive Director Updates *System level information and updates*

<p>Culture of Celebration and Recognition at the Health Center</p>	<p>The past year has been a remarkable demonstration of celebration and recognition for the significant work, contributions, and outcomes achieved by the Health Center team members for the communities we serve. In February of this year, Aaron Baeza was awarded the Geiger Gibson Award for his significant work to address social drivers of health. In March, Dr. Wright was awarded the prestigious Richard Sillman Legacy Award by The American Heart Association. In April, Adrienne Daniels will be recognized with the 2026 Policy Champion Award for her significant contributions in Health care policy, and Norma Santiago will be recognized with the 2026 Courage and Compassion in Practice Award for her efforts to establish Multnomah County’s first training program for Dental Assistants, this work resulted in 11 trainees that successfully graduated the program.</p>
<p>Contract Pharmacy</p>	<p>The public procurement process for a third-party administrator to manage the contract pharmacy program has been completed, and Pillr Health was selected as the vendor. We are initiating the contracting process and anticipate having contract pharmacies implemented by October.</p>
<p>Carryover of Unobligated Balance</p>	<p>Our HRSA 330 (Base) grant operates on a calendar year basis, distinct from the fiscal year (July through June) in which the County budget operates. At the close of Calendar Year (CY) 2025, the grant had unexpended balances totaling \$5,700,938.65. The majority of this amount (\$5,029,597) is designated for use in the second half of CY 2026. The remaining balance of \$671,342 is carryover from CY 2025, which is distributed across two grants set to expire on August 31, 2026, and December 31, 2026, respectively. These funds are available for use before their respective expiration dates.</p>



Capital Projects *Facilities updates, high cost projects*

<p>Rockwood Health Center Renovation</p>	<p>We are moving. Thanks to our Health Center leadership teams and with a great deal of support from our Project Manager Nicki Winchester, we are ready to move out of Rockwood and turn the building officially over to our contractors effective April 6th. We’ll see</p>
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you in October Rockwood.



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

Strategic Plan Spotlight: Timely Access to Care

As part of our FY26-28 strategic planning priority on timely access to services, the health center continues to investigate and pilot pathways for patients to schedule appointments.

This spring, we launched an expansion in our primary care scheduling options for patients who have symptoms requiring faster access to visits - by increasing the number of same day and next day appointments, we hope to increase access to our existing patients and reduce unnecessary emergency room use. We will track and evaluate the impact of this change by measuring the total number of “convenient care” appointments completed by patients as well as the total number of new patient appointments.

Convenient care appointments are now available at Northeast and Rockwood Health Centers. The Convenient Care Provider currently at Rockwood will move to East County during the Rockwood closure allowing us to trial convenient care at East County. Convenient care appointments are available to all Health Center patients despite the location of their Primary Care Provider/home clinic.

State Legislative Changes

The health center will respond to several State Legislative bills recently passed in the 2026 Oregon Legislative Session. These bills are anticipated to improve patient care quality and safety, but require the health center to document or define additional processes. This will include:

- Confirming signage at all locations to designate private areas, where federal agents are not permitted
- Designating an administrative point of contact for law enforcement requests
- Verifying our marketing materials do not misrepresent the term “urgent care” when describing same day access and appointments
- Evaluating if we want to expand dental training to include formal residencies in clinical education

Federal Commentary on 340B Pilot

The National Association of Community Health Centers, the Oregon Primary Care Association, OCHIN, and other safety-net organizations are strongly advocating against HRSA’s updated proposal for a 340B Rebate Model. Our Health Center is preparing a public submission in opposition to the rebate model in collaboration with the County Government Affairs team. Under the proposal, we believe patient access to medications would suffer, and disproportionately impact patients who rely on high cost medications for chronic diseases, including diabetes and HIV.



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

Desktop encryption	The Health Center has been working with IT Security to ensure all desktop computers are encrypted, similar to laptop computers.
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Quality/Process Improvement *Improvement events and activities*

Signage Standardization	A new project is in the works to develop standards for clinic signs to help support compliance with required postings, a professional appearance, and consistency across sites.
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General Program Updates *Program/Service-line specific updates*

Primary Care	In March, we hosted a half-day meeting with all of our site leadership team to review clinical quality metrics. We collaborated on brainstorming new ideas and workflows to help us achieve our goals for the year. Site leadership regularly engages with clinical staff to drive our metrics work, ensuring a focus on the patient experience, high-quality care, and patient access. A key takeaway from the meeting was the development of a yearly calendar of initiatives by each site.
Integrated Behavioral Health	The co-occurring disorders Behavioral Health Provider (BHP) is now fully onboarded, offering mental health and substance use support to patients at the South East, North, North East, and Fernhill Health Centers, with patient visits commencing in early April. We anticipate filling the North East BHP position by the end of the first week of April, which will restore full-time behavioral health support at that site. We are currently preparing an offer letter for our preferred candidate within the next two weeks. We are also expanding community mental health support by initiating a quarterly shared patient care communication meeting with Cascadia Behavioral Health and continuing direct referrals to Life Works North West to ensure consistent intake and access pathways for our patients.
Dental	BODC is now open on Mondays as well. The Dentist unit is currently in bargaining.
Pharmacy	The Rockwood Pharmacy move to the first floor of the East County building is ahead of its schedule. The Pharmacy did a soft-opening on April 3rd.
Information Systems	The CSI Epic Support team is returning to full capacity, with all new team members having passed their OCHIN requirements and begun providing Epic support to staff and programs. In March, the Senior Business Analysts and Epic Trainers held a planning retreat focused on

process improvement and revising how their team can best serve organizational goals and support standard work and innovation going forward.

The Business Intelligence and Analytics team is collaborating with County IT on the first phase of migrating our health data warehouse to modernize our data infrastructure. The BI team is also collaborating on several strategic projects with significant data and reporting components, including refreshing the Health Center's APCM program to ensure we fully utilize our data to realize the full financial benefits of that payment model.

Community Health Center Board Health Center Highlights



TO: Community Health Center Board
 FROM: Anirudh Padmala, interim Executive Director
 RE: Public Meeting Memo - **Quarterly KPI Report**
 DATE: April 13, 2026

Program	Completed Visits				Average days from scheduling to appointment			
	Jan	Feb	March	Total	Jan	Feb	March	Total
Medical*	13,280	13,008	13,150	39,438	19.6	17.8	17.9	55.3
Student Health	1,581	1,930	1,463	4,974	9.2	7.0	8.0	24.2
Dental	4,737	4,688	4,401	13,826	20.6	16.8	19.6	57.0

**Includes integrated behavioral health, clinical pharmacy visits, and nurse visits*

Program	Completed Visits			
	Jan	Feb	March	Total
PAC Nurse Triage encounter volume	822	785	639	2,246
Refugee Program screenings	11	24	3	38

Program	Percentage of patients filling prescriptions at our pharmacies (Goal=70%)	
	Jan	Feb
Primary Care	53%	52%
HSC	48%	50%