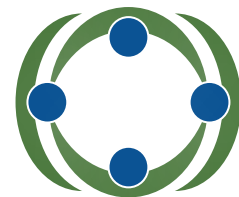




Public Meeting

March 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
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>	
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>	Board reviews and votes
6:15- 6:20 (5 min)	Annual Forms <i>Brenda Chambers, CHCB Chair</i>	
6:20 -6:30 (10 min)	Monthly Financial Report <i>Hasan Bader, Finance Manager</i>	Board receives update
6:30-6:45	Break	
6:45-8:00 (75 min)	Mid County Capital Evaluation <i>Cascadia Partners</i>	Board receives update
8:00	Meeting Adjourns	Thank you for your participation

PUBLIC MEETING MINUTES



**community health
center board**

Multnomah County



community health
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Multnomah County

Public Meeting Agenda
February 9, 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.*

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

Christine Palermo (she/her) – Board Member

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

Absence: *Brandi Velasquez (Excused)*

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

Time	Topic/Presenter	Process/Desired Outcome
6:00 - 6:10 (10 min)	<p>Call to Order / Welcome <i>Brenda Chambers, CHCB Chair</i></p> <ul style="list-style-type: none"> ● The meeting was called to order at 6:06 PM. ● Dani Slyman arrived at 6:07 PM. ● Darrell Wade arrived at 6:08 PM. ● All board members were present, except for Brandi Velasquez with an excused absence. ● There was a quorum. 	
6:10 - 6:15 (5 min)	<p>Minutes Review - VOTE REQUIRED</p> <ul style="list-style-type: none"> ● January 12th , 2026 <p><i>Brenda Chambers, CHCB Chair</i></p> <p>Edits/ Comments:</p> <ul style="list-style-type: none"> ● Board Member Patrick commented to the Board Chair and would like to add to the discussion for the board to take priority on making pharmacy expansion a capacity to serve a higher percentage of clientele as new business for us in the coming month. 	<p>Board reviews and votes</p> <p>Motion to approve: Patrick Thomas</p> <p>Second: Christine Palermo</p> <p>Yays: 9 Nays: 0</p>



	<ul style="list-style-type: none"> ○ The Interim Executive Director Anirudh stated that he would make a commitment to have a check in with Board Member Patrick and Board Chair, Brenda Chambers with the Pharmacy Director, Michelle Corder as a follow up to this question. 	<p>Abstain:0 Decision: Approved All board members approved.</p>
<p>6:15 - 6:20 (10 min)</p>	<p>Policy Review - VOTE REQUIRED</p> <ul style="list-style-type: none"> ● Client Dismissal from Health Center Services Policy ● Primary Care Provider Assignment and Selection Policy <p><i>Debbie Powers, Interim Health center Chief Operations Officer</i></p> <p>Highlights: Primary Care Provider Assignment and Selection Policy</p> <ul style="list-style-type: none"> ● Purpose of the Policy describes how our health centers assign, change or remove PCPs for new and established patients, prioritizing equity and patient choice. ● This is required by Oregon’s Patient Centered Primary Care Home program and the Joint Commission. ● There are no changes to this policy at this time. ● No updates to highlights at this time. ● No required implementation or training is required at this time. <p>Highlights: Client Dismissal from Health Center Services Policy</p> <ul style="list-style-type: none"> ● The purpose of this policy provides guidelines to help ensure a consistent and equitable process for client dismissal from Health Center Services. ● This is required by the Joint Commission. ● There are currently no substantive changes. ● There is an update to highlights which is corrected “Incident Review Committee” to "Interdisciplinary Review Committee.” ● There are no changes to implementation or training. <p>Comments/ Questions:</p> <ul style="list-style-type: none"> ● Board member Patrick asked about client dismissals and specifically clients who are on the spectrum of Autism or have significant cognitive disorders. Patrick asked Compliance Officer Brieshon if this is being addressed in order to best serve these patients. <ul style="list-style-type: none"> ○ Compliance Officer, Brieshon stated that is one of the reasons why the interdisciplinary review committee was formed to begin with. Not specifically for that group but for all patients. ○ Compliance Officer, Brieshon stated that the focus on level of care these patients need and where they can get care more appropriately. She also stated that patients are transitioned in a way that is going to work the best for their needs. 	<p>Policy: Client Dismissal from Health Center Services Policy. Board reviews Motion to approve: Patrick Thomas Second: John Schlosser Yays: 9 Nays: 0 Abstain:0 Decision: Approved All board members approved.</p> <p>Policy: Primary Care Provider Assignment and Selection Policy. Board reviews Motion to approve: Christine Palermo Second: Monique Johnson Yays: 9 Nays: 0 Abstain:0 Decision: Approved All board members approved.</p>



	<ul style="list-style-type: none"> Board Member Dani commented in response to Board Member Patrick's question. She asked if Patrick knows of people who are in our current process and has failed them. Board Member Patrick, replied to Dani and stated that he has not seen this in our system, but has seen it in other health care delivery systems. 	
6:20 -6:30 (10 min)	Executive Officer Elections: - VOTE REQUIRED <ul style="list-style-type: none"> (2) Member-at-Large Positions <i>Brenda Chambers, CHCB Chair</i> Highlights: <ul style="list-style-type: none"> Dani Slyman has self nominated herself for one vacant role for Member-at-Large. Dani has been on the Community Health Center Board since October 2024. Dani has previously served as Member-at-Large for the Community Health Center Board. Dani hopes to center the voices of the community and clients/patients as a Member-at-Large serving on the Executive Committee. 	Board receives update Motion to approve: Dani Slyman Second: Patrick Thomas Yays: 9 Nays: 0 Abstain:0 Decision: Approved All board members approved.
6:30-6:45 (15 min)	Break	



6:45-6:55

(10 min)

Monthly Financial Report

Hasan Bader, Finance Manager

Board receives update

Highlights:

- Revenue YTD is 48% percent of the target budget. This equates to \$104,548, 503 YTD accruals.
- Expenditures YTD is 45% of the target budget. This equates to \$97,192,429 YTD accruals.
- We are currently \$73,000,000 million in the Black.

Revenue:

- Primary Care 330 grant
 - There was a delay in posting revenue for December since the grant follows a calendar year vs fiscal year. The grant has not been closed yet for 2025. This will be posted in January for the committee to review.
- Quality & Incentives Payments
 - In the month of December we received checks in the amount of \$3,380,797.
 - Incentives are not consistent every month.
 - The budget is 58% of the budget target rate.
- Strategic Oral Health Investment
 - This is a new funding stream for the health center out of Care Oregon.
 - \$600,000 has been collected so far which is also 58% of the current budget.
- Health Center Fees
 - This is the largest collection of the revenue.
 - We are currently at 49% of the budget target rate for 6 months.
- Self-Pay Client Fees
 - In December we collected \$29,400. This is on target.

Expenses

- This is the largest category for personnel expenses.
- In the month of December we spent 10.2 million dollars on expenses.
- This is 45% of the target budget. The goal is to be close to 50% or less.
- Personnel expenses also include contractors for the health center.
- Contracts are a little more than 54% of the target budget.

Materials and Services:

- For the month of December we spent 3.4 million dollars.



- For the year, we are at 47 million which is right on target.
- This means that we have 50% of savings.
- For the month of December, we were about 1.5 million dollars in the Black.
- For the YTD we are at 7.3 million in the Black.

Health Center Fees:

- We collected 13.5 million in December, and this is our usual average.
- For self pay we collected \$29,400 for the year.

Internal Services:

- Indirect expenses for the year is 15.67% of revenue. Next year this will change.
- In the month of December we collected 1.57 million which is 44.4% of the budget so far.
- For data processing we are at 42%.

Budget Modification:

- We started the budget with \$217,234,000.
- During the year there were four budget modifications.
- One of the budget modifications was to reclassify some positions.
- The other budget modifications were lost grant funding with the Afghan Refugee program and the budget was reduced due to this change.
- The other budget modifications were the addition of three positions to the budget that were not included in the budget when the budget was submitted.
- Our total current budget is \$217,300,000.

CHC Dashboard:

- Average billable visits per year:
 - There was a dip in student patients seen in the months of July and August when school is not in session.
 - In December we had 75 average billable visits.
 - Dental visits have averaged to 258 billable visits per day.
 - In December primary care visits averaged to 675 visits per day.
- Uninsured Visits Per Quarter
 - FY 26 target uninsured visits were 9.4% for Primary Care.
 - FY26 target uninsured visits for dental was 2.5%.
 - FY25, the uninsured percentage budget was 12%.

Payer Mix for Primary Care:

- In December, most of our visits originate from Care Oregon which is about 69%.
- We have 8% of Trillium assignment.
- Commercial and self-pay is about 3-5%.



	<p>Number of OHP Clients Assigned by CCO</p> <ul style="list-style-type: none"> ● We are doing well with Care Oregon and Trillium clients. ● For the month of December there were 64,500 clients assigned. ● For the month of December, there were 48,000 patients seen through Care Oregon. ● For the month of December, there were 16,500 patients seen through Trillium. <p>CCO Assigned Patients Engagement</p> <ul style="list-style-type: none"> ● 48,000 clients assigned through Coordinated Care Oregon. ● 16,500 clients assigned through Trillium. ● We typically see clients about 4.3 times within a 12 month span. ● Engagement rate for Care Oregon is 56%. ● Engagement rate for Trillium is 18%. ● We typically see clients about 3.4 times in a 12 month span. 	
<p>6:55-7:05 (15 min)</p>	<p>Executive Director Strategic Updates <i>Anirudh Padmala, Interim Executive Director</i></p> <ul style="list-style-type: none"> ● FY 27 Budget: The Health Center has submitted our proposed Fiscal Year 2207 budget to the Health Department. The budget proposal includes new staffing investments in Primary Care while maintaining the Dental, Integrated Behavioral Health, and Pharmacy programs and reduction in central administrative programs. ● Joint Commission’s Gold Seal of Approval for Laboratory and Point of Care Testing: Multnomah County Community Health Center has earned The Joint Commission’s Gold Seal of Approval for Laboratory and Point- of-Care Testing. The Gold Seal is a national benchmark for healthcare quality. This renewal joins our existing Gold Seal certifications for Primary Care Medical Homes and Ambulatory Care, placing our Health Center alongside recipients such as Mayo Clinic, Johns Hopkins, and Stanford Health Care. ● 2026 Geiger Gibson Program Emerging Leader Award: Aaron Baeza, Access and Engagement Manager of our Health Center, was selected as one of the recipients of the national Geiger Gibson Emerging Leader Award and he will be receiving this award on February 9th, 2026 at the 2026 Policy and Issues Conference. <p>Comments/ Questions:</p> <ul style="list-style-type: none"> ● Dental Director Azma stated that the dental clinic will be closed on Monday until the dentist vacancy at Billi Odegaard Clinic. ● The general dentist started January 27th, 2026. 	<p>Board receives update</p>



	<ul style="list-style-type: none"> • There are plans to re-open on Monday's starting on March 9th, 2026. • Michelle Koder, Pharmacy Director stated the areas of health centered that have shared lobbies with other programs, like primary care, dental, and so we're really coming at this from a trauma informed manner about privacy. 	
7:05-7:40 (35 min)	<p>Closed Session:</p> <p><i>Per ORS 192.660(2), the following topics could be discussed:</i></p> <ul style="list-style-type: none"> • <i>(d) To conduct deliberations with persons you have designated to carry on labor negotiations.</i> • <i>(i) To review and evaluate the performance of an officer, employee or staff member if the person does not request an open meeting. This reason for execution session may not be used to do a general evaluation of an agency goal, objective or operation or any directive to personnel concerning those subjects. ORS 192.660(2)(i) and 192.660(8).</i> 	Board Discusses
7:40	Meeting Adjourns	Thank you for your participation

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	Mid County Capital Evaluation Project			
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:	March 9, 2026	Program / Area:	Mid County (Building Infrastructure)	
Presenters:	Rhey Haggerty, Cascadia Partners and Gab Sauder, Capital Link			
Project Title and Brief Description:				
<p>The Mid County Capital Evaluation Project is a board-requested analysis of the options to improve and expand services at Mid County Health Center through a capital expansion or relocation. The board requested that multiple infrastructure options be considered in an initial evaluation process as part of their three year strategic planning process.</p>				
Describe the current situation:				
<p>The Mid County Health Center provides primary care, integrated behavioral health, dental, pharmacy, and wraparound services to more than 12,000 patients each year. Originally open for health services in 1990, the single story building is approximately 21,655 ft². While the overall condition of the building has been evaluated to be in good standing, staff and patients regularly provide feedback that the building is too small and inefficiently designed to provide all needed services. A 2023 facilities assessment found that the building would require multiple system replacements or improvements to maintain the same conditions evaluation over the next ten years.</p> <p>The project has two parallel goals as part of the Community Health Center’s FY26-28 Strategic Plan: determine a sustainable replacement strategy for the Mid County Health Center (rebuild elsewhere, purchase and renovate, or extensive remodel/repair) as well as complete a population health and services analysis to inform of the building’s infrastructure changes for future services.</p>				
Why is this project, process, system being implemented now?				



The Mid County Health Center was identified as a capital priority as part of the FY26-28 Strategic Plan. To assure the building remains an effective service location, the Board has requested an analysis to inform future building options.

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*):

Cascadia Partners and Capital Link Consulting have provided detailed assessment and support for the project. The Multnomah County Community Health Center and Multnomah County Facilities teams have coordinated project actions and activities, including the following:

1. Completed a Community-Level Needs Assessment for the Mid County Patient Population, identifying possible new services or healthcare needs
2. Building tours and evaluations at multiple Multnomah County Health Center sites to offer comparison of different clinic designs and service integration options
3. Facilitated staff surveys about the current and future Mid County building and services needs
4. Facilitated four public and patient focus groups regarding how patients and the community access care at the Mid County location and their preferences for how to access healthcare
5. Completed space and staffing model assessments to understand future space and square footage recommendations
6. Developed a three year operational projection of how existing or new services could be financially sustainable in a new or expanded building
7. Developed early construction cost or acquisition estimates for multiple replacement options

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

The Board oversees decisions about where health center services are located, including consideration if a building should be replaced or relocated. This presentation will discuss multiple options for the future expansion opportunities for the Mid County Community Health Center, but will not request a board action or decision on any of the proposed changes at this time.

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

No vote or action is being scheduled in this presentation today.

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

No vote or action is being scheduled in this presentation today.



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

Mid County Health Center patients and local community members
Mid County Health Center staff
Health Center Primary Care, Dental, and Pharmacy Leadership
Cascadia Partners
Capital Link

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

Cascadia Partners, Capital Link
Multnomah County Community Health Center Leadership
Multnomah County Facilities Leadership

What have been the recommendations so far?

The board should consider the benefits and risks of all four expansion opportunities as it advises health center leadership on the next steps. Currently, the evaluation and community needs assessment suggest that the Mid County Health Center would benefit from considering an expansion and possible replacement or relocation which could accommodate its growing patient population. Any expansion opportunity would come with a significant cost to remodel or rebuild.

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

N/A

Board Notes:



Department Updates

Strategic Updates

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



**community health
center board**


Multnomah County

Community Health Center Board Health Center Highlights




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

Executive Director Updates *System level information and updates*




CHCB Legal Counsel: Rational Unicorn Legal Services	<p>The contract for the CHCB's legal counsel is now in the final stages of the county contract process. This final step assures the CHCB's access and engagement with the legal counsel. As a reminder, the CHCB retained Rational Unicorn Legal Services as its legal representation through a public meeting vote in July 2025.</p>
Policy and Issues Forum: Hill Day Recap	<p>The Health Center and the CHCB were represented at the Nation's Capital by Anirudh Padmala and Dani Slyman. The Hill Day, which is part of the Policy and Issues Forum, presents an opportunity for Health Centers across the country to engage in advocacy with Federal legislators. The Oregon Primary Care Association conducted preparation sessions and led these meetings, which were attended by Health Centers across Oregon. The discussions focused on the critical need to preserve 340B for the Health Centers and the disproportionate negative impact ICE activity has on clients receiving services at all of Oregon's Health Centers.</p>

Capital Projects *Facilities updates, high cost projects*




Mid County Capital Evaluation	<p>The CHCB will receive a full project update during the March 9th meeting. The Project has fully completed its community and service needs analysis, patient focus groups, staff engagement, financial modeling, and space estimations. Four possible alternative expansion opportunities will be presented to the board for feedback and discussion.</p>
Rockwood	<p>Rockwood Health Center construction has begun. Construction at this time is mostly taking place outside of the building and has limited yet manageable impacts such as reduced parking availability. April to October remains the timeline for closure due to construction.</p>


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



Strategic Planning Roll Out	<p>Access, clinical, and operational programs began scheduling key strategic planning implementation activities, identifying specific</p>
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	<p>project and workflow areas which will be included as part of the 2026 strategic planning efforts. Pharmacy and Dental programs have completed their initial planning of strategic priorities in 2026, including:</p> <ul style="list-style-type: none"> • Pharmacy communication pilot at East and Mid County to improve refill times • Contract pharmacy vendor interviews to expand community access points • Dental scheduling improvements at Billi O and Northeast • Dental new patient confirmation project • Dental staff recruitment events
Strategic Plan Spotlight: Promote Partnerships and Collaboration	<p>The Health Center will partner with new community partners this summer to improve food security and emergency food distribution access for patient populations. Multnomah County Human Services, New Seasons Market, and Trillium Health Plan have pledged new food resources and farmer’s market vouchers exclusively to support the Community Health Center patient populations this summer.</p> <p>These new partnerships will increase available food resources for families experiencing fear or barriers to transportation to traditional grocery stores or food banks. Patients will receive referrals for this service through our Community Health Workers program.</p>
Legislative Updates	<p>The Oregon Legislative session will conclude on March 8, 2026. As of late February, the Community Health Center has actively tracked 26 proposed bills related to healthcare. The Community Health Center is helping assure that patient access to health centers remains protected under the alternative payment model, patients understand that health and hospital facilities are protected areas from federal agents, and that specific types of cancer screening, reproductive health, and gender affirming care remain available in Oregon</p>

<p>Risk and Compliance Updates <i>Compliance events, major incidents/events updates</i></p> 	
UDS Annual Data Submission	<p>Quality and Business Intelligence worked together and submitted our UDS Annual Data Submission four days early! The next steps are to answer questions from the HRSA reviewer during March. The official acceptance of the submission is expected in April.</p>
Rockwood PCPCH Visit	<p>The state’s Patient Centered Primary Care Home (PCPCH) program sets standards to support patient-centered care. Rockwood had a visit in February and maintained their Tier 5 PCPCH status! The site evaluators were very complementary of the Rockwood program and staff.</p>

<p>Quality/Process Improvement <i>Improvement events and activities</i></p> 	
Safety/Infection Prevention	<p>Quality and Operations collaborated on a two-year, staff-driven project</p>

to support standard, efficient instrument sterilization processes, training, and reference materials.



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

Primary Care

Our PC clinics continue to make improvements in clinical quality and are working on plans to address HRSA and CCO (Payor) metrics for 2026. We have seen improvements in cervical cancer screening, diabetes control, high blood pressure control and early access to prenatal care in the past year. Let's give a shout out to ongoing quality improvement.

Integrated Behavioral Health

We are excited to announce that we have filled the vacant Behavioral Health Provider with a specific focus on supporting patients with complex mental health and substance use issues. We are also beginning our panel interviews to fill the North East Health Center and Health Services Center behavioral health provider vacancies.

Dental

The dental team is actively focused on clinical quality metrics. Additionally, the team is scheduled to deliver two presentations at the OCHIN Learning Forum in May, covering dental dashboards and an antibiotic stewardship project.

Pharmacy

Effective Monday, March 30, the daily hours of operation at Fernhill Pharmacy will temporarily change by 30 minutes due to a pharmacist vacancy and a change in lunch length in the pharmacist collective bargaining agreement.

- Current hours: Mon-Fri 8:30 am to 5:30 pm; closed for lunch 12:30-1:30
- New hours: Mon-Fri 8:30 am to 5:00 pm; closed for lunch 12:30-1:00

The hours will return to 8:30 am to 5:30 pm when we hire a second pharmacist in approximately 6-12 months. This will not change the overall facility hours for Fernhill.

Information Systems

After months of hard work by our BI Developers, we successfully submitted the Community Health Center's annual Uniform Data System (UDS) report to the Health Resources and Services Administration (HRSA), fulfilling one of our most important reporting requirements as a Federally Qualified Health Center. This year's effort built on the process improvements made over the past few cycles, and we were even able to submit early before the deadline.

The Epic Support team is thrilled to have six new members, bringing our team back to full staffing and to expanding our Epic training team. One initial focus of the new Epic training staff will be registration and coverage verification and enrollment processes to help prepare for the coming changes in Medicaid.