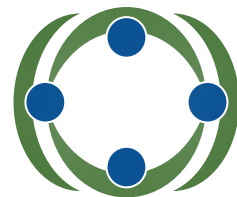




Public Meeting

February 2026



**community health
center board**

Multnomah County

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January 12th, 2026

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AGENDA



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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.*

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) – Board Member

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: *Brandi Velasquez (Excused)*

- 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"> • January 12th , 2026 <i>Brenda Chambers, CHCB Chair</i>	Board reviews and votes
6:15 - 6:20 (10 min)	Policy Review - VOTE REQUIRED <ul style="list-style-type: none"> • Client Dismissal from Health Center Services Policy • Primary Care Provider Assignment and Selection Policy <i>Debbie Powers, Interim Health center Chief Operations Officer</i>	Board reviews
6:20 -6:30 (10 min)	Executive Officer Elections: <ul style="list-style-type: none"> • (2) Member-at-Large Positions <i>Brenda Chambers, CHCB Chair</i>	Board receives update
6:30-6:45 (15 min)	Break	



6:45-6:55 (10 min)	Monthly Financial Report <i>Hasan Bader, Finance Manager</i>	Board receives update
6:55-7:05 (15 min)	Executive Director Strategic Updates <i>Anirudh Padmala, Interim Executive Director</i>	Board receives update
7:05-7:40 (35 min)	Closed Session: <i>Per ORS 192.660(2), the following topics could be discussed:</i> <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

PUBLIC MEETING MINUTES



**community health
center board**

Multnomah County



**community health
center board**
Multnomah County

Public Meeting Agenda
January 12, 2026
6:00 - 8:00 PM
In Person

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

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Dani Slyman (she/her) – Board Member

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)

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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"> • December 8th, 2025 <i>Brenda Chambers, CHCB Chair</i> <ul style="list-style-type: none"> • Meeting started at 6:04 pm • All board members were present. • John Schlosser arrived late at 6:07 pm. Edits/ Comments: <ul style="list-style-type: none"> • No edits. Approved. 	Board reviews and votes <ul style="list-style-type: none"> • Brandi Velasquez motioned first • Dani Slyman motioned second. • Brenda Chambers- Yes • Darrell Wade- Yes • Monique Johnson- Yes • John Schlosser- Yes • Patrick Thomas- Yes • Christine Palermo- Abstain • Yalila Alcaraz- Approve • Elise Schumock- Approve
6:15 - 6:30 (15 min)	Clinical Quality Metric Performance Update <i>Charlene Maxwell, Deputy Medical Director</i>	Board reviews



- Charlene had a family emergency and could not attend, Amy Henniger, Medical Director presented in her place.
- The board has had a big focus on mental health and diabetes prevention.
- Dedicated time weekly for clinic care to meet and to dig into quality improvement work.
 - East County Clinic
 - Rockwood Clinic
- The clinical team is using new worktools for better workflows.
- New tools were added into health records in a way to receive metric credit for providers.

Clinical Quality Approach and Leadership Review

- Targeted Outreach
- Sharing Best Practice
- Using New Tools for Better Workflow
- Monthly Leadership Review

Hypertension Control April 2025- November 2025

- Target of 80% for hypertension. Working on the best way to capture this data out of health records.

PC Diabetes Control over Time

- DM HbA1c Control is at a DM target of 21.1.
- We are currently over the target rate.
- Clinicians have been doing a wonderful job with getting patient diabetic controls down.

Depression Screening Rate vs Target

- The goal is to achieve a screening target of 80.5.
- The current average is about 70.
- This is an area currently being worked on and is reviewed every year.

Substance Use Screening Rate vs Target

- Substance screening target is 68.7 percent.
- We are on target with steady improvement.

WCC 3-6 old and WCC 3-6 year old target

- Our target is 78% for a well child check.
- The calendar year measures progress towards our overall goal.
- Well-child check waiting to see new data at the end of December.

Comments:

- Yalila Alcaez asked Amy Henniger, Medical Director if the data presented in graph highlighting patients with diabetes if this included minors?



	<ul style="list-style-type: none"> ○ Amy Henninger, Medical Director confirmed the data set did not include minors and that this data can be shared with the board at a later date. 	
<p>6:30 -6:45 (15 min)</p>	<p>Q3 Patient Survey Results <i>Brieshon D'Agostini, Quality & Compliance Officer</i></p> <p>Q3 2025 Patient Surveys: Trends, Improvements, and Quality Improvement Highlights:</p> <ul style="list-style-type: none"> ● Overall scores increase in nearly all measures. ● Appointment wait is a 3.9% increase from the previous quarter. ● Test results communication is 4% increase from the previous quarter. ● Portal (MyChart) satisfaction was 3.2% increase over previous quarter which is 8.1% over the national benchmark. ● Ease of connecting to the care team (video) was 7.1% decrease from previous quarter. ● Low denominator (high variability) ● Within typical variation ● New interpretation and written material in preferred language will take at least several quarters to analyse. ● Primary care wait time increased by 3.8% over last quarter. We are 2.1% below the benchmark. ● Overall satisfaction by each service line and have experienced an upward trend over the last four quarters for primary care, dental, integrated behavioral health and pharmacy. <p>Demographics Spotlight</p> <ul style="list-style-type: none"> ● Data highlights the Asian community. ● Overall satisfaction is 84%. ● Loyalty intentions are at 82.8% ● Phone Attendant.Courtesy/ Helpfulness 88.2% ● Provider explanation was 90.4%. ● Provider respect was 91.5% ● Provider Time Spent is 87.8%. ● Overall improvements shown in this data for the last two quarters. ● Pharmacy and privacy of Health Information has increased by 1.1% over last quarter. <ul style="list-style-type: none"> ○ Overall scores were generally steady over time and within 5%of benchmarks. ○ 6.4% decrease after four quarters of 100%, ○ Year to date highest in three years. ● For student health centers over satisfaction is 94.3%. <ul style="list-style-type: none"> ○ Given instructions for taking care of health is 99.9%. ● Many positive comments about quality of care from patients. <p>Quality of Improvement Work:</p>	<p>Board receives update</p>



	<ul style="list-style-type: none"> ● Primary Care test results started in May 2025 ● Primary Care Access: <ul style="list-style-type: none"> ○ Prenatal Optimization Project Review and Access Model Review. ● This quarter data was very similar and we do review different ● Lots of feedback obtained by patients ● Didn't see any significant decreases within the data metrics. ● Appointment waits are not that significant. We also review this for quality improvement work. ● New preferred language consistent with current data and will discover more in the new year. ● Overall satisfaction: <ul style="list-style-type: none"> ○ Primary Care ○ Pharmacy ○ Behavioral Health ○ Dental ● Pharmacy <ul style="list-style-type: none"> ○ Privacy of Health Information increased by 1.1% over last quarter. ○ Overall scores are generally steady over time and within 5% of benchmarks. ○ 6.4% decrease after ● Student Health Centers <ul style="list-style-type: none"> ○ Overall satisfaction is 94.3% ○ Given instructions for taking care of health is 99.9% <p>Comments/ Questions:</p> <ul style="list-style-type: none"> ● Patrick Thomas asked about getting client involvement for the student health center for surveying other clinics. Brieshon D'Agostini, Quality Officer stated that we can use board involvement. Patrick Thomas volunteers to help. ● Brenda Chambers commented on the outstanding work the quality team is doing. ● Patrick Thomas also shared kudos for the quality team's work and stated he is very impressed. 	
<p>6:45-7:00 (15 min)</p>	<p>Recognition for Termed Board Members <i>Anirudh Padmala, Interim Executive Director</i></p> <ul style="list-style-type: none"> ● Susana Mendoza was not present and was not able to attend. ● Tamia Deary was present for recognition of her service to the Community Health Center Board. ● Kudos exchanged with Tony Gaines presenting. 	<p>Board reviews</p>
<p>7:00-7:15 (15 min)</p>	<p>Break</p>	



7:15-7:25
(10 min)

Monthly Financial Report
Hasan Bader, Finance Manager

Board receives update

- **Revenue YTD: 40%**
 - Collected 85 million out of 217 million.
- **Expenditure YTD: 37%**
- There are a few reasons for the surplus due to overage from last year's fiscal year which was added to the budget.
- Month of November collected XXX in primary care grant funds.
- We are one month behind since we bill first then collect the funds the next month.
- Contractual services are over spent at 43% due vacancies are filled with contractual staff. We are currently in the Black.
- Health center fees are billable visits fees.
- November collected 13.25 million in fees. Which is our average intake (14 million).
- **Indirect Expenses and Internal Services:**
 - 1.48 million YTD about 36.6%
 - Internal services IT take the largest cut of the budget.
 - 35.5% which is 8 percent below budget.
- **Budget modification for the Year:**
 - Started the year with 217 million as budgeted and had to make 3 budget modifications.
- **Percentage of Uninsured Visit per Quarter:**
 - In July and August there was a decrease in visits since the school population was not in school and accessing services.
 - Budgeted uninsured visits went down to 9% and the reason why we went down to 9% from 12.4% due to a grant from the State of Oregon called Healthier Oregon with criteria of age to meet the grant needs which supports the sudden dip in uninsured visits.
 - For the Dental program we budgeted for actual uninsured visits. For FY26, budgeted for 3% of uninsured visits.
- Payer Mix for Primary Care**
 - Trillium is about 8% of the visits.
 - Care Oregon is about 5% of the visits.
 - Medicaid Open Card is about 5% of the visits.
- **Number of OHP clients assigned by CCO**
 - Seen an increase of assignments for Trillium.
 - 48,000 assigned clients by Care Oregon.
 - 16,000 assigned clients by Trillium.
 - In one year we grew by 25% for assigned clients by



	<p style="text-align: center;">Trillum.</p> <p>CCO Assigned Patient Engagement</p> <ul style="list-style-type: none"> Engaged clients were 58% out of 48,000 clients assigned by Care Oregon. Engaged clients were 20% out of 16,000 clients assigned by Trillum. <p>Comments:</p> <ul style="list-style-type: none"> John Schlosser asked if the 40% is a little inflated. Hasan, Finance Manager confirmed yes it is to support projected budget planning. Anirudh commented increasing the engagement of the most engaged visits. 	
<p>7:25-7:35 (10 min)</p>	<p>Executive Director Strategic Updates <i>Anirudh Padmala, Interim Executive Director</i></p> <p>The Success in Access</p> <ul style="list-style-type: none"> The Health Center served 60,201 patients and 224,201 encounters across all of our programs in calendar year 2205. Monthly average of completed visits were 9,145 in primary care. 277 spots were open due to this new opening. They are backfilling vacancies. They continue with the fellowship program and pretty close XXX. January 5th, 2026, a federal judge updated the terms of data sharing restrictions between HHS and Immigration Agencies. This means that HHS is permitted to resume sharing some limited information regarding Medicaid enrollees, such as contact information. HHR is not permitted to share information about medical information or broader SSN or home addresses. <p>Comments:</p> <ul style="list-style-type: none"> John Schlosser clarified that the term “backfilling” means contracted support from providers. Amy Henniger, Medical Director stated that when backfilling with contracted support the community health center is generating more revenue with contracted filling. Contracts tend to have significant budget impacts and month by month are filling these gaps. Recruitment gaps are being filled. Dani Slyman asked about what has driven the increase of success with access? Amy Henniger, Medical Director stated that contribution from the fellowship and dedicated staff allows us not to lose providers in the recruitment pool. A previous recruitment effort for the board has now turned 	<p>Board receives update</p>



	into a provider in one of our clinics.	
7:35	Meeting Adjourns Meeting adjourns at 7:51 pm	Thank you for your participation

Signed: _____ Date: _____

Monique Johnson, Secretary

Signed: _____ Date: _____

Brenda Chambers, Board Chair

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

SUMMARIES



**community health
center board**

Multnomah County



Origination 12/9/2019
 Last Approved 1/9/2023
 Effective 1/9/2023
 Last Revised 1/9/2023
 Next Review 1/8/2026

Owner Debbie Powers:
 Health Centers
 Division
 Operations Direc
 Area Client Rights and
 Responsibilities
 Applicability Integrated
 Clinical Services
 Legacy Policy CHCB
 Number (For Approved
 Reference Policy,
 Only) ICS.01.19

Primary Care Provider Assignment and Selection (Policy)

Procedure(s):

[Primary Care Provider Assignment and Selection Procedure](#)

Applies to:

The Health Center, Primary Care

PURPOSE

This policy ensures the accurate and timely assignment of Primary Care patients to a Primary Care Provider (PCP). It aims to increase patient and provider satisfaction, improve continuity of care, to ensure care is both equitable and patient centered, and improve delivery of care. For Dental program patients, see DEN.01.13 [Provider of Record and Second Opinions policy](#).

DEFINITIONS

Term	Definition
New Patient	Primary Care: A new Primary Care patient is defined as someone who has not had a Health Center visit within the last 3 years. A <i>primary care visit</i> includes a Health Center behavioral health, nurse, or immunization visit. Visits within the Dental Department or other divisions of the Health Department are not included in the

	<i>definition of a "primary care" visit.</i>
Established Patient	Primary Care: An established Primary Care patient is defined as someone who has had a Health Center <i>primary care</i> health center visit within the last 3 years. This includes Refugee Screening visits with a provider, integrated behavioral health, nurse, or immunization visits.

POLICY STATEMENT

The Health Center is committed to a patient centered approach to Primary Care Provider (PCP) assignment/reassignment and to equity in patient volumes for PCPs. Every Health Center patient shall be assigned a PCP. We value patient choice and work to accommodate patients' and families' needs during visits to Health Centers. We work to contact patients before removing them from our care. PCPs will be assigned or removed in accordance with ICS.01.19.P1 Primary Care Provider Assignment and Selection Procedure above.

REFERENCES AND STANDARDS

Patient Centered Primary Care Home (PCPCH)

- Standard 4.A Personal Clinician Assigned
- Standard 4.B Personal Clinician Continuity

The Joint Commission

- PC.02.01.01: The organization provides care, treatment, or services for each patient.

PROCEDURES AND STANDING ORDERS

See procedures above

RELATED DOCUMENTS

Provider of Record and Second Opinions
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Approval Signatures

Step Description

Approver

Date

Applicability

Integrated Clinical Services

Standards

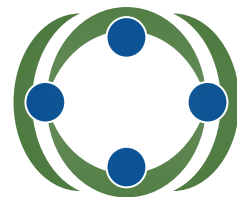
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Executive Director Strategic Updates

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



Executive Director Updates *System level information and updates*


Fiscal Year 2027 Budget	<p>The Health Center has submitted our proposed Fiscal Year 2027 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 reductions in central administrative programs. The CHCB has approved using non-reserve beginning working capital to help cover the funding gap resulting from increase in expenses, federal policy impacts, particularly the projected uninsured increases and reductions in state funding.</p>
Joint Commission’s Gold Seal of Approval for Laboratory and Point-of-Care Testing	<p>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 Home and Ambulatory Care, placing our Health Center alongside recipients such as Mayo Clinic, Johns Hopkins, and Stanford Health Care.</p>
2026 Geiger Gibson Program Emerging Leader Award	<p>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 9, 2026 at the 2026 Policy and Issues Conference. This award recognizes his significant work and contributions on critical initiatives like the Social Determinants of Health (SDOH) Screening and Referral process and the Referral Centralization Project, which has revolutionized care delivery at our organization and set a new standard for our peers.</p>



Capital Projects *Facilities updates, high cost projects*


Rockwood	<p>It’s official, the Rockwood construction project has begun. In the months of February and March construction activities will mostly include work outside of the clinic. From April through October, the interior work will take place. We were pleased to hear that the contractor expects to complete the project in October and therefore when staff return and clinic reopens, there will be little if any construction taking place.</p>
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Mid-County Capital Evaluation	Capital Link and Cascadia Partners are in the final stages of financial analysis and plan to present their findings to the CHCB Executive Committee on February 23rd. This presentation will cover the progress made to date and a detailed overview of the financial analysis. Further information will be shared with the full board shortly after the presentation.
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Strategic Program Updates *Strategic plan/direction of the Health Center* 

Oregon Legislative Session Kicks Off	The 2026 Oregon Legislative Session started on Monday, February 2. The Community Health Center is actively tracking and evaluating proposed concepts and legislative changes which may impact our workforce, operations, budget or access for patient services. Currently, the health center is reviewing 20 bills which we believe may impact one of those areas.
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Oregon Health Authority and Federal advocacy	<p>The Health Center continues to participate in advocacy opportunities related to Medicaid programs and access to critical health services.</p> <ul style="list-style-type: none"> • Anirudh Padmala and Adrienne Daniels joined other health care leaders to advise Dr. Bruce Goldberg (Governor Kotek’s appointee to lead Medicaid Sustainability Recommendations) and Representative Maxine Dexter to discuss pressures on primary care and how to protect Medicaid benefits at both State and Federal Levels • The Health Center also supported a letter advocating for funding to be restored to public health and primary care system budgets at the Oregon Health Authority. • Anirudh Padmala and Board Member, Dani Slyman are attending the National Association of Community Health Center’s Policy and Issues Conference in Washington, DC. They will work with the Oregon Primary Care Association to meet with Oregon Representatives and Senators to discuss health policy changes and impacts to our patient population.
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Risk and Compliance Updates *Compliance events, major incidents/events updates* 

UDS Annual Data Submission	The UDS annual data submission is in process and on track to be submitted by the due date of February 15. The Quality and Business Intelligence teams have collaborated on an intentional improvement effort over the last couple of years to make the complex data set process smoother and more accurate.
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Quality/Process Improvement *Improvement events and activities* 

Pharmacy Window Privacy	The Health Center is working with facilities to evaluate the pharmacy
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Project	lobbies and windows to identify opportunities to improve patient privacy. This is in response to concerns raised about privacy in the pharmacy patient satisfaction surveys.
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General Program Updates <i>Program/Service-line specific updates</i> 	
---	--

Primary Care	<p>Primary Care is kicking off an updated project on Access in February. This should simplify scheduling and allow additional patients to be seen.</p> <p>We are also focusing on teaching patients and staff to successfully complete video visits for telemedicine. This supports fiscal sustainability and provides more comprehensive care support than phone-only. This work also aligns with the Oregon Health Authority's expectations for virtual care standards and reimbursement requirements, while also supporting patients who are working or are worried about leaving their homes.</p>
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Integrated Behavioral Health	<p>The IBH program is saying farewell to two of our longest-tenured Behavioral Health Providers from Fernhill Clinic and HSC. At the same time we are looking ahead to bringing new faces into the program as we recruit for three open BHP positions.</p> <p>We are also engaged in an exciting macro-level program evaluation of how IBH might evolve to offer other services in the future. The evaluation includes focus groups with current patients and surveys of stakeholders in different role groups to dig into what we are doing well and what we could improve.</p> <p>Finally, we have added a new case manager to the Transitions of Care-BH team—bringing that team back to full strength— as well as a new Peer Support Specialist with deep experience supporting patients with substance use conditions.</p> <p>Coming up next month we are getting ready to launch billing for our Case Managers and Peer Support Specialist, and to welcome the next cohort of contracted Peer Support Apprentices from Lutheran Community Services NW.</p>
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Dental	<p>We were able to fill the dentist vacancy at our Billi Odegaard Clinic -the general dentist started January 27, 2026</p> <p>We will be able to re-open on Mondays starting March 09, 2026</p>
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Pharmacy	<p>One component of pharmacy's strategy to maximize and diversify revenue is to implement a contract pharmacy program. With the contract pharmacy program, we will be able to obtain additional 340B savings (revenue) on prescriptions filled at outside pharmacies such as Fred Meyer. We are currently working on a request for offers for a third</p>
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	<p>party administrator to manage contract pharmacy relationships for us. We narrowed down our selection to 2 vendors. We anticipate finalizing the selection and beginning contracting later this month.</p>
<p>Information Systems</p>	<p>The Business Intelligence (BI) team is hard at work on the Health Center's annual UDS report and is collaborating with all Health Center programs to complete final validation before the February 15th deadline. We have also begun initial planning with the central County IT data team to begin a major migration of our health data warehouse to modernize our data infrastructure. A key benefit of the future data warehouse platform is that it will allow for increased ability to control and monitor user access to data at a granular level, as well as the use of PHI masking in data and reports when appropriate.</p> <p>Our CSI Epic Support team is onboarding 6 new staff who joined the team in late January to fill vacancies. They bring with them a wealth of experience, including front-line Health Center staff who are advancing their careers into Epic support roles, as well as individuals with years of experience supporting Epic programs at other health systems. We are also working closely with OCHIN and various Health Center programs to plan and implement significant system enhancements so our teams and patients can benefit from the most current functionality and best-practice workflows.</p>