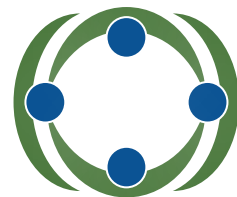




Public Meeting

June 2026



**community health
center board**

Multnomah County

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**community health
center board**

Multnomah County



Public Meeting Agenda

June 8th, 2026

6:00 pm to 7:45 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:

Darrell Wade (he/him) – Acting Chair

Monique Johnson (she/her/ella) – Acting Treasurer

Dani Slyman (she/her) – Acting Secretary

Yalila Alcaraz (she/her/ella) – Board Member

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

Christine Palermo (she/her) – Board Member

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

- 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 - 6:05 (5 min)	Call to Order / Welcome <i>Darrell Wade, CHCB Acting Chair</i>	
6:05 - 6:10 (5 min)	Minutes Review - VOTE REQUIRED ● May 11th, 2026 - <i>Darrell Wade, CHCB Acting Chair</i>	Board reviews and votes
6:10-6:25 (15 min)	HRSA Nutrition Services Grant- VOTE REQUIRED <i>Adrienne Daniels, Policy and Strategy Director</i>	Board Reviews and votes
6:25- 6:30 (5 min)	HRSA Legislative Mandate Policy- VOTE REQUIRED <i>Adrienne Daniels, Policy and Strategy Director</i>	Board Reviews and votes
6:30 - 6:40 (10 min)	Executive Officer Succession Plan- VOTE REQUIRED <i>Monique Johnson, Nominating Committee Chair</i>	Board Reviews and votes
6:40 - 6:50 (10 min)	New Board Member Vote - VOTE REQUIRED <i>Monique Johnson, Nominating Committee Chair</i>	Board Reviews and votes
6:50 - 7:00 (10 min)	Board Member Introductions <i>Darrell Wade, CHCB Acting Chair</i>	
7:00 - 7:10 (10 min)	BREAK	
7:10 - 7:15 (5 min)	Billi Odegaard Change in Hours <i>Azma Ahmed, Dental Director</i>	Board receives updates

7:15 - 7:25 (10 min)	Monthly Financial Report <i>Hasan Badar, Health Center Finance Officer</i>	Board Reviews updates
7:25 - 7:35 (10 min)	Board Committee Updates <i>Committee Chairs</i>	Board receives updates
7:35- 7:45 (10 min)	Department Updates/ Strategic Updates <i>Anirudh Padmala, Interim Executive Director</i>	Board receives updates
7:45	Meeting Adjourns	

PUBLIC MEETING MINUTES



**community health
center board**

Multnomah County



Public Meeting Agenda
May 11th, 2026
6:00 PM - 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.10*

CHCB Board:

Darrell Wade (he/him) – **Acting Chair**

Brandi Velasquez (she/her) – **Acting Vice Chair**

Monique Johnson (she/her/ella) – **Acting Treasurer**

Dani Slyman (she/her) – **Acting Secretary**

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: none

- 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.*

Topic/Presenter	Process/Desired Outcome
<p>Call to Order / Welcome Darrell Wade, CHCB Acting Chair</p> <ul style="list-style-type: none"> • The meeting was called to order at 6:26 pm. • There was a quorum. 	
<p>Minutes Review - VOTE REQUIRED</p> <ul style="list-style-type: none"> • April 13th, 2026 - Darrell Wade, CHCB Acting Chair <p>Comments/Edits: None.</p>	<p>Board reviews and votes</p> <p>Motion to approve: John Second: Dani</p> <p>Yays: 7</p> <ul style="list-style-type: none"> • Monique • Darrell • Dani • Christine • John • Patrick • Yalila <p>Nays: 1</p> <ul style="list-style-type: none"> • Bee

	<p>Abstain: 0 Decision: Motion carries, approved.</p>
<p>NOI Infrastructure Dollars - VOTE REQUIRED <i>Katie Thornton, Regional Senior Manager</i></p> <p>Highlights:</p> <ul style="list-style-type: none"> ● Every year Trillium is given money to support community programs with various capital projects. ● Summer of 2025, Trillium sought out the Northeast Health Center to see if we were interested in applying for funds. ● The health center would like to make the following capital investments in the Northeast Health Center. <ul style="list-style-type: none"> ○ Redesign and configuration of the Nurse/ MA station: \$252,00) ○ Paint for clinic spaces and exam rooms: \$122,000 ○ Emergency exit for reception desk staff: \$70,000 ○ Total ask for funding: \$444,000. <p>Comments/ Edits:</p> <ul style="list-style-type: none"> ● Acting Secretary, Dani Slyman asked Katie, Regional Senior Manager a clarifying question regarding the grant and reloading a bit more of this project in year one. <ul style="list-style-type: none"> ○ Katie, Regional Senior Manager confirmed that she pushed this to the extent she could. ● Board member John Schlosser asked Katie, Regional Senior Manager if this grant is asking for anything in return. <ul style="list-style-type: none"> ○ Katie, Regional Senior Manager stated that this grant isn't traditional as these funds from OHA are then given out to various community organizations. ● Acting Secretary, Dani Slyman asked Katie, Regional Senior Manager if the funds for this grant will support painting and the possibility of engaging with the community for local art. <ul style="list-style-type: none"> ○ Katie, Regional Senior Manager confirmed this grant will support a fresh coat of paint in the back office. ● Board member John Schlosser asked Katie, Regional Senior Manager, if she has to come to the board, ask the board for approval of this grant so that this does not impact the board budget. <ul style="list-style-type: none"> ○ Katie, Regional Senior Manager stated yes. ● Board member Yalila Alcaraz asked Katie, Regional Senior Manager if during the second round, would she continue to work on those same three projects or if she would be working on new projects? <ul style="list-style-type: none"> ○ Katie, Regional Senior Manager confirmed these would be new projects. 	<p>Board Reviews and votes Motion to approve: John Second: Dani Yays: 7 <ul style="list-style-type: none"> ● Monique ● Darrell ● Dani ● Christine ● John ● Patrick ● Yalila ● Bee <p>Nays: 0 Abstain: 0 Decision: Motion carries, approved.</p> </p>
<p>Succession Planning- VOTE REQUIRED <i>Darrell Wade, CHCB Acting Chair</i></p> <p>Comments/ Edits:</p>	<p>Board Reviews and votes Motion to approve: Bee Second: John Yays: 4</p>

<ul style="list-style-type: none"> ● Acting Vice Chair Bee Velasquez asked Acting Chair Darrell Wade if he could help clarify how the board will be discussing the succession plan when the board composition reflects a community majority board and not a patient majority board. Bee expressed concerns about this, especially if there is a HRSA site visit. ● Acting Vice Chair Bee Velasquez stated that there are current board members without their paperwork in and that the board is not in compliance in this area. ● The Interim Executive Director Anirudh Padmala stated that there are eight board members. He stated that the board is not a consumer majority board currently and that the nominating committee is meeting with prospective board members. ● Board member John Schlosser stated that he understood what the Interim Executive Director stated and did not see any harm with tabling this and inquired if there is something that the Interim Executive Director has to put on the next agenda. He stated that the board would operate in the interim positions as the board changes things. ● Board member Yalila Alcares stated the board has lost its objective and vision. She expressed that at this point she is disappointed with all the issues going on within the board. She stated she joined this board to be the voice for the community as a patient and community member. Yalila stated she doesn't understand why there are so many issues on the board. She stated it's as if the board is on two teams instead of one one team. She stated that all board members need to come together to get clarification on many items occurring within the board. Yalila stated that she invites all members of the board to operate as one team to include those on Zoom and that all board members need to show a bit more respect to one another. The board represents that community in which we serve. Yalila stated that she is extremely disappointed. Yaila stated that she mustered the strength to join in person for this meeting as she wanted to express to the board that they all have disappointed her with all due respect. Yalila stated that she is very emotional because she feels like the board is playing games on very important matters. She stated the board is getting lost with egos and stupidity. Yalila stated that she chose to volunteer for the community. She stated that board members are the voices for those that remain unheard. She stated the board has lost its objective in her opinion. She expressed that the board knows she is a new board member and she has the energy to serve, and at the same time, the board is actively taking this energy away from her. Yalila stated she does not understand why there are seats being taken on this board if their membership isn't worthy. She stated the board needs to model confidence, integrity, and respect. ● The board motioned to table the succession plan. 	<ul style="list-style-type: none"> ● Christine ● John ● Yalila ● Bee <p>Nays: 2</p> <ul style="list-style-type: none"> ● Darrell ● Monique <p>Abstain: 2</p> <ul style="list-style-type: none"> ● Dani ● Patrick <p>Decision: Motion carries, approved.</p>
<p>Geiger Gibson Program Emerging Leader Award: Aaron Baeza <i>Debbie Powers, Interim Chief Operations Officer</i></p> <p>Highlights:</p> <ul style="list-style-type: none"> ● Aaron Beza is recognized as one of 14 emerging leaders at the February Policy and Issues forum in Washington D.C. ● The Emerging Leader Award recognizes accomplishments of exceptional young colleagues working in the health center movement. This award celebrates young leaders whose specific work has helped further the health center's purpose. ● Kudos were exchanged for Aaron's contributions to address the social determinants of health for clients of the health center. <p>Comments/ Edits:</p> <ul style="list-style-type: none"> ● Aaron Baeza thanked the board and expressed that his team should be the ones getting recognized for showing up every day and helping workshop his ideas and representing the community. 	<p>Board receives updates</p>

<p>BREAK</p>	
<p>Policies and Issues Conferences Report Out <i>Dani Slyman, Acting Secretary & Anirudh Padmala, Interim Executive Director</i></p> <p>Highlights:</p> <ul style="list-style-type: none"> Acting Secretary, Dani Slyman stated that she and the Interim Executive Director Anirudh Padmala went to this conference and were able to see Aaron Baeza recognized and awarded at this conference. Acting Secretary Dani Slyman stated that she was able to go up on the Hill and speak to Oregon representatives and OPCA and how issues at the federal level are impacting daily life. <p>Comments/ Edits:</p> <ul style="list-style-type: none"> None. 	<p>Board receives updates</p>
<p>Monthly Financial Report <i>Hasan Badar, Health Center Finance Officer</i></p> <p>Highlights:</p> <ul style="list-style-type: none"> Monthly financials available in March. <p>Highlights:</p> <ul style="list-style-type: none"> YTD actuales for revenue was \$158,642,520 which is 73% of the budget. YTD actuales for expenditures was \$147,383,326 which is 68% of the budget. Net income is \$11,241,193 YTD. <p>Revenue:</p> <ul style="list-style-type: none"> PC 330 Grant has collected 66% YTD which is on target for this grant. Health center fees collected about \$16,000,000 in the month of March. Health center fees are 57% of the budget. Self pay fees are usually around \$30,000 to \$35,000 and in the month of March the health center collected about \$70,000. \$20,333,946 dollars were collected in the month of March. <p>Expense:</p> <ul style="list-style-type: none"> Personnel expenses are the main category for expenses. Personnel expenses for the month of March were \$10,408,739 or 68% of the budget. Contract expenses for the month of March were \$667,472 or 69% of the budget. Material and Services for the month of March were \$3,117,551 or 70% of the budget. Internal services for the month of March were \$3,313,346 or 65% of the budget. That includes internal services and indirect expenses. <p>Budget Adjustments:</p> <ul style="list-style-type: none"> There have been four budget modifications processed thus far. As of today the health center budget is \$217.3 million dollars. <p>FQHC Average Billable Visits</p> <ul style="list-style-type: none"> Student Health Center <ul style="list-style-type: none"> 89 actual billable visits per day. Dental Visits: <ul style="list-style-type: none"> 258 actual billable visits per day. Primary Care: <ul style="list-style-type: none"> 556 actual billable visits per day. <p>Percentage of Uninsured Visits by Quarter</p>	<p>Board Reviews updates</p>

- 12% target of uninsured visits in Primary Care per quarter.
- 9% of uninsured visits in Dental per quarter.

Payer Mix:

- Care Oregon is about 65-75%
- Trillium is about 9 %
- Medicare is about 4-5%.
- Self-Pay is about 4-5 %.

Number of OHP Clients Assigned by CCO:

- For the month of March there were about 48,000 assigned clients by Care Oregon.
- For the month of March there were about 17,060 assigned clients by Trillium.
- The combined total is about 65,000 assigned clients.

CCO Assigned Patients Engagement:

- 26,834 Care Oregon patients were engaged and have been seen within the last 12 months.
- Assignments are increasing for Trillium patients who were engaged and offset by the increase in the overall assigned numbers.

Quality Report-Out CY 2025 Q4

Brieshon D'Agostini, Quality and Compliance Officer

Highlights:

Quarterly Quality Measures - CY2025 Q4

- Safety incidents/Client feedback
- Patient surveys

Brieshon D'Agostini, Quality and Compliance Officer

Patient Demographics

- For Q4 2025 there were 28,565 patients seen.
- For Q4 2025 there were 56,813 encounters.

Safety Incidents

- For Q4 2025 there were 50 incidents reported.
- Reporting is encouraged to prevent safety issues.
- The Student Health Center reported four incidents.
- The Pharmacy department reported five incidents.
- The Medical department reported 37 incidents.

Incidents by Category

- There were 20 incidents categorized by Medication/Fluid.
 - Medication/Fluid form is used to report an incident involving a dispensed or administered medication.
- There were 7 incidents categorized by Suicidal Ideation.
 - Suicidal Ideation and Behavior form is used to report any suicide and attempts the client has made or disclosed which occurred in the past 6 month while in our care.
- There were 7 incidents categorized by Diagnosis/Treatment.
 - The Diagnosis/ Treatment form is used to report an incident involving a patient's delayed, incorrect or other impactful event related to the diagnosis or treatment of the patient.
- There were 6 incidents categorized by Good Catch.
- There were 4 incidents categorized by Aggression.
- There were 3 incidents categorized by Provision of Care.

Board receives updates

- There was 1 incident categorized by Surgery/Procedure.
- There was 1 incident categorized by Adverse Drug Reaction.
- There was 1 incident categorized by Lab Specimen.

Patient Feedback

- There were a total of 9 complaints, grievances, and suggestions provided to the Dental department.
- There were a total of 16 complaints, grievances and suggestions provided to the Medical department.
- A total of 28 feedback reports were received.

Q4 2025 Feedback by Category

- We had 11 reports of accessibility.
- We had 7 reports of Attitude/Courtesy.
- We had 7 reports of Care/Treatment.
- We had 9 reports of Communication.
- We had 3 reports of Coordination and Continuity of Care.
- We had 1 report of Finances.
- We had 1 report of Information.
- We had 1 report for Safety.
- We had 12 reports of Service.

Comments/ Edits:

- Board member John Schlosser asked Quality and Compliance Officer Brieshon D’Agostini how the percentages are calculated and if it is through a 1-10 scale or through qualitative data.
 - Quality and Compliance Officer, Brieshon D’Agostini stated that the score was based on satisfied, not satisfied, agree, strongly agree and strongly disagree.

Annual Quality/ Risk Report

Theresa Rice, Quality Supervisor

Highlights:

- The annual review of patient safety incidents, patient complaints, patient experience surveys, HIPPA events, staff training, clinical operational and lab audit.
- Reported patient safety incidents decreased in 2025 to 2024 by 25%.
- Medication/fluid incidents are the highest type, driven by immunization errors, such as using an expired vaccine or administering a vaccine to a patient outside the indicated age range for that vaccine type.
- 2025 saw zero sentinel events, compared to 1 in 2024.
- We completed 18 root cause analysis sessions for systemic review of higher risk events in 2025.
- Patient complaints decreased in 2025 from 2024 by 50%.
- Significantly improved scores and reduced disparities for Asian and Cantonese-speaking populations across measures.
- There were a similar number of reported incidents and confirmed breaches in 2025 as compared to 2024.
- The nature of breaches were related to providing the wrong patients after a visit summary, or unsecured patient information left on a printer.
- For staff training there’s variability from year to year and site to site on training completion

Board receives updates

<p>rate.</p> <ul style="list-style-type: none"> • The Clinic, Operations, & Lab audit (COLA) is a formalized and routine audit performed by nursing and operations leadership to review areas of the clinic with different lenses. <p>Completed Risk Management Activities & Projects</p> <ul style="list-style-type: none"> • Annual Hazard Vulnerability Assessments per clinic • Annual Emergency Plan updates • Quarterly Safety Walkthroughs • Semi-Annual Environment of Care checks • Clinical Operational and Lab Audit (COALA) implemented • Required training review and updates • Replaced non-functional hand sanitizers and added new hand sanitizer dispensers in support of systemic hand hygiene improvements. • Medcurity privacy/security audit • Instrument Sterilization Improvement Project • Replaced privacy curtains with recyclable curtains • Added Personal Protective Equipment wall mounts to all primary care sites to promote use and decrease germ spread <p>2026 Planned Risk Management Goals and Activities</p> <ul style="list-style-type: none"> • Lab specimen labeling improvement • Improvement in patient privacy protections at pharmacy counters at two clinics • Clinical Competency Standardization • Update Emergency Action Plan training content • Support of clinics in medical event response drills. • Project as a result of 2025 Medcurity audit: <ul style="list-style-type: none"> ○ Desktop encryption ○ New tool for flagging unexpected access to patient records 	
<p>Department Updates/ Strategic Updates <i>Anirudh Padmala, Interim Executive Director</i></p> <p>Highlights:</p> <ul style="list-style-type: none"> • Our pharmacies currently use a closed-door model because the Oregon Health Authority’s (OHA) 340B policy prevents filling prescriptions for non-Health Center clients to comply with federal Medicaid rebate mandates. Over the past year, the Pharmacy Director and OPCA have proposed solutions to transition to an open-door model while maintaining federal compliance for OHA. OHA pharmacy leaders support these recommendations and are now seeking internal approval. <p>Comments/ Edits:</p> <ul style="list-style-type: none"> • N/A 	<p>Board receives updates</p>
<p>Meeting Adjourns</p> <ul style="list-style-type: none"> • The meeting adjourned at 8:16 pm. 	

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



Budget Modification Approval Request Summary

Community Health Center Board (CHCB) Authority and Responsibility

As the governing board of the Multnomah County Health Center, the CHCB is responsible for revising and approving changes in the health centers scope; availability of services, site locations, and hours of operations; and operating budget. Reviewing and approving the submission of continuation, supplemental, and competitive grant applications is part of this review and approval process.

An approval to submit a grant application will allow for budget revisions during the application development process within and between approved budget categories up to 25 percent without CHCB approval. All budget revisions that exceed the cumulative 25% budget revision cap will be presented to the CHCB for a vote prior to grant submission. Upon Notice of Award, the budget approved by the funder will be presented to the CHCB for a final approval.

Please type or copy/paste your content in the white spaces below. When complete, please return/share the document with **Board Liaison, CHCB.Liaison@multco.us**

Grant Title	Health Resources & Services Administration (HRSA) Expanding Nutrition Services Supplemental Funding		
This funding will support: <i>Please add an "X" in the category that applies.</i>			
Current Operations	Expanded Services or Capacity	New Services	
	X	X	
Date of Presentation:	Jun 8, 2026	Program / Area:	Community Health Workers
Presenters:	Adrienne Daniels		
Project Title and Brief Description:			
HRSA Expanding Nutrition Services			
What need is this addressing?:			
The purpose of the HRSA Expanding Nutrition Services (ENS) funding is to increase access to nutrition services at HRSA-funded health centers. Nutrition services can help to prevent, manage, and treat diseases and conditions through nutritional and food-based interventions.			
What is the expected impact of this project? (#of patients, visits, staff, health outcomes, etc.)			
The funding will:			



- 1) Increase the number of patients receiving nutrition services comparing 2027 and 2028 UDS numbers;
- 2) Prevent and manage chronic conditions through expanded nutrition services and the introduction of new nutrition education and support programming;
- 3) Coordinate care for patients with inconsistent access to adequate nutritious food; and
- 4) Advance skills and knowledge of the workforce to support expanded nutrition services.

The HRSA grant is not able to pay for infrastructure or certain types of capital equipment changes, which limits our options to invest or create on-site food pantries. However, this proposal does let us develop nutrition education programming in support of the CHCB’s stated priority to expand food programming for clients such as: purchase healthy foods for clients, and develop similar nutrition expansion pathways with partner organizations. Examples of how this funding would be available to clients would include:

- New gardening classes and expanded cooking classes
- Expanded Healthy shopping support, including new food resources and purchases
- Expanded Community Supported Agriculture and Farmers Market food support

What is the total amount requested:

Please see attached budget

\$350,000 annually, with expected renewal over two years (total of \$700,000 over the grant lifecycle)

Expected Award Date and project/funding period:

9/1/26 - 8/31/28

Briefly describe the outcome of a “YES” vote by the Board:

(Please be sure to also note any financial outcomes)

A “yes” vote means Community Health Center will submit the application for supplemental funding for HRSA Expanding Nutrition Services to provide new and expanded nutritional support within the Community Health Worker program. Beginning in September 2026, the health center would begin expanded nutrition services.

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

(Please be sure to also note any financial outcomes)

A “no” vote means that the Community Health Center will not submit the application for supplemental funding for HRSA Expanding Nutrition Services. Nutrition services will not be expanded, limiting access to food and nutrition resources to health center clients.

Related Change in Scopes Requests:

(only applicable in cases in which project will represent a change in the scope of health center services, sites, hours or target population)



Services will be documented under Nutrition Services which is already part of the Health Center Programs scope.

Proposed Budget (when applicable) - We are in the process of creating a budget and will have it prepared before the CHCB meeting.

Project Name: Expanding Nutrition Services		Start/End Date: 9/1/26-8/31/27	
	Budgeted Amount	Comments (Note any supplemental or matching funds)	Total Budget
A. Personnel, Salaries and Fringe			
Position Title: Lead Community Health Worker	\$33,970		
0.25 FTE to coordinate expansion of nutritional services programming including coordination with sub-contractors and scheduling classes.			
Total Salaries, Wages and Fringe	\$33,970		
B. Supplies			
Healthy Pantry Vouchers for 90 clients for 3 months.	40,500		
Cooking Classes & Healthy Eating on a Budget Classes	\$9,150		
Total Supplies	\$49,650		
C. Contract Costs			
Community Supported Agriculture (CSA) Food Shares for 175 food shares	\$195,300		
Farmers Market Vouchers for 80 clients for 5 months.	\$40,050		
Gardening & Food Workshops & Mentorship Program	\$16,950		
Total Contractual	\$252,300		
D. Other Costs			
Mileage and Parking	\$172		
Print cooking workshop materials and program flyers	\$6,300		
Cooking and nutrition curriculum	\$600		



Administration fee for food cards.	\$2,025		
Total Other	\$9,097		
Total Direct Costs (A+B+C+D)	\$345,017		
Indirect Costs			
<i>The FY27 Multnomah County Cost Allocation Plan has set the Health Department's indirect rate at 16.91% of Personnel Expenses (Salary and Fringe Benefits). The rate includes 3.73% for Central Services and 10.94% for Departmental. The Cost Allocation Plan is federally-approved.</i>			
Total Indirect Costs (14.67% of Personnel)	\$4,983		
Total Project Costs (Direct + Indirect)	\$350,000		

	Revenue	Comments (Note any special conditions)	Total Revenue
E. Direct Care Services and Visits			
Medicare			
Description of service, # of visits			
Medicaid			
Description of service, # of visits			
Self Pay			
Description of service, # of visits			
Other Third Party Payments			
Description of Service, # of visits			
Total Direct Care Revenue			
F. Indirect and Incentive Awards			
Description of special funding awards, quality payments or related indirect revenue sources			
Description of special funding awards, quality payments or related indirect revenue sources			
Total Indirect Care and Incentive Revenue			



Total Anticipated Project Revenue (E+F)				
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Origination 5/13/2019
Last Approved N/A
Effective 6/9/2026
Last Revised 5/28/2026
Next Review 3 years after approval

Owner Adrienne Daniels:
Strategy and Policy Director
Area Health Center Administration
Applicability Integrated Clinical Services
Legacy Policy Number (For Reference Only) CHCB Approved Policy, ICS.01.47

Health Resources & Services Administration Consolidated Appropriations Act and Legislative Mandate Review (Policy)

Related Procedure(s):

Not Applicable

Applies to:

All programs and staff supported by the Consolidated Appropriations Act under the Community Health Center program

PURPOSE

Multnomah County Community Health Center is committed to high standards and compliance with all applicable laws and regulations. The purpose of this policy is to outline the requirements and adherence of the Multnomah County Community Health Center to the Consolidated Appropriations Act(s) and related applicable laws and regulations.

DEFINITIONS

Integrated Clinical Services	Integrated Clinical Services (ICS), also referred to as Multnomah County Health Center or Community Health Center or FQHC. As a federally qualified health center (FQHC) and recipient of federal funds, ICS and the CHCB must meet all HRSA Health Center Program Requirements.
Co-Applicant Board	When the public agency’s board cannot independently meet all applicable health center governance requirements, a separate “co- applicant” must be established whose governing board meets Public Health Service Act (PHS) section governance 330 requirements. The Community Health Center Board(CHCB) is the Co-Applicant Board for the Integrated Clinical Services (ICS) Community Health Center.
HRSA	The Health Resources and Services Administration.
Public Agency Status	HRSA's designation for health centers funded through a section 330 grant which include state, county, or local health departments. ICS Community Health Centers have a Public Agency Status.
Public Center	Defined by the Health Center Program's authorizing statute as a health center funded through a section of 330 grant to a public agency.
Consolidated Appropriations Act(s)	Defined as the most recent federal appropriations spending bill (omnibus) which provides designated funding for the Health Resources and Services Administration.
Legislative Mandate Review	A process to assure that grant funding requirements, restrictions, and permissions are only used to support approved funding activities.

POLICY STATEMENT

It is the policy of the Multnomah County Community Health Center to comply with all applicable laws and regulations, including the Consolidated Appropriations Act(s) and associated legislative mandates. This policy supersedes provisions in any Community Health Center policy that may be in conflict with this policy.

In accordance with the requirements of the Consolidated Appropriations Act(s), grant funding received by the Community Health Center under the Health Resources and Services Administration Bureau of Primary Health Care from the most recently appropriated Consolidated Appropriations Act(s) will follow the below requirements:

1. Salary Limitation: None of the funds shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II of the Federal Executive pay scale.
2. Gun Control: None of the funds may be used, in whole or in part, to advocate or promote gun control.
3. Anti-Lobbying:
 - a. No part of the funds including those transferred pursuant to section 4002 of Public Law 111-148 will be used, other than for normal and recognized executive legislative

relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before Congress or any State or local legislature or legislative body, except in presentation to Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government itself.

- b. No part of the funds or transferred pursuant to section 4002 of Public Law 111– 148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policy making and administrative processes within the executive branch of that government.
 - c. The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.
4. Acknowledgement of Federal Funding: When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, such documents shall clearly state – (1) the percentage of the total costs of the program or project which will be financed with Federal money; (2) the dollar amount of Federal funds for the project or program; and (3) percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.
5. Restriction on Abortions:
 - a. None of the funds, and none of the funds in any trust fund to which funds are appropriated in this Act, shall be expended for any abortion;
 - b. None of the funds, and none of the funds in any trust fund to which funds are appropriated in this Act, shall be expended for health benefits coverage that includes coverage of abortion;
 - c. The term "health benefits coverage" means the package of services covered by a managed care provider or organization pursuant to a contract or other arrangement.
6. Exceptions to Restrictions on Abortions:
 - a. The limitations established in the preceding section shall not apply to an abortion – (1) if the pregnancy is the result of an act of rape or incest; or (2) in the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed.

- b. Nothing in the preceding section shall be construed as prohibiting the expenditure by a State, locality, entity, or private person of State, local, or private funds (other than a State's or locality's contribution of Medicaid matching funds).
- c. Nothing in the preceding section shall be construed as restricting the ability of any managed care provider from offering abortion coverage or the ability of a State or locality to contract separately with such a provider for such coverage with State funds (other than a State's or locality's contribution of Medicaid matching funds).
- d. (1) None of the funds may be made available to a Federal agency or program, or to a State or local government, if such agency, program, or government subjects any institutional or individual health care entity to discrimination on the basis that the health care entity does not provide, pay for, provide coverage of, or refer for abortions. (2) In this subsection, the term "health care entity" includes an individual physician or other health care professional, a hospital, a provider-sponsored organization, a health maintenance organization, a health insurance plan, or any other kind of health care facility, organization, or plan."

7. Ban on Funding Human Embryo Research:

- a. None of the funds made available in this Act may be used for – (1) the creation of a human embryo or embryos for research purposes; or (2) research in which a human embryo or embryos are destroyed, discarded, or knowingly subjected to risk of injury or death greater than that allowed for research on fetuses in utero under 45 CFR 46.204(b) and section 498(b) of the Public Health Service Act (42 U.S.C. 289g (b)).
- b. (b) For purposes of this section, the term "human embryo or embryos" includes any organism, not protected as a human subject under 45 CFR 46 as of the date of the enactment of this Act, that is derived by fertilization, parthenogenesis, cloning, or any other means from one or more human gametes or human diploid cells.

8. Limitation on the Use of Funds for the Promotion of Legalization of Controlled Substances:

- a. None of the funds may be used for any activity that promotes the legalization of any drug or other substance included in schedule I of the schedules of controlled substances established under section 202 of the Controlled Substances Act except for normal and recognized executive-congressional communications.
- b. The limitation in subsection (a) shall not apply when there is significant medical evidence of a therapeutic advantage to the use of such drug or other substance or that federally sponsored clinical trials are being conducted to determine therapeutic advantage.

9. Restriction of Pornography on Computer Networks:

- a. None of the funds may be used to maintain or establish a computer network unless such network blocks the viewing, downloading, and exchanging of pornography.
- b. Nothing in subsection (a) shall limit the use of funds necessary for any federal, state, tribal, or local law enforcement agency or any other entity carrying out criminal investigations, prosecution, or adjudication activities.

10. Restriction on Distribution of Sterile Needles: No funds shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug: Provided that such

limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant State or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the State or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with State and local law.

11. Confidentiality Agreements:

- a. Multnomah County's Community Health Center shall not require its employees or contractors seeking to report fraud, waste, or abuse to sign internal confidentiality agreements or statements prohibiting or otherwise restricting such employees or contractors from lawfully reporting such waste, fraud, or abuse to a designated investigative or law enforcement representative of a Federal department or agency authorized to receive such information.
- b. The limitation in subsection (a) shall not contravene requirements applicable to Standard Form 312, Form 4414, or any other form issued by a Federal department or agency governing the nondisclosure of classified information.



12. Restriction on Disseminating False or Misleading Information: None of the funds made available in the Consolidated Appropriations Act may be used to disseminate information that is deliberately false or misleading.

Community Health Center administrative staff will review the Consolidated Appropriations Act at least once every 12 months. Required updates and changes to the policy will be presented to the Community Health Center Board for their review, at minimum, every three years. The Community Health Center Board will approve any updates and changes to the policy. If no changes are required to the policy, it will not be brought to the Community Health Center Board.

REFERENCES AND STANDARDS

[Legislative Mandates in Grant Management for FY2022](#), Office of Federal Assistance Managements (OFAM), Division of Grants Policy (DGP)

[H.R. 1625 - Consolidated Appropriations Act, 2022](#)

PROCEDURES AND STANDING ORDERS

Not Applicable

RELATED DOCUMENTS

Name

Not Applicable

Approval Signatures

Step Description	Approver	Date
Health Center Chief Quality and Compliance Officer	Brieshon D'Agostini: ICS Quality Director	Pending
Policy Coordinator	Shawna Williams: Program Specialist Senior	5/12/2026
Health Center Deputy Director and Chief Strategy Officer	Adrienne Daniels: Strategy and Policy Director	5/7/2026

Applicability

Integrated Clinical Services

Standards

No standards are associated with this document

History

Draft saved by Daniels, Adrienne: Strategy and Policy Director on 5/7/2026, 6:54PM EDT

Comment by Daniels, Adrienne: Strategy and Policy Director on 5/7/2026, 6:54PM EDT

HRSA added new language to its 330 grantee funding rules in alignment with the 2026 Consolidated Appropriations Act. After consultation with Compliance staff, we will be bringing this language to the CHCB for recommended incorporation into this policy. The policy is set to take effect on June 9, 2026 in alignment with the CHCB Public Meeting schedule (pending their approval on June 8)

Edited by Daniels, Adrienne: Strategy and Policy Director on 5/7/2026, 6:55PM EDT

Added new HRSA required language as part of the 2026 Consolidated Appropriations Act. Pending CHCB Approval in June, edits have been included.

Last Approved by Daniels, Adrienne: Strategy and Policy Director on 5/7/2026, 6:55PM EDT

Last Approved by Williams, Shawna: Program Specialist Senior on 5/12/2026, 6:56PM EDT

Approval flow updated in place by Williams, Shawna: Program Specialist Senior on 5/28/2026, 5:33PM EDT



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: **June/ 2026** (previous memos available under public meeting materials on the [CHCB Member site](#))

Executive Director Updates *System level information and updates*




National Health Center Week Planning: Save the Date!	<p>The health center has started to organize its planning for the 2026 National Health Center Week Celebration. Our team will once again partner with Wallace Medical to offer a free health “Back to School Fair” event on August 6 at Vance Park. More details will be shared about activities and organizational attendance in July, and we hope that board members will be able to join us at the event!</p>

Capital Projects *Facilities updates, high cost projects*




Rockwood	<p>At this time, the timeline for the Rockwood construction project remains unchanged. There are indications that this timeline may soon move from October to November. As is the case with construction projects such as this, there were discoveries that required additional construction activity such as additional foundation repair work, equipment availability (HVAC Units), and updated electrical requirements from PGE.</p> <p>The programs can continue to deliver services where they are currently located should the timeline move to November.</p>

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



Strategic Plan Spotlight: Maintain financial sustainability	<p>As the health center prepares for the implementation of major Medicaid eligibility changes, our operational teams will also adopt new electronic health record tools and financial eligibility reporting to assist patients with insurance enrollment. Through the OCHIN Epic “Financial Assistance Module” (FAM), our health center will begin new processes for reviewing patient financial eligibility, insurance expiration and re-enrollment deadlines. This information will then contribute to additional patient outreach and eligibility team support. We expect that the FAM module implementation will begin in late June, and in pilot testing this fall.</p>
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<p>Key Performance Indicators Developed</p>	<p>During the May 2026 senior leadership strategic planning and implementation meeting, the health center approved the development of ten key performance indicators (KPIs) to begin utilization in support of the health center’s global strategic plan performance. These KPIs will begin to be used in wider operational meetings this year, and the CHCB will be invited to share how they prefer to review these updates in alignment with the existing board memos and quarterly operational information reporting by this fall.</p>
<p>State Advocacy for Patient Care Access during HR1 Medicaid Changes</p>	<p>The health center will join multiple workgroups this summer with the Oregon Health Authority to address concerns related to patient care coordination and access to services as a result of HR1 changes. While primary care patient access will not change until the first major January 1, 2027 work requirement implementation, the health center has been proactively asking the Health Authority for additional communication, coordination, and assistance for Medicaid engagement. This includes primary care reimbursement changes, outreach for Healthier Oregon Patients as well as for provider network adequacy.</p>

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

<p>FTCA Deeming Application</p>	<p>The health center’s application for federal medical malpractice coverage is underway and expected to save on insurance premiums in future years.</p>
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Quality/Process Improvement *Improvement events and activities* 

<p>Service Area Analysis</p>	<p>This summer, the health center will be exploring options for analysis of the zip codes served by our clinics.</p>
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General Program Updates *Program/Service-line specific updates* 

<p>Primary Care</p>	<p>In April, Primary Care hosted a Grand Rounds focused on the diagnosis and management of Early Pregnancy Loss. This was followed by a May session on Hyperlipidemia (High Cholesterol), where a local cardiologist presented updated American Heart Association guidelines. We remain committed to delivering high-quality, evidence-based care to reduce the risk of heart attacks and strokes across our patient population.</p> <p>We have a new physician starting at our North Portland Health Center in the month of June.</p>
<p>Integrated Behavioral Health</p>	<p>Dear [Recipient Name],</p>

	<p>I am pleased to provide an update on our ongoing efforts to connect justice-involved individuals with our health centers and support services. We are currently collaborating with several entities across the Tri-County area, including Clackamas County and CODA recovery services. Our shared goal is to expand access to medications for addiction treatment and maintain continuity of care for those transitioning out of the justice system.</p> <p>To date, we have received over 40 referrals from corrections health, with 10 individuals successfully connecting to primary care. This coordination is vital; research shows that engaging recently released individuals in primary care can reduce emergency department visits by up to 50%. You can find more information on these impacts via the Transitions Clinic Network study in Health Affairs: Transitions Clinic Network: Challenges And Lessons In Primary Care For People Released From Prison Health Affairs</p> <p>Thank you for your continued support of this work and for the opportunity to share these updates with you.</p>
<p>Dental</p>	<p>Workforce Development : 100% of our Internal Workforce Trainees passed their Expanded Function Dental Assistant (EFDA) Exam. The workforce team is currently guiding them through their practical requirements to finalize their full certifications.</p> <p>Clinical Care: The Dental team hosted a Grand Rounds session focused on Silver Diamine Fluoride (SDF). SDF is a non-invasive, highly effective preventive treatment. This educational component aligns with our commitment to building a community of practice and about keeping preventative care at the forefront of our health center’s dental program.</p>
<p>Pharmacy</p>	<p>The contract with Pillr Health, the third party administrator selected for contract pharmacy management, is in the final review stage and potentially fully executed in the next several weeks. Once that is complete, we will send Pillr data to do a detailed financial analysis to identify the community pharmacies with the greatest utilization and opportunity. We will then register the contract pharmacies with the Office of Pharmacy Affairs during the July quarterly registration window for a go-live of October 1st.</p> <p>Internally, we established a workgroup for optimization of our pharmacy management software (pharmacy’s “EHR”) to develop processes to identify and address medication adherence gaps during our routine workflows.</p>
<p>Information Systems</p>	<p>At the annual national OCHIN Learning Forum in May, the Health Center was featured in five different sessions. Our Health Center presenters highlighted a range of work including quality and operational improvements, population health, and value based care strategy.</p>

	<p>We are currently partnering with County IT, OCHIN, and Imprivata to configure our new Imprivata Single Sign-on, which will enable secure, fast badge tap login for Epic users on our shared clinic workstations. We aim to complete the rollout by July.</p>
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