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
- 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.

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

	Abstain: 0 **Decision:** Motion carries, approved.
NOI Infrastructure Dollars - VOTE REQUIRED *Katie Thornton, Regional Senior Manager* **Highlights:** ● 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. ○ 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. **Comments/ Edits:** ● 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. ○ 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. ○ 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. ○ 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. ○ 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? ○ Katie, Regional Senior Manager confirmed these would be new projects.	Board Reviews and votes ***Motion to approve: John*** ***Second: Dani*** Yays: 7 ● Monique ● Darrell ● Dani ● Christine ● John ● Patrick ● Yalila ● Bee Nays: 0 Abstain: 0 **Decision:** Motion carries, approved.
Succession Planning- VOTE REQUIRED *Darrell Wade, CHCB Acting Chair* **Comments/ Edits:**	Board Reviews and votes ***Motion to approve: Bee*** ***Second: John*** Yays: 4

- 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.
- ***Edits/Comments:*** Acting Vice Chair Bee asked the Liaison to pull up the board composition matrix to show the composition

Edit per June 8 Public Meeting:

Edits/Comments: via transcript and gemini:

- During the meeting, Bee (Acting Vice Chair) raised concerns regarding the board's succession plan and current composition.1
- Bee noted that the board is currently a majority of community members rather than a patient majority, which she argued could be an issue for HRSA requirements.1
- Monique Johnson objected to the discussion, stating it was not on the meeting's agenda and belonged to a different governance venue.1
- The board ultimately reached an agreement to table the succession plan discussion for a future meeting.
- 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 Alcarez 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.

- Christine
- John
- Yalila
- Bee

Nays: 2

- Darrell
- Monique

Abstain: 2

- Dani
- Patrick

Decision: Motion carries, approved.

Geiger Gibson Program Emerging Leader Award: Aaron Baeza *Debbie Powers, Interim Chief Operations Officer* **Highlights:** ● 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. **Comments/ Edits:** ● 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.	Board receives updates
BREAK	
Policies and Issues Conferences Report Out *Dani Slyman, Acting Secretary & Anirudh Padmala, Interim Executive Director* **Highlights:** ● 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. **Comments/ Edits:** ● None.	Board receives updates
Monthly Financial Report *Hasan Badar, Health Center Finance Officer* **Highlights:** ● Monthly financials available in March. **Highlights**: ● 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. **Revenue:** ● 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. **Expense:** ● 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.	Board Reviews updates

• 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.
 	
Budget Adjustments:
• There have been four budget modifications processed thus far.
• As of today the health center budget is $217.3 million dollars.
 	
FQHC Average Billable Visits
• **Student Health Center**
  ○ 89 actual billable visits per day.
• **Dental Visits:**
  ○ 258 actual billable visits per day.
• **Primary Care:**
  ○ 556 actual billable visits per day.
  ○
Percentage of Uninsured Visits by Quarter
• 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.	Board receives updates

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 from 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. ● 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.	Board receives updates

- 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 2024by 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 rate.
- 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.

Completed Risk Management Activities & Projects

- 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

2026 Planned Risk Management Goals and Activities

- 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:
    - Desktop encryption
    - New tool for flagging unexpected access to patient records

Department Updates/ Strategic Updates *Anirudh Padmala, Interim Executive Director* **Highlights:** ● 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. **Comments/ Edits:** ● N/A	Board receives updates
Meeting Adjourns ● The meeting adjourned at 8:16 pm.	

Signed:_____ Date:_____

Dani Slyman, Acting Secretary

Signed:_____Darrell Wade/s/_____ Date:_____7/13/26_____
Darrell Wade, Acting Board Chair

Scribe: CHCB Executive Officers

Minutes approved, elctronically, at the July 13th, 2026 Public Meeting