Public Meeting

July 2026

community health center board

Multnomah County

Table of Contents

AGENDA

community health center board

Multnomah County

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Multnomah County

Public Meeting Agenda

July 13th, 2026
6:00 pm to 7:30 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.*
CHCB Board:

Darrell Wade *(he/him)* – **Chair**
Dani Slyman *(she/her)* – **Vice Chair**
John Connelly *(he/him* - **Treasurer**
Monique Johnson *(she/her/ella)* – **Secretary**

Patrick Thomas *(he/him/they/ them)* – **Member-at-Large**
Christine Palermo *(she/her)* – **Board Member**
Enrique Sama *(he/him)* – **Board Member**
Nicholas Hayes *(he/him)* – **Board Member**

Ex- Officio: Interim Executive Director - Vacant

- 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** *Darrell Wade, CHCB Chair*	
6:05 - 6:10 (5 min)	**Minutes Review - VOTE REQUIRED** • May 11th, 2026 Public Meeting Minutes (*Revised by ICS Management*) • May 22nd, 2026 CHCB Special Meeting Minutes (Rational Unicorn) • June 8th, 2026 Public Meeting Minutes (*Revised by ICS Management*) *Darrell Wade, CHCB Chair*	Board Reviews and votes
6:10-6:20 (10 min)	**HRSA Legislative Mandate Policy - VOTE REQUIRED** *Adrienne Daniels, Policy and Strategy Director*	Board Reviews and votes
6:20- 6:30 (10 min}	**Ryan White Part D Grant Renewal- VOTE REQUIRED** *Nick Tipton, Regional Manager Senior*	Board Reviews and votes
6:30 - 6:35 (5 min)	**Health Center Licensing, Credentialing, and Privileging Policy- VOTE REQUIRED** *Brieshon D'Agostini, Quality and Compliance Officer*	Board Reviews and votes
6:35 - 6:40 (5 min)	**Operating Reserve Policy- VOTE REQUIRED** *Hasan Bader, Health Center Chief Finance Officer*	Board Reviews and votes
6:40 - 6:50 (10 min)	**BREAK**	

6:50 - 7:00 (10 min)	**Monthly Financial Report** *Hasan Badar, Health Center Finance Officer*	Board Reviews updates
7:00 - 7:10 (10 min)	**Board Committee Updates** *Committee Chairs*	Board Receives updates
7:10	**Meeting Adjourns**	

PUBLIC MEETING MINUTES

community health center board

Multnomah County

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

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- All guests will be muted upon entering the Zoom

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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:_____ Date:_____

Darrell Wade, Acting Board Chair

Scribe: CHCB Executive Officers

Community Health Center Board

Special Full Board Meeting Minutes

Date: Friday, May 22, 2026
Time: 5:00 p.m.
Location: Zoom

1. Call to Order

Darrell Wade called the special meeting of the Community Health Center Board to order at 5:00 p.m.

Darrell stated that the special meeting was called under Article IX of the CHCB Bylaws to consider Articles of Impeachment regarding Board member Brandi "Bee" Velasquez.

Darrell stated that the meeting notice and Articles of Impeachment were provided in advance and included the procedural history that the Executive Committee reviewed the Articles under Article IX, voted to support impeachment, asked Ms. Velasquez to resign, and was presenting the Articles to the full Board because Ms. Velasquez declined to resign.

Darrell stated that the purpose of the meeting was to follow the Article IX process, provide Ms. Velasquez notice and an opportunity to be heard, allow the Board to consider the Articles, and determine whether final Board action was appropriate.

Darrell further stated that the meeting was not a general discussion of Board conflict, personal communications, County staff, legal counsel, media, or governance disputes, except to the extent those issues were directly relevant to the Articles before the Board.

2. Roll Call and Quorum

Anirudh Padmala conducted roll call.

Board members present:

- Darrell Wade
- Monique Johnson
- Dani Slyman
- Patrick Thomas
- Yalila Alcaraz

Board members absent:

- Brandi "Bee" Velasquez
- Christine Palermo

Darrell confirmed that a quorum was present and that the Board could proceed with business.

Also present were Board counsel Lindy Laurence and Nicole Hetz of Rational Unicorn Legal Services, PC; Interim Executive Director Anirudh Padmala; and Rachael Banks. Interpreters were also present.

3. Statement of Article IX Process and Notice

Darrell stated that the meeting followed Article IX of the CHCB Bylaws.

Darrell stated that on May 20, 2026, the Executive Committee met to review impeachment-related matters under Article IX, including the Articles of Impeachment regarding Ms. Velasquez. At that meeting, the Executive Committee reviewed the Articles and voted to support impeachment under Article IX. Darrell stated that the Executive Committee did not remove Ms. Velasquez from the Board, but completed the threshold review required by Article IX.

Darrell stated that, as required by Article IX, after the Executive Committee voted to support impeachment, he first asked Ms. Velasquez to step down and resign. Ms. Velasquez declined to resign on May 21, 2026. Because Ms. Velasquez declined to resign, the matter was before the full CHCB for consideration under Article IX.

Darrell stated that proper notice of the special meeting was provided in advance. The notice was sent on May 21, 2026, for a special meeting scheduled on May 22, 2026, at 5:00 p.m., providing more than 24 hours' notice. Darrell stated that the notice identified the date, time, Zoom location, purpose of the meeting, agenda items, potential executive-session authority under ORS 192.660(2)(b), and stated that any final action would occur in open session. Darrell also stated that the Articles of Impeachment were provided in advance for Board review.

Darrell stated that the notice process was intended to satisfy both the CHCB Bylaws and Oregon Public Meetings Law. Darrell stated that under the bylaws, Ms. Velasquez must receive prior notice and a reasonable opportunity to appear and be heard before final Board action on impeachment, and that under Oregon Public Meetings Law, special meeting notice must be provided at least 24 hours in advance and must identify the principal subjects anticipated for consideration.

Darrell stated that Ms. Velasquez had been provided notice and an opportunity to appear and be heard before any final Board action was considered. Darrell noted that Ms. Velasquez was not present at the meeting.

4. Executive Session

Because Ms. Velasquez was not present and had not requested an open hearing, Darrell stated that the Board would consider entering executive session under ORS 192.660(2)(b), which permits executive session to consider dismissal or discipline of, or to hear complaints or charges brought against, a public officer, employee, staff member, or individual agent who does not request an open hearing.

Darrell stated that representatives of the news media were permitted to attend executive session unless excluded by law, that the Board may require that information discussed in executive session not be disclosed, and that no final action or final decision would be taken in executive session. Darrell stated that any final action would be taken after the Board returned to open session.

Motion: Monique Johnson moved that the CHCB enter executive session under ORS 192.660(2)(b) to consider dismissal or discipline of, or to hear complaints or charges brought against, Brandi "Bee" Velasquez, who had not requested an open hearing. The motion stated that no final action or final decision would be made in executive session and that any final action would occur after the Board returned to open session.

Second: Dani Slyman seconded the motion.

Vote: The motion passed without opposition.

The Board entered executive session.

5. Presentation of Articles of Impeachment in Executive Session

During executive session, Monique Johnson presented the Articles of Impeachment regarding Brandi "Bee" Velasquez under Article IX of the CHCB Bylaws.

Monique stated that the Articles had been reviewed by the Executive Committee, that the Executive Committee voted to support impeachment, that the Chair first asked Ms. Velasquez to resign, and that Ms. Velasquez declined to resign. Monique stated that the Articles were therefore before the full CHCB for consideration.

Monique stated that the Articles were not based on disagreement alone or on the fact that Ms. Velasquez raised governance concerns. Monique stated that Board members may raise legitimate governance concerns, and that the issue was the repeated manner in which those concerns had been raised, escalated, and characterized as emergencies or compliance failures without sufficient grounding in the bylaws, the Co-Applicant Agreement, or established Board processes.

Monique summarized the Articles by title and general basis:

- Article I: Improper assertion of authority and attempted initiation of Board action outside the procedure required by the bylaws.
- Article II: Mischaracterization of governance issues as emergency compliance matters.
- Article III: Improper external escalation of internal governance disputes and reputational harm.
- Article IV: Improper interference with Board and staff governance boundaries.
- Article V: Creation of procedural risk through unilateral communications, demands, and meeting-process disruption.
- Article VI: Pattern of disruptive and obstructive conduct impairing Board function.
- Article VII: Disregard of legal and governance guidance.

- Article VIII: Use of off-agenda materials and meeting disruption in a manner that created governance and public-meeting risk.

Because Ms. Velasquez was not present, she did not provide a response during the meeting. The Board then discussed the Articles.

6. Return to Open Session

Following discussion in executive session, Dani Slyman moved to conclude executive session and return to open session. Monique Johnson seconded the motion.

A roll call vote was taken to return to open session. The motion passed.

The Board returned to open session.

Darrell stated that the CHCB had returned to open session. Darrell stated that the Board met in executive session under ORS 192.660(2)(b), that no final action or final decision was made in executive session, and that any final action must occur in open session.

7. Motion and Vote on Articles of Impeachment

Darrell stated that the Board could now consider whether to take action on the Articles of Impeachment.

Motion: Monique Johnson moved that the CHCB approve the Articles of Impeachment regarding Brandi "Bee" Velasquez and remove Ms. Velasquez from the Community Health Center Board under Article IX of the CHCB Bylaws, effective immediately.

Second: Patrick Thomas seconded the motion.

A roll call vote was taken.

Vote:

- Darrell Wade: Approve
- Monique Johnson: Approve
- Dani Slyman: Approve
- Patrick Thomas: Approve
- Yalila Alcaraz: Approve

Result: The motion passed 5-0. Brandi "Bee" Velasquez was removed from the Community Health Center Board under Article IX of the CHCB Bylaws, effective immediately.

8. Next Steps

Darrell stated that any remaining governance issues, including officer succession, committee appointments, Board matrix updates, recruitment, and records corrections, would be addressed through ordinary Board process at a future properly noticed meeting.

9. Adjournment

There being no further business on the special meeting agenda, Darrell adjourned the meeting at 5:33 p.m.

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 - Voted Chair 6/8**
Monique Johnson *(she/her/ella)* – **Acting Treasurer- Voted Secretary 6/8**
Dani Slyman *(she/her)* – **Acting Secretary - Voted Vice-Chair 6/8**
Yalila Alcaraz *(she/her/ella)* – **Board Member**
Patrick Thomas *(he/him/they/ them)* – **Board Member - Voted Member-at-Large 6/8**
Christine Palermo *(she/her)* – **Board Member**

Ex- Officio: Interim Executive Director - Anirudh Padmala (he/him)
Absences: Anirudh Padmala, Interim Executive Director and Yalila Alcaraz, Board Member

- 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** *Darrell Wade, CHCB Acting Chair* • Meeting called to order at 6:02pm • There is a quorum and Yalila Alcarez had an excused absence.	
6:05 - 6:10 (5 min)	**Minutes Review - VOTE REQUIRED** • May 11th, 2026 - *Darrell Wade, CHCB Acting Chair* **Edits/Comments:** • Monique stated she noticed that the minutes of the last meeting did not include her point of order. • Monique stated that titles for Executive Officers needed to be changed in the agenda to include herself and Dani Slyman's title. • Dani made a motion to table these minutes until the corrections are made. • Monique seconded the motion.	Board reviews and votes ***Motion to table minutes until next meeting:*** ***Dani*** ***Second: Monique*** Yays: 6 Nays: 0 Abstain: 0 **Decision: Approved** ***all members present voted unanimously yes*

6:10-6:25 (15 min)	**HRSA Nutrition Services Grant- VOTE REQUIRED** *Adrienne Daniels, Policy and Strategy Director* **Highlights:** ● Summer and Winter Community Supported (CSA) programming. ● Healthy shopping and cooking classes. ● Food vouchers to support farmers markets. **HRSA Expanding Nutritional Services (ENS)** ● ENS funding increases access to nutrition services at HRSA-funded health centers. ● This opportunity strongly aligns with board feedback on how we can increase food support for our patients. ● Increase the number of patients receiving nutrition support. ● Help our health center address food insecurity and long-term nutrition needs. ● Coordinate care for patients with inconsistent access to adequate nutritious food. ● Apply for a $350,000 year 1:Required renewal for $350,000 year 2. ● 2 year project. **Expanding Nutritional Services Funding** ● Offer new cooking classes (9K) ● Expand out healthy shopping support and add new food purchasing options (34k) ● Introduce new gardening classes and mentorship (17K) ● Expand farmers market vouchers and community supported agriculture (VeggieRx) (~$233K). ● Additional CHW staffing support. **Edits/Comments:** ● Dani stated OHP has a new food benefits program that starts in July. Dani asked if they were increasing capacity to also be able to point patients in this direction regarding this benefit. ○ Adrienne Daniels, Strategy and Policy Director stated that the health center currently participates in the Oregon Health Plan which means that they will also support patients applying to the HRSN part of the Oregon Health Plan. ● Christine Palermo, Board Member asked Adrienne Daniels, Strategy and Policy Director if things like cooking classes, that are part of this grant, will be offered at all of the health centers, or at just specific health centers, due to space or capacity? How will patients from other health centers that do not offer it be able to benefit from this grant?	Board Reviews and votes ***Motion to approve: Monique*** ***Second: Christine*** Yays: 6 Nays: 0 Abstain: 0 **Decision: Approved** ***all members present voted unanimously yes*

	○ Adrienne Daniels, Strategy and Policy Director stated cooking classes currently take place at East-County. However, patients from Mid-County have dominated our cooking classes because we have done a lot of culturally specific recruitment from recent arrivals from African countries. Any patient can take a cooking class. Regardless of what location they attend for primary care or dental services. Adrienne stated we do not currently have adequate cooking space at all of our health centers to host at each health center. ○ One of the long-term goals, when we have capital funding, is to evaluate if we can renovate the space so that we can do more, types of group learning, cooking classes. ○ Dani asked whether they have looked at the capital investment project for Mid-County, if those numbers had included the expansion of those spaces? ■ Adrienne Daniels, Strategy and Policy Director stated when they forecasted the needed additional square footage and the types of space, they included not only additional, meeting space for staff, but functional space that would let us do additional cooking, classes, group learning, and patient group space as well.	
6:25- 6:30 (5 min}	**HRSA Legislative Mandate Policy- VOTE REQUIRED** *Adrienne Daniels, Policy and Strategy Director* **HRSA Consolidated Appropriations** ● Each year, the federal government sets a budget. The budget contains policy requirements for each agency. ● HRSA's policy requirements were introduced in 2019, and renewed ● The new language in our policy ○ 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. ■ Our compliance team and communications team reviewed for alignment with existing work or other policies, and found no concerns. **Edits/Comments:** ● Dani asked Adrienne Daniels, Strategy and Policy Director if there is an expected timeframe from the advisor through OPCA? ○ Adrienne Daniels, Strategy and Policy Director confirmed she has not heard back yet. ● Patrick asked Adrienne Daniels, Strategy and Policy Director if the policy would have restrictions on abortions and if this is currently in effect. ○ Adrienne Daniels, Strategy and Policy Director stated this was in regards to the hyde amendment the board has held this policy, not specific to the abortion section, but this policy related to the appropriations use has been in existence since 2019, which is the first year that HRSA requested health centers have a policy on written record.	Board Reviews and votes ***Motion to approve: Dani*** ***Second: Monique*** Yays: 5 Nays: 0 Abstain: 1 *Darrell- Yay* *Dani- Yay* *Monique- Yay* *Patrick- Yay* *Christine-Abstain* **Decision: Approved**

	• Darrell asked Adrienne Daniels, Strategy and Policy Director if it's possible to amend the policy after they are in the clear from HRSA.
	  ○ Brieshon D'Agostini, Quality and Compliance Officer stated that the board has the authority to approve or update this policy. It would put the health center at risk of noncompliance at the next operational site visit, audit or other scrutiny underHRSA. So, it is absolutely possible, but the risk would remain.
	• Darrell asked Brieshon D'Agostini, Quality and Compliance Officer when the highest risk would occur?
	  ○ Brieshon D'Agostini, Quality and Compliance Officer stated the times that are most at risk of noncompliance would be during the service area competition application, that is slated for this summer, and then, the operational site visit, which will either be in 2028 or 2029, most likely. It could be any time that they can ask for policies or documents, at which time we would need to respond.
	• Dani made a motion to table this policy until the board hears from OPCA or the person who is going the independent review.
	• Monique seconded the motion.	

6:30 - 6:40
(10 min)
	Executive Officer Succession Plan- VOTE REQUIRED
	Monique Johnson, Nominating Committee Chair
	
	Highlights:
	
	• Monique shared the executive officer succession plan slate as the slate for the remaining portion of the applicable unexpired officer terms consistent with Article 14 of the bylaw:
	  ○ Darrell Wade as Chair
	  ○ Dani Slyman as Vice Chair
	  ○ Monique Johnson as Secretary
	  ○ Patrick Thomas as Member at Large
	  ○ John Connelly as Treasurer pending confirmation of vote proceeding.
	
	Edits/Comments:
	
	None.
		Board Reviews and votes
		
		Motion to approve: Monique
		Second: Patrick
		Yays: 6
		Nays: 0
		Abstain: 0
		
		***all members present voted unanimously yes*
		
		Decision: Approved

6:40 - 6:50 (10 min)	**New Board Member Vote - VOTE REQUIRED** *Monique Johnson, Nominating Committee Chair* **Highlights:** ● Monique shared the following recommendations for new board membership: ○ John Connelly, patient consumer ○ Enrique Sama, patient consumer ○ Nicholas Hayes, community member. **Edits/Comments:** ● None.	Board Reviews and votes ***Motion to approve: Darrell*** ***Second: Patrick*** Yays: 6 Nays: 0 Abstain: 0 *John Connelly* **Decision: Approved** ***Motion to approve: Darrell*** ***Second: Dani*** Yays: 6 Nays: 0 Abstain: 0 ***all members present voted unanimously yes to each new board member:* ● *Enrique Sama* **Decision: Approved** ***Motion to approve: Monique*** ***Second: Christine*** Yays: 6 Nays: 0 Abstain: 0 ***all members present voted unanimously yes to each new board member:* ● *Nicholas Hayes*

6:50 - 7:00 (10 min)	**Board Member Introductions** *Darrell Wade, CHCB Chair* ● This agenda item was not discussed and skipped over.	
7:00 - 7:10 (10 min)	**BREAK**	
7:10 - 7:15 (5 min)	**Billi Odegaard Change in Hours** *Azma Ahmed, Dental Director* **Highlights:** ● August 2024- CHCB voted to close Billi Odegaard Dental Clinic on Mondays due to dentist resignation. ● August 2025- Update shared with CHCB on hiring. The Board voted to reopen BODC when we have adequate staffing. ● January 2026- CHCB memo update- new dentist hired and we can open 5 days when they are fully onboarded. ● March 2026- BODC was open to Mondays and we can continue to be open on Mondays. ● We missed bringing the date of reopening back to the CHCB prior to today. ● The presentation is “inform” since CHCB voted to reopen in August 2025. **Edits/Comments:** ● **None.**	Board receives updates
7:15 - 7:25 (10 min)	**Monthly Financial Report** *Hasan Badar, Health Center Finance Officer* **Highlights:** ● YTD for revenue is $175,736, 817or 81% of the budget. ● YTD for expenditures is 166,116,883 or 76% of the budget. ● We are currently in the Black with about $9.6 million. **Health Center Fees:** ● For the month of April, we collected $750,000 for the primary care grant which is a little below where we should be. ● YTD we are at 74% as we are one month behind. ● There was a correction made of about $400,000 for a grant we had from Strategic Oral Health Investment. ● We received $600,000 for this grant rather than $400,000. ● We have multiple grants such as the Ryan White and other grants from Care Oregon. ● We drew down $500,000 in April, and year to date, we drew down 75% of the budget for these grants, which is, again, one month behind. We have to spend the money first, and then we get reimbursed. ● We collected $14,000,000 in April for fee-for-services and we are at 82%.	Board Reviews updates

	Self Pay Client Fees: ● We collected $349,112 dollars in the month of April. **Expenses:** ● In the month of April we spent $10.5 million dollars which is on target. ● For material and services we spent $3 million which is 79% percent of the budget and is below the target rate of 83.3%. **Internal Service:** ● In April we spent $3.5 million dollars which is on target. ● In total we spent $18.7 million in April. **FQHC Average Billable Visits Per Day** ● The student health center had 67 billable visits per day in April**.** ● The dental department had 233 billable visits per day in April. ● Primary care had 675 billable visits per day in April **Payer Mix for Primary Care** ● In the month of April, Care Oregon had a payer mix of 69%. ● In the month of April, Trillium had a payer mix of 8%. ● In the month of April, self pay had a payer mix of 5%. **Number of OHP Clients Assigned by CCO** ● Care Oregon had about 48,000 clients assigned in April. ● Care Oregon had 26,000 engaged clients in April. ● Trillium had about 17,000 clients assigned in April. ● Trillium had 3,900 clients engaged in April. **Operating Policy Reserve** ● Hasan Bader, Health Finance Officer, informed the committee that this policy will be voted on in the July public meeting. ● CHCB Liaison will be sharing this policy with the finance committee prior to the next Executive Committee Meeting. **Edits/Comments:** ● None	
7:25 - 7:35 (10 min)	**Board Committee Updates** *Committee Chairs* **Highlights:** ● None **Edits/Comments:** ● None	Board receives updates

7:35- 7:45 (10 min)	**Department Updates/ Strategic Updates** *Anirudh Padmala, Interim Executive Director* **Highlights:** ● Darrell stated because the Interim Executive Director is not present no substitute presenter is available, he noted that there are no strategic updates presented tonight and to move on to the next agenda item. **Edits/Comments:** ● None	Board receives updates
7:45	**Meeting Adjourns** ● The meeting adjourned at 7:24 pm.	

Signed:_____ Date:_____

Monique Johnson, Secretary

Signed:_____ Date:_____

Darrell Wade, Board Chair

Scribe: CHCB Executive Officers

SUMMARIES

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Multnomah County

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Multnomah County

Board Presentation Summary

Presentation Title	HRSA Consolidated Appropriations Act Policy (Legislative Mandate)

Type of Presentation: Please add an "X" in the categories that apply.

Inform Only	Annual / Scheduled Process	New Proposal	Review & Input	Inform & Vote
	X			X

Date of Presentation:	May 26, 2026 CHCB Executive Meeting June 8, 2026 CHCB Full Public Meeting July 13, 2026 CHCB Full Public Meeting	**Program / Area:**	Legislative Policy, All Community Health Center Services
Presenters:	Adrienne Daniels		

Project Title and Brief Description:

The HRSA Consolidated Appropriations Act Policy was first passed in 2019, and renewed in 2022 and 2025. The Policy needs an update and review before its standard three year review as HRSA has introduced new language for grantees as part of their 2026 budget appropriations and grantee expectations.

Describe the current situation:

The Multnomah County Community Health Center is a 330 grantee and must abide by all HRSA funding and compliance rules. The Health Center maintains a policy which summarizes these rules and requirements, which is managed by health center staff but requires CHCB approval as part of board governance.

HRSA periodically updates language for grantees in the 330 program (community health centers) as part of the budget reconciliation process. Our existing policy was reviewed by HRSA in March 2025 and was found to be in compliance. In April 2026, HRSA released a small update to its Legislative Mandate (rules for health centers), which related to how funding can or cannot be used. The new language states that health centers may not use funding to promote false or misleading information and must be added to our

existing policy. The proposed addition to our existing policy is recommended to the board as one of two options:

Option 1: *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.*

Option 2: *12. Restriction on Disseminating False or Misleading Information: It is the policy of the Multnomah County Community Health Center not to disseminate information that is deliberately false or misleading.*

Why is this project, process, system being implemented now?

The CHCB previously reviewed and approved the HRSA Consolidated Appropriations and Legislative Mandate Policy on August 11, 2025 as part of the three year review process. There were no changes to the policy at that time. In 2026, HRSA introduced adjusted language to its Legislative Mandate, which necessitates an update to the policy before our next three year review cycle.

Briefly describe the history of the project so far *(Please indicate any actions taken to address needs and cultures of diverse clients or steps taken to ensure fair representation in review and planning):*

The updated HRSA language has been reviewed by the Health Center's compliance team, including our HRSA Grants Specialist and Quality Manager. We currently do not have any other policies in place which would address the newly added language, so the recommendation is to add it to the existing Consolidated Appropriations Act and Legislative Mandate Policy.

Upon request of the CHCB during the June Board meeting, additional review was completed with a third party consultant and the Oregon Primary Care Association. Both strongly recommended that new language be incorporated into the legislative mandate policy to maintain compliance. The County Attorney's office has also reviewed the proposed language change and confirmed no concerns or additional risks are created.

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

The Board oversees the Consolidated Appropriations Act and Legislative Mandate Policy. There are no other policy changes recommended at this time. The change will not impact other funding decisions.

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

Our Consolidated Appropriations Act and Legislative Mandate Policy will be updated to be in compliance with HRSA's new language. There are no operational changes to services or scope due to this change.

Briefly describe the outcome of a "NO" vote or inaction by the Board ***(Please be sure to also note any financial outcomes):***
The Health Center will not update its policy, and our policy will be missing required language. HRSA could determine that we are out of compliance and not re-issue funding, which would occur during the August 2026 Service Area Competition renewal cycle.
Which specific stakeholders or representative groups have been involved so far?
Health Center Quality and Compliance staff members Health Center Executive Leadership, including the interim Executive Director, Strategy and Policy Director, and the Quality and Compliance Officer. Oregon Primary Care Association and their Third Party Policy/Compliance Consultants
Who are the area or subject matter experts for this project? ***(Please provide a brief description of qualifications)***
Adrienne Daniels, Health Center Strategy and Policy Director Alex Lehr O'Connell, Health Center HRSA Sr Grant Management Specialist Theresa Rice, Health Center Quality and Compliance Manager
What have been the recommendations so far?
Adopt and include the new HRSA Legislative Mandate language into our existing legislative mandate policy.
How was this material, project, process, or system selected from all the possible options?
The health center could choose to develop a separate policy related to the new language, however, this would lead to multiple policies being required for a singular HRSA Mandate. Continuing all Consolidated Appropriation Language in a single policy helps keep our compliance organized and easy for staff to reference. No additional implementation activities are anticipated.

Board Notes:

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 Renewal or Continuation Title	Ryan White Part D – Services for Women and Youth

This funding supports: *Please add an **"X"** in the category that applies.*

Current Operations	Expanded Services or Capacity	New Services
X		

Date of Renewal Request:	**7/13/2026**	**Program / Area:**	**HIV Health Services Center**
Due Date of Renewal:	**7/13/2026**	**Program Point of Contact:**	**Nick Tipton**

Project Title and Description: *(include priority populations, clinic sites, etc.)*

The purpose of the RWHAP Part D Women, Infants, Children and Youth (WICY) program is to provide family-centered health care services in an outpatient or ambulatory care setting for low income WICY with HIV.

Under this announcement, applicants must propose to provide family-centered care in outpatient or ambulatory care settings to low income women (25 years and older) with HIV, infants (up to two years of age) exposed to or with HIV, children (ages two to 12) with HIV, and youth (ages 13 to 24) with HIV. HHSC serves women and youth (age 18 -25) and works to connect pediatric cases/exposed infants to OHSU.

Grant Progress Report/Status Update:

These funds have been instrumental in helping the HHSC create a unique primary care medical home focused on the needs of WICY living with HIV (LWH) that make up a significant portion (almost 22%) of the total HHSC patient population (over 1,600).
Since 2009, this evolving model of care has helped WICY achieve high rates of retention in care that help improve health outcomes and help them achieve viral load suppression, thus preventing new infections.

Grant Deliverables for Renewal: *(#of patients, visits, staff, health outcomes, etc.)*

Grant Deliverables include : # of patients served (350); number of newly diagnosed enrolled in care (26); Medical Engagement (96% avg, varies among WICY subpopulation); and Viral Suppression (93% avg, varies among WICY subpopulations).

Total amount requested for renewal period: *Provide a budget or draft budget if available.*
Total grant amount and project period:

The project period budget request (8/1/2026-7/31/2027) = This notice of funding opportunity allows HHSC to apply for $391,293 annually for the four year competitive continuation project period, a $16,363 annual increase from the last four year cycle of funding.

Highlight changes to scope and budget for renewal:

None noted

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

A "yes" vote means MCHD will submit the Ryan White Part D Non-Competing Continuation application that will support HHSC efforts to provide care to WICY LWH in the region.

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 HHSC will not receive year-four funding from this funding stream, which means that clinical services for WICY LWH (almost 22% of the clinic population) will not continue at current capacity.

Proposed Budget (when applicable)

The budget is not available yet, but it will be available by the 7/13/26 CHCB meeting.

Project Name: Ryan White Part D Competitive Continuation	**Start/End Date:** 8/1/2026-7/31/2027

	Budgeted Amount	**Comments**	**Total Budget**
A. Personnel, Salaries and Fringe			
Nurse Practitioners **0.08 FTE** **On-call (150 hrs)**			
Provides primary and HIV medical care and treatment to persons with HIV disease. Duties emphasize direct diagnosis, treatment, and medical management of the physical and emotional problems of HIV disease, referral to other internal and external health services, and leading the daily team huddles.			
Physicians **0.10 FTE** **0.12 FTE**			
Provides medical care and treatment to persons with HIV disease. Duties emphasize direct diagnosis, treatment and medical management of the physical and emotional problems of HIV disease, referral to other internal and external health services, and leading the daily team huddles.			
Clinical Medical Assistants **0.60 FTE (multiple staff)**			

On-call 200 hrs			
Assists medical providers in delivering primary care services.			
Behavioral Health/Medical Case Manager **1.0 FTE (multiple staff)**			
Performs advanced, comprehensive behavioral and psychosocial services involving assessment and analysis of complex factors and coordination of specific case plans, mental health and substance abuse counseling, crisis intervention services, and support to provider teams.			
Clinical Psychologist **0.05 FTE**			
Provides mental health therapy to patients, clinical supervision to medical case managers/behavioral health staff, and training to clinic staff.			
Total Fringe			
Total Salaries, Wages and Fringe			
General Office Supplies			
Total Supplies			
Contract description			
Total Contractual			

Description of training and other costs			
Total Other			
Total Direct Costs (A+B+C+D)			
Total Indirect Costs (13.97 of A)			
Total Project Costs (Direct + Indirect)			

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

Description of special funding awards, quality payments or related indirect revenue sources			
Total Indirect Care and Incentive Revenue	**N/A**		**N/A**
Total Anticipated Project Revenue (E+F)			

community health center board
Multnomah County

Board Presentation Summary

Presentation Title	Policy Update: Health Center Licensing, Credentialing, and Privileging Policy

Type of Presentation: Please add an "X" in the categories that apply.

Inform Only	Annual / Scheduled Process	New Proposal	Review & Input	Inform & Vote
				X

Date of Presentation:	July 13, 2026	**Program / Area:**	Quality
Presenters:	Brieshon D'Agostini (she/her), Health Center Quality and Compliance Officer		

Project Title and Brief Description:

Policy Update: Health Center Licensing, Credentialing, and Privileging Policy

Describe the current situation:

This policy requires several clarifications and corrections to align with current practices, industry standards, and Federal Tort Claims Act (FTCA) deeming

Why is this project, process, system being implemented now?

A clear and accurate policy is needed as the health center applies for FTCA deeming, which is expected to provide federal medical malpractice coverage and reduce current insurance premium costs.

Briefly describe the history of the project so far *(Please indicate any actions taken to address needs and cultures of diverse clients or steps taken to ensure fair representation in review and planning):*

Update Highlights

1. Clarifications:
    a. HR's role in collecting and maintaining documentation
    b. LMFT (Licensed Marriage and Family Therapists) and LPCs (Licensed Professional Counselors) included in the definition of Mental Health Counselors
2. Corrections:
    a. Aligned with current processes for clinical oversight
    b. Updated to current job titles
    c. Clarified how healthcare worker type is determined by job functions
    d. Updated "Physician Assistant" to current industry language of "Physician Associate"

List any limits or parameters for the Board's scope of influence and decision-making:
The CHCB approves certain policies in alignment with HRSA requirements, the CHCB Bylaws, the CHCB/County Co-Applicant Agreement, and the "Policy Approval by the Health Center Co-Applicant Governing Board" policy.
Briefly describe the outcome of a "YES" vote by the Board ***(Please be sure to also note any financial outcomes):***
The policy updates will be approved as presented
Briefly describe the outcome of a "NO" vote or inaction by the Board ***(Please be sure to also note any financial outcomes):***
Additional discussion will be needed to understand what changes may be requested and will return for a new vote at a later public meeting
Which specific stakeholders or representative groups have been involved so far?
Medical Director, Operations, Quality, Credentialing team, HR
Who are the area or subject matter experts for this project? ***(Please provide a brief description of qualifications)***
Medical Director, Operations, Quality, Credentialing team, HR
What have been the recommendations so far?
To update the content as presented
How was this material, project, process, or system selected from all the possible options?
Policy updates are required for FTCA deeming, and to help provide clear and accurate guidance to the health center.

Board Notes:

Status **Draft** PolicyStat ID **20596082**

Origination	1/8/2024
Last Approved	N/A
Effective	N/A
Last Revised	N/A
Next Review	N/A

Owner	Brieshon D'Agostini: ICS Quality Director
Area	Human Resources
Applicability	Integrated Clinical Services
Legacy Policy Number (For Reference Only)	CHCB Approved Policy, HRS.04.03

Health Center Licensing, Credentialing, and Privileging (Policy)

ASSOCIATED PROCEDURE(S)

Credentialing and Privileging - Verification Summary (Procedure)

Credentialing and Privileging - Licensed Independent Practitioners (Procedure)

Credentialing and Privileging - Other Licensed and Certified Practitioners (Procedure)

Credentialing and Privileging - Other Clinical Staff (Procedure)

Credentialing and Privileging - National Practitioner Data Bank Enrollment (Procedure)

Credentialing and Privileging - Peer Review Assessment (Procedure)

APPLIES TO

All employed, volunteer, students, residents, interns, and locum tenens (contracted staff) LIPs, OLCPs, and OCSs who are permitted by law and who provide direct patient care at the Health Center.

PURPOSE

To ensure that patients of the Health Center are receiving care from individuals who meet the qualifications and competencies in their respective disciplines, and to affirm the duty to care for patients and the duty to prevent harm to patients.

DEFINITIONS

Term	Definition
Certification	Issued by a professional certifying body to demonstrate the individual's knowledge, skills, and competencies based upon a professional training program. Certified Medical Assistant (CMA) Community Health Worker (CHW) Dental Assistant (DA) Expanded Function Dental Assistant (EFDA) Laboratory Technician (LT) Medical Laboratory Technician (MLT) Peer Support Specialists (PSS) Pharmacy Technician (CPhT) Phlebotomist (CPT) Social Worker (RBSW, LMSW)
Competence	Verification of skills, abilities, and knowledge through an orientation process during which a supervisor or delegate evaluates the professional's clinical qualifications and performance based upon their job description.
Competency: Clinical Knowledge	Maintenance of certifications and licenses, attendance at County training offered during Grand Rounds, obtaining Continuing Education Units (CEUs), completion of required on-line training as assigned, peer chart reviews. Evaluated through tracking course completions in Workday, verification of attendance at training, tracking of CEU, and review of peer chart reviews and other clinical knowledge events.
Competency: Interpersonal and Communication Skills	Clinical staff interact with patients and each other in a respectful manner. Evaluated through patient satisfaction surveys, complaints and feedback, incident reports, and ad hoc feedback from patients and staff.
Competency: Patient Care	The expectation is for all staff to provide compassionate, appropriate, and effective patient care for the promotion of health, prevention of illness, and treatment of disease.

	Evaluated through peer reviews, clinical quality measures, and patient feedback surveys.
Competency: Practice-based learning improvement	Clinical staff utilize clinical quality metrics and other measures for clinical improvement. Evaluated through clinical quality metrics and performance improvement activities.
Competency: Professionalism	Clinical staff demonstrate behaviors that reflect continuous professional development, diversity, and ethics. Evaluated through patient surveys, complaints and feedback, and attendance to annual diversity training and completion of the annual Code of Ethics review.
Competency: System-based practice	Clinical staff demonstrate an understanding of the contents and systems in which healthcare is provided. Evaluated through attendance to Epic and other clinical applications training, ad hoc training for new equipment, systems, and processes.
Credentialing	The systematic process of screening and evaluating qualifications and other credentials, including licensure, required education, relevant training and experience, current competence, and the individual's ability to perform job responsibilities.
Credentials Verification Organization (CVO)	Any organization that provides information on an individual's professional credentials. An organization that bases a decision in part on information obtained from a CVO should have confidence in the completeness, accuracy, and timeliness of information.
Fitness for Duty	The ability to perform the duties of the job in a safe, secure, productive, and effective manner. Required for Licensed Independent Practitioners and Other Licensed or Certified Health Care Practitioners.
Health Care Quality Improvement Act (HCQIA)	A federal law stating that a peer review committee and other persons involved in the professional review of disciplinary action are not liable for civil monetary damages when conducted in a manner that meets HCQIA standards.
Just culture	An organization's culture that recognizes that individuals are human, fallible, and capable of making mistakes, especially when the systems that they work in are flawed. A just culture strives to use these mistakes as a way to uncover root causes and make improvements, rather than resulting in automatic punishment.
Licensed Independent	Any individual permitted by law (the statute which defines

Practitioner (LIP)	the terms and conditions of the practitioner's license) and the facility to provide patient care services independently (i.e. without supervision or direction) within the scope of the individual's license and in accordance with individually granted clinical privileges. Acupuncturists (LAc) Nurse Practitioners (APRN, PMHNP, CNM) Physicians (MD, DO) Physician ~~Assistants~~Associates (PA) Clinical Pharmacists Dentists (DMD, DDS) Expanded Practice Dental Hygienists Licensed Clinical Social Workers Psychologists Mental Health Counselors including LMFTs and LPCs
Licensure	A legal right that is granted by a government agency in compliance with a statute governing an occupation (such as the Board of Medicine, Nursing, Dentistry, Pharmacy, Psychiatry, Social Work, and Licensed and Professional Counselors). Acupuncturist (LAc) Advanced Practice Registered Nurse (APRN-NP) Certified Oregon Pharmacy Technician (CPT) Doctor of Dental Medicine (DMD) Doctor of Dental Surgery (DDS) Doctor of Osteopathic Medicine (DO) Doctor of Podiatric Medicine (DPM) Expanded Practice Dental Hygienist (EPDH) Licensed Clinical Social Worker (LCSW) Licensed Master of Social Work (RBSW, LMSW) Licensed Practical Nurse (LPN) Licensed Professional Counselor (LPC) Licensed Marriage and Family Therapist (LMFT) Medical Doctor (MD) Pharmacist (RPH) Physician ~~Assistant~~Associate (PA) Psychologist (PsyD) Registered Dental Hygienist (RDH) Registered Nurse (RN)
National Practitioner Data Bank (NPDB)	A web-based repository of reports used as a workforce tool to enhance professional review efforts and prevent health care fraud and abuse, with the ultimate goal of protecting the public.

Other Clinical Staff (OCSs)	Individuals who provide health care services and are not licensed, registered, or certified (e.g. non-certified: Medical Assistants, Dental Assistants, Medical Case Managers, Care Navigators, non-certified Community Health Specialists, and Health Educators).
Other Licensed or Certified Health Care Practitioners (OLCPs)	Individuals who are licensed, registered, or certified but are not permitted by law or health center policy to provide patient care services without direction and supervision.
Peer	A person who is of equal standing with another, belongs in the same group or profession, and has the expertise to evaluate the subject matter under review (e.g. physician to physician, dentist to dentist).
Peer review	A structured process whereby medical providers evaluate the quality of their colleagues' work in order to ensure that prevailing standards of care were met.
Peer Review Committee	A committee formed to conduct the reviews of the performance of an individual or group if sanctioned by the quality improvement committee, executive leadership, or Community Health Center Board.
Primary Source Verification (PSV)	A process through which an organization validates credentialing information from the organization that originally conferred or issued the credentialing element to the practitioner. These include direct correspondence, telephone, fax, email, online, or paper reports received from original sources.
Privileging	LIP: Clinical privileging is defined as the process by which a practitioner, licensed for independent practice (i.e. without supervision, direction, required sponsor, preceptor, mandatory collaboration, etc.) is permitted by law and the Health Center to practice independently to provide medical or other patient care services within the scope of the individual's license, based on the individual's clinical competence as determined by peer references, professional experience, health status, education, training, and licensure. LIP clinical privileging is provider-specific. OLCP: OLCP privileging is defined as the process by which a licensed, registered, or certified healthcare worker is permitted by law and/or the Health Center to practice in their role according to their job description, Health Center Policy and Procedure, and their state licensing board, where applicable. OLCP clinical privileging is role-specific. OCS: OCS privileging is defined as the process by which a non-licensed/certified healthcare worker is permitted by law and/or the Health Center to practice in their role

	according to their job description and Health Center Policy and Procedure. OCS privileging is role-specific.
Remedial action	An intervention to improve competency such as monitoring, proctoring, consultations (prospective, concurrent, retrospective) and action plans.
Secondary Source Verification (SSV)	A process through which an organization documents credentialing information through written material (e.g. copy of license or transcript) that is not considered primary source material.

POLICY STATEMENT

The Health Center's credentialing and privileging process is intended to protect its patients by ensuring that its healthcare workers possess requisite training, experience, and competence. All Licensed Independent Practitioners (LIPs), Other Licensed and Certified Health Care Professionals (OLCPs), and Other Clinical Staff (OCSs) who provide patient care services through Health Center sites are required to be credentialed and privileged prior to treating patients as described in this policy and the attached procedures.

Designation as an LIP, OLCP, or OCS is based on job functions required in the position description. The Health Center requires that LIPs, OLCPs, and OCSs cooperate in the credentialing and privileging process. Failure to comply with credentialing and privileging requirements, including failure to submit necessary documentation, may result in disciplinary action up to, and including termination. LIPs, OLCPs, and OCSs whose credentialing or privileges have been denied or revoked have a right to appeal the decision as described in the applicable Credentialing and Privileging procedures and the appropriate bargaining agreement.

LIPs: It is the ultimate responsibility of the Health Center's ~~Credentialing Committee~~Clinical Senior Leadership to appoint and re-appoint appropriately licensed and qualified individuals to the Medical, Pharmacy, and Dental staff, and to grant such individuals specific clinical privileges. Such appointments and reappointments will be made upon the recommendation of the Health Center ~~Chief Clinical Officer (CCO) and the~~ clinical component director (Medical Director, Pharmacy Director, Dental Director) ~~to the Health Center's Credentialing Committee~~.

OLCPs and OCSs: It is the ~~ultimate~~ responsibility of Health Human Resources to ~~credential OLCPs~~collect and maintain current licensure and certification documentation. It is the responsibility of the Health Center ~~Chief Clinical Officer (CCO) and~~ clinical component directors and managers (Medical Director, Pharmacy Director, Dental Director, Director of Nursing, Laboratory Director) to privilege OLCPs and OCSs through competencies.

The duration of any appointment to the clinical staff and the specific clinical privileges granted will not exceed two (2) calendar years.

For LIPs: temporary appointments and privileges may be conferred as described in the attached procedure.

National Practitioner Data Bank (NPDB): All LIPs, OLCPs, and OCSs must be enrolled in the NPDB

continuous query upon hire.

REFERENCES AND STANDARDS

- County Collective Bargaining Agreements (CBAs)
- HRSA Health Center Program Compliance Manual, Chapter 5 "Clinical Staffing"
- HRSA Health Center Program Compliance Manual, Chapter 21: "Federal Tort Claims Act"
- HRSA PIN 2001-16 "Credentialing and Privileging of Health Center Practitioners"
- HRSA PIN 2002-22 "Clarification of Bureau of Primary Health Care Credentialing and Privileging Policy outlined in Policy Information Notice 2001-16"
- The Joint Commission (TJC) Standards:
    - HR.01.01.01 "The organization defines and verifies staff qualifications"
    - HR.01.06.01 "Staff are competent to perform their responsibilities"
    - HR.02.01.03 "The organization grants initial, renewed, or revised clinical privileges to individuals who are permitted by law and the organization to practice independently"
    - HR.02.03.01 "The organization has a fair hearing process for addressing adverse credentialing and privileging decisions"
- Program Assistance Letter 2017-07: Temporary Privileging of Clinical Providers by Federal Tort Claims Act (FTCA) Deemed Health Centers in Response to Certain Declared Emergency Situations

RELATED DOCUMENTS

Name
See Attachments

Attachments

Board Resolution 04-151: Delegation of Authority to Appoint Licensed Independent Practitioners in the Health Department

Approval Signatures

Step Description	Approver	Date

Applicability

Integrated Clinical Services

Standards

No standards are associated with this document

community health center board
Multnomah County

Board Presentation Summary

Presentation Title	Operating Reserve Policy

Type of Presentation: Please add an "X" in the categories that apply.

Inform Only	Annual / Scheduled Process	New Proposal	Review & Input	Inform & Vote
	X			X

Date of Presentation:	July 13, 2026	**Program / Area:**	Finance
Presenters:	Hasan Bader, Health Center Chief Financial Officer		

Project Title and Brief Description:

Financial Operating Reserve Policy

Purpose: Build and maintain an adequate level of net assets to support the Health Center's day-to-day operations in the event of unplanned revenue shortfalls.

Describe the current situation:

The policy was last reviewed in 2022, with no proposed changes.

This policy is in conjunction with the other financial policies of the Health Center and is intended to support the goals and strategies contained in those related policies and in strategic and operational plans.

- The reserve ("Contingency Reserve") may be used as contingency for one-time only expenses.
- Reserve and contingency funds will create ongoing stability for the Health Center
- Policy and fiscal stability are guided by accounting best practices, HRSA guidelines, and by Multnomah County's Financial and Budget Policies
- Funds are not intended to replace a permanent loss of funds
- The target minimum Operating Reserve Fund is equal to three months of average recurring operating costs

Why is this project, process, system being implemented now?

Policy is due for review and approval
Briefly describe the history of the project so far *(Please indicate any actions taken to address needs and cultures of diverse clients or steps taken to ensure fair representation in review and planning):*
As stated above, a version of this policy was approved in 2022 and up for renewal
List any limits or parameters for the Board's scope of influence and decision-making:
The Board has decision-making power over the renewal of the policy.
Briefly describe the outcome of a "YES" vote by the Board *(Please be sure to also note any financial outcomes):*
The Board will renew the policy as presented
Briefly describe the outcome of a "NO" vote or inaction by the Board *(Please be sure to also note any financial outcomes):*
Additional discussion will be needed to understand what changes may be requested/needed and will return for a new vote at a later public meeting
Which specific stakeholders or representative groups have been involved so far?
ICS, CHCB, HD & County
Who are the area or subject matter experts for this project? *(Please provide a brief description of qualifications)*
Hasan Bader, CFO, ICS
What have been the recommendations so far?
This policy should be renewed
How was this material, project, process, or system selected from all the possible options?
Following established policy renewal process

If approved, is this policy ready to be implemented? If not, what is the process and timeline for implementation?
Policy is ready to be implemented upon approval, if not approved will require additional time for requested changes to criteria to be implemented, timeline pending requested changes

Board Notes:

Status **Pending** PolicyStat ID **20054063**

Origination	9/12/2022
Last Approved	N/A
Effective	Upon Approval
Last Revised	3/5/2026
Next Review	3 years after approval

Owner	Hasan Bader: Finance Manager Senior
Area	Health Center Fiscal
Applicability	Integrated Clinical Services
Legacy Policy Number (For Reference Only)	CHCB Approved Policy, ICS.12.13

Operating Reserve (Policy)

RELATED POLICIES/PROCEDURES

N/A

APPLIES TO

Integrated Clinical Services

PURPOSE

The purpose of this Operating Reserve policy is to build and maintain an adequate level of net assets to support the Health Center's day-to-day operations in the event of unplanned revenue shortfalls. The reserve ("Contingency Reserve") may also be used as a contingency for one- time, nonrecurring expenses that will build long-term capacity, such as staff development, research and development, or investment in infrastructure.

Reserve and contingency funds will create ongoing stability for the Health Center and protect the program from unexpected revenue declines from economic fluctuations and unexpected costs. These

fiscal stability approaches are informed by governmental accounting best practices, Health Resource and Services Administration (HRSA) guidelines, and by Multnomah County's Financial and Budget Policies.

Operating reserves are not intended to replace a permanent loss of funds or eliminate an ongoing budget gap. The Health Center intends for the operating reserves to be used and replenished within a reasonable period of time. This Operating Reserve policy will be implemented in conjunction with the other financial policies of the Health Center and is intended to support the goals and strategies contained in those related policies and in strategic and operational plans.

DEFINITIONS

Term	Definition
Health Center	All activities related to the HRSA-funded Health Center Program. For Multnomah County, the health center is encompassed in Integrated Clinical Services (ICS).
HRSA	Health Resources and Services Administration; federal agency in charge of the Health Center Program.
Operating Reserve Fund	The designated fund set aside by action of the Community Health Center Board (CHCB). The minimum amount to be designated as operating reserves will be established in an amount sufficient to maintain ongoing operations and programs for a set period of time, measured in months. The operating reserve serves a dynamic role and will be reviewed and adjusted in response to internal and external changes.

POLICY STATEMENT

The target minimum Operating Reserve Fund is equal to three months of average recurring operating costs. The actual calculation of average recurring operating costs is operating reserves divided by the average monthly expense budget.

In addition to calculating the actual operating reserve at the fiscal year-end, the operating reserve fund target minimum will be calculated each year during the annual budget process. These reserves will be reported to the Finance Committee and CHCB and included in the regular financial reports and/or dashboards.

ACCOUNTING FOR RESERVES

The Operating Reserve Fund will be recorded in Workday and financial statements as Board Designated Operating Reserve. The Operating Reserve Fund will be funded and available in cash or cash equivalents. Operating reserves will be maintained in a segregated bank account or investment fund, in accordance with the County's investment policies or will be commingled with the general cash and investment accounts of the Health Center.

FUNDING OF RESERVES

The Operating Reserve Fund will be funded with surplus operating funds without restrictions. The Operating Reserve will reserve a specified portion earmarked for revenue loss (15% of program income) and for contingencies (10% of program income). The CHCB may, from time to time, direct that a specific source of revenue be set aside for operating reserves. Examples may include one-time gifts or bequests, property sales, special grants, or special appeals.

The Health Center Chief Executive Officer and/or Chief Financial Officer will identify the need for access to reserve funds and confirm that the use is consistent with the purpose of the reserves as described in this Operating Reserve Policy. Determination of need requires analysis of the sufficiency of the current level of reserve funds, the availability of any other sources of funds before using reserves, and evaluation of the time period for which the funds will be required and replenished.

AUTHORITY TO USE OPERATING RESERVES

Authority for the use of operating reserves is delegated to the Health Center Chief Executive Officer and/or Chief Financial Officer in consultation with the Chair of the Finance Committee. The use of operating reserves will be reported to the CHCB at their next scheduled meeting, accompanied by a description of the analysis and determination of the use of funds, and plans for replenishment to restore the Operating Reserve Fund to the target minimum amount. The Chief Executive Officer must receive prior approval from the CHCB if the operating reserves will take longer than the next budget cycle to replenish.

REPORTING AND MONITORING

The Health Center Chief Executive Officer and/or Chief Financial Officer is responsible for ensuring that the Operating Reserve Fund is maintained and used only as described in this Policy. Upon approval of the use of operating reserve funds, the Health Center Chief Executive Officer and/or Chief Financial Officer will maintain records of the use of funds and plan for replenishment. She/he will provide regular reports monthly to the Finance Committee and/or CHCB of progress to restore the fund to the target minimum amount.

The Health Center Chief Executive Officer and/or Chief Financial Officer will annually discuss what additional risk factors might be considered for the Health Center, the impact of budgeting on operating reserve levels, and any other funding requirements that may arise.

REVIEW OF POLICY

This Policy will be reviewed by the Finance Committee every year at minimum, or sooner if warranted by internal or external events or changes. Changes to the Policy will be recommended by the Finance Committee to the CHCB for approval.

REFERENCES AND STANDARDS

HRSA BPHC Health Center Program Compliance Manual, Chapter 15: Financial Management and Accounting Systems; Chapter 19: Board Authority.

PROCEDURES AND STANDING ORDERS

Not applicable

RELATED DOCUMENTS

HRSA BPHC Health Center Program Compliance Manual

Approval Signatures

Step Description	Approver	Date
Policy Coordinator (on behalf of CHCB Liaison)	Shawna Williams: Program Specialist Senior	Pending
Health Center Director	Anirudh Padmala: Integrated Clinical Services Director	3/11/2026
Policy Coordinator	Shawna Williams: Program Specialist Senior	3/5/2026
Policy Owner	Hasan Bader: Finance Manager Senior	3/3/2026

Applicability

Integrated Clinical Services

Standards

No standards are associated with this document

Leadership Strategic Updates

- Executive Leadership
- Operations
- Clinical
- Quality

community health center board

Multnomah County

Community Health Center Board

Health Center Highlights

TO: Community Health Center Board
FROM: Executive Senior Leadership
RE: Public Meeting Memo - **Monthly Report**
DATE: **July/2026** *(previous memos available under public meeting materials on the CHCB Member site)*

Executive Updates *System level information and updates*

Staff Transitions	At the close of June, the Health Center began to navigate several staff transitions directly related to broader County budget reductions. Adhering with collective bargaining agreements, some Health Center vacancies were successfully utilized to place displaced County employees. Concurrently, contractual seniority rules resulted in a number of Health Center staff members being bumped into other roles outside of the Health Center or experiencing layoffs. Leadership is actively managing the onboarding and integration of personnel new to the Health Center into their respective positions and teams. Our primary operational focus remains twofold: supporting our new staff as they adapt to their roles, and ensuring that clinical services and program integrity for our patients are maintained without interruption.

Capital Projects *Facilities updates, high cost projects*

Rockwood Health Center	The extensive planning for the transition to East County has proven to have been time and efforts well spent. There have been very few unanticipated issues and services continuing as planned. Various findings such as issues with the roof have caused delays impacting the construction timeline. At this time, a return to our Rockwood site would likely be in November and subject to change. Good news, a muralist has been selected as well as the color palates and we are getting closer to seeing how renovations are taking shape. The extensive planning for our transition to East County has proven to be time and effort well spent. Thanks to these thorough preparation

	efforts, we have encountered very few unanticipated issues, and services are continuing smoothly as planned. Regarding construction timeline, some unexpected findings during the renovation process such as issues with the roof, have impacted our original construction timeline. At this time, our anticipated return to the Rockwood site is projected for November, though this remains subject to change as work progresses. We are making exciting design progress. A muralist has been officially selected, and the color palettes are being finalized. We are getting closer each day to seeing the new renovations take shape and look forward to sharing more updates soon.
Cleveland Student Health Center (SHC)	Cleveland SHC packed up and moved to the Marshall campus where services will be provided during Cleveland High School construction (June 2026-August 2029). Cleveland High Schools is one of several Portland Public Schools being modernized or rebuilt through the voter approved 2025 bond measure.

Strategic Program Updates *Strategic plan/direction of the Health Center*	
Strategic Plan Spotlight: Innovate through Technology	The health center is mid-way through the adoption of a new patient call center software upgrade which will allow service lines to offer new call features for patients. This will allow us to begin offering better customer service options such as an automatic “call me back” feature (helping with long wait times). The new software integration will also help managers receive better information about call center and eligibility team productivity, top patient questions, and call data, helping our operational teams make decisions about how to better design phone services.
Expanding Nutrition Services Grant: Update on grant posting	In June 2026, the CHCB approved the application for a new HRSA “Expanding Nutrition Services” grant opportunity. HRSA has delayed the release date of the grant application period. The health center will continue to plan for this service expansion opportunity and apply for the grant when it is released. The current year’s Prescription Produce and Veggie Voucher programming is unaffected by this grant delay. More than 200 patients are currently enrolled in these programs.
Legislative Mandate Policy Review	In June 2026, the CHCB reviewed the existing Consolidated Appropriations Act and Legislative Mandate Policy per a change in HRSA appropriations. Upon request, the health center has completed further investigation and consultation with external entities regarding options for how to respond to these changes. All external entities strongly encouraged the health center to adopt new policy language as proposed, with one alternative language consideration. The board will receive an updated policy recommendation during the

	July 13th meeting for their consideration.
Federal Financial Assistance Regulation Proposed	The federal Office of Management and Budget (OMB) published a proposed regulatory change in June regarding how federal agencies propose updates to the distribution and oversight of discretionary funding. These changes would allow federal agencies higher levels of authority to withdraw funding based on political priorities of administrative leadership, which would fundamentally change how federal dollars are distributed and monitored. The health center is working with the National Association of Community Health Centers and the Multnomah County Government Relations team to file comments in opposition to the rule and evaluate engagement in other challenges to the proposed rule.

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

340B Mock Audit	We contracted with an external organization to perform a semi-annual 340B mock audit during the month of June. The audit consisted of a review of policies and procedures in addition to a large sample of prescription claims and clinic-administered medications. Although the final report is currently pending, preliminary discussion suggests that no significant adverse findings are expected.

Quality/Process Improvement *Improvement events and activities*

Joint Commission Site Survey Preparation	Preparation is underway for the Joint Commission (TJC) site survey for our Ambulatory Care and Primary Care Medical Home (PCMH) accreditation expected in 2027.

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

Primary Care	In primary care we continue to focus on our clinical quality metrics- getting kids in for well child checks and up to date on their immunizations is a perfect focus for the summer. We also are preparing to recruit for the new provider positions that were approved in the FY27 budget, we are excited to announce 3 of our current fellows will fill those vacancies. We continue work around our new patient intake process, refining workflows to improve our efficiency in the electronic health record and improve our patient access.
Integrated Behavioral Health	As the budget process concludes, the Integrated Behavioral Health (IBH) program is preparing for the upcoming fiscal year with a focus on several key focuses • Strengthening team cohesion by creating new opportunities for staff to connect.

	• Expanding patient access and operational efficiency through increased utilization of telehealth services and group support offerings. • Developing standardized patient care workflows to improve continuity of care and reduce dependence on institutional knowledge. • Renewing our focus on productivity while establishing methods to capture the full value of IBH work beyond traditional visit totals. Enhancing our evaluation of unmet patient needs through an equity lens, specifically targeting populations that have historically faced barriers to mental health care.
Dental	Management and Labor Relations have successfully reached a tentative contract agreement with our Dentists. We want to formally recognize and express our appreciation for the hard work, professionalism, and timely cooperation demonstrated by the Dentists, management, and the Labor Relations team throughout this negotiation process. We will provide additional updates as the agreement moves toward final ratification.
Pharmacy	We are working with East County Primary Care Leaders and our facilities partners to scope a potential expansion of the East County Pharmacy into an adjacent conference room in FY27. The prescription volume and number of clients served has increased significantly over the past 5 years and the existing space is no longer adequate.
Information Systems	Our Business Intelligence & Analytics team is partnering with County IT and other divisions within the Health Department to ensure continuity and sustainability of key reporting functions amidst staff changes. While the transitions present challenges, we are also using the opportunity to improve the documentation and understanding of processes for our Health Center data assets. We are continuing to partner 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. Our Epic support team is also preparing to kick off several large initiatives with OCHIN that will improve functionality for document management as well as enrollment and eligibility.