



Public Meeting Minutes
August 10, 2026
6:00 pm to 8:00 pm
Via Zoom

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

CHCB Board:

Darrell Wade (*he/him*) – **Chair**

Vice Chair - Vacant

John Connelly (*he/him*) – **Treasurer (Acting Vice-Chair)**

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

Member-at-Large - Vacant

Christine Aavedal (*she/her*) – **Board Member**

Enrique Sama (*he/him*) – **Board Member**

Nicholas Hayes (*he/him*) – **Board Member**

Ex- Officio: Interim Executive Director - Debbie Powers (*she/her*)

- Meetings are open to the public
- Guests are welcome to observe/listen
- There is no public comment period
- All guests will be muted upon entering the Zoom

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

Time	Topic/Presenter	Process/Desired Outcome
6:00 - 6:10 (10 min)	Call to Order / Welcome <i>Darrell Wade, CHCB Chair</i> • Meeting was called to order at 6:07pm • Absent: Christine? • We have a quorum with 5 members present • Christine joined at 6:pm	
6:10 - 6:15 (5 min)	Minutes Review - VOTE REQUIRED • July 13th, 2026 Public Meeting Minutes • July 24th, 2026 Special Public Meeting Minutes • July 30th, 2026 Special Public Meeting Minutes <i>Darrell Wade, CHCB Chair</i> Edits/Comments: None	Motion to approve: John Second: Monique Yays: 5 Nays: 0 Abstain: 0 Decision: Approved <i>**all members present voted unanimously yes</i>
6:15-6:25 (10 min)	Care Oregon Student Health Action Council Grant - VOTE REQUIRED <i>Alexandra Lowell, Student Health Center Manager</i> Highlights: • Grant from CareOregon Community Organization	Motion to approve: John Second: Monique Yays: 5 Nays: 0

	• If awarded, the amount would be \$90,000 per year for a total of 3 years (FY27-FY29) • Notification will be in September 2026 • Opportunity for funding to support youth engagement in Student Health Centers • This funding can cover costs for the Student Health Action Council and is not tied to specific or required additional programming • It will assist in funding the project manager and interns who lead youth engagement at the nine high schools with an SHC • A request for funding has been submitted ahead of the deadline, but it will be withdrawn if the vote does not pass. Questions/Comments: • None	Abstain: 0 Decision: Approved <i>**all members present voted unanimously yes</i>
6:25-6:35 (10 min)	Rockwood Reopening with 340B - ~~VOTE REQUIRED~~ <i>Debbie Powers, Interim Executive Director</i> Highlights: • The planned vote for today's meeting regarding the Rockwood site reopening has been postponed to the October Public Meeting due to construction delays. • Will return in October with any additional updates and to request a vote. • Unexpected foundation issues discovered during construction have delayed the target reopening date from January 2027 to March or early April 2027. • The adjusted timeline is required to submit a "change of scope" application with HRSA to re-add Rockwood to the health center scope. This step is critical to securing access to 340B drug pricing program medications upon reopening. Questions/Comments: • John asked what budget impact this will have? ◦ Debbie answered that additional funds were added by the County to mitigate additional costs, such as the foundation findings. Additionally, we have money in the contingency funds to absorb the unknown for construction • Darrell asked as to where the Rockwood patients are being rerouted? ◦ Rockwood patients receiving medical care or need pharmacies are going to the East County Health Center. Dental patients are rerouted to multiple locations due to the chair capacity at each location.	~~Motion to approve:~~ ~~Second:~~ ~~Yays:~~ ~~Nays: 0~~ ~~Abstain: 0~~ Decision: Approved Vote was postponed and will be presented at a future Board meeting
6:35- 6:45 (10 min)	Credit-Balance Policy- ~~VOTE REQUIRED~~ <i>Hasan Bader, Health Center Chief Finance Officer</i> Highlights: • The purpose of this Credit Balance policy is to outline how the Health Center manages accounts with a credit balance. This is in accordance with HRSA requirements and the policies of Oregon's Department of State Lands regarding unclaimed property, as well as county financial policies. • There are no changes to the current policy; if the Board approves it, it will also receive approval from the CFO and the interim Executive Director. • A credit balance occurs when the total credits on a client's account surpass the total charges applied to that account. • A credit balance eligible for a refund is one in which all relevant charges and credits have been recorded, audited, and reconciled. • The Community Health Center aims to resolve credit balances on client	Motion to approve: John Second: Monique Yays: 5 Nays: 0 Abstain: 0 Decision: Approved <i>**all members present voted unanimously yes</i>

	accounts as quickly as possible. If the client or third party cannot be reached, accounts receivable will follow the mandated process for submitting unclaimed property to the Department of State Lands. - The Credit Balance policy is informed by accounting best practices, HRSA guidelines, Oregon's Department of State Lands regarding unclaimed property, and Multnomah County's Financial Policies. Questions/Comments: - None	
6:45 - 6:55 (10 min)	Community Health Center New and Established Patients Service Area Criteria (Policy & Procedure) - VOTE REQUIRED <i>Debbie Powers, Interim Executive Director</i> Highlights: - This policy outlines the process by which the Community Health Center assesses its service area and explains how CHC staff support clients who relocate outside this area, as well as new clients establishing care from outside the service area. - This policy is mandated by HRSA. - It details the CHC's review of the service area and the assistance provided to both current and new clients who are outside the service area, ensuring continued access to care and resources. - Changes Noted: - Walk in workflow was removed as it lives in other policy areas - Revision of the employee's title responsible for the review process and the advancement of recommendations based on trends. - Patient zip codes will be reviewed annually. - Recent updates to the policy include: - The removal of a patient walk-in workflow, as this belongs in other policies. - Clarification of the ICS HRSA Grants Management Specialist title and the procedure for the annual review to demonstrate the collaborative assessment by health center staff and team in the event of a recommendation. - Tracked changes in the policy. Questions/Comments: - None	Motion to approve: John Second: Enrique Yays: 5 Nays: 0 Abstain: 0 Decision: Approved <i>**all members present voted unanimously yes</i>
6:55 - 7:05 (10 min)	Fiscal Year 27 Quality Management Plan - VOTE REQUIRED <i>Brieshon D'Agsotini, Quality and Compliance Officer</i> Highlights: - The Quality Management Plan establishes the framework and infrastructure for delivering high-quality, equitable, and safe care. It fulfills mandatory compliance requirements for both HRSA and Joint Commission accreditation. - The plan is one of three key components in the health center's quality cycle, alongside the Annual Quality Report (presented in April) and the Quality Work Plan. - Changes for this fiscal year are minor and focus on alignment rather than substantive policy shifts: - Aligned Quality Committee meeting descriptions with CHCB bylaws. - Updated senior leadership roles, org charts, and meeting cadences to reflect recent staffing/budget adjustments.	Motion to table vote: Monique Second: John Yays: 5 Nays: 0 Abstain: 0 Decision: Approved <i>**all members present voted unanimously yes</i>

	- Adjusted the timeline and description for the annual quality and risk report. - Applied minor clarifications to key performance indicators (KPIs). Voting Outcomes & Implications: - Yes Vote: Formally approves the FY27 Quality Management Plan as presented. - No Vote: Requires further discussion to identify requested changes and delays approval, risking HRSA noncompliance due to the lack of an updated annual plan. Questions/Comments: - Monique asked what is the timeline for implementation? - Brieshion answered that the plan was intended for adoption in May/June to take effect in July for the new fiscal year. Although slightly delayed, operations have continued under the current framework as the proposed updates are non-substantive. The plan was initially reviewed in March at a Quality Committee meeting. Subsequent board membership changes delayed additional committee meetings, so the plan was routed through the Executive Committee to reach the full board agenda. - Monique asked if we are just adapting the previous management plan? - Brieshion confirmed that the FY27 plan is essentially identical to the FY26 plan, containing only minor administrative updates (such as alignment with current board bylaws, updated org - Enrique asked where the Quality Management Plan material was provided? - Brieshion confirmed it was provided in the CHCB packet materials and noted it was pages 36-52 in the Board book. - Monique motioned to table the vote	
7:05-7:15 (10 min)	Executive Officer Succession Planning - VOTE REQUIRED <i>Darrell Wade, CHCB Chair</i> Highlights: - Per Article 14, Section 5 of the CHCB bylaws, automatic officer succession dictates that the Treasurer succeeds the Vice Chair, and the Secretary succeeds the Treasurer. - If an officer declines or cannot serve in the succession line, the Nominating Committee must step in and provide a recommendation to fill the unexpired term upon notice of vacancy. - Before voting, officers in the succession line were asked to state on the record whether they accept or decline stepping into the advanced roles. John Connelly confirmed his willingness to move into the Vice-Chair position. - Motion to Table: During the discussion regarding John moving into the Vice Chair role, Monique proposed tabling the vote, citing low attendance (5 members present) and ongoing Nominating Committee efforts to recruit additional board members. Questions/Comments: - None	<i>Motion to table vote :</i> <i>Monique</i> <i>Second: John</i> Yays: 5 Nays: 0 Abstain: 0 Decision: Approved <i>**all members present voted unanimously yes</i>

BREAK		
7:25-7:40 (15 min)	Q1 + Q2 Quarterly Quality Report <i>Brieshon D'Agostini, Quality and Compliance Officer</i> Highlights: Brieshon D'Agostini presented the combined Quarter 1 and Quarter 2 Quality Data Report, noting that the quarters were combined due to prior Quality Committee schedule delays. ● Patient Demographics: ○ Quarterly Volume: 43,000 patients served across 116,496 encounters/appointments. ○ Demographic distributions remained consistent with historical baseline data. ● Safety Incidents: ○ Quarter 1: 49 total incidents reported, consistent with baseline averages. ○ Quarter 2: 45 total incidents reported. ○ Incident Trends & Highlights: ■ <i>Student Health Centers</i>: Q2 saw a reduction in incident reports due to seasonal closures. ■ <i>Medication/Fluid</i>: Slight reduction in overall incidents attributed to lower seasonal vaccination volumes. ■ <i>Suicidal Ideation and Behavior</i>: Remained the top category across both quarters. Protocols dictate reporting for any known/disclosed occurrences within the prior 6 months while under care. Each incident triggers a comprehensive review by the Integrated Behavioral Health Manager and interdisciplinary team. ● Patient Feedback & Complaints: ○ Quarter 1: 29 feedback items received, predominantly via patient insurance plans. ○ Quarter 2: 36 feedback items received, including notable positive patient compliments. ○ <i>Note</i>: Individual feedback files may be coded under multiple categories. ● Patient Satisfaction & Experience Surveys: ○ Survey Volume: 1,306 surveys completed in Q1; 1,300 completed in Q2 across Primary Care, Dental, and Integrated Behavioral Health. ○ Key Metrics & Trends: ■ <i>Overall Satisfaction</i>: Remained steady on the higher end of the typical baseline range (89%–91%), remaining within 1–3 percentage points of regional benchmarks across all service lines. ■ <i>Appointment Wait Times</i>: Showed slight variation following several quarters of upward trends. Integrated Behavioral Health saw a slight decline, partially attributed to a smaller sample size. ■ <i>Test Results</i>: Turnaround time satisfaction continued an upward trend, demonstrating sustained operational improvement.	Board Reviews updates

	■ <i>Language & Interpretation:</i> Evaluation of materials and services in preferred languages showed high stability with only a 3% variance across the last four quarters. ■ <i>Staff Courtesy:</i> Staff and phone attendant courtesy scores varied by less than 2%. ● Quality Improvement (QI) Initiatives: ○ Access Model: Ongoing formal evaluation of the access model implemented in prior years. ○ Patient Intake Workflow: Standardized workflow implemented to streamline clinic onboarding and optimize billing accuracy. ○ Wound Care: Standardized wound care formulary and conducted provider education to improve care access. ○ High-Risk Patient Outreach: Active engagement strategy targeting high-risk patient populations. ○ Integrated Behavioral Health: Program evaluation currently in progress. ○ Clinical Pharmacy Survey: Conducted an ad-hoc survey regarding high no-show rates. Findings indicated that 90% of patients understood the purpose of their appointment, confirming that lack of appointment clarity was not a contributing factor to no-shows. Questions/Comments: ● Nicholas asked whether the Health Center tracks quality metrics regarding provider and staff input or employee workplace experience? ○ Brieshon clarified that while the Health Center does not currently conduct a standalone internal staff survey, employee input is gathered through several established mechanisms: 1. County-Wide Survey: Conducted every two years by Multnomah County, providing comprehensive workplace experience data collated and distributed back to individual health programs. 2. Health Department Pulse Surveys: Periodic short-form surveys administered by the Health Department to gauge staff feedback on targeted topics. 3. Ad-Hoc Staff Surveys: Special-purpose internal surveys conducted as needed for specific operational or programmatic evaluations.	
7:40-7:50 (10 min)	UDS Report <i>Alex Lehr O'Connell, Senior Grants Management Specialist</i> <i>Brieshon D'Agostini, Quality and Compliance Officer</i> Highlights: Brieshon D'Agostini provided an educational overview and report on the annual UDS submission process, reporting timelines, and client demographic trends. ● Background and Purpose of UDS: ○ Definition: UDS is HRSA's federal data warehouse used to collect, monitor, and benchmark operational and clinical data from all Federally Qualified Health Centers (FQHCs). ○ Grant Compliance: Annual reporting is mandatory to maintain FQHC status and retain core health center grant funding.	Board Reviews updates

- System Utility: Provides longitudinal insight into community needs, identifies health center service gaps, and drives data-capture and documentation improvement workflows across clinical teams.
- Annual UDS Submission Timeline:
 - January – Early February: Final year-end data extraction, financial reconciliation (calendar year close), data entry, and error validation.
 - February 15: Mandatory submission deadline to HRSA (noted early submission achievement in recent years).
 - March: HRSA review and inquiry period; staff submit clarifications and data updates.
 - April – May: HRSA formal approval of final submission, followed by the initial executive report to the Community Health Center Board.
 - August – October: HRSA publishes benchmark data and health center Quality Improvement Badges online. Staff subsequently conducts a secondary comparative analysis and presents a peer-benchmarking report to the Board.
- Client Volume & HRSA Target Goals:
 - Trend Analysis: Patient volume declined during 2021 and 2022 due to the COVID-19 pandemic, followed by a steady recovery. Calendar year 2025 volume saw a minor variance of approximately 250 patients compared to the prior year.
 - HRSA Target Goal: The historical HRSA target is set at 66,000 patients, established during expanded projections following the passage of the Affordable Care Act (ACA). While missing the target does not directly jeopardize core grant funding, health centers nationwide have experienced shifts in post-ACA volume expectations.
 - Service Area Competition (SAC): The Health Center plans to formally request a target volume reduction during the next triennial SAC application cycle.
- Demographics & Payer Mix Highlights:
 - Language Services: 45%–47% of patients are best served in a language other than English. The Health Center serves an exceptionally diverse array of languages compared to peer health centers, reinforcing the critical role of robust interpretation and translation services.
 - Federal Poverty Level (FPL): Approximately two-thirds (~66%) of all patients live at or below 100% FPL, with an additional 11% in the subsequent income bracket. FPL data directly informs the Health Center's sliding-fee scale eligibility structure.
 - Insurance Coverage Breakdown:
 - Medicaid: ~75% of total patient population.
 - Dual Eligible (Medicaid/Medicare): 6%.
 - Medicare: 7%.
 - Private Insurance: 5%.
 - Uninsured: 6%–7%.
 - Medicaid Outreach Success: Outreach teams successfully sustained and expanded Oregon Health Plan (OHP) enrollment during post-pandemic redetermination periods, mitigating potential coverage losses and protecting health center revenue.
 - Housing Stability: The Health Center continues to capture self-reported housing status per HRSA definitions, supporting clinical workflows and qualifying the health center for HRSA's supplemental Healthcare for the Homeless funding.

Questions/Comments:

- None

7:50-8:00 (10 min)	CHCB 2026 Fall Conferences <i>Darrell Wade, CHCB Chair</i> • NACHC Fly-in, Washington D.C • NWRPCA 2026 Primary Care Fall Conference, Salt Lake City, Utah Highlights: • Board Chair, Darrell Wade reviewed the three upcoming CHCB conference: ○ (September and December) NACHC Fly-in - Washington, DC ○ NWRPCA Primary Care Conferences - Salt Lake City, Utah • A survey was previously distributed to board members to assess their interest in attending conferences for further support, training, or continuing education. • A minimum notification of 6 weeks is required for registration. Inform the CHCB Liaison if Board members wish to attend. Debbie suggested 8 weeks is a safer timeline. Questions/Comments: • Darrell Wade encourages the Board, particularly those new to the Board, to attend these conferences if possible. Darrell indicated that events are helpful and essential as they provide an opportunity to connect with other board members from across the country and learn about the initiatives taking place in various communities, particularly regarding how they advocate for and support their community health centers. Additionally, it is a chance to meet out-of-state providers and hear about their impactful work. There are also valuable workshops available, especially at Northwest Primary Care.	Board Reviews updates
8:00-8:10 (10 min)	Department Strategic Updates <i>Debbie Powers, Interim Executive Director</i> Highlights: National Health Center Week & Historical Context: • Commemorated National Health Center Week, highlighting the movement's origin in 1964 with Dr. Jack Geiger and Dr. John Hatch following the "Freedom Summer" in Mississippi. • Noted that early community health center models were adapted from South African community clinics serving populations impacted by poverty and apartheid. • Emphasized the foundational role of the Office of Economic Opportunity (created under the Johnson Administration's War on Poverty) in expanding health centers nationwide. • Reaffirmed the ongoing civil rights mission of health centers and expressed appreciation for the Board's service in advancing that mission. Policy & Strategy Updates (Medicaid Work Requirements): • Adrienne Daniels, Policy and Strategy Director, in collaboration with the Health Department, submitted public comments regarding upcoming changes to Medicaid work requirements slated to take effect January 1, 2027.	Board Receives updates

	• Outlined concerns regarding increased administrative burdens on patients and providers, including stricter documentation requirements to establish medical fragility (e.g., a diagnosis such as cancer alone will no longer automatically qualify without medical documentation of inability to work; attestations will no longer be accepted post-2028). • Further updates will be provided to the Board via the Operations Memorandum. Dental Workforce Program Accomplishments: • Received an update on the "Grow Your Own" Expanded Function Dental Assistant (EFDA) workforce program, established to address critical regional staffing shortages. • Announced the successful graduation of the program's second student cohort. All graduates have been hired into active positions, expanding patient access and supporting clinic dental staff. Questions/Comments: • Debbie recognized Board members with August birthdays (Darrell Wade and Monique).	
8:10	Meeting Adjourns at 7:29pm	

Signed:_____ **Monique Johnson /s/**_____ **Date:**___ **9/23/26**_____

Monique Johnson, Secretary

Signed:_____ **Darrell Wade /s/**_____ **Date:**__ **9/23/26**_____

Darrell Wade, Board Chair

Scribe: Crystal Cook // email: crystal.cook@multco.us