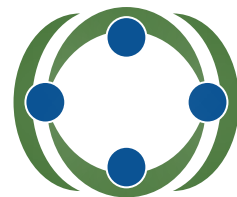




Public Meeting

October 2026



**community health
center board**

Multnomah County

Table of Contents

Agenda

Public Meeting Minutes

September 14th, 2026

September 23rd, 2026

Summaries

Executive Director Strategic Updates

AGENDA



**community health
center board**

Multnomah County



Public Meeting Agenda

October 12, 2026
6:00 pm to 8:00 pm
In Person, Gladys McCoy Building

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>	
6:10 - 6:15 (5 min)	Minutes Review - VOTE REQUIRED • September 14th, 2026 Public Meeting Minutes • September 23rd, 2026 Public Meeting Minutes <i>Darrell Wade, CHCB Chair</i>	Board Reviews and votes
6:15-6:25 (10 min)	Rockwood Reopening with 340B - VOTE REQUIRED <i>Debbie Powers, Interim Executive Director</i>	Board Reviews and votes
6:25- 6:45 (20 min)	CY25 UDS National/State Data Comparison <i>Alexander Lehr O'Connell, Senior Grants Management Specialist</i>	Board Reviews updates
6:45- 6:55 (10 min)	BREAK	
6:55-7:05 (10 min)	Monthly Financial Report <i>Hasan Bader, Chief Financial Officer</i>	Board Reviews updates
7:05-7:10 (5 min)	NACHC Fly-in Takeaways <i>Darrell Wade, CHCB Chair</i>	Board Receives updates

7:10-7:15 (5 min)	Board Committee Review <i>Darrell Wade, CHCB Chair</i>	Board Receives updates
7:15-7:25 (10 min)	Department Strategic Updates <i>Debbie Powers, Interim Executive Director</i>	Board Receives updates
7:25	Meeting Adjourns	

PUBLIC MEETING MINUTES



**community health
center board**

Multnomah County



Public Meeting Minutes

September 14, 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)

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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> • John motioned to cancel the meeting due to lack of quorum. Monique, Nicholas, and Christine agreed. No Nays. The meeting will be rescheduled later this month. • <i>Darrell and Enrique couldn't make the meeting</i>	

Signed:_____Monique Johnson /s/_____ Date:___9/14/26_____

Monique Johnson, Secretary

Signed:_____Darrell Wade /s/_____ Date:___9/14/26_____

Darrell Wade, Board Chair

Scribe: Jaycob Padron // email: Jaycob.padron@multco.us



Public Meeting Minutes

September 23, 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 6:03pm • Absent: All present • We have a quorum with 6 members present •	
6:10 - 6:15 (5 min)	Minutes Review - VOTE REQUIRED • August 10th, 2026 Public Meeting Minutes <i>Darrell Wade, CHCB Chair</i> Edits/Comments: None/Add notes	Motion to approve: John Second: Monique Yays: 5 Nays: 0 Abstain: 1 Decision: Approved <i>**all members present voted unanimously yes</i>
6:15-6:25 (10 min) 6:08-6:13	Ryan White Part C Grant Renewal/Continuation - VOTE REQUIRED <i>Nick Tipton, Regional Senior Manager</i> Highlights: • HRSA grant for Ryan White established 1990. • Nursing staff and Early intervention services.	Motion to approve: Christine Second: John Yays: 6 Nays: 0 Abstain: 0 Decision: Approved

	• 3 year grant that would fund more nursing staff for people living with HIV • Part C specifically allows us to provide services for all in the state of Oregon • Roughly 757K total in grant funding Questions/Comments: • No questions or comments noted from members	<i>**all members present voted unanimously yes</i>
6:25-6:35 (10 min) 6:13-6:16	Student Health Center Grant Opportunity - VOTE REQUIRED <i>Alexandra Lowell, Student Health Center Manager</i> Highlights: • 50k over 2 years. • Notified in November if awarded. • Funding for: Two student Health Action Interns for Student Health Action Council (SHAC), Classroom presentations & Behavioral Health Groups. Questions/Comments: • No questions or comments noted from members	Motion to approve: Nicholas Second: Christine Yays: 6 Nays: 0 Abstain: 0 Decision: Approved <i>**all members present voted unanimously yes</i>
6:35- 6:45 (10 min) 6:16-6:24	Fiscal Year 27 Quality Management Plan - VOTE REQUIRED <i>Brieshon D'Agostini, Quality and Compliance Officer</i> Highlights: • Brieshon reviewed the quality management plan changes that helps support the quality of the services we provide by updating: ○ Quality Committee to align with bylaws ○ Senior leadership roles ○ Meeting cadences ○ Administration to align with Bylaws ○ Job titles ○ Org charts ○ Annual quality/risk report description/timing Questions/Comments: • Nicholas: We removed the Health Equity Director, what was their role and what was created? Brieshon: It was a limited role to update programs, leadership skills, & procedures.. Brieshon will look into what was created out of the role and send it to the board. Nicholas: He worked in Equity and DEI and knows how important that role is and questioned losing the position.	Motion to approve: John Second: Monique Yays: 5 Nays: 0 Abstain: 1 Decision: Approved <i>**all members present voted unanimously yes</i>

	Nicholas: What was the reason we shifted from the Strategy Officer to Strategy Director? Brieshon: It was part of a change from a couple years ago. She will get back to the board with more info.	
6:45-6:55 (10 min) 6:24-6:41	Executive Director Recruitment <i>Rachael Banks, Health Department Director</i> Highlights: - The position has been open for 26 months and covered with interim Executive Directors. - UHC recruiting (external recruiter) was retained to recruit for the Executive Director as the focus on FQHC recruitments. - UHC solutions was obtained for the recruitment (local company) as they specialize in co-applicant agreements. - Candidate referrals are asked to be referred to UHC. - The board has provided feedback about the Exec Director they would like to see. - Three board members and three Multnomah County staff are adding input to the recruitment process. - We are working with Dora Perry to facilitate the meetings from Cultural Coaching Solutions. - Final steps include proposing 3 candidates to the CHCB for selection in December 14th public meeting Questions/Comments: - Darrell: Have we determined the salary range? Rachael: Yes there is a salary range determined. There is a higher range that Rachael is looking into with HR so that we are more competitive. - John: Has the recruiter said anything about the salary range? Rachael: We are looking at an appropriate salary range to possibly increase it by 25k to 100k+. Monique: We are 75-125k less than other Executive Director positions. - Nicholas: Has there been any determinations about bonafide factors to consider to adjust the pay range? Rachael: There are several factors that go into the salary range determination that would be run through HR. Erin: We align with Oregon pay law. Class Comp helps with determining the pay range and looks at experience, education, and how it compares to comparable roles. It's unique so there aren't many positions like it. - Nicholas: Do we have a list of comparisons of other roles/position experience or do we have a rubric? Rachael: Yes, UHC has comparables that they will use to compare jobs/scale across the country/region. UHC has been reaching out to stir up interest when the recruitment goes out.	Board Reviews updates
6:55 - 7:05	BREAK	

(10 min) 6:41-6:51		
7:15-7:30 (15 min) 6:52-7:09	FY26 Closeout Report <i>Hasan Bader, Chief Financial Officer</i> Highlights: • Revenue 215M spent and our budget was 217M spending 99% • Expenditure is 204M leaving 10.865M • June revenues were 1.8M more than expenses • Internal services total is 40M which is 95% of the budget. (Budget was 42M) • 4 budget modifications: 217.23M processed for professional services and personnel we ended 217.492M • Health Center dashboard: ○ We were lower than our projections for visits. ○ Uninsured visits were assisted through a grant. ○ Care Oregon is 66% of our visits. The next is Trillium at 9%. Uninsured are 4.5% of visits. ○ CareOregon is the majority of our clients. Questions/Comments: • No questions or comments noted from members	Board Reviews updates
7:05-7:15 (10 min) 7:09-7:23	Strategic Plan Updates <i>Debbie Powers, Interim Executive Director</i> Highlights: • Debbie reviewed the progress of the strategic plan. The plan is a three year plan that started last year. • We look at priorities and align to the strategic plan. • CHCB wanted to look at critical infrastructure needs. Evaluating sustainable plans to improve behavioral health services and Mid County expansion was highlighted as a priority since it is our largest clinic. • Early November will be a finance review to our strategic plan. • We are building a strong public presence with the Mid County expansion. • Mobile clinics will see people in their community and identify areas where additional services are needed. • Convenient care: Providers that focus on people with urgent needs as their schedule is only open a few days. • Support staff experience: Fellowship experience supports providers who are new to the workforce. It helps with retention and recently supported 14 providers. Very successful program. • Sustainability items included exploring contract pharmacy agreements.	Board Reviews updates

	• Innovation through tech: Improvement to diabetes care through retinopathy cameras. MyChart Optimization will improve communication. Questions/Comments: • No questions or comments noted from members	
7:30-7:35 (5 min) 7:23-7:26	NACHC CHI & Expo Takeaways <i>Darrell Wade, CHCB Chair</i> Highlights: • Connected with people that have been on other boards including someone who has been on a health board for 25 years. • Helpful to hear from other boards about how they are addressing community issues, clinic shortfalls, and HR1 prep. • We should be pushing care navigation and supporting the community. • Darrell highly recommends the conference. Questions/Comments: • No questions or comments noted from members	Board Receives updates
7:35-7:45 (10 min) 7:26-7:28	Board Committee Review <i>Darrell Wade, CHCB Chair</i> Highlights: • Darrell thanked Nicholas for chairing the Bylaws committee. • Darrell thanked Enrique for chairing the Quality committee. • Darrell thanked Monique for chairing the Nominating committee. Questions/Comments: • No questions or comments noted from members	Board Receives updates
7:45-7:55 (10 min) 7:28-7:33	Department Strategic Updates <i>Debbie Powers, Interim Executive Director</i> Highlights: • In the future we will see renovations happening annually. Rockwood is being done now. • North Portland will have a 4 month closure for renovations. To rebuild the roof and new HVAC in the summer of 2027. • Primary Care welcomes 5 new advanced practice clinicians fellows into the program starting this week. • 14 former fellows have remained with us over the health center. • Annual Health Center All Staff Meeting will take place Oct 8th and the CHCB was invited.	Board Receives updates

	Questions/Comments: No questions or comments noted from members	
7:55	Meeting Adjourns 7:33	

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

Monique Johnson, Secretary

Signed:_____ Darrell Wade /s/_____ Date:___ 9/23/26_____

Darrell Wade, Board Chair

Scribe: Jaycob Padron // email: Jaycob.padron@multco.us

SUMMARIES



**community health
center board**

Multnomah County

Board Presentation Summary

Presentation Title	Change in Scope Request: Open Rockwood Health Center			
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:	10/12/2026	Program / Area:	HRSA Compliance - Scope	
Presenters:	Debbie Powers, Interim Health Center Executive Director			
Project Title and Brief Description:				
Rockwood Health Center post-renovations, via a Change in Scope request to HRSA				
Describe the current situation:				
CHCB approved removal of the Rockwood Health Center from our HRSA Scope during the extensive renovation of the site. Construction delays have moved our timeline for reopening and are now expected by 3/31/2026, with the site beginning services on 4/1/2027 or soon thereafter. In order to reopen, we must add the site to our HRSA scope, via a CHCB vote and subsequent HRSA approval of a Change in Scope request, to be submitted by the health center with a Yes vote by the CHCB.				
Why is this project, process, system being implemented now?				
CHCB and HRSA approvals are required to open the site on 4/1/2027 (or as soon thereafter once renovations are completed.				
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):				
Multnomah County purchased the Rockwood Community Health Center facility in February 2023 to ensure continued access to comprehensive primary care, integrated behavioral health, dental, and				



pharmacy services for the County's most underserved residents. The building, however, was in dire need of repairs and renovation.

The renovations will reduce the risk of future infrastructure failures and ensure long-term access to care. The site was removed from our HRSA Scope, with CHCB and HRSA approval, prior to closing for renovations.

It is essential to get CHCB approval now in order to submit a Change in Scope request to HRSA with enough lead time to get their approval to add the site to our scope, and approval of 340B Pharmacy access for the site.

CHCB has been updated on the project throughout the process.

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

The CHCB maintains authority of addition of sites to our scope. No Change in Scope request to add the site can be submitted without CHCB approval. Thus, CHCB must vote on approving submission of that request.

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

With a **YES** vote, the health center will submit a Change in Scope request to HRSA.

Once HRSA approves that request, the health center will secure 340B Pharmacy program access, and commence services on 4/1/2027, or as soon as possible once final renovations are completed.

**Briefly describe the outcome of a "NO" vote or inaction by the Board
(Please be sure to also note any financial outcomes):**

With a **NO** vote, the health center will be unable to submit a Change in Scope request to HRSA, and thus the site will not be within the health center's scope, and unable to access the benefits of FQHC status and the 340B Pharmacy program.

Which specific stakeholders or representative groups have been involved so far?

Health Department facilities and health center leadership were involved in clinic design, budgeting for and implementing the project.

CHCB has been updated throughout the process including approving submission of the successful grant application to HRSA that provided funding to support the project and voted for the initial Change in Scope.

**Who are the area or subject matter experts for this project?***(Please provide a brief description of qualifications)*

- Brett Taute, Facilities Manager
- Project Sponsor and Interim Health Center Executive Director - Debbie Powers
- Pharmacy Director Michele Koder
- ICS Quality and Compliance team

What have been the recommendations so far?

To add the Rockwood clinic to our scope, secure 340B Pharmacy program approval, and open the site once renovations are complete.

How was this material, project, process, or system selected from all the possible options?

Renovations at Rockwood have been needed and in planning for several years. CHCB voted to approve submission of the grant proposal to HRSA funding the project, which was approved by HRSA. CHCB voted to submit a change in scope to HRSA to remove the site from our scope prior to renovations beginning, which HRSA approved on 3/16/2026 .

The health center must submit a Change in Scope request to HRSA, with approval by CHCB vote, to add the clinic to our HRSA Scope, which will allow the health center to access FQHC benefits and 340B Pharmacy program benefits when the site reopened.

Board Notes:

CY 2025 UDS Comparisons Report

1. Clinical Quality Metrics
2. Client Demographics
3. Financial Metrics

Alex Lehr O'Connell, ICS Senior
Grants Management Specialist

Refresher: What is UDS?

UDS (Uniform Data System): HRSA's system to collect and compare data from all health centers. <https://data.hrsa.gov/tools/data-reporting>

Annual UDS report*: the report that all health centers submit to HRSA every year to show the services provided, populations served, patient outcomes, and some financial data.

**Includes clients who had at least one UDS-countable visit during CY 2025.*

UDS excludes some visit/client data, such as when a client only receives immunizations or screenings

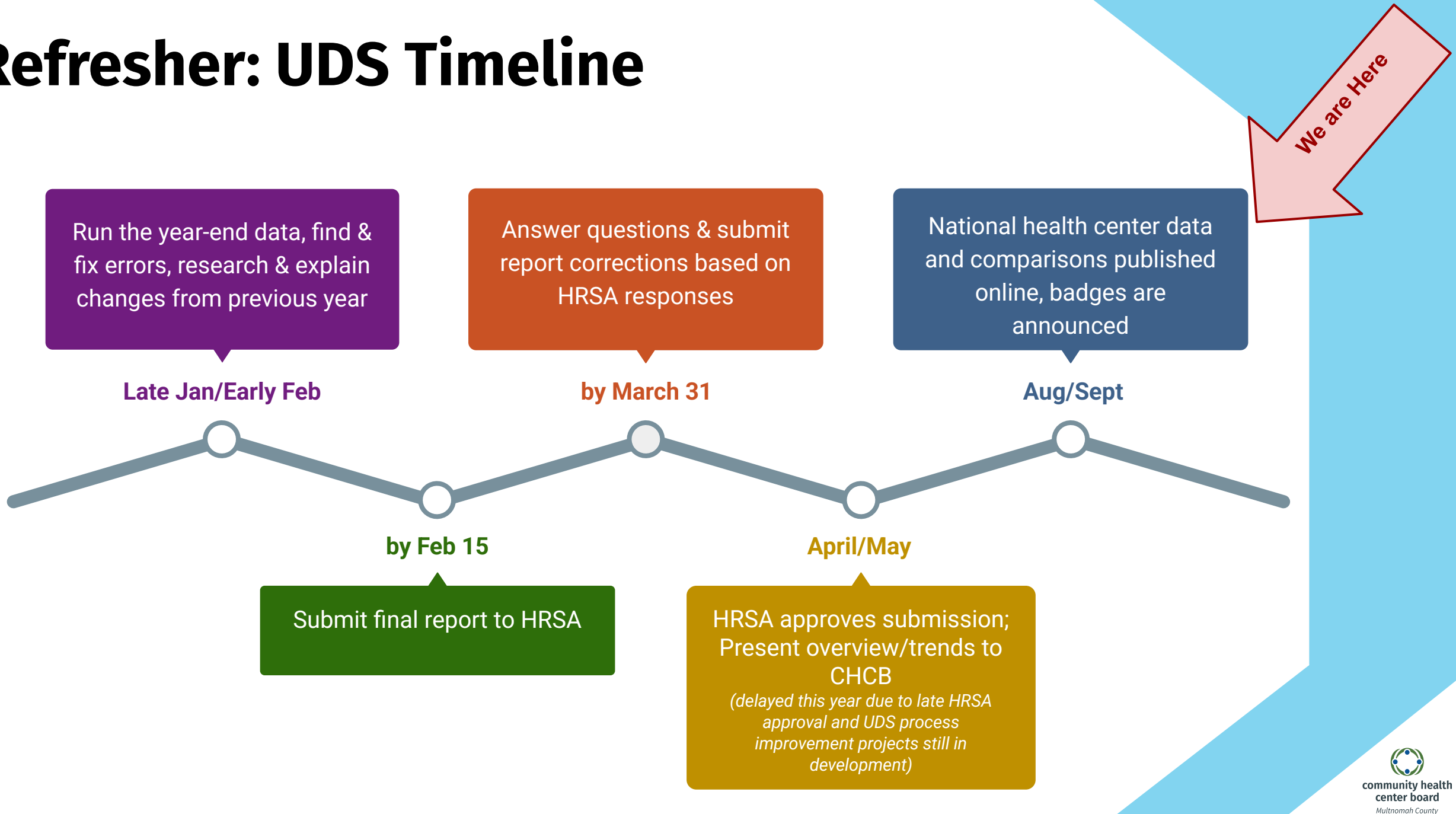
Why is UDS important:

- Required for health center grant funding
- Insight into community needs and health center services
- Identifies potential areas for improvement

UDS Comparison Reports

- All FQHC organizations (approximately 1,350 nationally, and 30 in Oregon) submit the report, representing care provided to over **32 million people per year**.
- In late Summer, HRSA publishes the full data sets.
- This allows us to view our health center in comparison to our peer health centers.

Refresher: UDS Timeline



CY2025 UDS: Comparisons

Clinical Quality Measures

Clinical Quality Metrics

Clinical Quality Measure	Our Health Center	Oregon FQHCs	FQHCs Nationally	Adjusted Quartile Ranking
Early entry into prenatal care (first trimester)	74%	80%	73%	3
Low Birth Weight (note: lower % is better)	6%	8%	9%	2
Childhood Immunization Status	18%	21%	30%	4

Clinical Quality Metrics

Clinical Quality Measure	Our Health Center	Oregon FQHCs	FQHCs Nationally	Adjusted Quartile Ranking
Controlling High Blood Pressure	69%	68%	69%	2
Statin Therapy for Cardiovascular Disease	84%	76%	79%	2
Ischemic Vascular Disease (IVD) - Use of Aspirin or Another Antiplatelet	73%	68%	73%	3
Diabetes: Hemoglobin A1C Poor Control (note: lower % is better)	25%	23%	26%	2

Clinical Quality Metrics

Clinical Quality Measure	Our Health Center	Oregon FQHCs	FQHCs Nationally	Adjusted Quartile Ranking
HIV Screening	78%	57%	55%	1
% of patients seen for follow-up within 30 days of first ever HIV diagnosis	86%	71%	81%	3
Cervical Cancer Screening	66%	59%	57%	2
Breast Cancer Screening	48%	56%	56%	3

Clinical Quality Metrics

Clinical Quality Measure	Our Health Center	Oregon FQHCs	FQHCs Nationally	Adjusted Quartile Ranking
Colorectal Cancer Screening	42%	46%	45%	3
Screening for Depression and Follow-Up Plan	77%	73%	75%	2
Depression Remission at 12 Months	6%	8%	16%	4
Dental Sealants for Children Between Ages 6-9 Years	41%	39%	62%	3

Clinical Quality Metrics

Clinical Quality Measure	Our Health Center	Oregon FQHCs	FQHCs Nationally	Adjusted Quartile Ranking
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	46%	50%	75%	4
Body Mass Index (BMI) Screening and Follow-Up	28%	43%	70%	4
Percent Adults Screened for Tobacco Use and Received Cessation Counseling	91%	82%	85%	2

Clinical Quality Metrics

Clinical Quality Measure	Our Health Center	Oregon FQHCs	FQHCs Nationally	Adjusted Quartile Ranking
Initiation of Substance Use Disorder (SUD) Treatment	12%	25%	25%	3
Initiation of Substance Use Disorder (SUD) Treatment	1%	7%	9%	4

CY2025 UDS: Comparisons

Client Demographics

Client Demographics - Diverse Language Needs

	Our Health Center	Oregon FQHCs	FQHCs nationally
Clients Best Served in a Language Other than English	45%	22%	27%

Client Demographics - Serving Low Income Clients

Clients by Income <i>(excludes clients without income data reported)</i>	Our Health Center	Oregon FQHCs	FQHCs nationally
100% FPL and below	76%	65%	68%
200% FPL and below	94%	88%	90%

CY2025 UDS: Comparisons

Financial Metrics

Cost Per Patient

Costs	Our Health Center	Oregon FQHCs	FQHCs Nationally
Total Costs per Patient	\$3,642	\$3,023	\$1,672
Medical Cost per Medical Patient	\$1,952	\$1,626	\$920
Dental Cost per Dental Patient	\$1,284	\$1,002	\$753
Mental Health Cost per Mental Health Patient	\$1,449	\$3,040	\$1,370

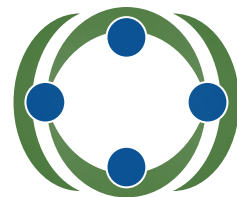
Cost Per Visit

Costs	Our Health Center	Oregon FQHCs	FQHCs Nationally
Total Costs per Visit	\$1,015	\$664	\$380
Medical Cost per Medical Visit	\$764	\$579	\$281
Dental Cost per Dental Visit	\$504	\$398	\$303
Mental Health Cost per Mental Health Patient	\$408	\$455	\$221



Executive Director Strategic Updates

- Interim Executive Director
- Operations
- Clinical
- Quality



**community health
center board**

Multnomah County

Community Health Center Board

Health Center Highlights



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



Executive Director Updates *System level information and updates*

Hybrid Work Initiative

There is a County wide initiative which establishes in-person work expectations for all County employees working from home and requires that all employees are expected to work from a County worksite a minimum of three days a week by July 2027.

While most Health Center staff work on-site full-time, roughly 140 team members currently telework more than half of the week and will be affected by this updated requirement.

The why/goals:

- 1) Service delivery: Better coordination of services for the community.
- 2) Stronger support for employees-onboarding, real time troubleshooting, collaboration, timeliness on responses.
- 3) Consistency across the workforce-Health Corrections, Library work in person.
- 4) Equity: This initiative seeks to reduce inequities in how flexibility is applied. It does not completely mitigate it but gets closer.

To facilitate this transition, we held listening sessions with impacted personnel to identify necessary supports prior to increasing their site presence to three days weekly. Operational reviews are also under way to verify that worksites possess sufficient workstation capacity and technical infrastructure. Notably, some programs that do not have in-person interaction with patients were originally established or expanded under remote frameworks without pre-existing physical site allocations.



Capital Projects *Facilities updates, high cost projects*

East County Pharmacy

We are currently collaborating with County Facilities Project

	Management regarding an expansion of the East County Health Center pharmacy into the small conference room next to it so that we may better accommodate patient volume. To leverage the existing first-floor temporary pharmacy infrastructure and utilize funds allocated in the FY26 budget, our target construction window is April through June. County project managers are presently in the process of contracting an architectural firm.
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Strategic Program Updates <i>Strategic plan/direction of the Health Center</i> 	
Strategic Planning Spotlight: Timely Access to Care	Our primary care teams continue to make progress in helping patients get care faster! The convenient care program launched at our Northeast Health Center this spring, and over 1,200 patients have been able to use this new type of appointment since June! Our convenient care appointments are a way for patients with the need to see a provider quickly schedule an appointment within 1-2 days. This has also proven to be a great way for new patients who have a time sensitive concern to establish care sooner. Mid County will be joining the convenient care program next, and we will continue to evaluate the staffing model and patient access impacts throughout the year.
Helping patients understand future HR1 Changes	This October, the community health center is rolling out multiple patient engagement initiatives to prepare patients for upcoming changes to Medicaid enrollment and eligibility. We've also spent time this month speaking with the Oregon Health Authority regarding how to improve communication to providers and clinics about support for medical exemptions. Patients of the health center will receive supportive communication and education about what changes they should be aware of starting this month: • Clinic waiting room screens will have tips to stay enrolled and quick action steps • All patients will receive postcards about the new changes and how to schedule a consultation with our insurance team • Our website has a new resource page for HR1 help • Our insurance registration and eligibility team will be working with local media to promote education for Spanish-speaking populations • Staff will receive additional training and support for common HR1 questions during their all staff meeting on October 8, 2026
New Support for Patient Nutrition Classes Coming this Spring!	A new partnership with the Oregon Health Authority will allow our healthy cooking classes to expand further! Our community health worker team will partner with the OHA Office of Health Promotion and Chronic Disease Prevention to purchase new cooking class materials

	and develop updated nutrition guides for patients with new diagnosis of diabetes. These materials will be used in future “Taste of Africa” and “Taste of Latin America” Heritage cooking classes.
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Risk and Compliance Updates <i>Compliance events, major incidents/events updates</i> 	
North Portland PCPCH Site Visit	Oregon’s Patient Centered Primary Care Home program is performing a site visit for our North Portland Health Center October 29, 2026. All required documentation has been submitted.

Quality/Process Improvement <i>Improvement events and activities</i> 	
2027 Joint Commission site survey preparation	The Joint Commission is expected to perform a site survey around March 2027. Early planning is underway to validate policies, procedures, and safety measure to maintain accreditation.

General Program Updates <i>Program/Service-line specific updates</i> 	
Primary Care	This month of September we welcome 8 new providers into our primary care program! 5 are our new Class of 2026-2027 fellows, one is a psychiatric nurse practitioner, and two are new PCPs.
Integrated Behavioral Health	We are excited for October! Two Psychiatric Mental Health Nurse Practitioner student interns are starting at Mid County Clinic and Health & Services Clinic, offering valuable patient support while gaining high-level experience. While our behavioral health provider at South East Health Center leaves on 10/16/26, we have several interested candidates and due to this we fill the vacancy quickly. Additionally, we have four candidates for the Fernhill Health Center position and hope to extend an offer by month's end. Though vacant for over three months, clinic leadership rightly stood firm on requiring Spanish fluency to ensure effective, culturally competent patient care. I am thankful I get to be a part of a system of care that truly prioritizes what is right for patient care over the increased work a vacancy may create.
Dental	We just received the signed MOA for the dental assistant training program! We look forward to welcoming the newest cohort of dental assistant trainees! We just started a new round of Endodontic rotations with OHSU,

	bringing this much needed service to our patients. The dental program was chosen for 2 presentations in October - we presented at the CCO Oregon conference about our workforce program and we are also slated to present about a dental/pharmacy co project on antibiotic stewardship.
Pharmacy	Contracting is underway with 26 community pharmacies that we hope to include in our new Contract Pharmacy Program. We hope to be able to provide more details in November! We are also preparing for the 340B Rebate Pilot Program (version 2.0) scheduled to be implemented in January 2027. Under the Pilot Program, we will need to purchase a number of specific drugs at the list price and seek a 340B rebate after dispensing. This has the potential to significantly increase our pharmaceutical costs.