Public Meeting Minutes
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** *Darrell Wade, CHCB Chair* • Meeting was called to order at 6:13pm • Absent: Enrique and Christine. • **We don't have a quorum with 4 members present** • *Darrell asked if we would like to have the meeting? John: Can we have the meeting without quorum? Debbie: Everything but voting items. Alex: HRSA is closing and reviewing in December. There may be an issue. Monique: We could have a special meeting. Darrell: Let's hold the meeting except the voting items.* • *Darrell, John, Monique, Nicholas are present.*	
6:10 - 6:15 (5 min)	**Minutes Review - VOTE REQUIRED** • September 14th, 2026 Public Meeting Minutes • September 23rd, 2026 Public Meeting Minutes *Darrell Wade, CHCB Chair* **Edits/Comments: None/Add notes**	***Motion to approve:*** ***Second:*** Yays: 0 Nays: 0 Abstain: 0 **Decision:** **Approved/Denied** *Item carried over due to lack of quorum.*

6:15-6:25 (10 min)	**Rockwood Reopening with 340B - VOTE REQUIRED** *Debbie Powers, Interim Executive Director* ***Highlights:*** ● ***Questions/Comments:*** ● No questions or comments noted from members	***Motion to approve:*** ***Second:*** Yays: 0 Nays: 0 Abstain: 0 **Decision:** **Approved/Denied** *Item carried over due to lack of quorum.*
6:25-6:45 (20 min)	**CY25 UDS National/State Data Comparison** *Alexander Lehr O'Connell, Senior Grants Management Specialist* ***Highlights:*** ● Uniform data comparison requires a submission from each health center by Feb 15 for the previous year. ● 1400 health centers submit the same reports and is a requirement without an extension. ● Data that gives congress, county, and states info about health centers. ● There are 1356 FQHC organizations to run comparison reports. 30 in Oregon. We are the largest at 19 clinics. ● August the data sets are released so we can compare our clinics to others across the country. ● Clinical quality: ○ Childhood immunizations are low compared to national numbers. This has been a decades-long trend. If they miss even one immunization then they aren't counted toward our total. ○ HIV screening is 2-3 years old. We are top 25% nationally. We are 78% compared to nationally 55%. ○ Cervical cancer screening: we do better than the national trend. ○ Breast cancer screening: We are a little behind the national trend. ○ Colorectal cancer screening: We are a little behind the national trend. ○ Depression remission: We are a little behind the national trend. ○ Substance use disorder: HRSA first time reporting the measure. We are below national trends because we track it as mental health. ○ Overall: Our demographics are stable. ○ Clients best served in language other than English: 45% us vs 27% Nationally. We serve 90-100 different languages. Majority Spanish. ○ Patients by income: We serve low income at a greater rate than national levels.	Board Reviews updates

	• We have a much lower uninsured rate than nationally. We are expecting a change with HR1. • Financial health: We are more than double the cost per patient than the national rate. Urban areas have a higher cost of living than rural ones meaning the salaries differ from rural to urban. ***Questions/Comments:*** • Nicolas: On slide 23 the two boxes on slide say the same thing? Alex: The second one should be engagement. He'll fix the slide after the meeting. • Nicholas: Why doesn't the report capture our work on substance use disorder? Alex: It's a legal issue that governs SUD providers and is captured as mental and behavioral health services. The result is the same and people receive counseling and medication. John: Is this unique to Oregon? Debbie: No, our SUD services don't get counted in this category but it gets counted as mental health. John: Can we submit under both? Alex: No. • Monique: Are we having trouble screening? Debbie: The fit test is difficult to get back. We are going to pilot a different engagement. • Nicholas: Do we track people that are declining vs not turning back tests. Sharleen: They track decline and delayed responses. There are occasionally issues with tests. • Nicholas: Do we have internal numbers for decline vs postpone. Sharleen: Yes we track that. We front load the questions if the person postpones. EHR helps track the info. We give the option to patients. • Nicholas: How are we supporting so many languages? Debbie: We use interpreter services or staff with languages. There are some language differentials that are built into positions and they are paid if they use it in the job. Nicholas: Do we offer training for learning languages? Debbie: It's more in recruiting. • Nicholas: Do we track what languages that are requested but not covered? Debbie: Many of our providers are able to interpret in person. Sharleen: There are very few languages where we aren't able to identify an interpreter. For example there is Guatemalan dialect that is difficult to identify, but we are able to help them with Spanish. Adrienne: The state of Oregon reports on Meaningful translation and tracks if we provided language services, where we reached out, and where we weren't able to provide services.	
6:45- 6:55 (10 min)	**BREAK**	
6:55-7:05 (10 min)	**Monthly Financial Report** *Hasan Bader, Chief Financial Officer*	Board Reviews updates

	Highlights: ● July and August: New format. ● We are overspent by 2.6M. Many of the services that were covered in July were posted in August. Grants have not posted revenue for July/August. We are expecting September to go up covering July/August. ● We expect the trend to change. ● 17.6k visits in July & 16. 8k in August. Student health center visits are low due to summer. ● Assignments: CareOregon is 48k each month. Trillium is 17k each month. Both programs are trending up. *Meeting disconnected: 7:00 *Meeting reconnected: 7:03 ***Questions/Comments:*** ● No questions or comments noted from members	
7:05 - 7:10 (5 min)	**NACHC Fly-in Takeaways** *Darrell Wade, CHCB Chair* ***Highlights:*** ● DC Fly-in. ● The President and CEO of NACHC was there. ● Advocating against rebate changes and Americare. Health centers across the nation are worried about HR1 and medicaid changes. ● It was Darrell's first one. It's small group meetings and connecting with other board members to advocate for community health centers. ***Questions/Comments:*** ● No questions or comments noted from members	
7:10-7:15 (5 min)	**Board Committee Review** *Darrell Wade, CHCB Chair* ***Highlights:*** ● Monique and Darrell are working on materials to recruit new board members and continue the recruitment process. ***Questions/Comments:*** ● Debbie: We are tabling at a few clinics. Monique: Looking forward to tabling at a future one. Monique: Can you resend the poll. Jaycob: Yes, I'll resend it.	Board Reviews updates
7:15-7:25 (10 min)	**Department Strategic Updates** *Debbie Powers, Interim Executive Director* ***Highlights:***	Board Reviews updates

	• We have outgrown our East county pharmacy. We are expanding. • Primary care: We have 8 new providers. Sharleen has a fellowship that builds up our primary care. • All staff event: Oct 8. Everyone gets together and celebrates our successes. Good talk about HR1 and how we can support our clients. • Oregon Health Authority: Cooking classes to support nutrition. ***Questions/Comments:*** • No questions or comments noted from members	
7:25	**Meeting Adjourns** **Meeting adjourns at 7:15**	

Signed:_____Monique Johnson /s/_____ Date:_____11/9/26_____

Monique Johnson, Secretary

Signed:_____Darrell Wade /s/_____ Date:__ ____11/9/26_____
Darrell Wade, Board Chair

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