

Public Meeting

November 2026

community health center board

Multnomah County

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community health center board

Multnomah County

community health center board
Multnomah County

Public Meeting Agenda

November 9, 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**
Nicholas Hayes *(he/him)* – **Board Member**
Enrique Sama *(he/him)* – **Board Member (Approved leave of absence)**

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.

Oregon Public Meetings Law (PML): *Any time a quorum of members of a governing board are involved in a discussion that may include or lead to deliberation or decision, the meeting is subject to PML.*

☑ Public Meeting (Open or Closed Executive session) ☐ Informational/Factual or Administrative Meeting

Time	Topic/Presenter	Process/Desired Outcome
6:00 - 6:10 (10 min)	**Call to Order / Welcome** *Darrell Wade, CHCB Chair*	
6:10 - 6:15 (5 min)	**Minutes Review - VOTE REQUIRED** • September 14th, 2026 Public Meeting Minutes • September 23rd, 2026 Public Meeting Minutes • October 12th, 2026 Public Meeting Minutes • October 26th, 2026 Public Meeting Minutes *Darrell Wade, CHCB Chair*	Board Reviews and votes
6:15-6:25 (10 min)	**OHA OHP Health Systems Navigation Grant Request - VOTE REQUIRED** *Hasan Bader, Chief Financial Officer*	Board Reviews and votes
6:25-6:35 (10 min)	**Proposed Lawyer Snell & Wilmer - VOTE REQUIRED** *Tony Scisciani, Lawyer for Snell & Wilmer*	Board Reviews and votes
6:35-6:40 (5 min)	**Project Dash Grant Request- VOTE REQUIRED** *Adrienne Daniels, Strategy and Policy Director*	Board Reviews and votes

6:40-6:50 (10 min)	**Potential Board Member Review - VOTE REQUIRED** *Monique Johnson, Secretary (Acting Treasurer) & Chair of Nominating Committee*	Board Reviews and votes
6:50- 7:00 (10 min)	**Monthly Financial Report** *Hasan Bader, Chief Financial Officer*	Board Reviews updates
7:00- 7:20 (20 min)	**CY 2025 Risk Report Update** *Theresa Rice, Integrated Clinical Services*	Board Reviews updates
7:20-7:30 (10 min)	**BREAK**	Board Reviews updates
7:30-7:40 (10 min)	**Q3 Quarterly Quality Report** *Brieshon D'Agostini, Quality and Compliance Officer*	Board Receives updates
7:40-7:50 (10 min)	**Final Summary Report for HRSA** *Brieshon D'Agostini, Quality and Compliance Officer*	Board Receives updates
7:50-8:00 (10 min)	**NWRPCA/CHAMPS Fall Conference Takeaways** *Darrell Wade, CHCB Chair*	Board Receives updates
8:00-8:10 (10 min)	**Board Committee Review** *Darrell Wade, CHCB Chair*	Board Receives updates
8:10-8:20 (10 min)	**Department Strategic Updates** *Debbie Powers, Interim Executive Director*	Board Receives updates
8:20	**Meeting Adjourns**	

PUBLIC MEETING MINUTES

community health center board

Multnomah County

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Multnomah County

Public Meeting Minutes
September 14, 2026
6:00 pm to 8:00 pm
Via Zoom

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

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Time	Topic/Presenter	Process/Desired Outcome
6:00 - 6:10 (10 min)	**Call to Order / Welcome** *Darrell Wade, CHCB Chair* • 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. • *Darrell and Enrique couldn't make the meeting*	

Signed:_____ Date:_____

Monique Johnson, Secretary

Signed:_____ Date:__ _____
Darrell Wade, Board Chair

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

community health center board
Multnomah County

Public Meeting Minutes
September 23, 2026
6:00 pm to 8:00 pm
Via Zoom

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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 6:03pm • 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 *Darrell Wade, CHCB Chair* **Edits/Comments: None/Add notes**	***Motion to approve: John*** ***Second: Monique*** Yays: 5 Nays: 0 Abstain: 1 **Decision: Approved** ***all members present voted unanimously yes*
6:15-6:25 (10 min) 6:08-6:13	**Ryan White Part C Grant Renewal/Continuation - VOTE REQUIRED** *Nick Tipton, Regional Senior Manager* ***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	***all members present voted unanimously yes*
6:25-6:35 (10 min) 6:13-6:16	**Student Health Center Grant Opportunity** - **VOTE REQUIRED** *Alexandra Lowell, Student Health Center Manager* ***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** ***all members present voted unanimously yes*

6:35- 6:45
(10 min)
6:16-6:24
	Fiscal Year 27 Quality Management Plan - **VOTE REQUIRED**
	Brieshon D'Agostini, Quality and Compliance Officer
	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
		
		***all members present voted unanimously yes*

	• 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** *Rachael Banks, Health Department Director* ***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 toUHC. • 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** *Hasan Bader, Chief Financial Officer* ***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** *Debbie Powers, Interim Executive Director* ***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** *Darrell Wade, CHCB Chair* ***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** *Darrell Wade, CHCB Chair* ***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** *Debbie Powers, Interim Executive Director* ***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:_____ Date:_____

Monique Johnson, Secretary

Signed:_____ Date:__ _____

Darrell Wade, Board Chair

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

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:

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Vice Chair - Vacant
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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:_____ Date:_____

Monique Johnson, Secretary

Signed:_____ Date:__ _____

Darrell Wade, Board Chair

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

community health center board
Multnomah County

Public Meeting Minutes

October 26, 2026
5:30 pm to 5:45 pm
Via Zoom

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Time	Topic/Presenter	Process/Desired Outcome
5:30 - 5:35 (5 min)	**Call to Order / Welcome** *Darrell Wade, CHCB Chair* • Meeting was called to order at 5:38pm • Absent: Enrique • We have a quorum with 5 members present	Start recording
5:35-5:45 (10 min)	**Rockwood Reopening with 340B - VOTE REQUIRED** *Debbie Powers, Interim Executive Director* ***Highlights:*** • Submission of a change in scope request needed to HRSA to add Rockwood health center back to our Health Center scope. • We purchased the building in Feb 2023 knowing that it would need repairs. • In March 2026, a vote was passed to close the clinic for renovation. Renovations were estimated to take 6 months, but have taken longer than originally anticipated. The new proposed open date is April 2027. • A yes vote will allow us to submit the change in scope request to HRSA, and with HRSA approval, to open Rockwood as an in-scope Health Center site. • A no vote will prevent us from opening the site as planned.	***Motion to approve: Monique*** ***Second: John*** Yays: 5 Nays: 0 Abstain: 0 **Decision: Approved** ***all members present voted unanimously yes*

	Questions/Comments: ● No questions or comments noted from members	
5:46	**Darrell: Enrique is taking a temporary leave of absence with chairs approval.**	
5:45	**Meeting Adjourns** **Meeting adjourns at 5:46pm**	

Signed:_____ Date:_____

Monique Johnson, Secretary

Signed:_____ Date:__ _____

Darrell Wade, Board Chair

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

SUMMARIES

community health
center board

Multnomah County

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 Title	Oregon Health Authority (OHA) Oregon Health Plan (OHP) Health System Navigation		
This funding will support: *Please add an **"X"** in the category that applies.*			
Current Operations	**Expanded Services or Capacity**	**New Services**	
	x	**x**	
Date of Presentation:	**Nov 9, 2026**	**Program / Area:**	**Registration & Enrollment**
Presenters:	Hasan Bader, Chief Financial Officer		
Project Title and Brief Description:			
OHP Health System Navigation			
What need is this addressing?:			
Due to changing Medicaid policies and requirements, the Health System Navigation (HSN) Grant Program aims to provide funding to organizations to complete work to help all people and families access their Oregon Health Plan (OHP) benefits. Grant funds will assist individuals and families with OHP enrollment services, explain how to use their benefits, and remove obstacles to care. The Eligibility Specialist will also support ongoing care through outreach, engagement, and system navigation for community members referred by other Multnomah County Health Department programs within Public Health, Behavioral Health, Corrections Health, and Office of Health Equity.			

What is the expected impact of this project? *(#of patients, visits, staff, health outcomes, etc.)*

The funding will:

1) Expand and deepen outreach efforts to ensure individuals and families are informed about and connected to OHP services and
2) Advance equitable access to healthcare by strengthening individuals' and families' capacity to navigate health benefits systems, maintain OHP coverage, and obtain needed services.

The Community Health Center will expand eligibility and enrollment support by hiring a limited duration Eligibility Specialists. Grant activities include:

1) Host and participate in events to share information on OHP system navigation services;
2) Share promotional, educational, and marketing materials on OHP system navigation services;
3) Provide OHP application assistance;
4) Train staff on health system navigation;
5) Provide health system navigation education and support community members access healthcare.

What is the total amount requested:
Please see attached budget

$75,000 annually ($150,000 over 24 months total)

Expected Award Date and project/funding period:

7/1/27 - 6/30/29

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

A yes vote approves the submission of the OHA OHP Health System Navigation grant request of $150,000 over 24 months to increase OHP enrollment outreach and support capacity.

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 denies the submission of the OHA OHP Health System Navigation grant request of $150,000. The Health Center will not expand OHP enrollment outreach and support capacity or apply for these funds.

Related Change in Scopes Requests:
(only applicable in cases in which project will represent a change in the scope of health center services, sites, hours or target population)

Eligibility and enrollment assistance is an in-scope enabling service. Clients may not be enrolled as a Health Center patient.

Proposed Budget (when applicable) - We are in the process of creating a budget and will have it prepared before the CHCB meeting.

Project Name: OHP Health System Navigation	**Start/End Date:** 7/1/27 - 6/30/29

	Budget Amount Year 1 & 2	Budget Amount Year 2	Total Budget
A. Personnel, Salaries and Fringe			
Position Title: Limited Duration Eligibility Specialist	$67,315	$53,201	
0.57 FTE to conduct community outreach and education and assist individuals to apply for OHP.			
Fringe Benefits	$28,915	$30,361	
Total Salaries, Wages and Fringe	**$61,752**	**$64,839**	**$126,590**
B. Supplies			
Outreach and office supplies (hotspot, iPad, mobile scanner, laptop)	$2,832	$150	
Total Supplies	**$2,832**	**$150**	**$2,982**
C. Contract Costs			
D. Other Costs			
Local travel (mileage and parking)	$380	$380	
Printing of outreach materials	$722	$375	
Total Other	**$1,102**	**$755**	**$1,857**
Total Direct Costs (A+B+C+D)	**$65,686**	**$65,744**	**$131,429**
Indirect Costs			
The FY27 Multnomah County Cost Allocation Plan has set the Health Department's indirect rate at 14.67% of Personnel Expenses (Salary and Fringe Benefits). The rate includes 3.73% for Central Services and 10.94% for Departmental. The Cost Allocation Plan is federally-approved.			
Total Indirect Costs (14.67% of Personnel)	**$9,059**	**$9,512**	**$18,571**
Total Project Costs (Direct + Indirect)	**$74,745**	**$75,256**	**$150,000**

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

community health center board
Multnomah County

Grant 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 Title	Project Dash		
This funding will support: *Please add an **"X"** in the category that applies.*			
Current Operations	**Expanded Services or Capacity**	**New Services**	
	X		
Date of Presentation:	**11/9/2026**	**Program / Area:**	**CHW/Food as Medicine**
Presenters:	Adrienne Daniels, Strategy & Policy Director		
Project Title and Brief Description:			
"Project Dash" is a community grant offered by DoorDash to support better access to food and nutrition services in the Portland region and nationally. Small community grants are available to improve access to food, including produce prescriptions and related Food is Medicine programs.			
What need is this addressing?:			
Direct food support through our Food is Medicine (FIM) programming addresses core components of clients health related social needs, namely food and nutrition insecurity. Community health workers work to improve access to healthy foods in support of primary care and social needs coordination with the primary care clinical teams.			

Many grants will not pay for direct food support, vouchers, tokens or cards associated with direct food support. This funding ***can*** be used for direct food support, making it an important strategic funding opportunity for our patients. This grant will allow us to increase food as medicine programming by increasing direct food support.

Nutrition services can also help to prevent, manage, and treat diseases and conditions through nutritional and food-based interventions.

What is the expected impact of this project? *(#of patients, visits, staff, health outcomes, etc.)*

This project will:

- Increase access to nutrition services at our community health center, including through direct food as medicine support;
- Contribute towards maintaining and/or increasing the number of patients receiving healthy food prescriptions through our Farmers Market Prescription Voucher, CSA or other option as part of our Food is Medicine programming.

What is the total amount requested:
Please see attached budget

$15,000

Expected Award Date and project/funding period:

January 2027

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

The Health Center program will submit a grant application for $15,000 to support *food is medicin*e work, which may include support for multiple programs such as our farmers market prescription vouchers, community supported agriculture shares, and similar direct food assistance

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 apply for the Project Dash grant and there will be less funding for direct food support for our patients.

Related Change in Scopes Requests:
(only applicable in cases in which project will represent a change in the scope of health center services, sites, hours or target population)

No change in scope is required.

Proposed Budget (when applicable)

Project Name:	**Start/End Date:**

	Budgeted Amount	**Comments** (Note any supplemental or matching funds)	**Total Budget**
A. Personnel, Salaries and Fringe			
Position Title: Project Manager, Program Specialists, Finance Support, Purchasing Specialist, etc.			
Position Description			
Position Title			
Position Description			
Total Salaries, Wages and Fringe			
B. Supplies			
Description of supplies:			
Total Supplies			
C. Contract Costs			
Contract description: Covers staffing agencies (Cell Staffing, Maxim Healthcare Staffing, etc.), language services, and data and software services.			
Total Contractual			
D. Other Costs			
Description of training and other costs: Local travel, software purchases, and Facilities & Service requests	Direct Client Assistance	Funds will support produce for patient families as part of	

		Food Is Medicine programming	
Total Other			
Total Direct Costs (A+B+C+D)			
Indirect Costs			
The FY25 Multnomah County Cost Allocation Plan has set the Health Department's indirect rate at 16.91% of Personnel Expenses (Salary and Fringe Benefits). The rate includes 4.11% for Central Services and 12.80% for Departmental. The Cost Allocation Plan is federally-approved.			
Total Indirect Costs (16.91% of A)			
Total Project Costs (Direct + Indirect)			

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

Total Indirect Care and Incentive Revenue			
Total Anticipated Project Revenue (E+F)			

community health center board
Multnomah County

Board Presentation Summary

Presentation Title	CY 2025 Risk Report update - Required by FTCA

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:	Nov 9, 2026, Public Meeting	**Program / Area:**	ICS Quality
Presenters:	Theresa Rice, Quality Supervisor Brieshon D'Agostini, Quality and Compliance Officer		

Project Title and Brief Description:

CY 2025 Risk Report update - Required by FTCA

Describe the current situation:

The Calendar Year 2025 Quality & Risk Report was presented to the CHCB on May 11, 2026. This report is required to apply for FTCA medical malpractice coverage. Since that presentation, the Quality team has received additional guidance regarding what needs to be included in that report. This presentation is to provide that additional information.

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

Additional guidance received from HRSA/FTCA.

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 Health Center has been working toward applying for FTCA (Federal Tort Claims Act) deeming, which provides medical malpractice coverage for our clinical services, providers, and staff. This effort has

included development and implementation of policies, procedures, trainings, and reporting required to be "FTCA deemed." Our first attempt at an application was submitted in the summer of 2026, and, like 80% of first applications, was not accepted. We received feedback on several components to strengthen our application, including adjusting some content of our annual CHCB Quality and Risk Report.

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

The CHCB receives information regarding the Health Center's Quality and Risk performance, improvement efforts, and other related work.

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

N/A

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

N/A

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

Quality team, senior leadership, key health center staff, County Risk Management

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

Theresa Rice, Quality Supervisor

Brieshon D'Agostini, Quality and Compliance Officer

Jacqueline Chandler, Quality Project Manager

What have been the recommendations so far?

Update the CHCB Quality and Risk report to include additional components

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

Changes are based on the guidance from HRSA/FTCA

Patient Surveys, Feedback, and Safety Incidents

CY2026 Q3

CHCB Public Meeting
November 9, 2026

Brieshon D'Agostini (she/her)
Quality & Compliance Officer

Multnomah County
Health Department
Community Health Center

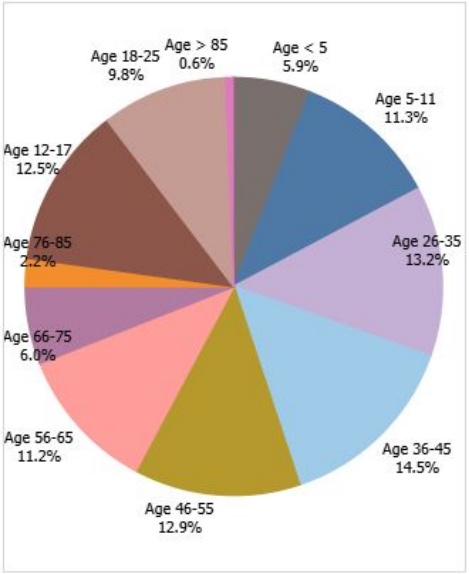
Q1-Q2 FY2026 Patient Demographics

January 1 - June 30, 2026

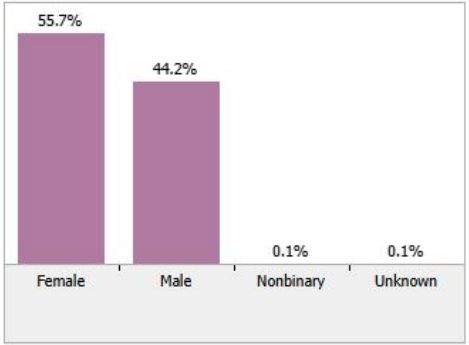
Patient's Demographics

Patients #	Encounters #
28,405	56,702

Patients by Age Group



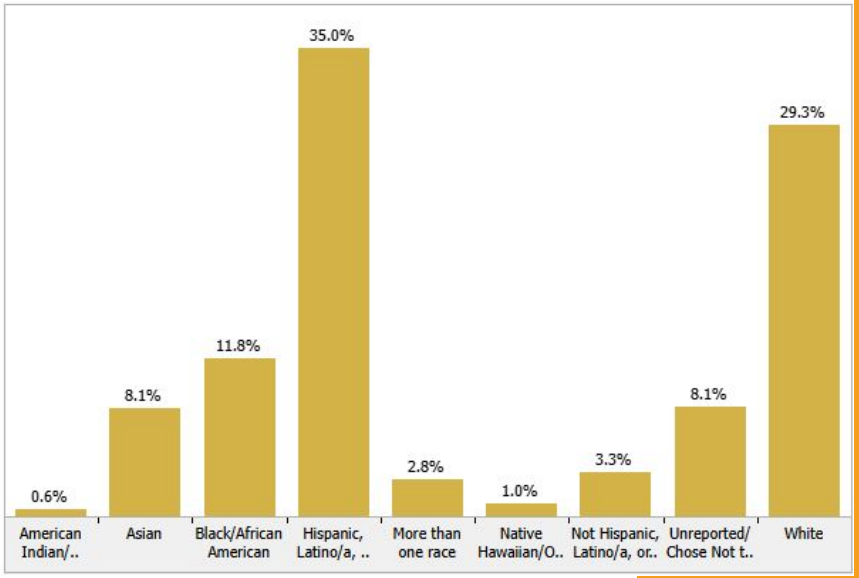
Patients by Sex



Need Interpreter?

	Patients #	Patients %
No	18,097	63.71%
Yes	10,306	36.28%
Unknown	2	0.01%
Grand Total	**28,405**	**100.00%**

Patients by Race/Ethnicity

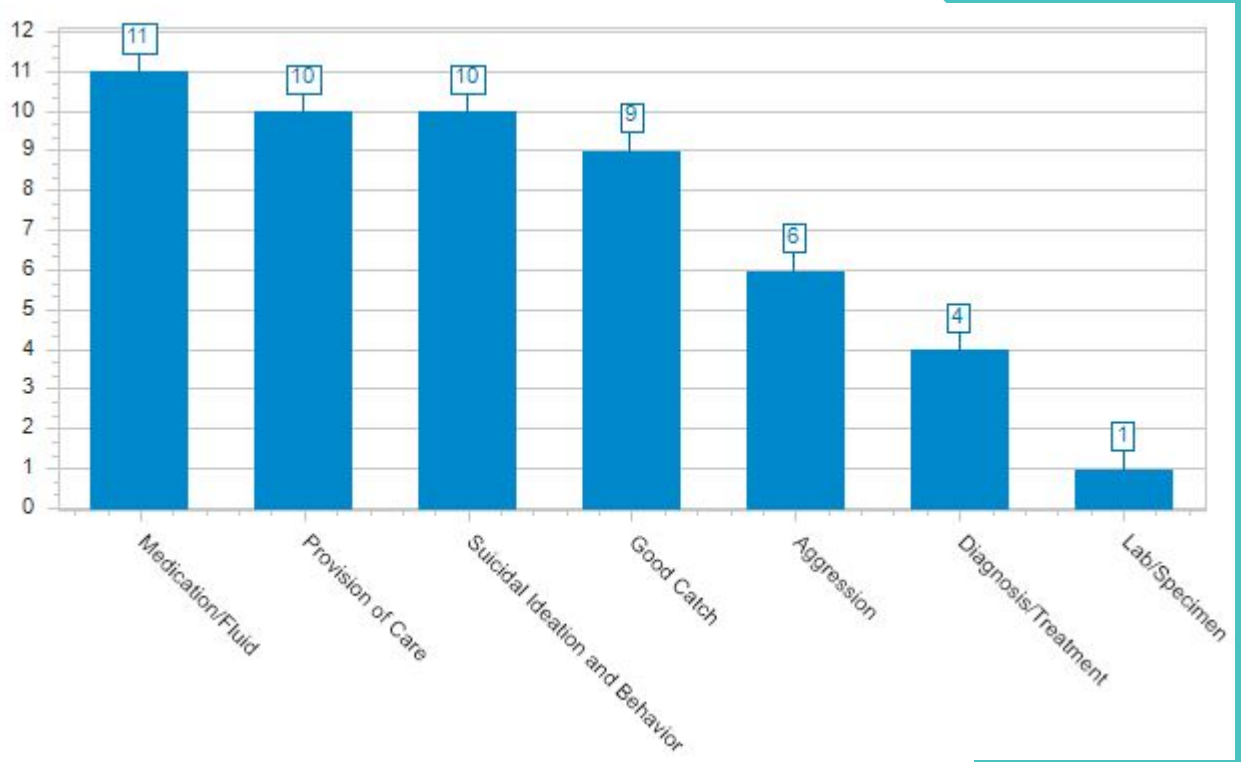


✔ Consistent with typical demographic data

Safety

Q3 2026 Incidents

Care/Service Area	Department	
Student Health Cent	Parkrose High Schoo	1
	McDaniel High Scho	1
Student Health Center Total		2
Pharmacy	Southeast Pharmacy	2
	Rockwood Pharmacy	2
	Northeast Pharmacy	3
	Mid County Pharmac	2
	East County Pharma	1
Pharmacy Total		10
Medical	Southeast Health C	3
	Rockwood Commu	6
	Northeast Health Ce	3
	North Portland Heal	6
	Mid County Health (	8
	HIV Health Services	4
	Fernhill Medical	3
	East County Health	2
Medical Total		35
Lab	East County Health	1
Dental	North Portland Hea	1
	East County Health	1
Dental Total		2
Grand Total		50



Safety Summary Q3 2026

Trends:

- Overall data is generally consistent with previous quarters.
- Pharmacy is standardizing incident reporting through RLDatix and have submitted a number of those “good catches”



Medication & Fluid: involving a dispensed or administered medication or vaccine.

Slight reduction in overall medication/fluid incidents due to a lower volume of vaccines administered in this time of year



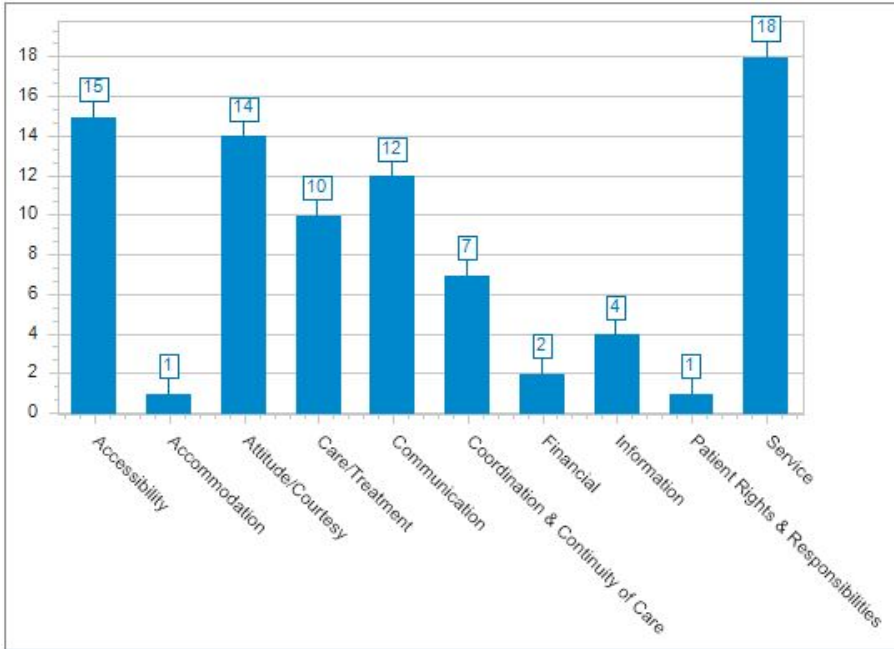
Suicidal Ideation and Behavior: Any suicide or attempt the client has made or disclosed which occurred in the past 6 months while in our care.

Every instance is reviewed by an interdisciplinary team to review the care provided and any additional follow up that may be needed.

Patient Feedback

Q3 2026 Feedback

Submittin	Submitting Department	Comment C	Complaint	Compliment	Grievance	Suggestion	Grand Total
Dental	Billi Odegaard Dental Clinic				1	1	2
	East County Health Center Dent				3		3
	Mid County Health Center Dental				5		5
	Mobile Van Dental			1			1
	North Portland Health Center De				3		3
	Northeast Health Center Dental (				2		2
	Southeast Health Center Dental (				5		5
Dental Total				1	19	1	21
Gladys M	Administrative Staff	1					1
Medical	East County Health Center				1		1
	Fernhill Medical				1		1
	HIV Health Services Center		1		2		3
	Mid County Health Center				4	1	5
	North Portland Health Center		2		4		6
	Northeast Health Center				3		3
	Rockwood Community Health Ce				1		1
	Southeast Health Center				1		1
Medical Total			3		17	1	21
Grand Total		1	3	1	36	2	43



NOTE: Feedback often involves multiple categories and is counted separately in each one.

Patient Satisfaction & Experience Surveys

Q3 2026 // Trends Summary

Trends: statistically significant differences in scores when analyzed by multiple factors, such as: number of surveys completed, steady changes in scores over time, large variation over a short time, differences for specific demographic groups, etc.

★ Improvement ✔ Steady 🔎 Monitoring

Service		Measure	Trend
Health Center PC, Dental, IBH *n = 1374(surveys completed)*	✔	Overall scores	Scores generally consistent Overall satisfaction on the higher end of typical
	✔	**Appointment wait**	**Steady for the last couple of quarters**
	★	Test results received quickly enough	Still continuing to trend up
		Interpretation and Translation	Approximately a 2% drop from previous quarter

BOLD: Closely tracked measures

Q3 2026 // Trends Summary

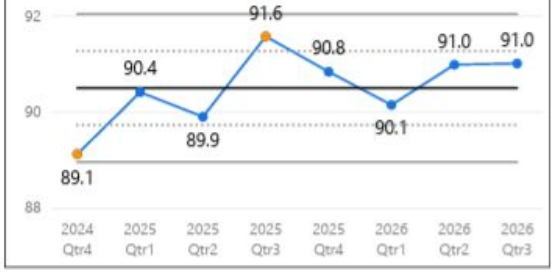
Trends: statistically significant differences in scores when analyzed by multiple factors, such as: number of surveys completed, steady changes in scores over time, large variation over a short time, differences for specific demographic groups, etc.

Service

Health Center: PC, Dental, IBH

- High/Low scores

Overall Satisfaction



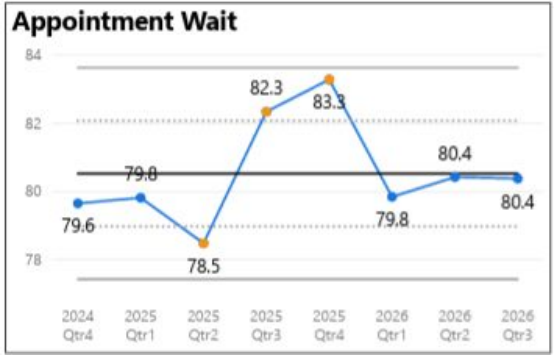
Phone Attendant Courtesy & Helpfulness



Test Results Communication



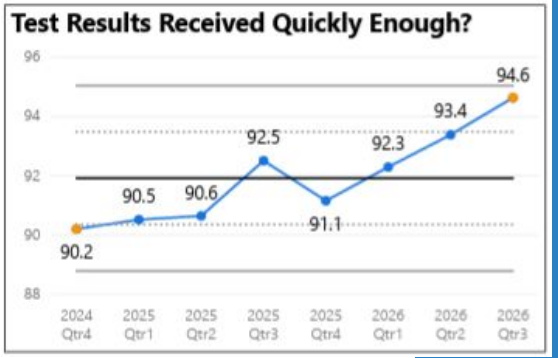
Appointment Wait



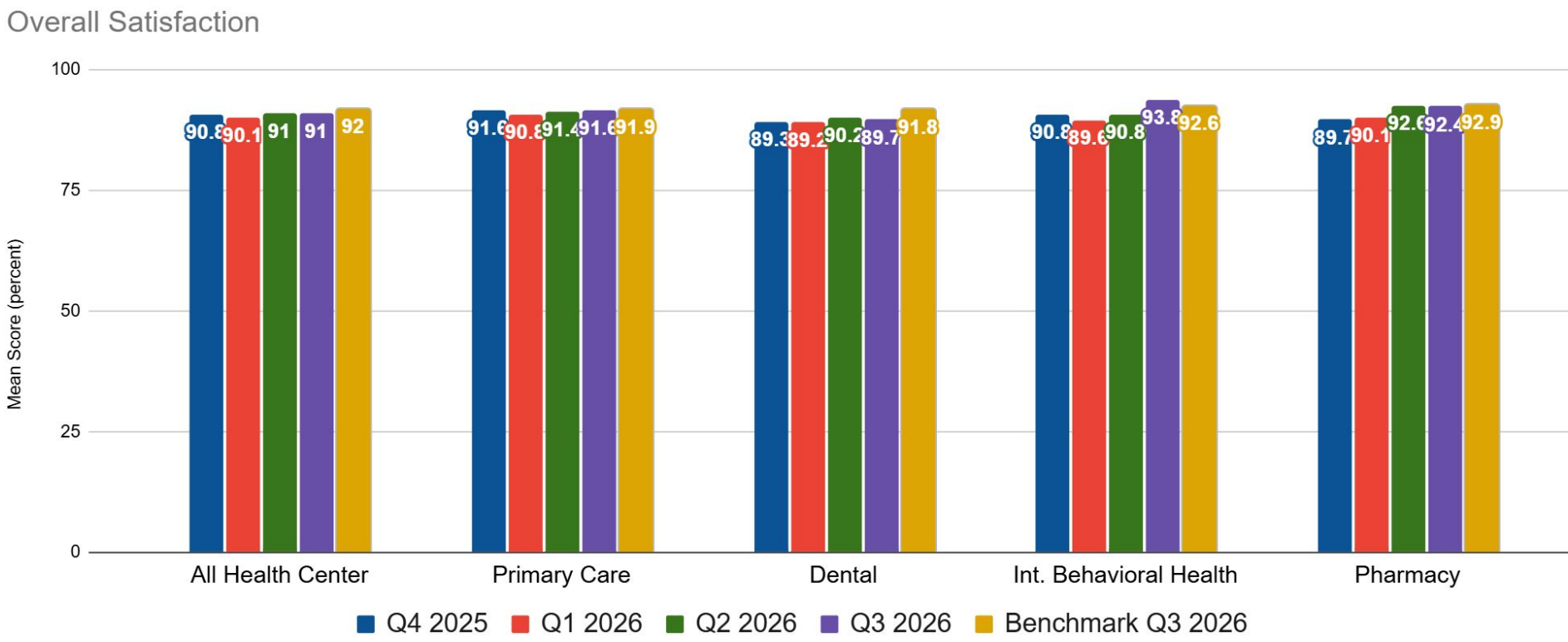
Reception Staff Courtesy & Respect



Test Results Received Quickly Enough?



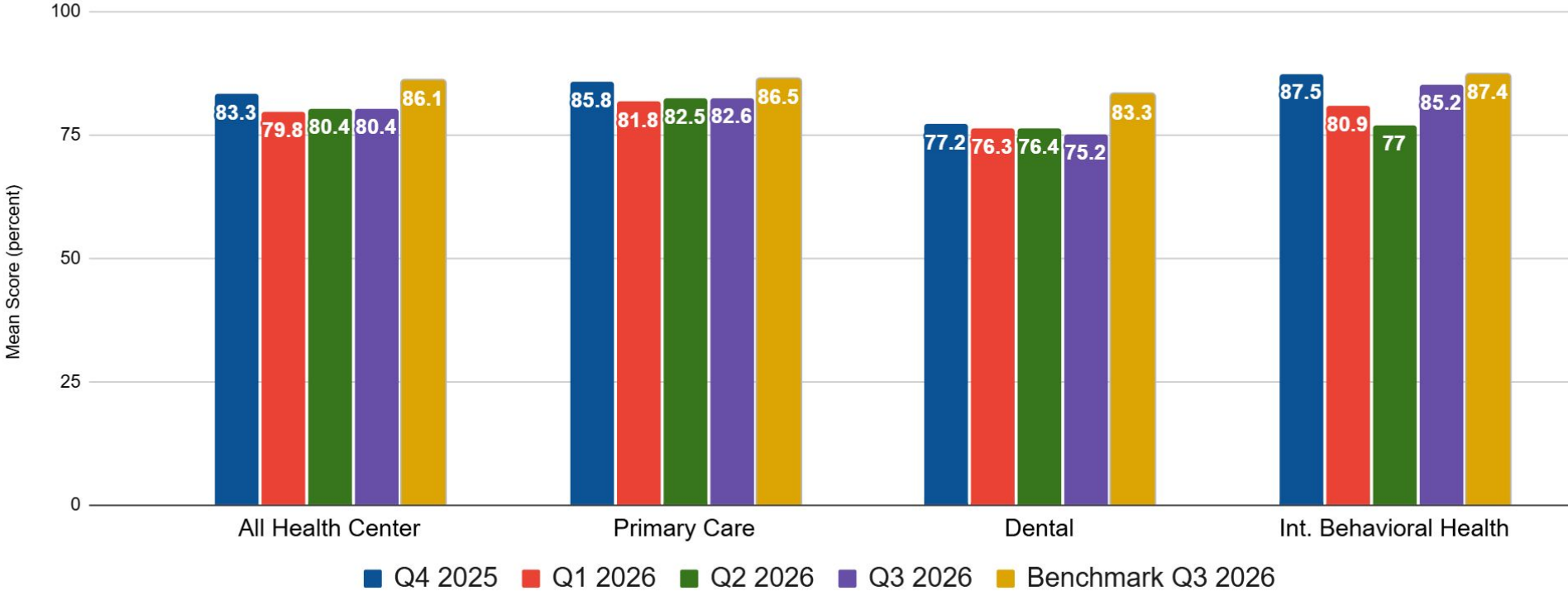
Q3 2026 // Overall Satisfaction By Service Line



NOTE: PC and Dental benchmark is for Q2 due to a reporting error we are working on with our survey vendor.

Q3 2026 // Appointment Wait By Service Line

How satisfied are clients with the length of time from scheduling to appointment?



NOTE: PC and Dental benchmark is for Q2 due to a reporting error we are working on with our survey vendor.

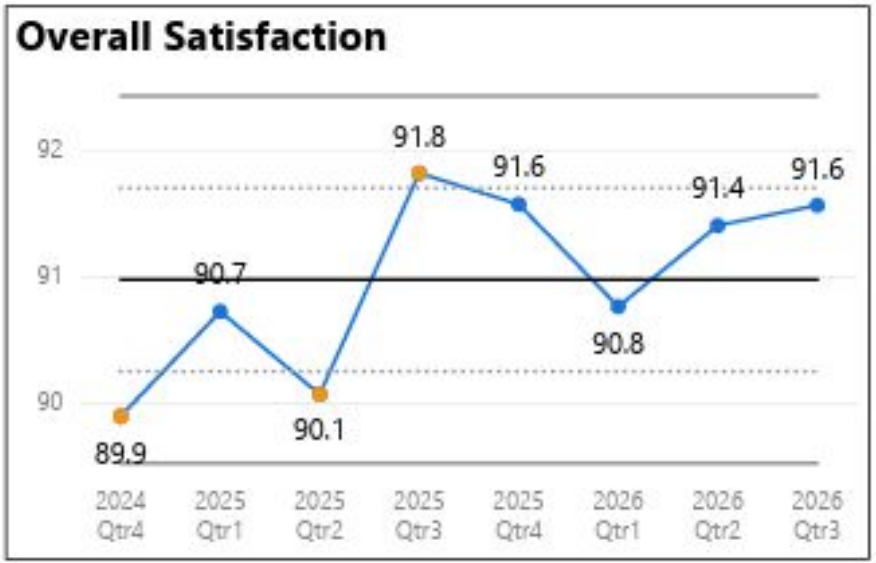
Q3 2026 // Trends Summary

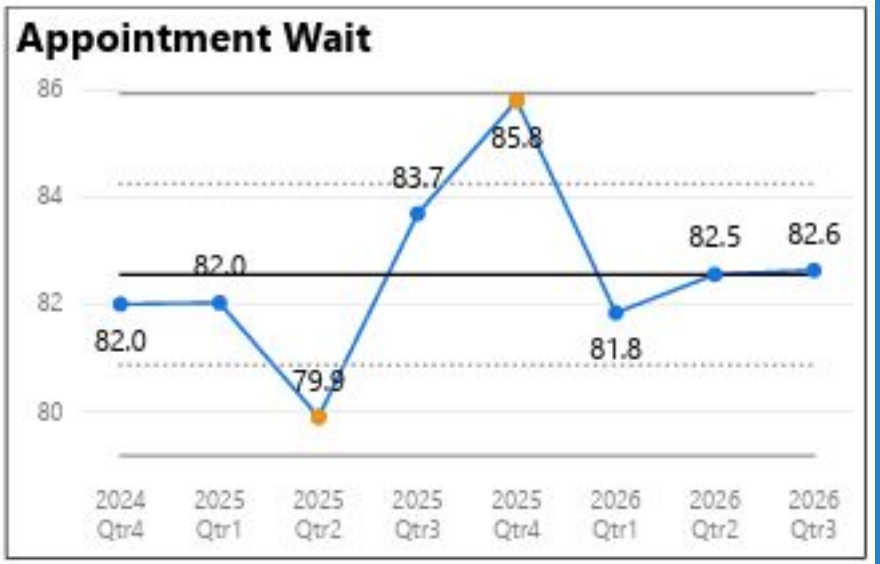
Trends: statistically significant differences in scores when analyzed by multiple factors, such as: number of surveys completed, steady changes in scores over time, large variation over a short time, differences for specific demographic groups, etc.

★ Improvement ✔ Steady 🔎 Monitoring

Service		Measure	Trend
Primary Care *n = 922*	★	Overall scores	Trending slightly up
	✔	**Appointment wait**	**Holding steady**

BOLD: Closely tracked measures ● **High/Low scores**





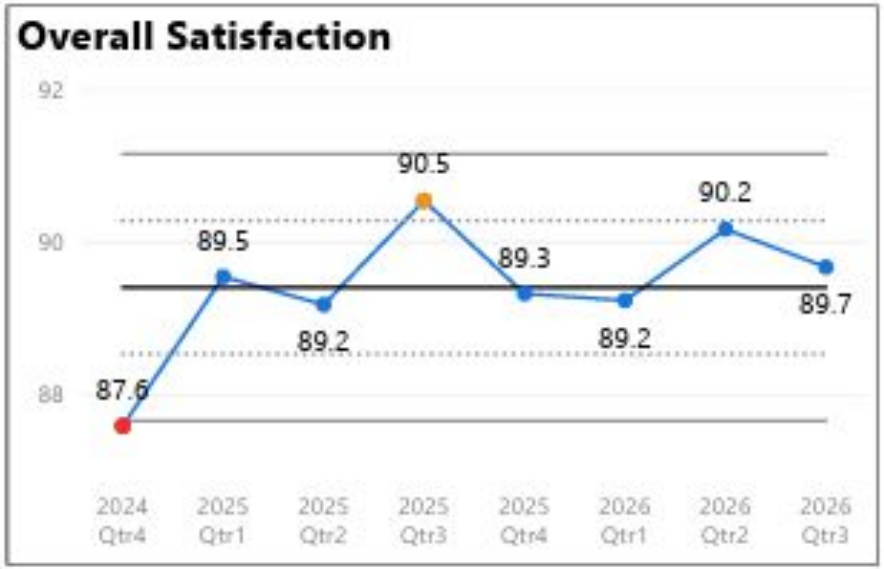
Q3 2026 // Trends Summary

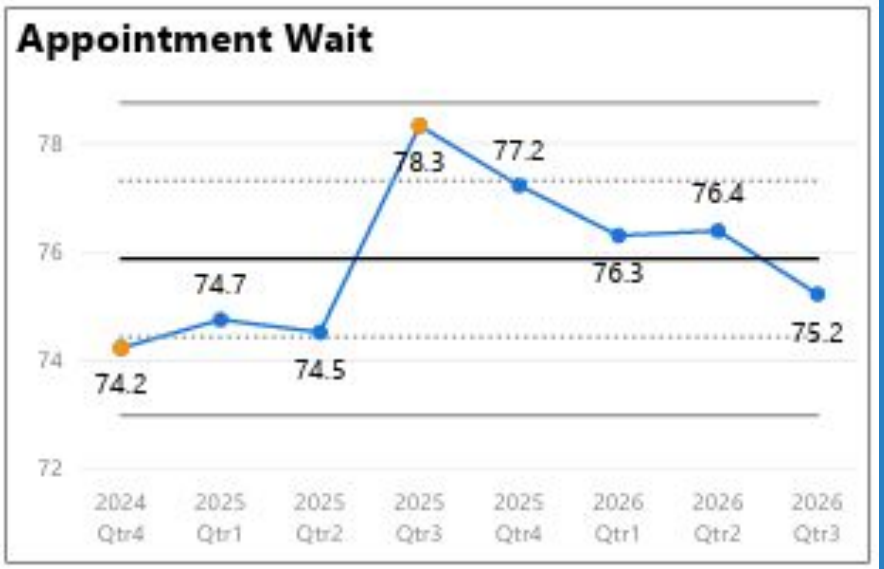
Trends: statistically significant differences in scores when analyzed by multiple factors, such as: number of surveys completed, steady changes in scores over time, large variation over a short time, differences for specific demographic groups, etc.

★ Improvement ✔ Steady 🔎 Monitoring

Service		Measure	Trend
Dental *n = 428*	✔	Overall scores	Holding steady
		Appointment wait	**Holding steady**
	🔎	**Appointment wait benchmarks**	**Continues to be a few percent below typical national average**

BOLD: Closely tracked measures ● **High/Low scores**





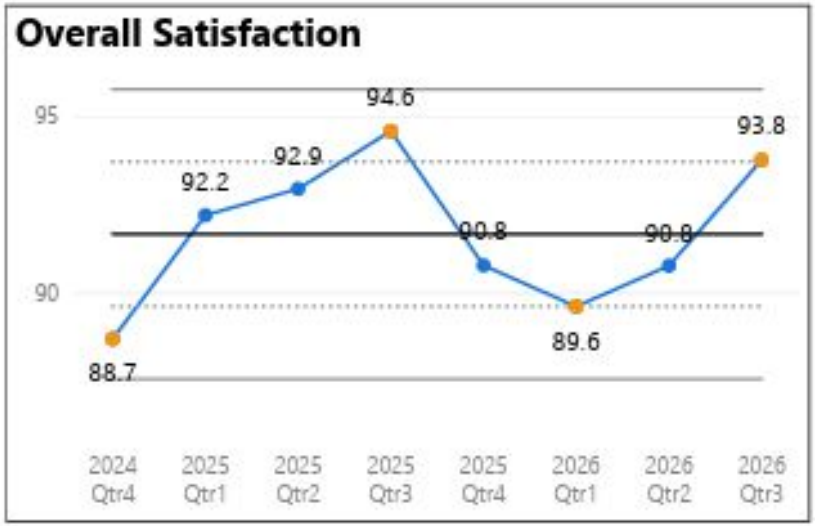
Q3 2026 // Trends Summary

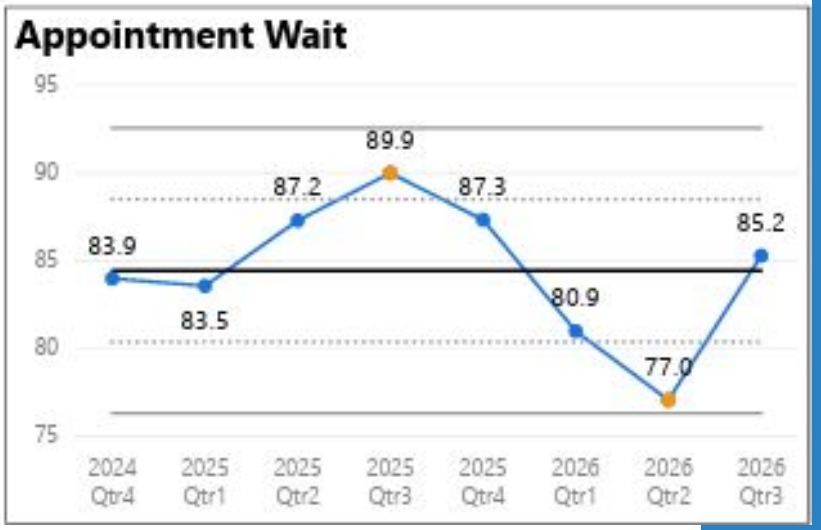
Trends: statistically significant differences in scores when analyzed by multiple factors, such as: number of surveys completed, steady changes in scores over time, large variation over a short time, differences for specific demographic groups, etc.

★ Improvement ✔ Steady 🔎 Monitoring

Service		Measure	Trend
Integrated Behavioral Health *n = 24*	★	Overall scores	General improvement across scores
	★	**Appointment wait**	**7.2% increase after a challenging quarter 2**
	★	Cultural and Language Needs Met	100% for Q3 (typically between 86-93%). High variability due to low denominator (n=6)

BOLD: Closely tracked measures ● **High/Low scores**





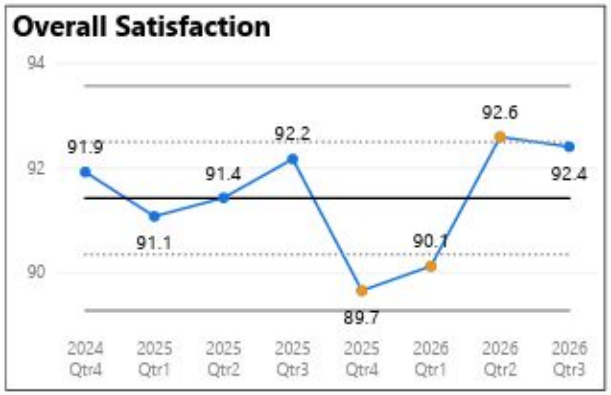
Q3 2026 // Trends Summary

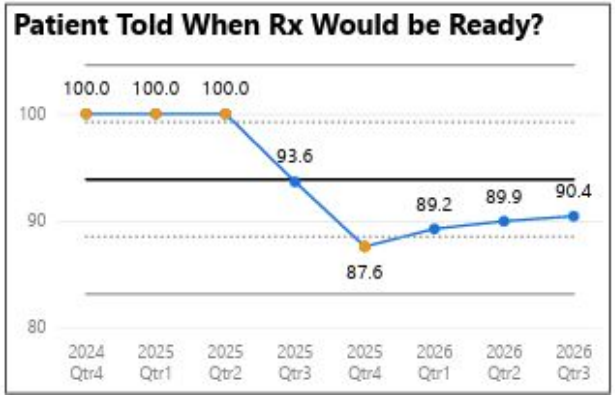
Trends: statistically significant differences in scores when analyzed by multiple factors, such as: number of surveys completed, steady changes in scores over time, large variation over a short time, differences for specific demographic groups, etc.

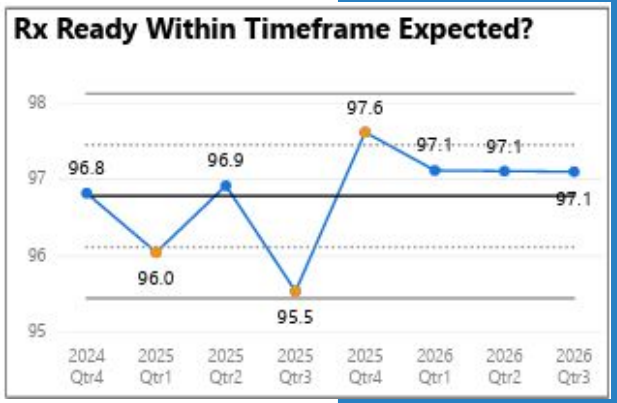
★ Improvement ✔ Steady 🔎 Monitoring

Service		Measure	Trend
Pharmacy *n=398*	★	**Privacy of Health Information**	**Holding steady on the high end of typical**
	★	Overall scores	Steady, high end of typical
	✔	Patient told when prescription would be ready	Holding steady, within typical range

BOLD: Closely tracked measures ● **High/Low scores**







Q3 2026 // Comments - Positive

What I liked most was the empathy of the doctor who treated my child, and the time she spent listening to both him and me, as well as the fact that she spoke my language.

Primary Care
Survey conducted in Spanish

The staff who attended to me were very kind, and the provider took the time to listen to me.

Integrated Behavioral Health
Survey conducted in Spanish

I liked that they saw us quickly the same day, and with a child they handled the X-ray really well. It was a good experience.

Dental
Survey conducted in Russian

I am very happy with this pharmacy. Thank God, I am happy and content with everything. The people at this pharmacy are always very friendly, and I always recommend this pharmacy to other people.

Pharmacy
Survey language not reported

Q3 2026 // Comments - Opportunities

I understand it is a busy clinic. I tried to ask as many questions as I could, but there wasn't enough time to get all of them answered.

Primary Care
Survey conducted in English

To make an appointment, I think they need a few more providers because appointments always take a long time.

Integrated Behavioral Health
Survey conducted in Spanish

Sometimes there is a long wait to get my teeth cleaned, and it goes past my one-year mark. I have to wait a long time for an appointment.

Dental
Survey conducted in English

Sometimes they take a long time, but I understand they have a lot of patients.

Pharmacy
Survey language not reported

Q3 // Quality Improvement (QI)

- Access project - new clinic templates start in January 2027
- New Patient Intake Workflow
- Wound Care Formulary Standardization/Education (access/patient care)-review of current costs/preferences/outcomes (case studies) and training
- High-Risk Outreach includes hosp/ED/postpartum/ newborn(access)
- IBH Program Evaluation (wrapping up)

HRSA TA
July 2026

Final Report Summary

CHCB Public Meeting
November 9, 2026

Brieshon D'Agostini (she/her)
Health Center Quality and Compliance Officer

community health center board
Multnomah County

Technical Assistance Overview

Consultant: Jimmy Brown
Date(s) of Visit: 07/22-07/24/2026

Purpose:
Provide targeted Technical Assistance (TA) to clarify roles and responsibilities (relative to board authority, independent authority, and Executive Director authority) as put forth in the current Co-Applicant Agreement (C-AA); mediate ongoing issues and develop solutions that support timely decision-making; and ensure continued access to patient care. Additionally, provide TA focused on program requirements, with particular emphasis on addressing the health center's governance and operational challenges.

Participants	Title
Rachael Banks	County Health Department Director
Darrell Wade	Chair, Community Health Center Board
Monique Johnson	Community Health Center Board Secretary
John Connelly	Community Health Center Board Treasurer
Enrique Sama	Community Health Center Board Member
Brieshon D'Agostini	Community Health Center Quality and Compliance Officer
Adrienne Daniels	Community Health Center Policy and Strategy Director
Debbie Powers	Community Health Center Chief Operations Officer (Interim)
Hasan Bader	Community Health Center Chief Financial Officer
Margaret Spurlock	Community Health Center Information Officer (Interim)
Anna Johnston	Management Analyst
Crystal Cook	Admin Analyst (Backfill for Board Liaison)
Rob Sinott	County Attorney's Office
Antoinette Payne	Health Department Finance and Business Management Director

Day 1	Day 2	Day 3
• Grantee/Co-Applicant board roles and current relationship • Executive Director vacancy and oversight	• Bylaws and Co-App Agreement review • HRSA requirements • CHC operations and financials	• Meeting with CHCB Chair • Targeted training for CHCB • Meeting with HD Director

Key points

- Governance and Management roles
- Communication processes
- Board training and annual calendar
- Clarifying key points in Co-App Agreement
- Required and recommended updates to the CHCB Bylaws

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TA Recommendations

Category	Recommendation	Status
ED Vacancy	Select interim ED	Complete
	Begin recruitment for permanent ED with active and timely participation	In progress
CHCB Member Recruitment	Recruit CHCB members for board composition compliance	In progress
CHCB Support	The Health Center staff provide standard procedures, orientation, and training (scoping)	In progress
	Develop a CHCB annual calendar/work plan	In progress
Communication and Collaboration	Discuss recent interim Executive Director separation	TBD
	Review Co-Applicant agreement together for shared understanding of roles and responsibilities	Planning
Co-Applicant Agreement	Clarify: Communication pathways; ED evaluation process, reporting structure, and termination process	TBD
Bylaws	Revise to enhance readability and overall organization, incorporate suggestions from TA consultant	In progress

Next steps

- Continue to work through the TA recommendations

- Provide updates to the CHCB Executive Committee and full board as requested

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Executive Director Strategic Updates

- Interim Executive Director
- Operations
- Clinical
- Quality

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Health Center Highlights

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

Executive Director Updates *System level information and updates*

Electronic Health Record System	Our health center's electronic health records system requires modernization. Having operated on a custom configuration for over two decades, vendor OCHIN Epic is experiencing growing challenges in maintaining and upgrading our instance. Consequently, our organization remains unable to take advantage of key financial and reporting functionalities. Furthermore, the health center must evaluate moving into a distinct service area separate from other Health Department divisions or enhancing security features to ensure robust technological safeguards actively protect patient privacy alongside existing administrative policies. To establish a path forward, leadership team members and stakeholders are convening for a three-day workgroup. Resolving this issue is time-sensitive, as preliminary estimates indicate an initial first-year fiscal impact of approximately two million for ICS that must be incorporated into the budget timeline. While previously paused, this ongoing health center priority is now being re-engaged. We will keep the CHCB informed as we progress.

Capital Projects *Facilities updates, high cost projects*

Mid County Expansion	**Background:** Built in 1990, the Mid County Health Center facility is aging, overcrowded, and space-constrained, limiting service expansion. In 2025, the Community Health Center Board requested a one-year evaluation to sustainably address facility expansion or replacement. **Where We Are Now:** Two third-party evaluations recommend updating and expanding the

	center via relocation or new construction (evaluating County-owned buildings or land acquisition). Based on community needs and patient focus groups, the new facility would expand primary care, dental, and pharmacy services, plus add specialty care for refugee health screenings and dental procedures. Total estimated cost to acquire land and construct a new facility: $48M–$51M. **Next Steps:** 1. Assess potential County-owned buildings; if none are suitable, proceed with a land search. 2. Partner with the County CFO and Executive Director to review financing scenarios.
North Portland Health Center	With the North Portland Health Center slated to temporarily cease operations at their current site due to structural renovations during the summer of 2027, the deadline to secure alternative arrangements is rapidly approaching. Consequently, leadership has requested that the Facilities Department evaluate nearby vacant clinical sites for potential temporary leasing throughout the anticipated 3-to-4-month construction period. Priority criteria for alternative sites include proximity to our existing facility, convenient access to public transit lines, and accessible parking options. We anticipate receiving further updates on viable options very soon.

Strategic Program Updates *Strategic plan/direction of the Health Center*



340B advocacy and emerging federal legislation	340B reform continues to be a top concern of health centers across the county, with the rebate pilot scheduled to begin on January 1, 2026. The rebate pilot will force health centers to wait for reimbursement, impacting total costs of medication and inventory planning. There are currently six major legislative proposals in Congress which would delay or impact health centers' participation in a rebate approach but none have been scheduled for a vote as of late October. Congress will likely be waiting for the mid-term elections in November before moving forward on any additional health reform concepts. The six federal 340B legislative concepts which we are monitoring are listed below: • The CHC Drug Pricing Protection Act (HR 7391) • 340B Rebate Model Delay Act (HR 10770) • SUSTAIN 340B Act (S 5244) • SECURE 340B Act (HR 9599) • 340B for Patients Act - DRAFT, no assigned bill number • 340B ACCESS Act (HR5256)

Education with HRSA Officials on top Health Center concerns	Our health center joined the Oregon Primary Care Association in a direct conversation with HRSA Administrator Tonya Bowers this month to discuss Oregon's top concerns and needs related to HRSA priorities on October 26. Our health center expressed that we remain supportive of ongoing investment into new nutritional expansion opportunities, but continuously bear the risks of increased inflation costs, rising workforce challenges, and drug spending without any adjustment to grant support. Additional survey feedback was provided to the National Association of Community Health Centers (NACHC) this month on the immediate sustainability concerns we believe are eminent for our health center patients, including HR1 changes, flat grant funding, and the 340B rebate pilot.
Strategic Plan Highlight: Staff feedback and engagement	Health Center staff gathered together on October 8, 2026, to learn about our health center's strategic plan progress and offer their feedback on our next 12 months of work. More than 30% of staff provided direct feedback on our approach, with over 98% being able to identify how the plan impacted their work today and how it supports our patients! Staff indicate a strong interest in focusing on both patient access and staff workforce needs over the next 12 months, along with support for high quality clinical care.

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



North Portland PCPCH visit	Oregon's Patient-Centered Primary Care Home program visited our North Portland site on October 29, 2026, and affirmed the clinic's PCPCH Tier 4 recognition. No corrective action or improvement plan needed!

Quality/Process Improvement *Improvement events and activities*



NEW TJC Health Center accreditation program	The Joint Commission just announced a new Community Health Center certification program, which will replace our TJC Ambulatory and Primary Care Medical Home (PCMH) certifications in 2027. TJC expects this to be a smooth transition since we already meet all of the standards under our current certifications! *TJC lab accreditation will still be separate.*

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



Primary Care	At this time all of the primary care clinics are doing one final push to achieve our clinical quality metric targets by the end of the year. We have made great strides in reaching our metrics targets especially

	in well child checks, immunizations, depression screening, screening for substance use disorder and follow up.
Integrated Behavioral Health	Following a 2026 behavioral health needs assessment initiated by the CHCB and a budget note from County Commissioner Megan Moyer, it was concluded that the Behavioral Health Division (not a part of the Community Health Center) is currently better positioned to expand service offerings and potentially become a Certified Community Behavioral Health Clinic (CCBHC). Should this transition occur, the health center may act as a Designated Collaborating Organization to offer primary care services to patients in need of a medical home. Additionally, the evaluation highlighted underutilized capacity within our Integrated Behavioral Health program, presenting an opportunity to streamline processes, expand patient access, and improve retention. Health center leadership will work internally on improvement efforts and has stood up a time limited workgroup to support this project.
Dental	We are actively recruiting for the 3rd cohort of Dental Assistant students