



# **Public Meeting**

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## **September 2025**



**community health  
center board**

*Multnomah County*

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August 11, 2025

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# AGENDA



**community health  
center board**

*Multnomah County*



# Public Meeting Agenda

## September 8th, 2025

### 6:00-8:00 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:

**Tamia Deary (she/they)** – Chair

**Darrell Wade (he/him)** – Treasurer

**Susana Mendoza (she/her)** – Secretary

**Brandi Velasquez (she/her/ella)** – Member at Large

**Dani Slyman (she/her)** – Member at Large

**Brenda Chambers (she/her)** – Board Member

**Monique Johnson (she/her)** – Board Member

**Kerry Hoeschen (she/her)** – Vice Chair

**Anirudh Padmala (he/him)** – Interim Executive Director (Ex Officio)

- Meetings are open to the public
- There is no public comment period
- Guests are welcome to observe/listen
- 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
<b>6:00 - 6:05</b> (5 min)	<b>Call to Order / Welcome</b> <i>Tamia Deary, CHCB Chair</i>	
<b>6:05 - 6:10</b> (5 min)	<b>Minutes Review - VOTE REQUIRED</b> August 11, 2025 <i>Tamia Deary, CHCB Chair</i>	Board reviews and votes
<b>6:10 - 6:20</b> (10 min)	<b>American Academy of Pediatric Dentistry (AAPD Foundation) Grant</b> <b>- VOTE REQUIRED</b> <i>Noelle Phan, Dental Senior Manager</i>	Board reviews and votes
<b>6:20 - 6:50</b> (30 min)	<b>Chat with Commissioner Moyer</b> <i>Tamia Deary, CHCB Chair</i>	Board has a discussion
<b>6:50 - 7:00</b> (10 min)	<b>Ryan White Part C MCC Grant Renewal - VOTE REQUIRED</b> <i>Nick Tipton, Regional Manager Senior</i>	Board reviews and votes
<b>7:00 - 7:10</b> (10 min)	<b>FY26 Health Center Program Budget Period Report, Request for Information (RFI) - VOTE REQUIRED</b> <i>Alexander Lehr O'Connell, Senior Grants Management Specialist</i>	Board reviews and votes
<b>7:10 - 7:20</b> (10 min)	<b>Break</b>	
<b>7:20 - 7:30</b> (10 min)	<b>Strategic Plan 2026-2028 - VOTE REQUIRED</b> <i>Adrienne Daniels, Strategy &amp; Policy Director</i>	Board reviews and votes



<b>7:30 - 7:45</b> (15 min)	<b>FY25 Close Out Report</b> <i>Hasan Bader, Finance Manager</i>	Board receives updates
<b>7:45 - 7:55</b> (10 min)	<b>New Board Member Candidate Vote</b> <b>Vice-Chair Succession Plan Approval - VOTE REQUIRED</b> <i>Bee Velasquez, Nominating Committee Chair</i> <i>Tamia Deary, Board Chair</i>	Board reviews and votes
<b>7:55 - 8:05</b> (10 min)	<b>Board Discussion (<i>Closed Executive Session</i>)</b> <i>Tamia Deary, CHCB Chair</i> <i>Per ORS 192.660(2), the following topics could be discussed:</i> <ul style="list-style-type: none"><li>• (f) To consider information or records that are exempt by law from public inspection.</li><li>• (i) To review and evaluate the employment-related performance of the chief executive officer of any public body, a public officer, employee or staff member who does not request an open hearing</li></ul>	Board receives updates in an executive session and has discussion <i>Per Oregon Public Meeting Laws, deliberation and decisions may only be made in a public CHCB meeting where a quorum is present through official public votes.</i>
<b>8:05</b>	<b>Meeting Adjourns</b>	Thank you for your participation

# PUBLIC MEETING MINUTES



**community health  
center board**

*Multnomah County*



## CHCB Public Meeting Minutes August 11, 2025 6:00-8:00 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.*

### Board Members:

**Tamia Deary (she/they)** – Chair

**Kerry Hoeschen (she/her)** – Vice Chair

**Darrell Wade (he/him)**- Treasurer

**Brandi Velasquez (she/her/ella)** – Member at Large

**Susana Mendoza (she/her)** - Secretary

**Brenda Chambers (she/her)** - Board Member

**Monique Johnson (she/her)** - Board Member

**Dani Slyman (she/her)** - Member at Large

**Anirudh Padmala (he/him)**- Interim Executive Director (Ex Officio)

**Board Members Excused/Absent: Dani, Kerry, Susy**

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
<b>Call to Order / Welcome</b> Tamia Deary, CHCB Chair	Meeting called to order at 6:10pm. We <u>do have a quorum</u> with 5 members present			

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
<b>Minutes Review -</b> <b>VOTE REQUIRED</b> Tamia Deary, CHCB Chair	July 14, 2025 Public Meeting Minutes Edits/Comments: No edits	<b>Motion to approve :</b> <b>Brenda</b> <b>Second:</b> <b>Monique</b> Yays: 5 Nays: 0 Abstain: 0 <b>Decision:</b> <b>Approved</b>  <i>**all members present voted unanimously yes</i>		



Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
<b>Board Discussion</b> <b>(Closed Executive Session)</b> Tamia Deary, CHCB Chair	<p>Closed Executive session started at 6:13PM and ended at 6:45PM</p> <p>Executive Session minutes were taken with 5 members present.</p> <p>Topics to include :</p> <ul style="list-style-type: none"> <li>• (d) To conduct deliberations with persons designated by the governing body to carry on labor negotiations</li> <li>• (f) To consider information or records that are exempt by law from public inspection</li> <li>• <del>(h) To consult with counsel concerning the legal rights and duties of a public body with regard to current litigation or litigation likely to be filed</del></li> <li>• <del>(e) To consider matters relating to the safety of the governing body and of public body staff and volunteers and the security of public body facilities and meeting spaces</del></li> </ul>	<p><b>Motion to approve: Bee</b>  <b>Second: Brenda</b>            Yays: 5            Nays: 0            Abstain: 0  <b>Decision: Approved</b>  <i>**all members present voted unanimously yes</i></p> <p><b>Motion to leave</b>  <b>Executive Session: Brenda</b>  <b>Second: Monique</b>            Yays: 5            Nays: 0            Abstain: 0  <b>Decision: Approved</b>  <i>**all members present voted</i></p>		

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
		<i>unanimously yes</i>		
<b>BODC Staffing &amp; Hours Update -</b> <b>VOTE REQUIRED</b> Noelle Phan, Dental Senior Manager WOC	Noelle & Christian Presented on updates for the 6 month follow up for Billi Odegaard Dental Clinic Hours  Key Notes: <ul style="list-style-type: none"> <li>Hours are currently Tue-Fri (closed on Monday due to vacancy challenges)</li> <li>Recommend keeping Tue-Fri until vacancy is filled               <ul style="list-style-type: none"> <li>Improvement and progress being made to fill the dental assistant vacancy                   <ul style="list-style-type: none"> <li>Recruitment for dentist will begin once (1) assistant is hired then can resume Monday operations</li> </ul> </li> <li>Goal is Sept -Oct for dentist recruitment/hiring                   <ul style="list-style-type: none"> <li>1 of 2 positions filled with EFDA workforce graduate</li> <li>Recruitment for 1 EFDA is in progress</li> </ul> </li> </ul> </li> </ul> Questions/Comments: Tamia - Not 100% sure that this yes and no is completely accurate, and I think that's something that we need to address in our policy, not in anything that you've done wrong, but it is confusing because it went from an inform to a vote. So in the spirit, we want to allow you to open back up on Mondays as soon as you can, and we are in support of that with a yes vote.	<b>Motion to approve:</b> <b>Brenda</b> <b>Second:</b> <b>Monique</b> Yays: 5 Nays: 0 Abstain: 0 <b>Decision:</b> <b>Approved</b>  <i>**all members present voted unanimously yes</i>		
<b>Rockwood Hours Change -</b> <b>VOTE REQUIRED</b> Zack Hathorne, Interim Regional Health Center Senior Manager	Zack provided updates for a Rockwood Health Center hours change  Key Notes: <ul style="list-style-type: none"> <li>Proposed to extend Primary Care hours starting 9/29/25 on Mon and Tue to : 8am-7pm               <ul style="list-style-type: none"> <li>Current Primary Care hours are: Mon-Fri 8am-5pm</li> <li>Pharmacy, Dental and Lab hours will remain and not affected by proposal</li> <li>Extended hours will provide additional</li> <li>Extended hours will provide convenient care hours open until 7pm on Mondays</li> </ul> </li> <li>Patients will be updated through a variety of communications:               <ul style="list-style-type: none"> <li>Website</li> </ul> </li> </ul>	<b>Motion to approve:</b> Bee <b>Second:</b> Darrell/Monique Yays: 5 Nays: 0 Abstain: 0		

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
	<ul style="list-style-type: none"> <li>○ Letters</li> <li>○ Posters</li> <li>○ MyChart notifications</li> <li>● No reduction in hours or pay for staff</li> <li>● Staff will be notified in accordance with any labor contract obligations</li> </ul> <p>Questions/Comments: Comment: Brenda - Great buy in from staff</p>	<p><b>Decision: Approved</b></p> <p><i>**all members present voted unanimously yes</i></p>		
<p><b>Policy Renewal: HRSA Legislative Mandate (Due September 2025) - VOTE REQUIRED</b></p> <p><i>Adrienne Daniels, Strategy &amp; Policy Director</i></p>	<p>Policy is due in September</p> <ul style="list-style-type: none"> <li>● Funding with HRSA to attest in writing for requirements in federal budget</li> <li>● Previously renewed by CHCB in 2022</li> <li>● Recommended to renew policy without modification within the 3yr schedule <ul style="list-style-type: none"> <li>○ IF a future change happens will come back to board</li> </ul> </li> </ul> <p>Questions/Comments: None</p>	<p><b>Motion to approve: Bee Second: Monique</b></p> <p>Yays: 5 Nays: Abstain:</p> <p><b>Decision: Approved</b></p> <p><i>**all members present voted unanimously yes</i></p>		
<b>Break</b>				
<b>Q1 Patient Surveys (June)</b>	<p>Highlights:</p> <ul style="list-style-type: none"> <li>● Linda reviewed the measures for patient satisfaction and many trends showed upward trends and exceeding the benchmarks</li> <li>● By service line our benchmarks met are close to the national benchmarks</li> <li>●</li> <li>● Sites ranked by score:</li> </ul>			

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
<p><i>Linda Niksich, Program Specialist Senior</i></p>	<ul style="list-style-type: none"> <li>○ Top 3 included Mobile Medical, Mobile Dental and HSC</li> <li>○ Billie O, Mid County and North Portland were in the bottom 3 sites</li> <li>● Overall satisfaction by service line showed Primary Care close to the benchmark goals, Dental was over the benchmark and pharmacy was very close to benchmark</li> <li>● Linda followed up with the ask to show comparison of satisfaction by site-most sites have shown improvement this quarter</li> <li>● Appointment wait by service line is one area we are working to improve access- this measure is falling below the benchmark a bit in performance</li> <li>● HSC Ranks the highest for appointment wait times</li> <li>● HSC ranked highest in quality of care as well</li> <li>● Referral intentions scores by site have also improved for Asian and Cantonese</li> </ul> <p>Questions/Comments: Q: Brenda- comment- i liked the format with the numbers showing plus and minus to show the differences Tamia- the slides were easy to read and the effort was appreciated</p>			
<p><b>UDS Report</b> <i>Brieshon D'Agostini, Quality and Compliance Officer Alexander Lehr O'Connell, Senior Grants Management Specialist</i></p>	<p>Brieshon and Alex reviewed the UDS report that is sent every February for the previous year - this is required for Health Center funding</p> <ul style="list-style-type: none"> <li>● UDS timeline refresher was shared</li> <li>● Our UDS numbers are growing each year after 2020 and slowly recovering from COVID19 numbers</li> <li>● Data is collected throughout the year and submitted by February</li> <li>● UDS data submission is required by HRSA for the health center to receive funding</li> <li>● The UDS improvement process is continuous</li> <li>● The UDS numbers are important because we want to see as many UDS patients as possible</li> </ul> <p>Comment- Tamia- make the slides so that you can see them too and make sure that we get the slides from the liaison. Thank you for the slide showing UDS patients vs total patients.</p>			

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
<b>Monthly Financial Report</b> Hasan Bader, Finance Manager	<b>Monthly Financials Update</b> Hasan Badar presented on the monthly financials available in June (FY25)  Highlights include: <ul style="list-style-type: none"> <li>Due to end of year fiscal close out - monthly reports are not available so this month's presentation is focused only on patient visits</li> <li>Patient Visits (CHC Dashboard - June) <ul style="list-style-type: none"> <li>SHC / Dental/ PC are following same trends as last FY</li> <li>Uninsured Visits <ul style="list-style-type: none"> <li>About 4% to 5%, due to Oregon grant which affected the uninsured percentage for primary care</li> <li>Dental visits target for the year was 8%, ended with about 3%.</li> </ul> </li> <li>Care Oregon 69-70%</li> <li>Trillium 8%</li> </ul> </li> <li>Patient Engagement <ul style="list-style-type: none"> <li>Care Oregon 60 to 65%</li> <li>Trillium 12%</li> </ul> </li> </ul> Questions/Comments: Comment : Tamia - Patient engagement slides are helpful and appreciate information			
<b>Board Committee Updates</b>	Committee Chairs shares their updates ( <i>skipped due to Committee Chair attendance and time</i> )			
<b>Department Updates/Strategic Updates</b>  Anirudh Padmala, Interim Executive Director	Highlights : <ul style="list-style-type: none"> <li>Mid County Capitol Planning Kick-Off meeting starting in August</li> <li>PC Access improvements - convenient care model implemented</li> <li>IBH increase in peer utilization due to resource awareness and role integration</li> <li>Expanded medication medication treatment options</li> </ul>			

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
Meeting Adjourns	8:02 PM			

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Susana Mendoza, Secretary

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Tamia Deary, Board Chair

Scribe:crystal.cook // Email: //crystal.cook@multco.us

# SUMMARIES



**community health  
center board**

*Multnomah County*

# Presentation Summary

## *(AAPD Community-based Dental Services for Children)*

### **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.

Date of Presentation 9/8/2025  
(public meeting)

Program / ICS Dental Outreach

Presenters: Noelle Phan

This funding will  
support: engagement  
of children up to 18  
years of age in  
dental care

☐ Current  
Operations

☒ Expanded  
services or  
capacity

☐ New  
services

### **Project Title and Brief Description:**

- Community-based dental services for children



- The AAPD Foundation recognizes that our best chance to help children get the care they need is to work with local organizations that already know their community's oral health care needs. The One Year Access to Care Grant serves as an introductory opportunity for organizations to showcase their commitment to providing comprehensive oral health care to children. One Year Access to Care Grant recipients receive \$30,000 over 12 months, The proposed project would support activities implemented during "baby days" aimed at increasing children's understanding of the importance of oral health and engagement in dental care thus promoting oral health across the life span.

What need is this addressing?

- Early engagement in dental care helps build a foundation for life-long engagement in and confidence to maintain oral health. As poor oral health impacts speech, nutrition, and self-esteem, supporting successful engagement in preventive care and early detection of dental problems helps minimize adverse oral health outcomes such as cavities, which can lead to pain, difficulty eating, and affect a child's ability to learn and socialize.

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

Increased engagement in dental care during early childhood leads to less oral health problems in adolescence and adulthood. The proposed activities would reach approximately 600 children during select baby days, including during National Children's Dental Health Month.

**What is the total amount requested:** The grant request is \$30,000 over a one year period. *Please note (projected) budget to be supplied by 9/8/25 full CHCB meeting.*

## Presentation Summary

**Expected Award Date and project/funding period:** The funding period is from 4/1/2026 -3/31/2027.

Briefly describe the outcome of a “YES” vote by the Council (*be sure to also note any financial outcomes*)

A “yes” vote means MCHD will submit the application to the AAPD to support community-based dental services

Briefly describe the outcome of a “NO” vote or inaction by the Council (*be sure to also note any financial outcomes*)

A “no” vote means the CHC will not receive this funding to increase engagement in dental care for low-income children in Multnomah County.

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)*

<b>Project Name: AAPD Community-based Dental Services for Children</b>			<b>Start/End Date:</b>
	<b>Budgeted Amount</b>	<b>Comments</b> (Note any supplemental or matching funds)	<b>Total Budget</b>
<b>A. Personnel, Salaries and Fringe</b>			

<b>Position Title:</b> Project Manager, Program Specialists, Finance Support, Purchasing Specialist, etc.			
Position Description			
<b>Position Title</b>			
Position Description			
<b>Total Salaries, Wages and Fringe</b>			
<b>B. Supplies</b>			
Description of supplies: Welcome kits, electronic toothbrushes, raffle prizes, tooth varnish, food, etc.	\$13,000		\$13,000
<b>Total Supplies</b>			
<b>C. Contract Costs</b>			
Contract description: video production, translation services	\$12,500		\$12,500
<b>Total Contractual</b>			
<b>D. Other Costs</b>			
Description of other costs: Staff training, printing	\$4,500		\$4,500
<b>Total Other</b>			
<b>Total Direct Costs (A+B+C+D)</b>	<b>\$30,000</b>		<b>\$30,000</b>
<b>Indirect Costs</b>			

## Presentation Summary

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*The FY24 Multnomah County Cost Allocation Plan has set the Health Department's indirect rate at 13.97% of Personnel Expenses (Salary and Fringe Benefits). The rate includes 3.58% for Central Services and 10.39% for Departmental. The Cost Allocation Plan is federally-approved.*

<b>Total Indirect Costs (16.91% of A)</b>			
<b>Total Project Costs (Direct + Indirect)</b>	<b>\$30.000</b>		<b>\$30,000</b>

*\*This grant is not revenue generating*

## Addendum

	Item	Estimated Cost
<b>Baby Day</b>		
	Patient Kit: Baby Day <i>toothbrush, disposal mirror, infant gum brushes, sand timers, floss picks</i>	\$2,000.00
	Stuffed Animal Tooth Brushing Model	\$300.00
	Tooth Fairy Wand Craft <i>ribbon, sticks, stickers, foam sheets, glue, tape, etc.</i>	\$600.00
	Educational Oral Health Books for Children	\$2,000.00
	Fluoride Varnish	\$1,000.00
	Brushing Chart Trade In Prizes	\$500.00
	Baby Day/Event Equipment <i>wagon, organizers, extra supplies, storage containers, etc.</i>	\$300.00
<b>National Children's Dental Health Month</b>		
	Patient Kit: Ages 0-16 in all clinics <i>Junior toothbrush, tooth paste, goodie bags</i>	\$1,600.00
	Gift Certificate: <i>Raffle prizes for patients ages 0-16 that completed an appointment during National Children's Oral Health Month</i>	\$600.00
	Clinic Pizza Party	\$600.00

	<i>For the clinic that completes the most pediatric appointments during National Children's Oral Health Month</i>	
	Toothbrush holders <i>Raffle Prize</i>	\$1,000.00
	Electric toothbrush <i>Raffle Prize</i>	\$3,000.00
<b>Teaching Material</b>		
	Printing cost <i>Brochures, hand outs, brushing chart, baby day learning material, posters, mailers</i>	\$2,000.00
	Translation Services <i>For hand outs, mailers, videos, brushing chart, etc.</i>	\$6,000.00
	Instructional Videos <i>Learning videos on how to brush your teeth, floss, oral health, recording videos in multiple languages</i>	\$4,000.00
	Professional Training <i>Early childhood development, oral health and nutrition courses for the dental team</i>	\$2,500.00
	New Patient Welcome Kit <i>Oral Health Supplies for pregnant patients- infant brush, oral health material for infants, toothpaste, contact information</i>	\$2,000.00
	<b>Total Expenses</b>	<b>\$30,000.00</b>

## Meet Commissioner Meghan Moyer



Multnomah County Commissioner Meghan Moyer represents District 1 which covers most of Northwest and Southwest Portland, western unincorporated Multnomah County, and parts of inner East Portland. She is a social services policy expert with 20 years of experience in creating policies that respect the dignity and well-being of our citizens and serve the most vulnerable in our communities. She is also a skilled homebuilder who has worked as a contractor and built affordable housing.

At Multnomah County, she is leading the charge on good governance policies that provide public transparency and accessibility for Multnomah County residents allowing them to engage in Board activities. She is also laser focused on efficient use of resources at the county in order to preserve direct services during this period of declining revenue and budget cuts. One such proposal she is currently championing will create a new federal funding stream for our homeless population with severe mental illness, which will free up county resources to address housing.

Meghan is a native Oregonian who lives with her wife and two boys in Southwest Portland.

# 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.

<b>Grant Title</b>	HRSA Ryan White Part C Early Intervention Services		
<b>This funding will support:</b> <i>Please add an "X" in the category that applies.</i>			
<b>Current Operations</b>		<b>Expanded Services or Capacity</b>	<b>New Services</b>
X			
<b>Date of Presentation:</b>	9/8/2025	<b>Program / Area:</b>	ICS
<b>Presenters:</b>	Nick Tipton, Regional Manager Sr., Alison Frye Program and Grant Strategist		
<b>Project Title and Brief Description:</b>			
<ul style="list-style-type: none"> <li>Ryan White Part C Early Intervention Services</li> </ul> <p>Ryan White HIV/AIDS Program Part C Early Intervention Services (EIS) for designated jurisdictions. Funds support outpatient HIV primary care services targeted to low-income,</p>			





vulnerable, medically underserved people living with HIV (PLWH). Multnomah County HIV Health Services Center (HHSC) was established with Part C grant funds in 1990.

### **What need is this addressing?:**

#### **What need is this addressing?**

- The number of low-income PLWH with complex medical and psychosocial needs has continued to increase, accompanied by an increase in the cost of care for these individuals. This has put an increased burden on the HHSC to provide more services with less funding. Part C funds are essential to ensure that low-income PLWH, especially those who are uninsured and underinsured, have access to comprehensive, quality medical care. These funds have been instrumental in helping the HHSC create a unique primary care medical home focused on the needs of PLWH. This model of care helps HHSC achieve high rates of retention in care that help improve health outcomes for PLWH and help them to achieve viral load suppression, thus preventing new infections.

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

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

HHSC is committed to ensuring services are accessible to marginalized and hard-to-reach populations. HHSC's primary focus is on serving PLWH who are uninsured, underinsured, and low income, and as a result, approximately one-fifth of these clients are homeless or unstably housed. MCHD conducts outreach and provides ancillary services, such as transportation assistance, to facilitate engagement in care. Case managers support engagement and retention in care, especially for patients dually or multiply diagnosed with mental illness and/or substance abuse disorders.

Over the past several years, the number of low-income PLWH with complex medical and psychosocial needs has continued to increase, accompanied by an increase in the cost of care for these individuals. This has put an increased burden on the HHSC to provide more services with less funding. Ryan White funds are essential to ensure that low-income PLWH, especially those who are uninsured and underinsured, have access to comprehensive, quality medical



care. These funds have been instrumental in helping the HHSC create a unique primary care medical home focused on the needs of PLWH. This model of care helps HHSC achieve high rates of retention in care that help improve health outcomes for PLWH and help them to achieve viral load suppression, thus preventing new infections. HHSC serves approximately 1,600 patients/year.

**What is the total amount requested:**

*Please see attached budget*

This application will secure \$757,912 this funding period. The budget is not yet finalized. The majority of the budget will cover personnel costs for registered nurses and other HHSC staff.

**Expected Award Date and project/funding period:**

1/1/26-12/31/27

**Briefly describe the outcome of a “YES” vote by the Board:**

*(Please be sure to also note any financial outcomes)*

A “yes” vote means MCHD will submit the Ryan White Part C non-competing continuation application that will support HHSC efforts to provide care to PLWH in the region.

**Briefly describe the outcome of a “NO” vote or inaction by the Board:**

*(Please be sure to also note any financial outcomes)*

A “no” vote means HHSC will not receive the second year of funding of this three-year funding period., which means that clinical services for PLWH will not continue at the current capacity.

**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)*

n/a



**Proposed Budget (when applicable) as stated above, detailed budget information will be available by the 9/8/2025 full CHCB meeting – Total Budget = \$757,912**

<b>Project Name: Ryan White Part D Supplemental</b>		<b>Start/End Date:</b>	
	<b>Budgeted Amount</b>	<b>Comments</b> (Note any supplemental or matching funds)	<b>Total Budget</b>
<b>A. Personnel, Salaries and Fringe</b>			
<b>Community Health Nurse</b>	\$176,203		\$176,203
ACRN Certified RN			
<b>Community Health Nurse</b>	\$175,458		\$175,458
ACRN Certified RN			
<b>Community Health Nurse</b>	\$172,094		\$172,094
ACRN Certified RN			
<b>Community Health Nurse</b>	\$152,099		\$152,099
ACRN Certified RN			
<b>Project Manager Represented</b>	\$9,675	Funding spread across multiple RW grants and cc 413800	\$9,675
Quality and Grant Management			
<b>Total Salaries, Wages and Fringe</b>			<b>\$685,529</b>
<b>B. Supplies</b>			



Description of supplies: Medical and Dental Supplies	\$1,972		\$1,972
<b>Total Supplies</b>			\$1,972
<b>C. Contract Costs</b>			
Contract description: Covers staffing agencies (Cell Staffing, Maxim Healthcare Staffing, etc.), language services, and data and software services.			
<b>Total Contractual</b>			0
<b>D. Other Costs</b>			
Description of training and other costs: Local travel, software purchases, and Facilities & Service requests			
<b>Total Other</b>			0
<b>Total Direct Costs (A+B+C+D)</b>			\$687,501
<b>Indirect Costs</b>			
<i>The FY24 Multnomah County Cost Allocation Plan has set the Health Department's indirect rate at 13.97% of Personnel Expenses (Salary and Fringe Benefits). The rate includes 3.58% for Central Services and 10.39% for Departmental. The Cost Allocation Plan is federally-approved. Ryan White Part C grants have indirect costs capped at 10%.</i>			
<b>Total Indirect Costs</b>			\$70,411
<b>Total Project Costs (Direct + Indirect)</b>			\$757,912



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



# 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**

<b>Grant Renewal or Continuation Title</b>	FY26 Health Center Program Budget Period Report, Request for Information (RFI)		
<b>This funding supports:</b> <i>Please add an "X" in the category that applies.</i>			
<b>Current Operations</b>	<b>Expanded Services or Capacity</b>	<b>New Services</b>	
<b>X</b>			
<b>Date of Presentation:</b>	9/8/25	<b>Program / Area:</b>	All Health Centers
<b>Due Date of Renewal:</b>	Oct 2, 2025	<b>Program Point of Contact:</b>	Alex Lehr O'Connell
<b>Project Title and Description:</b> <i>(include priority populations, clinic sites, etc.)</i>			
<b>Health Center Program Budget Period Renewal (BPR)</b>			
Multnomah County has been receiving Health Center Program (Section 330) funds since 1980. Multnomah County is the grantee, but the program is fully overseen and managed by the Community Health Center Board (CHCB) and Multnomah County Community Health Center. As part of this award, Multnomah County receives Community Health Center and Healthcare for the Homeless funding. Health Center Program funds are used to operate the Health Center's seven primary care clinics, nine student health centers, eight dental clinics, eight pharmacies, the mobile van clinic, and HIV Health Services Center. This			



RFI extends the project period by one year allowing for the Service Area Competition (SAC) (a competing continuation) application to be submitted every four years instead of three. In non-SAC years, Multnomah County Community Health Center submits Budget Period Renewal (BPR) applications. The next SAC is estimated to be due Sept 2026.

**Grant Progress Report/Status Update:****Grant Deliverables for Renewal:** (*#of patients, visits, staff, health outcomes, etc.*)

The patient goal for the project period is set at 66,171. When we submit our next SAC in 2026, we can revise that target down by 5% without risk of a reduction in total grant award from Health Resources and Services Administration (HRSA). In 2024, Multnomah County Community Health Center served 54,930 patients, 83% of the goal. While still below our target, we have shown gradual increases in recent years, a trend we are on track to continue in FY2025.

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

**Total grant amount and project period:**

1/1/26 - 12/31/26 = \$9,809,194

**Highlight changes to scope and budget for renewal:**

This grant will continue to support Multnomah County Community Health Center's personnel costs.

**Briefly describe the outcome of a "YES" vote by the Board:**

*(Please be sure to also note any financial outcomes)*

A "yes" vote means Multnomah County will submit the RFI extension application to the HRSA Bureau of Primary Health Care, allowing it to continue operating the Health Center Program. The board will continue to vote on annual budget appropriations and grant appropriations in accordance with the regular budget cycle.

**Briefly describe the outcome of a "NO" vote or inaction by the Board:**

*(Please be sure to also note any financial outcomes)*

A "no" vote means Multnomah County will not submit the BPR RFI and will not be eligible to receive continued funding.

**Proposed Budget (when applicable)**



Project Name: Health Center Program Budget Period Extension		Start/End Date: 1/1/2026-12/31/2026	
	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	\$8,271,113		
B. Supplies			
Description of supplies: Medical and Dental 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			
Total Other			
Total Direct Costs (A+B+C+D)			
Indirect Costs			
The FY24 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 xx% for Central Services and xx% for Departmental. The Cost Allocation Plan is federally-approved.			
Total Indirect Costs (15.68% of A)	\$1,538,081		
Total Project Costs (Direct + Indirect)	\$9,809,194		





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

# Board Presentation Summary

<b>Presentation Title</b>	FY2026-2028 Community Health Center Strategic Plan			
<b>Type of Presentation: Please add an “X” in the categories that apply.</b>				
<b>Inform Only</b>	<b>Annual / Scheduled Process</b>	<b>New Proposal</b>	<b>Review &amp; Input</b>	<b>Inform &amp; Vote</b>
	X			X
<b>Date of Presentation:</b>	9/8/25	<b>Program / Area:</b>	All Health Center Services and Programs	
<b>Presenters:</b>	Adrienne Daniels, Strategy and Policy Director			
<b>Project Title and Brief Description:</b>				
<p>A strategic plan provides prioritization, guidance, and long-term goals for an organization. It helps define what program investments and changes may be needed over the next three years. All Community Health Centers are required to create and maintain a board-approved strategic plan. The FY2026-2028 Community Health Strategic Plan contains the proposed priorities and goals for the Multnomah County Community Health Center over the next three years, including specific capital planning and infrastructure resources.</p>				
<b>Describe the current situation:</b>				
<p>The Community Health Center’s current strategic plan is due for renewal. The current strategic plan included key health center priorities, capital investments, and goals. The proposed strategic plan provides an updated list of priorities, incorporates the newly adopted Vision, Purpose, and Values, and outlines the goals for each priority through Fiscal Year 2028. Board members are requested to refer to the FY2026-2028 Strategic Plan document to review the full content. The seven main priorities proposed in the FY2026-2028 Strategic Plan are:</p> <ol style="list-style-type: none"> <li>1. Build a strong public presence</li> <li>2. Promote partnerships and collaboration</li> <li>3. Assure timely access to services</li> <li>4. Support the staff experience and resiliency</li> <li>5. Maintain financial sustainability</li> </ol>				



6. Invest in high quality care
7. Innovate through technology and promote safe cybersecurity practices

Capital priorities and plans include three additional focus areas:

1. Completion of the Mid County Evaluation Plan
2. Partnering with Multnomah County on the Walnut Park redevelopment
3. Investments in Technology, specific to electronic health record and protections of patient information

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

HRSA requires that all health centers create a board-approved strategic plan, at least every three years. The current strategic plan expired in June 2025.

#### **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*):**

Beginning in the fall of 2024, Health Center leadership began meeting with all Health Center staff to evaluate the programmatic needs, patient care, and program services as part of comprehensive strategic planning engagement. Staff presented feedback and themes to the Community Health Center Board in October 2024, coupled with discussion and prioritization of strategic investments with Community Link Consulting. Staff received regular updates on the planning process, including board proposed strategies and how all staff feedback influenced the proposed strategies. The Community Health Center Board met again in March 2025 to provide secondary prioritization and goal setting, including capital planning investments as part of the updated three year plan. Operational leadership at the Health Center have confirmed that these priorities are measurable and are ready to support these initiatives.

In July and August 2025, the CHCB was asked to provide final feedback on the updated strategic plan.

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

The Community Health Center Board approves the strategic plan, which includes the prioritized strategies, as well as the Vision, Purpose, and Values of the Health Center. The Board assures that the budget and ongoing investments into services continue to align with strategic planning goals. Specific projects and program operations will continue to be overseen by Health Center staff based on the CHCB budget priorities.

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



The Health Center and leadership team will begin to use the FY2026-2028 Strategic Plan as it prioritizes program investments, evaluates budget opportunities, and operationalizes services.

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

The proposed plan will not be adopted and the Board will need to provide additional guidance on what changes or adjustments are needed.

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

All Community Health Center Staff

The Community Health Center Board

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

Mike Wiser, Community Link Consulting

Adrienne Daniels, Strategy and Policy Director

Anirudh Padmala, Interim Health Center Executive Director

**What have been the recommendations so far?**

Create seven new strategic priority areas for the Fiscal Year 2026-2028 Strategic Plan with success measures. Identify three focus areas for capital planning and priorities.

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

Feedback from board retreats in late 2024 and early 2025 were used to draft and develop the seven new strategic priorities, including what success measures would look like for patients, staff, and the community. Members of the board participated in these retreats and provided extensive feedback at the retreats and the board survey that was administered July-August 2025.

Board Notes:



# **Multnomah County Community Health Center**

## **Strategic Plan**

**Fiscal Year 2026- Fiscal Year 2028**

**Community Health Center Board**

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# Executive Summary

The Multnomah County Community Health Center Board (CHCB) is accountable for ensuring that the Community Health Center provides high quality, comprehensive services for patients in alignment with health center priorities as well as federal program requirements. The CHCB establishes expectations and goals for the Community Health Center through the annual strategic planning process and a three year strategic plan. In June 2025, the Community Health Center completed its prior three year strategic plan. The updated 2026-2028 plan incorporates additional priorities and updates the capital planning focus areas for the next three years.

Under the FY2026-2028 Strategic Plan, the Community Health Center Board reaffirms the valuable role that community health centers play, including the unique position of the Health Center in remaining focused on centering the experience of the patients, staff, and the community during major federal healthcare policy changes.

Seven strategic priorities are included in the FY2026-2028 Strategic Plan:

1. Build a strong public presence: Update the health center brand to create a strong public presence.
2. Promote partnerships and collaboration: Develop new partnerships and maintain existing collaborations which benefit patients, particularly in support of culturally specific care.
3. Assure timely access to services: Enhance existing pathways and develop new ways for patients to access care in a timely manner.
4. Support the staff experience and resiliency: Ensure robust support that keeps staff engaged, supported, and skilled.
5. Maintain financial sustainability: Maintain financial sustainability and diversify revenue to promote accessible services for any patient who needs care.
6. Invest in high quality care: Invest in and offer services which meet the needs of community and patients.
7. Innovate through technology and promote safe cybersecurity practices: Assure innovation through technology and enhance trust in our services.

The FY2026-2028 capital priorities includes a review of the core building and infrastructure needs of the health center, identifying both the physical space and technology needs. Major focus areas in the next three years include (1) identifying the pathway for revitalization or replacement of the Mid County Community Health Center, (2) working in partnership with Multnomah County on the Walnut Park Complex project, and (3) investments in major technology projects such as the electronic health record transformation and network vulnerability assessments to assure operational continuity and patient data protections.

The CHCB will work with staff to monitor and review the implementation of the strategic plan over the next three years. It expects to establish a Strategic Plan Subcommittee to monitor progress of this work.

# About the Multnomah County Community Health Center

The Multnomah County Community Health Center provides comprehensive primary care, dental, pharmacy, integrated behavioral health, lab, and supportive services. The health center operates as a Community Health Center Program - ([Federally Qualified Health Center \(FQHC\)](#)), assuring that care is available to all persons, no matter their income or insurance status in alignment with the Section 330 of the Public Health Services Act. The community health center model provided by FQHCs was developed under the War on Poverty initiative and associated social investment movements from the 1960s. This model emphasizes and requires a patient-governed healthcare system. All FQHC programs must be located in areas where economic, social, cultural, or geographic barriers limit access to care. In 2024, FQHC programs provided care to 33.9 million patients in the United States and associated territories.<sup>1</sup>

In addition to participating in the federal community health center program, the health center also participates in the Oregon Health Authority's Person Centered Medical Home model to assure high quality and high access standards. Our health center program is accredited by The Joint Commission.



*Fernhill Health Center Staff welcome community members and patients at the 2025 Grand Opening*

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<sup>1</sup> National Association of Community Health Centers, "America's Health Centers" October 2024 Fact Sheet. [https://www.nachc.org/wp-content/uploads/2023/08/Americas-Health-Centers-2024\\_FINAL-2.pdf](https://www.nachc.org/wp-content/uploads/2023/08/Americas-Health-Centers-2024_FINAL-2.pdf)



The Roosevelt High School Student Health Center, established in 1977, was the first federally recognized and accredited community health center. Today, the Multnomah County Community Health Center provides care at 18 locations through 26 primary care and dental clinics, including mobile and student health clinics. It has received national recognition for its high standards of clinical quality. The Community Health Center Board (CHCB) governs and oversees our health center program.

In 2024, our community health center program served over 59,000 unique patients across more than 210,000 encounters. Of those with reported race or ethnicity, 60% identify as a racial minority, and over 95% have an income less than 200% of the federal poverty limit. Eighty-six percent of patients are enrolled in Medicaid, the Children's Health Insurance Program, or are dual-eligible for Medicaid and Medicare, while 6% are uninsured. Additionally, more than 35% of the health center's patient population is under the age of 18.<sup>2</sup>

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<sup>2</sup> CY2024 Community Health Center all patient data for all services

# The Strategic Planning Process

The Health Resources and Services Administration (HRSA) requires that all community health center programs participate in a formal strategic planning process as overseen by the governing board. Strategic planning should occur at minimum, every three years. Strategic planning is a separate process from the governing board's required annual Quality Plan, although the strategic plan may reference or direct investments into specific quality improvement or quality assurance efforts.

The FY2026-2028 Strategic Plan contains two major components:

1. The Vision, Purpose, and Values of the Community Health Center: This is documented as part of the Community Health Center's formal policies, and was formally updated on April 14, 2025.
2. Strategic Priorities and Goals, including Capital Investments: These describe the specific strategies and success measures which will guide the operational and budget priorities for the community health center.

The Community Health Center Board worked with the Senior Leadership Team and Community Link Consulting to design two strategic planning retreats in 2024 and 2025. In addition to board member discussion, the health center also held staff engagement and feedback events to collect information about program priorities and recommendations. This information was collected and used in discussion with board priorities.

November 16, 2024: First Board Strategic Planning Retreat

- Reviewed outcomes of the 2022-2025 Strategic Plan
- Aligned on an approach to update the FY2026-2028 Strategic Plan
- Discussed health center staff feedback and priorities
- Completed initial Vision, Purpose, and Values brainstorming
- Completed a Strengths, Weaknesses, Opportunities, and Threats (SWOT) assessment
- Developed early recommendations for strategic priorities

March 1, 2025: Second Board Strategic Planning Retreat

- Refined initial strategic priorities
- Defined success measures for each priority from the perspective of Staff, Patients, and Community ("visions of success" exercise)
- Proposed capital investment priorities over the next three years

The Appendix contains more information and details about board discussion and recommendations reviewed during these two strategic planning sessions.

## The Role of the Board

The Community Health Center Board is composed of both health center patients and community members who support the purpose and vision of community health center services.

Patients must represent at least 51% of the board members. The board is accountable for ensuring that the health center program continues to meet both the regulatory requirements as set by the Health Services and Resources Administration (HRSA) as well as supporting the scope of health services needs identified by the community and under the formal grantee authorization. These specific board roles and responsibilities are detailed in the federal Health Center Program compliance manual.<sup>3</sup>

The CHCB is responsible for reviewing and setting the strategic plan for the health center program. This includes oversight and approval of the Purpose (formally referred to as the “mission”), Vision, and Values, as well as setting regular strategic priorities. The board regularly reviews performance metrics throughout the year.

## The Role of Senior Leadership and Health Center Staff

Health Center program staff are responsible for assuring that the Board’s directions and strategic priorities are supported and implemented. Health Center staff members are accountable to the Executive Director of the Health Center Program, who works with the Board to assure that the strategic plan is accurately documented and communicated to all stakeholders.

Senior Leadership, with the Executive Director, meet regularly with Board members to provide progress updates and discuss goals for the health center program. The Community Health Center Board intends to utilize a Strategic Planning subcommittee as part of the FY2026-2028 plan monitoring.

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<sup>3</sup> HRSA Health Center Program Compliance Manual. [“Board Authority: Chapter 19”](#)

# Community Health Center Purpose, Vision, and Values



*Community Health Center and Health Department staff celebrate at the 2025 Portland PRIDE Parade, with Wheely McHealy driving through downtown streets*

As authorized in April 2025, the Community Health Center Board approved the updated purpose, vision, and values:

## **Health Center Purpose**

*To advance health equity outcomes and eliminate health disparities by providing integrated and collaborative healthcare to all individuals, families, and communities.*

## **Health Center Vision**

*We envision that all people in our community receive reliable, high quality, inclusive, and comprehensive healthcare.*

## **Health Center Values**

### **Creativity and Engagement**

*We empower and collaborate with our staff and communities to create solutions that address the evolving needs of our communities*

### **Person Centered**

*We support all people as authentic individuals and deliver excellent care tailored to their specific needs*

*Equitable Care*

*We strive to provide services that assure all people receive high quality and safe care that advances health equity*

*Fiscal Stewardship*

*We practice transparent, responsible, and accountable fiscal stewardship*

*Workforce Support*

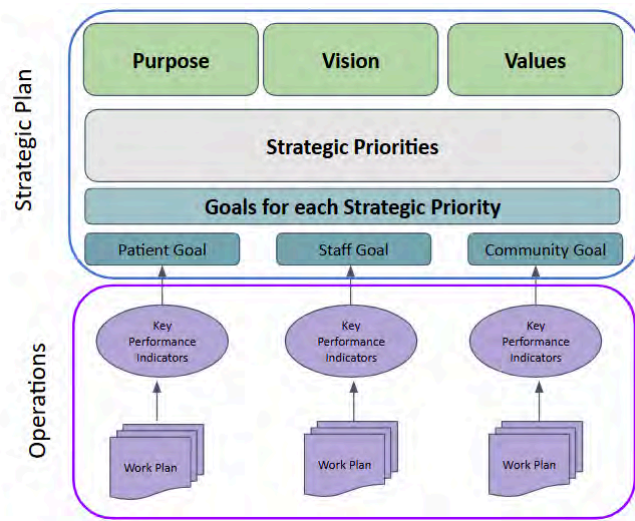
*We value and strategically invest in our expert, diverse workforce that reflects communities we serve*



*Community Health Center Mobile Clinic "Wheely McHealy" gets dressed up for the 2025 Portland PRIDE Parade*



# FY2026-2028 Strategic Priorities and Goals



**Strategic Priorities** - The main objectives which provide guidance and help determine how to prioritize work of the community health center.

**Goals** - Measurable achievements or outcomes to achieve over the timeline of the strategic plan.

Each goal has a focus area which is further supported by operational planning and tasks. Key performance indicators are the consistent operational measures to understand progress.

## Focus areas are:






**Our patients** - How do people who directly receive services from our clinics perceive change and success? These are people who have received services from the health center in the past two years.



**Our staff** - How do the people who provide services and programming experience success? These are people directly employed by the health center.



**Our community** - How do people and organizations who are seeking social services, including healthcare, experience working with our health center? What would an improved relationship look like or be measured?

Strategic Priorities		Goals by Focus Area		
		 Patient	 Staff	 Community
Build a strong public presence	Update the health center brand to create a strong public presence.	Increase patient recognition and trust in health center services	Increase staff feeling of belonging and satisfaction with the health center identity	Increase community recognition and trust in health center services
Promote partnerships and collaboration	Develop new partnerships and maintain existing collaborations which benefit patients, particularly in support of culturally specific care.	Increase number of patients who can access services	Increase access to resources in support of care coordination	Increase participation in community events and partnerships
Assure timely access to services	Enhance existing pathways and develop new ways for patients to access care in a timely manner.	Decrease waiting times and increase ways of scheduling appointments	Increase efficiency in the appointment scheduling process	Increase engagement with care services
Support the staff experience and resiliency	Ensure robust support that keeps staff engaged, supported, and skilled.	Increased satisfaction with care teams	Staff experience increased skills development and decreased involuntary separation	Increased knowledge of the health center as an employer
Maintain financial sustainability	Maintain financial sustainability and diversify revenue to promote accessible services for any patient who needs care.	Increased opportunity to access services Utilization of contract pharmacies	Improved integration of services without regard to insurance status	Increased interest in sponsorship or financial support
Invest in high quality care	Invest in and offer services which meet the needs of the community and patients.	Increased access to new services	Increased referrals and utilization of internal referral services	Increase participate in feedback on services
Innovate through technology and promote safe cybersecurity practices	Assure innovation through technology and enhance trust in our services.	Increased MyChart and telehealth engagement	Decreased in HIPAA breaches derived from staff error	Increased trust in health center services

# Capital Investments and Facilities

The FY2026-2028 plan also incorporates the top capital investment and facilities needs of the health center program. The Community Health Center Board identified both short term and long term opportunities to align patient care goals with infrastructure needs. A facilities review was discussed during the March 2025 Board retreat to understand current building capabilities and capacity for emergency response. The Board confirmed in their discussion a need to establish a clear plan for the Mid County Health Center location, as well as affirming the ongoing investments and support required for securing patient data through technology enhancements.

The Board identified the following facilities planning and capital projects for prioritization in the FY2026-2028 Strategic Planning Cycle:

1. Completion of the Mid County Evaluation Plan: A formal evaluation and needs assessment of this region will return two distinct outcomes:
  - a. Assess expected patient demand, forecast Mid County Health Center's (MCHC) financial performance and staffing, and determine whether that merits expanding, maintaining the existing building, or relocating Mid County Health Center (MCHC)
  - b. Recommend a cost effective and strategic approach to conducting that expansion and/or relocation
2. Partnering and representing the Community Health Center's services and patients at Walnut Park and the Northeast Health Center:
  - a. Working in partnership with Multnomah County on the Walnut Park Complex proposed redevelopment<sup>4</sup>
3. Investments in Technology:
  - a. Invest in major Electronic Health Record update which will ensure protections of patient data
  - b. Invest in self service technology and assets which will improve the care experience for patients and staff
  - c. Invest in projects that help identify, assess, and remediate gaps in the health center's information systems security

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<sup>4</sup> "Board passes resolution recognizing historic significance of Walnut Park Complex ahead of redevelopment and restoration" June 30, 2025. [Multnomah County Board of Commissioners Resolution.](#)





*Multnomah County Staff, the Community Health Center Board, and Multnomah County Board of County Commissioners celebrate the Grand Opening of the Fernhill Health Center on May 30, 2025*

## Approvals

The Executive Director and Community Health Center Board recognize and approve the FY2026-2028 Community Health Center Strategic Plan as voted on September 8, 2025.

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

### **Anirudh Padmala**

*Interim Executive Director*

Multnomah County Community Health  
Center

### **Tamia Deary**

*Board Chair*

Multnomah County Community Health  
Center

# APPENDIX

1. [CHCB Strengths, Weaknesses, Opportunities, and Threats map](#)
2. [CHCB Visions of Success Mapping \(Transposed Feedback\)](#)
3. [Health Center Staff Recommendations and Summary of Engagement](#)



*Wildflowers in bloom as seen from the Multnomah County Building, with the downtown Portland skyline*

## Mapped SWOT Discussion Topics to Proposed Strategies

### 7 Draft Strategies

- 1 Create clear brand: Update the health center brand and make sure the community understands our services.
- 2 Create stronger partnerships: Work with groups inside and outside the health center to help patients, especially for culturally specific care.
- 3 Get care faster: create easier and quicker access to the health services patients need.
- 4 Support our staff: provide training and support to keep staff engaged, supported, and skilled.
- 5 Diversify funding: Assure any patient can engage in services that are available to them.
- 6 Invest in new services for better care: Offer services that meet patient needs, based on what the community tells us they need.
- 7 Safe and modern: Keep patient information secure and use technology to improve services.

### C

#### Draft Capital Planning

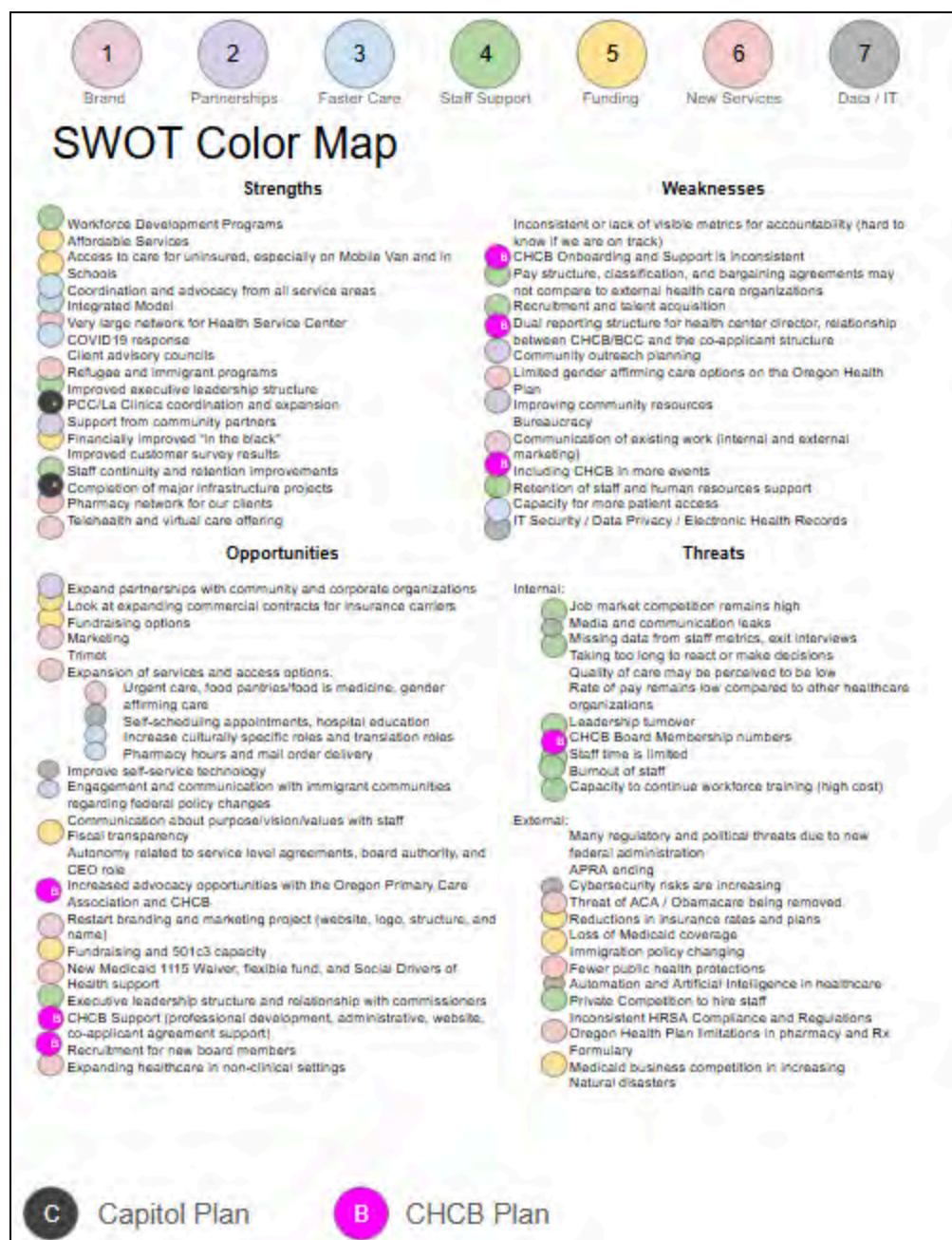
1. Invest in the Mid County Health Center, assuring long term service capacity as a flagship model in the region and supportive of the refugee and immigrant health center care model.
2. Invest in self service technology and assets which improve the care experience for patients and staff.

### B

#### Draft Board Support Priorities

1. Ensure a robust model of board governance, including technology, education, and resources to meet the needs of volunteer board members.
2. Realize the governance authority of the CHCB under the co-applicant agreement, to improve support for the health center and fully meet HRSA Compliance.





## March 2025 Community Health Center Board Success Mapping

Strategic Priority Areas	March 1 Feedback			
	Effect on Patients	Effect on Staff	Community Experience	Suggested Success Measures
Create a Clear Brand	Patients are with the health center by choice. Not by necessity. All clinics have the same signage / logos in use. Patients feel a sense of pride, increased safety. Patients have less confusion about services and increased trust. Patients have more opportunities to volunteer, to create purpose and invest. More clients want to join our committees and CHCB.	Staff have pride in wearing or pointing to our brand. There is clear communication with staff about the history of our work and the differences between the health center and the larger Multnomah County government. There is staff pride in working for the health center. Staff are proud to be a part of our work, with a desire to engage and contribute.	Community members know what who we are and what services we provide. There are clear visuals associated with positive feelings. Increased trust in our services. Believe that our services are professional. More community members know that we are an option!	A brand which is accessible to all cultures, languages, race, and SOGI. Prominent in a google search, trademarked. A brand exists! Brand is used in our clinics, website, in ads. Website analytics are used to track change: total hits, abandonment rates, length of time on pages. Patient surveys to measure knowledge of services. Patient testimony and sharing during advocacy opportunities.
Create Stronger Partnerships	Patients will receive coordinated (response to) social needs. Patients will see expanded services. There are more bidirectional clinic and social linkages. Patients get care faster. Patients can self-select the services they most need.	Staff have more confidence and trust in the referral process. There are more efficient systems and staff satisfaction. More centralized resources.	Community members will see increased CBO engagement. More benefits from the health center are available. The community sees the health center advocacy in different spaces.	Increased number of CBO Relationships. Increased coordinated care, less back/forth. Improved and defined bodies of work and dedicated staffing. We participate in more community events. Clarity on which community service are available.
Get Care Faster	Patients will see improved outcomes with more timely care. Patients will have higher satisfaction. Patients will have lower waiting times for Rx refills and lab results. Patients can access modern technology for making appointments, including self scheduling and self service on MyChart. Increase the total number of preventative services to decrease the need for treatment/intervention. Increased reliability.	Staff will have reduced stress and work from an abundance mindset "work culture". Staff will have increased satisfaction and pride in being able to offer more appointments. Staff will see increased trust from community partners. Staff will be confident in being able to offer more same day appointments.	Community members will have an improved trust in our services. Our reputation will improve. Community members will think of us as having appointments available and be aware of all of our services. Community members will refer more patients to us.	Decreased waiting times for patient appointments and phone calls. Increased patient satisfaction by survey. Decreased no show rates. Offer Convenient Care. See more new patients. Improved google reviews.
Support our Staff	Patients will feel more welcome, better cared for. Patients will feel care is efficient and high quality. Patients care will feel easy to navigate and staff will be able to meet patient needs. Patients will have increased trust in our clinic. Patients will not need to change providers.	Staff will feel prepared and clear about what to do. Staff will have increased satisfaction. Staff will have increased work/life balance and increased efficiency. Staff will be proud to work here. Staff will see true integration (of services). Staff have the time for self care. (Managers) will have higher morale.	There will be an increased reputation about the health center as an employer. Community members will see improved access and streamlined recruitments.	Decreased staff turnover and increased net retention. Increased number of employee referrals. Increased patient continuity in care / provider assignments. Improved staff survey responses and feedback. Fewer patient complaints. Fewer incidents. Improved provider team continuity. Improved working knowledge of support systems.
Diversify Funding	Patients are able to experience "extra service" to complement their experience (such as shuttle bus service between clinics). Uninsured patients have improved access to services (like dental). The board / 501c3 is able to support.	Staff see increased investment in wellness. Staff have increased working knowledge of funding streams. Staff see improved care referrals from mobile clinic to other service lines.	The community sees us show up in the ways that we say we will/are. Community will see increased collaboration opportunities and sharing resources.	Fundraising is possible in a way that allows to bring in services we cannot offer. We can invest in new/extra services to support community members and staff. We see increased pharmacy contract revenue. Budget stability increases in FY26 and FY27.

Strategic Priority Areas	March 1 Feedback			
	Effect on Patients	Effect on Staff	Community Experience	Suggested Success Measures
Invest in New Services	Patients experience more Behavioral Health support, more acupuncture, prenatal care, and maternal care outcomes improve. Patients experience better care coordination and referrals. Patients see additional investments. Patients have access to a broad range of services, such as physical therapy, group visits/care, and additional behavioral health investments.	Staff have the training and people to support new services. Staff are excited about offering more services.	Community sees our health center and knows that we can fill care needs. We do not unintentionally duplicate services in the community. Community sees us as a way for more employment opportunities.	Convenient care is available. New services are offered in a financially sustainable manner.
Safe and Modern	Patients experience greater trust that their data is secure. Patients have access to more self-scheduling options and find it convenient. Patients have more ways to access MyChart, and can access their own information ("See my info"). Patients have more ways to communicate with the health center (such as text).	Staff experience decreased burnout due to AI. Staff have appropriate access to patient data and permissions. Staff trust and have an easier time using video visits.	The community sees our health center as a trusted entity. We are viewed as being competitive with other private health care groups (like Kaiser) from a technology perspective. The community can easily identify our services.	Call times decrease at PAC. Increased patient satisfaction response related to scheduling and accessing services, and how to access health information. Increased staff satisfaction (lower burnout).
Capital Planning: Mid County	Patients feel supported and know that we are "walking the walk". Patients have easy transportation access in the neighborhood. Patients feel safe. Patients have access to more services and appointments. Established and new patients both are able to access care.	Improved work/life satisfaction. Increased morale. See increased workforce development opportunities. Staff spaces feel clean and modern. Staff have more space to gather and meet. Staff have pride in where they work. Staff have more access to training spaces.	[Improved to technology capital planning measures]	A robust, expedited analysis is completed about a clinic expansion. We are able to make a plan to determine: do we build a new clinic or invest in multiple flexes? We establish an official process that ensures the CHCB knows of the impacts and can engage with the BCC for capital investments. We engage with the community for feedback.
Capital Planning: Technology	Patients will experience choice in how they can access care. Patients will have easy access to online information, including forms, hours of operation, and schedules of clinics. Patients can engage in self-sufficiency and autonomy.	Staff have roles in clinic to help patients learn technology. There is lower stress at the front desk and PAC. Staff find it easy to offer multiple check in options.	There are multiple technology options for different patient populations and preferences.	Self scheduling is launched. Plan is developed for self check in kiosks. Automatic pharmacy notifications and text alerts are launched.



## October 2024 Community Health Center Staff Evaluation

### Community Health Center Strategic Discussion Feedback All Staff Review, October 2024

#### Approach

- All community health center staff (600+ people) participated
- All health center locations hosted staff discussions for 2 hours on our current strengths, staff priorities, and patient needs
- Staff notes and feedback was analyzed by theme, total number of strategies, and operational tasks
- Results are currently being reported back to staff in November and December

#### Initial Themes and Discussion Trends:

- Staff are universally aligned on continuing to prioritize patient access as our top need, but have different ideas and suggestions about how to accomplish this goal
- The most frequent points included looking at new services to better serve patients at our clinics and continuing to partner with community organizations to expand engagement
- Staff are proud that we embody help and assurance of care for everyone, even if they do not have insurance
- Top gaps identified included improving internal communication, staff capacity, and interpretation consistency

#### (Current) Health Center Strategic Goals



Our People

Operational Excellence

Health Center of Choice

Health Equity

Financial Stewardship

#### NEW / EMERGING Staff Themes

Clinical Excellence

Nearly all locations mentioned high level of quality, unrivaled by other systems

Community Collaboration and Relationships

Multiple references made to the importance of our community partnerships informing patient care and outcomes

Advocacy and No Wrong Door

Going above and beyond to help get patients what they need

## Strategic Investments and Actions

Staff shared over 70 unique ideas and proposals for our next strategic plan. Below are the major themes captured, including the operational recommendations. All will require review for feasibility, incorporation into existing projects, budget investments, and overall patient impact.

### Staff Strategic Investment Recommendations

Continue staff investment as a priority to support improved retention and job satisfaction

Evaluate new services which can better serve patients at our clinics and invest in staff levels to support continued high quality services

Clinical excellence and partnerships will continue to set us apart, make sure the world knows

Build for our future with capital investments and technology

### Specific Operational Actions Associated with strategies, mentioned by staff

Expand the workforce pilots for EFDAs, MAs, Pham Techs, and APCs

Assure meeting time is meaningful between teams, and create training opportunities for both foundational skills and career advancement

Create healthy snack closets for staff and patients

Increase wages and benefits to staff, such as parking, and staff wellness funds \*

Add urgent care, physical therapy, gynecology, orthopedics, nutrition, imaging, and psychiatry

Invest in our team-based care model, including Building Better Care, float pools, group visits, and family visits

Explore if more flexible FTE and part time staffing roles can better support patient care and staff

Create new staff roles which expand on the care team to support patient care navigation

Communicate that we are leaders in HIV care, student health, and international health services

Expand our community presence to include general health education through tours and education

Sponsor medical research, hospitalist teams, additional preceptor time, and academic partnerships

Continue to prioritize all main service lines together in spaces: medical, dental, and pharmacy

Invest in a new space for Mid County Health Center and the integration of flexible work spaces in all sites

Offer more patient access to MyChart and EPIC help with technology and staff assistance

Assure patient registration is available electronically and patients can schedule appointments online and maintain our telehealth options

*\* Wages and benefits are covered by union agreements, and must be subject to bargaining. We are not able to address this suggestion as a stand alone action, but wanted to ensure the CHCB was informed of all staff feedback.*

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Invest in high quality care: Invest in and offer services which meet the needs of community and patients	4.75		Increased access to new services	Increased referrals and utilization of internal referral services	Increased participation in feedback on services	Projects would focus on increasing access to new services, as well as improving staff ability to increase community participation in services evaluation.
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# Strategic Plan - Process

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# 3 Year Success Measures

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# Strategic Plan

## **With a “YES” vote. . .**

- Please outline next steps and the “high level” impact moving forward will have on specific communities, scope, program supports, etc.

## **With a “NO” vote. . .**

- *Please provide the board with an impartial sense of potential cuts to service or workarounds may need to happen by “staying-in-place.”*





Strategic Plan

***Questions?***

***Motion?***



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# Strategic Plan

## VOTE REQUIRED in Public Meeting

August 25, 2025

Executive Committee

Presenter:

**Anirudh Padmala**

Interim Executive Director



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Assure timely access to services: Enhance existing pathways and develop new ways for patients to access care in a timely manner.	4.5	Decreased waiting times and increased ways of scheduling appointments	Increased efficiency in the appointment scheduling process	Increased engagement with care services
Support the staff experience and resiliency: Ensure robust support that keeps staff engaged, supported, and skilled.	4.25	Increased satisfaction with care teams	Staff experience increased skills development and decreased involuntary separation	Increased knowledge of the health center as an employer
Maintain financial sustainability: Maintain financial sustainability and diversity revenue to promote accessible services for any patient who needs care.	4.25	Increased opportunity to access services, including utilization of contract pharmacies	Improved integration of services without regard to insurance status	Increased interest in sponsorship or financial support
Invest in high quality care: Invest in and offer services which meet the needs of community and patients	4.75	Increased access to new services	Increased referrals and utilization of internal referral services	Increased participation in feedback on services
Innovate through technology and promote safe cybersecurity practices: Assure innovation through technology and enhance trust in our services.	4.25	Increased MyChart and telehealth engagement	Decreased in HIPAA breaches derived from staff error	Increased trust in health center services



# Strategic Plan

## **With a “YES” vote. . .**

- Please outline next steps and the “high level” impact moving forward will have on specific communities, scope, program supports, etc.

## **With a “NO” vote. . .**

- *Please provide the board with an impartial sense of potential cuts to service or workarounds may need to happen by “staying-in-place.”*



Strategic Plan

***Questions?***

***Motion?***

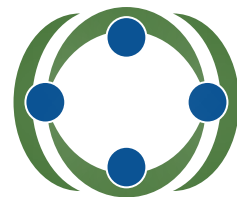




# Executive Director Strategic Updates

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- 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: Anirudh Padmala, Interim Executive Director & Senior Leadership  
RE: Public Meeting Memo - **Monthly Report**  
DATE: **September 2025** (previous memos available under public meeting materials on the [CHCB Member site](#))

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## Executive Director Updates *System level information and updates*

<b>Mid County Capital planning</b>	We have officially begun the evaluation process for Mid County Capital planning work with two kickoff calls: one with the Mid County leadership team and another with Capital Link and Cascadia. This marks the start of a multi-month project to determine options for capital investments for the Mid County Health Center
<b>Behavioral Health Service Needs Evaluation</b>	In support of the CHCB's strategic priority, the Health Center is planning a comprehensive evaluation of behavioral health service needs. This evaluation will assess current health center services, identify community gaps, and explore potential future service options



## Capital Projects *Facilities updates, high cost projects*


<b>Rockwood Health Center</b>	Planning for the 6 month closure during construction tentatively scheduled for April 2026 has begun. Medical and Pharmacy services are primarily moving to East County first floor. Some providers and staff will move to Mid County due to limited space capacity at East County. Dental is mapping out a plan for distribution of programming and updates will be shared as they become available. A generator has been added to the project and will be covered by existing allocated funds for the project. This will help decrease risk of medication and immunization product loss during power outages.





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

<b>FY2026-2028 Strategic Plan</b>	The CHCB Executive Committee provided additional feedback and final guidance for the final draft strategic plan. The September board meeting will request adoption and approval of the FY2026-2028 strategic plan.
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<b>Federal Policy and Advocacy</b>	The Health Center was invited to attend a private healthcare roundtable event with Representative Maxine Dexter in August. Anirudh Padmala and Adrienne Daniels attended the discussion to share recommendations and concerns regarding the proposed Medicaid program changes and how community health center patients would be impacted.
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<b>Risk and Compliance Updates</b> <i>Compliance events, major incidents/events updates</i> 	
<b>PCPCH Attestations</b>	Patient Centered Primary Care Home attestations are on track! Submissions for PC clinics are complete, and Student Health Center clinics are in process.
<b>PCPCH Site Visit at ECHC delayed</b>	A Patient Centered Primary Care Home site visit was scheduled in September for East County Health Center, but the state program had to delay due to unexpected capacity challenges. New date to be determined.

<b>Quality/Process Improvement</b> <i>Improvement events and activities</i> 	
<b>Contracting process</b>	Collaboration across Divisions is in progress to document current state and identify opportunities in the contracting and procurement processes.

<b>General Program Updates</b> <i>Program/Service-line specific updates</i> 	
<b>Primary Care</b>	We are excited to announce that we have 5 new fellows starting later this month. They will be working at Rockwood/Student Health, East County, Mid County, North Portland Northeast Health Centers. Our new fellows bring a wealth of knowledge and lived experiences to our care teams and clients.
<b>Integrated Behavioral Health</b>	We continue to strengthen our relationship with community partners with focus on care collaboration and increasing support for patients with the development of having 3rd year Mental Health Nurse Practitioners to provide an educational opportunity for them and the clinics will benefit from more mental health support. This will begin towards the end of September.
<b>Dental</b>	<p>OHSU Endodontic Residency Program: For the second consecutive year, our partnership with the OHSU Endodontic residency program enables us to provide more complex root canal procedures to our patients, utilizing the health center's sliding fee scale.</p> <p>Mount Hood Community College Hygiene Program: We are</p>

	<p>collaborating with Mount Hood Community College to host hygiene students, with the aim of recruiting from this pool to address our permanent hygiene staffing shortages.</p>
<b>Pharmacy</b>	<p>Our first pharmacy technician training cohort is close to finishing their externship hours and preparing for the national certification examination in September.</p> <p>HRSA announced at the end of July that they are introducing a voluntary 340B rebate pilot program in 2026. The pilot program is limited to 10 drugs that are subject to the Medicare Maximum Fair Price provision of the Inflation Reduction Act. Currently under the 340B program, we purchase drugs at a discount. The rebate pilot would require us to purchase these 10 drugs at the going rate and seek a 340B rebate from manufacturers on a per prescription basis at a later date. This poses a number of financial and access concerns. We are working on costing this proposal and collaborating with NACHC and OPCA on a response to submit to HRSA during the public comment period.</p>