



**CHCB Public Meeting Minutes
December 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.

Board Members:

- Tamia Deary (she/they)** – Chair
- Darrell Wade (he/him)**- Vice Chair
- 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
- Patrick Thomas (he/him)**- Board Member

Anirudh Padmala (he/him)- Interim Executive Director (Ex Officio)
Board Members Excused/Absent: Dani Slyman

Call to Order / Welcome <i>Tamia Deary, CHCB Chair</i>	Meeting called to order at 6:09 PM Additional Notes: <ul style="list-style-type: none">• We have a quorum with 6 members present• Susana Mendoza arrived at 6:17 pm making 7 members present• Dani had an excused absence for this board meeting.	
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<p>Minutes Review - VOTE REQUIRED</p> <p><i>Tamia Deary, CHCB Chair</i></p>	<p>Edits/Comments:</p> <ul style="list-style-type: none"> No edits. The Board Chair made a request for comments within the minutes be scribed to the board member that made the comment so that proper follow up requests for a board member can be tracked in the minutes by support staff. Susana Mendoza arrived at 6:17 pm and was not present to participate in this vote. <p>Addition :</p> <ul style="list-style-type: none"> None. 	<p><i>Motion to approve: Brenda Chambers</i></p> <p><i>Second: Monique Johnson</i></p> <p>Yays: 6 Nays: 0 Abstain:0</p> <p>Decision: Approved</p>
<p>Policy Renewals - VOTE REQUIRED</p> <ul style="list-style-type: none"> ICS.04.18 Community Health Center Client Rights and Responsibilities ICS.04.16 Community Health Center - Feedback and Complaint Policy <p><i>Brieshon D'Agostini, Quality & Compliance Officer</i></p> <p><i>Kimmy Hicks, Quality &</i></p>	<p>Community Health Center Client Rights and Responsibilities Policy</p> <p>Edits/Comments:</p> <ul style="list-style-type: none"> The purpose of the policy methods is how the health centers inform clients about their rights and responsibility as patrons of the health center. This policy is a requirement by the The Joint Commission. There are no changes or training needed to implement. There are no updates to highlight. There are no changes to the policy and renewing as is. The policy is ready for a vote. <p>Addition :</p> <ul style="list-style-type: none"> None. 	<p><i>Motion to approve: Monique Johnson</i></p> <p><i>Second: Patrick Thomas</i></p> <p>Yays: 7 Nays: 0 Abstain:0</p> <p>Decision: Approved</p> <p><i>Voted unanimously.</i></p>

<p><i>Compliance Project Manager</i></p>		
<p>Policy Renewals - VOTE REQUIRED</p> <ul style="list-style-type: none"> ICS.04.18 Community Health Center Client Rights and Responsibilities ICS.04.16 Community Health Center - Feedback and Complaint Policy <p><i>Brieshon D'Agostini, Quality & Compliance Officer</i></p> <p><i>Kimmy Hicks, Quality & Compliance Project Manager</i></p>	<p>Community Health Center - Feedback and Complaint Policy</p> <p>Edits/Comments:</p> <ul style="list-style-type: none"> The purpose of this policy is to set requirements and guidelines for various ways that clients can submit feedback to the health center staff. They will review, respond, and document. This is a requirement by The Joint Commission, HRSA, County Policy, and Office of Civil Rights (OCR). The quality team has reviewed the changes with the relevant stakeholders and are seeking board approval. Updated highlights include clarification. Quality will manage complaint escalation after the health center manager has reviewed the complaint. Client complaints can be made online using the online form. Requires health center management to enter all complaints into the complaint software system RLDatx within 5 working days. No additional implementation/training needed. The Board Chair requested understanding from the Quality and Compliance Project Manager whether current practice for managing complaints is done through the quality manager from insurance as opposed from the patient survey? <ul style="list-style-type: none"> The Quality and Compliance Project Manager did confirm this is current practice. There will no longer be complaints pulled from satisfaction surveys. The Board Chair sought out clarity to ensure documentation of these complaints will be collected from these surveys. The Quality and Compliance Project Manager did confirm that this will still be taking place. It is not logged as an official complaint. It will be logged in the survey reports that management reviews. <p>Addition :</p> <ul style="list-style-type: none"> None. 	<p>Motion to approve: Brenda Chambers Second: Monique Johnson</p> <p>Yays: 7 Nays: 0 Abstain:0</p> <p>Decision: Approved <i>Voted unanimously.</i></p>

<p>CHCB 2026 Calendar - VOTE REQUIRED</p> <p><i>Anirudh Padmala, Interim Executive Director</i></p>	<p>Edits/Comments:</p> <ul style="list-style-type: none"> • The calendar hosts both public meetings and executive committee meetings. • Public meetings are listed as green. • Executive committee meetings are listed in orange. • In the month of May there is a slight schedule change with our public meeting set for May 11th, 2026 and the executive committee will be moved to May 18th due to the original date landing on a holiday (<i>May 25th, 2026</i>). • More discussion will occur regarding this calendar with the executive committee. • The Board Chair asked for clarification that this rendition of the calendar to only include public and executive meetings. • The Board Chair made a request to start the calendar starting on Monday rather than Sunday. <p>Addition :</p> <ul style="list-style-type: none"> • None 	<p>Motion to approve: Patrick Thomas Second: Monique Johnson</p> <p>Yays: 7 Nays: 0 Abstain:0</p> <p>Decision: Approved Voted unanimously.</p>
<p>Executive Officer Election: Chair</p> <p><i>Tamia Deary, CHCB Chair</i></p>	<p>Edits/Comments:</p> <ul style="list-style-type: none"> • The Board Chair informed everyone that the nominating committee recommended Dani Slyman as Chair. Dani has withdrawn her nomination as she does not have the capacity to serve in this role at this time. • Brenda Chambers has self nominated herself for the Board Chair role. <ul style="list-style-type: none"> ○ Brenda is a dedicated collaborator, coalition builder, and consumer of the health center. ○ Brenda intends to ensure that the board fulfills its governance duties, ensuring compliance with federal and state regulations, and maintaining financial oversight of the health center. ○ Brenda will foster collaboration, trauma and healing centered approaches, a commitment to diversity, equity, inclusion and belonging among board members, and build relationships with the county commissioners. ○ The new Board Chair has been voted as Brenda Chambers. • No member at large nominations at this time. 	<p>Yays: 4 Nays: 0 Abstain:3</p> <p>Decision: Approved</p> <p><i>Tamia Deary: Abstain Brenda Chambers: Yes Monique Johnson: Abstain Bee Velasquez: Yes Darrell Wade: Abstain Patrick Thomas: Yes Susana Mendoza: Yes</i></p>

<p>Executive Officer Election: Secretary <i>Tamia Deary, CHCB Chair</i></p>	<ul style="list-style-type: none"> Monique Jonshon has been recommended by the nominating committee as the new secretary. <ul style="list-style-type: none"> Monique is a Portland native and current board member who serves on the Privacy, Security & Trust, Quality, and the chair for strategic planning committee. Monique has a background in social services, education, real estate, and is passionate about closing disparities and promoting equity in housing and health care. Monique is also the founder of Full of Joi Group, supporting children's success and community resources. The new Secretary has been voted as Monique Johnson. No member at large within this candidacy. <p>Addition :</p> <ul style="list-style-type: none"> None. 	<p>Yays: 6 Nays: 0 Abstain:1 Decision: Approved</p> <p><i>Tamia Deary: Yes</i> <i>Brenda Chambers: Yes</i> <i>Monique Johnson: Yes</i> <i>Darrell Wade: Yes</i> <i>Patrick Thomas: Yes</i> <i>Susana Mendoza: Yes</i> <i>Bee Velasquez: Abstain</i></p>
<p>New Board Member Election - VOTE REQUIRED <i>Bee Velasquez, Nominating Committee Chair</i></p>	<p>John Schlosser</p> <ul style="list-style-type: none"> Community Member with Legal Experience <p>Elise Schumock</p> <ul style="list-style-type: none"> Consumer member of the North Portland Health Center <p>Christine Palermo</p> <ul style="list-style-type: none"> Community Member with Healthcare Experience <p>Yalila Alcaraz</p> <ul style="list-style-type: none"> Consumer of Mid County Health Center 	<p>Yays: 7 Nays: 0 Abstain: 0 Decision: Approved <i>Voted unanimously</i></p>

Monthly Financial Report

Hasan Bader, Finance Manager

Highlights Include:

- YTD Revenue: For the period ending October 31st, 32% of the budget was collected.
- YTD Expenditure: For the period ending October 31st, 30% of the budget was collected.
- We have a surplus of \$4,245,298 within the budget.
- The fiscal target is to remain below 33% of the budget.
- Continuation of withdrawals from the primary care grant 330 at \$800,00 a month. Withdraws are one month behind.
- The Primary Grant 330 ends December 31st and attempts to withdraw the entire amount will be taking place.
- The Primary Grant 330 has withdrawn 27% of the grant thus far which ensures our target for this fiscal year.
- There were no COVID or ARPA grants for this fiscal year.
- Health Center Fees:
- There is currently a budget of \$167,028,592.
- This equates to 33% of the budget which is on target for the first four months.
- YTD 32% of the budget has been collected for revenue.
- Contracts are 34% of the budget.
- Personnel is currently at 30% of the budget which is below the target percentage.
- There is currently savings in the personnel budget.

Materials and Services:

- Currently 34% of the budget is used which is on target.
- Internal services are at 26% of the budget.
- In the month of October we didn't collect incentive checks.
- Ended the month of October with a deficit of \$244,000.
- Currently at 4.25 million dollars in the black.
- Review of program income which include fee for service visits and pharmaceuticals.
- In the month of October 14.35 million dollars collected in visit fees.
- Self pay client fees averages at \$29,000 collected each month.

- No issues or large changes with indirect expenses for the month of October.
- Indirect expenses are within the budget with no concerns.
- YTD for indirect services are at 27.5% of the budget which is below budget.
- Processed two budget modifications this month.
- Started with \$217,000,000 within the budget and now with the budget modification the budget is now at \$216.88 million due to state funding and grant removal.

Average Billable Visits:

- Uninsured visits for primary care and dental have been low this year.
- An incline will occur in the new year that visits will rise due to a close of the Healthier Oregon grant.

Payer Mix for Primary Care

- The largest payer is Care Oregon.
- Care Oregon was 71% of patient visits
- Trillium was 6% of patient visits.
- Commercial payment was 5% of patient visits.
- Self pay was about 5% of patient visits.
- The payer mix has remained consistent.

CCO Assigned Patient Engagement

- Care Oregon has 48,149 assigned clients in October.
- We currently have 29,000 engaged clients meaning they had one visit in the last 12 months.
- The engagement rate is 60%.
- Trillium had 14,600 assigned clients in October.
- Engaged clients are about 3,184 meaning they had one visit in the last 12 months.
- The engagement rate is 22.74%.
- The Board Chair requested that the final slide include that the Community Health Center Board approves the budget.

<p>Q3 Complaints & Incidents <i>Kimmy Hicks, Quality & Compliance Project Manager</i></p>	<p>Highlights:</p> <ul style="list-style-type: none"> • 68 incidents over the course of three months. • 45,267 visits total occurred during the last three months. This is meaningful as this denotes the amount of incidents occurred. • The greatest type of incident seen are suicide ideation and behavior continues to be prevalent. • The current risk types include suicidal ideation and behavior, provision of care, medication and fluid. • 25 patients offered feedback classified by department to include dental and medical. • Feedback issues was based on the following: <ul style="list-style-type: none"> ○ Accessibility ○ Attitude/ Courtesy ○ Care/ Treatment ○ Communication ○ Coordination & Continuity of Care ○ Environment ○ Safety ○ Service • Patient demographics: 27,946 patients currently served. 	
<p>UDS Highlights <i>Alexander Lehr O'Connell, Senior Grants Manager</i></p>	<p>Highlights:</p> <ul style="list-style-type: none"> • HRSA's system to collect and compare data from all health centers. • Annual UDS report that all health centers submit to HRSA every year to show the services provided, populations served, patient outcomes, and some financial data. • In late Summer, HRSA publishes the full data sets. • Typically this data is shown in August but due to circumstances at the federal level we are able to see the data today. • The Board Chair made a request for the Senior Grants Manager to include a dashboard in his summary that contains metrics that the board can pull from. <p>Clinical Quality Measures</p> <ul style="list-style-type: none"> • 68% of patients are in early entry into prenatal care. 	

	<ul style="list-style-type: none"> • 8% of patients are low birth weight. Lower is better as we want healthy babies. • 68% of patients are controlling high blood pressure. Above average. • 77% of patients are getting HIV screening. Top quarter of performance, above the national average. • 83% of patients receive statin therapy for Cardiovascular Disease. This is above the national average. <p>Demographics</p> <ul style="list-style-type: none"> • Data showcasing served low income clients. <ul style="list-style-type: none"> ○ 47% of our clients are best served in a language other than English. ○ 69% are 100% FPL and below ○ 101-150% FPL ○ 151-200% FPL ○ Over 200% FPL 	
<p>2025 Quality Committee Accomplishments</p> <p><i>Susana Mendoza, CHCB Secretary and Quality Committee Chair</i></p>	<p>Highlights:</p> <ul style="list-style-type: none"> • The Board Chair shared gratitude for Susana Mendoza for her efforts of self advocacy with the board as well as chairing the Quality Committee. • The Quality Committee Chair shared her appreciation for the patience of her team, board, and everyone that participated in this work of the Quality Committee. She further expressed the hope that the new quality committee will continue the work and carry on the values they worked on. The Committee Chair expressed support for the Interim Executive Director, conveying appreciation, and encouraging the board to offer support. <p>The committee has accomplished</p> <ul style="list-style-type: none"> ○ 11 meetings ○ 3 policies reviewed ○ 249 patient safety incidents reviewed ○ 2 access Reports ○ 2 UDS Reports ○ 2 Clinical Quality Reports ○ 3 Quality Improvement Projects ○ 1 Annual Quality Management Plan ○ 4 Patient Survey Reports ○ New purpose, vision, and values. 	

	<ul style="list-style-type: none"> ○ Continuous improvement on quality report-outs ○ UDS Annual Submission Improvements <ul style="list-style-type: none"> ● Appreciation was shared for Susana Mendoza for leading this committee and serving as committee chair. 	
Board Committee Updates <i>CHCB Committee Chairs</i>	Highlights: <ul style="list-style-type: none"> ● None. 	
Executive Director Strategic Updates <i>Anirudh Padmala, Interim Executive Director</i>	Executive Director Strategic Updates <i>Anirudh Padmala, Interim Executive Director</i> Highlights: <ul style="list-style-type: none"> ● Celebrating our Staff of 15, 20, 25, 30, 35 years of service.. 	
Board Discussion (Closed Executive Session) <i>Tamia Deary, CHCB Chair</i>	Board Discussion (Closed Executive Session) <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"> ● <i>(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.</i> ● <i>(p) To consider matters relating to cyber security infrastructure and responses to cyber security threats.</i> ● <i>(d) To conduct deliberations with persons designated by the governing body to carry on labor negotiations.</i> 	Motion to approve: Brenda Chambers Second: Monique Johnson Yays: 10 Nays: 0 Abstain: 0 Decision: Approved Voted unanimously.

Meeting Adjourns	7:57 PM	
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Signed: _____ Date: _____

Susana Mendoza, Secretary

Signed: _____ Date: _____

Tamia Deary, Board Chair

Scribe: // Email: //Mavis Sanchez-Scholes, mavis.sanchezscholes@multco.us