community health center board
Multnomah County

Public Meeting Minutes
January 12, 2026
6:00 - 8:00 PM
In Person

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:

Brenda Chambers (she/her) – Chair
Darrell Wade (he/him) – Vice Chair
Monique Johnson (she/her) – Secretary
Brandi Velasquez (she/her/ella) – Treasurer
Dani Slyman (she/her) – Board Member
Elise Schumock (she/her) – Board Member
Yalila Alcaraz (she/her/ella) – Board Member
John Schlosser (he/him/they/ them) – Board Member
Patrick Thomas (he/him/they/ them) – Board Member
Christine Palermo (she/her) – Board Member

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

- Meetings are open to the public
- Guests are welcome to observe/listen
- There is no public comment period
- All guests will be muted upon entering the Zoom

*Please email questions/comments to **the CHCB Liaison at CHCB.Liaison@multco.us**. Responses will be addressed within 48 hours after the meeting.*

Time	Topic/Presenter	Process/Desired Outcome
6:00 - 6:10 (10 min)	**Call to Order / Welcome** *Brenda Chambers, CHCB Chair*	
6:10 - 6:15 (5 min)	**Minutes Review - VOTE REQUIRED** • December 8th, 2025 *Brenda Chambers, CHCB Chair* • Meeting started at 6:04 pm • All board members were present. • John Schlosser arrived late at 6:07 pm. **Edits/ Comments:** • No edits. Approved.	Board reviews and votes • Brandi Velasquez motioned first • Dani Slyam motioned second. • Brenda Chambers- Yes • Darrell Wade- Yes • Monique Johnson- Yes • John Schlosser- Yes • Patrick Thomas- Yes • Christine Palermo- Abstain • Yalia Alcarez- Approve • Elise Schumock- Approve
6:15 - 6:30 (15 min)	**Clinical Quality Metric Performance Update** *Charlene Maxwell, Deputy Medical Director*	Board reviews

- Charlene had a family emergency and could not attend, Amy Henniger, Medical Director presented in her place.
- The board has had a big focus on mental health and diabetes prevention.
- Dedicated time weekly for clinic care to meet and to dig into quality improvement work.
    - East County Clinic
    - Rockwood Clinic
- The clinical team is using new worktools for better workflows.
- New tools were added into health records in a way to receive metric credit for providers.

Clinical Quality Approach and Leadership Review

- Targeted Outreach
- Sharing Best Practice
- Using New Tools for Better Workflow
- Monthly Leadership Review

Hypertension Control April 2025- November 2025

- Target of 80% for hypertension. Working on the best way to capture this data out of health records.

PC Diabetes Control over Time

- DM HbA1c Control is at a DM target of 21.1.
- We are currently over the target rate.
- Clinicians have been doing a wonderful job with getting patient diabetic controls down.

Depression Screening Rate vs Target

- The goal is to achieve a screening target of 80.5.
- The current average is about 70.
- This is an area currently being worked on and is reviewed every year.

Substance Use Screening Rate vs Target

- Substance screening target is 68.7 percent.
- We are on target with steady improvement.

WCC 3-6 old and WCC 3-6 year old target

- Our target is 78% for a well child check.
- The calendar year measures progress towards our overall goal.
- Well-child check waiting to see new data at the end of December.

Comments:

- Yalila Alcarez asked Amy Henniger, Medical Director if the data presented in graph highlighting patients with diabetes if this included minors?

	○ Amy Henninger, Medical Director confirmed the data set did not include minors and that this data can be shared with the board at a later date.	
6:30 -6:45 (15 min)	**Q3 Patient Survey Results** *Brieshon D'Agostini, Quality & Compliance Officer* **Q3 2025 Patient Surveys: Trends, Improvements, and Quality Improvement Highlights:** ● Overall scores increase in nearly all measures. ● Appointment wait is a 3.9% increase from the previous quarter. ● Test results communication is 4% increase from the previous quarter. ● Portal (MyChart) satisfaction was 3.2% increase over previous quarter which is 8.1% over the national benchmark. ● Ease of connecting to the care team (video) was 7.1% decrease from previous quarter. ● Low denominator (high variability) ● Within typical variation ● New interpretation and written material in preferred language will take at least several quarters to analyse. ● Primary care wait time increased by 3.8% over last quarter. We are 2.1% below the benchmark. ● Overall satisfaction by each service line and have experienced an upward trend over the last four quarters for primary care, dental, integrated behavioral health and pharmacy. **Demographics Spotlight** ● Data highlights the Asian community. ● Overall satisfaction is 84%. ● Loyalty intentions are at 82.8% ● Phone Attendant.Courtesy/ Helpfulness 88.2% ● Provider explanation was 90.4%. ● Provider respect was 91.5% ● Provider Time Spent is 87.8%. ● Overall improvements shown in this data for the last two quarters. ● Pharmacy and privacy of Health Information has increased by 1.1% over last quarter. ○ Overall scores were generally steady over time and within 5%of benchmarks. ○ 6.4% decrease after four quarters of 100%, ○ Year to date highest in three years. ● For student health centers over satisfaction is 94.3%. ○ Given instructions for taking care of health is 99.9%. ● Many positive comments about quality of care from patients. **Quality of Improvement Work:**	Board receives update

	• Primary Care test results started in May 2025
	• Primary Care Access:
	  ○ Prenatal Optimization Project Review and Access Model Review.
	• This quarter data was very similar and we do review different
	• Lots of feedback obtained by patients
	• Didn't see any significant decreases within the data metrics.
	• Appointment waits are not that significant. We also review this for quality improvement work.
	• New preferred language consistent with current data and will discover more in the new year.
	• Overall satisfaction:
	  ○ Primary Care
	  ○ Pharmacy
	  ○ Behavioral Health
	  ○ Dental
	
	• **Pharmacy**
	  ○ Privacy of Health Information increased by 1.1% over last quarter.
	  ○ Overall scores are generally steady over time and within 5% of benchmarks.
	  ○ 6.4% decrease after
	• **Student Health Centers**
	  ○ Overall satisfaction is 94.3%
	  ○ Given instructions for taking care of health is 99.9%
	
	Comments/ Questions:
	
	• Patrick Thomas asked about getting client involvement for the student health center for surveying other clinics. Brieshon D'Agostini, Quality Officer stated that we can use board involvement. Patrick Thomas volunteers to help.
	• Brenda Chambers commented on the outstanding work the quality team is doing.
	• Patrick Thomas also shared kudos for the quality team's work and stated he is very impressed.	

6:45-7:00 (15 min)	**Recognition for Termed Board Members** *Anirudh Padmala, Interim Executive Director* • Susana Mendoza was not present and was not able to attend. • Tamia Deary was present for recognition of her service to the Community Health Center Board. • Kudos exchanged with Tony Gaines presenting.	Board reviews
7:00-7:15 (15 min)	**Break**	

7:15-7:25 (10 min)	**Monthly Financial Report** *Hasan Bader, Finance Manager* ● **Revenue YTD: 40%** ○ Collected 85 million out of 217 million. ● **Expenditure YTD: 37%** ● There are a few reasons for the surplus due to overage from last year's fiscal year which was added to the budget. ● Month of November collected XXX in primary care grant funds. ● We are one month behind since we bill first then collect the funds the next month. ● Contractual services are over spent at 43% due vacancies are filled with contractual staff. We are currently in the Black. ● Health center fees are billable visits fees. ● November collected 13.25 million in fees. Which is our average intake (14 million). ● **Indirect Expenses and Internal Services:** ○ 1.48 million YTD about 36.6% ○ Internal services IT take the largest cut of the budget. ○ 35.5% which is 8 percent below budget. ● **Budget modification for the Year:** ○ Started the year with 217 million as budgeted and had to make 3 budget modifications. ● **Percentage of Uninsured Visit per Quarter:** ○ In July and August there was a decrease in visits since the school population was not in school and accessing services. ○ Budgeted uninsured visits went down to 9% and the reason why we went down to 9% from 12.4% due to a grant from the State of Oregon called Healthier Oregon with criteria of age to meet the grant needs which supports the sudden dip in uninsured visits. ○ For the Dental program we budgeted for actual uninsured visits. For FY26, budgeted for 3% of uninsured visits. **Payer Mix for Primary Care** ○ Trillium is about 8% of the visits. ○ Care Oregon is about 5% of the visits. ○ Medicaid Open Card is about 5% of the visits. ● **Number of OHP clients assigned by CCO** ○ Seen an increase of assignments for Trillium. ○ 48,000 assigned clients by Care Oregon. ○ 16,000 assigned clients by Trillium. ○ In one year we grew by 25% for assigned clients by	Board receives update

	Trillum. **CCO Assigned Patient Engagement** ● Engaged clients were 58% out of 48,000 clients assigned by Care Oregon. ● Engaged clients were 20% out of 16,000 clients assigned by Trillum. **Comments:** ● John Schlosser asked if the 40% is a little inflated. Hasan, Finance Manager confirmed yes it is to support projected budget planning. ● Anirudh commented increasing the engagement of the most engaged visits.	
7:25-7:35 (10 min)	**Executive Director Strategic Updates** *Anirudh Padmala, Interim Executive Director* **The Success in Access** ● The Health Center served 60,201 patients and 224,201 encounters across all of our programs in calendar year 2205. ● Monthly average of completed visits were 9,145 in primary care. ● 277 spots were open due to this new opening. ● They are backfilling vacancies. ● They continue with the fellowship program and pretty close XXX. ● January 5th, 2026, a federal judge updated the terms of data sharing restrictions between HHS and Immigration Agencies. This means that HHS is permitted to resume sharing some limited information regarding Medicaid enrollees, such as contact information. HHR is not permitted to share information about medical information or broader SSN or home addresses. **Comments:** ● John Schlosser clarified that the term “backfilling” means contracted support from providers. Amy Henniger, Medical Director stated that when backfilling with contracted support the community health center is generating more revenue with contracted filling. ● Contracts tend to have significant budget impacts and month by month are filling these gaps. Recruitment gaps are being filled. ● Dani Slyman asked about what has driven the increase of success with access? Amy Henniger, Medical Director stated that contribution from the fellowship and dedicated staff allows us not to lose providers in the recruitment pool. ● A previous recruitment effort for the board has now turned	Board receives update

	into a provider in one of our clinics.	
7:35	**Meeting Adjourns** Meeting adjourns at 7:51 pm	Thank you for your participation

Signed:_____Monique Johnson /s/_____ Date:_____

Monique Johnson, Secretary

Signed:_____Brenda Chamber /s/_____ Date:_____
Brenda Chambers, Board Chair

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