



CHCB Public Meeting Minutes September 8, 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: Kerry

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
Call to Order / Welcome Tamia Deary, CHCB Chair	Meeting called to order at 6:03pm. We <u>do have a quorum</u> with 6 members present Interpreters : Victor and Rosie Kerry was absent Monique joined at 6:15pm			

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
Minutes Review - VOTE REQUIRED Tamia Deary, CHCB Chair	August 11, 2025 Public Meeting Minutes Edits/Comments: No edits	Motion to approve: Dani Second: Brenda Yays: 5 Nays: 0 Abstain:1 Decision: Approved <i>Votes are as follows: Tamia : Yes Darrell: Yes Bee: Yes Dani: Yes Susana: Abstain Brenda: Yes</i>		

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American Academy of Pediatric Dentistry (AAPD Foundation) Grant - VOTE REQUIRED Noelle Phan, Dental Senior Manager	Highlights Include: • Applying for a single year funding opportunity • Deadline is September 19, 2025 to apply ◦ Notified February 2026 if selected • Funding opportunity \$30K • Grant recipients can be selected for up to three additional years • Funding to support: ◦ Baby Day the promotes oral health for children and toddlers for life long oral care ◦ Additional oral health kits and educational materials for our clients ◦ Additional provider shifts ◦ Events for increased outreach during National Children's Dental Month • Funding timeline: April 2026 through March 2027 Questions/Comments: Q: Susana: Clarification for all families or all patients? Do children that have dental visits get kits every visit? Or is this grant for kids to get gift cards? What is the specific age? A: Grant funding would be used for Baby Day, and would like to open it to other opportunities. Baby Days are encouraged as we educate parents and assist with teaching materials and tools for families. We would like to create a brushing chart for kids to teach children a habit to brush 2x a day and when returning to the dental provider they would get a prize to encourage good oral health habits.	Motion to approve: Brenda Second: Darrell Yays: 7 Nays: 0 Abstain: 0 Decision: Approved <i>**all members present voted unanimously yes</i>		

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Chat with Commissioner Moyer <i>Tamia Deary, CHCB Chair</i>	Commissioner Moyer represents District 1 which covers Northwest and Southwest Portland, western unincorporated Multnomah County, and parts of inner East Portland Priority Highlights Include: ● Stated interest in Behavioral Health Services ○ Would like to work with the CHCB to prioritize Behavioral Health and how the work can align and benefit our clients ● Interested in the “intensive outpatient with housing” type of model ○ Other providers do this work ○ Suggested that we could contract this work out but then pay for it with the FQHC rate ○ I would like to understand outpatient services and what place we can step into alleviating pressure in the patient setting. ● School based mental health wasn't taken on due to they way it was ran, and without a comprehensive process it wasn't taken on due to maintaining compliance ○ Discussed wanting to save student behavioral health and why the FQHC could not run them because it has the better FQHC reimbursement rate. The model of a health home is incomplete without behavioral health services ● Discussed creating an adequate provider base CCO ○ Oregon is ranked very low in BH access. OHA is not a care provider, but is in charge of a system. Delegated this to the County system without funding, and then non-residential BH settings are given to CCOs ● Collaborating with a joint meeting with Policy and Funding on Oregon Legislative level Questions/Comments: Comment: Dani : Love the partnership bringing forward. Housing first model is a passionate subject. Discussing treatment side difficult conversation. 10/1 clients with CO may be losing resources for Mental Health access and finding the bridge to assist that and help patients with substance abuse. Q: Susana: Mental health needs adequate care and we have a need for specialists. What do we need to change or how can we help? What support can we give for policy and assist people with addictions? What questions can we elaborate? We need more people for this work in my community and we need policies to have a coalition to make changes possible.			

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	A: Step 1 : Talk through a shared vision that we can agree to work collaboratively together to work with Commissioner Singleton to have a conversation on a vision that each entity can adopt and collaboratively work on this to then decide what investments need to be put in place. Comment: Brenda - Telecreate has in between stages which is very helpful. Agreeing that we need homes and places for people with substance abuse as it is crucial for our clients battling with addictions. Comment : Tamia - I think we have some next steps. I know that I've been taking prodigious notes, as well as referring back to our minutes, and then, we can do a follow-up, but I would love for us to scheduled a meeting with Commissioner Singleton, and started to discuss a shared vision and plan for moving forward. I think it's very exciting, and I think it's very timely, and working together right now, as this change to uncontracted care is about to transition in a matter of days, I think it's very timely. I have asked for numbers, to find out how many of our patient clients are going to be impacted by this transition, and so once we have those numbers, I think that'll give us a better idea of who we're advocating for, and I think that'll strengthen the conversation. I look forward to many more conversations and partnership and we look forward to having you back soon.			

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Ryan White Part C MCC Grant Renewal - VOTE REQUIRED <i>Nick Tipton, Regional Manager Senior</i>	Highlights : - Grant runs 2026-2027 2nd year through 3 year grant cycle we are applying continuation - Funding is approx. \$757,912 per year - Provides a comprehensive continuum of care for people with HIV, allowing a lot of the complex work required to ensure in-depth support is provided - Grant funding runs January through December - Grant money is used for nursing staff for HIV services center Questions/Comments:	Motion to approve: Bee Second: Brenda Yays: 7 Nays: 0 Abstain: 0 Decision: Approved <i>**all members present voted unanimously yes</i>		
Break				
FY26 Health Center Program Budget Period Report, Request for Information (RFI) - VOTE REQUIRED <i>Alexander Lehr O'Connell, Senior Grants Management Specialist</i>	Highlights Include: - Continuation of excision of existing funding called "base health center grant" - Due 10/2/25 - Roughly \$10million grant to support: - Staff funding - Indirect costs - Keeps FQHC status - SAC we submit every three years - HRSA deferred a year and proposed another year of funding - Submit large SAC next year ETA 8/26 - Documents required for RFI submission were discussed - HRSA allowing us to apply and additional \$25k - Behavioral Health for Mobile Unit - Potentially can be become permanent bottom line number	Motion to approve: Monique Second: Bee Yays: 7 Nays: 0 Abstain: 0 Decision: Approved <i>**all members present voted unanimously yes</i>		

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	Questions/Comments:			
Strategic Plan 2026-2028 - VOTE REQUIRED Adrienne Daniels, Strategy & Policy Director	Highlights: 7 draft priorities proposed from the Board - Strong Public Presence - Promote Partnerships and Collaboration - Assure Timely Access to Services - Support Staff and Experience Resiliency - Maintain Financial Sustainability - Invest in High Quality Care - Innovate through Technology and Promote Safe Cybersecurity Practices - Feedback from Board members received out of 5 (1 lowest - 5 highest) - Ranged 4.25-4.75 - Priorities: - Mid County Recommendation - NE Heath Center(Walnut Park) - EHR (Electronic Health Record) 3 year Strategic Priority - Patients - Staff - Community Partners Questions/Comments: Q: Dani - Two things to I don't see where amended; 1) Not seeing the specific EHR update or Medicurity update occurring in this fiscal year and 2) Board support projects for example; technology, 501c3, retainment of legal council and administrative support A: Anirudh - I sent an email to you this morning, confirming that, there is this document called Final Fiscal Year 2026-2028 Community Health Center Strategic Plan that clearly outlines the EHR Transformation Project, clearly outlines the info... so, information around, identifying, assessing, and remediating the gaps in the health center's information system security, in there. So, the intent behind putting them in that, in the way that I just read out, is that it is high level, and yet it clearly captures what you and the board is asking for. For the EHR transformation project, that likely is going to take us two fiscal years, or maybe two and a half fiscal years to complete. So that was something that, when we came	Motion to approve as amended : Dani Second: Darrell Yays: 7 Nays: 0 Abstain: 0 Decision: Approved <i>**all members present voted unanimously yes</i>		

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	to the board in fiscal year 26, we talked about a \$4.2 million investment over a couple of fiscal years. And then the Medcurity assessment, vulnerability assessment that you talked about is going to be part of the, item that I read out around investing in projects that help identify, assess, and remediate gaps. And then your pieces around, 501c3, and then other pieces of it. They could be the operational projects or initiatives that are tracked under fiscal stewardship, as a strategic priority. Comment: Tamia - I would love it if we could figure out a way to make this process more clearly delineated. I think that what you said makes me feel better about a yes vote, but what I've been struggling with throughout this process is a concern two-fold. When we held the budget vote until the EHR Project was confirmed to be part of the budget priorities, and capacity was assured, then it was switched back to no within days of us having made the vote. It feels like we can't trust that the things that we are asking for are going to be consistently demonstrated after we've made the vote. And as we update the strategic plan for the next fiscal year, anything that we can do to close that gap. That would be my wish. Comment : Tamia - In response to Dani's comment on : completions of 501c3 and remediation board support, technology to assist board members being able to actually access the information, meaning, administrative support, and retainment of our chosen legal counsel. This would benefit from going through a TA process and them becoming a part of an amended strategic plan or a part of our co-applicant agreement so we are able to get our needs met. Requested amendments : Invest in projects that help identify, assess, and identify and assess and remediate gaps in health centers' information system security, including a third-party vulnerability assessment			

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FY 25 Close Out Report <i>Hasan Bader, Finance Manager</i>	Hasan Badar presented on the monthly financials available in June (FY25) Highlights include: ● Collected revenue of \$210.5million ○ 100% projected budget ● Expenses \$197.86 ○ 94% projected budget ● In the black at \$12.68 million ● Expenditures \$197.9 million ○ 94% of projected budget ● PC Grants YTD spent/collected \$9.2 million ○ 1 month behind due cycle running by calendar year vs. Fiscal Year ■ No issues with extra grant funding being spent during calendar year ● Visit Fees ○ Collected \$163.4 million ● Expenses ○ Revised budget went from \$163 million to \$164 million for fees ○ Personnel under budget at 88% ○ Contracts over budget at 203% ■ Items run together as we use contracted personnel for vacancies and other areas ○ Materials and Services over budget at 109% ■ Difficulty projecting prices for example pharmaceuticals, supplies, etc ○ Internal services under budget 92.5% ● Clinic Fees/Visit Fees ○ Posted \$22million - more than monthly average ● Self Pay Clients ○ Remain the same as we post revenue as received ● Indirect Expenses (calculated month by month) ○ Budgeted \$20.7 million at 88% of budget ○ IT is the largest at 95.6 % ● CHC Dashboard ○ SHC ■ Dip in the summer due to limited sites open during summer break.			

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	Trending the same as previous year ○ Dental ■ Average billable visits/day remain same as last FY ○ PC ■ Consistent and follows trend of FY24 ○ Uninsured Visits ■ FY26 budget less than usual ■ FY26 budgeted actual ○ Payor mix for 1st quarter ■ CO 80% ■ Trillium 8% ■ Medicaid 7% ■ Medicare 6% ■ Self Pay 5% ■ Commercial 3-4% Questions/Comments:			
New Board Member Candidate Vote Vice-Chair Succession Plan Approval - VOTE REQUIRED <i>Bee Velasquez, Nominating Committee Chair</i> <i>Tamia Deary, Board Chair</i>	Board Discussion of two candidates up for board membership considerations for board and Vice Chair Selection, per succession plan New Candidate Vote discussion: ● Allow full compliance with HRSA ● Two strong candidates up for consideration, one being a consumer member and one a community member ● Nominating Committee vote was brought to the August 25th Executive Committee ● Executive Committee in agreement to bring the candidate votes to the full board for transparency and consideration ● Dani motioned to table the new candidate vote per current Bylaws, PML guidelines and HRSA requirements ○ Motion to table candidate votes as follows: ■ Motion to approve: Dani ■ Second: Darrell	Motion to approve Kallie: Second: Yays: Nays: Abstain: Decision: Tabled for future discussion Motion to approve John: Second: Yays:		

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	■ Yays: ● Tamia ● Darrell ● Dani ● Monique ■ Nays: ● Bee ● Brenda ■ Abstain: ● Susana ■ Decision: Approved Questions/Comments: Comment: Susana - There seems to be confusion with this candidate discussion and how we are to vote. The votes should be secret like in the past and we need to consider moving to the next meeting or see what else can be done if the board agrees. Vice Chair Selection (per succession plan) discussion: ● Kerry is stepping down from Vice Chair and resigning from Executive Committee as of September ● Per current Bylaws and succession plan the role is replaced by the Treasurer ● Darrel has agreed to step into Vice Chair ● Motion to approve Vice Chair selection as follows: ○ Motion to approve: Dani ○ Second: Brenda ○ Yays: ■ Tamia ■ Darrell ■ Dani ■ Brenda ■ Susana	Nays: 0 Abstain: 0 Decision: Tabled for future discussion Motion to approve Darrell: Dani Second: Brenda Yays: 5 Nays: 1 Abstain: 0 Decision: Approved		

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	■ Monique ○ Nays: ■ Bee ○ Abstain: ■ 0 ○ Decision: Approved Questions/Comments:			
Board Discussion (Closed Executive Session) <i>Tamia Deary, CHCB Chair</i>	Closed Executive session was tabled to the next meeting due to time limitations Bee left the meeting at 8:35pm	Motion to approve: Darrell Second: Dani Yays: 6 Nays: 0 Abstain: 0 Decision: Approved <i>**all members present voted unanimously yes</i>		
Meeting Adjourns	8:48 PM			

Signed: Susana Mendoza /s/ Date: 10/13/25

Susana Mendoza, Secretary

Signed: Tamia Deary /s/ Date: 10/13/25

Tamia Deary, Board Chair

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

Minutes approved, virtually, at the October 13th, 2025 Public Meeting