community health center board
Multnomah County

Health Center Mission: Bringing services to individuals, families, and communities that improve health and wellness while advancing health equity and eliminating health disparities.

Board Members:

Harold Odhiambo – Chair

Tamia Deary - Vice-Chair

Pedro Sandoval Prieto – Secretary

Darrell Wade – Treasurer

Brandi Velasquez - Member-at-Large

Kerry Hoeschen – Member-at-Large

Fabiola Arreola – Board Member
(Absent)

Aisha Hollands - Board Member

Susana Mendoza -Board Member

Adrienne Daniels - Interim Executive Director, Community Health Center (ICS)

Board Members Excused/Absent: Fabiola Arreola

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
Call to Order / Welcome Harold Odhiambo, CHCB Chair	Meeting begins 6:05 PM We do have a quorum with 8 members present. Fabiola is absent. Susana joined late at 6:24 PM.			
Minutes Review -VOTE REQUIRED Review Public Meeting minutes	Reviewed September 22 Emergency Meeting Minutes October 3 Closed Executive Session Minutes December 5 Budget Retreat Minutes December 12 Public Meeting minutes.	*Motion to approve:* ***Tamia*** ***Second: Darrell*** Yays: - 7 Nays: - 0 Abstain: - 0		

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	No errors or omissions stated.	**Decision:** **Approved** (Susana unavailable for voting)		
Consent Agenda- **VOTE REQUIRED**	Harold called attention to the consent agenda items (listed below) and asked if Board Members had further questions. ● New Provider Updates ● Quality Work Plan No requests from Board Members to move consent agenda items for further discussion.	***Motion to approve: Kerry*** ***Second: Tamia*** Yays: - 7 Nays: - 0 Abstain: - 0 **Decision:** **Approved** (Susana unavailable for voting)		
2023 CHCB Meeting Calendar - **VOTE REQUIRED**	Board votes to approve the 2023 CHCB Meeting Calendar. No questions, errors, or omissions regarding the 2023 CHCB Meeting Calendar.	***Motion to approve: Tamia*** ***Second: Bee*** Yays: - 7 Nays: - 0 Abstain: - 0 **Decision:** **Approved** (Susana unavailable for voting)		

Executive Director Selection - **VOTE REQUIRED**	Board votes to officially select and appoint Dr. Miku Sodhi as the Executive Director of the Community Health Center. Dr. Sodhi to start the Executive Director role effective April 17th.	*Motion to approve:* ***Tamia*** ***Second: Darrell*** Yays: - 7 Nays: - 0 Abstain: - 0 **Decision:** **Approved** (Susana unavailable for voting)		
ICS.01.29 Patient Discharge from Clinical Services - **VOTE REQUIRED** Bernadette Thomas, Chief Clinical Officer	Bernadette is here to present the ICS.01.29 Patient Discharge from Clinical Services (Client Dismissal from Health Center Services) Policy. This is an existing policy created to ensure an equitable and just process for patients when a staff member requests patient discharge from services. PRIOR STATE: individual health centers or programs would discharge patients without apply a standard of ethical principles. PROPOSED FUTURE STATE: Interdisciplinary team of all stakeholder review all patient discharges and propose a plan of care. INPUT: from health center REDI taskforce, managers, staff, and labor unions. EVALUATION: • Staff and managers feel heard • Consistency of process • Patients have a care plan, which may not be discharge.	*Motion to approve:* ***Tamia*** ***Second: Kerry*** Yays: - 7 Nays: - 0 Abstain: - 1 **Decision:** **Approved**		

Follow Principles of Ethics, by Kevin Irwin and Seddon Savage. These include:

- Honor the unique and complex biopsychosocial nature of health and wellness
- Respect the human rights, cultural values, beliefs, and dignity of all people
- Are evidence-informed, pragmatic, non-coercive and non-discriminatory
- Are consumer-driven, strengths-based, solution-focused, and promote self-determination
- Are continuously improved with timely and reliable data
- Are trauma-informed, resilience & recovery oriented
- Are equally accessible to all
- Are informed by the wisdom of lived experience

Interdisciplinary Review Team:

- Clinical Officer
- Operations Officer/Deputy
- Medical Director
- BH Manager
- Dental Director/Deputy
- Pharmacy Director/Deputy
- Safety Officer
- Nurse Manager
- Regional Manager
- Health Insurance Case Manager (if needed)
- Other involved staff

Q: Under what circumstances/at what point would a patient be allowed to rejoin the health center? Under what criteria would that happen?

A: Want to emphasize that dismissal would be an option of last resort. We

	want to keep all of our patients within the health center and develop care plans that provide physical and psychological safety for our staff and for the patients and visitors of the Health Center. The patient can apply to return to the Health Center at any time with an agreement on behavior. However, there are certain behaviors that may bar a person from the Health Center permanently, which include acts of violence and physical threats– especially if the security advisor advises that we do not allow the patient to return. But in general, patients who are able to engage effectively will be allowed to return to our Health Center. Q: If there is an issue or misunderstanding due to language barriers or cultural differences, how will we make sure we are treating this fairly? A: We recognize that there are both language and cultural differences that our staff might recognize as a behavioral issue. That is why we are committed to our interdisciplinary process that includes behavioral health and case managers, to try to ensure that our patients are heard and understood. We try to have these conversations in-person with an interpreter present. The reaction from patients also may be due to how our staff reacts. That is how we're trying to address those linguistic and cultural differences. Comment: Thank you to everyone who contributed to this project. This is very thorough, and seems to be a much fairer process than before.			
HRS.04.07 Provider Scope of Practice - VOTE REQUIRED Bernadette Thomas, Chief	Bernadette is also here to present on the HRS.04.07 Provider Scope of Practice Policy, and why she recommends retiring the policy. Context of Policy:	*Motion to approve:* *Kerry* *Second: Bee* Yays: - 8		

| Clinical Officer | • "Defines which areas of medical practice are appropriate for each provider type."

Health Center Practice:
• Scope of practice is defined by a state licensing board (ex: nursing, medicine, pharmacy).
• The health center grants privileges to providers to practice through a defined credentialing and privileging process defined in HRS.04.03 "Licensing, Credentialing, and Privileging." This process is required by HRSA and The Joint Commission.

Recommendation:
• Eliminate HRS.04.07

Policy is redundant, and we would not be able to show the Joint Commission how we are enacting this policy. Because we are not able to show how we enact the policy, we would be out of compliance.

Motion to retire the HRS.04.07 Provider Scope of Practice Policy. | Nays: - 0
Abstain: - 0
Decision:
Approved | | |
| **ICS.01.19 Primary Care Provider Assignment and Selection Policy**
Tony Gaines, Patient Access & Engagement Program Director | Tony is here to present the ICS.01.19 Primary Care Provider Assignment and Selection Policy.

Description of the Policy:

Renew ICS.01.19 Provider Assignment and Selection Policy

This policy ensures the accurate and timely assignment of Primary Care patients to a Primary Care Provider (PCP). It aims to increase patient and provider satisfaction, improve continuity of care, to ensure care is both equitable and patient centered, and improve delivery of care. | *Motion to approve:*
Aisha
Second: Bee
Yays: - 8
Nays: - 0
Abstain: - 0
Decision:
Approved | | |

	This is a regular review and audit of this policy and minor edits were made in an effort to adhere to the Health Center's expectations, goals, and objectives. **Why is this project, process, system being implemented now?** This policy is being updated to ensure all staff adhere to the process and procedure surrounding the assignment of a PCP to new, established, and internal and external transferring patients. The enhancements being made to this policy should solidify our programmatic understanding and expectations, as well as meet the requirements for updating our system. **What have been the recommendations so far?** <u>Remove/replace the following</u>: 1.) Remove references to Dental provider assignment and instead reference the Dental policy regarding Provider of Record 2.) PCP using the appropriate Epic Termination Code 3.) Remove ICS (where applicable) 4.) Unnecessary capitalization (i.e. such as the word "HAS") <u>Add the following</u>: 1.) Add specific PCPCH (Patient-Centered Primary Care Home) and Joint Commission standards 2.) Add that every Health Center patient should be assigned a PCP 3.) Add "Health Center" in place of "ICS" (where applicable)			
HRSA Ryan White Part D Supplement FY 2023	Ryan White Program makes available funds which may be applied for. Part D supports underserved women, infants, and youth, including people who	***Motion to approve:*** *Bee*	Nick to send CHCB Liaison	Once complete.

| Nick Tipton, Regional Clinical Manager, ICS/HSC & SEHC
Marcee Kerr, Project Manager, ICS Quality/HSC | identify as transgender.

• Multnomah County HIV Health Services Center (HHSC) was established in 1990 with Part D.

• Supports primary care services targeted for underserved women, infants, and youth, including people who identify as transgender.

• Competitive application for one-year funding cycle period (Sep. 1 2023 - Aug. 31 2024)

• Funds gender affirming care training and personnel costs associated with attending the training event.

Q: Which staff members will be trained for this? All staff or specific staff members?

A: This training would be for the entire staff at the HSC Clinic. Engaging and retaining staff in care means that all staff needs to be trained in providing an inclusive environment for all.

Q: I received a blank budget. Was this a mistake?

A: Budget was not completed by the time materials were sent out. In overview of budget: the main cost is the costs associated with closing down the clinic for the training for all of our staff. This is the bulk of the costs. The other cost would be for consultants to run the training, the training itself, and a small amount for associated supplies. However, the vast majority is to cover the salaries for the staff during the training. The completed budget will be sent to board members as part of our standard practice for the grant submission when the timelines do not align with | *Second: Aisha*
Yays: - 8
Nays: - 0
Abstain: - 0
Decision:
Approved | the budget once it is completed to be sent out to Board Members. | |

	board document submission.			

FTCA Claims Management Policy
Jacqueline Chandler
	Jacqueline is here to present on FTCA Claims Management Policy.
	
	● Applying for FTCA Coverage was identified as a CHCB priority in Spring of 2022
	● The policy has been reviewed by the CHCB Executive Committee and the CHCB in the Public Meeting on November 14th
	● The vote was not passed at the November 14th CHCB Public Meeting
	● Board Presentation Summary materials were translated and sent to Board Members after the November 14th meeting- there was an ask for any questions when the materials were sent and on December 16th
	● The policy has been created as a requirement of applying for FTCA coverage
	● Benefits of FTCA coverage and program participation:
	   ○ Provides greater insurance coverage for clinics and services
	   ○ Expectation to reduce insurance costs for the Health Center programs
	   ○ Program has resources and site visits (external audits)
	   ○ Will help mitigate risk and improve patient care
	● Staff have attended over 50 hours of required training to help strengthen our Quality, Compliance and Risk Management program requirements
		Motion to approve:
		Tamia
		Second: Aisha
		Yays: - 8
		Nays: - 0
		Abstain: - 0
		Decision:
		Approved		

10 Minute Break	**6:57 - 7:07 PM**			
HRSA Expanding COVID-19 Vaccination	Debbie Powers is here to present on HRSA Expanding COVID-19 Vaccination.	*Motion to approve:* *Tamia* *Second: Pedro*		

Debbie Powers, Deputy Director, Clinical Operations and Integration	Background:
	● Health Resources and Services Administration (HRSA) Expanding COVID-19 Vaccination (ECV) Grant is a one time only-funding opportunity focused on increasing COVID-19 vaccinations among underserved populations.
	● Allowable activities include outreach and education, working with community partners, vaccine administration, enabling services, personnel, hours and availability, training, and supplies.
	● The funding period is from 12/1/2022 - 5/31/2023.
	● Total Amount $523,849
	
	Objectives:
	● The Health Center Program will use these funds to address needs related to outreach and education, vaccine administration, hours and availability, training, and supplies.
	
	Example activities include:
	   ● supporting communications staff and well campaigns focused on COVID-19 vaccination;
	   ● immunization quality improvement projects and staff trainings;
	   ● mobile van for outreach and expanded hours/availability;
	   ● supplies for vaccine transportation and storage;
	   ● facilities and IT costs needed to better provide immunizations in service sites;
	   ● and Health Center Program staff who support vaccine administration work.
	Project Impact:
	Grant funds will enable the Health Center Program to improve COVID-19 vaccination services, resulting in the following outcomes:
	
	● Primary series and booster vaccination rates will be improved.
		Yays: - 8
		Nays: - 0
		Abstain: - 0
		Decision:
		Approved		

	• Patient outreach will be expanded. • Vaccination related errors will be reduced. Q: Is the project manager just at one clinic, and what would they be doing? A: Project Manager doing programmatic work across all sites to help with standardization of training. This is a position focused on quality work across all the sites. Q: Will this project manager be working alongside a specific doctor or specialty doctors? A: No, not working with a particular doctor. They will be working with Debbie, Bernadette, Maya (Immunization Team Lead), along with our MA supervisors to help ensure that medical systems and nurses are continuing to do work to minimize errors, which also helps to build trust. When there is a vaccine error, there is usually not a physical issue/harm but there is a breach in trust with the patient or the patient's family. Comment: Happy to hear that there will be this type of person to help to minimize errors. Experienced an error while getting the COVID-19 vaccine, and was not happy with this experience, but was happy with care they received afterwards. Q: This is one-time funding. Does this position disappear afterwards or A: This position already exists, but now we have additional funding. This is an already staffed role. This allow us to fund this position with additional funds, instead of funds from our budget.			
Monthly Budget and	Regular monthly financial updates (Jeff Perry):		Adrienne to	Next

| **Financial Reports**
Jeff Perry, Chief Financial Officer, ICS
Adrienne Daniels, Interim Executive Director | We are about 5 months into the fiscal year.

Revenue is $73.9 million, 44% of the budget.
Expenses are $59.8 million, 36% of the budget.
$14,156,404 net income/surplus.

Monthly basis:
Revenue is running $19.2 million,
Expenses are around $11.8 million,
Surplus of $7.4 million for the month

Program income: 72% of revenue for the month.

FQHC Average Billable Visits: Student Health Center is tracking below last year, 60: tracking below target of 74.Dental is tracking above last year, but below target. Primary care is roughly the same as last year, but still tracking below target.

Uninsured patients: Primary care is tracking about on target. Dental is tracking below target.

Payer mix is consistent, not much movement the past few quarters. Care Oregon up a bit, Trillium has dipped.

Q: For indirect costs, normally runs around 6k. There is a big in, and big out again. What happened there?

A: Something happened when running these, and it needed to be reclassed. Someone put some data in the records that didn't belong there. They needed to reverse it out. It was done in error.

Vacancy Report (Adrienne Daniels): | | bring month-to-month comparison of vacancy trends. | Public Meeting, 2/13. |

- Increase in vacancies from the past month, but total non-duplicated vacancies is down for the month.
- Increase in vacancies that are being actively recruited for.
- Final offers: decrease is not necessary bad, it could mean that we closed out those final stages.
- Increase in average vacancy length.
- Approximately 35 FTE associated with direct revenue vacancies
- $5,754,320 estimated sum of lost revenue

Increase in duplicated inactive vacancies: not as impactful of a metric

- National trends in hiring continue to show high levels of market competition
- Added many new roles in 2022 to support COVID19 response and recovery efforts

Q: When you do the deeper dive, could you bring month-by-month trends? That would be helpful.
A: Yes, I can look into this.

| Committee Updates | Tamia: The Board saw most of the work the Quality Committee has done in the policy changes that we approved this evening. The committee is also continuing to work on fine-tuning the surveys to make sure we can get as much info as we can from them. Cleaning up processes and policies, so we can better assure quality in quality improvement. You can also see the projects Quality is working on in the Work Plan in this month's Consent Agenda.

Darrell: Finance Committee met on 12/15, and discussed further updates to the balance sheet and budget planning. Also supported a previous recommendation made on the 12/5 Budget Retreat on budget planning.

Harold: Executive Committee has been hearing budget updates, reviewing | | | |

	policies due for renewal, and discussing CHCB meeting logistics.			

Executive Director's Strategic Updates
 	
Adrienne Daniels, Interim Executive Director
	Patient and Community Determined: Leveraging the collective voices of the people we serve
	
	● Patient feedback surveys now allows greater comparison between in person and telemedicine services:
	  ○ Scores are a comparison in overall satisfaction, but some increases in satisfaction with wait times for telemedicine. Scores by age, race, and language can be compared
	  ○ New benchmarks also allow comparisons to national results, but still investigating if these are comparable by geographic and governmental based organizations
	  ○ Overall, seeing improvements in satisfaction with phone wait times, which has been a priority for our call center staff and board for several months. Average wait times have now consistently dropped under 10 mins for the past 3 months!
	
	Engaged, Expert, Diverse Workforce which reflects the communities we serve
	
	● Recruitment for in house dental assistants kicked off this month. The health center will provide training and cover tuition costs for staff who want to begin a new career. Goal is to have three staff enroll in the program and train directly with the health center.
	● Will be planning to launch a health center specific staffing survey this spring
	  ○ Will build upon Countywide feedback survey from last year
	  ○ Allows us to tailor questions and actions oriented just for clinic programs
	
	Supporting Fiscally Sound and Accountable practices which advance health equity and center on racial equity			

- Analysis of program access for FY24 budget year completed, will shape the proposed budget in the coming weeks. Board budget retreat and finance committee emphasized the need to include resources dedicated to staff engagement, retention, and increasing patient access.
- Service Level Agreements in negotiation for the 2023-2024 year - these agreements help define the needed support for the health center as part of our infrastructure (IT, HR, Communications, and other shared functions)

Equitable treatment that assures all people receive high quality, safe, and meaningful care.

- Patient Centered Primary Care Home Site Visit for HSC Clinic Completed in December 2022
  - Tier IV achieved
- Reproductive Health Care Certification Approved
  - Oregon rejoined the program last year, allowing health care sites to re-apply
- Partnering with Kaiser Center for Health Research to advance HPV vaccination interventions for school aged populations, beginning in late 2023
- Quality Investments into medication management with community pharmacy program to expand our current capacity for mail order services will kick off this spring

Status report on CHCB Requested Priorities/Projects:

Facilities Costs
- Facilities director completed analysis and presented to executive committee and full board in June
- Vacant space costs for FY23 have been credited and work is in progress for crediting FY22.

Discretionary Fund
- Completed with updated policies approved by the CHCB

FTCA Coverage

	• Board received proposed new policy on 11/14 meeting - application to be submitted in 2023 after CHCB approval. Directors and Officers Insurance evaluation underway - quotes expected in January 2023. **Legal Counsel Contract** - Completed **Data and Privacy Consultant** • Completed - Executive Committee for CHCB received final report and recommendations. Quality and Compliance Director establishing a one year plan. **Media and Advocacy Opportunities** • Ongoing test kit and mask distribution to local public and social care partners for COVID19 • School vaccination exclusion day planning anticipated media work in January **Financial Policy Updates**- Completed! **ICS Department Analysis** • Policy Decision of the County Chair. • Information gathering for analysis of staff, costs and additional infrastructure in progress			
Meeting Adjourns	Meeting adjourns 7:44 PM			Next public meeting scheduled on 2/13/23

Signed:_____ Date:_____
     Pedro Prieto Sandoval, Secretary

Signed:_____ Date:_____
     Harold Odhiambo, Board Chair

Scribe name/email:

Hailey Murto
hailey.murto@multco.us

Minutes approved, virtually, at the February 13, 2023 Public Meeting