



CHCB Public Meeting Minutes August 14, 2023 6:00-8:00 PM Via Zoom

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 Velaquez - Member-at-Large
Kerry Hoeschen – Member-at-Large
Susan Mendoza - Board Member
Fabiola Arreola – Board Member

Alina Stircu- Board Member
Patricia Patron -Board Member

Adrienne Daniels - Deputy Director

Board Members Excused/Absent: Darrell Wade, DJ Rhodes, Fabiola Arreola

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
Call to Order / Welcome Harold Odhiambo, CHCB Chair	Meeting begins 6:03 PM We <u>do have a quorum</u> with 8 members present. Spanish Interpreters: Victor and Rosie			
Minutes Review -VOTE REQUIRED Review Public Meeting minutes	Reviewed July 10th Public Meeting Minutes. No corrections or omissions stated.	Motion to approve July 10th public meeting minutes: Kerry Second: Bee Yays: 7 Nays: Abstain: 1 Decision: Approved		
HRSA BPR Health Center Program FY24	Budget period renewal grant that requires a vote from the Board every three years in order to keep receiving funding	Motion to approve HRSA		



Budget Period Renewal Grant - VOTE REQUIRED Marc Harris, Strategy & Grant Development Manager	<p>Grant Highlights:</p> <ul style="list-style-type: none">• Deadline is August 18, 2023 to submit• Have been receiving section 330 funds since 1980• Includes our CHC and healthcare for the homeless funding• Base grant funds are used to fund personnel salaries, fringe benefits and indirect costs• Base grant and revenue generated total over \$1.176 million <p>Question : I would like clarification if this doesn't get approved, how would it affect this project?</p> <p>Answer : We would not be eligible to continue to receive base grant funding for the FQHC, which would create complexities around our ability to provide services or generate revenue at the level we currently have been doing</p> <p>Question : I noticed under indirect costs on the budget it lists 13.9, 7% of the total personnel salaries and fringe number. But when I do the math, I get 13.9 for the grant and 1,487 for the next two columns and I was curious about that?</p> <p>Answer: I will look closer at that as we just received the report last week from the Health Center Program finance team. There are some nuances in the budget as far as the indirect go that may not show up here(examples : on-call staff, agency staff that might not be eligible for different benefits) but would show up in the full budget narrative. But I'm happy to follow up. But that's probably what it is.</p>	<p>BPR Health Center Program FY24 Budget Period Renewal Grant: Patricia Second: Alina</p> <p>Yays: 8 Nays: Abstain:</p> <p>Decision: Approved</p>			
				Marc to follow up with exact numbers	



Question : Assuming the Health Center negotiated indirect cost rates and that allows for higher than 10% minimums is that the negotiated indirect cost rate?

Answer : The Health Center runs under the County's cost allocation plan that is set by central finance. It is a federally approved cost allocation plan that follows all regulated rules. It's not technically federally negotiated because the county does not receive enough direct federal funds to have to have a federally negotiated rate. But our federal granting agencies have always honored our Federally approved cost allocation plan

Question : Is that a discrepancy? In the documents the Board received before the meeting, the patient call was said at 64,000. But I see 66,000 here. Is that a 25% increase in the patient volume from 2022? We can see that the health center has experienced decreasing the number of duplicated patients in the last year so I'm wondering what are the strategies to address patient volume and if there is a risk that the grant funding will go down because we may not reach the goal of patients to be served?

Answer: HRSA sets our patient goal when applying for the SAC grant based on the Service Announcement Table that is our service area. Our target is to get 95%. Unclear if we would lose funding if we didn't meet our target as HRSA is back and forth on that subject. To speak to strategies to increase patients we are focusing on patient access. Advanced access, Mobile Clinic Project and La Clinica relocation that will allow us to provide more services to clients.



Annual Needs Assessment Update Marc Harris, Strategy & Grant Development Manager	<p>Overview on community assessment needs are provided to the Board annually to meet health center requirements in order to inform the current state of the County and how our services are working to address needs within the community using a health disparities with equity approach.</p> <p>Population focus : 232,260 that are residents living at 200% of Federal poverty level or below</p> <p>Serving over 53,000 of that service area population of focus</p> <p>General framework : local needs assessment that follows best practices that are used by other regional needs assessments</p> <p>Change noted from 2019: Service area population increases but the population living on incomes below 200% FPL decreases. Saw drop of 6.7% which could be due to population moving outside service area or increase in income</p> <p>High-Level Data was presented to the Board to see what disparities by population which communities heavily are impacted.</p>			
HRS Trillium Health Plan Grant - VOTE REQUIRED Adrienne Daniels, Deputy Director & Strategy Officer	<p>Flex funding is associated with general wellness, improvement, or healthcare disparities, reductions and is a way to apply SDOH strategy that gets to the root of the problem vs. clinically direct method. Funding is primarily handled by our Community Health Center Workers.</p> <p>Flex Funding application requests are not automatic and need to be submitted and approved by the coordinated care</p>	<p>Motion to approve HRS Trillium Health Grant: Tamia Second: Kerry Yays: 8 Nays:</p>		



	<p>organization, which can be a lengthy process.</p> <p>Grant is known as Trillium Community Health Plan that can be submitted for up to \$20k. This grant would be used to cover an additional CHW to focus on flex funding outreach associated with general wellness, improvement, or healthcare disparities, reductions.</p> <p>Grant application was due July 30th, which came before this Board meeting. If the Board approves the application process continues. If the Board has any questions or concerns the application can be withdrawn.</p> <p>No questions or concerns from the Board were noted.</p>	Abstain: Decision: Approved		
<p>Q2 Complaints and Incidents</p> <p>Kimmy Hicks, Project Manager, Quality Team</p>	<p><i>Complaints by location</i></p> <ul style="list-style-type: none">• Dental - 45• Medical - 20• Pharmacy - 2• Patient Access Center - 2• Student Health Center - 1 <p>Increase in dental is due to our Cross Survey, we received 35 complaints through their data.</p> <p><i>Complaints by Type</i></p> <p>Clinical Care, Customer service, and Scheduling appointments are the top complaints.</p> <p>Shared complaints in the category of Civil Rights with the board.</p> <p><i>Complaints by Race</i></p>			



	<p><i>Incidents by Location</i> Provided some examples of incidents in the Student Health Center and follow ups.</p> <p><i>Incidents by Type</i> Reviewed top three types with board.</p> <p>Question: Why do we always hear about complaints but don't hear positive comments?</p> <p>Answer: Patient satisfaction is completed by a peer who shares patient satisfaction received by patients.</p> <p>Comments: Clients have shared with board members complaints regarding a specific pharmacy and not knowing what the complaints boxes are and how to use them.</p> <p>Discussion regarding making sure the complaint boxes at the clinics are available in multiple languages and patients are aware that they can use them and submit their complaints.</p> <p>Comments: We have seen more complaints due to our phone surveys being completed in multiple languages.</p> <p>Question: Could you share more about the near miss incidents?</p> <p>Answer: An employee catches something before an incident occurs. Example: If a staff member notices an expired vaccine in the refrigerator and identifies the expiration date.</p>			
10 min break	7:24-7:35PM			



National Health Center Week Proclamation and Events Harold Odhiambo, CHCB Chair	<p>CHCB Chair Harold Obdiamo made the National Health Center Proclamation.</p> <p>Review slides of two National Health Center week events.</p> <ul style="list-style-type: none"> ● Cully Ride to Health Celebration on August 6th ● Back to School Health Fair on August 10th 			
Committee Updates - Quality Committee: Tamia Deary, Quality Chair - Executive Committee: Harold Odhiambo, Board Chair - Darrell Wade, Finance committee:	<p>Tamia Deary, Quality Committee : <i>We have had two Quality Committee meetings since the last Public Meeting in July when we reviewed the annual Quality Report draft. Discussing ways to improve communication around the annual report and asking for surveys for patients to contact after they access the call center which is in the works. Awaiting procurement process and the contracts. Working on training completion rates to ensure they are board approved policies, that impact quality and necessary training take place and interpreters get updated information. Q2 patient experience surveys to be reported to the Board in September.</i></p> <p>Tamia Deary, Bylaws Committee : Requested a reimbursement for appropriate clothing attire for Board members that attend conferences and training.</p> <p>Harold Odhiambo(for Darrell), Finance committee: August meeting was canceled as the finance team is working on budget close out. More info to provide to the Board next month</p> <p>Harold Odhiambo, Executive Committee : Strategic Board Retreat is in the planning stage and asking for a preferred date to get input that members can attend. Two dates proposed are : September 10th of September 23rd. Final agenda is up to the Board, and historically it's been delegated to the Executive</p>	Edits provided at the Executive committee 8/25/23.	CHCB Liaison to follow up with another email or survey to get members preference	



	Committee to give final approval. Five Board Members preferred September 23rd.			
Legal Support - VOTE REQUIRED Harold Odhiambo, Chair	The Board reviewed Ogden Murphy Wallace, P.L.L.C. contract to fulfill legal support needs and proceed with their firm. Vote requested to terminate current contract with Andrew Downs Law, LLC due to lack of contact	Motion to terminate Legal Contract : Tamia Second: Bee Yays: 8 Nays: Abstain: Decision: Approved		
Executive Director Update (Closed Session) <i>CHCB Board Members to discuss in a confidential separate Zoom</i>	Board moved to confidential session at: 8:06 pm	Motion to move to a closed session: Patricia Second: Alina Yays: 8 Nays: Abstain: Decision: Approved		
Meeting Adjourns	Meeting adjourns 8:17 PM			Next public meeting scheduled on 9/11/23

Signed: _____ Date: _____

Pedro Prieto Sandoval, Secretary



Public Meeting - August 14, 2023

Signed: _____ Date: _____

Harold Odhiambo, Board Chair

Scribe name/email:

Crystal Cook

crystal.cook@multco.us

Minutes approved, virtually, at the September 11, 2023 Public Meeting