

## CHCB Public Meeting Minutes

### November 14, 2022

### 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.*

#### CHCB Board Members Present:

**Harold Odhiambo** – Chair

**Fabiola Arreola** – Vice Chair (*Absent*)

**Susana Mendoza** - Board Member

**Pedro Sandoval Prieto** – Secretary

**Tamia Deary** - Member-at-Large

**Kerry Hoeschen** – Member-at-Large

**Darrell Wade** – Board Member

**Brandi Velasquez** – Board Member

**Aisha Hollands** - Board Member

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

Time Topic/Presenter	Discussion	Action	Responsible Party/ Follow up date
6:00-6:10 (10 min)	<p><b>Call to Order / Welcome</b></p> <p>The Board Chair called the meeting to order at 6:05 PM. A quorum <b>was</b> established with 8 members present Victor Shepard and Rossy in attendance (Spanish interpretation)</p>	N/A	N/A
6:10-6:15 (5 min)	<p><b>Consent Agenda and Minutes Review -VOTE REQUIRED</b></p> <p>Kerry and Susana not available for voting</p> <p>Minutes: No errors or omissions stated.</p> <p>Consent agenda:</p> <ul style="list-style-type: none"> <li>Student Health Center Update</li> <li>REDI Committee Update</li> </ul>	<p>Minutes:</p> <p><b>Motion to approve: Aisha</b> <b>Second: Bee</b> Yays: - 6 Nays: - 0 Abstain: - 0 <b>Decision: Approved</b></p> <p>Consent agenda: <b>Motion to approve:</b> <b>Tamia</b> <b>Second: Pedro</b> Yays: - 6 Nays: - 0 Abstain: - 0 <b>Decision:</b></p>	

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		Approved	
6:15-6:20 (5 min)	<p><b>Term Limits Exemption - VOTE REQUIRED</b></p> <p>Adrienne Daniels, Interim Executive Director</p> <ul style="list-style-type: none"> <li>Adrienne presented on term limits exemption. HRSA requires a minimum of 9 board members for compliance. Last year, we approved a one-year extension for a board member to not fall below compliance.</li> <li>The bylaws committee is working on longer term solutions</li> <li>The board is being asked to consider a one-year term extension for Pedro Sandoval. He would be able to remain on the board until December 2023. If the board does not approve, we are at risk of falling out of compliance starting Jan 1st, 2023.</li> </ul>	<p><b>Motion to approve:</b> <b>Tamia</b> <b>Second: Bee</b> Yays: - 8 Nays: - 0 Abstain: - 0 <b>Decision:</b> <b>Approved</b></p>	
6:20-6:25 (5 min)	<p><b>FTCA Claims Management Policy- VOTE REQUIRED</b></p> <p>Key Points:</p> <ul style="list-style-type: none"> <li>Currently we are self insured. The County pays out claims up to 1M.</li> <li>Claims are investigated and assigned by a Third Party Administrator.</li> <li>Our Medical Malpractice excess policy covers excesses over 1M</li> <li>We have had one paid claim in the last five years.</li> </ul> <p>FTCA Claims Management Policy:</p> <ul style="list-style-type: none"> <li>Claims are received directly to Risk Management or the County Attorney's office.</li> <li>Risk Management forwards the claim to our Third Party Claims Administrator copying the County Attorney's office.</li> <li>If the claim is litigated, the County Attorney takes the lead.</li> <li>Claims expenses are paid by the Third Party Administrator out of Risk Management Liability cost center in order to track claims costs.</li> </ul> <ul style="list-style-type: none"> <li><b>Q:</b> If approved, what is the timeline for it to be implemented?</li> <li><b>A:</b> Once the policy is approved, it is in effect right away. It would be available for staff and teams to review within a week. We would be able to apply for full coverage within the next 4 weeks.</li> </ul>	<p><b>Decision:</b> Table this topic and make this an item for December Public Meeting, until we get deeper understanding.</p>	<p>Jacqueline Chandler to provide more info.</p> <p>Grace &amp; Hailey to compile questions from the CHCB</p> <p>Due date: December 12th CHCB Public Meeting</p>

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- **Q:** With the application of welcome health, it says we are not guaranteed to be covered under Welcome Health because they're a separate entity? Would we be covered?
- **A:** Volunteers would be covered for medical malpractice. HRSA is clear that for directors, officers, board members functions, you need a D&O insurance policy because it could be medical malpractice. However, a nurse practitioner would be covered under FTCA.
- **Q:** How does D&O work with FTCA insurance?
- **A:** FTCA covers the practice side of the health center. There could be times because the board covers policies for the health center, the FTCA would cover the board under those actions for malpractice insurance. D&O insurance covers the board under other actions. This continues to be pursued by Andrew and staff, to make sure we have the right coverage to work with FTCA coverage correctly.
- **Q:** Do we have D&O insurance yet?
- **A:** We do not currently have D&O insurance.
- **Q:** Does that mean county employees become federal employees?
- **A:** Public Health employees. We provide info to HRSA and board members become public health employees under the federal TORT claims act.
- **Q:** So it's more of a designation than employment per se?
- **A:** Correct.
- **Q:** I would like to understand more, and how this might impact people. If there are more rigorous background checks, if this changes job statuses, are there any additional processes that come with this?
- **A:** Being HRSA-funded, our providers are required to be in the national practitioners data bank. This is essentially a background check for all providers. The information we provide to the federal

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	<p>government is the same as the one we follow for county employees.</p> <ul style="list-style-type: none"> <li>The additional process is to ensure that all providers are up to date on the data bank. It is not an additional hoop.</li> <li><b>Motion:</b> Table this topic and make this an item for December Public Meeting, until we get deeper understanding.</li> <li>We will provide more information to board members between now and the next meeting. Please send specific questions to Hailey/Grace for the next meeting.</li> </ul>		
6:25-6:40 (15 min)	<p><b>Q3 Complaints and Incidents</b></p> <ul style="list-style-type: none"> <li>54 total complaints. Scheduling appts is the most common complaint type. <ul style="list-style-type: none"> <li>Example: If patients go to the emergency room, they need to request to see a provider for follow-up. This is not automatically scheduled.</li> </ul> </li> <li>Incidents: 36, most common type is clinical care. <ul style="list-style-type: none"> <li>Example: person did not receive their lab info results in a timely manner. Once caught, patient was notified.</li> </ul> </li> <li>Top concerns for clients are: <ol style="list-style-type: none"> <li>Customer service</li> <li>Clinical care</li> <li>Scheduling an appointment</li> </ol> </li> <li>Complaints by year (most common complaint type): <ul style="list-style-type: none"> <li>2019: Customer service</li> <li>2020: Clinical care</li> <li>2021: Tie between clinical care, customer service</li> </ul> </li> <li><b>Comment:</b> Thanks so much for this presentation. Board member appreciates inclusion of trends.</li> <li><b>Q:</b> How do we improve if we have the same issues every year?</li> </ul>	N/A	N/A

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	<ul style="list-style-type: none"> <li>• <b>A:</b> Team based care, to address such things as timely lab notifications for clients. Something we are working on and Kimmy looks forward to bringing back info on improvements.</li> <li>• <b>Q:</b> For the other two?</li> <li>• <b>A:</b> The other two are customer service and scheduling appointments. For quality improvements, the carve-out of time. We are changing the way we carve out appointments in the short term, so we can see patients when they are sick. That is one of the recent improvements, to increase access. For customer service, Kimmy is not aware of what projects are underway right now, but she can check with operations to find out if there are projects that impact that category.</li> <li>• <b>Comment:</b> (Azma, Dental Director) When complaints come in, Azma sees who the patient is, who the provider is, and what the complaint is. They review the complaint, reach out to the provider, collect responses, and depending on what the situation is, there may or may not be coaching involved.</li> </ul>		
6:40-6:55 (15 min)	<p><b>UDS Report and Patient Trends</b></p> <ul style="list-style-type: none"> <li>• Will have 2022 data soon. This is a HRSA requirement. All FQHCs submit the same set of data.</li> <li>• We served ~53,000 patients in 2021. There are patients not included in this data set. For example, if the only thing someone gets over the course of a calendar year is a flu shot, they are not included in this dataset. This is for patients for whom we take care of the majority of their healthcare needs.</li> <li>• In 2018, we set our target at 73,000 patients. Since 2018, we have seen a decrease in the total number of patients. We have applied to HRSA for another 3 years of FQHC funding.</li> <li>• Proposed target that is being reviewed by HRSA: ~66,000.</li> <li>• Reasons for decline: increased competition (both other FQHCs, other private practice clinics), limitations for provider vacancies, 2020-industry-wide interruptions. Mirrors what is seen at national level.</li> </ul> <p>Demographic Info:</p>	Request to send slides to Board Members before presentation	<p>Alex Lehr O'Connell, and Grace/Hailey</p> <p>Next UDS report</p>

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- Patients per zip code: Patients are clustered around clinic locations. We have seen movement of patients northward and eastward, and we adjust our services accordingly.
- 22,000 patients report being best served in a language other than English, that has been consistent over the past several years.
- Patients by insurance: Since onset of affordable care act, we have seen consistent medicaid use
- Patients by sexual orientation: increase in overall ability to collect this info. 2020- update metrics between “unknown” and “don’t know” there are other options not shown here, these are the HRSA defined and recognized options.
- Patients by race/ethnicity: Remains relatively stable. Latino/a has increased slightly since 2016. For next year: Asian is no longer going to be a single race category– and Latino/a status will be stratified into other categories.
- Unhoused patients: Decrease since 2017 is primarily due to better data collection. Some of the wording was misleading and confusing. We corrected between 2018-2019 and have seen a correction in the number of our patients who report being unhoused.
- HRSA badge: received Patient Centered Medical Home for 2021. Shows robust quality process.
- New clinical measures (required by HRSA) for 2021: Breast Cancer Screening, Depression Remission at 12 Months, HIV Screening
- No new measures for 2022.

#### Highlights:

- Improved by **6%** on Statin Therapy for Cardiovascular Disease measure
- Improved by **5%** on Dental Sealants for Children measure
- Improved by **3%** on Diabetes Control measure
- Declined by **3%** on Childhood Immunization measure
- Declined by **3%** on Use of Aspirin or other Antiplatelet Medication for Ischemic Vascular Disease measure
- **Q:** You mentioned there was a decline in patient services because county services were discontinued. What was discontinued and how did that affect patients?

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- **A:** Over the past 4 years, the CHCB approved some services to be removed from the umbrella of the health center. We lost about 2-3 thousand patients. This includes nurse family practices, some early childhood services, etc. Those services continue, just not under the umbrella of the health center. In some cases, they were not able to keep up with the reporting requirements.

Two examples from past 5 years:

1. What HRSA considered a patient changed. For example, we offer dental sealant services in our SHCs. HRSA no longer considers this a patient but we still offer those services.
2. Removing services from our scope. Some programs were held in other divisions of Multnomah County. It was difficult to oversee these services. Recommendation was to fully bring under health center operations, or fully remove from the umbrella. These services still exist, but they are not counted on paper anymore.

**Request:** In the future, could these slides be sent beforehand?

6:55-7:00  
(5 min)

#### **Executive Officer Slate**

Hailey Murto, Board Liaison

Executive Officer Slate:

- Vice-Chair: Tamia Deary, Pedro Sandoval Prieto
- Treasurer: Darrell Wade, Susana Mendoza
- Member-at-Large: Bee Velasquez
- **November 21:** Deadline for Board Members to let Hailey know if they would like to run for Executive Officer position
- **November 28-Dec 5:** Voting will take place via survey or text
- Fabiola (Nominating Committee Chair) will validate results before the 12/12 Public Meeting
- **December 12:** Results will be announced at Public Meeting.

Process:

- Decided on by the Nominating Committee to make the process less cumbersome, but is different from what is in the Bylaws.
- Also allows board members who are not able to attend the December Public meeting to be able to vote.

7:00-7:10

#### **5 Minute Break**

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(10 min)			
7:10-7:25 (15 min)	<p><b>Monthly Budget and Financial Reports</b></p> <p><b>Jeff Perry, Financial Officer</b></p> <ul style="list-style-type: none"> <li>Fiscal year is 25% complete</li> <li>\$5.4 million surplus</li> <li>Dental is still a loss, but not as much as previous years.</li> <li>Showing significant increase of primary care. Showing increased rates for primary care.</li> <li>Program income: \$10.9 million for the month, \$32.5 million for the year</li> </ul> <p>Indirect expenses:</p> <ul style="list-style-type: none"> <li>Billable visits: trending below target and last year</li> <li>Percentage of uninsured: Below target for the year</li> <li>Payer mix: No significant change for the quarter.</li> <li>OHP clients: Slight decrease over last month, driven by a downtick in Trillium patients.</li> </ul> <p><b>Adrienne Daniels, Interim Executive Director</b></p> <p>Vacancy report:</p> <ul style="list-style-type: none"> <li>Increase in vacancies, including an increase in the number not posted for recruitment</li> <li>Decrease in those posted for recruitment, and in the final interview stage.</li> <li>Slight increase in average vacancy length, but no change in average time to fill. This means there are a few positions that are really difficult to fill, but we are good at getting others</li> <li>Decrease in total FTE associated with direct revenue of vacancies for the month, and estimated slight decrease</li> <li>Increase in total duplicated, inactive vacancies</li> <li>In the final stages for a special recruiter for providers to help fill vacancy gaps</li> </ul>		
7:25-7:30 (5 min)	<p><b>Executive Director's Strategic Updates</b></p> <p>Adrienne Daniels, Interim Executive Director</p> <p><b>Patient and Community Determined: Leveraging the collective voices of the people we serve</b></p> <ul style="list-style-type: none"> <li>VCIN Article on virtual visits at NEHC <ul style="list-style-type: none"> <li>Worked with staff and patients at NEHC to collect</li> </ul> </li> </ul>		



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- feedback and held focus groups about use of virtual care
  - Work highlighted nationally about key learnings
- First Tooth Implementation
  - Expanding for toddlers at La Clinica, Mid County, SEHC for October
- Root & Wings Foundation
  - Funds supporting Youth Advisory Councils (YACs)
  - Renewed for a third year

#### **Engaged, Expert, Diverse Workforce which reflects the communities we serve**

- Projects underway to adjust salaries for critical front line workers, assuring full assessments of work experience with Oregon's Equal Pay laws:
  - In house training programs for new clinical roles
  - NP Fellowship training kick off this month
  - Retention for current clinical roles
- Provider recruitment specialist in hiring stages with phone screenings and interview panel this month
- HIPAA trainings rolling out in December
  - Housekeeping refreshers
  - OCHIN Event - No patient data compromised

#### **Supporting Fiscally Sound and Accountable practices which advance health equity and center on racial equity**

- Equity in Payment Agreements:
  - Ongoing investment conversations with insurance partners - expand outreach and impact for dental. Unique opportunity with Care Oregon to lead with racial equity as a measure of success in our payment systems.
- HRSA OSV Prep will kick off soon:
  - Anticipate our regular OSV in March/April 2023

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

- Day of Dignity Event (September) - Supported community insurance outreach and enrollment for 500 persons experiencing homelessness
- PCC and La Clinica Cully Expansion work will continue - community engagement sessions kicked off this month with media highlights. Includes focus groups for December.
- T2T program with OPCA launched with pharmacy being the

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	<p>catalyst for continued COVID19 treatment</p> <p><b>Status report on CHCB Requested Priorities/Projects</b></p> <p>Facilities:</p> <ul style="list-style-type: none"> <li>Facilities director completed analysis and presented to executive committee and full board in June</li> <li>Vacant space costs for FY23 have been credited and work is in progress for crediting FY22.</li> </ul> <p>Discretionary Fund</p> <ul style="list-style-type: none"> <li>Completed with updated policies approved by the CHCB</li> </ul> <p>FTCA Coverage:</p> <ul style="list-style-type: none"> <li>Board received proposed new policies on 11/14 meeting - application to be submitted</li> </ul> <p>Legal Counsel Contract:</p> <ul style="list-style-type: none"> <li>Completed</li> </ul> <p>Data and Privacy Consultant:</p> <ul style="list-style-type: none"> <li>Completed - Executive Committee for CHCB received final report and recommendations. Quality and Compliance Director establishing a one year plan.</li> </ul> <p>Media and Advocacy Opportunities:</p> <ul style="list-style-type: none"> <li>Univision Interviews with Pedro and Suzanna on expansion of La Clinica</li> <li>KOIN 6 highlight of Day of Dignity</li> <li>National article about virtual care highlighted success of our Community Health Center's work!</li> </ul> <p>Financial Policy Updates:</p> <ul style="list-style-type: none"> <li>Completed</li> </ul> <p>ICS Department Analysis:</p> <ul style="list-style-type: none"> <li>Policy Decision of the County Chair.</li> <li>Information gathering for analysis of staff, costs and additional infrastructure in progress</li> </ul>		
7:30-7:40 (10 min)	<p><b>Labor Relations Updates</b></p> <p>Adrienne Daniels, Interim Executive Director</p> <p><b><i>Bargaining and Negotiation Updates (Closed Executive Session)</i></b></p> <p><i>CHCB to receive confidential report in separate Zoom</i></p>	<p><b><i>Motion to to move into Executive Session: Tamia</i></b></p> <p><b><i>Second: Aisha</i></b></p> <p>Yays: - 8</p> <p>Nays: - 0</p>	



community health  
center board  
Multnomah County

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		Abstain: - 0 <b>Decision:</b> <b>Approved</b>	
7:40-8:00 (20 min)	<b>Executive Director Candidate Discussion</b> Motus Recruiting <b>(Closed Executive Session)</b> <i>CHCB to have confidential session in separate Zoom</i>		
8:00	<b>Meeting Adjourns</b> Meeting adjourned at 9:03 PM		Next public meeting scheduled on 12/12/2022

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 December 12, 2022 Public Meeting**