



# CHCB Public Meeting Minutes April 10, 2023 6:00-8:00 PM at Gladys McCoy

*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      **Darrell Wade** – Treasurer      **Patricia Patron** - Board Member  
**Tamia Deary** - Vice-Chair      **Brandi Velasquez** - Member-at-Large (Virtual)      **Alina Stircu**- Board Member  
**Pedro Sandoval Prieto** – Secretary      **Kerry Hoeschen** – Member-at-Large (Virtual)

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

**Board Members Excused/Absent:** **Fabiola Arreola** – Board Member, **Susana Mendoza** -Board Member

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
<b>Call to Order / Welcome</b> Harold Odhiambo, CHCB Chair	Meeting begins 6:07 PM  We <u>do have a quorum</u> with 7 members present.  (1 board member joined late after the initial roll call was taken, bringing the total number of board members present to 8 starting at 6:20 pm.)  Reyna was present as Spanish Interpreter			
<b>Minutes Review -VOTE REQUIRED</b> Review Public Meeting minutes	Reviewed March 10 Public Meeting Minutes.  No comments or questions.	<b>Motion to approve: Patricia</b> <b>Second: Bee</b> Yays: 6 Nays: Abstain:1 <b>Decision: Approved</b>		
<b>Student Health Funding Opportunities - VOTES</b>	<b>2023-2025 YAC Funding</b> Received funding since 2015, funds the FTE for project manager	<b>Motion to approve</b>		



<p><b>REQUIRED</b> <b>2023-2025 YAC Funding</b> <b>OHA Telehealth</b> <b>HRSA School-Based</b> <b>Service Expansion</b> Alexandra Lowell, Student Health Centers Manager</p>	<p>that oversees work.</p> <p>Action councils at all 8 of the student health centers and they are made up of students that attend that school, and they opt in to participate on this Council because they're interested in working on health issues and promoting a healthy school climate.</p> <p>Funds will go to support these projects we get a total of 137,000 for FY 2024 and 2025. That's the total amount we get so it doesn't fully fund the program, but it's an important portion of funding.</p> <p>Funds will pay for some of the FTE of our project manager, interns, and some food and supplies for students.</p> <p>A “Yes” vote, means that Student Health Center can accept the funds from OHA To continue supporting our supporting our use led projects.</p> <p>A “No” vote means that we will not be accepting those funds. We would need to find alternate resources to support youth student lead projects. Current Student Health Center staff would be impacted.</p> <p>Comment: Provide an example of the Youth Led Projects Response: Nick Daniel School Health Center produced a podcast called it's all in my head. They planned, recorded, and went live. Wrote the scripts, learned how to do a podcast, and then broadcasted once a month. Touched on items such as, mental health, wellbeing, and LGBTQ issues, had speakers, how</p>	<p><b>2023-2025 YAC</b> <b>Funding: Pedro</b> <b>Second: Tamia</b> Yays: 8 Nays: Abstain: <b>Decision:</b> <b>Approved</b></p> <p><b>Motion to</b> <b>approve OHA</b> <b>Telehealth</b> <b>Funding: Pedro</b> <b>Second: Darrell</b> Yays: 8 Nays: Abstain: <b>Decision:</b> <b>Approved</b></p> <p><b>Motion to</b> <b>approve HRSA</b> <b>School-Based</b> <b>Service</b> <b>Expansion</b> <b>Funding: Tamia</b> <b>Second: Alina</b> Yays: 8 Nays:</p>		
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	<p>to make more social connections, and lots of other important issues that they tackled in that podcast.</p> <p>Another example is the David Douglas School Health Center. Worked on a friend dating speed, to help connect people. It was like speed dating, but it was good for or to make new friends. The Roosevelt School Health Center worked on a sleep Zeen. Zeen is a little pamphlet that is sort of more accessible with illustrations. They focused on good sleep hygiene, and how to get better sleep and different skills building around.</p> <p>Questions: Budget question regarding fringe benefits higher than salary in fiscal year 2025?</p> <p>Answer: Will need to follow up on why fringe benefits are higher in year two vs year one.</p> <p><b>OHA Telehealth</b></p> <p>Grant is the telehealth pilot. We received funding in FY 22 and started the planning and implementation this fiscal year. This pilot expands our health impact and access to our services via telehealth and what we're doing is partnering at with MESD (Multnomah Education Services District). MESD provides the nurse across the school districts in the county. Partners link students with telehealth services, our clinicians are located at our health centers and provide remote care. We're currently piloting this in 2 schools. It's Lane Middle School, which is in PPS, and then HB Lee Middle School, which is in Reynolds district. For next year, the next 2 years of funding, we will add one additional site. This is a total of \$300,000 for FY 2024 and 2025. Funding is for FTE for the RN project manager and MESD overhead.</p>	<p>Abstain:</p> <p><b>Decision:</b></p> <p><b>Approved</b></p>		<p>Alexandra</p> <p>Lowell: Fringe benefit question regarding year one vs. year two.</p>
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A “yes” vote means we can accept these funds and continue with our pilot to see if this is a viable model to expand access and work with MESD.

A “no” vote means we stop the pilot. We don't accept these funds, or we need to find funding elsewhere. Current Shc and MESD staffing would be impacted. As these funds are budgeted to support nurses on both sides.

### **HRSA School-Based Service Expansion**

This is a new grant opportunity for us. It's with health resources and services, administration person, and it is focused on expanding our behavioral health access. Expanding at David Douglas, Reynolds and Roosevelt High School. Where we're experiencing the large behavioral health services we would be hiring for 2 positions. Culturally specific behavioral health provider to provide direct clinic services 4 days a week during the school year. The second one would be to hire a BH program supervisor and in addition they would do 2 days a week of in clinic direct services. We would get \$250,000 per year for 2 years of staffing, starting September 2023. Staff will be onsite.

A “yes” vote means we'll apply for these funds to hire one new BHP, and then one BHP Program Supervisor.

A “No” vote means we will not apply for the funds to expand our BHP capacity. This would mean we would keep our current behavioral health capacity and will not have staff impacted because this is new, new funding for us.

Question: Will providers be traveling between sites or use telehealth services?

Answer: They will be on site providing service but could also provide telehealth services if needed.



<p><b>Mobile Health Clinic - Change of Scope - VOTE REQUIRED</b></p> <p>Alexander Lehr O'Connell, Senior Grants Management Specialist</p> <p>Debbie Powers, Interim Health Center Operations Officer</p>	<p>Currently have a mobile clinic or its way to take our services to those that would need those services. We are asking for the mobile clinic to be moved into the scope. Our mobile clinic will target the services needed for our community members that are experiencing unstable housing.</p> <p>A "Yes" vote would allow us to submit a change of scope, requesting to add our 39 foot mobile clinic, mobile units to scope for as a site, this becomes its own site, and this will formalize the mobile clinic as a part of the FQHC. Allowing the services to operate under their requirements and the benefits of the FQHC status..</p> <p>A "No" vote means we would keep the mobile clinic outside of the FQHC Scope, and this really inhibits our ability to operate the clinic in a sustainable way.</p> <p>Question: Will you be able to use the mobile clinic when our health centers are over scheduled?</p> <p>Answer: Program is targeted to provide service differently. As these locations there will have open scheduling versus scheduled appointments at our health centers</p> <p>Questions: Will there be weekend hours?</p> <p>Answer: Two nights a week with late hours until 7:30pm. We plan to extend hours in the evening.</p> <p>Questions: Specific places where the mobile clinics are located.</p> <p>Answer: Fact sheet provides a list of locations. We will continue to assess where locations are needed.</p>	<p><b>Motion to approve Mobile Health Clinic Change of Scope : Tamia</b></p> <p><b>Second: Pedro</b></p> <p>Yays: 8</p> <p>Nays:</p> <p>Abstain:</p> <p><b>Decision:</b></p> <p><b>Approved</b></p>		
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	<p>Question: The behavioral center is the Multnomah County [Behavioral Center]?</p> <p>Answer: Yes</p> <p>Question: How are you going to get people signed up with clinic providers or OHP eligibility?</p> <p>Answer: A case manager will be on the bus, and all of the staff will be trained to kind of do that warm hand off. For folks that need a little bit more will be working with our case manager, they'll be set up to schedule, Follow up appointments, help with transportation, etc.</p> <p>Question: Have you secured staffing for the mobile clinic?</p> <p>Answer: We've got a medical clinic and a dental clinic. So for the dental clinic. We're going to have a dental hygienist. A nurse practitioner that will manage all the medical needs, 2 medical assistance that will help with both of those services, a case manager and possibly behavioral health services.</p> <p>We have the support in place in primary care to ensure that the people that are working on the man still get all the training and all the updates that are provided to our health center staff to ensure that they stay current in their practice.</p> <p>We are still recruiting for these positions and the people that will be working on these vans will need to learn to drive it. They will also have to learn to cross cover for each other as long as it's within scope.</p>			
<p><b>Grant- Seeding Justice Reproductive Health -</b> <b>VOTE REQUIRED</b> Charlene Maxwell, Medical</p>	<p>Funding through Seeding Justice, which is in part funded by State dollars to promote and sustain reproductive health equity.</p> <p>Historical context provided about the Seeding Justice Organization.</p>	<p><b><i>Motion to approve Grant - Seeding Justice Reproductive</i></b></p>		



Director	<p>Applying to fund 2 projects:</p> <p>1. Advanced Practice Clinician fellowship</p> <p>In an effort to make sure that reproductive health access is expanded and sustained, fellowship helps to promote this.</p> <p>This impacts the access for reproductive health services for all communities. One of the ways that we are working to sustain our programs is by helping to support the onboarding and the retention of our new practice.</p> <p>We have a class right now, of 5 clinicians, embedded in our health centers. So far it seems very excited to apply for a permanent position when they're eligible at the end of their program, and if, as long as we're able to continue to sustain the program hopefully, this will be a cycle that will replicate itself and be a really strong workforce pipeline for us in the long term.</p> <p>2. Replace exam tables and purchase additional speculum lights.</p> <p>Applying for funding will replace 78 outdated exam tables. Manual exam tables that are used in reproductive exams, and also purchase 22 pap lights. So pap light is a special flashlight device that fits inside of a plastic instrument that's used during a gynecological exam.</p> <p>While we currently do have exam tables. Many of them are manual, which is really challenging for all bodies and all individuals to manipulate as well adjusting the tables.</p> <p>In September our staff received reproductive justice training from one of our student health care providers who specialize in and some doctoral studies on on the topic, and they also learned how to perform</p>	<p><b>Health : Patricia</b></p> <p><b>Second: Alina</b></p> <p>Yays: 8</p> <p>Nays:</p> <p>Abstain:</p> <p><b>Decision:</b></p> <p><b>Approved</b></p>		
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	<p>a gynecological exam in a trauma-informed way, using different patient positioning techniques which is much more difficult to do with the manual table, so as in an effort to make sure that we're sustaining our reproductive health services and and creating the best experience for our patients and the most trauma informed and patient centered experience.</p> <p>Secondly, with the pap lights, these really help us to be more patient-centered, be really sensitive to our patients' experiences, and it allows for just a better experience overall.</p> <p>A “yes vote” would be continuing to support the advanced practice clinician fellowship. This would help sustain our pipeline of highly trained primary providers who are committed to our communities and in addition are trained in reproductive health services.</p> <p>A “no” vote means the APC fellowship would be funded wholly by the clinic cost centers in fiscal year 2024. This may be a financial burden on the individual clinics. The clinics would not seek to replace the old exam tables or purchase new pap lights.</p> <p>\$500,000 grant will support the fellowship. This would cover 50% of the entire program.</p> <p>Question: This grant has already been submitted?</p> <p>Answer: Yes, due to the short timeline it was presented at the Executive Committee and at the Commissioners Board.</p> <p>Question: This is a rapid response, will you be applying for the capacity building as well to continue the fellowship program.</p> <p>Answer: That is a possibility if we are not successful with the rapid</p>			
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	<p>response funding.</p> <p>Question: In addition too (Seeding Justice Grant)?</p> <p>Answer: Specification has not been released but if eligible we will apply any additional funding to continue the program.</p> <p>Question: Is there other practice clinician fellowship center around reproductive health or is it primary care and reproductive health a portion of what it covers?</p> <p>Answer: The fellowship is in primary care. Reproductive health, however, is a very important part of primary care, and it's a major part of the scope. Advanced Practice Clinician fellowships do get additional training and reproductive health. The advanced practice clinician fellows spend 4 h doing a didactic portion together outside of their regular fellow duties, and being in the clinic and we have topics on patient-centered contraceptive care. You know abnormal gynecological issues that often come up within the scope of primary care. They receive extra training in patient-centered pregnancy, counseling as well as prenatal care, and also STIs and those that's just a sample of some of the reproductive health related topics that they receive extra training.</p> <p>Statement: Our primary care provides reproductive care exams as part of their primary care.</p> <p>Question: What about patients seeking abortions?</p> <p>Answer: Due to some of the Federal restrictions that we have on our on our acceptance of our 330 grant abortion care, termination is one aspect of reproductive health care that we are not able to directly provide as part of our patient-centered patient or patient-centered</p>			
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	<p>pregnancy counseling we can discuss all options, including abortion, care, and we can provide information on where clients can receive abortion care if that is their desire in the community. But we are not able to prescribe medication to terminate a pregnancy, or provide any procedures that would result in a terminated pregnancy and our staff are trained. That's outlined in the Height Amendment, which is the law that prohibits us from providing abortion care as an FQHC.</p> <p>Question: IUD placement is an emergency contraceptive at the health center?</p> <p>Answer: Yes, IUD placement is able to happen as it is used. We are able to provide Plan B and IUDs post coital. We wouldn't be able to insert an IUD if there was a confirmed pregnancy.</p> <p>Comment: Board member, disclosed that they have joined The Seeding Justice board, but the board does not approve grants. No conflict of interest.</p>			
<p><b>Policy- ICS.01.45 Community Health Center New and Established Patients Service Area Criteria - VOTE REQUIRED</b> Bernadette Thomas, Health Center Clinical Officer</p>	<p>Policy determines who is a new and established patient in the service area, and previously this policy stated that only patients who lived in Multnomah County could receive services at the Health Center. Our proposed changes to this policy include language around having an informed consent discussion with patients about the risks and the benefits of continuing to receive care at the health center when a patient moves outside of the county, or if a new patient is attempting to establish care at the health center and does not live within the county.</p> <p>The other change to this policy is the health centers intend to review where our patients live each year. We would like to review this data</p>	<p><b><i>Motion to approve Policy- ICS.01.45 Community Health Center New and Established Patients Service Area Criteria : Pedro Second: Alina Yays: 8</i></b></p>		



	<p>every year and share it back with you all so that you have knowledge of where in the county or outside of the county our patients come from to help us make informed decisions about where and how we're providing services to our clients.</p> <p>Question: Who will provide follow up for patients if they have moved outside of the service area?</p> <p>Answer: That will be provided by the primary care provider or someone from the care team who helps the patient understand the risk and the benefits of continuing care if they move outside of the service area versus the benefits.</p>	<p>Nays:</p> <p>Abstain:</p> <p><b>Decision:</b></p> <p><b>Approved</b></p>		
<p><b>Preview- eReferrals</b></p> <p>Bernadette Thomas, Health Center Clinical Officer</p>	<p>This new service for Health Center clients, to reduce numerous internal and external barriers to accessing specialty care, including transportation access to linguistically culturally competent care, and decrease waiting time.</p> <p>February referrals</p> <ul style="list-style-type: none"> <li>• 5,000 referrals</li> <li>• 75% of those were considered routine</li> <li>• 9% were urgent</li> <li>• 1% were considered that or scheduled these right away.</li> </ul> <p>Status of those referrals were in March</p> <ul style="list-style-type: none"> <li>• 26% closed</li> <li>• others still in a processing status</li> </ul> <p>Linguistic diversity of our referrals:</p> <ul style="list-style-type: none"> <li>• English is the largest, at 57%</li> </ul>			



- Spanish is about 30%
- 2%, each Russian, Chinese or Cantonese, Somali, and Arabic.

eReferrals provides a large network of specialty providers and a nurse navigator to help build the referral that it's less work for our primary care providers.

We get results from the specialists within 4 to 24 hours and we get those results attached to the referral. This enables our team to really focus on the work that requires urgent referrals.

Overview of the services provided by Arista, Md.

- Over 70 specialty areas and more than 60 of the specialists have academic affiliations.
- Providers are able to rate the specialists

Hoping to implement what's called an eReferrals first model.

Encouraging our providers to refer to the eReferral platform first to lower barriers and enabling patients to get that consultation more quickly without having to arrange for transportation or linguistic services.

Exceptions That cannot be done through telemedicine, for example, diagnostic imaging. pulmonary function, test, physical therapy, speech therapy.

Our clients will not be billed for these services, and all of the Health Center clients are eligible for these services.

Questions: Are these referrals done at the time they see a provider or at a later time?

Answer: Referrals can be done at the time of visit but can also be done



	<p>after a visit if needed based on laboratory results.</p> <p>Questions: How is it for patients to access technology?</p> <p>Answer: The provider submitted the referrals and patients do not need to access technology. Once we receive results we will communicate with the referral results with patients based on their preferred communication.</p> <p>Questions: Do you have a tracking system for how many/type of referrals?</p> <p>Answer: We are able to track and report on both based on health records. Arsta MD also provides monthly referral which include which provider referred, type of speciality, and rating of specialist.</p>			
<b>10 min break</b>	<b>7: 35- 7: 45PM</b>			
<p><b>Policies - VOTES REQUIRED</b></p> <p><b>FIS.01.06 Write-offs for Uncollectibles Patient Accounts FIS.01.16 Patient Credits Accounts</b></p> <p>Jeff Perry, Chief Financial Officer</p>	<p><b>FIS.01.06 Write-offs for Uncollectibles Patient Accounts</b></p> <p>Uncollectable patients accounts policy describes circumstances the Community Health Center will waive on collectable fees or payments that are due to a client's inability to pay.</p> <p>We will treat our patients regardless of their ability to pay, sometimes there are circumstances where balances are uncollectible.</p> <p>Update variable to reflect Community Health Center versus Health Center</p> <p><b>FIS.01.16 Patient Credits Accounts</b></p>	<p><i><b>Motion to approve Policy- FIS.01.06 Write-offs for Uncollectibles Patient Accounts: Tami Second: Darrell</b></i></p> <p>Yays: 8</p> <p>Nays:</p> <p>Abstain:</p> <p><b>Decision:</b></p> <p><b>Approved</b></p>		



	<p>Refresh some of the verbage at the community health center. The policy walks us through what happens if there is a credit balance on an account. This might occur where there is a credit balance that's sitting out there due to paying twice or a duplicate payment.</p>	<p><b>Motion to approve Policy-FIS.01.016 Patient Credits Accounts :</b>  <b>Darrell</b>  <b>Second: Patricia</b>  Yays: 8  Nays:  Abstain:  <b>Decision:</b>  <b>Approved</b></p>		
<p><b>Monthly Budget and Financial Reports</b>  -Jeff Perry, Chief Financial Officer, ICS  -Adrienne Daniels, Interim Executive Director</p>	<p><b>Monthly highlights</b></p> <ul style="list-style-type: none"> <li>• Period 8 this is through February, and we're about 67% through the year.</li> <li>• FQHC \$118.5 million dollars in revenue on 98.5 million dollars in revenue on \$98.6 million dollars of expense.</li> <li>• Year to date net income for the health center of about 19.8 million dollars.</li> </ul> <p><b>Month of February</b></p> <ul style="list-style-type: none"> <li>• \$16.1 million dollars of revenue on \$13.1 million dollars worth of expenses.</li> <li>• Net of close to \$3 million dollars</li> </ul> <p>Programmatic Level</p> <ul style="list-style-type: none"> <li>• Dental at a loss of about \$832,000 year to date.</li> <li>• Pharmacy is showing about a \$2.5 million dollar gain</li> <li>• Primary care is showing a \$20.2 million dollar gain</li> <li>• Student health centers a \$390,000 dollar gain</li> </ul>			

- HIV is about \$670,000 of income.

#### **Program income**

We're showing for a year to date at the end of February about \$92.1 million dollars with the program income. About 80% of our total revenue.

#### **Indirect Cost**

The amount of money we pay externally well for services to the Health Department and the county year to date. It's showing right now we've paid about almost \$18 million dollars for our indirect services, and this is by this is my program.

#### **Budget Adjustment**

This chart where we started out from our adopted budget of \$166.4 million dollars and as we go through the year. As the Board continues to approve grants we will see more changes to this.

Currently only one amount of \$250,000.

#### **Average Billable Visits per day by month per Service Area**

- Student Health Center 53 billable visits per day for the month of March.
  - Short compared to the target visit of 74
  - Last year 81 visits per day.
- Dental for the month of March had about 234 visits per day
  - Short of the target 322 visits per day
- Primary care had 435 billable visits per day
  - Below the target of 711 and still a little bit side, or we're at a rack keeping pace last year at 478.

Question: Why such a dip in visits at the student health center in July 2022?

Answer: Summertime and school health center are closed.



**Percentage of Uninsured Visits by Quarter**

- Primary Care
  - Tracking a little bit below the target of about 12.4% at about 10.8%.
- Dental
  - Is running somewhere around 4% target is at about 8%.

**Payer Mix for ICS Primary Care Health Center**

- Care Oregon accounts for about 68% of our payments.
- All other Medicaid at 6%
- DMAP Open Care at 3%
- Trillium at 4%
- Medicare at 5%
- Self pay at 10%
- Commercial at 45

**Number of OHP Clients Assigned by CCO**

- Care Oregon at 46,000 a slight increase over the prior month.
- Trillium is still showing decreases in Trillium patients. We've talked to Trillium regarding the ongoing decrease.

**Vacancy Report**

- Approximately 108 vacant positions.
- Non duplicated vacancies 90, which is a decrease from last month. .
- 24 are in an interview going to reference checks or a final offer.
- Increase in the average vacancy length.
- Increase in our time to fill from 84 days from 70 days.
- Direct revenue vacancies (physicians, nurse practitioners, dentist, community health workers). Between March and April we have seen an increase of about half million dollars up from 4.7 to 5.3 million.





	<ul style="list-style-type: none"> <li>• 18 what we call duplicate inactive. Positions that we are not recruiting for because they are being filled by temporary staff, they're under operational review, or they're being held for work out of class assignment.</li> <li>• We have one current provider position that we call a duplicate vacancy filled by agency staff.</li> <li>•</li> </ul> <p>Question: When speaking of vacancy are they for all locations or specific sites?</p> <p>Answer: We are speaking of all vacancies in the health center.</p>			
<b>Committee Updates</b> -Finance Committee: Darrell Wade, Treasurer -Quality Committee: Tamia Deary, Quality Chair -Executive Committee: Harold Odhiambo, Board Chair -Nominating Committee: Harold Odhiambo, Board Chair	<p>Tamia Deary, Quality Committee :</p> <ul style="list-style-type: none"> <li>• The Quality Committee is meeting tomorrow reviewing patient access, quality plans. Last month we reviewed a new quality plan. Quality plan is being updated to show five key areas: Safety, Compliance, Client Experience, System and Staff, and Clinical Quality. The plan will align with the joint commission and key performance indicators.</li> <li>• Complaint policy that we approved in December is not fully implemented. Received monthly updates on the process.</li> <li>• February we reviewed the data and policy that we have been working on since the breach.</li> </ul> <p>Tamia Wade, Bylaws Committee :</p> <ul style="list-style-type: none"> <li>• Continuing with Bylaws updates</li> </ul> <p>Darrell Deary, Finance Committee :</p> <ul style="list-style-type: none"> <li>• Fiance community met on Thursday, March 16th. Committee review board request, discussed committee update, reviewed action, drafted policy recommendations, and updates about sheets. Scheduled to meet Thursday, April 20th.</li> </ul>			



	<p>Harold Odhiambo, Executive Committee :</p> <ul style="list-style-type: none"> <li>• Plan to welcome our new ED DJ Rhodes on April 25, 2023.</li> <li>• We plan to have an introduction of ED- DJ Rhodes at the board of county commissioners.</li> <li>• Ribbon cutting ceremony for mobile van on May 26, 2023 at 10:30-11:30am at Impact NW (10055 E Burnside St, Portland, OR )</li> </ul> <p>Harol Odhiambo, Nominating Committee:</p> <ul style="list-style-type: none"> <li>• Scheduling an interview with one other candidate .</li> <li>• One candidate has withdrawn their application.</li> <li>• We continue to do outreach at events such as baby days.</li> <li>• We are in the process of receiving updated flyers and brochures for marketing.</li> </ul>			
<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>• Focus groups and additional surveys implemented for our La Clinica clients to inform and shape the expansion work with Portland Community College - top areas of feedback include assuring ongoing transportation access as well as excitement about incorporating pharmacy on site</li> <li>• Supporting patient outreach and education about Medicaid redetermination this month - new patient flyers and help to re-enroll in Medicaid</li> <li>• Working with schools to offer same day access to Narcan and piloting a new screening to help students who may be best positioned to support overdose responses</li> </ul> <p><b>Supporting Fiscally Sound and Accountable practices which advance health equity and center on racial equity</b></p>			



	<ul style="list-style-type: none"><li>• La Clinica expansion planning to continue following lease agreement</li><li>• Continuing our finalist recruitment for a Chief Operating Officer; finalists will tour the health center and complete interviews in May</li><li>• Introduced new staff support this month at NEHC - will expand to other locations as requested: Dove Lewis offers trained Canine Therapy Teams to respond to crisis events</li></ul> <p><b>Equitable treatment that assures all people receive high quality, safe, and meaningful care</b></p> <ul style="list-style-type: none"><li>• Final stages of negotiating our comprehensive “Shared Accountability Model” with Care Oregon. This will place the health center further into value based care and create pathways for risk based payments.</li><li>• Partnering with Bureau of Primary Health Care Behavioral Health Technical Assistance Program on expansion of Tobacco Cessation programs to address racial disparities in health outcomes</li></ul> <p><b>Engaged, Expert, Diverse Workforce which reflects the communities we serve</b></p>			
	<ul style="list-style-type: none"><li>• Partnered with County Health Department programs to celebrate and recognize Public Health Week - highlighted the accomplishments of our pharmacy program on community access to Naloxone</li><li>• Exploration of expanding network and services with Lifeworks NW in progress - potential to offer primary care services and behavioral health support</li><li>• Kudos to Harold and Suzanna for representing the CHCB in Washington, D.C. last month and meeting with all Oregon</li></ul>			



	elected representatives about the power of Community Health Center			
<b>Executive Director Update</b> <b>(Closed Session)</b>  <i>CHCB Board Members to discuss in a confidential separate Zoom</i>	Board moved to confidential session at : x:xx pm	<b>Motion to approve: Tamia</b> <b>Second: Darrell</b> Yays: 8 Nays: Abstain: <b>Decision:</b> <b>Approved</b>		
<b>Meeting Adjourns</b>	Meeting adjourns PM			Next public meeting scheduled on 5/8/23

Signed:\_\_\_\_\_ Date:\_\_\_\_\_

Pedro Prieto Sandoval, Secretary

Signed:\_\_\_\_\_ Date:\_\_\_\_\_

Harold Odhiambo, Board Chair

**Minutes approved, virtually, at the May 08, 2023 Public Meeting**

Scribe name/email:

Reyna Martinez-Martinez

reyna.martinez-martinez@multco.us