



# Regular Public Meeting

October 09, 2023



**community health  
center board**

*Multnomah County*

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# AGENDA



**community health  
center board**

*Multnomah County*



**Public Meeting Agenda  
October 09, 2023  
6:00-8:00 PM Gladys McCoy  
8th Floor Room 850**

*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

**Susana Mendoza** - Board Member

**Tamia Deary** – Vice Chair

**Kerry Hoeschen** – Member-at-Large

**Patricia Patron** - Board Member

**Pedro Sandoval Prieto** – Secretary

**Bee Velasquez** – Member-at-Large

**Alina Stircu** - Board Member

**DJ Rhodes - Executive Director - Community Health Center (ICS)**

**Our Meeting Process Focuses on the Governance of the Health Center**

- Meetings are open to the public
- There is no public comment period
- Guests are welcome to observe/listen
- All guests will be muted upon entering the Zoom

*Please email questions/comments to **the CHCB Liaison at CHCB.Liaison@multco.us**. Responses will be addressed within 48 hours after the meeting*

Time	Topic/Presenter	Process/Desired Outcome
6:00-6:05 (5 min)	<b>Call to Order / Welcome</b> Harold Odhiambo, CHCB Chair	Call to order Review processes
6:05-6:10 (5 min)	<b>Minutes Review</b> <b>VOTE REQUIRED</b> September 11th Public Meeting Minutes	Board reviews and votes
6:10-6:25 (15 min)	<b>Oregon Reproductive Health Agency Grant Proposal</b> <b>VOTE REQUIRED</b> Charlene Maxwell, Medical Director	Board reviews and votes
6:25-6:40 (15 min)	<b>Progress Update : Oral Health Equity Project Grant from CareOregon</b> Jennifer Jako, Oral Health Equity Project Manager	Board receives updates
6:40-6:55 (15 min)	<b>Quality Plan Final Report</b> Brieshon D’Agostin, Quality and Compliance Officer	Board receives updates and has discussion
6:55-7:05	<b>10 Minute Break</b>	
7:05-7:10 (5 min)	<b>Committee Updates</b> Finance Committee: Darrell Wade, Finance Chair Quality Committee: Tamia Deary, Quality Chair Bylaws Committee: Tamia Deary, Bylaws Chair Executive Committee: Harold Odhiambo, Board Chair	Board receives updates



7:10-7:20 (10 min)	<b>Labor Relations Updates</b> DJ Rhodes, Executive Director <i><b>Bargaining and Negotiation Updates (Closed Executive Session)</b></i>	Board receives updates in an executive session and has discussion
7:20	<b>Meeting Adjourns</b>	Thank you for your participation



# PUBLIC MEETING MINUTES



**community health  
center board**

*Multnomah County*



**CHCB Public Meeting Minutes  
September 11, 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**

**Alina Stircu- Board Member**

**Patricia Patron -Board Member**

**DJ Rhodes - Executive Director**

**Board Members Excused/Absent: Brandi Velaquez, Kerry Hoeschen**

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
<b>Call to Order / Welcome</b> Harold Odhiambo, CHCB Chair	Meeting begins 6:06 PM We <u>do have a quorum</u> with 6 members present. Spanish Interpreters: Victor and Rosie Pedro joined at 6:11 PM			
<b>Minutes Review -VOTE REQUIRED</b> Review Public Meeting minutes	Reviewed August 14th Public Meeting Minutes. Tamia submitted edits in relation to the Quality Committee updates that were not in the Board packet. Tamia will re submit the edits to the CHCB Liaison and requests the submitted edits are included.	<b>Motion to approve August 14th public meeting minutes:            Tamia            Second: Alina            Yays: 7            Nays:            Abstain:</b>	CHCB Staff: Update minutes with corrections	As soon as possible



		<b>Decision:</b> <b>Approved</b>		
<p><b>Youth Opioid Overdose Prevention Proposal - VOTE REQUIRED</b> Alexandra Lowell, Student Health Center Manager</p>	<p>CareOregon has invited us to submit a proposal for a non competitive grant opportunity to further our youth opioid overdose prevention activities.</p> <p><b>Currently we are responding to the recent rise by:</b></p> <ul style="list-style-type: none"> <li>• Screening</li> <li>• Education on overdose prevention</li> <li>• prescriptions for narcan nasal spray</li> </ul> <p><b>Would like this grant to fund a new .8FTE Community Health Specialist or Community Health Worker to provide :</b></p> <ul style="list-style-type: none"> <li>• Increased awareness around opioid overdose prevention</li> <li>• General harm reduction activities and education</li> <li>• Adult partnership with Youth Action Councils</li> <li>• Implementing outreach activities</li> </ul> <p><b>Question:</b> Is this one person for this role? How many schools will be covered or how will this be implemented? <b>Answer:</b> This position will fund 1 person that will be reaching out to the 9 schools where we have SHC's. Additionally, may do other community outreach events that could reach other schools.</p> <p><b>Question:</b> Will the outreach be done for parents? <b>Answer:</b> Parents can be a part of the conversations at other outreach activities where schools invite parents or guardians to participate. The main focus will be youth and in school classrooms.</p>	<p><b>Motion to approve Youth Opioid Overdose Prevention Proposal:</b> <b>Tamia</b> <b>Second:</b> <b>Darell</b> <b>Yays: 6</b> <b>Nays:</b> <b>Abstain: 1</b> <b>Decision:</b> <b>Approved</b></p>		





When a universal screening is done, students are accompanied by their parent and aware of screening and educational services.

**Question:** What type of activities will be done to attract people if a parent is not involved?

**Answer:** Activities are educational or raising awareness around opioid use, misuse, abuse, overdosing, and informing of resources that the SHC offers. Intent is to implement training to youth that are exposed to opioids and want further information and resources.

**Question:** Will this campaign be done bilingual?

**Answer:** Yes. The goal would be to hire a bilingual (English/Spanish) CHW. We would translate other materials as needed for other languages.

**Question :** What do you envision for the production of the narcan video? How would it be distributed to students or used as an educational aide?

**Answer:** We have \$10k budgeted for the development of the video. It would be an educational video and would contract out for assistance with the production. The script would be generated ourselves to ensure it has the most clinically sound and correct information. YAC members that are interested will assist as well. The video will be shown in classroom presentations and possible outreach events.

**Comment:** This Health Center initiative to address this recent uprise in opioid use, where it is needed, is greatly appreciated.



<p><b>Policy: ICS 01.41 Policy Approval by The Co-Applicant Board - VOTE REQUIRED</b>          Adrienne Daniels, Deputy Director and Strategy Officer</p>	<p><b>Provided background of policy :</b></p> <ul style="list-style-type: none"> <li>● Required to outline how governance is distributed throughout Multnomah County</li> <li>● The Community Health Center Board oversees policies which are specific to the governance of the Health Center.</li> <li>● Requires approval by the Co applicant Board</li> <li>● Referred to as the policy of policies</li> </ul> <p><b>Edits requested :</b></p> <ul style="list-style-type: none"> <li>● Simplify language in general policy statement to clarify CHC Board vs. Board County Commissioners or Clinical Advisory Boards</li> <li>● Match all policy names</li> <li>● Updates based off the Board’s voting history</li> </ul>	<p><i><b>Motion to approve ICS.01.41 Policy Approval by The Co-Applicant Board: Patricia          Second: Alina          Yays: 7          Nays:          Abstain:          Decision: Approved</b></i></p>		
<p><b>Q2 Patient Experience Surveys</b>          Linda Niksich, Program Specialist Senior, Quality Team</p>	<p>Reviewed continuing trends and activities to address the current trends from Q2 survey results</p> <p><b>Common Trends Across PC/Dental/IBH :</b></p> <ul style="list-style-type: none"> <li>● Under “benchmark”             <ul style="list-style-type: none"> <li>○ Overall satisfaction scores</li> <li>○ Referral intentions</li> <li>○ Cultural and Language needs being met</li> <li>○ Disparities in scores for specific demographics (Asian, Cantonese language speakers, Russian language speakers)</li> </ul> </li> </ul> <p><b>Primary Care</b></p> <ul style="list-style-type: none"> <li>● Appointment wait time</li> </ul>			



- Test results communications
- Asked about difficulties in caring for health, and cause of worries/stress

**Dental**

- Appointment wait time
- Provider wait
- Provider time spent

**Behavioral Health**

- Appointment wait time
- Provider wait
- Provider time spent

**Pharmacy (No benchmark available yet)**

- Pickup wait time
- Being told when prescription should be ready

**Addressing Trends**

Appointment wait time:

- Advanced Access Project, MyChart Self scheduling, staffing and recruitment for all service lines
- Asking about difficulties caring for health and causes of worry/stress: Collecting social driver of health
- Test Results Fast Enough: MyChart signup efforts, MyChart optimization, Team based care work.
- Race/Language: Engagement with community members themselves about health care needs and preferences.

**Improvements:**

- Russian, Cantonese and Chinese patients reporting good or excellent satisfaction with reception
- Cantonese and Chinese patients reporting good or excellent with provider listening
- Increase in patients reporting about being asked about



	<p>difficulties in their health care</p> <ul style="list-style-type: none"> <li>● IBH patients are reporting at almost 10% satisfaction with appointments and wait time</li> </ul>			
<p><b>NACHC Community Health Institute &amp; Expo Conference Update</b> Harold Odhiambo, CHCB Chair &amp; Tamia Deary Vice Chair</p>	<p>Harold and Tamia shared comments on the recent conference in San Diego, CA.</p> <p><b>Highlights :</b></p> <ul style="list-style-type: none"> <li>● Revitalize importance of Board work</li> <li>● Largest attend conference with close to 40 states represented</li> <li>● Attend key sessions that addressed disparities and advocacy</li> <li>● Future Board Member Boot Camp is encouraged for those members that have yet to attend</li> <li>● Mobile Clinics are making a difference across states</li> </ul>			
<p><b>Committee Updates</b> -Quality Committee: Tamia Deary, Quality Chair -Executive Committee: Harold Odhiambo, Board Chair -Darrell Wade, Finance committee:</p>	<p><b>Quality Committee:</b> Linda's presentation earlier was presented at the August Quality Committee meeting. We are in the process of updating policies and procedures and our September meeting is tomorrow. We are updating the patient complaint forms and process to ensure it is accessible at every clinic location. No Bylaws meeting update as we have not met since the last update.</p> <p><b>Executive Committee:</b> No additional updates this month.</p> <p><b>Finance committee:</b> No additional updates this month.</p>			



<p><b>Executive Director Update</b> <i>(Closed Session)</i></p> <p><i>CHCB Board Members to discuss in a confidential separate Zoom</i></p>	<p>Board moved to confidential session at 7:01 PM</p>	<p><b>Motion to move to a closed session:</b> <b>Patricia</b> <b>Second: Alina</b> <b>Yays: 7</b> <b>Nays:</b> <b>Abstain:</b> <b>Decision:</b> <b>Approved</b></p>		
<p><b>Meeting Adjourns</b></p>	<p>Meeting adjourns 7:36 PM</p>			<p>Next public meeting scheduled on 10/09/23</p>

Signed: Pedro Sandoval Prieto, Secretary

Date:

Signed: Harold Odhiambo, Board Chair

Date:

Scribe name/email:  
Crystal Cook  
crystal.cook@multco.us



# SUPPORTING DOCUMENTS



**community health  
center board**

*Multnomah County*

## Quality Work Plan - Progress Report FY2024

Status	Quality Activity	Value	Description	Current State	Self Grade
Complete	OCHIN Security Tool Analysis	Operational Excellence	Analysis of available tools through OCHIN to audit and alert inappropriate use of PHI.	Analysis complete for tool: Imprivata MAIZE uses AI to flag potential medical record access concerns. Costs rolled into HD Epic funding. Next steps: Implementation	4
Complete	Patient Survey Transition to Crossroads	Health Center of Choice	Transition to vendor-administered patient surveys for all service lines.	Fully implemented January 2023	4
Complete	Break the Glass	Operational Excellence	Implement BTG for staff with medical records in our EHR	BTG has been implemented!	4
In progress	FTCA Deeming	Financial Stewardship	Apply for FTCA Deeming (CHCB priority)	Continuing on closing final gaps before submitting application.	2
In progress	Policy Management Framework	Operational Excellence	Standard definitions framework and tools for policy development and management.	Initially started as ICS project and has transitioned to Health Department project. Contracted to implement PolicyStat in 2024.	3
In progress	Quality and Safety Software	Operational Excellence	Implement new software for tracking incidents complaints and quality/safety audits.	Contract signed progressing with RLDatix to develop modules.	3
In progress	Respiratory Protection Program	Our People	Alternative solution to ensure compliance with County and OSHA respiratory protection requirements.	Initial conversations complete - scoping for vendor.	2
In progress	Clinical Documentation and Coding Analysis	Operational Excellence	Work with vendor to review current documentation and coding practices identify recommendations for billing and compliance improvements.	RFP complete. Contract being signed with Hea	2
In progress	Staff Satisfaction Survey	Our People	Standard recurring survey for health center staff including framework for improvement/follow up.	RFP complete. Contract being signed with Crossroads now! Next steps: survey content work group.	3
In progress	PCPCH Re-Attestation (2023)	Operational Excellence	Analyze for current state for compliance with PCPCH standards (some measures changed some practices changed during pandemic reporting challenges). Reattest in early Aug 2023	2023: Re-attestation with current standards	3
In progress	Training and Competency Framework	Our People	Robust framework to support training and competencies that improve quality of care and reduce risk to the Health Center staff and patients.	First steps completed to move to a quarterly training schedule. Ongoing work to identify gaps and collaborate with Ops/Clinical to support completion of trainings.	2

## Quality Work Plan - Progress Report FY2024

Status	Quality Activity	Value	Description	Current State	Self Grade
In progress	Quality Metrics Reporting Expansion	Operational Excellence	Development of new quality metrics tools for more robust reporting to CHCB and staff.	In development now. Challenges with current reports and need to develop new reports.	2
Planning	PCPCH New Standards (2024)	Operational Excellence	Analyze and potentially reattest to new standards in 2024	2024: New standards being released	1
Planning	Culture of Quality, Safety, and Trust	Our People	Continue to develop framework communication tools and resources to encourage a culture of quality	Forum(s) for improvement work/discussions Site "sustainability" teams and boards Site-level PDSAs training and resources	3
Planning	HRSA Badge Analysis	Health Center of Choice	Review HRSA "badges" and identify where we can earn recognition for the work we do.	In planning!	1
Planning	Expanded Client Feedback Options	Health Center of Choice	Identify areas to expand collection of client feedback (online QR codes in clinic or on AVS after PAC calls etc)	Early planning stages.	1
Planning	Environment of Care Reset	Operational Excellence	Robust review and reset of EOC tools binder and resources	Early planning stages.	1



## Quality Work Plan - Progress Report FY2023

Quality Activity	Desired Outcome	Key Deliverables/Timeline	End of Year Status
<b>OCHIN Security Tool Analysis</b>	Analysis of available tools through OCHIN to audit and alert inappropriate use of PHI.	<p><b>December 2022:</b> Assessment of available tools</p> <p><b>June 2023:</b> Recommendation for implementation</p>	<p>Analysis complete: Impretiva MAIZE Uses AI to analyze and flag potential in appropriate Epic access Trained staff (HIS) will review reports and submit for investigation as appropriate Health Dept to pay for product ICS to pilot will eventually benefit all Divisions</p> <p>Deliverables complete</p>
<b>Policy Management Framework</b>	Develop framework and standards for development review approval implementation and training on new and updated policies.	<p><b>March 2023:</b> Finalize policy standards and socialize leadership and stakeholders</p>	<p>Roll over to next year or standard work</p> <p>Policy framework now a Health Department discussion in alignment with new policy management software launch. Deliverables to be updated for FY24.</p>
<b>Quality &amp; Safety Software</b>	Implement new software for tracking patient safety incidents patient complaints and quality audits.	<p><b>December 2022:</b> Implement Phase 1 - Patient Safety Incidents</p> <p><b>March 2023:</b> Implement Phase 2 - Patient Complaints</p> <p><b>June 2023:</b> Implement Phase 3 - Audit tracking</p>	<p>Roll over to next year or standard work</p> <p>Contract completed Implementation has been begun for incidents complaints and internal audits. Full implementation expected to be completed in next 3-6 months.</p>
<b>Open for Business Audit</b>	Implement and optimize a comprehensive Open for Business Audit tool that combines separate safety and quality audits into a clear and defined process with reportable results.	<p><b>Summer 2022:</b> Pilot first draft of Open for Business Audit</p> <p><b>December 2022:</b> Develop tracking and reporting framework</p> <p><b>March 2023:</b> Quality Improvement/Process Improvement pathway</p>	<p>Deliverables complete</p> <p>Tool implemented at all sites.</p>
<b>Training &amp; Competency Framework</b>	Develop a robust framework to support training and competencies that improves quality of care and reduces risk for the Health Center.	<p><b>December 2022:</b> Identify knowledge and training gaps and risks</p> <p><b>June 2023:</b> Full implementation of robust training and competency framework</p>	<p>Roll over to next year or standard work</p> <p>New Quarterly training schedule implemented. Still identifying gaps and working with operations to support completion of trainings.</p>
<b>Racial Equity in Quality Systems</b>	Build structure capacity and tools to enable analysis and improvement of racial disparities in our healthcare system.	<p><b>December 2022:</b> Determine criteria and framework needed to enable analysis and written recommendation for a tool to support data-driven decision-making</p> <p><b>June 2023:</b> Develop tool such as a dashboard based on need for analysis</p>	<p>Deliverables complete</p> <p>Quarterly quality reporting now incorporates more race/ethnicity components to better identify disparities. Collaboration with Ops/Clinical to address disparities.</p> <p>Quality Management Plan updated to incorporate racial equity in quality metrics.</p> <p>This particular project is marked as complete but the work of racial equity in patient care is ongoing.</p>

### Quality Work Plan - Progress Report FY2023

Quality Activity	Desired Outcome	Key Deliverables/Timeline	End of Year Status	
<b>Medication Management</b>	Reduce errors related to medication safety Reduce 340B diversion	<b>July 2022:</b> COVID19 Vaccine Policy/Procedures implemented  <b>August 2022:</b> Standard med fridge labeling and layout  <b>January 2023:</b> Standard immunization training and competency assessments for all staff  <b>July 2022:</b> Open for Business Survey (above) includes med/immi inventory management launched Medication and Immunization Inventory Management Policy & Procedure		Most deliverables complete
		<b>March 2023:</b> Implement barcode scanners for clinic-administered medications and immunizations	Roll over to next year or standard work	Barcode scanners on hold due to multiple issues
<b>Credentialing Improvement</b>	Develop and implement a robust credentialing program for Other Licensed or Certified Healthcare Practitioners. This position will monitor competency programs to ensure patient safety and Health Center compliance.	<b>July 2022:</b> Develop new position description  <b>September 2022:</b> Onboard new credentialing Specialist	Deliverables complete	Completed mid year
<b>Contracts Management</b>	Develop quality assurance procedures with respect to contracted services: Language EPIC Imaging Quest Diagnostics	<b>July 2022:</b> Develop evaluation plan as it relates to billing for services vendor invoicing and verification of services with invoices.	Deliverables complete	Initial evaluation complete and improvements implemented. Continuous quality improvement on contracts work is ongoing.



# SUMMARIES



**community health  
center board**

*Multnomah County*

## Community Health Center Board (CHCB) Authority and Responsibility

As the governing board of the Multnomah County Health Center, the CHCB is responsible for revising and approving changes in the health centers scope; availability of services, site locations, and hours of operations; and operating budget. Reviewing and approving the submission of continuation, supplemental, and competitive grant applications is part of this review and approval process.

An approval to submit a grant application will allow for budget revisions during the application development process within and between approved budget categories up to 25 percent without CHCB approval. All budget revisions that exceed the cumulative 25% budget revision cap will be presented to the CHCB for a vote prior to grant submission. Upon Notice of Award, the budget approved by the funder will be presented to the CHCB for a final approval.

Please type or copy/paste your content in the white spaces below. When complete, please return/share the document with **Board Liaison, CHCB.Liaison@multco.us**

<b>Grant Title</b>	Oregon Reproductive Health Agency Grant 9/2023								
<b>This funding will support:</b> <i>Please add an "X" in the category that applies.</i>									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Current Operations</th> <th style="width: 33%;">Expanded Services or Capacity</th> <th style="width: 33%;">New Services</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">x</td> <td></td> <td></td> </tr> </tbody> </table>				Current Operations	Expanded Services or Capacity	New Services	x		
Current Operations	Expanded Services or Capacity	New Services							
x									
<b>Date of Presentation:</b>	10/9/2023	<b>Program / Area:</b>	ICS						
<b>Presenters:</b>	Charlene Maxwell								
<b>Project Title and Brief Description:</b>									
Oregon RH Agency Grant funding application to support the sustainability of reproductive health services.									
We have submitted an application for the following:									
<ol style="list-style-type: none"> <li>1. grant funding would be allocated the salary of the program specialist assigned to the RH program, whose salary is currently not directly supported by RH program revenue, thereby supporting the ongoing sustainability of the program.</li> <li>2.</li> </ol>									



**What need is this addressing?:**

1. Multnomah County Community Health Centers requests \$29,500 to support the salary of the Program Specialist Senior assigned to provide administrative support to the reproductive health program. This staff member's role is integral to the ongoing sustainability of the reproductive health program within the community health centers. The program specialist manages and organizes the administrative certification requirements of the RH program including arranging and tracking all staff required training, assisting with billing compliance and CVR data management and ensuring our program is prepared for triennial audits.
2. In 2022, the health centers calculated the number of staff hours required to maintain the program, staffing hours included those working in primary care and pharmacy. The total estimated annual hours was 4449, totaling \$56,760. These hours include completing annual required training for clinical and operational staff, maintaining the family planning medication inventory in pharmacy, reviewing and managing reproductive health related billing workqueues, screening clients for enrollment, enrolling clients, completing the client visit record. This estimate of hours does not include the hours of the reproductive health coordinator or program specialist assigned to the RH program. RH Client visit revenue has been allocated to offset this cost, rather than toward the salary of the Program Specialist Sr.

**What is the expected impact of this project? (#of patients, visits, staff, health outcomes, etc.)**

Ensuring reproductive health access to our clients who do not have another source of coverage, is an essential component to our mission as a community health center. While the program benefits our clients in a multitude of ways, program support is essential to meet the administrative requirements to maintain the program. If awarded, the grant funding would be allocated the salary of the program specialist assigned to the RH program, whose salary is currently not directly supported by RH program revenue, thereby supporting the ongoing sustainability of the program.



**What is the total amount requested: \$ 500K each, total 1 M**

*Please see attached budget*

\$29,500 to support the Program Specialist Senior assigned to provide programmatic support to the RH program.

**Expected Award Date and project/funding period:**

Date of award to March 31, 2024

**Briefly describe the outcome of a “YES” vote by the Board:**

*(Please be sure to also note any financial outcomes)*

If awarded, the grant funding would be allocated the salary of the program specialist assigned to the RH program, whose salary is currently not directly supported by RH program revenue, thereby supporting the ongoing sustainability of the program.

**Briefly describe the outcome of a “NO” vote or inaction by the Board:**

*(Please be sure to also note any financial outcomes)*

The salary of the program specialist would continue to be supported by clinic revenue, but time (FTE) dedicated to the reproductive health program may be reduced, thereby reducing support for the program.

**Related Change in Scopes Requests:**

*(only applicable in cases in which project will represent a change in the scope of health center services, sites, hours or target population)*

none

**Proposed Budget (when applicable)**

<b>Project Name:</b>		<b>Start/End Date:</b>	
	<b>Budgeted Amount</b>	<b>Comments</b> (Note any supplemental or matching funds)	<b>Total Budget</b>



<b>A. Personnel, Salaries and Fringe</b>			
<b>Position Title</b>	Program Specialist Senior- Medical Director's Office		
Position Description			
<b>Total Salaries, Wages and Fringe</b>			<b>25,439</b>
<b>B. Supplies</b>			
Description of supplies			
<b>Total Supplies</b>			
<b>C. Contract Costs</b>			
Contract description			
<b>Total Contractual</b>			
<b>D. Other Costs</b>			
Description of training and other costs			
<b>Total Other</b>			
<b>Total Direct Costs (A+B+C+D)</b>			
<b>Indirect Costs</b>			
<i>The FY 2018 Multnomah County Cost Allocation Plan has set the Health Department's indirect rate at 12.16% of Personnel Expenses (Salary and Fringe Benefits). The rate includes 2.69% for Central Services and 9.47% for Departmental. The Cost Allocation Plan is federally-approved.</i>			
<b>Total Indirect Costs (13.5% of A)</b>			<b>\$3,554</b>
<b>Total Project Costs (Direct + Indirect)</b>			<b>28,993</b>

	<b>Revenue</b>	<b>Comments</b> (Note any special conditions)	<b>Total Revenue</b>



<b>E. Direct Care Services and Visits</b>			
<b>Medicare</b>			
Description of service, # of visits			
<b>Medicaid</b>			
Description of service, # of visits			
<b>Self Pay</b>			
Description of service, # of visits			
<b>Other Third Party Payments</b>			
Description of Service, # of visits			
<b>Total Direct Care Revenue</b>			<b>None</b>
<b>F. Indirect and Incentive Awards</b>			
Description of special funding awards, quality payments or related indirect revenue sources	none		
Description of special funding awards, quality payments or related indirect revenue sources	none		
<b>Total Indirect Care and Incentive Revenue</b>			
<b>Total Anticipated Project Revenue (E+F)</b>		<b>None</b>	<b>None</b>



# Board Presentation Summary

Please type or copy/paste your content in the white spaces below.

<b>Presentation Title</b>	<b>ICS Dental Oral Health Equity Project Grant from CareOregon</b>			
<b>Type of Presentation: Please add an "X" in the categories that apply.</b>				
<b>Inform Only</b>	<b>Annual / Scheduled Process</b>	<b>New Proposal</b>	<b>Review &amp; Input</b>	<b>Inform &amp; Vote</b>
X	X			
<b>Date of Presentation:</b>	October 09, 2023	<b>Program / Area:</b>	Health Department Integrated Clinical Services Dental	
<b>Presenters:</b>	Jennifer Jako			
<b>Project Title and Brief Description:</b>				
<p>Strategic Oral Health Equity Project Update on Dental Community Health Workers, outreach, and Enhanced Function Dental Assistants training and recruitment.</p> <p>The Strategic Oral Health Equity Project, initiated in response to decreased engagement in dental care during the COVID 19 pandemic, aims to enhance oral healthcare outcomes, access, and engagement, especially among identified marginalized populations.</p>				
<b>Describe the current situation:</b>				
<p>Project is funded for Phase 1 and CareOregon investment will be renewed for Phase 2, a second and third year.</p> <p>Progress has been made in the hiring of a full Project outreach and education staff including Dental Community Health Workers, successful outreach to identified focus populations, and an active Expanded Function Dental Assistant training and recruitment plan to achieve EFDAs, who reflect the patient population we serve, is in progress. This EFDA program will also increase our capacity to serve the focus populations.</p>				
<b>Why is this project, process, system being implemented now?</b>				



The Covid 19 pandemic resulted in many patients disengaging from their dental care. This Project has been implemented to address dental health inequities and improve care for identified marginalized populations.

Reflecting a national shortage of medical and dental assistants, the County currently has many unfilled Enhanced Function Dental Assistant positions, causing strain on staff and limited capacity to provide care. The Project also funds the training and hiring of additional Enhanced Function Dental Assistants, which will equate additional capacity to serve these focus populations in our community in the future.

**Briefly describe the history of the project so far (*Please indicate any actions taken to address needs and cultures of diverse clients or steps taken to ensure fair representation in review and planning*):**

Many patients disengaged from dental care during The Covid 19 pandemic. Only approximately half of the assigned dental patient members remained engaged in dental care. Continually high no show rates, combined with ongoing staffing shortages resulted in a dire financial and quality outcomes picture.

With these issues identified, CareOregon made a strategic investment to ensure MCHD has the resources to make forward strides to improve the number of dental clients engaging in care and to increase the capacity to provide that care.

The Project's staff and Dental Community Health Workers will seek to:

- Increase patients age 0 14 receiving preventive services by 3% over 2022.
- Increase engagement in any dental service by 3% over 2022.
- Implement strategies to improve dental re care rates. This includes social media posts, postcards mailed and calls made to specific lists of patients, offering incentives for completed care appointments, promotion of dental health at community events, and working to reduce barriers to care.

The Strategic Oral Health Equity Project promotes social and racial justice. Actions taken to address needs and cultures of diverse clients and steps taken to ensure fair representation in review and planning:

- This project seeks to improve oral health disparities within the population our clinics serve.
- Generally speaking, children from marginalized communities tend to have poorer oral health indicators, so data has been collected to identify the populations we most urgently need to reach. One of our identified improvement areas is to engage more AA/Black children ages 6 14 in dental care, and specific strategies are underway to achieve this.
- Adults tend to seek dental care at a much lower rate this initiative seeks to improve that. We saw a particular drop in care in AA/Black patients living with diabetes, and we have prioritized reaching out to those clients as well.
- This project includes community based participation to help shape interventions to improve oral health outcomes.



- This project has incorporated meaningful language access as a measurable metric.
- The EFDA (Expanded Function Dental Assistants) recruitment is focused to encourage candidates from the patient populations our clinics serve.

**List any limits or parameters for the Board’s scope of influence and decision-making:**

N/A

N/A

**Which specific stakeholders or representative groups have been involved so far?**

CareOregon Administration  
 MCHD ICS Dental Leadership  
 MCHD EFDA Staff as well as other MCHD Dental Clinic Supervisors and Staff  
 Client Focus Group held at Rockwood Clinic to engage patient involvement

**Who are the area or subject matter experts for this project?  
*(Please provide a brief description of qualifications)***

SME, Project Sponsor:

Azma Ahmed, Dental Director [azma.ahmed@multco.us](mailto:azma.ahmed@multco.us)

Decision maker, consulted, informed, accountable, POC consideration

Project Manager:

Jennifer Jako, Project Manager, [jennifer.jako@multco.us](mailto:jennifer.jako@multco.us)

SME Aron Goffin (interim), Senior Specialist, [aron.goffin@multco.us](mailto:aron.goffin@multco.us)

Responsible for moving work forward, identifying risks, dependencies, issues

SMEProject Team Member

Daniel Martinez Tovar, Senior Manager, [daniel.martinez.tovar@multco.us](mailto:daniel.martinez.tovar@multco.us)

Lead on workforce improvement, decision maker, consulted, informed, accountable, POC consideration

SME, Dental Ops



Christian Thomson, Dental Program Manager, christian.thomson@multco.us

Decision maker, consulted, informed, responsible

SME, CSI/Epic

Trisha Penner, Business Process Consultant, trisha.s.penner@multco.us

Lead on Epic resources, responsible

SME, BI/Data/Reporting

Jonathan Salfen

Lead on data and reporting, responsible

SME, dental patients:

Dental Client Focus Group beginning Oct. 2023

Lived experience, knowledge of barriers to accessing care, BIPOC considerations

**What have been the recommendations so far?**

The main takeaway from stakeholders is that our Clinic capacity needs to be increased to improve access to care for all identified focus populations needing to re engage with or continue dental care at our Clinics. This Project provides a pathway to increase capacity through the training and hiring of EFDA staff to fill open positions, as well as other strategies.

The recently hired Dental Outreach Team is working to re engage the community in ways we have not had the capacity to do before and we are already seeing results: appointments scheduled and completed AND numbers improving.

**How was this material, project, process, or system selected from all the possible options?**

With reduction in patients accessing dental care services during quarantine, MCHD and CareOregon identified inequities in patient care rates and staffing shortages which determined the direction of the project goals.

Board Notes: