Community Health Council

Community Health Council Board Meeting Minutes
Date: Monday, March 12, 2018
Time: 6:00 PM
Location: McCoy Building, 10th Floor Conference Room

Approved: April 9, 2018 **Recorded by:** Anna Johnston

Attendance:

Board Members	Title	Y/N
Fabiola Arreola	Board Member	Y
Sue Burns	Member-at-Large	Y
Robyn Ellis	Board Member	Y
Tara Marshall	Chair	Y
Pedro Sandoval Prieto	Member-at-Large	Y
Wendy Shumway	Vice-Chair	Y
Iris Hodge	Board Member	Y
Staff	**Title**	**Y/N**
Vanetta Abdellatif	Interim Health Department Co-Director	Y
Adrienne Daniels	ICS Deputy Director	Y
Lucia Cabrejos	Interpreter, Passport to Languages	Y
Adrienne Daniels	ICS Deputy Director	Y
Dr. Marty Grasmeder	ICS Medical Director	Y
Anna Johnston	Community Health Council Meeting Support	Y
Ritchie Longoria	Director of Pharmacy and Lab Services	Y
Alexandra Lowell	Student Health Center Manager	Y
Mark Lewis	Interim Business Services Director	Y
Linda Niksich	Community Health Council Liaison	Y

Guests: David Aguayo, Tanya Cherones, Jon Cole, Joel De la Cruz, Susana Mendoza

Action Items:

- **Linda N will add Medicare/Medicaid Informational training to her list of Board Development Training Items**
- **Linda N will make the approved edits to the February Minutes and have the Chair sign them before being posted to the CHC webpage.**

Decisions:

- Approved the February 2018 Board Meeting Minutes

- Accepted the Licensing and credentialing report
- Accepted the Monthly Budget Report
- Approved the Scope Change Student Health Center Program
- Accepted the HRSA OSV Report
- Accepted the ICS/Strategic Plan updates
- Approved the CSA Partnerships for Health Funding Opportunity
- Accepted the Executive Committee Report

The meeting was called to order at 6:05pm by Chair, Tara Marshall.

The Meeting Ground Rules were presented by Vice-Chair, Wendy Shumway.

Noted that quorum was met.

February 2018 Meeting Minutes Review

Robyn E had a question about page 6 incorrectly noted Robin/Robyn at the bottom of the page and page 8 the total number aye in the middle of the page should be 7 and not 8.
ACTION ITEM: Linda will make the edits, have the chair sign and post on webpage.

No other questions or comments were raised by CHC members.

Motion by Wendy S to approve the February 2018 Meeting Minutes w/ noted edits on page 6 and 8.
Seconded by Pedro SP.
7 aye; 0 nay; 0 abstain
Motion carries

Licensing and Credentialing Update

Medical Director Marty Grasmeder reported that there are 2 new providers and 5 future staff members to join the provider team.

- A quarterly report is conducted on all providers and potential providers that includes an extensive check on providers including any malpractice cases.
- Marty updated on specific sites that have new providers in Mid County and Rockwood.

Question: Iris H asked if there was a focus on finding providers that can speak different languages?
Answer: Marty Grasmeder replied yes in fact they do value provider applicants that can speak languages other than English and also mentioned current providers at La

Clinica and various sites that speak multiple languages including one that speaks five languages. Marty G also mentioned the KSA language staff.

Question: Wendy S asked how many more providers are needed and at what clinics?
Answer: Marty G answered that most clinics are fully staffed with providers with the exception of NE and SE clinics.

Question: Tara M asked what was the average tenure for providers?
Answer: Marty G stated that many providers have 10 years or more tenure and there are many factors that influence how long providers stay with the county including their student loan payback timeline.

Question: Robyn E asked about the provider screening and how providers with medical malpractice cases are handled?
Answer: Marty G responded that if there is a hit from the database that a provider has a medical malpractice issue pending that they are usually aware of it already because the provider will inform them of the issue anticipating being screened for those.

No other questions or comments were raised by CHC members.

Motion by Sue B to accept the Licensing and Credentialing Update
Seconded by Robyn E.
6 aye; 0 nay; 1 abstain
Motion carries

The Budget Report through January 2018

Interim Director of Business Operations, Mark Lewis, reviewed the budget report. There was an increase in uninsured visits.
Question: Vanetta A asked when they will see the February numbers?
Answer: Mark L answered that they will have it sometime this week and ready to report next week.
Question: Wendy S asked if the uninsured visits increase was due to Family Care being dropped?
Answer: Mark L said that they haven't seen that trend yet.
Question: Robyn E asked the difference between Family Care and CareOregon?
Answer: Mark L said that they are both insurance payers for members.
Vanetta A mentioned that Family Care went away in January 2018 and that there is a

slight surplus of funds so far this fiscal year.
Question: Iris H asked if Mark L could explain where the surplus would have come from?
Answer: Mark L said that there was more revenue than expenses and Vanetta A mentioned it may have to do with timing.

No other questions or comments were raised by CHC members.

Motion by Iris H to accept the Budget Report
Seconded by Fabiola A
7 aye; 0 nay; 0 abstain
Motion carries

Scope Change: Student Health Center Program-Closure of K-8 Sites
Student Health Center Manager Alexandra Lowell said the K-8 and Middle Schools are underperforming and that there is a lack of demand for services at those sites. The scope change proposal includes a transition plan with the closing of school clinics and the opening of sites in East County.
Question: Iris H asked about the funding from the Robert Wood Johnson-1995 grant and what the timeframe for opening in the new proposed Reynolds and Gresham sites?
Answer: Alexandra L/Vanetta A said that the 1995 grant was only start up funding and the timeline for opening is winter 2020 for Reynolds and Spring 2020 for Gresham. The funding to transfer would be from state certification funds.
Question: Sue B asked if there was any discussion with the schools yet about the clinics reorganizing?
Answer: Alexandra L said that no, there has not been any communication yet and that the only communication to this point has been through the board. She also mentioned that there was a focus group last spring regarding how to generate demand and what more can be done.
Question: Wendy S asked what was learned from the focus group?
Answer: Alexandra L said they learned that some didn't know that the clinic's existed, limited access, and parents wanted culturally aware staff for clinics.
Question: Tara M asked if utilization was low?
Answer: Alexandra L answered yes it has been low and they have staff working on it.
Question: Robyn E asked if the new sites were High School or K-8?
Answer: Alexandra L said that they are High School sites that will serve K-12.
Question: Robyn E asked if there was an issue with consent in the K-8 sites that are remaining open?
Answer: Alexandra L said that the High School sites have performed better than

K-8/middle school sites and have higher rates of utilization.
Question: Robyn E asked what the age of consent was?
Answer: Vanetta A said that the age of consent is 15 above and that 14 and below needs parental consent. For mental health the age of consent is 14. For family planning, it is all ages.
Question: Sue B asked if the schools that are closing sites will be transferring students to the new site?
Answer: Vanetta A said yes; that if the vote is approved then they will have that conversation with the schools.

No other questions or comments were raised by CHC members.

Motion by Wendy S to approve the Scope Change
Seconded by Pedro SP
7 aye; 0 nay; 0 abstain
Motion carries

HRSA OSV Report
Vanetta A said that the Health Center did well in the HRSA Operational Site Visit (OSV) and that the report from the September OSV did not come back until January-February. Four out of 19 requirements were not met and they are working on responding to those items that were not met.
Items 1-6 were met. Item 7 regarding the sliding fee were not met. Items 8-12 were all met. Item 13-14 were not met regarding billing and collections. Vanetta also said that the requirement related to budget was not met.

Question: Fabiola A asked why the Mental Health Services does not report to Vanetta?
Answer: Vanetta A said that historically it has always been structured this way and that in 2005 the structure did change but that not every department is under her. She also said that they may be aligning soon.

Items 15 and 16 were met. Item 17 regarding Board authority was not met. Item 18-19 were met.

Question: Robyn E asked what was the time frame of getting the items remedied?
Answer: Vanetta A said they have 90 days to report back or plan another deadline and that they are due to report back May 11.

No other questions or comments were raised by CHC members.

Motion by Fabiola A to accept the HRSA OSV Report
Seconded by Pedro SP
7 aye; 0 nay; 0 abstain.
Motion carries

ICS/Strategic Plan and HD Updates
ICS Director and Co-Interim Health Department Director, Vanetta Abdellatif, provided ICS/Strategic Plan updates as they relate to the ICS Values.

Vanetta A mentioned that the board retreat would be Saturday June 16th.
The Family care transition is still ongoing.
Question: Wendy S asked if a brief presentation could be brought in front of the board on the difference between Medicaid and Medicare?
Answer: Vanetta A said yes that would be possible.
ACTION ITEM: Linda N will add this training to her list of Board Development Training Items

Vanetta A updated the board on the North Portland construction project that is scheduled to finish in June 2018. They will be closed one day for sewage wok on April 23rd.

Vanetta A gave updates about Joint Commission being on site all week and La Clinica being closed for the day due to a fire in the area.

Motion by Wendy S to accept the ICS Strategic Plan and HD Updates.
Seconded by Sue B
7 aye; 0 nay; 0 abstain.
Motion carries

CSA Partnerships for Health Funding Opportunity
Vanetta A proposed a funding opportunity to the board that would be a $10,500 grant for youth at La Clinica. The funding would support physical activities programs for youth at La Clinica. Wendy S mentioned she participated in a similar program in the past and was successful. Vanetta A clarified that this funding opportunity is to expand a program that is already in existence at SEHC and Mid-County HC.
Question: Sue B asked if they are still doing this program at SEHC and said that she enjoyed participating in it.
Answer: Vanetta A said that these programs are still going at SEHC and Mid-County.

No other questions or comments were raised by CHC members.

Motion by Fabiola A to approve the CSA Partnerships for Health Funding Opportunity.
Seconded by Wendy S
7 aye; 0 nay; 0 abstain.
Motion carries

Board development and training:

- The Council viewed a video about the History of the FQHCs, featuring Dr. Jack Geiger, Co-Founder of the Community Health Center movement.

Counsel Business

- Tara M announced that Teresita Lee resigned from the board on February 27th. We thank her for her service.

Nominating Committee Update:

- Has not met since last update.
- Tara M did address the guests about 3 meetings being required to be eligible for nomination, and if they want to inquire further to contact her or Linda Niksich.

Executive Committee Update:

- Tara M reported that the Executive Committee met on February 27th. they reviewed the minutes and crafted the agenda for tonight. They received a report out on the HRSA OSV. They previewed the video that was presented this evening on the History of FQHCs. Tara M announced that the Board Development Retreat is scheduled for June 16th. Tara M also stated that the Executive Committee did further discuss the questions and concerns that they would bring to the discussion tonight about the SHC Scope Change.

No questions or comments were raised by CHC members.

Motion by Wendy S to accept the Executive Committee Update.

Seconded by Pedro SP
aye; 7 nay; 0 abstain.
Motion carries

Member updates:

- Fabiola A and Pedro SP visited Franklin High School sites with Alexandra L and Linda N. They both said that it was a beautiful facility and they were very impressed with the staff and were happy to have Alexandra Lowell lead the tour for them.
- Linda N stated that Alexandra L has extended an invitation to the full council for a SHC tour, likely at the newly remodeled Roosevelt High School.

Meeting Evaluation:

- Wendy S said that the paella was great. Adrienne D thanked the Council for all of their questions. Sue B thanked Mark L for all of his reporting on the budget and anticipating questions from the board.

Meeting Adjourned at 7:56 pm.

Signed: _____ **Date:** 4/23/2018

Tara Marshall, Chair

Community Health Council
Public Meeting Agenda

Monday, March 12, 2018
6:00-8:00 pm
McCoy Building: 426 SW Stark St., 10th Floor

Community Health Council
Multnomah County Health Department

Integrated Clinical Services Mission: "Providing services that improve health and wellness for individuals, families, and our communities."

Our Meeting Process Focuses on the Governance of Community Health Centers
-Use Group Agreements (in English and Spanish) located on name tents
-Meetings are open to the public
-Guests are welcome to observe
-Use timekeeper to focus on agenda
-Use note cards for questions/comments outside of agenda items and for guest questions

Council Members
Fabiola Arreola; Sue Burns (Member-at-Large); Robyn Ellis; Iris Hodge; Tara Marshall (Chair); Pedro Sandoval Prieto (Member-at-Large); Wendy Shumway (Vice-Chair)

Item	Process/Who	Time	Desired Outcome
Call to Order/Welcome	• Call meeting to order; Chair, Tara Marshall • Introductions	6:00-6:05 (5 min)	Review meeting processes and agenda
Minutes **VOTE REQUIRED**	• Review and approve February CHC Public Meeting Minutes	6:05-6:10 (5 min)	Council votes to approve and Secretary/Treasurer signs for the record
Licensing and Credentialing Report **VOTE REQUIRED**	• Medical Director, Marty Grasmeder	6:10-6:20 (10 min)	Council discussion and vote to accept report
Budget Report **VOTE REQUIRED**	• Interim Director Business Operations, Mark Lewis	6:20-6:30 (10 min)	Council discussion and vote to accept report

Scope Change Student Health Center Program **VOTE REQUIRED**	• SHC Manager, Alexandra Lowell	6:30-6:50 (20 min)	Council discussion and vote to approve scope change
HRSA OSV Report **VOTE REQUIRED**	• ICS Director and Co-Interim Health Department Director, Vanetta Abdellatif	6:50-7:00 (10 min)	Council discussion and vote to approve report
BREAK	• All	7:00-7:10 (10 min)	Meet and greet
ICS/Strategic Plan UPdates and CSA Partnerships for Health Funding Opportunity **VOTES REQUIRED**	• Co-Interim Health Department Director, Vanetta Abdellatif • CSA Funding Opportunity	7:10-7:30 (20 min)	Council discussion and vote to accept update report Council discussion and vote to approve funding opportunity
Board Development and Training	• **Video:** Dr. Jack Geiger on the History of FQHCs	7:30-7:45 (15 min)	Council discussion
<u>Council Business</u> Executive Committee Report **VOTE REQUIRED**	• Chair, Tara Marshall • Exec Meeting Rescheduled to April 2nd	7:45-7:50 (5 min)	Vote to accept report
Member Updates	• Members may share **relevant** information with the Board	7:50-7:55 (5 min)	For example; volunteer/health advocacy opportunities
Meeting Evaluation	• Vice Chair, Wendy Shumway	7:55-8:00 (5 min)	Discuss what went well and make suggestions for improvement
Adjourn Meeting	• Chair, Tara Marshall	8:00	**Goodnight!**

Update:
Licensing and Credentialing

Dr. Marty Grasmeder,
ICS Medical Director

Staff Changes

Name	Clinic	Provider	Hire Date	Specialty
Dawn Mautner		MD	01/17/2018	Family Medicine
Emily Wineland		DDS	01/11/2019	DDS

Future Staff

Name	Clinic	Provider	Hire Date	Specialty
Maria Garibay		LCSW	1/23/2018	Clinical Srvc Spec
Candice Hunter		FNP	4/15/2018	FNP
Cailin Jarrell		FNP	5/1/2018	FNP
Diveet Kaur		MD	9/27/2018	MD
Luis Sanchez		FNP	3/1/2018	FNP

ReCredential Approval since December 2017

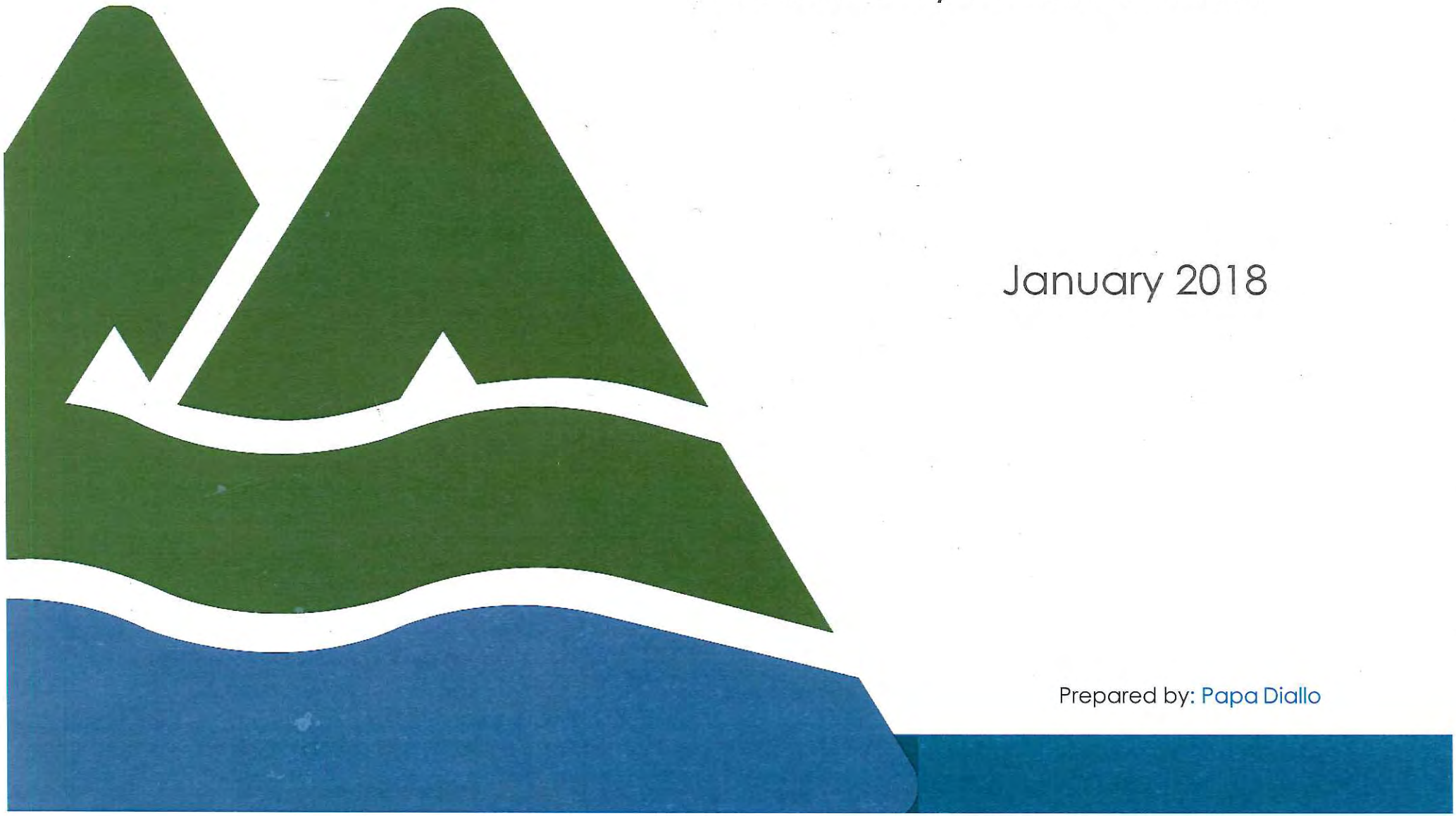
- Primary Care = 24
- School Based = 1
- Dental = 0

Recredential Applications submitted (not yet approved) since December 2017

- Primary Care = 2
- Dental = 0

Multnomah County Health Department

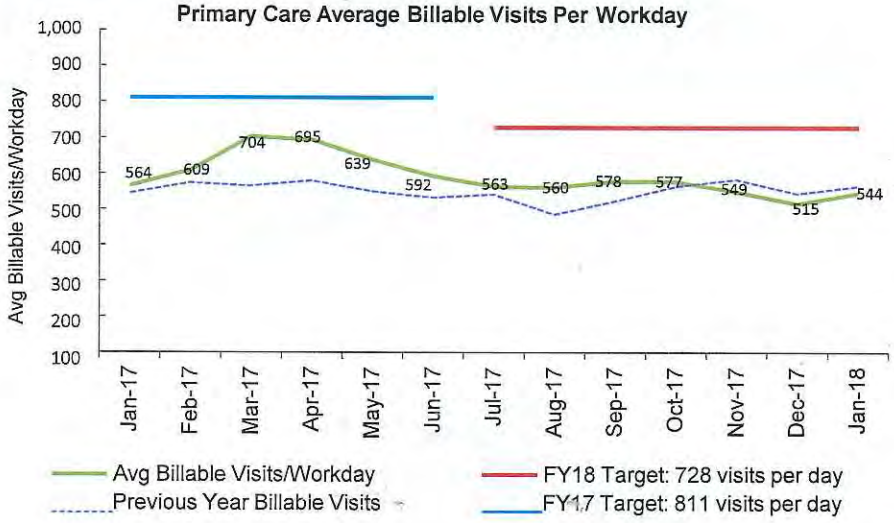
Community Health Centers

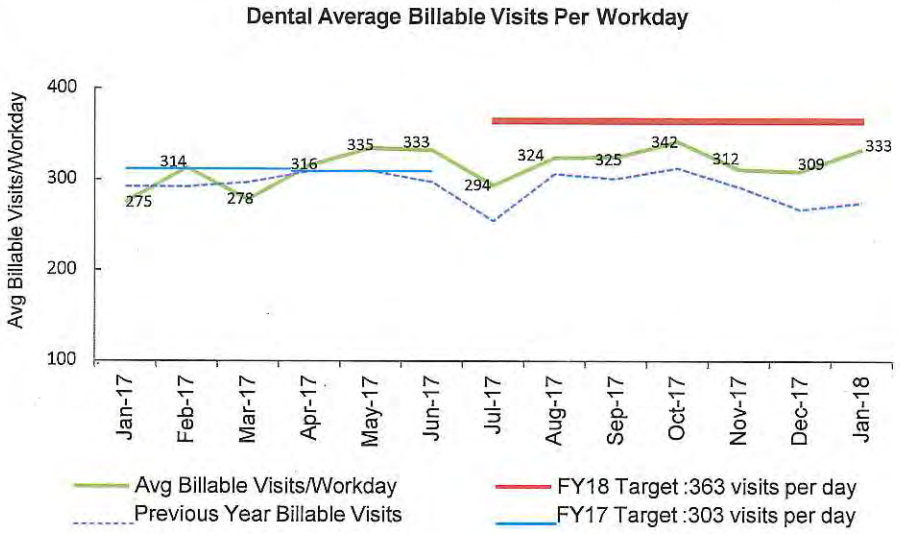


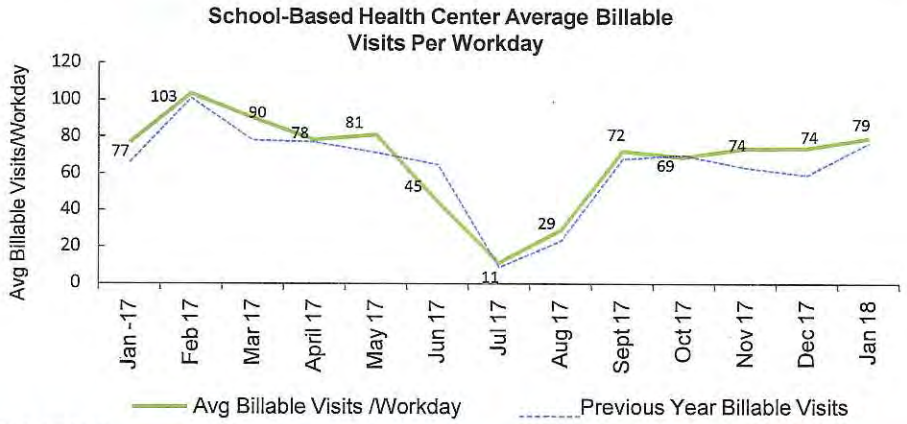
January 2018

Prepared by: Papa Diallo

Multnomah County Health Department
Weekly Billable Visits Per Department





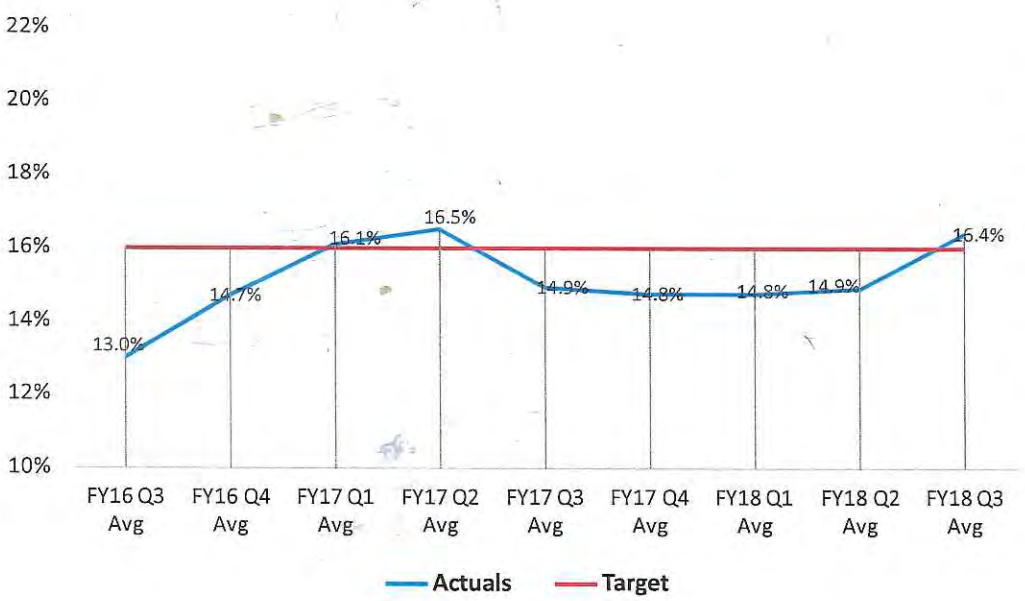


Notes: Primary Care and Dental visit counts are based on an average of days worked.
School Based Health Clinic visit counts are based on average days clinics are open and school is in session.

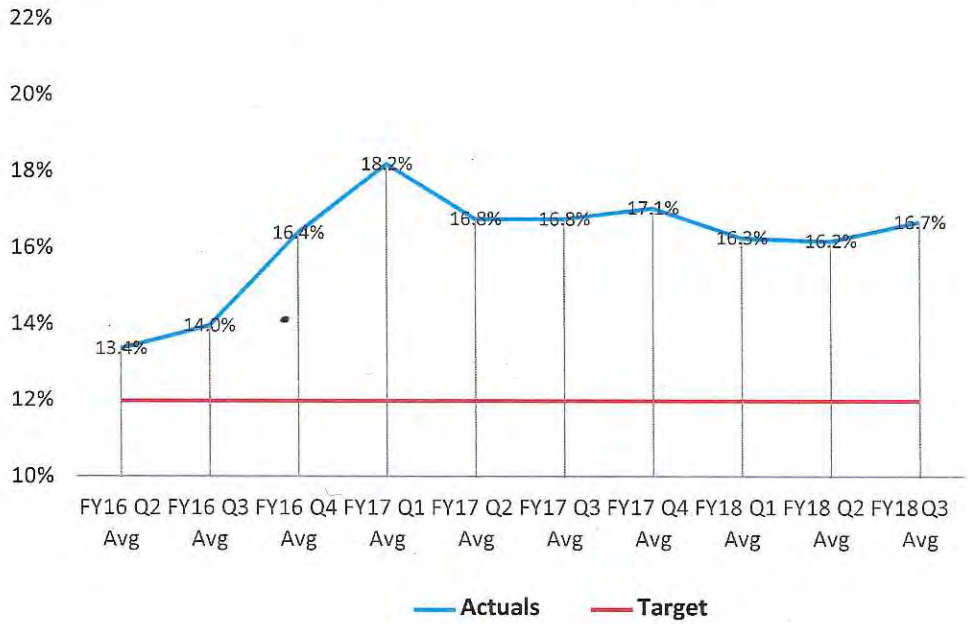
Multnomah County Health Department

Monthly Percentage of Uninsured Visits for ICS Primary Care Health Center

Percentage of Uninsured Visits in Primary Care



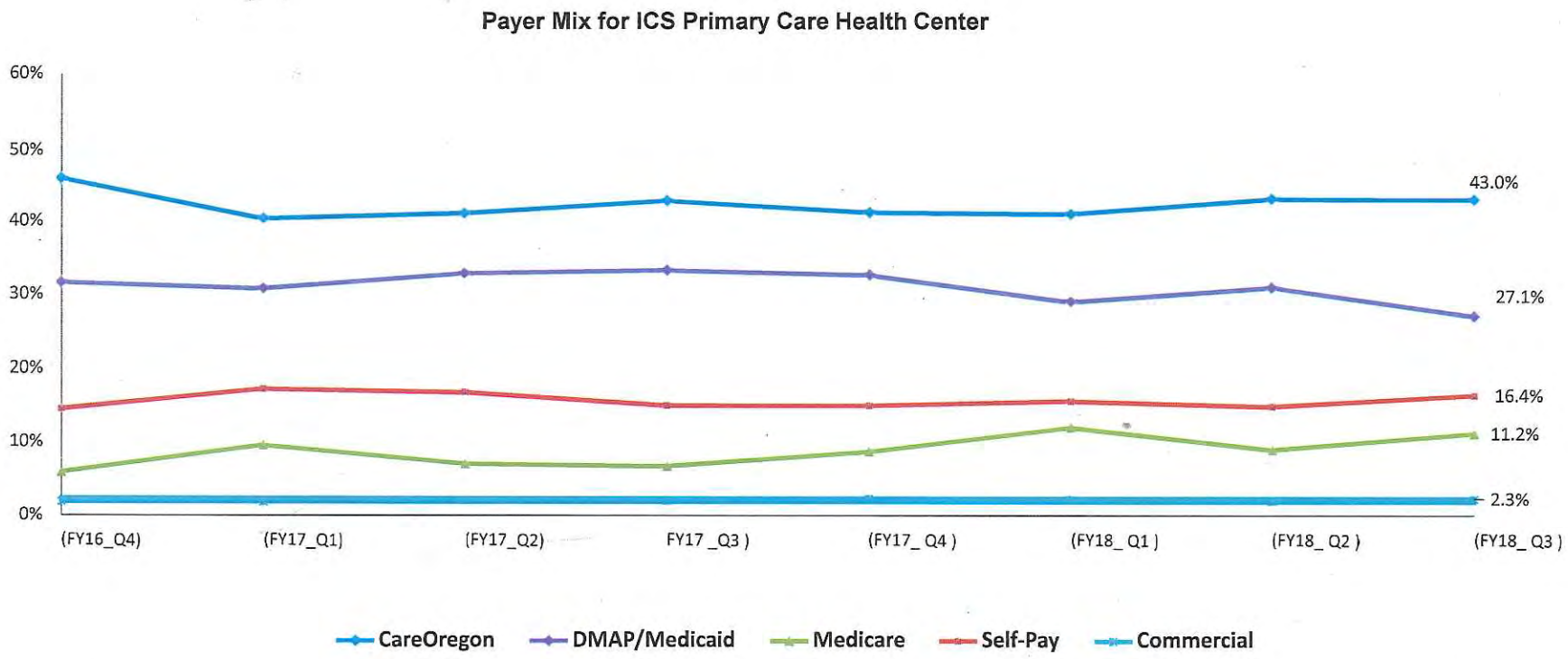
Percentage of Uninsured Visits in ICS Dental



Comments:
ICS Dental data shows a slight change between run dates with the amount of uninsured patients declining with each new week.
The reason for this is the Dental Clinics try to check insurance coverage two days prior to the appointment. If they are unable to establish insurance coverage a client is marked as self-pay. Once insurance is confirmed via the re-work self-pay report the status is then changed to reflect correct coverage.

Multnomah County Health Department

Monthly Percentage of Vists by Payer for Health Services Center

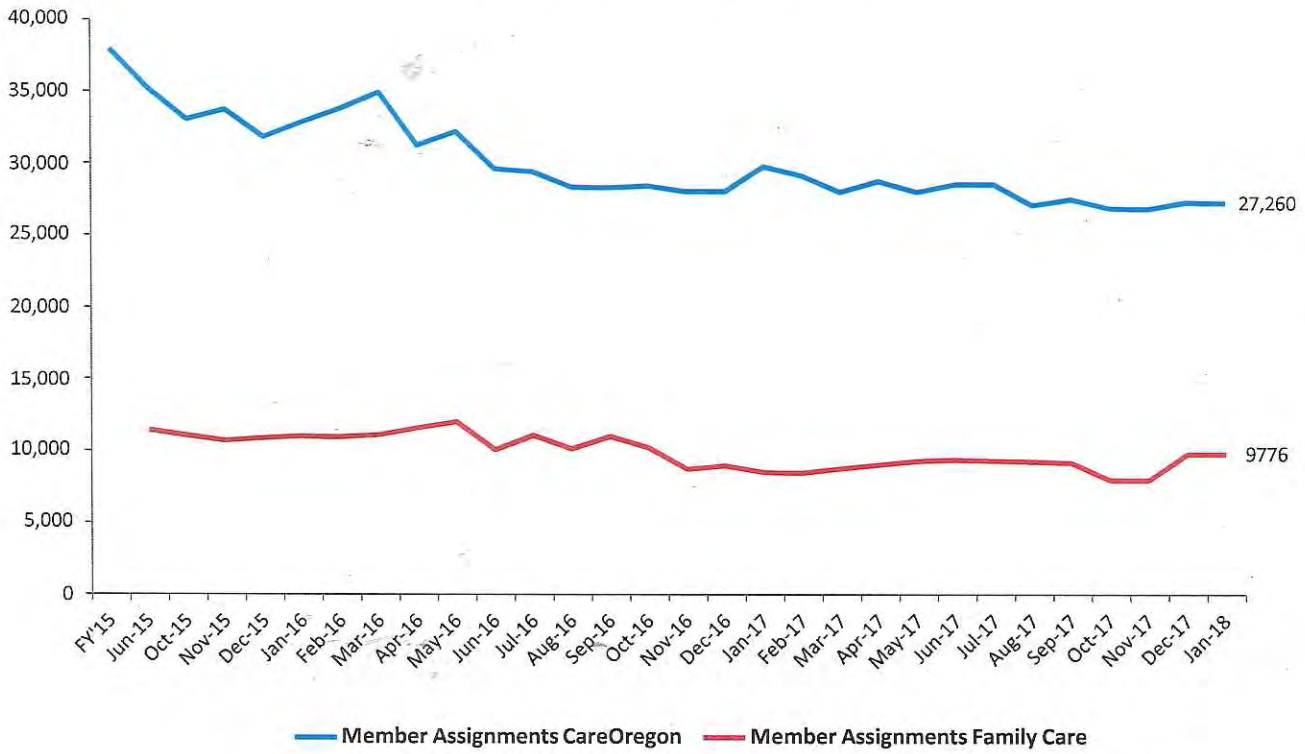


Notes: Payer Mix for Primary Care Health Service Center shows the percentage of patient visits per payer and per Quarter

Multnomah County Health Department

MCHD Primary Care CareOregon OHP & Family Care Member Assignments

Primary Care Member Assignments



Assigned PCP	CareOregon	FamilyCare
MCHD CENTENNIAL SCHOOL BASED CLINIC	4	
MCHD CESAR CHAVEZ SCHOOL BASED CLINIC	10	
MCHD CLEVELAND SCHOOL BASED CLINIC	4	
MCHD DAVID DOUGLAS SCHOOL BASED CLINIC	24	1
MCHD EAST COUNTY HEALTH CENTER	6,474	1,866
MCHD FRANKLIN SCHOOL BASED CLINIC	5	
MCHD GRANT SCHOOL BASED CLINIC	2	
MCHD HARRISON PARK SCHOOL BASED CLINIC	10	
MCHD HEALTH SERVICES CENTER	415	109
MCHD JEFFERSON SCHOOL BASED CLINIC	4	
MCHD LA CLINICA DE BUENA SALUD	1,109	276
MCHD LANE SCHOOL BASED CLINIC	3	
MCHD MADISON SCHOOL BASED CLINIC	10	
MCHD MID-COUNTY HEALTH CENTER	8,022	2,453
MCHD NORTH PORTLAND HEALTH CENTER	2,586	1,009
MCHD NORTHEAST HEALTH CENTER	3,902	1,357
MCHD PARKROSE SCHOOL BASED CLINIC	15	3
MCHD ROCKWOOD COMMUNITY HEALTH CENTER	2,716	1,616
MCHD ROOSEVELT SCHOOL BASED CLINIC	15	
MCHD SOUTHEAST HEALTH CENTER	1,930	952
Multnomah County Health Department		134
Grand Total	**27,260**	**9,776**

Notes:

FamilyCare FY17 average is 9,466

FamilyCare FY18 average is 8,616

CareOregon FY17 average is 28,561

CareOregon FY18 average is 27,351

Multnomah County Health Department
Community Health Centers: Financial Statement
For Period Ending January 2017

Community Health Centers - Page 1 — January Target: 58%

	Revised Budget	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Revenue							
General Fund	$ 5,912,269	$ 546,166	$ 537,811	$ 499,415	$ 511,418	$ 537,604	$ 553,374
Grants - BPHC	$ 9,557,198	$ -	$ -	$ -	$ 1,674,851	$ 839,677	$ 1,793,244
Grants - Incentives	$ 5,903,961	$ -	$ 120,749	$ 754,674	$ 1,579,331	$ 994,901	$ 2,158,618
Grants - All Other	$ 4,914,201	$ -	$ 291,825	$ 345,545	$ 456,837	$ 505,626	$ 706,797
Health Center Fees	$ 91,743,442	$ 6,958,089	$ 7,469,051	$ 7,520,606	$ 7,584,293	$ 8,270,340	$ 6,817,334
Self Pay Client Fees	$ 909,786	$ 86,287	$ 108,524	$ 82,488	$ 109,307	$ 91,564	$ 95,729
Total	$118,940,857	$ 7,590,542	$ 8,527,960	$ 9,202,728	$11,916,037	$11,239,712	$12,125,096
Expense							
Personnel	$ 77,084,758	$ 6,004,330	$ 6,917,202	$ 6,102,184	$ 5,861,741	$ 6,396,686	$ 5,954,438
Contracts	$ 2,347,826	$ 55,756	$ 293,303	$ 284,187	$ 270,815	$ 304,417	$ 229,617
Materials and Services	$ 17,206,493	$ 1,346,379	$ 1,132,461	$ 1,122,410	$ 1,482,379	$ 1,232,232	$ 1,245,577
Internal Services	$ 22,147,322	$ 1,192,466	$ 1,916,329	$ 1,907,025	$ 2,261,847	$ 1,832,303	$ 2,955,382
Capital Outlay	$ 154,458	$ 14,762	$ -	$ -	$ 6,095	$ -	$ -
Total	$118,940,857	$ 8,613,693	$10,259,295	$ 9,415,806	$ 9,882,877	$ 9,765,638	$10,385,014
Surplus/(Deficit)	$ -	$ (1,023,151)	$ (1,731,335)	$ (213,078)	$ 2,033,160	$ 1,474,074	$ 1,740,082

Note: Financial Statement for Fiscal Year 2018 (July 2017 - June 2018). Columns are blank/zero until the month is closed

Community Health Centers - Page 2

January Target: 58%

	Revised Budget	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Year to Date Total	% YTD
Revenue									
General Fund*	$ 5,912,269	$ 535,613	$ -	$ -	$ -	$ -	$ -	$ 3,721,401	63%
Grants - BPHC	$ 9,557,198	$ 858,784	$ -	$ -	$ -	$ -	$ -	$ 5,166,556	54%
Grants - Incentives	$ 5,903,961	$ 421,420	$ -	$ -	$ -	$ -	$ -	$ 6,029,693	102%
Grants - All Other	$ 4,914,201	$ 466,552	$ -	$ -	$ -	$ -	$ -	$ 2,773,182	56%
Health Center Fees	$ 91,743,442	$ 7,684,192	$ -	$ -	$ -	$ -	$ -	$ 52,303,905	57%
Self Pay Client Fees	$ 909,786	$ 94,503	$ -	$ -	$ -	$ -	$ -	$ 668,402	73%
Total	$118,940,857	$10,061,064	$ -	$ -	$ -	$ -	$ -	$ 70,663,139	59%
Expense									
Personnel	$ 77,084,758	$ 6,357,261	$ -	$ -	$ -	$ -	$ -	$ 43,593,842	57%
Contracts	$ 2,347,826	$ 151,362	$ -	$ -	$ -	$ -	$ -	$ 1,589,457	68%
Materials and Services	$ 17,206,493	$ 1,049,991	$ -	$ -	$ -	$ -	$ -	$ 8,611,429	50%
Internal Services	$ 22,147,322	$ 1,605,606	$ -	$ -	$ -	$ -	$ -	$ 13,670,958	62%
Capital Outlay	$ 154,458	$ -	$ -	$ -	$ -	$ -	$ -	$ 20,857	14%
Total	$118,940,857	$ 9,164,220	$ -	$ -	$ -	$ -	$ -	$ 67,486,543	57%
Surplus/(Deficit)**	$ -	$ 896,844	$ -	$ -	$ -	$ -	$ -	$ 3,176,596	

Note: Financial Statement for Fiscal Year 2018 (July 2017 - June 2018). Columns are blank/zero until the month is closed

Presentation Summary

(Closing Student Health Centers at K8s and Middle Schools in FY19 and FY20)

Inform Only	Annual/ Scheduled Process	New Proposal	Review & Input	Inform & Vote
				X

Date of Presentation: March 2018	Program / Area: Student Health Centers (SHC)
Presenters: Alexandra Lowell	
Project Title/Scope Change and Brief Description Improve health impact and sustainability of SHC program	
Describe the current situation: K8s and MS SHCs are underperforming because there is a lack of demand for services. This is in large part due to lower enrollments (in comparison to high schools) and consent laws which require parental involvement for medical care for youth 14 years old and under. At the same time, there is high need for SHCs in Reynolds and Gresham/Barlow school districts. It is important to assess performance of the K8 and MS SHCs and equitable resource allocation in East County.	
Why is this project, process, system being implemented now? Creating and maintaining a sustainable program while optimizing health impact require constant consideration. Reynolds and Gresham Barlow School districts are doing SHC planning this current fiscal year. It is important to determine how we can increase health impact and allocate resources equitably. The opportunity this creates is to allocate any remaining resources (after these closures) high need areas such as SHCs in East County	
Briefly describe the history of the project so far *(be sure to note any actions taken to address diverse client needs and cultures; to ensure fair representation in review and planning)* Initially, the MCHD SHCs were only in high schools. In 1995, the County secured funds from the Robert Wood Johnson Foundation, to explore the feasibility of student health centers in K8s and MSs. The County established four SHCs in lower income neighborhoods within the Portland Public School District. Over the years, these centers have not had the level of health impact as SHCs in high schools, making them less	

Presentation Summary

operationally efficient. In the meantime, as poverty has moved into East County these is an established need for services in Reynolds and Gresham/Barlow school districts.
List any limits or parameters for the Council's scope of influence and decision-making Co-Applicant Board/Community Health Council must approve changes in scope and/or siting of health centers, including student health centers.
Briefly describe the outcome of a "YES" vote by the Council *(be sure to also note any financial outcomes)* *A YES vote will:* 1) Close Harrison Park and Lane SHCs at the end of this school year (June 2018) and Cesar Chavez and George SHCs at the end the 2019 school year (June 2019).
Briefly describe the outcome of a "NO" vote or inaction by the Council *(be sure to also note any financial outcomes)* A *NO* vote will not allow closures of the K8s and MSs and will maintain these lower performing student health centers.
Which specific stakeholders or representative groups have been involved so far? The Community Health Council County Chair Kafoury & Commissioners Stegmann, Vega-Pederson, Meireran and Smith
Who are the area or subject matter experts for this project? *(& brief description of qualifications)* • Alexandra Lowell, SHC Program Manager
What have been the recommendations so far? To develop a plan to close K8s and MS SHCs and reallocate funds for SHCs in East County school districts. Complete planning process with Reynolds and Gresham/Barlow School Districts.
How was this material, project, process, or system selected from all the possible options? A review of various reports demonstrating SHC performance trends, SHC management discussions, ICS leadership discussions, and Reynolds and Gresham Barlow SHC planning steering committee meetings.

Council Notes:

Multnomah County HRSA Operational Site Visit Update
Visit Dates: September 12-14, 2017
Report Date: February 11, 2018

What is HRSA?

- The Health Resources and Services Administration (HRSA) oversees funding for all community health centers in the United States. Our health clinics participate in the community health center program.
- Each year, HRSA provides Multnomah County with over $9.5M to cover health services for the uninsured and underinsured. This funding helps offset the cost of care, thus increasing access to care.

Why did we have a site visit?

- HRSA requires all recipients of grant funding to have a site visit every three years. We had our previous site visit in June of 2014.
- Our 2017 site visit consisted of clinic tours, document review, and staff interviews to learn about our policies and ensure compliance with the community health center program.

What were the findings?

- HRSA evaluates health centers on 19 different mandatory program requirements across three areas: governance, financial stability, and clinical excellence. On average, 7-10 areas are found to be out of compliance for most health centers.
- Our OSV team found 15 out of 19 areas to be "met" for Multnomah County - this is a very strong performance!
- Our senior leadership team will create action plans to implement changes across the four non-met areas. The CHC may need to approve or provide feedback on some of these areas.

HRSA OSV 19 Program Requirements
2017 Findings for Multnomah County

Health Center Requirement	Notes
1. Needs Assessment • The health center identifies the needs of the "service area" (Multnomah County)	
2. Required and Additional Services • The health center provides required primary care, dental, and pharmacy services	
3. Staffing • Core staff are hired and available to serve patients	
4. Accessible Hours of Operation / Locations • Locations are appropriate for the patient population and are approved by the Board	
5. After hours coverage • Patients can access urgent care and emergency care when the health center is closed	
6. Hospital Admitting Privileges and Continuum of Care • Health centers collaborate with local hospitals to ensure care continuity	
7. Sliding Fee Discounts • Patients are offered care on a sliding fee scale • The poorest patients receive the biggest discount	
8. Quality Improvement and Assurance • Procedures are in place to evaluate and assure high care quality	
9. Key Management Staff • Executive positions oversee the health center	
10. Contractual/Affiliation Agreements • Strong internal controls exist to monitor purchasing and contracts	
11. Collaborative Relationships • Health centers collaborate with other health organizations to deliver care to	

patients	
12. Financial Management and Control • Internal controls and generally accepted accounting principles are used	
13. Billing and Collections • Health centers maintain a competitive market rate for services	
14. Budget • All services and staff are identified by the operating budget, as approved by the Board	
15. Program Data Reporting Systems • Systems are in place to collect information about services and patients	
16. Scope of Project • Forms submitted to HRSA match services and contracts	
17. Board Authority • Board oversees budget allocations, evaluates the CEO, and has authority over the health center	
18. Board Composition • At least 51% of the board are active patients who are representative of the health center population	
19. Conflict of Interest • The health center tracks and identifies conflict of interest for staff and board members	

The OSV Team also identified two best practices of the Multnomah County Health Center:

1. Welcoming signage and culture for patients who do not speak English - the consultants cited signage in multiple languages and displayed in attractive formats throughout all clinic areas.
2. Dental Sealants in Schools - the consultants acknowledged the school dental sealant program as a best practice to serve low income students.

Community Health Council

Multnomah County Health Department

Presentation Summary

Funding Opportunity : CSA Partnerships for Health

Community Health Council (CHC) Authority and Responsibility
As the governing board of the Multnomah County Health Center, the CHC is responsible for approving changes in the health centers scope and availability of services, site locations, and hours of operations. The CHC must also review and approve the Health Center's budget and applications for continued or additional grant funding.

Date of Presentation: 2018-03-12	Program / Service Area: Primary Care		
Presenters: Vanetta Abdellatif			
This funding will support:	☐ Current Operations	X Expanded services or capacity	☐New services

Project Title and Brief Description:

CSA Partnerships for Health

Clients at the North Portland Health Center, Mid County Health Center and La Clinica de Buena Salud pick up weekly deliveries of vegetables, each patient paying $22 a month for the organic produce grown at area farms. The community supported agriculture — or CSA — Partnerships for Health program is subsidized with support from Zenger Farm, Providence Health & Services, Kaiser Permanente and its Healthy Eating Active Living program, the Oregon Health & Science University Knight Cancer Institute, Portland State University, Bob's Red Mill,

Wholesome Wave, Village Gardens, Portland Fruit Tree Project, and Active Children Portland. Now in its third year, the county-farm partnership serves more than 100 households at four county clinics.

The health center has been offered the opportunity to lead the physical activity component of the CSA program. In addition to improving nutrition, the project will promote physical activity among children impacted by Obesity. Clients will participate in the CSA program, nutrition and cooking workshops, and a community health worker will enroll clients in after school and/or lead physical activities.

What need is this addressing?

- Compared to wealthier neighborhoods, low-income neighborhoods and communities of color have more convenience stores and fast-food restaurants, and fewer grocery stores with a smaller selection of produce, research has found.
- "What we're recognizing is that much chronic disease is related to upstream issues, otherwise known as social determinants of health," says Dr. Peter Mahr, a family physician at Multnomah County's Southeast Health Center. "More and more, people are recognizing that the social environment, transportation, housing, and income inequality have much more impact on people's health than what we do day-to-day at a primary care clinic."
- Low-income neighborhoods experience higher rates of obesity and chronic disease such as diabetes.

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

- 20 youth in the program at La Clinica
- The proposed funding would support a community health worker for 4 hours (0.1 FTE) a week.

What is the total amount requested: **$10,500**
Please see attached budget

Expected Award Date and project/funding period: 2018

Briefly describe the outcome of a "YES" vote by the Council *(be sure to also note any financial outcomes)*

Community Health Council

Multnomah County Health Department

Presentation Summary

A yes vote will allow the health center to pursue this funding opportunity. Funding will allow a community health worker to lead the physical activity component of the program.
Briefly describe the outcome of a "NO" vote or inaction by the Council *(be sure to also note any financial outcomes)* A no vote will prevent the health center from pursuing this funding opportunity. The health center would not lead the physical activity component of 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)*

Proposed Budget

CSA Program - Physical Activity Component

	Budgeted Amount	Comments (Note any supplemental or matching funds)	Total Budget
A. Personnel, Salaries and Fringe			
Community Health Worker (CHW)	$8,068		$8,068
Lead the physical activity component of the CSA Program, including holding classes and recruiting and enrollment.			
Total Salaries, Wages and Fringe	**$8,068**		**$8,068**
B. Supplies			
Supplies for physical activities.	$700		$700
Total Supplies	**$700**		**$700**
C. Travel			
CHW Travel to and from La Clinica	$700		$700
Total Travel	**$700**		**$700**
D. Other Costs			
None	$0		$0
Total Other	**$0**		**$0**
Total Direct Costs (A+B+C+D)	**$9,468**		**$9,468**
Indirect Costs			
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.			
Total Indirect Costs (12.16% of A)	**$1,017**		**$1,017**
Total Project Costs (Direct + Indirect)	**$10,485**		**$10,485**