Community Health Council

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

Approved: **Recorded by:** Jordana Sardo

Attendance:

Board Members	Title	Y/N
David Aguayo	Board Member	Y
Fabiola Arreola	Member-at-Large	Y
Sue Burns	Vice Chair	Y
Jon Cole	Member-at-Large	Y
Robyn Ellis	Board Member	Y
Tara Marshall	Chair	N
Pedro Sandoval Prieto	Secretary/Treasurer	Y
Wendy Shumway	Board Member	N
Iris Hodge	Board Member	Y
Staff	**Title**	**Y/N**
Vanetta Abdellatif	Interim Health Department Co-Director	Y
Len Barozzini	Dental Director	Y
Lucia Cabrejos	Interpreter, Passport to Languages	Y
Adrienne Daniels	ICS Deputy Director	Y
Marty Grasmeder	Medical Director	Y
Mark Lewis	Interim Business Services Director	Y
Ritchie Longoria	Director of Pharmacy and Lab Services	Y
Linda Niksich	Community Health Council Liaison	Y
Christine Palermo	Dental Program Manager	Y
Jordana Sardo	Executive Specialist	Y

Guests: Debrah Abney (Board Candidate), Susana Mendoza (Board Candidate), Harold Odhiambo (Former Chair), Jon Castillo (Dental Operations Supervisor-ECHC), Fran Davison (Auditor's Office), Joanne Buck, Marcus Cooksey, Justine Kuunifaa, Michelle Chan, Emily Marx, Rachel Collins, Cathy Olsen-Dennis, Brian Howard.

Action Items:

- Mark will have two months of budgets for the next meeting.

Decisions:

- Approved August 2018 meeting minutes
- Approved the Licensing and Credentialing Report
- Approved the Dental Capital Expansion
- Accept the Dental Saturdays Report
- Accepted the Bylaws Update

The meeting was called to order at 6:10pm by Vice Chair, Sue Burns.

The Meeting Ground Rules were presented by Vice Chair, Sue Burns.

Noted that quorum was met.

August 2018 Meeting Minutes Review
(See Document - August 2018 CHC Meeting Minutes)

No questions or comments were raised by CHC members.

Motion by Jon to approve the August 2018 Meeting Minutes.
Seconded by Iris.
6 aye; 0 nay; 1 abstain
Motion carries

Licensing and Credentialing Report

Marty Grasmeder, ICS Medical Director, reported on staff changes. Monica Gulley will be at MidCounty, Adam Haverran and Jacqueline Webb are on-call providers. There is now a solid pool of on-call providers. MCHD has a contract with OHSU to provide OB/GYN services. The on-call staff are multilingual. SEHC is fully staffed. He shared expanding treatment for opioid addiction services. Marty was very enthusiastic by the new providers coming on board.

Questions and comments raised by CHC members:

- *Iris asked Marty to explain what an on-call physician does. Marty explained that we currently have 10 providers on an hourly schedule. They typically work one day a month or once a week on a rotational basis. They cover various vacancies so that clients are not impacted by vacations, training, sick time, or retirements for regular physicians. It's one way to improve services for clients so that services are consistent. Kate Lee coordinates their recruitment.*

- *Vanetta added that the use of on-call physicians is not driven by saving dollars. Instead, they allow for flexibility without reducing access to services. They go where the need is. Vacancies can take a year to fill, so on-call physicians bridge that time gap.*

Motion by David to approve the Licensing and Credentialing Report.
Seconded by Fabiola.
7 aye; 0 nay; 0 abstain
Motion carries

Dental Capital Expansion
(See Document - Mid-County Dental Capital Expansion)

Len Barozzini, ICS Dental Director, reported that $150,000 in grant funds are available from CareOregon to add an operatory chair at Mid-County Dental. This expansion would allow us to provide 2500-3500 more visits a year. MCHC is very busy. Construction would start early February, late January. It would allow us to hire 1 FT Dentist, and a FT or PT hygienist. Could accommodate 3500 patients.

Questions and comments raised by CHC members:

- *Iris asked whether this is a bandaid or should we be looking for a longer-term fix to meet the growing need for dental services in this area?*
- *Len replied that this addition would address the growing demand for 2-4 years in that location.*

Motion by Iris to approve the Dental Capital Expansion.
Seconded by Pedro.
7 aye; 0 nay; 0 abstain
Motion carries

Monthly Budget Report
(No report)

Mark Lewis, Interim Director of Business Operations, shared that the county is going through Multco Align testing and the monthly budget reports for July and August will be ready to go by next meeting. He shared that the drivers for internal services rates fall into major categories like facilities, IT, data processing, central HR. Indirect drivers are mail, records, fleet motor pool, in order of expenses. The Multco Align system will improve HR and systems within the county.

HR business operations, telecommunications, mail distributions; records retention, archive and retrieval. The fleet is assigned to Health Dept. and motor pool usage.

The graph breaks down data amongst actual and percentage of expenses.

Questions and comments raised by CHC members:

- David wondered what was meant by "other projects."
- Mark explained that these are actual costs that are tied to end of year financials.

Mark will have two months of budgets for the next meeting.

No other questions or comments were raised by CHC members.

No motion due to no report

Dental Saturdays
(See Document - Increasing Dental Saturday Clinics)

Christine Palermo, Dental Program Manager, explained that we are looking to increase flexibility at five clinics from October through December 2018 to help meet CareOregon metrics. We receive data for previous, current state and where projected. We need flexibility, once we get the data, to open on Saturdays. How it works at other clinics is dentists volunteer to work the open Saturday clinics. Metrics reflect sealants, "21 and over", and other measurements of services and demographics. We are falling short, although August data is not in yet. We are behind on "21 and over". We are asking for flexibility to open clinics on Saturdays based on data received. A "yes" vote means more potential to meet our quality metrics goals which may result in $1 million more in funding. Last year, we met all 12 metrics. It also allows for the ability to have access, and approval to conditionally open clinics on Saturdays.
A "no" vote means we may risk not meeting metrics and may lose quality funds.

Questions or comments raised by CHC members:

- *David asked if there is more than one clinic open on Saturdays and are there additional costs incurred?*
- *Christine explained that shifts will be paid. A cost benefit analysis that includes expenses for security, janitorial, etc, reflected a surplus from those visits. The "no show" rate is 5% for Saturday visits*

- *Pedro wondered which clinics would be open?*
- *Christine shared that many clinics based on data that we get from CareOregon for dental services are on track, such as Rockwood. But if data reflects we're falling behind, then the dental clinic would open on Saturdays. Mid-County is already open on Saturdays.*
- *Iris wondered why the metrics are not being met or what are the barriers?*
- *Len explained that we don't get the definition of dental metrics until April of the calendar year. So the target for January-April can lag behind when the data report comines in. There's a shift when the definitions are released.*

Motion by Jon to accept the Dental Saturdays Report
Seconded by David
7 aye; 0 nay; 0 abstain
Motion carries

Break for 10 minutes...

Bylaws Update
(See Document - Community Health Council BYLAWS effective September 2018)

The Bylaws Updating Committee is composed of Tara, Sue and Wendy. The Bylaws are reviewed at least every 2 years.

Linda Niksich, CHC Liaison, reviewed the proposed changes to the Bylaws, highlighted in yellow on the document. Every two years, we make sure the Bylaws mirror the CHC activities and that the CHC activities mirror the Bylaws.

- *Page 5 -- added new definitions required by HRSA and added impeachment definition;*
- *Page 6 -- added definition for succession planning; Article 3: added and updated language around what the council shall support and the mission and vision;*
- *Page 8 -- bottom, Article 4; revamped definition of consumers, and must have received services within 24 months;*
- *Page 9 -- add to first paragraph ethnicity and gender; added mental ability to consumer definition to clarify considerations when recruiting new members and addressing the needs of a special population;*
- *Page 10 -- we do have a special population that we represent, and we need to have a representative from the homeless population, which can also be someone who has worked with homeless population; clarified health care*

provider definition because of board member composition; HRSA allows us to define that;

- *Page 11 -- clarification because the nomination process was missing from the Bylaws; so it now mirrors what we do, such as attend three meetings; second to last paragraph, if applicants are denied membership to the council, they are not eligible for one year from time of the denial letter. We also added a probationary period for the first 12 months of term.*
- *Page 12 -- Article 8: explains that terms are three years and they are staggered January to January. In 2nd to last paragraph, after member completes their second term, they need to step away for a year. This standard practice is now in the Bylaws; Also added some language that if an executive committee officer's term date is in the middle of term, they can request an extension to finish the term;*
- *Page 13 -- continues term language. After a one year break, former member may apply as a new member; Article 9: concerns board member removal. Changed this to impeachment to take this service seriously; if a board member displays behavior that would be a cause for impeachment, the issue is brought to the Executive Committee. It explains the process and lists some things that could result in impeachment. Article 10: addresses Leaves; added language to give Executive Committee authority over this and the removal of board members on a case by case basis; Article 11: focuses on conflict of interest; if it is undeclared it is cause for impeachment;*
- *Page 15 -- Explains how a roll call vote works. It is used in some situations. The chair calls everyone to hear their vote. For open meetings, we must have written instructions that the public may attend but not speak, unless there is time. They cannot vote or make motions;*
- *Page 17 -- Outlines what another council member can do to identify a conflict of interest of another council member; Article 17 addresses closed sessions to make sure we use language in public oregon public meeting law, closed session law; cited about closed decisions on certain matters;*
- *Page 18 -- This section explains how the Executive Committee operates, that it is a closed meeting. The Executive Committee can discuss and decide issues, but cannot take action;*
- *Page 19 -- Added language here to the nomination and election of Executive Committee members, that their terms are staggered. We need to implement this. Addition language outlines the process for running for an Executive Committee position;*
- *Page 20 -- We had a succession plan for Executive Committee members. If the Chair can no longer serve, the Vice Chair will succeed. HRSA recommended that the combined Secretary-Treasurer position be separated into 2 positions;*
- *Page 22 -- Article 15: Ad Hoc Committee. We added language per HRSA's*

permission to create a committee outside the board. It would make recommendations to the Executive Committee for approval; we added standing committees, finance committee, and quality committee; these will meet at least three times a year;

- *Page 23 -- This added language that the Chair will appoint a chairperson of the ad hoc and standing committees and will fill vacancies; there is additional language that came directly out of the Co-Applicant Agreement; the county attorney recommended that we cut and paste this in so the language is the same;*
- *Page 27 -- Dissolution clause: HRSA reminded us that we needed this. In the event the CHC dissolves, the Multnomah County Health Department and Multnomah County Commissioners will absorb the assets;*

Linda has kept running a list of suggested changes over last 2 years.

Questions or comments raised by CHC members:

- Sue thought the work of the committee helped the Bylaws make sense and fill gaps.
- Pedro shared that in the years he has been part of this committee, the bylaws changes are good and so clear. He appreciated the clarification and clarity of member rights.
- Robyn appreciated all the work that went into this document. It's a good foundation.

No other questions or comments were raised by CHC members.

Motion by Jon to accept the Bylaws Update
Seconded by Fabiola
7 aye; 0 nay; 0 abstain
Motion carries

ICS/Strategic Plan Updates

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

Person centric: The clinics have started using MyChart which is an epicure system that allows clients to message providers, look at lab results, and view their medical record. As an Epic member, our goal as a large organization is over 200k visits. We had 270K or 25% minimum active MyChart users. Some clients are struggling with getting started. So, this summer, we engaged with students in Summerworks to train and

increase MyChart activation. They increased 1.4% in 1 month! Previously we had seen .4 percent increase. The students made a great difference. We will incorporate an opt out option in the future;

We were awarded the Ryan White grant! This provides $150,000 for one year to fund programs for HIV care intervention, counseling, and to develop an intimate partner violence resource, referral system, and improve intimate partner violence health outcomes. The time period is August 1, 2018 through July 31, 2019.

Questions or comments raised by CHC members:

- Pedro inquired whether the program only covers patients or includes the domestic partner?
- Vanetta replied that the whole family get services. We'll get more information from Toni in 6 months.

National Health Center Week: Had a great event at the re-opening of the North Portland Health Center (NPHC). Every second week in August, FQHCs celebrate the work we do, get legislative representatives to see the work, and host a health fair. In 2001, the NPHC received one million dollars from the Federal government to remodel. The health center also received $1.8 million from the County for dental improvements and equipment, but that money was used to finish the remodel. We did presentations, welcomed the community to the clinic, and presented an award to Representative Tina Kotek for her advocacy.

Engaged workforce: The Dental program is hosting an All Staff meeting tomorrow. Thursday there is the Primary Care All Staff meeting, which they haven't done in three years. There are a lot of new polices, new learnings, mission moments, and bright spots.

Fiscal: The Co-Applicant Agreement, MOA was signed August 16 and accepted by HRSA. The conditions were removed in time for the grant competition. The MOA spelled out how the FQHC operates. HRSA said we had to write down our processes, not operate based on a handshake.

Questions or comments raised by CHC members:

- *Iris appreciated that youth from the Summerworks program were utilized. We should do more to help them learn more about this work.*
- *Vanetta replied they were an amazing group of youth.*

Motion by Robyn to accept the ICS Strategic Plan Update.
Seconded by Iris

7 aye; 0 nay; 0 abstain.
Motion carries

Council Business: Committee Reports

Nominating Committee Update:

- Has not met since the last update; meeting scheduled for Wednesday. Will have update at October meeting.

- Reminder to guests that they must attend 3 meetings to be eligible for CHC membership. Interested parties should contact Tara or Linda for more information on board membership.

  No questions or comments were raised by CHC members.

Executive Committee Update:

- Met August 27 for final prep for NHCW and grand reopening of NPHC. Chose tonight's icebreaker based on the retreat and building relationship with each other and staff. Tonight's agenda was crafted. One of the HRSA mandates is to conduct an Executive Director evaluation. A survey will be distributed in October;

  No questions or comments were raised by CHC members.

  Motion by Robyn to accept the Committee Updates.
  Seconded by Pedro
  7 aye; 0 nay; 0 abstain.
  Motion carries

Member Updates:

Meeting Evaluation:

- Sue did a great job as chair
- Bylaw presentation very good, analysis of hours of work
- Sue, we know you were at conference,would like to hear about it. Update at next meeting; October agenda,
- Food very good
- Thanked guests

Meeting Adjourned at 8:01 pm.

Signed: Pedro Sandoval Prieto **Date:** 10-22-2018

Pedro Sandoval Prieto, Secretary

Community Health Council
Public Meeting Agenda

Monday, September 10, 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 Dave Aguayo; Fabiola Arreola (Member-at-Large); Sue Burns (Vice-Chair); Jon Cole (Member-at-Large); Robyn Ellis; Iris Hodge; Tara Marshall (Chair); Pedro Sandoval Prieto (Secretary/Treasurer); Wendy Shumway

Item	Process/Who	Time	Desired Outcome
Call to Order/Welcome Ice-Breaker Introductions	• Vice Chair, Sue Burns • Ice-Breaker and Introductions	6:00-6:10 (10 min)	All attendees introduce themselves Review processes
Minutes **VOTE REQUIRED**	• Review and approve August CHC Minutes	6:10-6:15 (5 min)	Council votes to approve and Chair signs for the record
Licensing and Credentialing Report **VOTE REQUIRED**	• ICS Medical Director, Marty Grasmeder	6:15-6:25 (10 min)	Council discussion and vote to accept report
Dental Capital Expansion **VOTE REQUIRED**	• Dental Director, Len Barozzini	6:25-6:35 (10 min)	Council discussion and vote to approve
Monthly Budget Report **VOTE REQUIRED**	• Interim Director of Business Operations, Mark Lewis	6:35-6:45 (10 min)	Council discussion and vote to accept report

Dental Saturdays **VOTE REQUIRED**	• Dental Program Manager, Christine Palermo	6:45-7:00 (15 min)	Council discussion and vote to approve
BREAK	• All	7:00-7:10 (10 min)	Meet and greet
Bylaws Update **VOTE REQUIRED**	• CHC Liaison, Linda Niksich	7:10-7:30 (20 min)	Council discussion and vote to approve
ICS/Strategic Plan Updates **VOTE REQUIRED**	• Co-Interim Health Department Director and ICS Director, Vanetta Abdellatif	7:30-7:40 (10 min)	Vote to accept report
Council Business Committee Reports **VOTE REQUIRED**	• Vice Chair, Sue Burns	7:40-7:50 (10 min)	Vote to accept reports
Member Updates	• Board Members	7:50-7:55 (5 min)	Members may share **relevant** information and/or opportunities
Meeting Evaluation	• Vice Chair, Sue Burns	7:55-8:00 (5 min)	Discuss what went well and what needs improvement
Adjourn Meeting	• Vice Chair, Sue Burns	8:00	**Goodnight!**

Multnomah County Health Department

Community Health Council

BYLAWS

BYLAWS REVISIONS EFFECTIVE SEPTEMBER 2018

_____ _____
Tara Marshall, Chair Date

COMMUNITY HEALTH COUNCIL
Multnomah County Health Department
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Tel. 503-988-9492
https://web.multco.us/health/community-health-council

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Article I: Name

This body shall be known as the Multnomah County Community Health Council, and shall be hereafter referred to as "the Council".

Article II: Definitions

BPHC: means the Bureau of Primary Health Care (Federal).

Co-Applicant Agreement: is comprised of these bylaws, policy ICS.01.42, and Multnomah County Board of County Commissioners, Ordinance 230.

Conflict of Interest: An actual or perceived interest by the member in an action which results or has the appearance of resulting in personal, organizational, or professional gain.

Commissioners: means the Multnomah County Board of Commissioners.

County: means Multnomah County.

Department: means Multnomah County Health Department.

Election Process: means the collection of nominations and counting ballots.

FQHC: means Federally Qualified Health Center also known as Community Health Center.

Governing Board: means the Community Health Council, the co-applicant governing board, providing the community-based governance for the Health Center in accordance with the requirements of Section 330 of the Public Health Service Act (42 U.S.C. 254b).

HRSA: Health and Resources and Services Administration.

Health Care Providers: means individuals actively licensed and practicing to provide health services, such as physicians, dentists, nurse practitioners, registered nurses, physician assistants, pharmacists, psychiatrists, psychologists and other direct primary care service providers.

Health Industry: means medical or dental service delivery organizations such as clinics or hospitals. Persons working in the Health Industry means professions that require a license to perform that work, such as health care providers.

ICS: means Integrated Clinical Services Division.

ICS Director: means the Chief Executive Officer of the Health Center as defined by Health Resources & Services Administration (HRSA) and the Bureau of Primary Health Care (BPHC).

Impeachment: Board member removal; especially for cause.

MCHD: means Multnomah County Health Department.

Primary Health Care Grant: means the Federal Grant, Bureau of Primary Health Care (BPHC) 330.

Succession Planning: A process for identifying and developing new leaders, who can replace leaders, when they leave; which may occur on either an unexpected or planned basis.

Article III: Purpose

The Council is the consumer-majority governing board mandated by the HRSA's Bureau of Primary Health Care (BPHC) to provide oversight of the county's Federally Qualified Health Center (FQHC), also known as Community Health Center, within the scope of the BPHC 330 Grant. The consumer-majority governing board, with its community-based and patient-focused perspective is the primary mechanism for ensuring the program is person and family centered, improves access to quality care, and assures that no patient will be denied health care services due to inability to pay.

The intent of the Council is to ensure collaboration, informed decision and policy-making, and ongoing communication between the division of Integrated Clinical Services within the Health Department, the County's health center clients; diverse communities in Multnomah County, and partner organizations in the region.

The Council shall support the Vision of Integrated Clinical Services (ICS) in promoting Integrated. Compassionate. Whole-Person Health. . It shall guide ICS in its mission to provide services that improve health and wellness for individuals, families, and our communities.

Article IV: Integrated Clinical Services Vision and Mission

Vision: Integrated. Compassionate. Whole person health.

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

Article V: Responsibilities

As a Co-Applicant Board, the Community Health Council shares specific responsibilities with ICS leadership and the Board of County Commissioners in order to meet the governance requirements of the primary health care grant. Multnomah County is a public entity. Therefore, the Board of County Commissioners retains authority over fiscal and personnel policies. Day to day leadership and management of the Health Centers rests with ICS Leadership under the direction of the Director of Integrated Clinical Services (ICS).

The Council's responsibilities also include providing advice, leadership and guidance in alignment with the health centers' or ICS' mission. This may include providing feedback and recommendations (via ICS and Health Department leadership) to the Board of County Commissioners regarding the health care needs for people who experience barriers to accessing care.

The Council shall oversee Health Center programs that fall within the scope of the BPHC 330 Grant. These include, but are not limited to: Student Health Centers, , Dental, Primary Care, Behavioral Health, Pharmacy, Laboratory and other contracted or ancillary services.

Based on the mandates of the Bureau of Primary Health Care 330 Grant (BPHC 330 Grant), the Co-Applicant Board (the Council) shall have the following authorities:

**Refer to Board calendar for schedule of suggested timelines*

- Participate in and approve the selection, annual performance evaluation and dismissal / removal of the Director of Integrated Clinical Services in accordance with County personnel policies.
- Regularly review and approve the Health Centers' Sliding Fee Discount Policy.
- Review and approve the Health Centers' (FQHC) annual operating budget in accordance with County fiscal policies.
- Regularly review and approve general Health Center policies, to include (but are not limited to): Licensing and Credentialing, and Complaint (i.e., grievances) policies.
- Partner with ICS management in strategic planning process, and regularly approve Health Center strategic plans (at least once every 3 years).

- Regularly review and approve hours of operation for health center sites, and ensure that they are appropriate and responsive to the needs of the community.
- Review, recommend, select and approve services beyond those required by law to be provided by the health centers, as well as the scope, location and mode of delivery of these services.
- Evaluate the health centers' progress toward meeting its annual and long term goals, which include (but are not limited to): performance of the health centers, high-quality customer service, patient satisfaction and services utilization patterns.
- Regularly review results and data from Community Needs Assessment, Patient Experience Surveys, and Customer Service in order to ensure they are making informed decisions and recommendations from a patient-focused perspective.
- Ensure that the Department's Health Centers (FQHC)~~s~~ are operating in accordance with applicable federal, state and local laws and regulations.
- Approve or deny any second or subsequent grant applications for the Department's Health Center Programs.
    - The Council may at times be asked to approve Health Center grant applications that are not within the scope of the BPHC 330 Grant, and for which they will not provide direct oversight. This action falls within their work as the governing board of the Health Centers.

Article VI: Members

Section 1: Size

The Council shall have a range of 9 – 25 members.

Section 2: Composition (HRSA requires a consumer majority; 51% or more)

- **Consumers**- Individuals who received at least one service in the past 24 months that generated a health center visit, where both the service and the site where the service was received are within the HRSA-approved scope of project. The legal guardian of a consumer may be considered a consumer for board composition purposes.

- **Community Members (Non-Consumers)**- people who do not receive their care from the County's Health Centers and reside or work in Multnomah County.

A majority of members of the Council must be people who are served by the Department's Community Health Center, are active (at least one health center visit in the past 24 months) consumers (patients), and who as a group represent the individuals being served by the Health Center in terms of such factors as income, ethnicity and gender.

The membership shall work towards reflecting the ethnic and cultural diversity of the Health Centers (FQHC).

The board should be comprised of members with a broad range of skills and expertise. Finance, legal affairs, business, health and managed care, social services, labor relations and government are some examples of the areas of expertise that may be needed by the board to fulfill its responsibilities.

No Council member shall be an employee, or an immediate family member of an employee or independent contractor working for the Multnomah County Health Department or the Multnomah County Board of Commissioners.

A. Consumer Member Defined

Based on the mandates of the BPHC 330 Grant, a consumer member is required to have received at least one service in the past 24 months that generated a health center visit, where both the service and the site where the service was received are within the HRSA-approved scope of project. A legal guardian or caregiver of a consumer (a dependent child or adult), or a legal sponsor of an immigrant may also be considered a consumer for purposes of Council representation.

As a group, consumer members of the Council must reasonably represent the diversity of individuals being served by the Community Health Center and the services provided at Community Health Center sites. Considerations should include but are not limited to race, ethnicity, sexual orientation, socioeconomic class, physical and mental ability, and gender.

B. Special Populations

When the Health Center receives both community health center funding and funding designated for a special population, representation should be reasonably proportional to the percentage of consumers the special population group represents. However, there should be at least one representative from the special population group. The intent is not to impose quotas on Council membership but to ensure the Council is sensitive to the needs of all Health Center consumers. Representation of a special population could include those who have personally experienced being a member of, have expertise about, or work closely with the special population.

- As of review of these Bylaws, the County receives funding to serve the following Special Populations and must have identified representation on the Council:
    - Homeless communities

C. Community (Non-Consumer) Member Defined

A Community (Non-Consumer) member is an individual who is representative of a community's concern for health care, is willing to assist in developing community support for the Health Centers and is selected for his/her expertise in community affairs, local government, finance and banking, legal affairs, trade unions, and other commercial and industrial concerns, or social service agencies within the community. A community member may be an actual or potential consumer.

No more than half of the non-consumer representatives may derive more than 10% of their annual income from the health industry (medical or dental service delivery organizations such as clinics or hospitals. Persons working in the Health Industry means professions that require a license to perform that work, such as health care providers*).

***Health Care Providers**- individuals licensed to provide health services, such as physicians, dentists, nurse practitioners, registered nurses, physician assistants, pharmacists, psychiatrists, psychologists and other direct patient care service providers.

Article VII: Nominations for General Membership

The Community Health Council has a standing Nominating Committee whose responsibility it is to source and vet candidates for consideration to the board and to oversee the nomination process.

Section 1: The Nomination Process

The Board Support, on behalf of the Board, shall prepare and maintain a list of potential candidates, in the event that there are open seats on the Council. Interested parties are required to attend at least 3 meetings as a guest before being eligible for nomination. The Nominating Committee shall review board member applications, and choose which applicants they want to meet with and interview. After interviewing candidates, the Nominating Committee make the decision on which candidates to recommend to the Executive Committee. With Executive Committee approval, nominated candidates' applications and bios shall be presented to the full council. The full Council shall then submit a ballot to vote on nominated candidates. The candidates will become new members by a majority vote. Member openings will be filled as spaces become available so long as the Council retains the skills, experiences and composition necessary to meet the funding mandates and sustain effective workflows for co-applicant board business.

The Council shall retain the authority to select and approve its Board members based on applicable federal regulations. The Multnomah County Board of Commissioners may not select members for the Council.

The Executive and Nominating Committee members reserve the right to deny membership to potential nominees at any step during the nomination process. In this case, a formal standardized denial letter will be sent via USPS (and a copy via email) by the CHC Liaison. If a denial letter is sent to the applicant, the applicant is not eligible to re-apply for membership for at least one year from the date of the denial letter.

Section 2: Probationary Period

A new board member's first 12 months are probationary. Three months prior to the end of the probationary period, the new board member and the Chair will have a conversation to discuss if continued membership is mutually agreed upon. If continued

membership is mutually agreed upon, the new member will no longer be probationary. The option to rescind the new member's appointment, if it is in the best interest of the Council, will be retained by the Executive Committee. In the event that the Executive Committee decides to rescind the new member's appointment, the new member will be excused from service immediately. If the new board member wishes to step down, the new board member will be excused from service immediately. A Probationary member participates in voting and all other activities generally reserved for Council members.

Article VIII: Term of Office

Terms of office shall be for a minimum of three (3) years, plus the completion of the vacant term filled for the most adjacent or current year. Such three year terms shall be staggered so that no more than one-third of the total membership shall turn over in any year.

The effective date of membership corresponds to the date that the nomination is approved by the Council. The CHC Liaison and Nominating Committee will work together to track and maintain up-to-date information on Council membership and vacancies. Terms start on the 1st of January following the effective date of membership if the effective date occurs during any month other than January. The months following the effective date and leading up to January 1st will be considered as the completion of the vacant term filled.

Terms are limited to two (2) consecutive terms of membership (a total of 6 years) plus any partial terms due to open seats being filled.

At the end of the 2nd consecutive term, the member must end their service. A break in service for twelve (12) months or more is required before the retired member is eligible to reapply for membership as a new member. In the case that an officer's regular term limit date occurs in the middle of their executive officer term of service, the Executive Committee may submit a request to the full board, to extend an expiring term to allow completion of the Executive Officer Term. The Council may consider the request and must approve (by a majority) via ballot vote.

During the one (1) year minimum waiting period, the term limited CHC member is welcome to attend CHC meetings as a guest.

After the one (1) year minimum break in service, the individual may apply as a new member and must meet all current requirements of the board.

Article IX: Impeachment

A member may be removed by impeachment whenever it is in the best interests of the Council. Impeachment recommendations will be reviewed by the Executive Committee. If the Executive Committee supports the impeachment of a member, the Chair will first ask the member to step down and resign. If the member chooses not to resign, the Executive Committee will present the articles of impeachment to the full Council in a Special or closed session for discussion and approval (ORS 192.660(2)(b)). The member whose impeachment has been recommended shall be given prior notice of his/her proposed impeachment, and a reasonable opportunity to appear and be heard at the Special or closed session of the Council. A member may be removed pursuant to this section by a majority vote of the Council.

If the member is Probationary, the probationary member may be excused from service at any time during the probationary period by the Executive Committee without prior notice and without requiring a full council vote.

Continuous and frequent absences from the Council meetings, without reasonable excuse, shall be among the causes for impeachment. In the event that any member is absent without acceptable excuse from more than three Council meetings within one year (3 meetings of the 12 per year), the Executive Committee shall give consideration to the impeachment of such member from the Council in accordance with the procedures outlined in this Article.

Other examples of member behavior that may be cause for impeachment include but are not limited to; an undisclosed conflict of interest arises, unethical behavior, misuse of board funds, committing fraudulent activities, disclosing confidential information, sexual harassment, obstructive behavior, consistently disruptive, destructive,demoralizing, or threatening behavior towards others, and non-participation in board work.

Based on the mandates of the BPHC 330 Grant, the Council shall retain the sole ability to impeach its Board members. The Multnomah County Board of Commissioners may not impeach members from the Council or have the final authority to impeach members from the Council.

An impeached board member is not eligible to re-apply.

Article X: Leaves of Absence

Members facing personal or medical hardship may request a leave of absence from the Council. If a Member is granted a leave of absence then he/she may return to the Council in his/her regular capacity and continue serving out their term. Leaves of absence will be granted by the Chair. Any leave of absence beyond six months will be reviewed by the Executive Committee on a case by case basis in which the Executive Committee can decide to extend the leave of absence or recommend removal of the board member. Removal proceedings will commence as outlined in Article IX (Impeachment).

Article XI: Conflict of Interest

Council members are required to declare any potential conflicts of interest by completing a conflict of interest declaration form annually.

Conflict of interest or the appearance of conflict of interest by Council members, employees, consultants and those who furnish goods or services to the Health Department must be declared.

In situations when conflict of interest exists for a member, the member shall declare and explain the conflict of interest. No member of the Council shall vote in a situation where a personal conflict of interest exists for that member. An undeclared conflict of interest for a member may result in cause for impeachment from the board and will follow the impeachment procedure outlined in Article IX (Impeachment).

Any member may inquire of any other member (s) as having conflict of interest. By roll call vote*, properly recorded, the status of the questioned member (s) shall be determined prior to further consideration of the proposed project or issue. Prior to debate on any proposed project or issue at committee or Council level, it shall be the responsibility of the Chair to identify any conflict of interest, either by declaration or inquiry. The inquiry may be individual or applied to a group.

No Council member shall be an employee, or an immediate family member of an employee of the Multnomah County Health Department or the Multnomah County

Board of Commissioners. The Health Center Executive Director may serve as an ex-officio non-voting member of the Council.

*A "roll call vote" is a vote in which each board member votes "yea" or "nay" as their name is called by the Chair so that the names of board members voting on each side are recorded.

Article XII: Compensation

No compensation/salary shall be paid to CHC members for their service on the Council. The County will provide translation services, transportation (if needed), and/or meals for CHC members attending approved Council activities. Members may choose to receive a stipend* to offset the other costs (e.g. child care, etc), of participation on the Council. Otherwise, members shall receive no other expense reimbursement for serving on the council, per the current stipend policy.

**The County is required to report stipend payments exceeding $600 dollars in a calendar year as income and will issue an IRS Form 1099 income statement to individual CHC members. It is the member's responsibility to determine how receiving a stipend will impact their tax liability and/or any Social Services benefits they may be entitled to receive.*

Article XIII: Meetings

Section 1: Open Meetings

The Council complies with Oregon's Public Meetings Law (ORS 192.610 to ORS 192.690) therefore regular meetings and special meetings are open to the public. Members of the public may attend public meetings, but they may not speak unless time is allotted on the agenda. Members of the public do not have the right to make motions or vote.

Section 2: Regular Meetings

The Council shall hold regularly scheduled meetings, at least once a month, and shall keep minutes. The time, place and location of the meetings, which may be designated by the Council, will be made known to the public by posting such notice on the Council's website, and by email announcement to internal and external key partner programs. Notice of regular meetings shall be given to each Council member at least one week in advance of the meeting date.

Section 3: Minutes

Program staff will keep minutes of regular meetings and shall prepare, distribute and store minutes of every meeting. The minutes of regular, special and closed session meetings, shall be reviewed and approved at each subsequent Council meeting. The minutes will be posted on the Council's website for one year and after that will be available upon request.

Section 4: Special Meetings

Special meetings may be called at any time by the Chair of the Executive Committee or in response to a request by the County. The Chair shall convene a meeting within one (1) week of such request. Special meetings are subject to public meeting laws. Minutes of special meetings shall be kept in the same manner as regular meeting minutes.

Section 5: Meeting Design

The needs of the Council membership should dictate the general format for meetings. Remote attendance is acceptable when technology is available to support full and equitable member participation via appropriate communication devices.

Section 6: Americans with Disabilities Act (ADA)

Staff will work with Council members and guests to identify any accessibility adjustments or services needed to ensure equitable participation in Council meetings and activities. Accommodations and requests for ADA services or adjustments will be addressed (when possible) with at least one-week advance notice of need.

Section 7: Voting

A quorum shall consist of the greater of, 5 members or a majority of current Council members. Council members may participate in person or via technology.

The Council may make and approve a motion by the vote of a majority of the members participating and voting at a meeting at which a quorum is present, unless otherwise provided by statute or by these Bylaws. Each member shall be entitled to one (1) vote.

Additional actions that may be taken by Council members during the voting process are:

- Close a discussion and immediately call a vote - a motion, a second to the motion, and a majority vote is required
- To table a discussion for consideration at a future date (date must be identified at time of vote) - a motion, a second to the motion, and a majority vote is required
- To completely remove a motion from consideration - a motion, a second to the motion, and a majority vote is required
- Identifying a conflict of interest either by the Council member with the conflict of interest or inquiring of another Council member about their potential conflict of interest; in the case of the latter, a roll call vote is required (see Article XI)

Section 8: Closed Sessions

Consistent with the intent of Oregon's Public Meetings Law (ORS 192.610 to 192.690) and pursuant to ORS 192.660, closed sessions are permitted on certain matters and may be called during any regular, special or emergency meeting. Such certain matters of consideration include, but are not limited to: employment of a public officer, employee, staff member or individual agent; dismissal, discipline of, hearing of complaints or charges brought against a public officer, employee, staff member or individual agent; discussion of information or records that are exempt by law from public inspection, discussion of legal rights and duties of a public body with regard to current litigation or litigation likely to be filed; and to review and evaluate the employment-related performance of the Executive Director, board member, or staff member.

A board member must make a motion to move into closed session. Another member must second the motion. The board should be given the opportunity to debate the motion, and then the vote is taken. It needs a majority vote to pass. . No final action

may be taken in closed session. The final decision must be made by a majority vote in an open Council meeting. To end a closed session, a motion must be made, then seconded, and ended by majority vote.

Article XIV: Executive Committee / Officers

The officers of the Council shall be chosen from among the members of the Council and shall include a Chair, Vice-Chair, Secretary, Treasurer, and two Members-At-Large. At least one (1) of the officers shall be a Consumer Member.

The Executive Committee shall meet in between regularly scheduled public meetings and at such time and place as it may designate and shall keep minutes. Executive Committee meetings are closed to regular board members and the public. No action can be taken in an Executive Committee meeting. All proposals must be brought in front of the full council at a regular meeting. .

The Executive Committee prepares and assures that an agenda is distributed at least a week prior to each regular meeting; shall oversee the activities of all committees; and shall perform such other duties as prescribed by the Council.

Special meetings of the Executive Committee may be called on one (1) day's notice by the Chair or by or by three (3) members of the Executive Committee.

The Executive Committee shall have the authority to execute decisions for the following areas, including but not limited to:

- Preliminary review and conditional approval of grant applications that may have submission dates within a limited timeframe and fall between regular meeting dates of the full Council. The full Council will review the submission at the next possible meeting opportunity to ratify with a majority vote.
- Recommendation regarding the impeachment of individual Council members as outlined within these Bylaws (see Article IX).
- Choose Council representatives to attend National, Regional and Local events on behalf of the Council, without requiring ratification by the full Council.
- Creation of agenda
- Reviewing recommendations by the Nominating Committee and determining whether the nominations should move forward

Section 1: Executive Committee Decisions

A majority of the members of the Executive Committee shall constitute a quorum.

Section 2: Nomination & Election of Executive Officers

Executive officer terms shall be staggered so that no more than one half of the Executive Committee shall turn over each year. The Nominating Committee shall be responsible for gathering the nominations and conducting the election for the upcoming open Executive Officer positions of the Council. Starting in late September, nominees shall be selected from the Council membership. Board members can self-nominate or be nominated by the Nominating Committee. After selection, the nominees for Executive Officer positions shall be presented at the regular October meeting by the Nominating Committee Chair and any adjustments or additions should be made at this time or by the next meeting. Official nominations of officers shall be made at the regular November meeting by introducing a Slate of Candidates document to be voted on at the regular December meeting. A nominee can only accept one nomination and may decline nomination. Executive Officers are elected by having more votes than the other candidates for that position. .

** Nominating Committee members who are interested in running for an Executive Committee position may not participate in the collection of nominations and counting of votes, but are eligible to receive a ballot and cast their votes.*

*** An Executive Officer may also be a member of the Nominating Committee and can only participate in the collection of nominations and counting of votes if they are not running for another term or another Executive Committee position.*

**** If all members of the Nominating Committee are running for an Executive Officer position, non-running Executive Officers will gather self-nominations, create the slate, and have a non-running board member assist in counting votes.*

Section 3: Term of Office

Officers shall be elected for a term of two (2) years, or any portion of an unexpired term thereof, and shall be eligible for reelection for one (1) additional consecutive term, for a total of 2 consecutive terms. A term of office for an officer shall start January 1, and shall terminate December 31, of the same year, or shall serve until a successor is elected.

Section 4: Executive Officer Vacancies

Vacancies created during the term of an officer of the Council shall be filled for the remaining portion of the term by following the Executive Committee succession plan (noted in the following section under each officer position). .

Section 5: Responsibilities

The officers shall have such powers and shall perform such duties as from time to time shall be specified in these Bylaws, resolutions or other directives of the Council.

A. Chair

The Chair shall preside over meetings of the Council, shall serve as Chairperson of the Executive Committee and ex-officio member of all other committees, and shall perform the other specific duties prescribed by these Bylaws or that may from time to time be prescribed by the Council. For example:

- Attend accreditation meetings
- Act as the public face of the Council
- Hold board members accountable by reviewing board member expectations with each member as needed
- Leads by example that supports the mission of the Health Centers and the consumers served by the FQHC.

B. Vice-Chair

The Vice-Chair shall perform the duties of the Chair in the latter's absence and shall provide additional duties that may from time to time be prescribed by the Council. For example:

- Support the Chair in fulfilling their responsibilities.
- In the event that the Chair is no longer able to serve, the Vice-Chair will succeed the Chair and fulfill their unexpired term after being confirmed by the full Council (Succession Plan).*

C. Treasurer

The Treasurer shall lead the Finance Committee and ensure that accurate and timely financial reports are delivered to the Council by Health Department Staff.

The Treasurer shall perform additional duties that may from time to time be prescribed by the Council. For example:

- May be asked to present Council recommendations for Health Center funding to the BCC
- In the event that the Vice-Chair is no longer able to serve, the Treasurer will succeed the Vice-Chair and fulfill their unexpired term after being confirmed by the full Council (Succession Plan).*

D. Secretary

The Secretary shall be responsible for ensuring that the minutes are being taken in accordance with HRSA requirements. The Secretary shall be responsible for signing the approved meeting minutes. The Secretary shall perform additional duties that may from time to time be prescribed by the Council. For example:

- Assuring that the Bylaws are adhered to by the Council and all parties involved.
- Parliamentarian and time keeper during public meetings
- Verifying votes during elections
- In the event that the Treasurer is no longer able to serve, the Secretary will succeed the Treasurer and fulfill their unexpired term after being confirmed by the full Council (Succession Plan).*

E. Members-At-Large

There shall be two (2) Members-At-Large whom shall participate in all Executive Committee functions, authorities and decisions. They shall perform additional duties that may from time to time be prescribed by the Council. For example:

- Represent the whole membership of the body at Executive Committee meetings
- In the event that the Secretary is no longer able to serve, one of the Members-At-Large will succeed the Secretary fulfill their unexpired term after being confirmed by the full Council (Succession Plan).*

E. General Membership

All members are required to attend the public meetings, come prepared, and to consider the interests of the Health Center before their own personal needs.

**If the successor is not able to or feels uncomfortable with the succession order, the Nominating Committee will step in to make a recommendation to fulfill the unexpired term upon notice of the Executive Officer vacancy.*

Article XV: Committees

The Council may designate one or more committees (other than the Executive Committee) as the Council sees as appropriate to carry out its responsibilities.

Each subsequent committee shall consist of at least two (2), no more than four (4) Council members maximum, with at least one (1) of whom being an actual or potential consumer. Committees may also consist of additional persons from the community who are not members of the Council, but are selected based on their knowledge and/or concern about a specific issue, field, or endeavor.

The designation of such committees and the delegation thereto of authority shall not operate to relieve the Council of its responsibility. Any actions or recommendations of a committee must be approved by the Council.

The Council shall have the following standing committees.

- Executive Committee (see Article XIV) meets once per month
- Finance Committee meets as needed, no fewer than three (3) times per calendar year
- Quality Committee meets as needed, no fewer than three (3) times per year
- Nominating Committee meets as needed; responsible for board member recruitment, nominations, and developing officer slate of candidates
- Ad Hoc Committees may be created by the Executive Committee e.g. Bylaws Updating, Strategic Planning, Health Center Executive Director Selection (meet as needed and duration limited)

Section 1: Finance, Nominating and Ad Hoc Committee Appointments

A. Chairperson

The Chair of the Executive Committee will appoint a board member to Chair a specific committee.

B. Members

Potential committee members shall self nominate according to their interests and areas of expertise. In January, the newly elected-Executive Committee will confirm committee appointments as one of their first actions for the new year.

C. Vacancies

Vacancies will be filled as needed, by the CHC Chair.

Section 2: Meetings

All meetings of the committees shall be at such time and place as designated by the committees and as often as necessary to accomplish their duties.

Section 3: Minutes

All committees shall keep track of discussions and key recommendations taking place at all meetings, which shall be available to the Council. They shall report in writing to the Executive Committee and Council as necessary. Committee meeting minutes will be prepared and kept for each meeting. The Committee meeting minutes are not required to be approved; however, the committees review and accept them at each subsequent committee meeting.

Article XVI: ICS Director (Health Center Executive Director)

Section 1: Selection

The County shall be responsible for recruiting candidates to fill any Health Center Executive Director vacancy. The Council may also propose candidates. The County

shall consult with the Council on qualifications and the recruitment process for the CEO position. An equal number of representatives from both the County and the Council shall be included in the qualification, review, and interview process. The County shall present at least three (3) candidates to the Council for final selection The Council shall have the authority to either select or reject the Executive Director candidate(s) presented by the Search Committee. In the event that the Council rejects the candidate(s) presented, the Search Committee will prepare additional candidate slates until the Council approves a candidate.

Section 2: Duties

The Executive Director will be the chief executive of the Community Health Center and will serve as the Director of Integrated Clinical Services. The Executive Director shall have responsibility for the general care, day-to-day management, supervision, and direction of the Community Health Center's affairs in furtherance of established policies, procedures and programs. The Executive Director shall have the authority to approve the assignment of County personnel to the Community Health Center, to supervise such individuals, and to dismiss such personnel from their duties at the Community Health Center, in accordance with the personnel policies established by the County. The Executive Director or designee shall also have the authority to negotiate, execute and administer all contracts for goods and services as required for the operation of the Community Health Center subject to the rules and policies applicable to the County's procurement, purchasing and administration of contracts, and the budget approved for the Community Health Center. The Executive Director shall report to (i) the Council and (2) the Chair of the Board of County Commissioners or, if so designed by the Chair, the County Chief Operations Officer ("COO").

Section 3: Evaluation

The Council will work with the County's MCHD Human Resources department to conduct an annual review of the Executive Director's performance. The Chair of the Board of County Commissioners or, if so designated by such Chair, the County. Chief Operations Officer ("COO") shall conduct an independent evaluation of the Executive

Director's performance as Director of Integrated Clinical Services and shall submit such report to the County's human resources department.

Section 4: Dismissal

The Council shall have the authority to dismiss the Executive Director from the role as Executive Director of the Community Health Center, if such termination is warranted based on performance or pursuant to federal, state, or County personnel rules. The Executive Director shall be dismissed upon the vote of a majority of the voting Council Directors.

Section 5: Succession Planning for the Executive Director

It is the responsibility of the Council to develop and maintain a succession plan to prepare for the inevitable change in Executive Director Leadership (which may occur on either an unexpected or planned basis) in order to ensure the stability and accountability of the Health Center. The Council is also responsible for implementing the succession plan. The Council has final approval over selection and dismissal of the Executive Director.

Article XVII: Conferences/Travel

To ensure leadership development and provide opportunities for Council members to stay abreast of a variety of health care issues, travel, trainings and conferences may be offered. The following criteria will be used by the Executive Committee to determine eligibility:

- Duration on the Council
- Participation at Council related events and activities
- Previous attendance at trainings/conferences

- Member is in good standing and high performing
- Member's ability to be a steward of public dollars
- Member's ability to support CHC goals and development by attendance at training

Any attendee of a training or conference will be required to follow County fiscal policies and code of conduct. The attendee will also be required to provide a meaningful overview of the training, at a Council meeting, within three months of conference attendance.

Article XVIII: Amendments

The Bylaws may be repealed or amended, or new Bylaws may be adopted at any meeting of the Council at which a quorum is present, by a majority of those present and voting. At least fourteen (14) days written notice must given to each member of the intention as to alter, amend, repeal, or to adopt new Bylaws at such meetings, as well as the written alteration, amendment or substitution proposed. Bylaw changes which are approved by the Council but are inconsistent or in opposition to established County policies and procedures are subject to approval of the Chair of the Board of County Commissioners. The established Bylaws must be approved and amended by the Council.

Article XIX: Review of Bylaws

The Bylaws will be reviewed at least every two (2) years by an Ad Hoc Committee to be formed by the Council as needed.

Article XX: Organizational Changes

In the event, the Health Department is reorganized or merged with another Department within Multnomah County, the Council shall:

A. Continue to meet its purpose and responsibilities in cooperation with the newly created organizational unit performing community health functions.

B. Immediately upon reorganization or merger amend its Bylaws, as needed.

Article XXI: Dissolution Clause

In the event the Health Center ceases to exist, any remaining assets shall be absorbed by Multnomah County Health Department and Multnomah County at the discretion of the Board of County Commissioners.

COMMUNITY HEALTH COUNCIL
Multnomah County Health Department
426 SW Stark Ave, 9th Floor, Portland, Oregon 97204
Tel. 503-988-9492
https://web.multco.us/health/community-health-council

Update:
Licensing and Credentialing
September 2018

Dr. Marty Grasmeder,
ICS Medical Director

Staff Changes

Name	Clinic	Provider	Hire Date	Specialty
Monica Gulley	Mid County	MD	7/3/2018	Family Medicine
Adam Hoverman	On call	DO	7/3/2018	Family Medicine
Jacqueline Webb	On call	FNP	8/21/2018	Family Practice

Future Staff

Name	Clinic	Provider	Hire Date	Specialty
Katie Au	Mid County	MD	10/2/2018	Contracted OB
Alyssa Colwill	Mid County	MD	10/2/2018	Contracted OB
Rian Johnson	Northeast	FNP	9/18/2018	FNP
Divneet Kaur	Mid County	MD	9/27/2018	MD
Janice Lee	Southeast	MD	9/11/2018	MD
Timothy Menza	Health Services	MD	TBD	TBD
Rochelle Paquette	East County	FNP	9/25/2018	Family Practice
Benjamin Smith	On-Call	MD	9/1/2018	Family Practice
Virginia Weeks	Health Services	MD	9/11/2018	Family Medicine
Keenan Yanit	Mid County	MD	TBD	Contracted OB

ReCredential Approval since June 2017

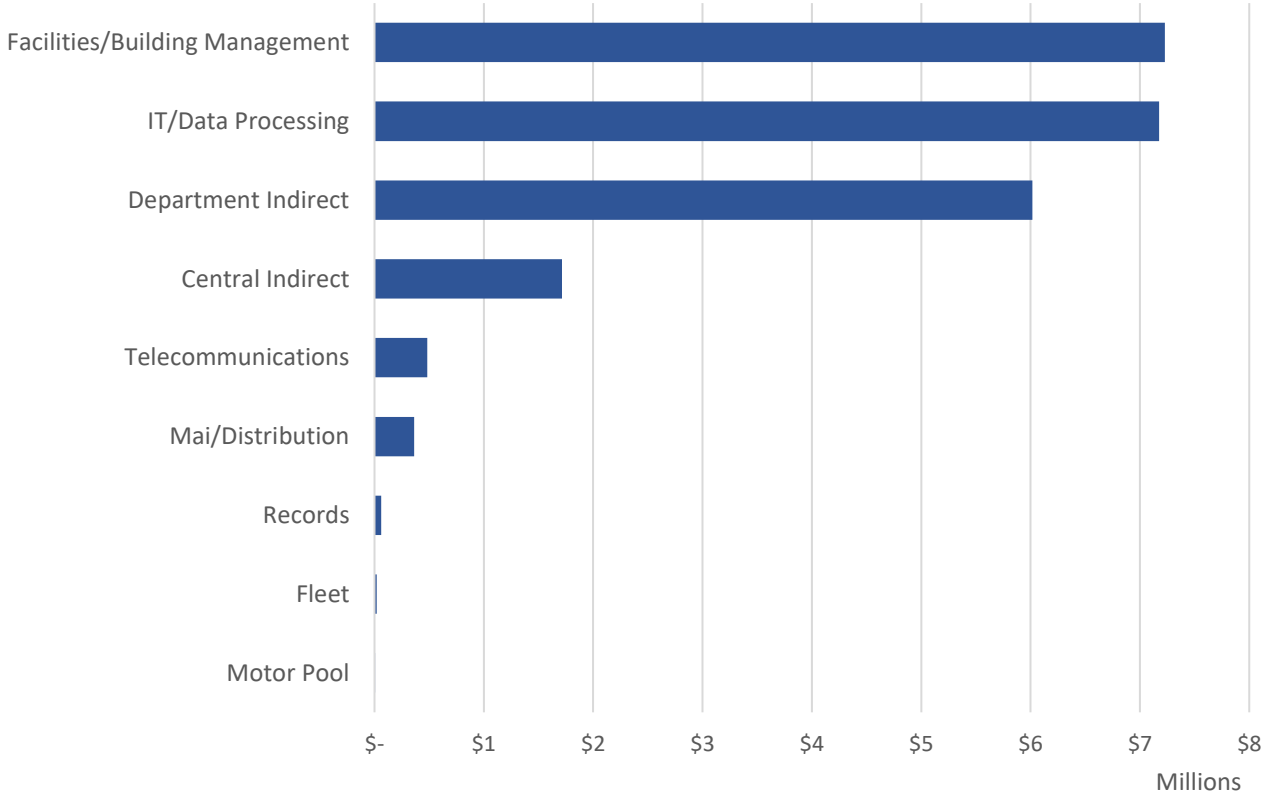
- Primary Care = 5
- School Based = 0
- Dental = 0

Recredential Applications submitted (not yet approved) since June 2017

- Primary Care = 6
- Dental = 0

Multnomah County Health Department
ICS Internal Services Snapshot
FY 2018 as of July 19, 2018

Internal Service	Driver	Expense	% of Total
Facilities/Building Management	FTE count allocation	$ 7,227,210	31%
IT/Data Processing	PC inventory, MultCo Align	$ 7,174,782	31%
Department Indirect	FTE count allocation (ex. HR, Business Operations)	$ 6,015,812	26%
Central Indirect	FTE count allocation (ex. Legal, Central HR, Central Accounting)	$ 1,714,209	7%
Telecommunications	Telephone inventory	$ 481,660	2%
Mai/Distribution	Active mail stops, frequency of mail delivery, volume	$ 363,648	2%
Records	Archive activity, items archived, items retrieved	$ 60,957	0%
Fleet	Vehicles assigned to MCHD	$ 19,485	0%
Motor Pool	Actual usage	$ 4,564	0%
Total		$ 23,062,327	100%



Presentation Summary

Increasing Dental Saturday Clinics Oct - Dec 2018

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

Date of Presentation: 9/10/2018	Program / Area: ICS/Dental
Presenters: Christine Palermo	
Project Title/Scope Change and Brief Description • Flexibility to open additional Saturdays at 5 Dental clinics based on the need of meeting end of year CareOregon metrics.	
Describe the current situation: • We are currently open at Mid-County Dental for Saturday care. MCHD partners with CareOregon Dental to help clients get the dental services they need and set up goals/metrics that each clinic has to meet that demonstrates improved oral health at the population level.	
Why is this project, process, system being implemented now? • Data has indicated that we need additional ways to see more patients - especially those over the age of 21. Wait times are long at many of our clinics and we have filled all of our open chairs (or are working on filling). Opening on Saturdays at the additional 5 clinics would not only improve access for patients but help us meet our calendar year metrics • Each month we receive data to project where we will end up by the end of the year. We need to have flexibility to open additional Saturdays at clinics that may not be projected to meet their year end metrics. • Clinic hours would be 7:30-6:30 and we would ask permanent staff to volunteer to work • We implemented this last year but only at 1 additional clinic. We would need flexibility to open a clinic based off of the data received each month from our insurance partner in order to meet year end metrics.	

Presentation Summary

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)* • For the last several years, MCHD dental program has worked to meet state quality targets for sealants and getting as many patients that have been assigned to us seen during the calendar year as possible. This work continues, and we need to increase access points for our patients.
List any limits or parameters for the Council's scope of influence and decision-making • We are looking for the Council's approval of opening Saturday clinics, between October and December 2018, at all dental clinics depending on data received from CareOregon Dental regarding projected calendar year targets.
Briefly describe the outcome of a "YES" vote by the Council *(be sure to also note any financial outcomes)* • Patients will get the care they need and MCHD will receive up to 1 million in incentive money for meeting our metrics.
Briefly describe the outcome of a "NO" vote or inaction by the Council *(be sure to also note any financial outcomes)* • Dental program would not have the capacity to meet quality metrics and would not earn full amount. Quality Incentive dollars at risk could be as much as $1M.
Which specific stakeholders or representative groups have been involved so far? • Dental leadership • CHC
Who are the area or subject matter experts for this project? *(& brief description of qualifications)* • Dental leadership team (Dental Director, Dental Program Manager, Operations Supervisors, Senior Program Specialist)
What have been the recommendations so far? • Increased outreach to engage patients in their oral health, resulting in a need for additional clinic days on Saturdays.
How was this material, project, process, or system selected from all the possible options? • MCHD dental clinics are at capacity Monday through Friday, and wait times are very long at some of our clinics. Additional Saturday clinics would allow us to schedule

many more patients and help us reach our end of year targets, securing the future of the program and the level of service we provide to our patients.

Council Notes:

Community Health Council

Presentation Summary

Funding Opportunity
MID-COUNTY DENTAL CAPITAL EXPANSION

Community Health Council (CHC) Authority and Responsibility
As the governing board of the Multnomah County Health Center, the CHC is responsible 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 receive funding will allow for budget revisions during the project development process within and between approved budget categories up to 25 percent without CHC approval. All budget revisions that exceed the cumulative 25% budget revision cap will be presented to the CHC for a vote prior to project start. Upon Notice of Award, the budget approved by the funder will be presented to the CHC for a final approval.

Date of Presentation: September 10, 2018	Program / Service Area: Mid-County Dental
Presenters: Len Barozzini, Dental Director	
This funding will support:	☐ Current Operations **X** Expanded services or capacity ☐ New services
Project Title and Brief Description: • Funds are available from CareOregon Dental to add an operatory at Mid-County dental by converting a storage room in the Mid-County Dental area to a treatment room	

What need is this addressing?

- Mid-County Dental is our busiest dental clinic and the number of chairs (operatories) at Mid which is currently 6. This does not allow us to meet the demand. An additional chair would allow us to improve access for dental patients.

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

- 2,000 more visits per year at Mid-County Dental
- Decreased wait times for dental services at Mid-County Dental

What is the total amount requested: $ 150,000

Please see attached budget

Expected Award Date and project/funding period:

Award Date: 10/15/ 2018

Project Completion: 02/01/19

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

A yes vote will allow the health center to accept funding and to expand dental services at Mid-County Dental Clinic

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 accepting funding and expanding dental services at Mid-County Dental Clinic

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
MidCounty Dental - Capital Expansion

	Budgeted Amount	Comments (Note any supplemental or matching funds)	Total Budget
A. Personnel, Salaries and Fringe			
Total Salaries, Wages and Fringe			
B. Supplies			
Equipment Dental chair, assistant's chairs , provider chair, dental instruments, x-ray machine, digital sensor, and some additional lab equipment.	$45,000		$45,000
Total Supplies	**$45,000**		**$45,000**
C. Contract Costs			
Construction contract for the renovation and remodeling of Mid-County's storage space.			
Total Contractual	**$105,000**		**$105,000**
D. Other Costs			
None	$0		$0
Total Other	**$0**		**$0**
Total Direct Costs (A+B+C+D)	**$150,000**		**$150,000**
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)	**n/a**		**$0**
Total Project Costs (Direct + Indirect)	**$150,000**		**$150,000**