

Community Health Council



Community Health Council Board Meeting Minutes

Date: Monday, November 5th, 2018

Time: 6:00 PM

Location: McCoy Building, 10th Floor Conference Room

Approved:
Attendance:

Recorded by: Rosalio (Lio) Espinoza

| Board Members | Title | Y/N |
|-----------------------|---------------------------------------|-----|
| Deborah Abney | Board Member | Y |
| 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 |
| Iris Hodge | Board Member | Y |
| Tara Marshall | Chair | Y |
| Susana Mendoza | Board Member | Y |
| Pedro Sandoval Prieto | Secretary | Y |
| Wendy Shumway | Board Member | Y |
| Staff | Title | Y/N |
| Vanetta Abdellatif | Interim Health Department Co-Director | Y |
| Lucia Cabrejos | Interpreter, Passport to Languages | Y |
| Nathan Clark | | |
| Adrienne Daniels | ICS Deputy Director | Y |
| Rosalio Espinoza | Executive Specialist/Pharmacy | Y |
| Courtney Kappes | Program Supervisor | Y |
| Toni Kempner | HSC Clinic Manager | Y |
| Mark Lewis | Interim Business Services Director | Y |
| Ritchie Longoria | Pharmacy and Lab Director | Y |
| Alexandra Lowell | Student Health Center Manager | Y |
| Olga Matveyeva | Operations Supervisor SE Dental | Y |
| Amber McSorley | Operations Supervisor Billi Odegard | Y |
| Linda Niksich | Community Health Council Liaison | Y |
| Christine Palermo | Dental Program Manager | Y |
| Antoinette Payne | Finance Supervisor | Y |
| Ray Sindell | La Clinica Clinic Manager | Y |
| Lori Stegmann | County Commissioner District 4 | Y |

Guests: Harold Odhiambo

Action Items:

- Vanetta to follow up on Sue's question, What kind of dummy codes are we using for people who don't have a social security number?

Decisions:

- Approved the October 2018 Meeting Minutes
- Approved the Gilead FOCUS Grant
- Approved MCHD as the New Student Health Center Medical Sponsor

The meeting was called to order at 6:07 pm by Chair, Tara Marshall.

The Meeting Ground Rules were presented by Board Member, Iris Hodge.

Noted that quorum was met.

October 2018 Meeting Minutes Review

(See Document - October 2018 CHC Meeting Minutes)

No questions or comments were raised by CHC members.

Motion by Iris to approve the October 2018 Meeting Minutes.

Seconded by Wendy.

11 aye; 0 nay; 0 abstain

Motion carries

Gilead FOCUS Grant

(See Document - CHC Grant Approval Request_gilead FOCUS)

HSC Clinic Manager, Toni Kempner, presented to CHC board members an opportunity from Gilead FOCUS to apply for funds to increase screening, testing and linkage to care. The plan is to normalize Hep C screening in Primary Care. HSC is already Hep C trainers for MCHD. The goal is to hire Hep C screener, and community health worker, and to work on screening practices and identify folks that would benefit from the screenings. This is a one year grant. The budget will cover the Program Coordinator, Community Health Worker, Research Analyst and Data Analyst. The budget will also cover, Fringe, Travel, and Supplies: laptops, tests for uninsured and undocumented,

HCV Testing, education, workflow, documentation. The grant budget includes 12.61% for indirect costs. Total amount requested is \$313,202.

Questions and comments raised by CHC members:

- Pedro asked what is Hep C? Toni said there is not a vaccine for Hep C, however, it can be treated. Hep A and B can be prevented by vaccination but C cannot be prevented. It's important to have a screening.
- Wendy asked about follow up for mothers and babies who test positive . Toni said mothers will need to follow up with their family practice provider or gynecologist.
- Sue, asked what is the baseline and what populations are we looking at? Toni answered, currently we are only screening baby boomer ages and we are hoping for HEP C screening to become routine for all patients 19 and older.

Motion by Wendy to approve the Gilead FOCUS Grant.

Seconded by Pedro.

11 aye; 0 nay; 0 abstain

Motion carries

Monthly Budget Report

(See Document - Weekly billable Monthly Dashboard for September 2018)

Interim Director of Business Operations, Mark Lewis, presented the Monthly Budget Report. Mark reviewed the monthly dashboard through September and noted that Primary Care had an average of 498 billable visits with the target of 732. Dental had an average of 309 billable visits with the target of 365.

For monthly uninsured visits in Primary Care, we had 14.9% with the target of 13.2%. Dental had 9.8% with target of 14.6%, dental has been working to monitor their uninsured visits.

Monthly Percentage for Primary Care Payer Mix, CareOregon came in at 60.3%, Self pay 14.9%, DMAP 12.4%, Medicare 8.9%, Commercial 2%.

Community Health Council



Primary Care Member Assignments, CareOregon assigned 32,223 which represents 84% members assigned to Primary Care. Providence assigned 6,029 which represents 15.76% members assigned to Primary Care.

For financials, September represents 25% of the fiscal year completed. So far, collectively, Community Health Centers are a bit on the surplus side.

Questions and comments raised by CHC members:

- Iris asked about Payer Mix; is it the new normal for DMAP to be at 12%? Mark explained CCO's have pushed more clients to be on a managed care plan, which results in less clients for DMAP. Vanetta clarified that the FamilyCare issue also impacted the DMAP rate. Iris wanted to make sure it didn't keep falling.
- Robyn asked if it's possible to see the actuals vs budget in a side by side format. Mark referred to slide 6 for clarification. Vanetta mentioned that the Finance Committee has not yet been created and it would be good to bring those ideas during future Finance Committee meetings.

No action needed.

New Student Health Center

(See Documents - Nov 5 2018 SHC Reynolds CHC Presentation Summary and Letter from Reynolds School District)

Student Health Center Manager, Alexandra Lowell, gave the background of what has been done so far in regards to opening a new Student Health Center (SHC) at Reynolds High School (RHS). So far, the CHC and County Commissioners have voted in support of changing scope of SHC; closed K-8's Harrison Park and Lane SHC's at the end of June 2018 and will be closing Cesar Chavez and George SHC's in June 2019. Commissioner Stegmann led a budget modification to add \$200,000 with \$120,000 going to Reynolds and Gresham so that they can do their planning.

Costs per visit nearly doubled at the K-8 SHC's, which increases dependency on the County General fund. During the last 4 years, SHC's have had around 6,000 clients per year and visits went from about 16,000 to 15,000. Demographically, there is a more dense concentration of medicaid population in the Reynolds School District (RSD) without any student health resources.

Community Health Council



There has been a major demographic shift of populations of people of color from North and Northeast Portland to East County. Between 2000-2010, nearly 5% of people of color living in North and Northeast Portland moved to East County, growing the population of people of color in East County to 70%. White non-latino population in East County decreased by 7% and in North and Northeast Portland the White non-Latino population increased to 10%.

RSD made a formal request for Multnomah County Health Department (MCHD) to be the medical sponsor. RHS will provide the space for the new SHC. Two RSD board meetings are coming up; one in November when they will be discussing options for the design, location, and the cost. The 2nd RSD board meeting will be in December and they will vote on an option and begin a capital fundraising campaign to build the facility.

Commissioner Lori Stegmann, who's district includes RSD, expressed her support for a new SHC in RSD. Centennial High School is the only school with a SHC that we have in East County. RSD is the most diverse of the school districts. The Commissioner's office has been working with Vanetta, Alexandra and the Chair's office and is asking for the CHC members support MCHD as the medical sponsor for this new SHC.

Questions and comments raised by CHC members:

- David asked what we are anticipating the usage to be and what are we projecting for cost per visit? Alexandra projects that the new SHC will perform like the David Douglas High School (DDHS) SHC, which is the largest high school in the County. Enrollment for DDHS is about 3000 students and RHS is the 2nd largest high school at 2800 students. Alesandra expects a high volume of usage. Cost per visit would be in line with DDHS SHC as well. Variation of cost is due to volume of clients.
- Sue asked what the projected timeline is for building the new SHC? Alexandra explained RHS would like to open the new SHC in winter of 2020. Vanetta explained that the numbers can come later, this is part 1 of 2. The ask today is that the CHC support MCHD as the medical sponsor for the new SHC.

Motion by Pedro to approve the New Student Health Center.

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Seconded by Sue.
11 aye; 0 nay; 0 abstain
Motion carries

2019 Executive Officer Election

Each board member cast their ballot for the 2019 Executive Officer Election.

Break for 10 minutes...

2019 Executive Officer Election Results

VOTE RESULTS:

Vice Chair: Sue Burns

Treasurer: David Aguayo

Member at Large: Fabiola Arreola

Board Training For Meeting Process Best Practices and Update Ground Rules Activity

CHC Liaison, Linda Niksich, started off by saying Happy birthday to "D"eborah, Vanetta and Tara.

Next, she addressed an action item from last month's meeting. There was a question about the number of dental visits during the Quality Report for Complaints and Incidents for 3rd Quarter: For 3rd quarter, dental visits were 17,939. Moving forward, the Quality Report for Complaints and Incidents will include the number of dental visits.

Linda started her presentation with a recap of all the work that the CHC has done YTD; approved ICS Budget, approved 6 grant submissions, approved 5 policies, approved 10 scope changes, received 27 Quality and Budget reports, had 1 Major Event - The National Health Center's Week Celebration and Grand Reopening of the newly remodelled North Portland Health Center, received 9 volunteer awards, updated the Bylaws for 2018, had 4 trainings, 3 board members participated in two conferences, and the CHC gained 5 new members.

Linda went over meeting processes and best practices to keep meetings running smoothly. Linda referred to Robert's Rules and best practices that she found during her

research. Robert's Rules are the main resource for parliamentary procedure for this board, however, smaller boards such as the CHC can adopt certain rules such as limited time length per agenda item.

When receiving reports, Robert's Rules state that reports are simply received, and there is no need to accept, adopt or approve them. Moving forward, reports will no longer be voted on.

When a discussion is going over time, anyone on the board can raise their hand and propose, that due to the discussion going over time, to end the discussion and move the meeting process forward. If no one objects then the meeting can move forward (general consensus). If someone does object any board member can make a motion to end the discussion and move the meeting process forward (must be seconded and majority rules).

When an agenda item raises questions or topics that need further study, these can be referred to an appropriate sub-committee. A sub-committee's main role is to help divide up the work of the board. The Quality Committee has recently been created for the purpose of further studying topics or questions related to Quality. A Finance Committee is also being created. Sub committees work with Health Center management and report back to the Board. Sub committees make recommendations to the Board based on what they have learned during committee work meetings. The most efficient way to refer a topic or question to a sub-committee is by general consent (preferred method). If any member objects, a motion can be made to refer to a sub-committee (must be seconded and majority rules).

In order to expedite meetings better, Linda, along with the Executive Committee, will work on allowing more time for certain agenda items when creating the agenda. The usage of the tools described above are encouraged.

Linda made a list of Best Practices/Suggestions for Meeting Agreements; such as co-creating meeting ground rules, putting the interest of the Health Center above any personal business or interests, using time wisely, reviewing information and data prior to the meeting, attending board meetings regularly, using the "parking lot" method to revisit topics at a future meeting or via email, being mindful of the objective and outcome for each agenda item and not to stray from them.

Linda tasked board members to take the current ground rules home with them to come up with any suggestions or updates and bring them back next month to update as a group.

ICS/Strategic Plan Updates

ICS Director and Health Department Interim Co-Director, Vanetta Abdellatif, shared ICS updates with board members.

For **"Person Centered and Culturally Relevant"**; October was Pharmacy Month. Pharmacy had a contest to develop a t-shirt design to recognize pharmacy staff. The winning shirt had a heart with a wordle, which are words that are often mentioned to identify pharmacy. Vanetta passed out an email that had a short biography of some of our pharmacy staff.

Dental and Primary Care have partnered to provide Baby Day clinics at several clinic sites, to help identify patients that need immunizations. Lately, they have seen a need for primarily flu shots due to the time of year. CMA's look to see if babies are overdue for immunizations or a well child check.

Vanetta also shared that along with Interim Health Department Co-Director, Wendy Lear, they have been doing All Staff Meetings in the Health Department. These all staff meetings are for sharing updates with staff, such as the proposed changes to the Public Charge and what that means for immigrants or permanent residents that receive public assistance and how the proposed changes can negatively impact them becoming citizens. Vanetta also shared with all staff, statements regarding Gender policy changes. The federal government has been removing the option of self identifying as transgender. County Chair and Vanetta are supportive of not limiting and degrading people who we care about.

For **"Engaged, Expert, Diverse Workforce"**; last week, the county had a consultant that did an evaluation on workforce equity and they presented a report for the whole county which is accessible to us. The Health Department will be participating and has developed a Workforce Equity Strategic Plan that has been shared with the County Chair. The plan contains certain things such as making sure there is a base level knowledge for managers.

Vanetta also shared that Multnomah County employees will be going through a technology software change to MultcoAlign, in January 2019. Things that will change

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are how time is recorded, how we look at budget, and evaluations. There is a hiring freeze that will be effective November 15th. Vanetta also mentioned that on Nov. 6th, the Senior Leadership team will be having Strategic Planning meeting. There was also a earthquake drill on October 18.

For **"Fiscally Sound and Accountable"** and **"Quality and Safety"**, our current McCoy building has been sold and they will be retrofitting for office space. Our move to the new building will be Spring 2019.

Questions or comments raised by CHC members:

- Iris asked if there are any plans to help support communities that are being attacked, such as non-citizens who fear coming to the clinic for services? Vanetta responded that we should share with people that we want to serve everyone and that we don't track or key in anybody's immigration status. We have bicultural, bilingual community health workers, and our refugee clinic that reach out to the communities that may be affected by the proposed changes to the Public Charge.
- Sue asked if we are doing anything that might inadvertently show immigration status like collecting social security numbers? Vanetta said we do collect and manage Social Security numbers and use a "dummy code" internally for patients that don't provide a SS#.

Council Business

Quality Committee Update

- Tara informed the board members that the Quality Committee has not met since the last update

No questions or comments were raised by CHC members.

Nominating Committee Update:

- Tara informed the board members that the Nominating Committee has not met since the last update.
- Susana and "D"eb have completed their new member orientation.
- Tara reminded board members they should have received an email from Holly Calhoun of Vanetta's evaluation which is due November 12th. The survey can be done electronically.

No questions or comments were raised by CHC members.

Executive Committee Update:

- Sue informed the board members that the Executive Committee met on October 22nd and discussed ideas and suggestions for the training that was held earlier today.
- Upcoming Committee work will include creating a Code of Ethics specifically for the CHC and developing the CEO succession plan.
- The Committee discussed how to improve the CEO/Director Evaluation. There will be room for board feedback. CHC members should have received an email with the attached CEO/Director Evaluation Survey.
- The Committee created the agenda for tonight by reviewing the materials.
- The Committee also talked about the importance of all CHC members familiarizing themselves with Co-Applicant Agreement. We look forward to engaging with the Board of County Commissioners moving forward.

No questions or comments were raised by CHC members.

Meeting Evaluation:

- Fabiola liked going over the rules. It was a great idea.
- Pedro liked that Linda remembered everyone's birthday.

Meeting Adjourned at 7:59pm.

Signed:

Pedro Sandoval Prieto
Pedro Sandoval Prieto, Secretary

Date:

12/10/2018

**Community Health Council
Public Meeting Agenda**

Monday, November 5, 2018

6:00-8:00 pm

**McCoy Building: 426 SW Stark St., 10th
Floor**



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

“D”eborah Abney; Dave Aguayo; Fabiola Arreola (Member-at-Large); Sue Burns (Vice-Chair); Jon Cole (Member-at-Large); Robyn Ellis; Iris Hodge; Tara Marshall (Chair); Susana Mendoza; Pedro Sandoval Prieto (Secretary); Wendy Shumway

| Item | Process/Who | Time | Desired Outcome |
|--|---|-----------------------|--|
| Call to Order/Welcome Ice-Breaker Introductions | <ul style="list-style-type: none"> Chair, Tara Marshall Ice-Breaker and Introductions | 6:00-6:10 (10 min) | All attendees introduce themselves Review processes |
| Minutes VOTE REQUIRED | <ul style="list-style-type: none"> Review and approve October Minutes | 6:10-6:15 (5 min) | Council votes to approve and Secretary signs |
| Gilead FOCUS Grant VOTE REQUIRED | <ul style="list-style-type: none"> HSC Clinic Manager, Toni Kempner | 6:15-6:25 (10 min) | Council discussion and vote to approve |
| Monthly Budget Report | <ul style="list-style-type: none"> Interim Director of Business Operations, Mark Lewis | 6:25-6:35 (10 min) | Council receives report |
| New Student Health Center VOTE REQUIRED | <ul style="list-style-type: none"> Commissioner Lori Stegmann SHC Manager, Alexandra Lowell | 6:35-7:00 (25 min) | Council discussion and vote to approve scope change |

| | | | |
|---|--|-----------------------|--|
| 2019 Executive Officer Election (Hand in Ballots) | <ul style="list-style-type: none"> • CHC Liaison, Linda Niksich • Secretary, Pedro Sandoval Prieto | 7:00 | Full Council votes by ballot; Linda and Pedro will verify over break |
| BREAK | <ul style="list-style-type: none"> • All | 7:00-7:10 (10 min) | Meet and greet |
| 2019 Executive Officer Election Results | <ul style="list-style-type: none"> • Chair, Tara Marshall | 7:10 | Chair will announce results |
| Board Training For Meeting Process Best Practices and Update Ground Rules Activity | <ul style="list-style-type: none"> • CHC Liaison, Linda Niksich | 7:10-7:35 (25 min) | Board Members will have new tools to use to expedite meetings and updated Meeting Ground Rules |
| ICS/Strategic Plan Updates VOTE REQUIRED | <ul style="list-style-type: none"> • ICS Director and Co-Interim HD Director, Vanetta Abdellatif | 7:35-7:45 (10 min) | Council receives report |
| Council Business Committee Reports VOTE REQUIRED | <ul style="list-style-type: none"> • Chair, Tara Marshall | 7:45-7:55 (10 min) | Council receives reports |
| Meeting Evaluation | <ul style="list-style-type: none"> • Chair, Tara Marshall | 7:55-8:00 (5 min) | Discuss what went well and what needs improvement |
| Adjourn Meeting | <ul style="list-style-type: none"> • Chair, Tara Marshall | 8:00 | Goodnight! |

Presentation Summary

Grant Opportunity

Community Health Council (CHC) Authority and Responsibility

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

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

| | | | |
|--|---|--|---------------------------------------|
| Date of Presentation: November 12, 2018 | | Program / Service Area: Health Center Program/HIV Health Services Center | |
| Presenters: Vanetta Abdellatif | | | |
| This funding will support: | <input type="checkbox"/> Current Operations | <input checked="" type="checkbox"/> Expanded services or capacity | <input type="checkbox"/> New services |
| Project Title and Brief Description: <ul style="list-style-type: none"> Expanded Hepatitis C Screening and Linkage to Care project The Multnomah County Health Department (MCHD) HIV Health Services Center/Health Center Program (HCP) has been invited by Gilead to apply for funds to support Hepatitis C testing and linkage to care | | | |

- The Project will support expanded screening workflows (hiring a Project Coordinator) and support linking patients who test positive to care (for Hepatitis C treatment)
-

What need is this addressing?

- A large number of people for which HC testing is indicated go undiagnosed
- Recent guidelines recommend testing all individuals born during 1945-1965 for hepatitis C virus (HCV) antibody. In fact, routine testing is often more effective when implemented for all patients 18 and older.
- Additional education for clinicians about the importance of RNA testing may help. However, with improved antiviral treatments now available for HCV, it is time for reflex HCV RNA testing for positive antibody tests to become routine, just as reflex Western blot testing is standard for human immunodeficiency virus.

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

FOCUS partners with over 100 healthcare institutions, government agencies and community partners to:

- Make routine HIV, HCV, and HBV screening a standard of care for appropriate patient populations;
- Reduce the number of undiagnosed individuals, decrease the number of those who are diagnosed late and ensure strong linkage to care and treatment;
- Expand stakeholder dialogue on these issues; and
- Change public perceptions and overcome stigma that may discourage testing.

MCHD will aim to test 30% of the primary care population 18 and older ((N=12,018) and link people who test positive to the Hepatitis C treatment program at the HIV Health Services Center (an estimated 240 people based on national data)

What is the total amount requested: \$313,202

*A **DRAFT** budget is attached*

Expected Award Date and project/funding period: January 1, 2019-December 31, 2019 – with possibility of funding up to three years

Presentation Summary

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

Upon a “yes” vote, MCHD will submit an application to Gilead Sciences for approximately \$313,202

Briefly describe the outcome of a “NO” vote or inaction by the Council (*be sure to also note any financial outcomes*)

Upon a “no” vote, MCHD will not submit an application to Gilead Sciences and will not be able to implement enhanced activities to identify people with Hepatitis C and link them to care.

Related Change in Scopes Requests: *Not applicable*

Multnomah County Health Department

Monthly Dashboard

September 2018

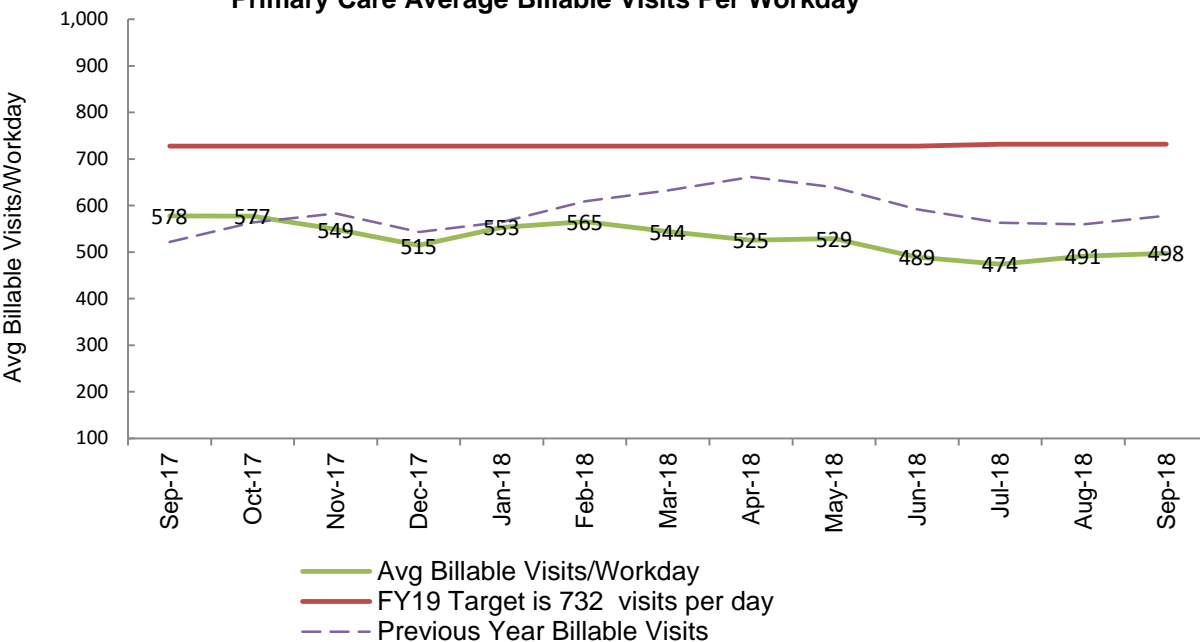
Prepared by: [Larry Mingo](#)



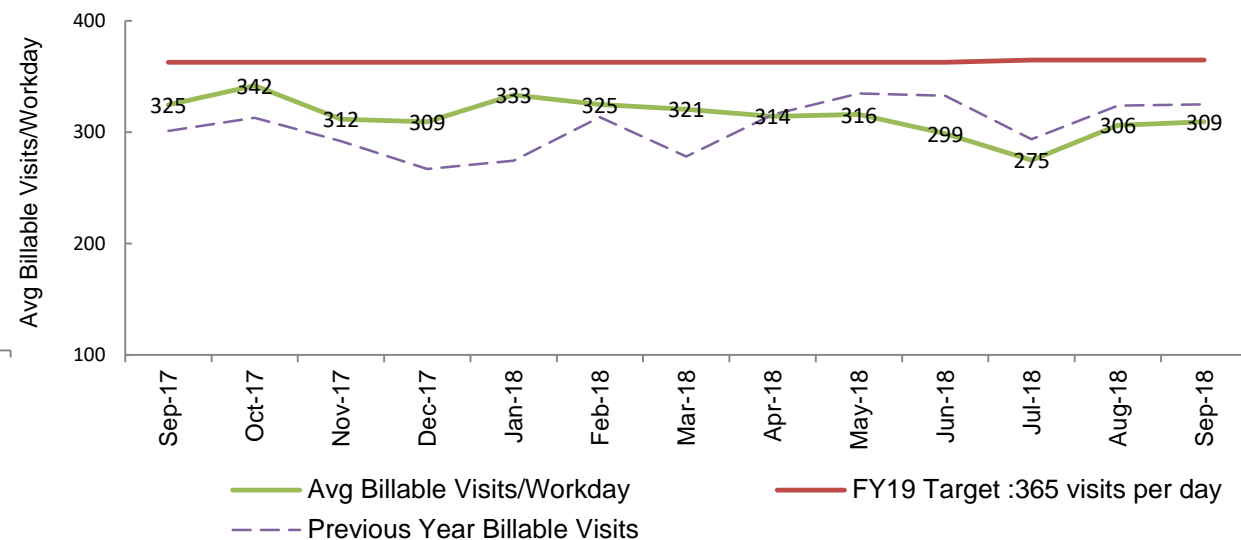
Multnomah County Health Department

Weekly Billable Visits Per Department

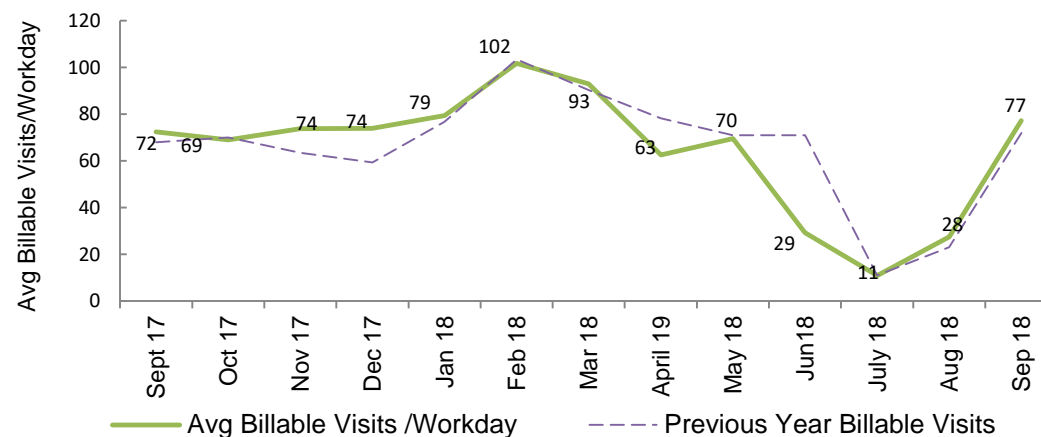
Primary Care Average Billable Visits Per Workday



Dental Average Billable Visits Per Workday



School-Based Health Center Average Billable Visits Per Workday



* SBHC clinics are closed during the month July except Parkrose SBHC

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.

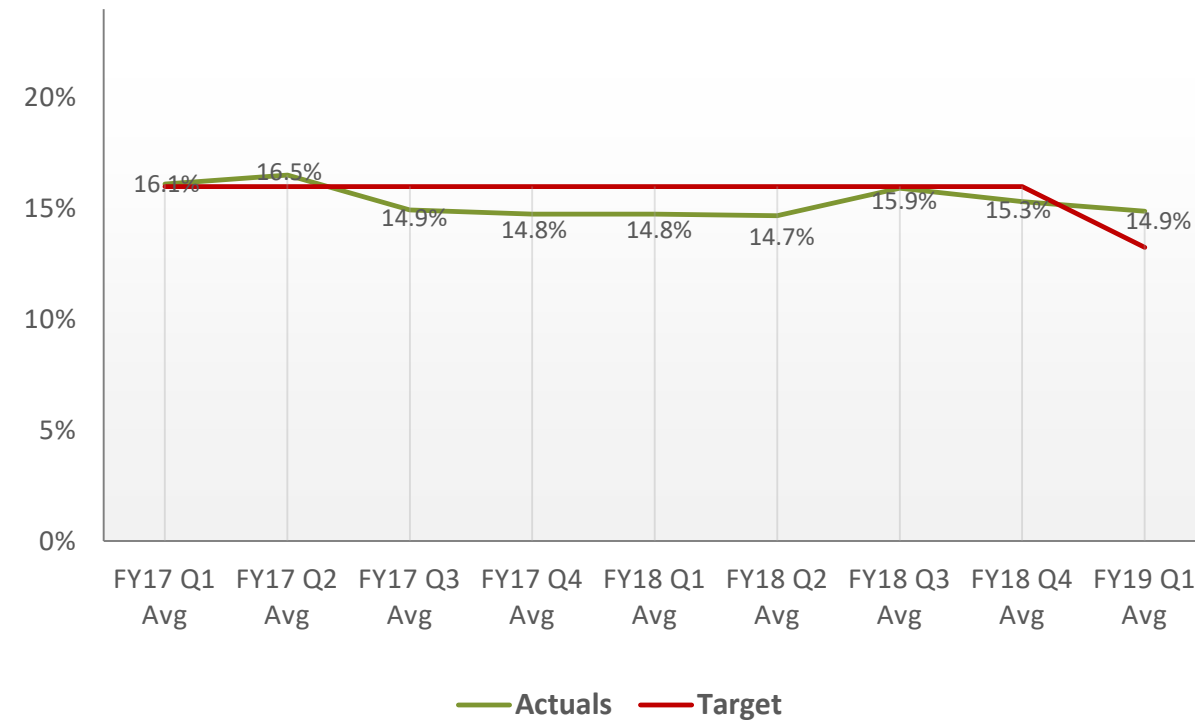




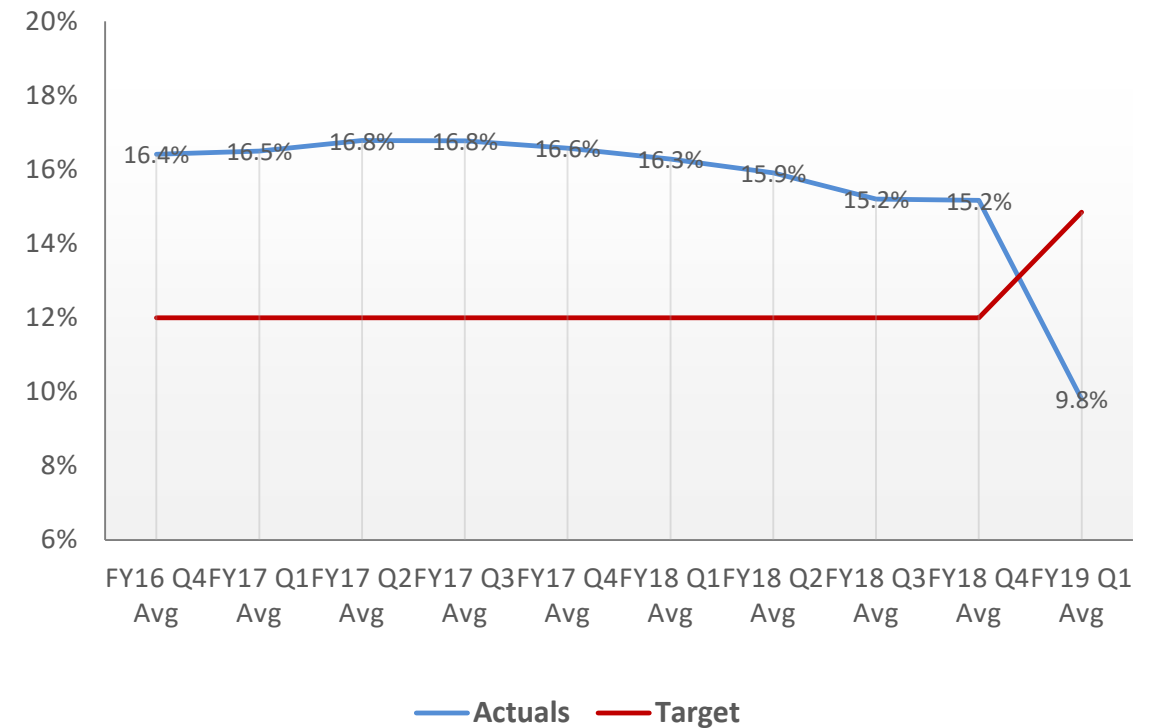
Multnomah County Health Department

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



*FY19 –Quarter#1 in progress (only includes July & Aug 18 Data)

Comments:

Primary Care % of Uninsured Visits for FY18: 16%; for FY19: 13.25%

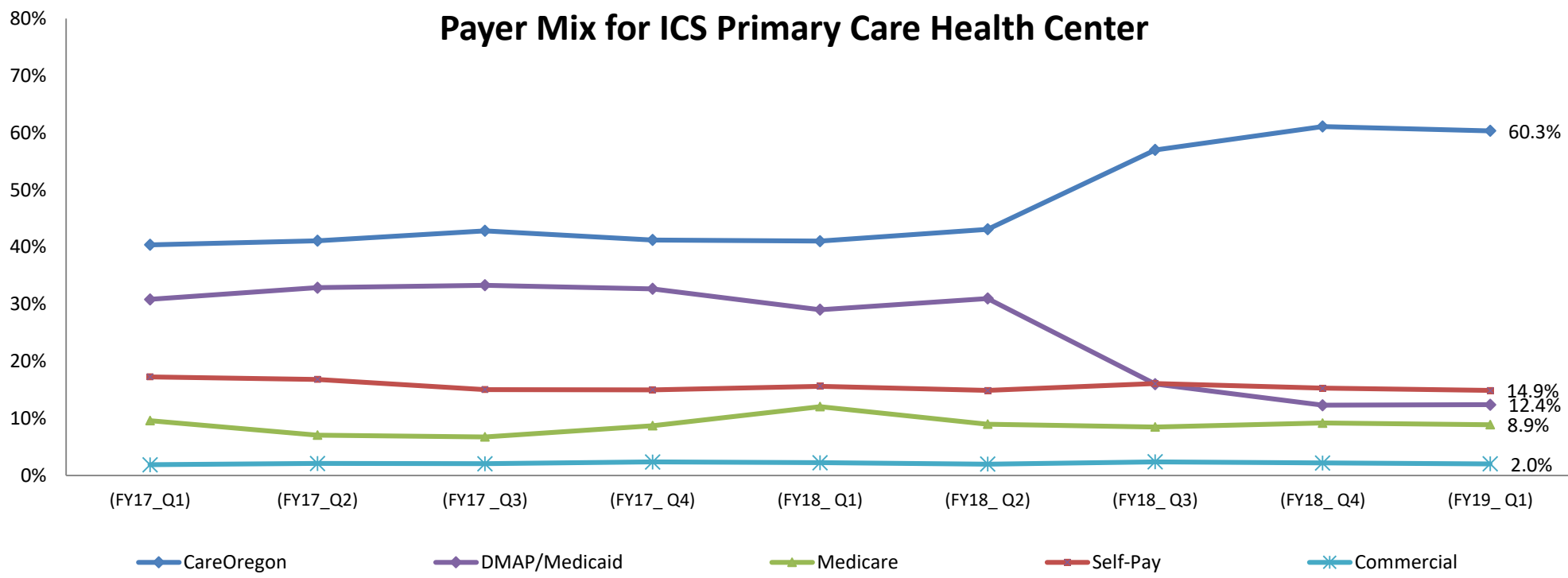
Dental % of Uninsured Visits for FY18: 12%; for FY19: 14.85%





Multnomah County Health Department

Monthly Percentage of Visits by Payer for ICS Primary Care Health Center



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

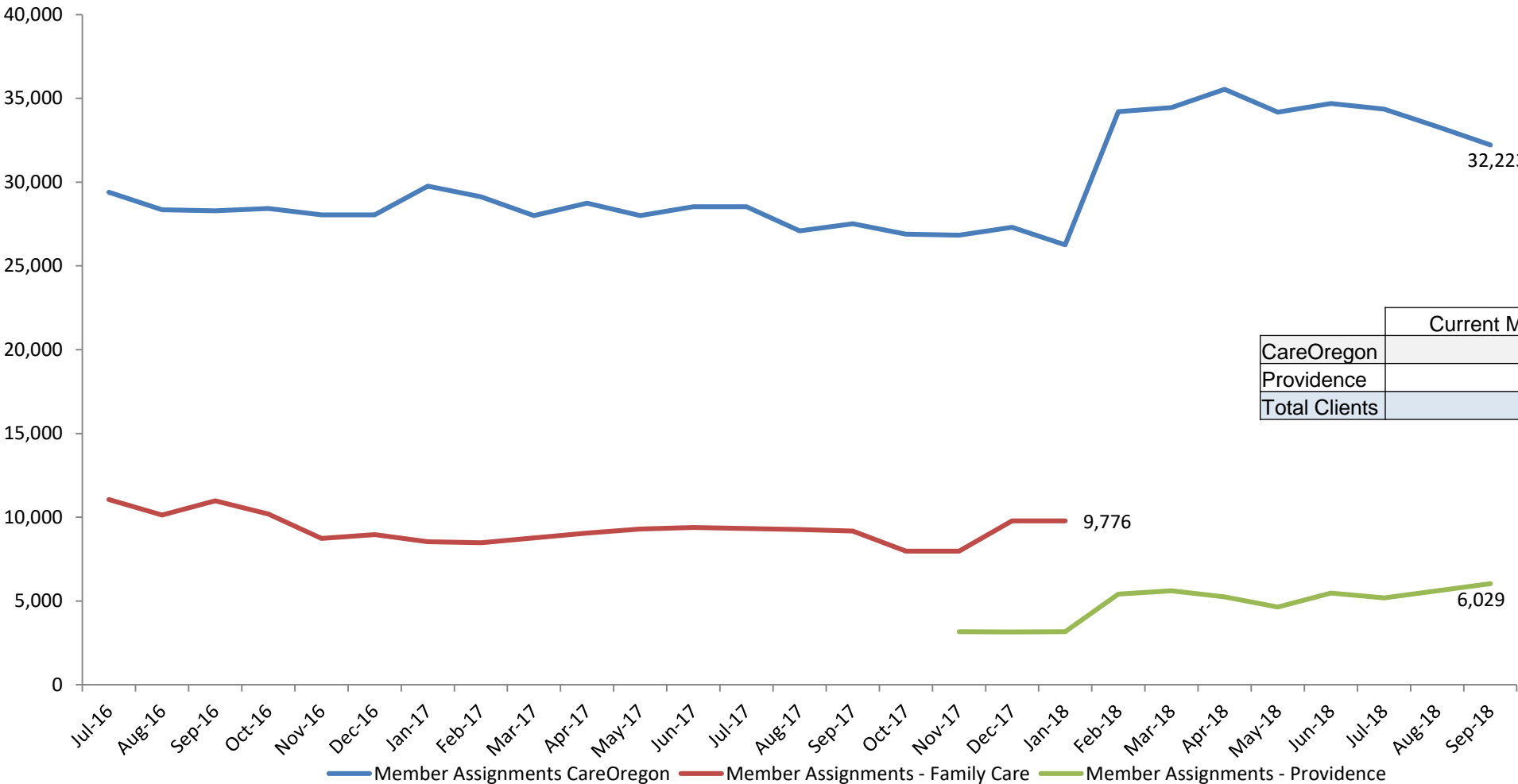




Multnomah County Health Department

MCHD Primary Care Member Assignments

Primary Care Member Assignments





Multnomah County Health Department
Community Health Centers: Financial Statement
For Period Ending September 2018

Community Health Centers - Page 1

September Target: 25%

| | Revised Budget | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 |
|--------------------------|-----------------------|---------------------|----------------------|----------------------|-------------|-------------|-------------|
| Revenue | | | | | | | |
| General Fund | \$ 4,312,638 | \$ 366,346 | \$ 367,215 | \$ 494,171 | \$ - | \$ - | \$ - |
| Grants - BPHC | \$ 9,967,847 | \$ - | \$ - | \$ 1,710,117 | \$ - | \$ - | \$ - |
| Grants - Incentives | \$ 7,556,480 | \$ - | \$ 1,068,109 | \$ 2,395,643 | \$ - | \$ - | \$ - |
| Grants - All Other | \$ 4,251,186 | \$ 141,462 | \$ 81,431 | \$ 564,969 | \$ - | \$ - | \$ - |
| Health Center Fees | \$ 96,429,375 | \$ 8,073,093 | \$ 9,176,380 | \$ 8,173,427 | \$ - | \$ - | \$ - |
| Self Pay Client Fees | \$ 1,166,294 | \$ 89,911 | \$ 104,923 | \$ 79,090 | \$ - | \$ - | \$ - |
| Total | \$ 123,683,820 | \$ 8,670,812 | \$ 10,798,058 | \$ 13,417,417 | \$ - | \$ - | \$ - |
| Expense | | | | | | | |
| Personnel | \$ 81,235,497 | \$ 6,133,508 | \$ 6,366,605 | \$ 6,095,199 | \$ - | \$ - | \$ - |
| Contracts | \$ 2,782,719 | \$ 114,895 | \$ 104,579 | \$ 493,346 | \$ - | \$ - | \$ - |
| Materials and Services | \$ 15,102,857 | \$ 1,166,819 | \$ 1,321,979 | \$ 1,466,084 | \$ - | \$ - | \$ - |
| Internal Services | \$ 23,992,747 | \$ 1,071,691 | \$ 1,899,579 | \$ 1,928,501 | \$ - | \$ - | \$ - |
| Capital Outlay | \$ 570,000 | \$ - | \$ - | \$ 19,355 | \$ - | \$ - | \$ - |
| Total | \$ 123,683,820 | \$ 8,486,913 | \$ 9,692,742 | \$ 10,002,485 | \$ - | \$ - | \$ - |
| Surplus/(Deficit) | \$ - | \$ 183,899 | \$ 1,105,316 | \$ 3,414,932 | \$ - | \$ - | \$ - |

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



| | Revised Budget | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 | Year to Date Total | % YTD |
|--------------------------|-----------------------|-------------|-------------|-------------|-------------|-------------|-------------|-----------------------|------------|
| Revenue | | | | | | | | | |
| General Fund | \$ 4,312,638 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 1,227,732 | 28% |
| Grants - BPHC | \$ 9,967,847 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 1,710,117 | 17% |
| Grants - Incentives | \$ 7,556,480 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 3,463,752 | 46% |
| Grants - All Other | \$ 4,251,186 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 787,862 | 19% |
| Health Center Fees | \$ 96,429,375 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 25,422,900 | 26% |
| Self Pay Client Fees | \$ 1,166,294 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 273,924 | 23% |
| Total | \$ 123,683,820 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 32,886,287 | 27% |
| Expense | | | | | | | | | |
| Personnel | \$ 81,235,497 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 18,595,312 | 23% |
| Contracts | \$ 2,782,719 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 712,820 | 26% |
| Materials and Services | \$ 15,102,857 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 3,954,882 | 26% |
| Internal Services | \$ 23,992,747 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 4,899,771 | 20% |
| Capital Outlay | \$ 570,000 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 19,355 | 3% |
| Total | \$ 123,683,820 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 28,182,140 | 23% |
| Surplus/(Deficit) | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 4,704,147 | |

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



Presentation Summary



MCHD as medical sponsor for the Reynolds High School (RHS) Student Health Center

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

| | |
|--|--|
| Date of Presentation: 11/5/2018 | Program / Area: Student Health Centers (SHC) |
| Presenters: Alexandra Lowell | |
| Project Title/Scope Change and Brief Description <ul style="list-style-type: none"> Change of scope of services: MCHD as medical sponsor for the Reynolds High School (RSH) Student Health Center | |
| Describe the current situation: <ul style="list-style-type: none"> Reynolds School District (RSD) has completed their SHC planning process and intend to open a SHC in FY2020. They have asked MCHD to be the medical sponsor. | |
| Why is this project, process, system being implemented now? <ul style="list-style-type: none"> RSD is ready to secure the medical sponsor of their health center as they begin the capital fundraising campaign for the construction of the space. The CHC needs to determine if they approve the expansion of service so the process can proceed for budget preparation and County Commissioner approval. | |
| Briefly describe the history of the project so far <i>(be sure to note any actions taken to address diverse client needs and cultures; to ensure fair representation in review and planning)</i> <ul style="list-style-type: none"> Over the last several years, the SHC program has worked with the CHC to create equitable, sustainable and operationally efficient services that maximize health impact for children and youth in Multnomah County. This process has included conducting an assessment to better understand need throughout the County, shifting to a K-12 model at high schools only, closure of low volume, high cost SHCs in K8s and middle schools (Lane, Harrison Park, Chavez, and George), and planning for SHCs in the high need areas of RSD and Gresham Barlow School District (GBSD). RSD has completed their planning process and intend to open a SHC at RHS in FY2020. RSD | |

Presentation Summary



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|---|
| has asked MCHD to be the medical sponsor. GBSD The has secured Wallace Medical Concern as their medical sponsor. |
| List any limits or parameters for the Council's scope of influence and decision-making <ul style="list-style-type: none">Any changes in services and sites must be approved by HRSA through a detailed change in scope process that HRSA manages as well as approval by the County Commissioners. |
| Briefly describe the outcome of a "YES" vote by the Council (<i>be sure to also note any financial outcomes</i>) <ul style="list-style-type: none">A yes vote confirms that the CHC approves MCHD becoming the medical sponsor and therefore changing the scope of services. There must be a parallel approval from the County Commissioners and a supporting FY2020 budget for the County to execute fully their role as medical sponsor.Students at RHS would be able to access health services at a Multnomah County Health Clinic in their school. |
| Briefly describe the outcome of a "NO" vote or inaction by the Council (<i>be sure to also note any financial outcomes</i>) <ul style="list-style-type: none">A no vote would impede the ability to move forward with the Commissioner vote and FY2020 budget for the RHS SHC.Multnomah County's Community Health Center would not open a new Student Health Center at RHS |
| Which specific stakeholders or representative groups have been involved so far? <ul style="list-style-type: none">The Community Health CouncilCounty Chair Deborah Kafoury, District 4 Commissioner Stegmann, District 3 Commissioner Vega PedersonReynolds High School / School District |
| Who are the area or subject matter experts for this project? (<i>& brief description of qualifications</i>) <ul style="list-style-type: none">Alexandra Lowell, SHC Program Manager |
| What have been the recommendations so far? <ul style="list-style-type: none">There has been agreement that both RSD and GBSD are high need areas that should be supported as they explore opening SHCs. In FY18, each school district received \$60,000 for planning and health center architectural designs. SHC and ICS leadership has been supportive of Wallace Medical Concern becoming medical |

Presentation Summary



sponsor of GBSD SHC. SHC and ICS recommend that MCHD be the medical sponsor for RHS.

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 and final reports.
- The high need for services in RSD was documented in several reports. The Medicaid Claim Analysis Report showed that RSD and David Douglas School District have the highest concentration of Medicaid insured school aged members and yet, RSD has no SHC.

Council Notes:



November 2, 2018

Community Health Council
Attn: Vanetta Abdellatif,
Interim Health Department Co-Director
Multnomah County Health Department
426 SW Stark Street
Portland, OR 97204

Dear Ms. Abdellatif:

Children's health is a fundamental right. As the Superintendent of the Reynolds School District, I am grateful for the robust network of school health centers (SHCs) sponsored by the Multnomah County Health Department. In particular, I appreciate the availability of county sponsored SHCs who welcome youth from the Reynolds School District to access health services without question or expense. Thank you for the recent investment of a SHC planning grant awarded to the Reynolds community. As consequence of the extensive community engagement and input process, a consensus formed to declare equitable health access for Reynolds students as an immediate priority. Please accept this letter as formal request to the Multnomah County Health Department for medical sponsorship of a new school health center to be established at Reynolds High School.

In the remainder of this year, the Reynolds School Board will be selecting a site from the four renderings of the architectural feasibility study commissioned through the planning grant. In addition to dedicating the space to site an SHC at RHS, my team is poised to partner with county health department staff to design a facility that is optimal for student access and health practitioner outcomes. To maximize SHC utilization, I will direct school and partner staff to collaborate with county personnel to refer and welcome a reliable client base. I want to see our community's children filling appointments every day!

My tenure as Reynolds Superintendent commenced in July, 2018. I am already impressed with the myriad of assets our partners bring. Preeminent among them is Multnomah County who dedicate abundant resources to east county students and families. Thank you for the ongoing commitments and consideration of this new investment for health equity in the Reynolds School District.

Sincerely,

A handwritten signature in black ink that reads "Danna Diaz". The signature is fluid and cursive, with the first name "Danna" being more prominent than the last name "Diaz".

Dr. Danna Diaz,
Superintendent
Reynolds School District

2019 Executive Officer Ballot

Vice Chair - Sue Burns (unopposed)

Treasurer - David Aguayo (unopposed)

Member at Large (Circle ONE)

Fabiola Arreola

Wendy Shumway

BOARD TRAINING

Meeting Processes, Robert's Rules and Best Practices



- Board Meeting Processes and Robert's Rules
 - Smaller boards can adopt rules such as limiting length of time for questions (refer to committees if necessary)
 - Less formal use of Robert's Rules help expedite meeting business in smaller boards with limited time
- Discussion Time Limits
 - Through General Consent (preferred)
 - Through a motion and vote (if there is any objection)
- Referring to Sub-Committees
 - Through General Consent (preferred)
 - Through a motion and vote (if there is any objection)
- Sub-Committee Roles
 - Sub-Committees help divide up the work of the board
 - When a topic or question needs further study or investigation; refer to appropriate sub-committee
 - Sub-Committees work with Health Center Management and report back to the board
 - Sub-Committees make recommendations to the board based on what they have learned during committee work meetings
- Accepting Reports (change process for receiving reports)
 - Robert's Rules state that reports are simply received (not accepted, adopted, or approved)
 - This has been causing confusion and unnecessary anxiety among board members during meetings

Executive Officer Leadership in Meetings

- Chair's Role in Meetings
 - To facilitate meeting procedures
 - To prod the group to move ahead
 - Encourages the board to take action
 - Makes sure that meetings begin and end on time
 - Attempts to ensure that all members participate and that all sides of an issue are discussed
 - Lead by example with kindness and respect
- Vice-Chair's Role in Meetings
 - Back-up for the Chair
 - Supports the Chair
 - Lead by example with kindness and respect
- Secretary's Role in Meetings
 - Timekeeper
 - Ensuring that minutes are being taken and that they are accurate
 - Support the Chair
 - Lead by example with kindness and respect
- Treasurer's Role in Meetings
 - Pays special attention to financial reports for accuracy and content
 - Assists in interpreting financial reports for the board
 - Lead by example with kindness and respect
- Members-at-Large Role in Meetings
 - Support the Chair
 - Lead by example with kindness and respect

Board Member Leadership

- Board Member Role in Meeting Processes
 - Co-Create and abide by the Meeting Ground Rules
 - Exercise common courtesy, kindness, and respect
 - Support each other and their voice

Best Practices/Suggestions for Meeting Agreements

- *Co-create the rules of engagement (or etiquette); they should clearly set the tone for professional and courteous meetings*
- *Put the interest of the Health Center above any personal or other business interest*
- *Maintain confidentiality of board information*
- *Exercise common courtesy, kindness, and respect*
- *Use Time Wisely; it shows that everyone and their time are valuable*
- *Review information and data provided to the board and make informed decisions*
- *Exercise reasonable business judgment in the conduct of board business*
- *Attend board meetings regularly and participate actively*
- *Parking Lot; “Thank you for that point, Mary. However, it goes beyond the purpose of this meeting. Let me write down that item in the ‘parking lot’ and I will include it in the meeting notes that I will*

send out by email so we can explore that point at the right time.”

- *Be mindful of the objective and outcome for each agenda item and don't stray from them*
- *Don't dominate the conversation; make a point of asking others for their ideas; be public about it, “We appreciate your contributions, but now we need input from others before making a decision.”*
- *Ban technology; don't just put your phone on vibrate, put it away for the entire meeting*

Meeting Ground Rules

Updating Activity



- Start and end meetings on time
- Raise your hand to speak
- Silence cell phones or put them on vibrate
- Review meeting materials before each meeting
- Share time so that all can participate
- Be free to speak minds without fear of reprisal
- Be respectful when others are speaking
- Use the note cards for additional questions
- Adopt a learner's mindset or "Be willing to learn"
- Work toward problem-solving and shared understanding
- Ask questions
- Stick to topic/task and refrain from personal shares