

## Community Health Council Board Meeting Minutes

**Date:** Monday, January 14th, 2019

**Time:** 6:00 PM

**Location:** McCoy Building, 10<sup>th</sup> Floor Conference Room

**Approved:**  
**Attendance:**

**Recorded by:** Anna Johnston

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	N
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	N
Lucia Cabrejos	Interpreter, Passport to Languages	Y
Adrienne Daniels	ICS Deputy Director	Y
Fran Davison	Senior Management Auditor	Y
Anna Johnston	Executive Primary Care Support Analyst	Y
Marty Grasmeder	ICS Medical Director	Y
Len Barozzini	Dental Director	Y
Ritchie Longoria	Pharmacy and Lab Director	Y
Linda Niksich	Community Health Council Coordinator	Y
Christine Palermo	Dental Program Manager	Y
Tony Gaines	SEHC Clinic Manager	Y
Dawn Shatzel	Quality Director	Y
Tasha Wheatt-Delancy	Primary Care Services Director	Y

**Guests:** Harold Odhiambo, Chair Deborah Kafoury and Commissioner Sharon Meieran

### Action Items:

- Linda to finalize the new Meeting Agreements and get them printed on large board as well as updating the name tents

### Decisions:

- Approved the December 2018 Meeting Minutes (with corrections)

- Approved Scope change; Removal of Medical Services from St. Francis Dining Hall
- Approved Meeting Agreements
- Approved New Board Member, Harold Odhiambo (Community Member)

**The meeting was called to order at 6:06 pm by Chair, Tara Marshall.**

**The Meeting Ground Rules were presented by Board Member, Wendy Shumway.**

**Noted that quorum was met.**

## **December 2018 Meeting Minutes Review**

*(See Document - December 2018 CHC Meeting Minutes)*

***Motion by Fabiola Arreola to approve the December 2018 Minutes.***

***Seconded by Susana Mendoza.***

***10 aye; 0 nay; 0 abstain***

***Motion carries***

**Introductions of Chair Deborah Kafoury and Commissioner Sharon Meieran were given by Board Chair Tara Marshall.**

## **HC Overview; ICS Deputy Director Adrienne Daniels**

- Adrienne offered an overview and history of the Health Center Program. The average income of our patients is well below the poverty line and the health centers are strategically located to be accessible to the most vulnerable patients.
- Adrienne went over some statistics from each health center and the specialized services offered:
  - East County - has Medical, Dental, Pharmacy as well as the Baby Day Dental Program.
  - Mid County - Is the largest and busiest health center that is the main provider for the state's Refugee Health Program.
  - Southeast - Has cooking classes, yoga and offers medical and dental services.
  - La Clinica - Has only medical services and acupuncture services.
  - North Portland - Provides medical services with potential to expand into providing dental services.
  - Northeast - Is a large health center that shares a building with Veterans Services, and Aging and Disability offices.
  - HIV center - Provides specialized services for HIV patients.
  - Student Health Centers - We have 10 throughout the county.
  - Donald E. Long is a detention facility for youth.

*Questions and comments raised by CHC members:*

- Wendy asked if we also worked in the jails.
  - Adrienne answered that the corrections health inside the jails is not within the scope of ICS or the FQHC.



## CHC Introductions

- Tara Marshall - Tara has served on the board for approximately 2.5 years and is passionate about health care. Tara also works in the health insurance industry.
- Fabiola Arreola- Fabiola has been coming to the health centers for about 10 years and wants to help others get access to the health centers and serve as a bridge for her community
- Pedro Sandoval Prieto - Pedro has been on the board for about 4 years and is the current Board Secretary. He feels that there is a need in the community for representation from the Latino community to be present at these meetings. He is a health promoter in his church and is proud to be a part of the board because of the great services provided by the health centers.
- Susana Mendoza - Susana has not been on the board very long (almost one year) and is a patient at La Clinica. Her kids go to schools where the student health centers are located. She serves on the board to help be a part of the community (stay connected) and feels that there are many chronic illnesses in the community.
- David Aguayo - Dave joined the board in February, grew up in a family similar to our patients with little resources, works in health insurance and has worked on health intervention programs for children.
- Iris Hodge - Iris has been on the board almost a year, works in advocacy of health care and equity, and serves as the community chair for the Quality Committee
- Wendy Shumway - Wendy has been on the board for many years and joined because she remembers always getting excellent care at the health centers. She enjoys being a voice for others.
- Sue Burns - Sue is the Vice Chair and a patient at the Southeast Health Center. She was impressed with the level of care she received and shocked she could get a same day appointment.
- Jon Cole - Jon went to the Student Health Centers as a youth and then the North Portland Health Center. He enjoys being a part of the community and believes in whole person health.
- (Deborah) "D"eb Abney - "D"eb as been on the board for 2 months, has been a patient at East County for about 10 years, believes whole health is important, loves the diversity at East County and believes in teamwork.

## Chair Introductions

- Chair Deborah Kafoury thanked the board and staff for their time and wants to make sure that everyone has a voice in the community. Next year's meeting will take place in the new Health Department building. This will be a tight budget year for the County General Fund (CGF) and is predicted to be tight for the next five years. We are asking

departments to make administrative cuts and evaluate programs. The goal is to put people first, maintain services and look forward to the budget work and partnerships we have so that changes will be made as team. We are not foreseeing huge CGF cuts to ICS. Another focus is the nexus between behavioral health services and the justice system and spending time on that connection.

- Commissioner Sharon Meieran thanked the board for the invite, although we all have different jobs we are all here for the same reason: whole health. Wherever a person is in the community; Criminal justice system, schools, health centers, we are here to help. As an emergency room doctor she sees the patients that fall through the cracks and that can be prevented. She sees opportunities to make interventions as she works about two shifts a week at Kaiser. Doing this work as an emergency room doctor also helps shape her work and perspective as a commissioner.
  - Wendy mentioned that she was a frequent flyer at the emergency rooms before she, like many others, was not aware of some of the services we provide. She came back again and again because she felt she was just pushed away and not really helped.
  - Question: Wendy asked Sharon how we are going to help with the wrap around services.
    - Sharon answered that the main priorities are the mental health and homelessness issues. The ER can be a chaotic, traumatic place and some patients come in the ER because they couldn't get services in the community. Sharon said she also wants to work on the behavioral health transformations and take a deeper look into how mental health services are being used. Deborah mentioned that work is being done on housing support because the housing crisis has hit the most vulnerable populations the hardest. The Metro Housing model was also mentioned.
  - Question: Sue asked if the County has looked at the "Housing First" model.
    - Sharon answered yes they have but the way housing costs have risen so much it has been difficult to keep up. Last year approximately 30k were helped with housing services from the office of housing services
  - Pedro mentioned that since the new president has come into office, many in the Latino community have been fearful to go to the clinics. Rents have gone up, insurance costs have gone up and people in the community are reaching out to the churches for help with all of the changes.
    - Question: Pedro asked how the county is prepared to help the community with these changes.
    - Answer: Deborah answered that they are aware of the changes at the federal level that are affecting the Latinx community. They are focusing funds currently towards culturally specific networks because words of trust



that come from these organizations is often more powerful. There are also funds going towards legal services to help with visas and legal issues

- Pedro commented that his brother in law was deported and he is trying to help his sister and nephews.
- Iris thanked the women Commissioners for their dance routine that was posted online.
- Tara invited the Chair and Commissioner to come to any meetings.

## **Break for 10 minutes...**

### **HRSA - Scope of change: St. Francis Dining Hall Medical Services**

- Southeast Health Center Manager Tony Gaines presented a scope change for St. Francis Dining Hall clinic to vote on removing medical services from the scope at that site. Two providers retired in November that staffed St. Francis.
  - A "Yes" vote would mean Multnomah County Health Department will no longer staff the St. Francis Dining Hall with medical providers nor see patients for medical appointments.
  - A "No" vote would mean that they would have to figure out how to continue to provide medical services at St. Francis.
- Background information on the issue:
  - St. Francis is located between 2 and 3 miles from the Southeast Health Center and has struggled to maintain a utilization rate higher than only 1.6 patients a day.
  - Tara asked what qualifies as low utilization and Tony answered that it has been 1.6 patients a day.
  - Outreach is provided by Community Health Workers at St. Francis, and will continue at this site to assist patients in getting in to the Southeast Health Center. This includes providing bus passes, etc.
  - Hours currently are Tuesday and Thursday from 1pm-4pm
  - The building is not structurally sound and has flooding issues and associated health hazards. Multnomah County does not own the facility and cannot make improvements.
  - There are limits of what types of services we can provide there because it is on church property (no contraceptives).
  - Services for the homeless population would still continue at all of our other clinic sites and alternative sites are being researched.
- Question: Wendy asked if the numbers were always this low and how that number was determined.
  - Tasha answered that yes, the numbers have always been low at St. Francis for utilization of the services and the 1.6 patients is an average based on visits.
    - The need for housing was a higher priority for patients.
  - Tony added that patients are telling the providers that Medicare has changed and coverage for some has dropped.
- Question: Wendy asked if we still have medical vans.

- Tasha answered that no, we have not had medical vans for about 4 years.
- Question: Jon asked if they vote to close, when that would happen.
  - Tony answered that it wouldn't be actually closing we just would not be providing medical services and that there is no timeline in mind yet.
- Question: Susana asked where St. Francis was located?
  - Tony answered that it is located at SE 11th and Oak street.
- Question: Fabiola asked if they are addressing where those patients will go.
  - Tony answered that yes, it is an ongoing concern and that CHWs will help get patients to one of our clinics.
- Question: Sue asked if outreach will continue there?
  - Tony answered that yes, Community Health Workers and Eligibility Specialists will continue the outreach efforts at St. Francis.

**Motion by Jon Cole to approve the scope change**

**Seconded by Iris Hodge**

**10 aye; 0 nay; 0 abstain**

**Motion carries**

## **New Board Member Vote**

Previous board chair Harold Odhiambo was unanimously voted back on the board by ballot vote.

## **Ground Rules Update**

- During the December meeting the board met and worked on updating the meeting ground rules to "Meeting Agreements".
  - "Agreements" sounds friendlier and more inviting.
  - The order of the agreements was updated to flow better.
  - Linda clarified that limited sharing stories is acceptable to set up context related to the topic at hand in order to stay on track as far as time on the agenda.
  - Take breaks as needed.
  - The new Meeting agreements will take about some time to get from the printer.
  - David asked to add "be" to the third agreement, right before "open to others' ideas". - Linda made a note to correct.
  - The group asked for bigger font on the back of the name tents.

**Motion by Wendy to approve the Meeting Agreements**

**Seconded by Deborah**

**10 aye; 0 nay; 0 abstain**

**Motion carries**

## **Council Business**

### **Quality Committee Update**



- Tara informed the board members that the Quality and Finance Committees have not met since her 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 her last update.

*No questions or comments were raised by CHC members.*

## **Executive Committee Update:**

- A review of the evaluation was given for the ICS Director, Vanetta Abdellatif.
  - A link to the evaluation was sent out and approximately 10 responses were received.
  - Overall information has improved.
  - Questions are answered promptly.
  - A more proactive approach with new board members, was suggested.
  - The retreat was mentioned as a good way to stay connected.

*No questions or comments were raised by CHC members.*

## **ICS/Strategic Plan Updates**

*ICS Deputy Director Adrienne Daniels:*

- The Focus Grant was approved in November by CHC vote.
- The HRSA award was granted. We will continue to get up to 10 million a year from HRSA.
- The previously discussed expansion of services to Reynolds High School: Reynolds School Board voted to continue to move forward with the process.

*Questions or comments raised by CHC members:*

- Sue asked what affect the government shut down had on the finances of the health centers.
  - Adrienne answered that currently, there have been no effects on the Medicare or Medicaid entitlement programs (these programs continue services even during a shutdown).

## **Meeting Evaluation:**

- The food and desserts were delicious.
- The session with the commissioner and chair was good and it would be nice to have

## Community Health Council

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them included in future meetings.

Meeting Adjourned at 7:50pm.

Signed:

*Pedro Sandoval Prieto*  
Pedro Sandoval Prieto, Secretary

Date:

*February 14, 2019*



Community Health Council  
Public Meeting Agenda

Monday, January 14, 2019

6:00-8:00 pm

McCoy Building: 426 SW Harvey Milk St.,  
10th Floor Conference Room



*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"eb 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
<b>Call to Order/Welcome</b>	<ul style="list-style-type: none"><li>Chair, Tara Marshall</li></ul>	6:00-6:10 (10 min)	Review processes
<b>Minutes</b> <b>VOTE REQUIRED</b>	<ul style="list-style-type: none"><li>Review and approve December Minutes</li></ul>	6:10-6:20 (10 min)	Council votes to approve and Secretary signs for the record
<b>Special Guests:</b> <b>Chair Kafoury and Commissioner Meieran</b>  <b>w/Health Center Overview and Introductions</b>	<ul style="list-style-type: none"><li>HC Overview; ICS Deputy Director, Adrienne Daniels (10 min)</li><li>CHC Introductions (15 min)</li><li>Chair Kafoury and Commissioner Meieran Introductions and Shares (15 min)</li></ul>	6:20-7:00 (40 min)	CHC and BCC Co-Applicant Partnership Communications

<b>BREAK</b>	<ul style="list-style-type: none"> <li>All</li> </ul>	7:00-7:10 (10 min)	Meet and greet
<b>Scope Change: St Francis Dining Hall</b> <b>VOTE REQUIRED</b>	<ul style="list-style-type: none"> <li>SEHC Manager, Tony Gaines</li> </ul>	7:10-7:20 (10 min)	HRSA requires Council vote on Scope Changes
<b>New Member Nomination</b> <b>BALLOT VOTE</b>	<ul style="list-style-type: none"> <li>CHC Coordinator, Linda Niksich and CHC Secretary, Pedro Sandoval Prieto</li> </ul>	7:20-7:30 (10 min)	Present Candidate and verify ballot results
<b>Ground Rules Update</b> <b>VOTE REQUIRED</b>	<ul style="list-style-type: none"> <li>CHC Coordinator, Linda Niksich</li> </ul>	7:30-7:40 (10 min)	Vote on updated ground rules
<b><u>Council Business</u> Committee Updates</b>	<ul style="list-style-type: none"> <li>Executive Committee Update; Chair, Tara Marshall</li> <li>ICS Director Eval Report; Chair, Tara Marshall</li> </ul>	7:40-7:55 (15 min)	Council receives updates and ICS Director Eval report
<b>Meeting Evaluation</b>	<ul style="list-style-type: none"> <li>Chair, Tara Marshall</li> </ul>	7:55-8:00 (5 min)	Discuss what went well and what needs improvement
<b>Adjourn Meeting</b>	<ul style="list-style-type: none"> <li>Chair, Tara Marshall</li> </ul>	8:00	<b>Goodnight!</b>



## Meeting Agreements

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- Be mindful of the time
- Review meeting materials before each meeting
- Be willing to learn and be open to others' ideas
- Raise your hand to speak
- Share time so that all can participate
- Foster an environment of respect, empowerment, and equity for yourself and others when speaking
- Stick to the topic/task and limit personal shares
- Work toward problem-solving and shared understanding
- Ask questions
- Feel empowered to take a break if needed
- Silence your cellphones

# Presentation Summary



## Scope Change: Removal of St. Francis

Inform Only	Annual/ Scheduled Process	New Proposal	Review & Input	Inform & Vote
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Date of Presentation: 1/14/19	Program / Area: Primary Care
Presenters: Tony Gaines	
Project Title/Scope Change and Brief Description <ul style="list-style-type: none"><li>Removal of St. Francis Dining Hall from Scope</li></ul>	
Describe the current situation: <ul style="list-style-type: none"><li>MCHD has operated a small, limited-hours clinic at the St. Francis Dining Hall. Recently, both providers at this clinic announced their retirement.</li><li><b>The site has significant barriers to providing comprehensive, quality care:</b><ul style="list-style-type: none"><li>Family Planning Services, much needed by our patients, are not permitted at site.</li><li>There is no point of Care testing permitted per Central Lab, so there can be no blood draws, blood glucose testing (which is a part of responding to back-up calls), or specimen collection on site.</li><li>There is only one sink in the office space; ideally in a clinic environment we would want one clean sink and one dirty sink</li><li>There is no space for refrigerator; thus we are unable to store vaccines</li><li>There is limited space to store Biobins.</li><li>Water pools regularly on the floor with rain, causing up to a ½ inch of water on office and clinic room floor. MCHD staff must mop floor dry as much as they can and use fans. This represents a significant safety concern for staff and patients due to the potential for falls.</li><li>Additionally, mold has been noted in the cove base, and there have been repeated issues with moths from the sink.</li><li>The clinic's limited hours and staffing inhibits our ability to support patients through the comprehensive, team based care model provided at our other sites.</li></ul></li><li>There are currently no medical providers at the clinic, and utilization has been low.</li></ul>	



# Presentation Summary



- The site served very few patients: an average of 1.6 patients per day, and was open Tuesdays and Thursdays from 1 to 4 pm. Thus, few people are at risk of having their care disrupted.
- Staff are currently working with patients to schedule appointments at the Southeast Health Center and transition all care to new providers.
- Leadership is examining if there are other locations which will have better clinical space and access to social services to best serve our clients.

Why is this project, process, system being implemented now?

- Without clinical services provided at the site, the board must vote to close this site or identify additional funding and resources to maintain clinical services

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)*

- We are currently reviewing the services we provide to our homeless population.
- Our work to date has included understanding homelessness prevalence and where the greatest needs are in our community, coupled with a mapping exercise to show where services are provided by both us and our community partners.
- Clients are already being redirected to other access points for health care.

List any limits or parameters for the Council's scope of influence and decision-making

- The change requires Council approval via formal vote.
- This vote will only impact services at the St. Francis location.

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

- MCHD will no longer include the St. Francis Dining Hall as a health care delivery site. Leadership will be able to continue searching for alternative locations to deliver medical services.

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

- MCHD would have to strategize how to continue provide clinical services at the site, despite low utilization, or risk non-compliance with HRSA rules.

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

- Debbie Powers – Deputy Primary Care Director and Manager, Rockwood Community Health Center
- Tasha Wheatt-Delancy – Primary Care Services Director

# Presentation Summary



- Tony Gaines – Manager, Southeast Health Center Manager
- Kate Cooper – Project Manager
- Alex Lehr O’Connell – Senior Grants Management Specialist

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

- Tony Gaines – Manages Southeast Health Center and St. Francis Dining Hall Services
- Debbie Powers – Deputy Director for all primary care services
- Tasha Wheatt-Delancy – Director for all primary care services

What have been the recommendations so far?

- To cease all clinical services and redirect patients elsewhere for care and remove the site from our HRSA scope.
- Identify alternative future location for medical services in order to best provide health and social services

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

- Patients are already being routed to other sites and location is not an optimal space to provide care.
- Compliance with HRSA requires action, as there are currently no providers on site at the clinic.

Council Notes: