Community Health Council

Community Health Council Board Meeting Minutes
Date: Monday, February 11th, 2019
Time: 6:00 PM
Location: McCoy Building, 10th Floor Conference Room

Approved: 
Attendance: 
Recorded by: Anna Johnston

<table>
<thead>
<tr>
<th>Board Members</th>
<th>Title</th>
<th>Y/N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deborah Abney</td>
<td>Board Member</td>
<td>Y</td>
</tr>
<tr>
<td>David Aguayo</td>
<td>Treasurer</td>
<td>N</td>
</tr>
<tr>
<td>Fabiola Arreola</td>
<td>Member-at-Large</td>
<td>Y</td>
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<tr>
<td>Sue Burns</td>
<td>Vice Chair</td>
<td>Y</td>
</tr>
<tr>
<td>Jon Cole</td>
<td>Member-at-Large</td>
<td>Y</td>
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<tr>
<td>Robyn Ellis</td>
<td>Board Member</td>
<td>Y</td>
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<td>Iris Hodge</td>
<td>Board Member</td>
<td>N</td>
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<tr>
<td>Tara Marshall</td>
<td>Chair</td>
<td>Y</td>
</tr>
<tr>
<td>Susana Mendoza</td>
<td>Board Member</td>
<td>Y</td>
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<tr>
<td>Pedro Sandoval Prieto</td>
<td>Secretary</td>
<td>Y</td>
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<tr>
<td>Wendy Shumway</td>
<td>Board Member</td>
<td>Y</td>
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<tr>
<td>Harold Odhiambo</td>
<td>Board Member</td>
<td>Y</td>
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<table>
<thead>
<tr>
<th>Staff</th>
<th>Title</th>
<th>Y/N</th>
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<tbody>
<tr>
<td>Vanetta Abdellatif</td>
<td>Interim Health Department Co-Director</td>
<td>Y</td>
</tr>
<tr>
<td>Lucia Cabrejos</td>
<td>Interpreter, Passport to Languages</td>
<td>Y</td>
</tr>
<tr>
<td>Adrienne Daniels</td>
<td>ICS Deputy Director</td>
<td>Y</td>
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<tr>
<td>Fran Davison</td>
<td>Senior Management Auditor</td>
<td>Y</td>
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<tr>
<td>Kimmy Hicks</td>
<td>Quality Project Manager</td>
<td>Y</td>
</tr>
<tr>
<td>Anna Johnston</td>
<td>Executive Primary Care Support Analyst</td>
<td>Y</td>
</tr>
<tr>
<td>Marty Grasmender</td>
<td>ICS Medical Director</td>
<td>Y</td>
</tr>
<tr>
<td>Ryan Linskey</td>
<td>Quality Project Manager</td>
<td>Y</td>
</tr>
<tr>
<td>Ritchie Longoria</td>
<td>Pharmacy and Lab Director</td>
<td>Y</td>
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<tr>
<td>Linda Niksich</td>
<td>Community Health Council Coordinator</td>
<td>Y</td>
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<tr>
<td>Christine Palermo</td>
<td>Dental Program Manager</td>
<td>N</td>
</tr>
<tr>
<td>Nick Tipton</td>
<td>Interim Rockwood Clinic Manager</td>
<td>Y</td>
</tr>
<tr>
<td>Dawn Shatzel</td>
<td>Quality Director</td>
<td>Y</td>
</tr>
<tr>
<td>Ray Sindell</td>
<td>La Clinica Manager</td>
<td>Y</td>
</tr>
<tr>
<td>Tasha Wheatt-Delancy</td>
<td>Primary Care Services Director</td>
<td>N</td>
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Guests: Tamia Deary, Steve Kokes

Action Items:
- Mark Lewis to follow up on the billable visits report and the question raised if the cost per visit by patient included Pharmacy costs of prescriptions? (Or is the cost per visit only referring to Primary Care costs)
Community Health Council

- Linda to edit and reprint meeting agreements in Spanish (sign, table name tents, and binder materials)

**Decisions:**
- Approved the January 2019 Meeting Minutes
- Approved Policy Update HRS.04.07
- Approved Moving Service to New Headquarters Building
- Approved the SPIRE Oregon State grant Submission

The meeting was called to order at 6:02 pm by Chair, Tara Marshall.

The Meeting Agreements were presented by Board Member, Wendy Shumway.

Noted that quorum was met with 9 members in attendance

**January 2019 Meeting Minutes Review**
(See document - January 2019 CHC Meeting Minutes)

*Motion by Jon Cole to approve the December 2018 Minutes.*
*Seconded by Wendy Shumway.*
*9 aye; 0 nay; 0 abstain*
*Motion carries*

**Board Member Harold Odhiambo arrives...**

**Policy Update: HRS.04.07 Provider Scope of Practice (Vote required)**
(See document- HRS.04.07 Provider Scope of Practice)

- Medical Director Marty Grasmeder provided a policy update adding Clinical Pharmacists and their Scope of Practice to the policy.
- Ritchie Longoria Pharmacy Director went over the vital role that the Clinical Pharmacists play.

Questions and comments raised by CHC members:
- Pedro asked if all pharmacies have Spanish speaking staff to help Spanish speaking patients.
- Ritchie answered that we do not currently have any Clinical Pharmacists that are Spanish speaking but that all of our pharmacies have access to interpreters.

*Motion by Sue Burns to approve the Policy update*
*Seconded by Pedro Sandoval Prieto.*
*10 aye; 0 nay; 0 abstain*
*Motion carries*
Community Health Council

Budget Report: Mark Lewis Interim Director of Business Operations

- Mark presented the billable visits charts to show that the trends are consistent with last years billable visits.
  - Vanetta also explained that it is important to track cost per visits and compare to our payer reimbursements.
  - Generally more money is going into Primary Care Services which helps contribute to better care for patients.
  - Question: Wendy asked if the chart showed cost per patient by each visit or throughout the year.
    - Answer: Vanetta responded that the chart reflects each cost per visit in one graph and the cost of visits per patient for the year are in the other graph.
  - Question: Robyn asked for clarification that if we see more patients do the costs go down.
    - Vanetta responded that yes, the costs per patient go down as the volume of patients increases.
  - Question: Sue asked if the costs per visit included Pharmacy costs for prescriptions.
    - Answer: Mark wasn’t certain and will find out and report back to the CHC.
  - Question: Wendy asked what “commercial” meant in terms of payers.
    - Answer: Mark said that the “commercial” category would mean payers outside of Medicare or Medicaid like Blue Cross Blue Shield.
  - Mark also mentioned that incentive funds are making up approximately 3 million dollars of the revenue.
  - Question: Robyn asked if the gross collection rate by payer was usually accurate or should we be paid more.
    - Answer: Mark said that the gross collection rate is an average of what is paid out.
  - Question: Does Medicaid have a cap on how much they will pay?
    - Answer: Mark advised that yes, Medicaid does have a cap on payments and that some of our services are billed at a higher rate than what they will reimburse.
- Vanetta also mentioned that we try to keep our rates consistent to other rates in the community.

4th Quarter Quality Complaints and Incident Reports

- Quality Project Managers Kimmy Hicks and Ryan Linskey went over the complaints and incidents for the 4th quarter.
  - Complaints were shown by clinic and included primary care, dental and PAC (Patient Access Center- Call center).
  - There were 38 total complaints.
  - There were approximately 17K Dental visits and over 20K Primary Care visits.
  - Question: Robyn asked if the complaints were 38 individuals or 38 complaints that could contain multiple from the same person.
Community Health Council

- Answer: Kimmy answered that yes, the 38 complaints could contain more than one complaint from the same individual.
  - Pharmacy Director Ritchie Longoria presented the Pharmacy Dispensing Error report.
    - A pharmacy dispensing error is defined as any error that occurs between when the pharmacy receives the prescription until the medications get to the patient.
    - Errors are reviewed monthly and addressed accordingly.
    - Each prescription is checked twice before it reaches the patient and most errors are caught during this process before reaching the patient.
    - Out of 380,055 total prescriptions dispersed there were 75 errors.
    - The most common error is an incorrect instruction given of how to take the medications (these errors can also include typos).
  - Question: Sue asked, after the errors are reviewed, do you see the same errors repeated.
    - Answer: Ritchie advised that yes, sometimes the same errors occur and that it could take some staff longer to absorb the corrected information.
    - Another staff member could also make the same error.
    - These corrections are gone over in the daily huddles as well.
  - Question: Harold asked if patients are contacted when they do not pick up their prescriptions.
    - Answer: Ritchie advised that we do not currently have a system in place or resources for this, but they would like to see this implemented in the future.
  - Question: Robyn asked if there was different or more oversight over certain stronger or more dangerous drugs than other less dangerous drugs?
    - Answer: Ritchie advised that all prescriptions go through the same oversight and double checking process by the clinical pharmacists and that each prescription must have a face to face with the patient to explain the instructions from the clinical pharmacist at pick up.
  - Question: Wendy asked if going over the patient’s allergies and other medications are the reasons the pharmacists must go over the instructions when patients first pick up.
    - Answer: Ritchie advised that the pharmacy software runs a check for any allergy or other medications interactions.
  - Question: Wendy also asked what was the rate of error for prescribing meds that do have allergy or drug interactions issues.
    - Answer: Ritchie advised that he didn’t have that percentage off the top of his head, but that the rate of all errors is about .02%, so that specific error would be included in that percentage and be much lower.
  - Question: Jon Cole asked if pharmacy was included in the complaint chart by location.
    - Answer: Ritchie advised that the number of complaints were consistent with the size of the clinic.

Break for 10 minutes...
HRSA - Change in Scope: Moving Services to the New Health Department Headquarters (Vote required)

- ICS Deputy Director Adrienne Daniels presented information regarding the move of clinical, pharmacy and lab services to the New Health Department Headquarters Gladys McCoy building at 619 NW 6th avenue in April.
  - The entire McCoy building including the Health Services Center, Lab and Pharmacy Services will move on Friday April 5th to the new building.
  - There will be a soft opening on Monday April 8th and a full opening Tuesday April 9th.
  - The move will occur over the weekend to lessen impact to patients seeking services.
  - The new Health Department building is only a few blocks away, accessible to patients, more efficient and includes a beautiful lobby to welcome patients.
  - Question: Sue asked how and when patients are going to be notified of the move.
    ■ Answer: Adrienne advised that for several weeks there have been posters up and patients are also given a postcard (in several languages) with the move information when they come in.
    ■ Adrienne also clarified that there will be no changes to services in the new building. Services are simply moving to the new location.

Motion by Pedro Sandoval Prieto to approve moving Clinical, Pharmacy and Lab Services from the old McCoy Building to the New Headquarters Building.
Seconded by Fabiola Areola
10 aye; 0 nay; 0 abstain
Motion carries

ICS/Strategic Updates

- Vanetta updated the board on House Bill 2220 that proposes that Dentists provide vaccines to children.
  - Dental has already been hosting Baby Days in partnership with CareOregon to provide vaccines for children.
- Another legislative proposal regarding prescription labeling would require all pharmacies to create prescription labels in the six most commonly used languages of our patient population.
  - This would require new software to implement.
    ■ If passed, it would go into effect January of 2020.
    ■ Vanetta also indicated that the Health Department does support this bill being passed.
- Vanetta informed the board that a new Health Department Director has been selected. Her name is Patricia Charles-Heathers and she will start in March.
  - Vanetta mentioned that Patricia comes from California and Patricia's background compliments Vanetta's background. How the roles will integrate
Community Health Council

will follow.

- Vanetta provided an update on the Workforce Equity Strategic Plan (WESP).
  - The county has adopted and started to implement the strategic plan and is still in the early stages, but quite a bit of work has been done already.
  - Last Thursday was the Celebration of Black History Month and it’s available online to watch.
  - **Fiscally Sound and Accountable** update:
    - Workday has been implemented beginning January 1st and has impacted staff as they are adjusting to a new system.
    - Staff is ironing out the bugs as there have been some delays and errors in payments.
    - Budget season is from December to May and we are still in the process of scrubbing the budgets.
    - There role of the CHC is to review and approve the budget in the coming months.
    - The County Chair will also be coming to speak to the Executive Committee to discuss the Health Center Budget.
    - The full budget will be ready for the public to review after the Chair approves it.
    - Vanetta mentioned the structural deficit that the County is having to adjust for; funds will run out in 2-3 years if adjustments are not made.
    - Current budgets do not foresee clinic closures or large amounts of provider layoffs.
    - The budget approval vote will be in April 2019
    - The Student Health Centers have been awarded the HRSA grant that was approved by CHC about 6 months ago. The award is approximately 100K and will be used for painting and signage at David Douglass, Jefferson and Parkrose Student Health Centers.

Grant Opportunity (Vote required)

- SPIRE grant opportunity from the State Office of Emergency Management.
  - Would provide funds from 10K to 15K to buy equipment such as generators, tents and other emergency supplies.
  - Deadline to apply for this grant is March 1st.
  - Question: Sue asked where the equipment would be located?
    - Answer: The location for the equipment has not yet been determined and would be written into the grant by the grant writer; and most likely be determined by the most populated area or area in the most need.

**Motion by Sue Burns to approve the SPIRE grant submission**
**Seconded by Jon Cole**
10 aye; 0 nay; 0 abstain
Motion carries
Certificates of Appreciation, 2019 Board Member Binders, and Annual Forms

- CHC Coordinator, Linda Niksich, handed out the 2018 Certificates of Appreciation to each member that served in 2018.
- Each year the training materials in the Board Member Binder are updated. Each board member got a new and updated Board Member Binder that includes a member handbook, training materials, etc...
- The Annual Forms including Board Member Agreement, Code of Conduct, Conflict of Interest Statement, Publicity Release, and Confidentiality Agreement, were distributed to the members and are due by the next meeting.

Council Business

Quality Committee Update

- Tara informed the board members that the Quality and Finance Committees have not met since her last update and will meet later this month
  - Quality Committee Members are: Iris Hodge (Chair), Wendy Shumway and "D"eb Abney (Support Members)
  - Finance Committee Members are: David Aguayo (Chair), Harold Odhiambo and Susana Mendoza (Support Members)

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.
- Tara addressed the guests and advised them on how to express interest in joining the CHC.
- There is one seat open on the CHC at this time.

No questions or comments were raised by CHC members.

Executive Committee Update:

- The Executive Committee met on January 24th. They created the agenda for tonight’s meeting.
- They also discussed the importance of creating a Health Center Director succession plan (CHC has authority over selecting a new director if Vanetta left the role).
- When Sue went to the Primary Care conference in August, she learned a lot about the importance of having a board specific Code of Conduct. She, along with Linda and the Executive Committee have created the new Code of Conduct that is now paired with the Board Member Agreement.

No questions or comments were raised by CHC members.
Community Health Council

Meeting Evaluation:
- Everyone was glad there was no snow and enjoyed the pizza.
- Sue mentioned it was useful to have the Pharmacy Director present to answer questions about pharmacy errors but that it would have also been useful to have the pharmacy stats included in their handout.
- The new interpreter headsets worked ok.

Meeting Adjourned at 7:54pm.

Signed: [Signature] Date: 3-11-2019
Pedro Sandoval Prieto, Secretary
Community Health Council
Public Meeting Agenda
Monday, February 11, 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 Meeting 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; Harold Odhiambo; Pedro Sandoval Prieto (Secretary); Wendy Shumway

<table>
<thead>
<tr>
<th>Item</th>
<th>Process/Who</th>
<th>Time</th>
<th>Desired Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Call to Order/Welcome</td>
<td>Chair, Tara Marshall</td>
<td>6:00-6:10</td>
<td>Review processes and introduce ourselves with an icebreaker question</td>
</tr>
<tr>
<td></td>
<td>• Introductions/Ice Breaker</td>
<td>(10 min)</td>
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</tr>
<tr>
<td>Minutes</td>
<td>Review and approve January Minutes</td>
<td>6:10-6:20</td>
<td>Council votes to approve and Secretary signs for the record</td>
</tr>
<tr>
<td>VOTE REQUIRED</td>
<td>• ICS Medical Director, Dr. Marty Grasmeder</td>
<td>(10 min)</td>
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<tr>
<td>Policy Update: HRS.04.07 Provider Scope of Practice</td>
<td>ICS Medical Director, Dr. Marty Grasmeder</td>
<td>6:20-6:30</td>
<td>Council Discussion And vote</td>
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<tr>
<td>VOTE REQUIRED</td>
<td>• Provider Scope of Practice</td>
<td>(10 min)</td>
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<tr>
<td>Monthly Budget Report</td>
<td>Interim Director Business Operations, Mark Lewis</td>
<td>6:30-6:45</td>
<td>Council receives report</td>
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<td></td>
<td>• Business Operations</td>
<td>(15 min)</td>
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<tr>
<td>Time</td>
<td>Event Description</td>
<td>Speaker</td>
<td>Minutes</td>
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<tr>
<td>6:45-7:00</td>
<td>4th Quarter Complaints and Incidents Report</td>
<td>Quality Project Manager, Kimmy</td>
<td>(15 min)</td>
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<td>7:00-7:10</td>
<td>BREAK</td>
<td>All</td>
<td>(10 min)</td>
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<tr>
<td>7:10-7:20</td>
<td>Scope change: Moving Services to New Headquarters</td>
<td>ICS Deputy Director, Adrienne</td>
<td>(10 min)</td>
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<tr>
<td>7:20-7:35</td>
<td>ICS/Strategic Updates &amp; Grant Opportunity</td>
<td>ICS Director, Vanetta Abdellatif</td>
<td>(15 min)</td>
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<tr>
<td>7:35-7:45</td>
<td>Certificates of Appreciation, 2019 Binders &amp; Annual Forms</td>
<td>CHC Coordinator, Linda Niksich</td>
<td>(10 min)</td>
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<tr>
<td>7:45-7:55</td>
<td>Council Business Committee Updates</td>
<td>Executive Committee Update; Chair, Tara Marshall</td>
<td>(10 min)</td>
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<tr>
<td>7:55-8:00</td>
<td>Meeting Evaluation</td>
<td>Chair, Tara Marshall</td>
<td>(5 min)</td>
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<td>8:00</td>
<td>Adjourn Meeting</td>
<td>Chair, Tara Marshall</td>
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</tbody>
</table>
**Title:** Provider Scope of Practice  
**Policy #:** HRS.04.07  
**Section:** Human Resources  
**Chapter:** Licensing, Credentialing, Scope of Practice  
**Approval Date:** 02/11/2019  
**Approved by:** M. Grasmeder, MD /s/, Medical Director  
T. Marshall /s/, Chair, Community Health Council  

**Related Procedure(s):** HRS.04.03 Licensing, Credentialing, and Privileging  
**Related Standing Order(s):** Not applicable  
**Applies to:** All providers

**PURPOSE**

Scope of practice policy defines which areas of medical practice are appropriate for each provider type.

**DEFINITIONS**

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<td>None</td>
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**POLICY STATEMENT**

MCHD providers shall only perform procedures and administer care within the scope of practice for their field of medicine.

**PROCEDURES AND STANDING ORDERS**

**Scope of Practice (Internal Medicine)**

- Provide ambulatory, primary care for a broad scope of acute and chronic medical conditions for adults of either sex, 18 years and older
- Provide age appropriate preventive care
- Diagnose and manage common conditions in each of the clinical areas listed below:
  - Addictions medicine
  - Cardiology
  - Dermatology
  - Endocrinology
Scope of Practice (Internal Medicine), cont’d.

- Gastroenterology
- Gynecology/reproductive health
- Hematology
- Infectious disease
- Minor surgery
- Neurology
- Ophthalmology
- Orthopedics
- Otolaryngology
- Psychiatry
- Pulmonology
- Rheumatology
- Trauma
- Urology
- Exercise judgement, based on training and experience, in deciding when the patient would benefit from specialty referral
- Procedures performed (depending on training and experience)
- Advanced cardiac life support
- Biopsy and/or excision of skin lesions
- Cryotherapy
- Endometrial biopsy
- Femoral venipuncture
- Incision and drainage
- Joint aspiration
- Laceration repair
- Lumbar puncture
- Norplant insertion/removal
- Soft tissue injection
- Spinal manipulation
- Toenail removal

Scope of Practice (Family Practice)

- Provide ambulatory, primary care for a broad scope of acute and chronic medical conditions for patients of all ages
- Provide age appropriate preventive care
- Diagnose and manage common conditions in each of the clinical areas listed below:
- Addictions medicine
- Cardiology
Scope of Practice (Family Practice), cont’d

- child development
- Dermatology
- Endocrinology
- Gastroenterology
- Gynecology/reproductive health
- Hematology
- Infectious disease
- Minor surgery
- Neurology
- Pediatrics
- Prenatal care
- Ophthalmology
- Orthopedics
- Otolaryngology
- Psychiatry
- Pulmonology
- Rheumatology
- Trauma
- Urology
- Exercise judgement, based on training and experience, in deciding when the patient would benefit from specialty referral
- Procedures performed (depending on training and experience)
- Advanced cardiac life support
- Biopsy and/or excision of skin lesions
- Cryotherapy
- Endometrial biopsy
- Femoral venipuncture
- Incision and drainage
- IUD insertion and removal
- Joint aspiration
- Laceration repair
- Lumbar puncture
- Norplant insertion/removal
- Soft tissue injection
- Spinal manipulation
- Toenail removal
**Scope of Practice (Pediatrics)**

- Provide ambulatory, primary care for a broad scope of acute and chronic medical conditions for patients from birth to age 20
- Provide age appropriate preventive care
- Diagnose and manage common conditions in each of the clinical areas listed below:
  - Addictions medicine
  - Cardiology
  - Child development
  - Dermatology
  - Endocrinology
  - Gastroenterology
  - Gynecology/reproductive health
  - Hematology
  - Infectious disease
  - Minor surgery
  - Neurology
  - Prenatal care
  - Ophthalmology
  - Orthopedics
  - Otolaryngology
  - Psychiatry
  - Pulmonology
  - Rheumatology
  - Trauma
  - Urology
- Exercise judgement, based on training and experience, in deciding when the patient would benefit from specialty referral

**Scope of Practice (Women’s Health Nurse Practitioner)**

- Provide ambulatory, primary care for a broad scope of acute and chronic health conditions for women and girls from onset of puberty and older
- Provide age appropriate preventive care
- Diagnose and manage common conditions in each of the clinical areas listed below:
  - Gynecology
  - Contraception
  - Obstetrics, prenatal and post natal
  - Infectious disease
  - Behavioral health
  - Uncomplicated primary care problems
Scope of Practice (Women’s Health Nurse Practitioner), cont’d.

- Procedures performed (depending on training and experience)
- Biopsy of skin, cervix or endometrium
- Colposcopy
- Cryotherapy
- IUD insertion/removal
- Norplant insertion/removal
- Implanon insertion/removal

Scope of Practice (Pediatric Nurse Practitioner)

- Provide ambulatory, primary care for a broad scope of acute and chronic medical conditions for patients from birth to age 20
- Provide age appropriate preventive care
- Diagnose and manage common conditions in each of the clinical areas listed below:
  - Addictions medicine
  - Cardiology
  - Child development
  - Dermatology
  - Endocrinology
  - Gastroenterology
  - Gynecology/reproductive health
  - Hematology
  - Infectious disease
  - Minor surgery
  - Neurology
  - Prenatal care
  - Ophthalmology
  - Orthopedics
  - Otolaryngology
  - Psychiatry
  - Pulmonology
  - Rheumatology
  - Trauma
  - Urology
- Exercise judgement, based on training and experience, in deciding when the patient would benefit from pediatric consultation or specialty referral
Scope of Practice (Family Nurse Practitioner/Physician Assistant)

- Provide ambulatory, primary care for a broad scope of acute and chronic medical conditions for patients of all ages
- Provide age appropriate preventive care
- Diagnose and manage common conditions in each of the clinical areas listed below:
  - Addictions medicine
  - Cardiology
  - Child development
  - Dermatology
  - Endocrinology
  - Gastroenterology
  - Gynecology/reproductive health
  - Hematology
  - Infectious disease
  - Minor surgery
  - Neurology
  - Pediatrics
  - Prenatal care
  - Ophthalmology
  - Orthopedics
  - Otolaryngology
  - Psychiatry
  - Pulmonology
  - Rheumatology
  - Trauma
  - Urology
- Exercise judgement, based on training and experience, in deciding when the patient would benefit from internal medicine or pediatric consult or specialty referral
- Procedures performed (depending on training and experience)
  - Advanced cardiac life support
  - Biopsy and/or excision of skin lesions
  - Cryotherapy
  - Endometrial biopsy
  - Femoral venipuncture
  - Incision and drainage
  - IUD insertion and removal
  - Joint aspiration
  - Laceration repair
  - Lumbar puncture
  - Norplant insertion/removal
  - Soft tissue injection
Scope of Practice (Family Nurse Practitioner/Physician Assistant) cont’d.

- Spinal manipulation
- Toenail removal

Scope of Practice (Psychiatric Mental Health Nurse Practitioner)

- Provide outpatient behavioral health care for a broad scope of acute and chronic behavioral health conditions for adults of either sex, 18 years and older
- Diagnose, manage and provide recommendations for managing behavioral health symptoms in each of the areas listed below:
  - Substance related disorders
  - Mood disorders
  - Somatoform disorders
  - Psychotic disorders
  - Personality disorders
  - Suicidal or homicidal ideation
  - Behavioral health problems related to medical conditions
  - Exercise judgement, based on training and experience, in deciding when the patient would benefit from internal medicine consultation or specialty mental health referral

Scope of Practice (Psychologist)

- Provide outpatient psychotherapeutic and other behavioral health treatment services to adult and geriatric patients with a broad scope of acute and chronic psychiatric disorders, personality disorders, and behavioral problems.
- Provide psychological evaluations for adult and geriatric patients.
- Diagnose, consult and/or manage psychiatric disorders in adult patients receiving primary care.
- Provide preventive behavioral health services for adults
- Exercise judgment, based on training and experience, in deciding when the patient would benefit from specialty referral.

Scope of Practice (Acupuncture)

- Provide acupuncture and the allied techniques and modalities of the distinct system of health care that uses oriental principles to diagnose and treat illness, injury, pain and other conditions to restore and maintain health. Provide care to patients of all ages.
- Develop appropriate treatment plans within the current scope of practice for acupuncturists as defined by the Oregon Medical Board.
• **Scope of Practice (Acupuncture) cont’d.**

  - Exercise judgment, based on training and clinical experience in deciding whether the patient may benefit from acupuncture or other allied modalities, and as to when the patient may benefit from referral back to the primary care provider.

**Scope of Practice (Clinical Pharmacist)**

- Provide comprehensive medication reviews to optimize patient outcomes including, but not limited to 1) assessment of medication literacy, beliefs, medication administration practices and medication adherence, and 2) identification and mitigation of drug therapy problems and barriers to adherence, 3) monitoring medication efficacy and safety, 4) providing medication-related recommendations to primary care providers, and 5) care coordination activities.

- As accountable and collaborative members of the health care team, initiate, change and discontinue medications and order laboratory tests within the confines of collaborative practice agreements to meet desired clinical outcomes upon referral by primary care providers.

- Provide patient and staff education on drug therapy and non-drug therapy modalities as appropriate.

- Conduct medication reconciliation during transitions of care.

- Provide evidence-based recommendations pursuant to drug information requests.

- In collaboration with primary care providers, exercise judgment, based on training and experience, in deciding when patient’s may benefit from referral to internal or external healthcare providers including community health nurses, specialty providers, behavioral health, MAT specialists, and community health workers.

---

**REFERENCES AND STANDARDS**

N/A

**RELATED DOCUMENTS**

<table>
<thead>
<tr>
<th>Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
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</tbody>
</table>

**POLICY REVIEW INFORMATION**

<table>
<thead>
<tr>
<th>Point of Contact:</th>
<th>Marty Grasmeder, MD, Medical Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supersedes:</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Primary Care Average Billable Visits Per Workday

- FY19 Target is 732 visits per day
- Previous Year Billable Visits

Dental Average Billable Visits Per Workday

- FY19 Target: 365 visits per day
- Previous Year Billable Visits

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.
Monthly Percentage of Uninsured Visits for FQHC Centers

Comments:
Primary Care target % of Uninsured Visits for FY18: 16%; for FY19: 13.25%
Dental target % of Uninsured Visits for FY18: 12%; for FY19: 14.85%

*FY19 – Quarter#2 in progress (only includes Oct & Nov 18 Data)
Payer Mix 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
FQHC Primary Care Member Assignments

<table>
<thead>
<tr>
<th>Provider</th>
<th>Current Month</th>
<th>Current Month %</th>
<th>Previous Month</th>
<th>Previous Month %</th>
</tr>
</thead>
<tbody>
<tr>
<td>CareOregon</td>
<td>31,432</td>
<td>84.24%</td>
<td>31,127</td>
<td>85.60%</td>
</tr>
<tr>
<td>Providence</td>
<td>5,601</td>
<td>15.76%</td>
<td>5,593</td>
<td>14.40%</td>
</tr>
<tr>
<td>Total Clients</td>
<td>37,033</td>
<td>100.00%</td>
<td>36,720</td>
<td>100.00%</td>
</tr>
</tbody>
</table>
### FQHC Gross Collection Rate by Payer
March 2018 – November 2018

<table>
<thead>
<tr>
<th>Payments by Svc Date</th>
<th>Medicaid Totals:</th>
<th>Medicare Totals:</th>
<th>Self-Pay</th>
<th>Commercial</th>
<th>CareOregon Medicaid</th>
<th>FPEP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4,292,522</td>
<td>1,776,752</td>
<td>740,265</td>
<td>750,520</td>
<td>10,904,619</td>
<td>189,462</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Charges by Svc Date</th>
<th>Medicaid Totals:</th>
<th>Medicare Totals:</th>
<th>Self-Pay</th>
<th>Commercial</th>
<th>CareOregon Medicaid</th>
<th>FPEP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7,583,503</td>
<td>3,633,599</td>
<td>4,863,664</td>
<td>1,148,282</td>
<td>21,414,058</td>
<td>314,241</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gross Collection Rate %</th>
<th>Medicaid Totals:</th>
<th>Medicare Totals:</th>
<th>Self-Pay</th>
<th>Commercial</th>
<th>CareOregon Medicaid</th>
<th>FPEP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>57%</td>
<td>49%</td>
<td>15%</td>
<td>65%</td>
<td>51%</td>
<td>60%</td>
</tr>
</tbody>
</table>

### Collection Rate by Payor (Visits dates March 2018 - November 2018)

- **Medicaid Totals:**
  - Payments by Svc Date: 57%
  - Gross Collection Rate %: 57%
  - Charges by Svc Date: 57%

- **Medicare Totals:**
  - Payments by Svc Date: 49%
  - Gross Collection Rate %: 49%
  - Charges by Svc Date: 49%

- **Self-Pay:**
  - Payments by Svc Date: 15%
  - Gross Collection Rate %: 15%
  - Charges by Svc Date: 15%

- **Commercial:**
  - Payments by Svc Date: 65%
  - Gross Collection Rate %: 65%
  - Charges by Svc Date: 65%

- **CareOregon Medicaid:**
  - Payments by Svc Date: 51%
  - Gross Collection Rate %: 51%
  - Charges by Svc Date: 51%

- **FPEP:**
  - Payments by Svc Date: 60%
  - Gross Collection Rate %: 60%
  - Charges by Svc Date: 60%
### Revenue

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Health</td>
<td>$ 5,394,614</td>
<td>$ 395,899</td>
<td>$ 395,357</td>
<td>$ 386,929</td>
<td>$ 392,315</td>
<td>$ 315,304</td>
<td>-</td>
</tr>
<tr>
<td>General Fund</td>
<td>$ 10,497,645</td>
<td>$ 880,918</td>
<td>$ 882,684</td>
<td>$ 992,021</td>
<td>$ 924,144</td>
<td>$ 894,914</td>
<td>-</td>
</tr>
<tr>
<td>Grants - BPHC</td>
<td>$ 9,967,847</td>
<td>-</td>
<td>-</td>
<td>$ 1,710,117</td>
<td>$ 781,367</td>
<td>$ 935,417</td>
<td>-</td>
</tr>
<tr>
<td>Grants - Incentives</td>
<td>$ 7,326,480</td>
<td>-</td>
<td>$ 1,068,109</td>
<td>$ 2,340,693</td>
<td>$ 498,640</td>
<td>$ 1,500</td>
<td>-</td>
</tr>
<tr>
<td>Grants - All Other</td>
<td>$ 9,415,223</td>
<td>$ 384,509</td>
<td>$ 370,555</td>
<td>$ 862,642</td>
<td>$ 1,015,074</td>
<td>$ 377,259</td>
<td>-</td>
</tr>
<tr>
<td>Health Center Fees</td>
<td>$ 96,332,757</td>
<td>$ 7,807,405</td>
<td>$ 9,042,004</td>
<td>$ 8,052,219</td>
<td>$ 7,717,611</td>
<td>$ 9,970,501</td>
<td>-</td>
</tr>
<tr>
<td>Self Pay Client Fees</td>
<td>$ 1,127,294</td>
<td>$ 86,553</td>
<td>$ 100,907</td>
<td>$ 76,035</td>
<td>$ 105,026</td>
<td>$ 98,354</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$ 140,061,860</strong></td>
<td><strong>$ 9,555,284</strong></td>
<td><strong>$ 11,859,615</strong></td>
<td><strong>$ 14,420,656</strong></td>
<td><strong>$ 11,434,177</strong></td>
<td><strong>$ 12,593,249</strong></td>
<td>-</td>
</tr>
</tbody>
</table>

### Expense

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel</td>
<td>$ 94,257,953</td>
<td>$ 7,027,910</td>
<td>$ 7,355,971</td>
<td>$ 7,174,182</td>
<td>$ 8,172,851</td>
<td>$ 8,042,358</td>
<td>-</td>
</tr>
<tr>
<td>Contracts</td>
<td>$ 4,952,788</td>
<td>$ 234,197</td>
<td>$ 178,587</td>
<td>$ 897,067</td>
<td>$ 217,171</td>
<td>$ 762,433</td>
<td>-</td>
</tr>
<tr>
<td>Materials and Services</td>
<td>$ 13,973,151</td>
<td>$ 1,065,843</td>
<td>$ 1,191,908</td>
<td>$ 1,327,446</td>
<td>$ 1,512,088</td>
<td>$ 1,558,757</td>
<td>-</td>
</tr>
<tr>
<td>Internal Services</td>
<td>$ 26,382,068</td>
<td>$ 1,167,854</td>
<td>$ 2,089,623</td>
<td>$ 2,117,172</td>
<td>$ 2,425,022</td>
<td>$ 2,054,471</td>
<td>-</td>
</tr>
<tr>
<td>Capital Outlay</td>
<td>$ 495,900</td>
<td>-</td>
<td>-</td>
<td>$ 17,730</td>
<td>$ 10,116</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$ 140,061,860</strong></td>
<td><strong>$ 9,495,803</strong></td>
<td><strong>$ 10,796,090</strong></td>
<td><strong>$ 11,533,597</strong></td>
<td><strong>$ 12,337,248</strong></td>
<td><strong>$ 12,418,019</strong></td>
<td>-</td>
</tr>
</tbody>
</table>

### Surplus/(Deficit)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Surplus/(Deficit)</td>
<td>$ -</td>
<td>$ 59,481</td>
<td>$ 1,063,526</td>
<td>$ 2,887,058</td>
<td>(903,071)</td>
<td>$ 175,230</td>
<td>-</td>
</tr>
</tbody>
</table>

Note: Financial Statement for Fiscal Year 2019 (July 2018 - June 2019). Columns are blank/zero until the month is closed.
Community Health Centers - Page 2

### Revenue

<table>
<thead>
<tr>
<th>Budget</th>
<th>Jan-19</th>
<th>Feb-19</th>
<th>Mar-19</th>
<th>Apr-19</th>
<th>May-19</th>
<th>Jun-19</th>
<th>Year to Date</th>
<th>% YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Health</td>
<td>$ 5,394,614</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ 1,885,804</td>
<td>35%</td>
</tr>
<tr>
<td>General Fund</td>
<td>$ 10,497,645</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ 4,574,681</td>
<td>44%</td>
</tr>
<tr>
<td>Grants - BPHC</td>
<td>$ 9,967,847</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ 3,426,901</td>
<td>34%</td>
</tr>
<tr>
<td>Grants - Incentives</td>
<td>$ 7,326,480</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ 3,908,941</td>
<td>53%</td>
</tr>
<tr>
<td>Grants - All Other</td>
<td>$ 9,415,223</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ 3,010,039</td>
<td>32%</td>
</tr>
<tr>
<td>Health Center Fees</td>
<td>$ 96,332,757</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ 42,589,740</td>
<td>44%</td>
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<tr>
<td>Self Pay Client Fees</td>
<td>$ 1,127,294</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ 466,874</td>
<td>41%</td>
</tr>
<tr>
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<td>$ 140,061,860</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ 59,862,981</td>
<td>43%</td>
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</table>

### Expense

<table>
<thead>
<tr>
<th></th>
<th>Jan-19</th>
<th>Feb-19</th>
<th>Mar-19</th>
<th>Apr-19</th>
<th>May-19</th>
<th>Jun-19</th>
<th>Year to Date</th>
<th>% YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel</td>
<td>$ 94,257,953</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ 37,753,271</td>
<td>40%</td>
</tr>
<tr>
<td>Contracts</td>
<td>$ 4,952,788</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ 2,289,455</td>
<td>46%</td>
</tr>
<tr>
<td>Materials and Services</td>
<td>$ 13,973,151</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ 6,656,042</td>
<td>48%</td>
</tr>
<tr>
<td>Internal Services</td>
<td>$ 26,382,068</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ 9,854,142</td>
<td>37%</td>
</tr>
<tr>
<td>Capital Outlay</td>
<td>$ 495,900</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ 27,846</td>
<td>6%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$ 140,061,860</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ 56,580,757</td>
<td>40%</td>
</tr>
</tbody>
</table>

### Surplus/(Deficit)

<table>
<thead>
<tr>
<th></th>
<th>Jan-19</th>
<th>Feb-19</th>
<th>Mar-19</th>
<th>Apr-19</th>
<th>May-19</th>
<th>Jun-19</th>
<th>Year to Date</th>
<th>% YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ 3,282,224</td>
<td></td>
</tr>
</tbody>
</table>

Note: Financial Statement for Fiscal Year 2019 (July 2018 - June 2019). Columns are blank/zero until the month is closed.
Complaints Report

Multnomah County

Reported Complaints

This report displays all of the complaints reported to ICS. Use the toolbar across the top to jump to Complaints by Type.

Use the filters below to further explore the data!

By Service Area
(All)

By Quarter
2018 Q4

Complaints by Month

Point of Reference: From 10/1/18 - 12/31/18 Primary Care completed 20,748 appts (excluding Student Health Center). From 10/1/18 - 12/31/18 Dental completed 17,939 appts.

Complaints by Location

- Northeast: 8
- Rockwood: 7
- Mid County: 6
- East County: 4
- Southeast: 4
- North Portland: 3

Number of Complaints

Complaints by Service Area

- Dental: 17
- Medical: 20
- Patient Access Center (PAC): 1
Reported Pharmacy Medication Errors

Number of Med Dispensing Errors by Quarter 2018

Point of Reference: In CY 2018 MCHD Pharmacies filled 380,055 prescriptions.

Use the filters below to further explore the data!

By Quarter
(All)

By Pharmacy
(All)

Pharmacy Name

<table>
<thead>
<tr>
<th>Pharmacy Name</th>
<th>Number of Med Errors</th>
</tr>
</thead>
<tbody>
<tr>
<td>East</td>
<td>31%</td>
</tr>
<tr>
<td>Mid</td>
<td>18%</td>
</tr>
<tr>
<td>North</td>
<td>15%</td>
</tr>
<tr>
<td>Northeast</td>
<td>13%</td>
</tr>
<tr>
<td>Rockwood</td>
<td>11%</td>
</tr>
<tr>
<td>Westside</td>
<td>10%</td>
</tr>
<tr>
<td>Southeast</td>
<td>3%</td>
</tr>
</tbody>
</table>

Type of Prescription

- New prescription: 75%
- Renewal: 8%
- Refill: 17%
Type of Pharmacy Medication Dispensing Error

Description of Error

- Incorrect sig: 24
- Correct drug, but incorrect dose form/route/quantity: 17
- Correct drug, but incorrect strength: 15
- Incorrect drug: 11
- Incorrect patient: 4
- Correct drug, but incorrect strength, incorrect sig: 1
- DUR error (e.g. duplicate therapy, drug allergy, etc.): 1

Type of Pharm Error: (Near Miss not included in other calculations)

- Near miss: 12%
- Dispensing Error: 88%

Point of Reference: In CY 2018 MCHD Pharmacies filled 380,055 prescriptions.
## Change in Scope Request: Relocation of FQHC Services to New Headquarters

<table>
<thead>
<tr>
<th>Inform Only</th>
<th>Annual/Scheduled Process</th>
<th>New Proposal</th>
<th>Review &amp; Input</th>
<th>Inform &amp; Vote</th>
</tr>
</thead>
</table>

### Project Title/Scope Change and Brief Description
- Relocating headquarters to new building

### Describe the current situation:
- Construction of MCHD’s new headquarters is in final stages, and all staff and services currently located at 426 SW Harvey Milk St. will be relocated to the new building, located at 619 NW 6th Ave.
- The new headquarter building has space for all three current services at the McCoy Building: Pharmacy, Lab, and the HIV Health Services Center. All current staff will also move to the new space.
- By HRSA regulations, this move requires adding the new building as a service and administrative site in our Board- and HRSA-approved Scope, and removing 426 Harvey Milk St. from our scope.
The move is scheduled for April, 2019. A transition plan has been developed to reduce impact to patient care:

**Week 1: HIV, Lab, and Pharmacy Services Move**

Friday, April 5th:
HIV, Lab, and Pharmacy begin to pack and move supplies beginning at noon. Some patient care available.

Saturday, April 6 and Sunday, April 7th:
All supplies unpacked and organized at new building.

Monday, April 8th:
HIV, Lab, and Pharmacy have a “soft” opening on Monday with reduced schedules.

Tuesday, April 8th:
HIV, Lab, and Pharmacy expected to be fully operational and open with regular services.

**Week 2: All Other Administrative Health Center Staff Move**

Friday, April 12th:
All administrative staff pack up offices and materials beginning at noon. No changes to patient care.

Saturday, April 13 and Sunday, April 14th:
All supplies unpacked and organized at new building.

Monday, April 15th:
Staff move into new building and unpack!

---

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

- The current headquarters is housed in the McCoy Building at 426 S.W. Stark. This former retail and office space was never designed to be a health center. The county has sought to leave the site for nearly 14 years.

- The new building will better support MCHD’s mission in the following ways:
  - The site selected is highly accessible, in a central location on multiple mass transit lines.
  - The HIV clinic and Pharmacy spaces were designed to meet LEED standards, and in alignment with standards of trauma-informed care.
  - The administrative space is designed to be adaptable to future needs, and to promote cross collaboration among health department programs and staff.
## Presentation Summary

<table>
<thead>
<tr>
<th>Briefly describe the history of the project so far <em>(be sure to note any actions taken to address diverse client needs and cultures; to ensure fair representation in review and planning)</em></th>
</tr>
</thead>
</table>
| - Multnomah County worked with the city of Portland Housing Bureau, the Portland Development Commission and other public agencies.  
- The project began prior to 2013; Multnomah County worked closely with the Old Town / Chinatown neighborhood association when developing the building. The Neighborhood association supports this move.  
- The Community Health Council has received regular updates on the building progress and The Board has received regular updates on the process, including photos of the building stages.  
- Patients are being notified of the move and signage has been posted throughout the building. |

<table>
<thead>
<tr>
<th>List any limits or parameters for the Council’s scope of influence and decision-making</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Board is not approving any new services or hours of operation.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Briefly describe the outcome of a “YES” vote by the Council <em>(be sure to also note any financial outcomes)</em></th>
</tr>
</thead>
</table>
| - The McCoy Building (426 Harvey Milk St.) will be removed from our scope and all services and administrative functions at that site will cease when the move is completed by April 12, 2019 (see full schedule above).  
- 619 NW 6th Ave. will be added to our scope and all clinic services/functions will begin at the new location by April 8, 2019 (see full schedule above). |

<table>
<thead>
<tr>
<th>Briefly describe the outcome of a “NO” vote or inaction by the Council <em>(be sure to also note any financial outcomes)</em></th>
</tr>
</thead>
</table>
| - No administrative functions or services can commence at the new site, and such activities must continue at 426 Harvey Milk St.  
- Alternative space will have to be found to accommodate clinical services and administrative functions. |

<table>
<thead>
<tr>
<th>Which specific stakeholders or representative groups have been involved so far?</th>
</tr>
</thead>
</table>
| - Health center leadership and staff have been included in tours of the new building and in designing clinical areas.  
- The Board of County Commissioners has received regular updates on the building progress.  
- Old Town/Chinatown Neighborhood Association has been an active partner.  
- CHC Board has discussed the move at past meetings. |
### Presentation Summary

<table>
<thead>
<tr>
<th><strong>Who are the area or subject matter experts for this project? (&amp; brief description of qualifications)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>● Senior Health Department leadership have collaborated with Multnomah County Facilities staff since the project began.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>What have been the recommendations so far?</strong></th>
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</thead>
<tbody>
<tr>
<td>● To relocate to the new building.</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th><strong>How was this material, project, process, or system selected from all the possible options?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>● The land was available, accessible to our service area and target population, and allowed us to design the space from scratch rather than retrofit our operation into an existing building.</td>
</tr>
</tbody>
</table>

Council Notes:
We’re Moving.

Multnomah County Health Department

Gladys McCoy Building

April 9, 2019

619 NW 6th Avenue, Portland, OR 97209
Continuing Quality Services In A Beautiful New Setting

• **Westside Pharmacy** 503-988-5267
  Current location closing at Noon on Friday, April 5
  New location opening at 10 am on Monday, April 8

• **STD & HIV Testing Services** 503-988-3700

• **Immunizations** 503-988-3406

• **Communicable Disease Services** 503-988-3406

• **Health Services Center** 503-988-5020

Our current locations will be closing on April 5.
The new Gladys McCoy Building will be open on April 9.
Nos estamos mudando.
Seguiremos Ofreciendo Servicios De Calidad
En Un Nuevo Ambiente Hermoso

• **Farmacia Westside** 503-988-5267  
  La ubicación actual se cerrará el viernes 5 de abril al mediodía  
  La ubicación nueva se abrirá el lunes 8 de abril a las 10 am

• **Servicios Para Pruebas De ETS & VIH** 503-988-3700

• **Vacunas** 503-988-3406

• **Servicios Para Enfermedades Infecciosas** 503-988-3406

• **Centro Para Servicios De Salud** 503-988-5020

Nuestra ubicación actual se cerrará el 5 de abril.  
El nuevo Gladys McCoy Building se abrirá el 9 de abril.

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**SERVICIO TRIMET**

| **Union Station**  
(ID de parada 7601 y 7763)  
Línea verde de MAX  
Línea amarilla de MAX | **NW Glisan y Broadway**  
(ID de parada 1997)  
77 - Broadway/Halsey | **NW Everett y 5th**  
(ID de parada 8886)  
4 - Fessenden  
8 - Jackson Park/NE 15th  
16 - Front Ave/St. Helens Rd  
35 - Macadam/Greeley  
44 - Capitol Hwy/Mocks Crest | **NW Broadway**  
(ID de parada 625 y 12805)  
17 - Holgate/Broadway | **NW 6th y Flanders**  
(ID de parada 9300)  
2 - Division  
9 - Powell Blvd  
44 - Capitol Hwy/Mocks Crest |
| --- | --- | --- | --- | --- |
We’re Moving.

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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: February 11, 2019
Program: ICS Emergency Preparedness

Presenters: Vanetta Abdellatif

This funding will support:

<table>
<thead>
<tr>
<th></th>
<th>X Current Operations</th>
<th>☐ Expanded services or capacity</th>
<th>☐ New services</th>
</tr>
</thead>
</table>

- Grant funds will support purchase of a Generator and a Soft-sided Mobile Operations Center (tent)

What need is this addressing?
- This funding will support the Health Center Emergency Preparedness Plan
<table>
<thead>
<tr>
<th><strong>What is the expected impact of this project? (# of patients, visits, staff, health outcomes, etc)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>This will support the entire Health Center population.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>What is the total amount requested: $10,000-$15,000 (exact costs are not provided in the funding announcement.</strong></th>
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</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Expected Award Date and project/funding period: May 1, 2019 is expected award date (one time purchases of equipment)</strong></th>
</tr>
</thead>
</table>

<table>
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<tr>
<th><strong>Briefly describe the outcome of a “YES” vote by the Council (be sure to also note any financial outcomes)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Upon a “yes” vote, MCHD will submit an application to the SPIRE Grant Program through the Oregon Office of Emergency Management</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Briefly describe the outcome of a “NO” vote or inaction by the Council (be sure to also note any financial outcomes)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Upon a “no” vote, MCHD will NOT submit an application to the SPIRE Grant Program through the Oregon Office of Emergency Management and will not be able to purchase the needed equipment.</td>
</tr>
</tbody>
</table>

| **Related Change in Scopes Requests: Not applicable** |