

Community Health Council



Community Health Council Board Meeting Minutes

Date: Monday, September 9th, 2019

Time: 6:00 PM

Location: Gladys McCoy Building, Conference Room 850

Approved:
Attendance:

Recorded by: Jordana Sardo

Board Members	Title	Y/N
Deborah Abney	Board Member	Y
David Aguayo	Treasurer	Y
Fabiola Arreola	Vice Chair	Y
Jon Cole	Member-at-Large	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
Tamia Deary	Board Member	Y
Harold Odhiambo	Board Member	Y
Staff	Title	Y/N
Vanetta Abdellatif	Integrated Clinical Services Director	Y
Marizza Vanderzanden	Interpreter, Passport to Languages	Y
Adrienne Daniels	ICS Deputy Director	Y
Fran Davison	Senior Management Auditor	Y
Marty Grasmeder	Medical Director	Y
Debbie Powers	Primary Care Deputy Director	Y
Linda Niksich	Community Health Council Coordinator	Y
Jordana Sardo	Executive Specialist	Y
Tasha Wheatt-Delancy	Primary Care Services Director	Y
Kristin Case	Family Nurse Practitioner, Student Health Centers	Y
Christine Palermo	Dental Program Manager	Y
Robert Henriques	Site Medical Director North Portland	Y
Toni Kempner	HIV Health Center	Y
Adam Hoverman	On-Call Provider	Y

Guests: Kerry Hoeschen

Action Items:

- Vanetta will report back on the role of Public Health in distributing information about Public Charge.
- Iria volunteered to distribute fliers

Decisions:

- Approved the August 2019 Meeting Minutes
- Approved Student Health Center, ICS.05.03 policy update
- Approved Hours of Operations Corrections

The meeting was called to order at 6:08 pm by Chair, Tara Marshall.

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

Noted that quorum was met with 11 members in attendance (6 needed for quorum)

August 2019 Meeting Minutes Review (**Vote required**)

(See document - August 2019 CHC Meeting Minutes)

Motion by Iris to approve the August 2019 Minutes

Seconded by Fabiola

11 aye; 0 nay; 0 abstain

Motion carried

Licensing and Credentialing Report

(See document, "Licensing and Credentialing Report")

- Marty Grasmeder, Medical Director, presented the names and backgrounds of new staff. They have all started working and are exceptional additions to the team. He noted that the graduates from OHSU have been very impressive.
- Planning to hire Emma Moore, an FNP from West Virginia, who has worked in many different settings.

Questions and comments raised by CHC members:

- **Question:** Tara asked whether any of the new staff spoke multiple languages.
- **Answer:** Marty shared that Amy Peck, Laurie Beeson, and Kelly Nardo speak Spanish, and Sayali Kulkarni speaks Tagalog and French.
- **Question:** Wendy asked what a colposcopy was (this is one of the new hire's expertise).
- **Answer:** Marty explained colposcopy is a medical diagnostic procedure to examine the cervix for lesions.
- **Question:** Iris wondered what "Admin" referred to in reference to the clinic associated with Kevin Minor.
- **Answer:** Marty explained that the characterization is used to reflect that Kevin is at multiple clinics and his "home base" is the administrative building (Gladys McCoy).
- **Question:** David asked what a MAT treatment is.
- **Answer:** Marty replied it refers to Medicated Assisted Treatment. Kevin is a Certified Alcohol Addiction Counselor and will qualify to level 2 this month.

Student Health Center, ICS.05.03, Renewal/Update (Vote Required)

(See document, "Student health Center, ICS.05.03")

- Debbie Powers reviewed the Client Eligibility Criteria - Student Health Centers policy that requires the Council's vote because it needs to be updated to reflect the closure of the Lane Middle School clinic.
- Need to make sure it aligns with criteria
- Continues to make sure GED students are transitioned to alternative health center.

Questions and comments raised by CHC members:

- **Question:** Wendy asked whether the transition access included job corp participants?
- **Answer:** Kristin Case, FNP for SHC, confirmed that Job Corp students are included as long as they fit the age criteria.

Motion by Wendy to approve ICS.05.03 policy updates as presented

Seconded by David

11 aye; 0 nay; 0 abstain

Motion carried

Hours of Operations Corrections (Vote Required)

(See document, "Hours of Operations Correction")

- Debbie Powers explained that the HRSA scope of hours of operations needed to be corrected to reflect current hours of clinic operations. The HRSA approved scope does not reflect the entire hours of operation for Mid and NEHC clinics because currently Dental operation hours are not included in the HRSA document. Mid has 65 hours of operation a week, but when Dental is added, it is actually 68.5 hours per week. Northeast currently lists 52 hours of operation, when it actually conducts 55 hours per week. A "no" vote would force a reduction of services.

Questions and comments raised by CHC members:

- **Question:** Iris asked what the consequences are for being out of alignment and how did we get so far away from the HRSA scope?
- **Answer:** Vanetta explained that HRSA does not track alignment but if we had not brought this in front of the Council we would have been dinged during the site visit. There is no financial penalty because Medicaid funds operations, not HRSA.
- **Question:** What impact will clinic hours have on patients?
- **Answer:** Debbie confirmed this is just correcting the hours listed in HRSA documentation. She will make improvements to communicate clinic hours to patients.

Motion by Harold to approve Hours of Operations Corrections as presented

Seconded by Tamia

11 aye; 0 nay; 0 abstain
Motion carried

Break for 10 minutes...

Board Development: HRSA Chapter 2 & Co-Applicant Agreement

- Linda Niksich reviewed Chapter 2 of HRSA compliance and how it relates to the Co-Applicant agreement. The Co-Applicant Agreement is a fairly new document that outlines and distributes the health center governance responsibilities between the Board/Council and the County Commissioners.
- HRSA Chapter 2 is broken down into 5 parts;
- Program Oversight: Federal regulations allow HRSA to make awards and oversee compliance. The Co-Applicant Agreement section 3-1 and 4-1 mandates that both parties are responsible to ensure that the health center is operating according to federal and local laws and regulations, including the 330 grant requirements.
- Progressive action review: HRSA reviews applications and conducts site visits and can place conditions if we are out of compliance.
- Progressive Action Process: The agency will give a reasonable amount of time to correct areas of non-compliance. HRSA will notify the Board of Commissioners who then notify the Council. An example is when HRSA found that our Co-Applicant Agreement was not robust enough. We hired a law firm to help us strengthen the agreement.
- Immediate Enforcement Actions: HRSA can take actions against an agency if non-compliance is not remedied. This includes withholding cash payments; disallowing activity, terminating or suspending award payments, initiate suspension or debarment proceedings; or any other legal remedies.
- Program Compliance: If an FQHC fails to demonstrate compliance, it could only get a one year award rather than a three-year award. If this happens two years in a row, HRSA will not fund a third consecutive one-year project period and can announce a new competition for the service area...meaning having to compete with other organizations for this grant.
- The next training is on chapter three. The HRSA compliance manual is available on the HRSA website

Questions and comments raised by CHC members:

- **Question:** David asked if we have ever fallen to one year?
- **Answer:** Vanetta shared that we have not. About 3 years ago, HRSA came out for an operational site visit (OSV), as well as the Joint Commission. The next OSV will be during the first half of 2020. She noted the timeframe to correct non-compliance has been reduced to fourteen days.

Tamia and Wendy Recap Housing Conference

- Member-at-Large, Tamia Deary and Board Member, Wendy Shumway reported on the Housing Conference they attended.

- Tamia shared that her main take-away was learning about the Eugene program, CAHOOTS, which grew out of White Bird Clinic. Crisis counselor and medic are dispatched through 911 and their own dispatch to provide crisis intervention on the street. They have developed a collaborative relationship with police and 911 dispatcher who will send them cases that do not require police intervention.
- Wendy was not impressed with the conference. She thought the speakers needed to emphasize what programs are out there and identify the disparities. She felt disrespected by a speaker when she shared her experience. Street Roots did an excellent presentation on barriers but she felt there was not an opportunity to discuss ways to help or what we can do as people who see these programs being shut down.
- Tamia added that the conference had speakers rather than panels, and lost opportunities to discuss solutions to the housing crisis as a result.

Questions and comments raised by CHC members:

- **Question:** Harold asked if they were coming up with solutions?
- **Answer:** Tamia said it was uneven. Some topics focused on solutions, like the Fair Housing Board.
- **Answer:** Wendy said it was uneven. It was all about builders and the money they are making, and not consumer friendly.
- **Question:** Iris asked who hosted the event?
- **Answer:** Wendy replied that Jason Renaud, from the Mental Health Association of Portland, was a speaker.
- **Answer:** Tamia added that it was sponsored by the Mental Health Association of Portland, but it still had a very narrow focus on speakers and topics.

ICS Strategic Updates

- ICS Director, Vanetta Abdellatif, reported that the new student health center at Reynolds High School, which the CHC has approved, had hoped to open this fall to minimize revenue loss, but now it will open by February 2020. Staff have been advocating for natural light and an outside door to maintain confidentiality and easier access for other students. This required some retrofitting. It is likely we can retrieve dollars.
- We are working to address the attack on Public Charge, one of the Trump administration's tactics against immigrants. Public Charge is the use of public resources. She is sharing this information with you so communities have information: among those who receive medicaid services, pregnant women and children do not fall under public charge. The Health Department has created fliers to help reassure and educate the communities affected. The County also plans to advocate against these kinds of policies. The county lobbyist is soliciting stories about people not asking for services because they are afraid.
- September 17 is the first ICS All Staff meeting. If clients are trying to get an appointment, the clinics will be closed. The focus is to create a one health center approach to services, work across services in a more coordinated way, and start planning for the upcoming HRSA site visit. Staff need training on questions when HRSA visits.
- Iris, Wendy, and Pedro are the retreat planning committee and they provided great

ideas for the October 12 CHC retreat and some ideas that will be good for later in the year. We are mandated by HRSA to have a monthly board meeting, so the public meeting is added to the retreat. The retreat will be held at Concordia University in their boardroom. The Senior leadership team will attend.

- In Portland, the coordinated care organizations (CCO) were launched at the same time as the Affordable Care Act. The CCO is designed to create community solutions, share cost savings, get competing organizations to work together to improve health and decrease costs in medicare arena. During the recent bidding process, the state agreed to a new CCO called Trillium, operated by a for-profit insurance company for medicaid. There was a lot of push back about bringing another CCO into the market because it could increase costs, confusion and impact quality. Multnomah County is committed to being a good partner and will negotiate the best rates for patients and minimize disruption in services.

Questions and comments raised by CHC members:

Question: Pedro asked if the fliers had a Spanish version?

Answer: Adrienne shared that it will be produced in five different languages but those are not available yet. They will be in Spanish, Russian, Somali, Vietnamese, and Chinese.

Question: Iris asked where will they be available?

Answer: Vanetta said they are not ready for distribution yet, but Adrienne has extras you can take.

Question: Iris wondered if Harold's team might be the right people to carry those?

Answer: Vanetta agreed and added that Community Health Workers and eligibility specialist workers should also have them.

Question: Iris asked if distribution plans included culturally specific services?

Answer: Vanetta thought this was the case since we do a lot of work on the public health side and with HBI community engagement. She agreed to get more information and report back.

Comment: Iris offered to help distribute fliers.

Question: Tara asked if there was a facilitator for the CHC retreat?

Answer: Vanetta replied there is no facilitator yet

Question: Fabiola asked if the retreat would last all day?

Answer: Vanetta replied that it will last most of the day.

Comment: Harold wondered what the impact was of Providence taking over CareOregon.

Answer: Vanetta shared that CareOregon is moving under the Providence umbrella but will keep their own board. There are lots of changes and our approach is to work with everyone to get the best deal we can, quality and services.

Council Business

Committee Updates

Executive and Nominating Committee Update:

- The Nominating Committee has not met since their last update but there are two consumer seats available and one community seat available.

Community Health Council



- The Executive committee met on August 22. Due to changes in Vanetta's reporting structure, the CHC will propose edits to the Co-Applicant Agreement.
- The committee also previewed agenda items for tonight's meeting.
- The committee is still working on the executive director succession plan.
- The date for the retreat is October 12.
- The committee expressed that having patient representation on the board from the HIV Clinic and Student Health Centers would be ideal and Linda will continue reaching out to these clinics for referrals.

Questions and comments raised by CHC members:

Comment: Need to recruit more people

Meeting Evaluation/General updates:

- Tamia shared that Vanetta has an article promoting joining the Council on LinkedIn and Linda has one on Facebook. Use social media to recruit to the CHC.
- Iris asked if we could add an agenda item to talk about how a CCO can be for-profit. The CCO Trillium is nonprofit, but it is owned by Centene which is for-profit.
- Wendy shared her appreciation for Multnomah County clinics in seeing her through some tough times.
- David shared that at the Executive Committee meeting, Adrienne had fliers about the health centers which he shared with friends who serve in those communities and it was well received.
- Pica Pica food is great.
- Appreciated learning about HRSA.
- Thanks to Wendy and Tamia for the report on the Housing Conference.
- Jon and Tamia are going to Seattle to attend the Northwest Regional Primary Care Conference to strengthen board development.

Meeting Adjourned at 7:44 pm.

Signed: Pedro Sandoval Prieto Date: 10-12-2019.
Pedro Sandoval Prieto, Secretary

Community Health Council
Public Meeting Agenda

Monday, September 9, 2019
6:00-8:00 pm

McCoy Building: 619 NW 6th Avenue



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 (Treasurer); Fabiola Arreola (Vice-Chair); Jon Cole (Member-at-Large); Tamia Deary (Member-at-Large); Iris Hodge; Tara Marshall (Chair); Susana Mendoza; Harold Odhiambo; Pedro Sandoval Prieto (Secretary); Wendy Shumway

Item	Process/Who	Time	Desired Outcome
Call to Order/Welcome	<ul style="list-style-type: none">• Chair, Tara Marshall• Icebreaker/ Introductions	6:00-6:10 (10 min)	Call to order Review processes/ Introductions with Icebreaker
Minutes VOTE REQUIRED	<ul style="list-style-type: none">• Review and approve the August Minutes	6:10-6:20 (10 min)	Council votes to approve and Secretary signs
Licensing and Credentialing Report	<ul style="list-style-type: none">• ICS Medical Director, Dr Marty Grasmeder	6:20-6:30 (10 min)	Council receives report
Student Health Center ICS.05.03 Renewal/Update VOTE REQUIRED	<ul style="list-style-type: none">• Primary Care Deputy Director, Debbie Powers	6:30-6:45 (15 min)	Council Discussion and Vote
Hours of Operations Corrections VOTE REQUIRED	<ul style="list-style-type: none">• Primary Care Deputy Director, Debbie Powers	6:45-7:00 (15 min)	Council discussion and vote

BREAK	<ul style="list-style-type: none"> • All 	7:00-7:10 (10 min)	Meet and greet
Board Development: HRSA Chapter 2 & Co-Applicant Agreement	<ul style="list-style-type: none"> • CHC Coordinator, Linda Niksich 	7:10-7:25 (15 min)	Council receives training
Tamia and Wendy Recap Housing Conference	<ul style="list-style-type: none"> • Member-at-Large, Tamia Deary and Board Member, Wendy Shumway 	7:25-7:35 (10 min)	Council receives information
ICS Strategic Updates	<ul style="list-style-type: none"> • ICS Director, Vanetta Abdellatif 	7:35-7:45 (10 min)	Council receives updates
<u>Council Business</u> Committee Updates	<ul style="list-style-type: none"> • Executive Committee Update; Chair, Tara Marshall 	7:45-7:55 (10 min)	Council receives updates from Chair and Committees
Meeting Evaluation	<ul style="list-style-type: none"> • Chair, Tara Marshall 	7:55-8:00 (5 min)	Council Discussion
Adjourn Meeting	<ul style="list-style-type: none"> • Chair, Tara Marshall 	8:00	Goodnight!

Mid County and NEHC Hours of Operation Adjustments

Inform Only	Annual/ Scheduled Process	New Proposal	Review & Input	Inform & Vote
Date of Presentation: 9/9/2019		Program / Area: Hours of operation - Mid-County and Northeast Health Centers		
Presenters: Tasha Wheatt-Delancy and/or Debbie Powers				
<p>Project Title and Brief Description:</p> <ul style="list-style-type: none"> ·Mid-County Health Center - Change hours of operation from 65 to 68.5 hours per week, specifically M-F 7:30-7 (11.5 hrs/day x 5 = 57.5, even though Primary Care is only 8-7) and 7:30-6:30 on Saturday (11 hrs, even though it's only Dental that is open). ·Northeast Health Center - Change hours of operation from 52 to 55 hours per week, specifically M-F 7:30-6:30 (11 hrs/day x 5 = 55, even though Primary Care is only 8-6). 				
<p>Describe the current situation:</p> <p>The hours of operation listed in our HRSA-approved scope do not reflect current hours of operation for Mid-County Health Center or Northeast Health Center. Each health center has a few hours per week where dental services are operational but primary care is not.</p>				
<p>Why is this project, process, system being implemented now?</p> <p>Compliance with HRSA regulations requires documentation of a Board vote to approve hours of operation for the clinics.</p>				

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)*

· Alex Lehr O'Connell, Senior Grants Management Specialist, identified the discrepancy in hours of operation during submission of our annual Non-Competing Continuation application to HRSA, submitted 8/16/2019. He confirmed the correct hours of operation with Brieshon D'Agostini and Christine Palermo, informed preparation of this presentation. If the adjusted hours of operation are approved, he will submit change in scope requests to correct hours of operation as listed in our HRSA-approved scope, ensuring health center program compliance.

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

· The Board has authority to determine the hours of operation for the health center program's clinics.

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

A YES vote will allow MCHD to submit change in scope requests to update hours of operation for each clinic.

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

Hours of operation at Mid-County would have to be reduced to 65 hours per week, as currently listed in our HRSA-approved scope.

Hours of operation at Northeast would have to be reduced to 55 hours per week, as currently listed in our HRSA-approved scope.

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

Community Health Council



Alex Lehr O'Connell, Brieshon D'Agostini and Christine Palermo worked to confirm accurate hours of operation.

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

- Alex Lehr O'Connell
- Brieshon D'Agostini
- Christine Palermo
- Tasha Wheatt-Delancy
- Debbie Powers

What have been the recommendations so far?

- Approve corrected hours of operation at each site and submit change in scope requests

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

Compliance with HRSA regulations requires the Board to approve hours of operation.

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Council Notes:

Update:
Licensing and Credentialing
September 2019

Dr. Marty Grasmeder,
ICS Medical Director

Staff Changes

Name	Clinic	Provider	Hire Date	Specialty
Laurie Beeson	On Call	FNP	06/18/2019	Family Practice
Amie Leaverton	ECHC	MD	7/1/2019	OB/GYN - Contracted
Kevin Minor	Admin	LCSW	8/1/2019	Behavioral Heath
Kelly Nardo	SHC	FNP	8/22/2019	Family Practice
Amy Peck	MCHC	FNP	9/3/2019	Family Practice

Future Staff

Name	Clinic	Provider	Hire Date	Specialty
Sayali Kulkarni	On Call	FNP	9/26/2019	Family Practice
Sara Miller	ECHC	FNP	9/24/2019	Family Practice

ReCredential Approval since June 2019

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

Recredential Applications submitted (not yet approved) since June 2019

- Primary Care = 8
- Dental = 0



Title:	Client Eligibility Criteria - Student Health Centers		
Policy #:	ICS.05.03		
Section:	Integrated Clinical Services	Chapter:	Student Health Centers
Approval Date:	09/11/2017	Approved by:	V. Abdellatif /s/ Director, Integrated Clinical Services Tara Marshall /s/ Chair, Community Health Council
Related Procedure(s): Transitioning Client Care: ICS.05.01.P.1			
Related Standing Order(s): Not applicable			
Applies to: Student Health Centers			

PURPOSE

This policy provides guidelines regarding the service area for the Student Health Centers.

DEFINITIONS

Term	Definition
School-Aged Youth	Children and adolescents who are enrolled or eligible to be enrolled in K-12 education: <ul style="list-style-type: none">The majority of these youth are younger than 19 years of age.Children entering kindergarten who are at least 4 years old on January 1-st prior to fall enrollment.Children who are enrolled in Lane MS Head Start.

POLICY STATEMENT

It is the ~~policy mission~~ of ~~the~~ Student Health Centers (SHC) to provide culturally sensitive and age-appropriate primary, preventive, and mental healthcare to school-aged youth of Multnomah County.

As stewards of public funds, the SHC vigorously pursues service reimbursement while not directly charging students for services. This is a different policy than the eligibility policy for Multnomah County Health Department's (MCHD) Primary Care services.



REFERENCES AND STANDARDS

N/A

PROCEDURES AND STANDING ORDERS

Residency requirement for clients: Children and Adolescents who live within Multnomah County are eligible provided they meet the definition of *School-Aged Youth*.

Exceptions to residency requirements for clients:

1. Children and adolescents who reside outside the boundary of Multnomah County who attend a school located within the County.
2. Special circumstances that have been approved by clinical leadership.

Accessing services:

- ~~1- Children who attend Lane MS Head Start can access services at Lane SHC and Franklin SHC.~~
- ~~2- Children who attend grades K-8 can access services at any of the 12 SHC locations within the County.~~
- ~~3- Children and Adolescents in grades K-12 (up to age 18), who are enrolled or eligible to enroll in at a high school, GED program or an alternative/affiliated school program, can access services at any of the eight high school SHC locations within the County.~~
- ~~4- Adolescents: Those age 19-21 can receive services at any of the eight high school SHC locations if they are enrolled in a K-12 district: high school, GED or alternative/affiliated school program with the intent of evaluation and referral to adult healthcare services.~~

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Transitioning clients out of services:

~~In order to support continuity of care we will assist clients who are matriculating from middle school to one of the SHC high school locations.~~ Adolescents who are graduating from high school, GED program or alternative school will be assisted in transitioning to one of the MCHD Primary Care locations or insurance plan provider.

RELATED DOCUMENTS

Name

N/A

POLICY REVIEW INFORMATION

Point of Contact: A. Lowell – Student Health Center, Program Manager

Policy #: **ICS.05.03**

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HEALTH DEPARTMENT

EFFECTIVE DATE: **09/11/2017**

Supersedes: N/A