



Public Meeting

May 2024



community health center board

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Public Meeting Minutes

April 08, 2024

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AGENDA



Public Meeting Agenda May 13th, 2024 6:00-8:00 PM (Virtual via Zoom)

Health Center Mission: Bringing services to individuals, families, and communities that improve health and wellness while advancing health equity and eliminating health disparities.

CHCB Board Members Present:

Tamia Deary – Chair

Darrell Wade- Treasurer

Brandi Velasquez – Member-at-Large **Susana Mendoza**- Member-at-Large

Alina Stircu – Board Member

Harold Odhiambo - Board Member

Kerry Hoeschen – Secretary

Jenna Green - Interim Executive Director (Ex Officio)

- Meetings are open to the public
- Guests are welcome to observe/listen
- There is no public comment period
- All guests will be muted upon entering the Zoom

Please email questions/comments to **the CHCB Liaison at CHCB.Liaison@multco.us**. Responses will be addressed within 48 hours after the meeting

Time	Topic/Presenter	Process/Desired Outcome
6:00-6:10 (10 min)	Call to Order / Welcome Tamia Deary, CHCB Chair	
6:10-6:15 (5 min)	Minutes Review - VOTE REQUIRED April 8th, 2024 Public Meeting Minutes	Board reviews and votes
(6:15-6:25) (10min)	Ryan White - Part D Supplemental Grant due 5/13/2024 - VOTE REQUIRED Amanda Hurley, Program & Grant Strategist/ Alison Frye, Strategy and Grant Development	Board reviews and votes
(6:25-6:35) (10 min)	Monthly Financial Reporting Package Hasan Bader, Finance Manager	Board reviews
(6:35-6:45) (10 min)	Committee Updates Finance Committee: Darrell Wade, Finance Chair Quality Committee: Tamia Deary, Quality Chair Executive Committee: Tamia Deary, Board Chair Nominating Committee: Tamia Deary, Board Chair	Board reviews
6:45-6:55	10 Minute Break	
(6:55-7:15) (20min)	Department Updates/Strategic Updates	Board reviews
7:15-7:20 (5 min)	Symposium Update Tamia Deary, CHCB Chair	Board reviews
7:20pm	Meeting Adjourns	Thank you for your participation



PUBLIC MEETING MINUTES





CHCB Public Meeting Minutes April 8, 2024 6:00-8:00 PM (Via Zoom)

Health Center Mission: Bringing services to individuals, families, and communities that improve health and wellness while advancing health equity and eliminating health disparities.

Board Members:

Tamia Deary – Chair
Darrell Wade- Treasurer
Kerry Hoeschen – Secretary

Brandi Velasquez – Member-at-Large **Susana Mendoza**- Member-at-Large

Alina Stircu – Board Member Harold Odhiambo - Board Member

Jenna Green - Interim Executive Director

Board Members Excused/Absent: Darrell Wade

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
Call to Order / Welcome Tamia Deary, CHCB Chair	Meeting called to order at 6:17 PM. We <u>do have a quorum</u> with 5 members present. Darrell and Kerry are absent. Kerry joined at 6:48 PM.			
Minutes Review - VOTE REQUIRED Tamia Deary, CHCB Chair March 11, 2024 Public Meeting Minutes March 14, 2024 Special Public Meeting Minutes March 21, 2024 Special Public Meeting Minutes	No changes to March 11, 2024, Public Meeting minutes. No changes to March 14, 2024, Special Public Meeting minutes. No changes to March 21, 2024, Special Public Meeting minutes.	Motion to approve: Harold Second: Susana Yays: 5 Nays: Abstain: Decision: Approved		

Ryan White Part D
Funds Renewal - VOTE
REQUIRED
Nick Tipton, Regional
Manager Senior

The request for approving the Ryan White Part D funds renewal was reviewed and explained. We receive grant monies from parts A, B, C, D and F through the Ryan White Fund. Each year we are required to submit a continuance for Part D. Part D funds care for women, infants, children and youth living with HIV and receiving care from HHSC. This will fund the medical provider, medical assistant, and case management positions.

Q: Susana asked-What percentage of non white people receive these services?

A: Nick responded - 1587 clients: 77.5% are white, 22.5% other. Q: Harold asked - After referring children and youth to Dornbecker for services do we follow up when they come of age to receive services from us?

A: Nick responded - It is common for Dornbeckers to refer them back to us.

Q: Susana asked - Is this a new service?

A: Nick responded -No, this is existing/ongoing work (Susana responded to request additional information in a separate forum)

A: Tamia advised she would work with Susana to explain the full program.

Motion to approve: Harold Second: Bee

Yays: 5 Nays: Abstain:

Decision:
Approved

HRSA School Based Services Expansion (SBSE) Renewal - VOTE REQUIRED

Katie Strawn, SHC Site Medical Director Ryely Wilpone, SHC Behavioral Health Supervisor HRSA SBSE provides behavioral health services through BHP's. This application will be a non competitive continuation and is required by the funder. The grant funded two culturally specific providers and a BHP supervisor which increased our capacity.

Motion to approve: Kerry Second: Harold

Yays: 6 Nays: Abstain:

Decision: Approved

ADM.01.04 ICS: Vision, Mission and Values -

VOTE REQUIRED

Adrienne Daniels, Strategy & Policy Director This policy is typically reviewed and updated during the strategic retreat. As there has not been one recently and there is not one scheduled for April, this policy was brought for renewal now with short term recommendations. It can be fully reviewed at the next strategic retreat if desired. The executive committee met and has provided these short term recommendations that include a minor grammatical edit: Listed under the Health Center Vision, a hyphen added between whole and person (whole-person).

Motion to approve: Harold Second: Bee

Yays: 6 Nays: Abstain:

Decision:

Approved

ICS.04.08 Patient No-Show Policy - VOTE REQUIRED

Debbie Powers, Deputy Director Clinical Operations and Integration

Changes:

- Moved procedures out of policy and into separate procedures/attachments
- Late is now explained as anytime after the appointment time.
- Removed penalty for medical no show appointments.
- Ensuring support to clients that arrive late to provide services as possible and appropriate.

Q: Susana asked - what if the no show is beyond one's control?

A: Debbie responded - that they will be more proactive by calling the patient when late to discuss options such as a telemed appointment, a reschedule, or shortened appointment time, depending on the client's needs and the clinic/provider's capacity.

Q: Harold asked - how training will happen?

A: Debbie responded - it will begin on the phones and then from the front office back. We are trying out a couple of different approaches to see what might work best, and will be discussing and sharing

Motion to approve: Harold Second: Kerry

Yays: 5 Nays: Abstain: 1

Decision:
Approved

Harold

Budget Modifications (ARPA/Seeding Justice)

- TWO VOTES REQUIRED

Charlene Maxwell, Medical Director Adrienne Daniels, Strategy & Policy Director ARPA H8F41450 - grant that was previously accepted and an extension for \$1.25m (of the total \$11m) was approved by the board in December 2023. However, the federal budget extension was just approved in March by HRSA, which requires us to document a new vote for approval to be able to access these funds during this fiscal year (FY24).

Seeding Justice Grant - Received approval from this Board one year ago to fund the grant. The first group of fellows all stayed within the Health Center. The second fellowship group is about halfway through their fellowship. A yes vote would allow continuation of the Advanced Practice Fellowship and to improve reproductive health equipment.

ARPA: Motion to approve: Harold Second: Kerry Yays: 6 Nays: Abstain:

Decision: Approved

Seeding Justice: Motion to approve:Susana Second: Harold

Nays:
Abstain:
Decision:
Approved

Yays: 6

Finance Policy Reviews ICS 12.01-ICS 12.12 - VOTE REQUIRED

Jenna Green, Interim
Executive Director

Twelve policies are due for renewal and have no suggested language changes beyond updating policy owners to reflect Jenna Green, Interim Executive Director and Tamia Deary, CHCB Chair. Jenna shared these policies met all requirements during the OSV. Board confirmed their understanding that all twelve policies were included in the approval vote.

- Health Center Budget and Performance Monitoring Policy #: ICS.12.01
- Health Center Budget Compliance Policy #: ICS.12.02
- Health Center Budget Development and Approval Policy #: ICS.12.03
- Health Center's Contracts Review and Compliance Policy #: ICS.12.04

Motion to approve: Harold Second: Susana

Yays: 6 Nays: Abstain:

Decision:

Approved

	 Health Center Financial Accounting Systems and Controls - Policy #: ICS.12.05 Health Center Financial Accounts Access - Policy #: ICS.12.06 Health Center Financial Management and Reporting - Policy #: ICS.12.07 Health Center Financial Performance Reporting - Policy #: ICS.12.08 Health Center Patient Collections and Write-offs - Policy #: ICS.12.09 Health Center Program Monitoring - Policy #: ICS.12.10 Health Center Program Patient Accounts Management - Policy #: ICS.12.11 Health Center Surplus and Reserves - Policy #: ICS.12.12 Q: Tamia asked - who will replace the red lined Jeff Perry as Finance Manager A: Jenna responded - Hasan Bader as Finance Manager. 			
School Based Health Center Update Alexandra Lowell, Program Manager, Student Health Centers	 Reviewed FY23 vs FY24 YTD comparisons of: Visits, unique clients, and budget targets Race and ethnicity of clients Clients by age FY24 YTD has 507 new clients vs 395 in FY23; 28% increase with Q4 remaining. 	Provide updated slides to the board members.	Anna Johnston	
	BH recruitment of 5 positions all positions filled by Jan 2024. We are two years into the telemed pilot and continue to have low appointment numbers. With one more year of funding we			

	continue to do targeted outreach. Future note: We are in need of capital construction funds, as we are constricted by space. Our goal is to grow BH services to capacity and to determine if telehealth is viable.		
Joint Commission Debrief Tamia Deary, CHCB Chair	Tamia reports great feedback and positive energy regarding the feedback we received. TJC was complimentary of our staff and highlighted the passion of our board.		
HRSA OSV Updates - TWO VOTES REQUIRED Brieshon D'Agostini, Quality and Compliance Officer	 AGN.10.03 Community Health Center Sliding Fee Discount Policy: Some commercial payer contracts do not allow discounts on copays which must be included in this policy. FIS.01.06 Uncollectible Client Accounts and Payment Plans: The policy must include specific criteria for reducing or writing off patient balances due to hardship. HRS.04.03 Health Center Licensing, Credentialing, and Privileging Policy: The policy must add "other clinical staff" as a 3rd clinical staff category. 	Policies: Motion to approve: Harold Second: Kerry Yays: 6 Nays: Abstain: Decision: Approved	
	 Changes to scope: Remove 5 Oak Building Site, we no longer offer in scope services there. Remove neurology specialty service from scope due to provider retirement. Patients already transitioned as appropriate through the standard specialty referral process. Remove "additional substance use disorder services" as an unpaid referral" (Column III). 	Changes in scope: Motion to approve: Harold Second: Susana Yays: 6 Nays: Abstain: Decision: Approved	

	 Remove "mental health services" as a "paid referral" (Column II). Q: Harold asked - what are the services being offered at 5 Oak? A: Brieshon responded- none. Other County Administrative offices and other Health Department divisions occupy the building. 		
Board Succession Planning vote vote REQUIRED Tamia Deary, CHCB Chair	Tamia advised that per bylaws our succession plan says that if any officers leave their position the person below will step up to fill that vacancy. The motion to appoint Darrel to vice chair did not receive a second.	Motion to approve: Kerry Second: None Yays: Nays: Abstain: Decision: Motion not carried.	
Meeting Adjourns	Meeting adjourns 8:20 PM		Next public meeting scheduled on May 13, 2024

Signed:_		Date:	
	Kerry Hoeschen, Secretary		
Signed:_		Date:	
	Tamia Deary, Board Chair		

Scribe: Edie Honesto // Email: edie.honesto@multco.us



SUMMARIES





Budget Modification Approval Request Summary

Community Health Center Board (CHCB) Authority and Responsibility

As the governing board of the Multnomah County Health Center, the CHCB 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 CHCB approval. All budget revisions that exceed the cumulative 25% budget revision cap will be presented to the CHCB for a vote prior to grant submission. Upon Notice of Award, the budget approved by the funder will be presented to the CHCB for a final approval.

Please type or copy/paste your content in the white spaces below. When complete, please return/share the document with **Board Liaison, CHCB.Liaison@multco.us**

Grant Title	HRSA Ryan White Part D Supplemental					
This funding will support: Please add an "X" in the category that applies.						
Current Operations Expanded Services or Capacity New Services					New Services	
			х			
Date of Presentation:	5/13/24		Program / Area:	ICS		
Presenters:	Nick Tipton, Regional Manager Sr.					
Ducinet Title and Buief Description.						

Project Title and Brief Description:

Ryan White Part D Supplemental - The purpose of this additional funding is to increase access to high quality family-centered HIV health care services for low income women, infants, children, and youth (WICY) through infrastructure development. HSC proposes to create an implementation plan to adopt a new data mapping tool to improve the import process of clinical and case management data into a required HRSA database, CAREWare.

What need is this addressing?:



HSC enters clinical and case management data into Epic. Because HSC is primarily funded by Ryan White Parts A, B, C, and D, they are also required to report data through a HRSA system called CAREWare. To avoid double data entry, an import system was created approximately 15 years ago. Double data entry is not possible with a patient population of 1,600. With changes to reporting requirements and needs, funding, staff, and frequent updates to the Epic and CAREWare systems, the import process has become unreliable and requires extensive staff time to maintain.

With this funding HSC will explore a mapping tool for better data migration, develop data entry work flows for clinical and non-clinical staff, and create an implementation plan for data entry and imports. This is a large scale project that will take up to a year to plan and prepare. Although implementation will not occur in the grant year, successful implementation will ease administrative burden of data entry for HSC Medical Case Managers, Service Navigators, front desk staff and clinical staff, reduce staff time to maintain a currently broken data migration system, and provide more accurate/clean data to use for program improvement.

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

Clinical, demographic, and services data, including HSC data and other Ryan White service provider data, are used across the entire Ryan White Portland Transitional Grant Area (TGA) system that includes funding from all Ryan White parts (A,B,C, and D). Community health outcomes such as eligibility, engagement in care, and viral suppression rates are monitored locally for care and treatment improvements and reported to the State and HRSA.

What is the total amount requested:

Please see attached budget

\$200,000 - The budget is not finalized. The majority of the budget will go towards personnel such as a Project Manager to lead the project activities, business intelligence support, technical assistance/consulting from OCHIN, and potentially the purchase of a new electronic medical record module/data map for data migration.

Expected Award Date and project/funding period:

8/1/24 - 7/31/25

Briefly describe the outcome of a "YES" vote by the Board:

(Please be sure to also note any financial outcomes)

A yes vote approves the submission of the Ryan White Part D Supplemental grant request of \$200,000 to support infrastructure development through improved coordination and integration of electronic health records and other required HIV data systems.

Briefly describe the outcome of a "NO" vote or inaction by the Board:

(Please be sure to also note any financial outcomes)

A no vote denies the submission of the Ryan White Part D Supplemental grant request of \$200,000. HSC will rely on existing data management systems that are not fully functional.

Related Change in Scopes Requests:

(only applicable in cases in which project will represent a change in the scope of health center services, sites, hours or target population)

n/a

Proposed Budget (when applicable)

Project Name: Ryan White Part D Supplemental			Start/End Date: 8/1/24-7/31/25		
	Budgeted Amount	Comments (Note any supplemental or matching funds)		Total Budget	
A. Personnel, Salaries and Fringe					
Position Title: Project Manager, Program Specialists, Finance Support, Purchasing Specialist, etc.					
Position Description					
Position Title					
Position Description					
Total Salaries, Wages and Fringe					
B. Supplies					
Description of supplies: Medical and Dental Supplies					
Total Supplies					
C. Contract Costs					
Contract description: Covers staffing agencies (Cell Staffing, Maxim Healthcare Staffing, etc.), language services, and data and software services.					
Total Contractual					



D. Other Costs					
Description of training and other costs: Local travel, software purchases, and Facilities & Service requests					
Total Other					
Total Direct Costs (A+B+C+D)					
Indirect Costs					
The FY24 Multnomah County Cost Allocation Plan has set the Health Department's indirect rate at 13.97% of Personnel Expenses (Salary and Fringe Benefits). The rate includes 3.58% for Central Services and 10.39% for Departmental. The Cost Allocation Plan is federally-approved.					
Total Indirect Costs (16.91% of A)					
Total Project Costs (Direct + Indirect)	200,000				

	Revenue	Comments (Note any special conditions)	Total Revenue
E. Direct Care Services and Visits			
Medicare			
Description of service, # of visits			
Medicaid			
Description of service, # of visits			
Self Pay			
Description of service, # of visits			
Other Third Party Payments			
Description of Service, # of visits			
Total Direct Care Revenue			
F. Indirect and Incentive Awards			
Description of special funding awards, quality payments or related indirect revenue sources			

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Description of special funding awards, quality payments or related indirect revenue sources		
Total Indirect Care and Incentive Revenue		
Total Anticipated Project Revenue (E+F)		



Department Updates Strategic Updates

- Interim Executive Director
- Finance
- Operations
- Clinical
- Quality



community health center board

Community Health Center Board Health Center Highlights



TO: Community Health Center Board

FROM: Jenna Green, interim Executive Director

RE: Public Meeting Memo

DATE: April 2024

Executive Director Reminders

• FY25 Health Center Budget in "Public Review" phase. Board of County Commissioners review expected in May. CHCB Chair to co-present with Health Center staff on May 21, 2024.

Capital Projects

- PCC/La Clinica Expansion: Construction is now scheduled to begin in May, which is a short delay in the timeline; the clinic is still expected to be operational in Spring 2025 with an occupancy date estimated for January 2025.
- Rockwood repair project plan under review. Impacts to patient access being evaluated.

Strategic Program Updates

 Mobile Clinic: Primary Care services and Dental hygienist services are currently offered (permanent Dental staff in recruitment). Client demand varies at 8 community locations; evaluating hours and locations to maximize clients seen.

Mobile Clinic	Medical Visits	Dental Visits
March	79	0
April (as of 4/25/2024)	77	20

- Health Center Website testing with patient groups expected to kick off this summer.
- New Workforce Development contract agreement for the Medical Assistant Program with United We Heal has been completed.
- Social Determinants of Health: Operations staff are leading a new process to implement a universal SDoH screening for patients, expected to launch in Fall 2025. Community Health Workers will continue to use this as part of resource assistance and referrals to social support.

Risk and Compliance Updates

- HRSA OSV initial Compliance Resolution Opportunity (CRO) response is submitted on 4/25. Most findings are expected to be resolved, and work is continuing on the remaining findings.
- Joint Commission Survey findings responses are underway, due 5/22.
- Mock 340B Audit completed the week of 4/22. The auditor was highly complimentary of our policies, processes, and staff, calling our program "exceptional."
- A large-scale potential HIPAA Security Breach was identified 4/24 when it was discovered that a
 former employee had not returned a laptop, and was now using that laptop for personal use. The
 laptop appears to contain PHI, though it is unknown if the PHI has been accessed. Investigation is
 underway.

Major Key Performance Indicators for last complete month (March 2024)

Program	Completed Visits	Average days from scheduling to appointment
Medical*	11,813	18.5
Student Health	1,580	7.7
Dental	5,066	19

Triage Nurse encounter volume: 894 Refugee program screenings: 45

Transitions of Care (TOC) served 60 clients with complex mental health needs transitioning from EDs and inpatient facilities (reported quarterly: Jan-March 2024)

^{*}Includes integrated behavioral health and clinical pharmacy visits

Percentage of patients filling prescriptions at our pharmacies (Goal=70%)		
Primary Care Medical	55%	
HSC	62%	

Quality/Process Improvement

- RLDatix/PolicyStat: New Quality software go-live on 4/29.
- Barcode scanners for clinic-administered medications and immunizations have started to roll out at some sites with the goal of reducing errors and improving compliance.
- Prenatal Optimization planned in near future to improve tracking, workflows, and management of prenatal patients.
- New Sublocade training for providers and nurses to expand options for opioid use disorder treatment.
- Dental Program No Shows improvement projects decreased no shows from 20-21% in 2021 to 17% in 2023.

General Program Updates

- Behavioral Health Program now fully staffed with 24 providers, at least one at every location (compared to 11 total in January 2023)!
- Dental teams had a friendly competition to reach patient engagement goals, and North Portland Dental won, with 71% of visits scheduled for kids age 1-14 completed and 25% of this total population seen!
- Pharmacy program expanding access for clients to request naloxone from pharmacists without a prescription.
- Words of appreciation went out to...
 - Kara Cumpston, Referrals Coordinator at Mid-County for being a hard working & valued employee and performing excellent work for 30 years.

- Peter Hatcher, MD for 25 years of service at the Health Center. Doctor Hatcher retired in March and has come back to the Health Center on call.
- Barbara Broderick received the OPCA Lifetime Achievement Award recognizing her incredible contributions to oral health over her 36 years of service to our community!
- On 4/16, the Health Center hosted Kyu Rhee, MD, MPP, National Association of Community Health Centers (NACHC) CEO, and his Strategic Advisor Gracy Trinoskey-Rice, highlighting our Westside Pharmacy robot and our nationally-recognized Health Services Center.