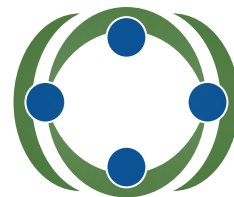




# Public Meeting

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**December 2024**



**community health  
center board**

*Multnomah County*

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November 16, 2024

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# AGENDA



**community health  
center board**

*Multnomah County*



## Public Meeting Agenda December 9, 2024 6:00-8:00pm 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 Present:**

<b>Tamia Deary (she/they)</b> – Chair	<b>Brandi Velasquez (she/her/ella)</b> – Member-at-Large	<b>Brenda Chambers (she/her)</b> - Board Member
<b>Darrell Wade (he/him)</b> - Treasurer	<b>Susana Mendoza (she/her)</b> - Member-at-Large	<b>Dani Slyman (she/her)</b> - Board Member
<b>Kerry Hoeschen (she/her)</b> – Secretary	<b>Jose Gomez (el-ellos)</b> - Board Member	<b>Harold Odhiambo (he/him)</b> - Board Member
		<b>Monique Johnson (she/her)</b> - Board Member

**Jenna Green (she/her)- Interim Executive Director (Ex Officio)**

- Meetings are open to the public
- There is no public comment period
- Guests are welcome to observe/listen
- 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)	<b>Call to Order / Welcome</b> <i>Tamia Deary, CHCB Chair</i>	
6:10-6:15 (5 min)	<b>Minutes Review - VOTE REQUIRED</b> <a href="#">November 16, 2024 Public Meeting Minutes</a>	Board reviews and votes
6:15-6:30 (15 min)	<b>Workforce Training Opportunity (HOWTO) Grant Request - VOTE REQUIRED</b> <i>Amaury Sarmiento, Regional Manager Senior</i>	Board reviews and votes
6:30-6:40 (10 min)	<b>Executive Officer Slate - VOTE REQUIRED</b> <i>Tamia Deary, CHCB Chair</i> <i>Susana Mendoza, Member at Large</i>	Board votes to elect new executive members
6:40-6:55 (15 min)	<b>Q3 Complaints and Incidents</b> <i>Kimmy Hicks, Project Manager, Quality Team</i>	Board receives updates
6:55-7:05 (10 min)	<b>Break</b>	
7:05-7:10 (5 min)	<b>Announce Executive Officer Elections Results</b> <i>Tamia Deary, CHCB Chair</i>	Board receives updates
7:10-7:20 (10 min)	<b>Monthly Financial Report</b> <i>Hasan Bader, Finance Manager</i>	Board reviews



<p><b>7:20-7:25</b> (5 min)</p>	<p><b>Committee Updates</b> Finance Committee: Darrell Wade, Finance Chair Quality Committee: Tamia Deary, Quality Chair Executive Committee: Tamia Deary, Board Chair Nominating Committee: Tamia Deary, Board Chair Bylaws Committee: Tamia Deary, Board Chair</p>	<p>Board receives updates</p>
<p><b>7:25-7:30</b> (5 min)</p>	<p><b>Department Updates/Strategic Updates</b></p> <ul style="list-style-type: none"><li>○ Interim Executive Director</li><li>○ Operations</li><li>○ Clinical</li><li>○ Quality</li></ul>	<p>Board receives updates</p>
<p><b>7:30-8:00</b> (30 min)</p>	<p><b>Board Discussion (<i>Closed Executive Session</i>)</b> <i>Tamia Deary, CHCB Chair</i></p>	<p>Board receives updates in an executive session and has discussion</p>
<p><b>8:00</b></p>	<p><b>Meeting Adjourns</b></p>	<p>Thank you for your participation</p>



# PUBLIC MEETING MINUTES



**community health  
center board**

*Multnomah County*



**CHCB Public Meeting Minutes**  
**November 16, 2024**  
**8:30-9:30 AM**  
**Hybrid**  
**Northeast Health Center,**  
**Lower Level Conference Room and 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 (she/they)** – Chair

**Darrell Wade (he/him)**- Treasurer

**Kerry Hoeschen (she/her)**– Secretary

**Brandi Velasquez (she/her)**– Member-at-Large

**Susana Mendoza (she/her)**- Member-at-Large

**Jose Gomez (El-ellos)** - Board Member

**Brenda Chambers (she/her)** - Board Member

**Dani Slyman (she/her)** - Board Member

**Harold Odhiambo (he/him)**- Board Member

**Monique Johnson (she/her)** - Board Member

**Jenna Green (she/her)**- Interim Executive Director (Ex Officio)

**Board Members Excused/Absent: Harold, Susana**

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
<b>Call to Order / Welcome</b> Tamia Deary, CHCB Chair	Meeting called to order at 8:39am  We <u>do have a quorum</u> with 7 members present at 8:39am  Darrel joined at 8:49am  Interpreters : Victor and Felipe  Absent: Susana, Harold			
<b>Minutes Review - VOTE REQUIRED</b> <a href="#">October 14, 2024 Public Meeting Minutes</a>	October 14, 2024 Public Meeting minutes <ul style="list-style-type: none"> <li>Changes Noted : No changes and/or additions noted</li> </ul>	<b>Motion to approve: Brenda</b> <b>Second: Monique</b>  Yays: 7 Nays: Abstain: <b>Decision:</b>		

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
		<b>Approved</b>		
<p><b>Update the Sliding Fee Discount Policy/Pharmacy RH Program Language - VOTE REQUIRED</b></p> <p><i>Michele Koder, Pharmacy Director Charlene Maxwell, Medical Director</i></p>	<p>Michele and Charlene presented with Jacqueline</p> <p>2 major changes are:</p> <p>1) Pharmacy sliding scale policy</p> <ul style="list-style-type: none"> <li>● Current fee based on old guidance</li> <li>● HRSA are supplies not service - meaning they do not have to slide fees as they are not service</li> <li>● Propose to go to flat fee schedule <ul style="list-style-type: none"> <li>○ Removes slide for FPL&lt;200</li> <li>○ Increases transparency</li> <li>○ Same cost for 30 day and 90 day medications</li> </ul> </li> <li>● Currently can't be transparent with fee model when clients receive medication <ul style="list-style-type: none"> <li>○ Penalize patients that extend day supplies - higher fee for 90 day fees</li> </ul> </li> </ul> <p>2) Ending participation in RH program starting 1/1/25 (CHC fee policy to align in ops change)</p> <ul style="list-style-type: none"> <li>● Request to update language in the policy and withdrawn from OHA reproductive health plan that cover specific services <ul style="list-style-type: none"> <li>○ No changes in HC services</li> <li>○ Approximately 85 clients are currently enrolled in this coverage - 53 used in the past 2 months</li> <li>○ 88% are in SHC - would receive care at no cost regardless of OHA RH coverage</li> <li>○ Cost to maintain program is not equal to the benefit of clients</li> </ul> </li> </ul>	<p><b>Motion to approve sliding scale :</b></p> <p><b>Motion: Monique</b></p> <p><b>Second: Bee</b></p> <p>Yays: 8</p> <p>Nays:</p> <p>Abstain:</p> <p><b>Decision: Approved</b></p> <p><b>Amended motion To include the sliding fee and language changes in one :</b></p> <p><b>Motion: Brenda</b></p> <p><b>Second: Bee</b></p> <p><b>Motion to approve:</b></p> <p><b>Second: (same as above)</b></p> <p>Yays: 8</p> <p>Nays:</p> <p>Abstain:</p> <p><b>Decision: Approved</b></p>		



Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
	<p>Questions :</p> <p>Tamia - Will it impact their ability to maintain confidentiality?</p> <p>A: SHC is at no cost and would be at a private account and multiple billing pathways at SHC that wouldn't go to parents insurance so will maintain confidentiality. This would also include adults.</p>			
<p><b>Board Composition</b>  <b>-Recommendation to retain Member at Large, Susana Mendoza for one additional year to complete Officer term - VOTE REQUIRED</b>  <i>Tamia Deary, CHCB Chair</i></p>	<p>Currently have 10 members                  2 members time out in Jan. and to maintain 9 in Jan.                  They recommend Susana to stay on as Member at Large. Per the bylaws, she can be kept on for 1 year to complete her Executive Officer position.</p>	<p><b>Motion to approve: Bee</b>  <b>Second: Monique</b>                  Yays: 8                  Nays:                  Abstain:  <b>Decision: Approved</b></p>		
<p><b>Executive Officer Slate of Candidates</b>  <i>Tamia Deary, CHCB Chair</i>  <i>Susana Mendoza, CHCB Member at Large</i></p>	<p>December the vote will take place.</p> <p>Positions on the ballot:</p> <ul style="list-style-type: none"> <li>● Kerry Hoeschen for Vice Chair</li> <li>● Darrell Wade for Treasurer</li> <li>● Bee Velasquez for Member at Large</li> </ul>			

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
<p><b>Monthly Financial Report</b>  <i>Hasan Bader, Finance Manager</i></p>	<p>Summary of Sept. report, which is the 1st quarter of the Fiscal Year, should reflect 25% of the budget.            Aug/Sept catching up on grants revenue as it is 1 month behind            Primary Care is 18% YTD            Collected 22% revenue            Spent 21% of expenditure (personal costs associated)            Internal/Indirect expenses at 21%            SHC July/Aug lower billable visits due to most SHC closed and only 1 open</p> <p>Q: Dani - we discussed 16% that goes to the county. Is that defined as an indirect expense?            A: Correct about 16.1 %</p> <p>Q: Tamia - are OHP clients (like Charlene's presentation) included in selfpay or something else?            A: Invoice gets backdated and then patient becomes insured.</p>			
<p><b>Board Discussion (Closed Executive Session)</b>  <i>Tamia Deary, CHCB Chair</i></p>	<p>The closed Executive session started at 9:16am and ended at 9: 37am</p>	<p><b>Motion to move into Exec Session:</b>  <b>Brenda</b>  <b>Second: Monique</b>            Yays: 8            Nays:            Abstain:  <b>Decision:</b>  <b>Approved</b></p>		<p>Next public meeting scheduled via Zoom on December 9, 2024</p>

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
<b>Meeting Adjourns</b>	9:37am			

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Kerry Hoeschen, Secretary

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Tamia Deary, Board Chair

Scribe: // Email:



# SUMMARIES



**community health  
center board**

*Multnomah County*



# 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.

<b>Grant Title</b>	Oregon Health Authority Healthy Oregon Workforce Training Opportunity Grant		
<b>This funding will support:</b> <i>Please add an "X" in the category that applies.</i>			
<b>Current Operations</b>	<b>Expanded Services or Capacity</b>	<b>New Services</b>	
	x		
<b>Date of Presentation:</b>	12/9/24	<b>Program / Area:</b>	<b>Community Health Centers: La Clinica, Mid-County, North, and Northeast</b>
<b>Presenters:</b>	Amaury Sarmiento, La Clinica/Mid-County Sr. Manager		
<b>Project Title and Brief Description:</b>			
<b>Healthy Oregon Workforce Training Opportunity Grant (HOWTO)</b>			
The HOWTO grant is administered under the direction of the Oregon Health Policy Board, in partnership with Oregon Health Authority (OHA) and Oregon Health & Science University (OHSU). The HOWTO grant expands health professional training within the State to address health care workforce shortages for people in:			
<ul style="list-style-type: none"> <li>● Culturally and linguistically diverse groups;</li> <li>● Groups that have been economically and socially marginalized;</li> <li>● Tribal communities;</li> <li>● Rural communities; and</li> <li>● Communities experiencing inequities throughout Oregon.</li> </ul>			



This program is designed to support **innovative, transformative, and community-based training initiatives** that will address health care workforce shortages and expand the diversity of the health professional workforce.

ICS will expand the partnership with De La Salle preparatory high school, one of Oregon’s most diverse private high schools, by adding up to eight additional student internships, equivalent to 2.0 FTE, at North, Northeast, La Clinica, and Mid-County community health centers (CHC). ICS currently has four students, equivalent to 1.0 FTE, stationed at La Clinica and Mid-County CHCs. ICS has partnered with De La Salle’s Corporate Work Study program since 2023, and provides students real-life training and work experience in exchange for payment towards their education. Freshman through Senior students work one day a week at the CHC.

**What need is this addressing?:**

The internship positions help with overall staff burnout and shortages by providing administrative support such as making patient reminder calls, filing, checking in patients, and completing chart maintenance. Interns have the opportunity to job shadow within the healthcare field advancing interest and preparation for future healthcare jobs.

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

Increase student intern positions by eight additional positions, equivalent to 2.0 FTE. We currently have 4 positions, equivalent to 1.0 FTE. If funded, we will have 12 total positions, equivalent to 3.0 FTE.

**What is the total amount requested:**

*Please see attached budget*

Current budget request is \$239,400 over 3 years.

**Expected Award Date and project/funding period:**

6/16/25 - 6/15/28

**Briefly describe the outcome of a “YES” vote by the Board:**

*(Please be sure to also note any financial outcomes)*

A “yes” vote means MCHD will submit the HOWTO application to the Oregon Health Authority, expanding the number of De La Salle students participating in the work study program at CHCs.

**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 means MCHD will not submit the HOWTO application to the Oregon Health Authority, maintaining the number of De La Salle students participating in the work study program at CHCs.

**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)*

Not applicable

**Proposed Budget (when applicable) - We are in the process of creating a budget and will have it prepared before the CHCB meeting.**

Project Name: HOWTO		Start/End Date: 6/16/25 - 6/15/28	
	Budgeted Amount	Comments (Note any supplemental or matching funds)	Total Budget
<b>A. Personnel, Salaries and Fringe</b>			
<b>Position Title:</b> Project Manager, Program Specialists, Finance Support, Purchasing Specialist, etc.			
Position Description			
<b>Position Title</b>			
Position Description			
<b>Total Salaries, Wages and Fringe</b>			
<b>B. Supplies</b>			
Description of supplies: Medical and Dental Supplies			
<b>Total Supplies</b>			
<b>C. Contract Costs</b>			
<b>De La Salle</b> - Corporate work study sponsorship fees for 12 students per year. (Grant Budget: Y1=\$75,800, Y2=\$79,800, Y3 \$83,800 for 8 students) Fees typically increase by \$4000 each year. Other clinic resources will fund existing 4 student spots.	\$239,400  8 students over 3 years	\$119,700  4 students over 3 years	\$359,100



<b>Total Contractual</b>			
<b>D. Other Costs</b>			
Description of training and other costs: Local travel, software purchases, and Facilities & Service requests			
<b>Total Other</b>			
<b>Total Direct Costs (A+B+C+D)</b>	<b>\$239,400</b>	<b>\$119,700</b>	<b>\$359,100</b>
<b>Indirect Costs</b>			
<p>The FY25 Multnomah County Cost Allocation Plan has set the Health Department's indirect rate at 16.91% of Personnel Expenses (Salary and Fringe Benefits). The rate includes 4.11% for Central Services and 12.80% for Departmental. The Cost Allocation Plan is federally-approved.</p> <p>Because there are not any personnel costs in the budget, we will not include any indirect costs.</p>			
<b>Total Indirect Costs (16.91% of A)</b>			
<b>Total Project Costs (Direct + Indirect)</b>			

	<b>Revenue</b>	<b>Comments</b> (Note any special conditions)	<b>Total Revenue</b>
<b>E. Direct Care Services and Visits</b>			
<b>Medicare</b>			
Description of service, # of visits			
<b>Medicaid</b>			
Description of service, # of visits			
<b>Self Pay</b>			
Description of service, # of visits			
<b>Other Third Party Payments</b>			
Description of Service, # of visits			
<b>Total Direct Care Revenue</b>			
<b>F. Indirect and Incentive Awards</b>			





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

# **Safety**

## **Q3 2024**

**Presented by Kimmy Hicks**

# **Incident/Risk Form Types**

The Icon Wall document, created by Quality for staff provides guidance on using the ICON WALL for incident reporting.

The Feedback form is for compliments or complaints when management isn't available.

Other forms are used to report specific incidents: Adverse Drug Reaction, Aggression, Diagnosis/Treatment, Good Catch/Near Miss, Lab/Specimen, Medication/Fluid, Provision of Care, Suicidal Ideation and Behavior, and Surgery/Procedure.

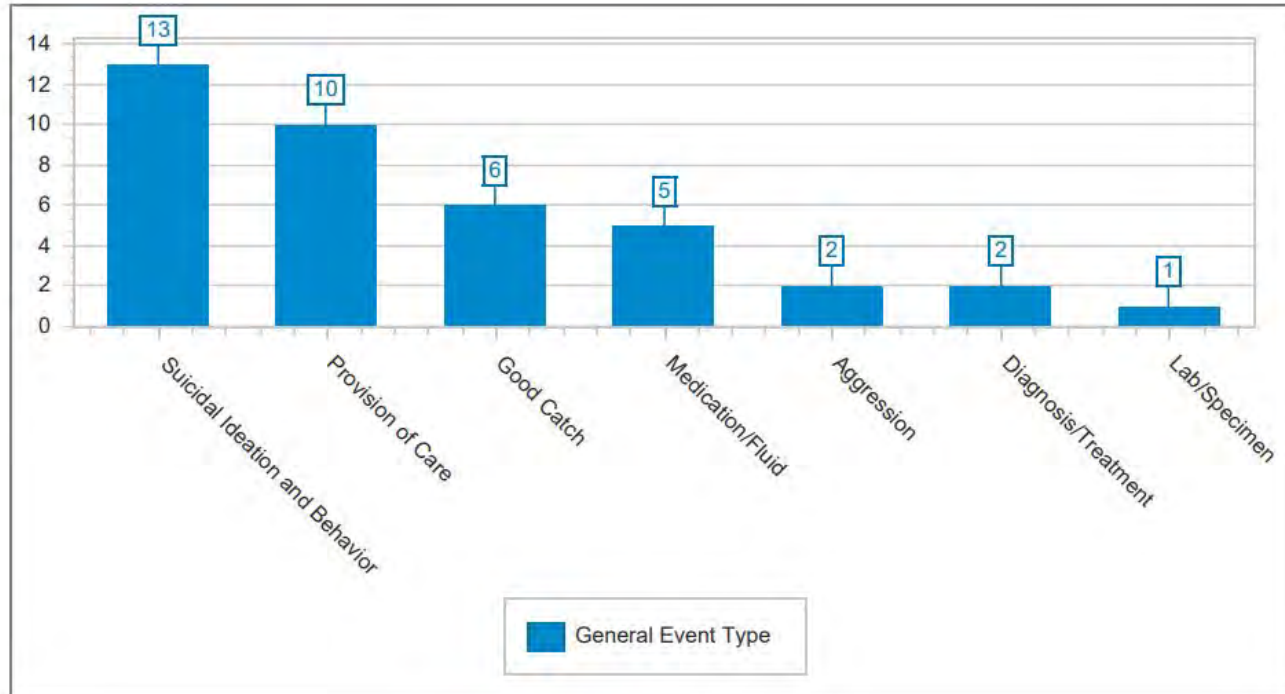
Each form corresponds to a particular type of incident to ensure proper documentation and reporting.

# Patient Incidents Q3 2024

## Event Report

Event Date is within Calendar 2024 Q3

(Event Date is within Calendar 2024 Q3) and ((File State is equal to "New") or (File State is equal to "In-Progress") or (File State is equal to "Closed")) and (((Site is equal to "Integrated Clinical Services (ICS)")) or ((Other Site Involved is equal to "Integrated Clinical Services (ICS)"))))



# Incidents by Location

## Event Report

Event Date is within November, 2024

(Event Date is within November, 2024) and ((File State is equal to "New") or (File State is equal to "In-Progress") or (File State is equal to "Closed")) and (((Site is equal to "Integrated Clinical Services (ICS)") or ((Other Site Involved is equal to "Integrated Clinical Services (ICS)"))))





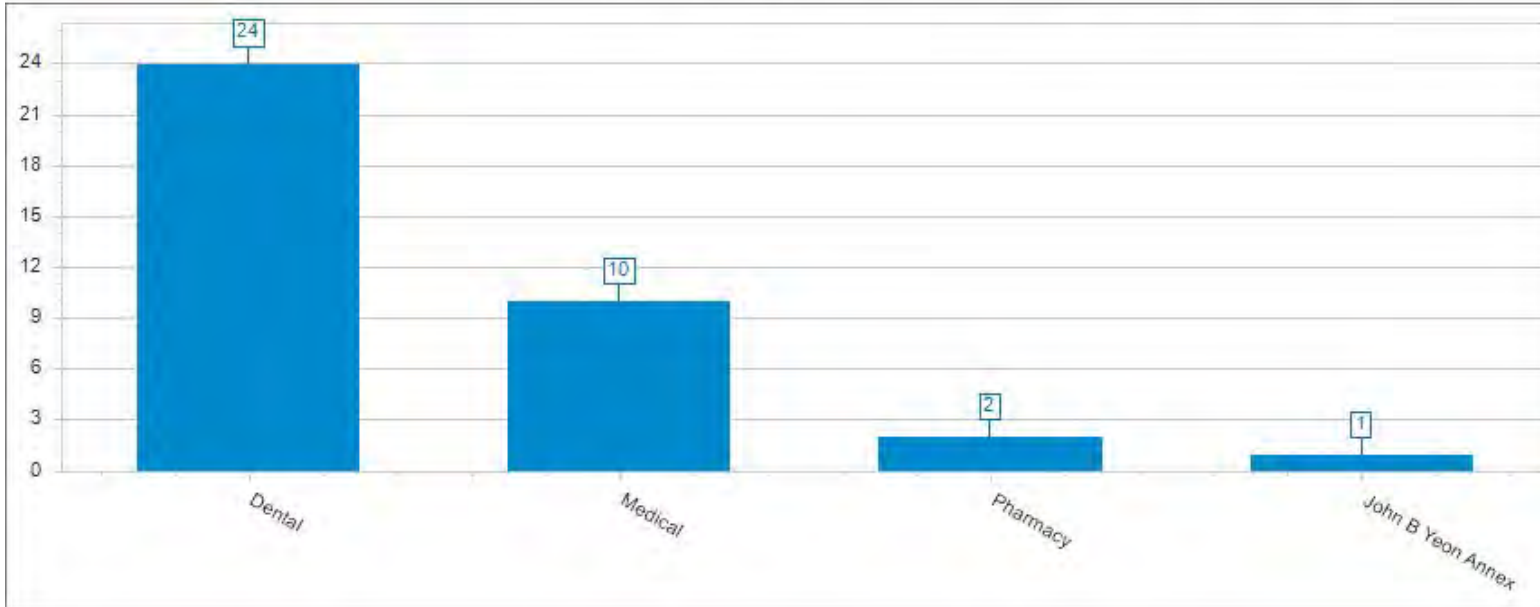
# **Client Feedback**

## **Q3 2024**

# Patient Feedback Q3 2024

## Feedback Event Report Q3 2024

(Date of Notification is within Fiscal 2024/25 Q3) and ((File State is equal to "New") or (File State is equal to "In-Progress") or (File State is equal to "Closed")) and (((Submitting Site is equal to "Integrated Clinical Services (ICS)" or (Public Submission: Facility Group / Top-Level Site is equal to "Integrated Clinical Services (ICS)")))

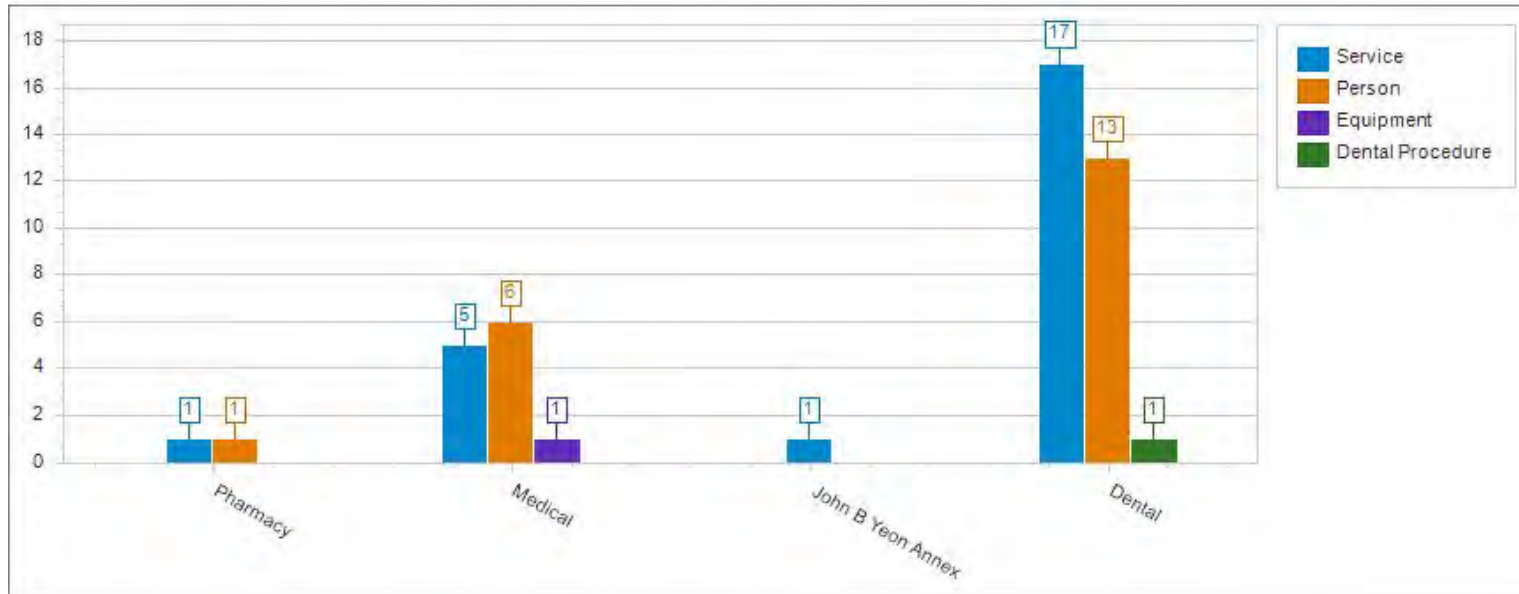




# Patient Feedback Q3 2024

## Feedback Event Report Q3 2024

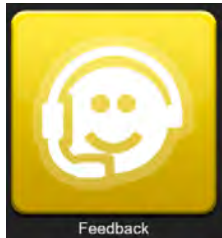
(Date of Notification is within Fiscal 2024/25 Q3) and ((File State is equal to "New") or (File State is equal to "In-Progress") or (File State is equal to "Closed")) and (((Submitting Site is equal to "Integrated Clinical Services (ICS)") or (Public Submission: Facility Group / Top-Level Site is equal to "Integrated Clinical Services (ICS)")))



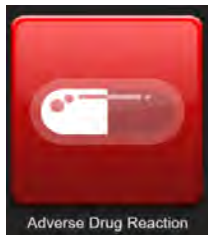


## ICON WALL

Created by Quality 5/10/24; K. Hicks



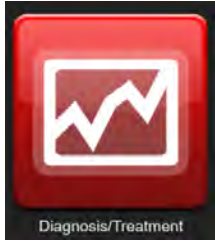
**Staff will use the Feedback form when the client or member of the public has a compliment or complaint and a member of the management team is unavailable to speak to the person.**



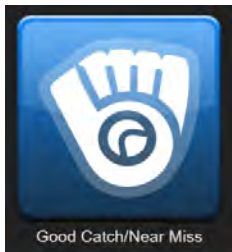
**Use the Adverse Drug Reaction form to report an incident involving a patient and their reaction to an prescribed medication or immunization.**



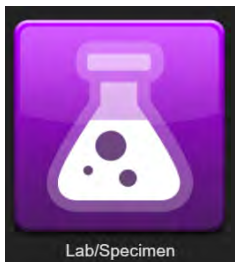
**Use the Aggression form to report an incident involving verbal and, or physical actions exhibited by or toward a patient.**



**Use the Diagnosis/Treatment form to report an incident involving a patient's delayed, incorrect or other impactful event related to the diagnosis or treatment of the patient.**



**Use the Good Catch/Near Miss form to report an event or series of events that may have caused a negative outcome if the event wasn't discovered.**



**Use the Lab/Specimen form to report an incident involving lab workflows or specimen collection that caused a negative outcome.**



**Use the Medication/Fluid form to report an incident involving a dispensed or administered medication.**



**Use the Provision of Care form to report an incident that occurred during or after the patient has received care or treatment.**



**Use the Suicidal Ideation and Behavior form to report any suicide and attempts the client has made or disclosed to you which occurred in the past 6 months while in our care.**



**Use the Surgery/Procedure form to report an incident that occurred related to a patient procedure.**

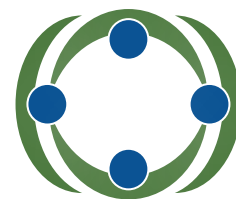


# Department Updates

# Strategic Updates

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- Interim Executive Director
- Operations
- Clinical
- Quality



**community health  
center board**

*Multnomah County*

TO: Community Health Center Board  
FROM: Jenna Green, Interim Executive Director & Senior Leadership  
RE: Public Meeting Memo - **Monthly Narrative**  
DATE: **December 2024**

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**Executive Director Updates** - System level information and updates

- Grant Awarded: HRSA one-time funding 12/1/24-11/30/26 of \$1million to strengthen transitions in care from Corrections Health to the Community Health Center (presented and approved June 10, 2024).
- New 'Welcome!' patient packets are now available at health centers as a comprehensive resource to our medical home. This project has truly been a collaborative effort across teams to develop a welcoming, empowering, and informative resource for our clients. The packets will be available in English, Spanish, Russian, Somali, Simplified Chinese and Vietnamese. Kudos to Hermela Demise and Jonathan Mondragon for leading this initiative.

**Capital Projects** - Facilities updates, high cost projects

- A condition assessment of the Mid County Health Center Building has been completed to better understand the projected multi-year investments required for the building. As part of capital planning efforts in 2025+, we will be reviewing how options will impact our patient care operations.
- Generators: Initial construction has been completed for generator projects at both Mid County and NE Health Center. Generator installs and project completion at both sites is expected in December 2024.

**Strategic Program Updates** - Topics related to the strategic plan/direction of the Health Center

- Our health center joined the Oregon Primary Care Association in November for a discussion with the National Association of Community Health Centers (NACHC) regarding federal and state based strategies over the next three years. NACHC will continue to promote stable funding for health centers, as well as wider awareness amongst federal policy makers.

**Risk and Compliance Updates** - Compliance events, major incidents/events updates

- Oregon's Patient Centered Primary Care Home (PCPCH) program had a site visit at Southeast Health Center on 11/19/2024. The visit went very well and the clinic retained their Tier 4 PCPCH status!

**Quality/Process Improvement** - Improvement events and activities

- On 11/20/24, Operations held an outstanding grand rounds for frontline staff role in their role in patient access to Substance Use Disorder treatment, led by Behavioral Health Provider (BHP) Ellen Greaney. Areas of focus included the importance of frontline roles in access to timely care, Fentanyl facts and myths, and trauma responsive care. The presenter also spent time training frontline workers on quick selfcare techniques that can be used throughout the day.

**General Program Updates** - Program/Service-line specific updates

- Primary Care

- Primary Care had a Grand Rounds on Antibiotic Stewardship given by Fernando Estrada, Pharm D (from HSC). We are making sure that staff know how to prescribe appropriately to avoid antibiotic resistance.
- Primary Care is also receiving training on risk based coding. This allows us to document the true complexity of our clients so that we and our CCOs get appropriate funding and do well in the Value Based Care World.
- Dental
  - Our CHC hosted a meet and greet with the new Dental Director for Oregon Health Authority, Dr. Ahmed Farag on Nov 14. This event was co-hosted with Oregon Primary Care Association and was attended by 7 other FQHC oral health leaders.
  - Lata Dulal - one of the people in Pathway 2 of the EFDA Workforce Development Program obtained her EFDA certification and successfully completed the program! She will be filling a vacant EFDA position at SEDC.
- Pharmacy
  - Westside Pharmacy construction will begin Dec 11 and last for approximately 5-6 weeks. All work is currently scheduled outside of business hours so there will be minimal patient impact.
- Information Systems
  - Cybersecurity: Health Center program is working with the IT Security office to collect and present to the CHCB details about HIPAA incidents in the last 12 months. Intent of the information is to assure that the board has a line of sight into HIPAA incidents. This information would encompass details of the incident, cause, and resolution actions.