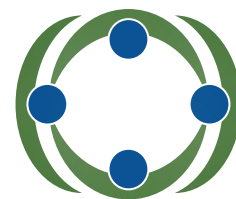




# Public Meeting

February 2025



**community health  
center board**

*Multnomah County*

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January 13, 2025

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# AGENDA



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**Public Meeting Agenda**  
**February 10th, 2025**  
**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 Members:**

**Tamia Deary (she/they)** – Chair

**Kerry Hoeschen (she/her)** – Vice Chair

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

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

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

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

**José Gómez (el/ellos)** - Board Member

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

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

**Jenna Green - 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](mailto:CHCB.Liaison@multco.us)**. Responses will be addressed within 48 hours after the meeting.

Time	Topic/Presenter	Process/Desired Outcome
<b>6:00-6:05</b> (5 min)	<b>Call to Order / Welcome</b> <i>Tamia Deary, CHCB Chair</i>	
<b>6:05-6:10</b> (5 min)	<b>Minutes Review - VOTE REQUIRED</b> <a href="#">Draft 1.13.25 Public Meeting Minutes</a>	Board reviews and votes
<b>6:10-6:15</b> (5 min)	<b>Executive Officer Succession</b> <b>Confirm Susana Mendoza as CHCB Secretary per CHCB Bylaws Article XXIV, Section 4: Executive Officer Vacancies - VOTE REQUIRED</b> <i>Tamia Deary, CHCB Chair</i>	Board reviews and votes
<b>6:15-6:30</b> (15 min)	<b>Purpose, Vision, and Values Subcommittee Draft Review - VOTE REQUIRED</b> <i>Brenda Chambers, PVV Committee Chair</i> <i>Anirudh Padmala, Health Information Officer</i>	Board reviews and votes
<b>6:30-6:40</b> (10 min)	<b>Executive Director Evaluation - VOTE REQUIRED</b> <i>Tamia Deary, Board Chair</i>	Board reviews and votes
<b>6:40-6:45</b> (5 min)	<b>Fernhill Health Center Relocation - VOTE REQUIRED</b> <i>Adrienne Daniels, Strategy &amp; Policy Director</i>	Board reviews and votes
<b>6:45-6:55</b> (10 min)	<b>Rockwood Construction Updates</b> <i>Adrienne Daniels, Strategy &amp; Policy Director</i>	Board reviews
<b>6:55 - 7:05</b> (10 min)	<b>Break</b>	



<b>7:05 - 7:15</b> (10 min)	<b>Monthly Financial Report</b> <i>Hasan Bader, Finance Manager</i>	Board reviews
<b>7:15-7:30</b> (15 min)	<b>Vacancy Report</b> <i>Erin Murphy, Human Resources Manager</i>	Board reviews
<b>7:30-7:35</b> (5 min)	<b>Board Committee Updates</b>	Board reviews
<b>7:35-8:00</b> (25 min)	<b>Board Discussion (<i>Closed Executive Session</i>)</b> <i>Tamia Deary, CHCB Chair</i>	Board discusses confidential matters in an executive session
<b>8:00</b>	<b>Meeting Adjourns</b>	Thank you for your participation

# PUBLIC MEETING MINUTES



**community health  
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*Multnomah County*



# CHCB Public Meeting Minutes

## January 13, 2025

### 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 (she/they)** – Chair

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

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

**Brandi Velasquez (she/her/ella)**- 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: Jose**

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 6:13pm. We <u>do have a quorum</u> with 8 members present. Absent: Jose Kerry in at 6:20pm			
<b>Minutes Review - VOTE REQUIRED</b> Tamia Deary, CHCB Chair <ul style="list-style-type: none"> <li>12.9....</li> </ul>	December 9th 2024, Public Meeting minutes No changes.	<b>Motion to approve:</b> Brenda <b>Second:</b> Monique Yays: 8 Nays: 0 Abstain: 0 <b>Decision:</b> <b>Approved</b>		

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
<p><b>Board Calendar</b>  <b>VOTE REQUIRED</b>  <i>Tamia Deary,</i>  <i>Board Chair</i></p>	<p>A review of the 2025 board calendar presented one conflict: The May Executive Committee meeting is scheduled on Memorial Day. A suggestion was made to move the meeting to May 28, 2025.</p>	<p><b>Motion to approve:</b>  Darrell  <b>Second:</b>  Monique  Yays: 8  Nays: 0  Abstain: 0  <b>Decision:</b>  <b>Approved</b></p>		
<p><b>Strategic Planning Next Steps</b>  <i>Tamia Deary, Board Chair</i>  <i>Jenna Green, Interim Executive Director</i>  <i>Adrienne Daniels,</i></p>	<p>Discussion was provided as follow up to the November 16th all day strategic planning kickoff. Adrienne provided updates to the ping pong chart as designed by Mike Wiser, the facilitator of the strategic planning sessions. Suggestions from both Mike and the board were reviewed and the top 7 were voted as priorities were shared with their proposed strategies. Two additional categories were mentioned as Capitol Planning investments specifically for Mid County and Board Specific Priorities. Adrienne requested that the board specify how they would like these conversations to happen with the intent that the strategic plan is created in February and executed in March and April. A proposal was then made for a second strategic planning session in February which will allow for incorporation of the early stage planning recommendations into the 2026 budget.</p> <p>Adrienne asks the board if they believe these 7 priorities are moving them in the right direction. Tamia emphasized the need for further discussion to connect this work to the budget.</p> <p>The board agreed on the proposed timeline.</p>	<p><b>Coordinate/ schedule the next strategic planning retreat</b></p>		



Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
<p><b>Monthly Financial Report</b>  <i>Hasan Bader,  Finance Manager</i></p>	<p>Hasan delivered the finance report for November. Highlights included:</p> <ul style="list-style-type: none"> <li>● YTD Revenue at 39%</li> <li>● YTD Expenditures at 38%</li> <li>● Currently in the black by \$3 Mil</li> <li>● November’s total revenue at 19%</li> <li>● Net gain \$3.75 Mil</li> <li>● Grants are one month behind</li> <li>● \$18 Mil in fee revenue which met expectations for the month</li> <li>● Large increase in expenditures due to equipment for the Fernhill site</li> <li>● OHP clients have increased by over 1000</li> </ul> <p><b>Tamia</b> - Are quality incentive payments ahead of schedule?  <b>Hasan</b> - Checks are provided monthly.</p> <p>Confirmed dates for parts 1 and 2 of the finance sessions as January 22nd (focus on board priorities) and January 27th. Tamia requested that Hasan be included in both.</p>	<p><b><i>Reschedule finance committee meeting due to conflict for Tamia, to include all board members.</i></b></p> <p><b><i>Extend the next finance committee meeting to 90 minutes</i></b></p> <p><b><i>Add Hasan to the finance session invites</i></b></p>		

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
<p><b>Q3 Patient Surveys</b> Linda Nicksich, Program Specialist Senior Quality Team</p>	<p>Linda provided a review of the July, August and September results.</p> <p><i>These results are provided by Crossroads, our surveying vendor. They survey 125 other FQHC's to provide benchmarks and national averages.</i></p> <ul style="list-style-type: none"> <li>• 14 of 16 benchmarks are not being met, with specific attention to appointment wait time and demographic disparities across the health center</li> <li>• Upward trends included: Provider wait time and provider respect, Behavioral Health received a loyalty intention score of 100% and Dental scored 100% for patients being told when their prescription will be ready</li> </ul> <p><b>Susy</b> - What is the plan for those who have not met their goal?  <b>Linda</b> - Plans are created at clinic level by the respective clinic manager. Currently managers are sharing these results with their staff in hopes of motivating the staff to improve.  <b>Monique</b> - Suggests these results be provided during all staff meetings.  <b>Susy</b> - Can the clinics that are meeting the benchmarks share strategies with the clinics who are not?  <b>Linda</b> - The clinics have begun to share ideas, managers have found it effective to share negative comments with their staff.  <b>Monique</b> - Are there any insights that caused the shift in the cantonese speaking trends.  <b>Linda</b> - This is across the board and I will provide more information on specific clinic results.</p>	<p><b><i>Reach out to individual clinics to request information on next steps to improving these scores.</i></b></p>	<p>Linda</p>	

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
<i>Break</i>	7:26pm - 7:35pm			
<b>Committee Updates</b>	<ul style="list-style-type: none"> <li>● Executive Committee: Tamia Deary, Board Chair</li> <li>● Finance Committee: Darrell Wade, Finance Chair</li> <li>● Quality Committee: Susana Mendoza, Quality Chair</li> <li>● Nominating Committee: Bee Velasquez, Nominating Chair</li> <li>● Bylaws Committee: Tamia Deary, Bylaws Chair</li> <li>● ED Selection Committee, Tamia Deary, EDSC Chair</li> <li>● IT Security &amp; Data Privacy Committee: Dani Slyman, IT Security Chair</li> <li>● Vision, Values &amp; Purpose Committee: Brenda Chambers, VVP Chair</li> <li>● Board Development Committee: Monique Johnson, BD Chair</li> </ul>			
<b>Department Updates/Strategic Updates</b> <i>Jenna Green, Interim Executive Director</i>	<p>Jenna presented the board with December’s updates and advised more detailed descriptions are provided within the memo on pages 30-33 of the board book. She emphasized two events in December: The Board of County Commissioners proclaimed December 1st as World’s Aids Day for Multnomah County. December 2nd we had <b>Representative Nguyen, House District 48</b> join us at our mid-county clinic location. She joined us for a tour of the clinic as well as joined in high level policy conversations related to 340 B, our pharmacy program. This was facilitated by The Oregon Primary Care association.</p> <p>Anirudh calls attention to UDS and shares that last year's work was focused on making improvements to the process including getting the data ahead of schedule. Then discussed the EHR project that will be part of strategic planning conversations and board budget prioritization.</p> <p>Jenna provided a Year In Review some of the highlights were:</p> <ul style="list-style-type: none"> <li>● Improvements showing where our number of visits have increased.</li> <li>● Recognition of employees with up to 35 years of service.</li> <li>● The mobile unit’s quick response to a heat emergency.</li> </ul>			

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
	<ul style="list-style-type: none"> <li>● The design of new patient packets.</li> <li>● The implementation of pharmacy's IVR.</li> <li>● Introduced Comfort Promise to the Student Health Centers.</li> </ul>			
<p><b>Board Discussion</b>  <b><i>(Closed Executive Session)</i></b>  <i>Tamia Deary, CHCB Chair</i></p>	<p>Tamia thanks Harold for his service as his position terms out at the end of the year.</p> <p>Closed Executive session started at 8:02pm and ended at 8:41 pm</p>			
<p><b>Meeting Adjourns</b></p>	<p>8:41pm</p>			

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Kerry Hoeschen, Secretary

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Tamia Deary, Board Chair

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

# SUMMARIES



**community health  
center board**

*Multnomah County*



# Policy Review Presentation Summary

<b>Presentation Title</b>	Purpose Vision Values Renewal			
<b>Type of Presentation: Please add an “X” in the categories that apply.</b>				
<b>Inform Only</b>	<b>Annual / Scheduled Process</b>	<b>New Proposal</b>	<b>Review &amp; Input</b>	<b>Inform &amp; Vote</b>
				X
<b>Date of Presentation:</b>	2/10/25	<b>Program / Area:</b>	Health Center	
<b>Presenters:</b>	<i>Brenda Chambers, Board Member and Purpose-Vision-Values Subcommittee Chair Anirudh Padmala, Health Center Information Officer</i>			
<b>Policy Title and Brief Description:</b>				
Renewal of Purpose Vision Values				
<b>Describe the current situation:</b>				
During the November 2024 Strategic Planning retreat, the Community Health Center Board decided to update the current mission, vision, and values from the 2022-2025 strategic plan. The updated purpose, vision, and values will be part of the 2025-2028 Strategic Plan.				
<b>Briefly describe the history of the project so far (Please indicate any actions taken to address needs and cultures of diverse clients or steps taken to ensure fair representation in review and planning):</b>				
During the November 2024 strategic planning retreat, Community Health Center Board (CHCB) and Senior Leadership of ICS provided initial feedback for the Purpose, Vision, and Values (PVV) renewal. A subcommittee of three CHCB members and three Senior Leadership representatives was formed to lead the PVV renewal process. The subcommittee has completed its work and will present the draft PVV to the full board at the Public meeting.				
<b>List any limits or parameters for the Board’s scope of influence and decision-making:</b>				
CHCB sets the strategic plan for the Health Center and Purpose Vision Values are part of the Strategic Plan				



**Briefly describe the outcome of a “YES” vote by the Board  
(Please be sure to also note any financial outcomes):**

Health Center adopts the renewed Purpose Vision Values statements

**Briefly describe the outcome of a “NO” vote or inaction by the Board  
(Please be sure to also note any financial outcomes):**

The current Mission Vision Values statements would be maintained and carried over to the 2025-2028 Strategic Plan.

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

CHCB Members (Brenda Chambers, Bee Velasquez, Dani Slyman)  
SLICS representatives (Brieshon D’Agostini, Michele Koder, Anirudh Padmala)

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

CHCB, SLICS, all Health Center staff.

**What have been the recommendations so far?**

Renewed Purpose-Vision-Values

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

The subcommittee spent three meetings deliberating and updating the Purpose-Vision-Values.

**If approved, is this policy ready to be implemented? If not, what is the process and timeline for implementation?**

Yes, this would be implemented

Board Notes:



# Board Presentation Summary

<b>Presentation Title</b>	Opening of PCC/Fernhill site (addition to HRSA scope); Closure of La Clinica site			
<b>Type of Presentation: Please add an "X" in the categories that apply.</b>				
<b>Inform Only</b>	<b>Annual / Scheduled Process</b>	<b>New Proposal</b>	<b>Review &amp; Input</b>	<b>Inform &amp; Vote</b>
				X
<b>Date of Presentation:</b>	2/10/2025	<b>Program / Area:</b>	FQHC Scope (all in-scope services)	
<b>Presenters:</b>	Adrienne Daniels			
<b>Project Title and Brief Description:</b>				
Final Approval of Addition of PCC/Fernhill Site to Health Center Scope and Removal of La Clinica Site from Health Center Scope (Form 5B: Service Sites)				
<b>Describe the current situation:</b>				
<p>Multnomah County Community Health Center has been working with Portland Community College (PCC) since 2021 to build a new health center clinic within their new Workforce Center in the Fernhill neighborhood in NE Portland. This project has been several years in the planning, and CHCB has been updated throughout.</p> <p>Opening the new site will be accompanied by closure of the La Clinica site. Adding PCC and removing La Clinica require CHCB approval in order to submit necessary Change in Scope requests to HRSA.</p> <p>Our current expected date for opening the PCC site is May 20, 2025, with closure of the La Clinica site scheduled for May 15, 2025.</p>				
<b>Why is this project, process, system being implemented now?</b>				
La Clinica has insufficient space to provide comprehensive services needed by the surrounding community, particularly Pharmacy and Dental. The La Clinica site also has very limited parking capacity, impacting patient access to care. By partnering with PCC to open a larger site, we will be able to provide				





more comprehensive services, while remaining accessible to the community. Additionally, in partnership with other organizations operating within the building, we will be able to connect clients with needed services such as education, career counseling, and housing assistance.

The site will also support workforce training for critical roles in the health center.

**Briefly describe the history of the project so far (Please indicate any actions taken to address needs and cultures of diverse clients or steps taken to ensure fair representation in review and planning):**

The PCC/Fernhill site has been in planning stages since 2021, including a unanimous vote from CHCB on 11/08/2021 to proceed with more detailed planning and the execution of a new lease agreement with PCC. With PCC, the Health Center has evaluated and analyzed the possible new patient population who could be interested in health center services. The Health Center program has also evaluated the existing limitations of space and services available in the La Clinica location.

In addition, the Health Center conducted patient surveys in English and Spanish, as well as dedicated patient focus groups in Somali and Spanish, to understand patient care needs, preferences, and desired new services for the La Clinica Population. Those surveys indicated that clients would appreciate colocated services such as Pharmacy and Dental, be willing to travel the small distance to the new site, and benefit from expanded parking capacity.

Health Center staff have been engaged in the full design process of the new clinic location, to assure it meets both patient care needs and optimizes staff preferences. Staff and CHCB Members have toured the new location over the past year during construction phases.

**List any limits or parameters for the Board’s scope of influence and decision-making:**

Per HRSA and CHCB policies, the addition and/or removal of Health Center sites is subject to the approval of CHCB. **Two separate votes** are required for the Health Center to submit Change in Scope requests to HRSA as part of this relocation process.

- 1) Vote to add PCC/Fernhill as a site to our FQHC Scope
- 2) Vote to remove La Clinica as a site from our FQHC Scope

**Briefly describe the outcome of a “YES” vote by the Board (Please be sure to also note any financial outcomes):**

- 1) Re: Adding PCC/Fernhill - a YES vote will allow us to submit a Change in Scope request to HRSA to add the site to our Scope, thus ensuring the site is part of our FQHC, and able to access the many benefits of FQHC status.



- 2) Re: Removing La Clinica - with a YES vote, services at La Clinica will cease as the new site opens. Clients will be assisted to access care at the new PCC/Fernhill site, or another site if the client prefers.

**Briefly describe the outcome of a “NO” vote or inaction by the Board**  
*(Please be sure to also note any financial outcomes):*

- 1) Re: Adding PCC/Fernhill - a NO vote will prohibit us from submitting a Change in Scope request to HRSA to add the site to our Scope. We would be unable to access the many benefits of FQHC status at the new site, which would impact the financial sustainability of the site.
- 2) Re: Removing La Clinica - a NO vote will prohibit us from submitting a Change in Scope request to HRSA to remove the site from our Scope. Clients at the site would continue to face barriers to access services not feasible to provide at La Clinica, particularly Pharmacy and Dental. A new lease would have to be re-negotiated to remain at the existing clinic location.

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

Portland Community College Facilities and Workforce Center

Multnomah County Facilities: Dan Zalkow, JD Deschamps

Multnomah County Chair’s Office: Chair Jessica Vega Pederson

Community Health Center Staff: Jenna Green, Adrienne Daniels, Amaury Sarmiento, Michele Koder, Azma Ahmed, Alex Lehr O’Connell, Nicki Winchester

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

Dan Zalkow, Facilities Manager

Adrienne Daniels, Strategy and Policy Director (Deputy Director)

Nicki Winchester, Project Manager

Jenna Green, Interim Health Center CEO

Alex Lehr O’Connell, HRSA Grant Management Specialist

**What have been the recommendations so far?**

To move ahead with opening of the Fernhill site and closure of La Clinica, including formal Change in Scope requests to HRSA for final federal approval.



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

An analysis of the competitive lease market was completed for the Portland metro region, indicating that the PCC proposal is in alignment with anticipated costs of a new healthcare facility. Discussions with PCC indicate that both organizations are seeking to create a supportive, highly integrated facility for community members seeking healthcare, housing, and educational services. Patients and staff were surveyed about the benefits and challenges of remaining at the current location, and the specific services desired in an expanded clinic.

Board Notes:



**Briefly describe the outcome of a “NO” vote or inaction by the Board  
(Please be sure to also note any financial outcomes):**

There is no vote requested at this time.

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

Rockwood Clinic Frontline Staff

Health Center Leadership - Jenna Green, Adrienne Daniels, Debbie Powers

Health Center Project Manager - Nicki Winchester

Facilities Project Team - Greg Hockert, Brett Taute

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

Debbie Powers, Health Center Operations Director

Nicki Winchester, Health Center Project Manager

**What have been the recommendations so far?**

The current recommendation is to maintain operations during the construction phases which prioritizes patient access, patient safety, and staff safety. We recommend strong consideration of a shut down during the most risky construction phases (roof replacement and transfer to new electrical system) but to maintain access to care during other construction activities. While this would extend the total construction timeline and budget, it would maintain access to care services for patients in the Rockwood neighborhood.

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

Access to care is a high priority for both the health center board and leadership teams. We are seeking options during the construction period which will permit access to care and reduce risk to patients from a disease management perspective.

Board Notes:

# Board Presentation Summary

<b>Presentation Title</b>	Rockwood Construction Updates: Phasing Options			
<b>Type of Presentation: Please add an “X” in the categories that apply.</b>				
<b>Inform Only</b>	<b>Annual / Scheduled Process</b>	<b>New Proposal</b>	<b>Review &amp; Input</b>	<b>Inform &amp; Vote</b>
			X	
<b>Date of Presentation:</b>	2/10/25	<b>Program / Area:</b>	Capitol Construction (Primary Care, Dental, and Pharmacy)	
<b>Presenters:</b>	Adrienne Daniels and Debbie Powers			
<b>Project Title and Brief Description:</b>				
<p>In 2024, the Rockwood Community Health Center location was selected for a Congressional Directed Spending project (also known as an earmark) as part of the federal budget. The CHCB approved this funding proposal and repair project on June 10th, 2024.</p>				
<b>Describe the current situation:</b>				
<p>A full evaluation of the needed repairs and improvements at the Rockwood location was completed in 2024. To confirm the final construction planning and timeline, the team has evaluated multiple construction phasing options and their possible impact on patient care. We are seeking input from the CHCB on the impacts from different phasing options to move forward on a final construction plan.</p>				
<b>Why is this project, process, system being implemented now?</b>				
<p>Renovations at Rockwood will focus on infection control and prevention, based on learnings from the Covid-19 pandemic including new air filtration and HVAC systems in addition to a new roof. Typically, major construction projects require full or partial closure of patient services to maintain safe operating environments. To complete the Rockwood repairs in an safe, efficient, and equity-centered manner, there are multiple approaches to consider. Staff are currently working with facilities to estimate the cost of</p>				



adding portable check in trailers and on-site limited pharmacy options (but these costs are not yet available).

Below are three examples of how we are evaluating construction options which we are seeking board input on. The costs indicated for Options 1 and 2 are for the construction only, and do not include soft costs such as permits, design fees, consultant fees, county administrative and project management costs.

**Option 1: Full Closure** - This construction approach would require approximately 12 months of full closure to patient care. It represents the fastest and cheapest repair approach (\$4,260,000). No patient care could occur for one year.

**Option 2: Limited Closure** - This construction approach would require approximately 18 months of construction activities, elongating the total active work on site and impacted patient care areas (estimated around \$4,766,000). Certain patient areas would be modified or moved to maintain safe working and treatment conditions. We are looking at measures that would consolidate higher risk activities into a single period, limiting patient closure to an estimated 2-3 months but allowing some patient access for the majority of construction. Additional costs could be needed to support on site trailers or temporary reception.

**Option 3: Adjust Hours of Operations with Limited Closure** - This construction approach would use the same method as the limited closure in Option 2, but also adjust clinic hours into a more consolidated clinic week (for example: offering longer clinic hours for four days week compared to five, which would allow construction activity for an extra day). This option would seek to reduce the total timeline of construction to less than 18 months through efficiency of a longer working weekend for the contractors. Additional costs could be needed to support on site trailers or temporary shelters.

**Briefly describe the history of the project so far (Please indicate any actions taken to address needs and cultures of diverse clients or steps taken to ensure fair representation in review and planning):**

A full evaluation of repairs and required replacements of the Rockwood building has been completed. Construction elements have been mapped to five main phases of repairs, with estimated risks identified for patient impact. The phased construction approaches are undergoing evaluation for estimated cost and patient impact.

**List any limits or parameters for the Board’s scope of influence and decision-making:**

At this stage, there is no vote required for a closure or adjustment of clinic hours. If there is a need to close or adjust total operational hours at a later time, the CHCB may be required to review and approve the updated hours of operation during construction.

**Briefly describe the outcome of a “YES” vote by the Board (Please be sure to also note any financial outcomes):**



There is not a vote requested at this time.

**Briefly describe the outcome of a “NO” vote or inaction by the Board  
(Please be sure to also note any financial outcomes):**

There is not a vote requested at this time.

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

Rockwood Clinic Frontline Staff

Health Center Leadership - Jenna Green, Adrienne Daniels, Debbie Powers

Health Center Project Manager - Nicki Winchester

Facilities Project Team - Greg Hockert, Brett Taute

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

Debbie Powers, Health Center Operations Director

Nicki Winchester, Health Center Project Manager

**What have been the recommendations so far?**

The current recommendation is to maintain operations during the construction phases which prioritizes patient access, patient safety, and staff safety. We recommend strong consideration of a shut down during the most risky construction phases (roof replacement and transfer to new electrical system) but to maintain access to care during other construction activities. While this would extend the total construction timeline and budget, it would maintain access to care services for patients in the Rockwood neighborhood.

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

Access to care is a high priority for both the health center board and leadership teams. We are seeking options during the construction period which will permit access to care and reduce risk to patients from a disease management perspective.

Board Notes:

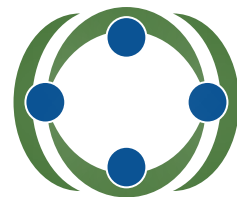


# Department Updates

# Strategic Updates

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- Interim Executive Director
- Operations
- Clinical
- Quality



**community health  
center board**

*Multnomah County*



# Community Health Center Board Health Center Highlights



TO: Community Health Center Board  
FROM: Jenna Green, Interim Executive Director & Senior Leadership  
RE: Public Meeting Memo - **Monthly Recap**  
DATE: **February 2025**

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## **Executive Director Reminders** - System level information and updates

- **SAVE THE DATE** and please respond to the email survey for attending Salem Hill Day on April 3, 2025. This is an all day Advocacy Day at the Capitol, where Health Center leaders and board members will meet with Oregon legislators to advocate for community health priorities in partnership with the Oregon Primary Care Association (OPCA).
- **SAVE THE DATE!** CHCB members are invited to join our upcoming in-person All Staff event on the afternoon of April 10, 2025 at the Portland Expo Center. We are still developing the agenda and will communicate more details soon.

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

- Generators have been installed at both Northeast and Mid County Health Centers. Final project walks are scheduled for next week to close the project out with Facilities and the contractor.

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

- The Fernhill Health Center opening date is anticipated for the end of May 2025. Clinic staff are currently planning culturally specific activities and outreach in alignment with a public event and celebration. Board members will receive a "save the date" invitation once a final celebration date is confirmed.
- The Health Center Website will undergo final testing in February for anticipated public use by the end of the month! The website will feature many new search functions and includes new language translation capabilities, centered on our patient population.
- Health Center leadership will be conducting just in time refresher training on how patient data is protected under HIPAA and the process for information releases. The training will also incorporate our operational response to federal requests for patient information and activities related to Immigration and Customs Enforcement. The Health Center does not save immigration information about patients.

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

- The Health Center's UDS (Uniform Data System) annual data submission on track for timely completion by February 15. These submissions are a requirement for our HRSA grant.
- The Health Center is closely monitoring federal updates and related legal actions to be able to predict and respond to potential changes to services or funding.

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

- The Health Center has begun implementation of a new safety audit tool, the COALA (Clinical Operational, And Lab Audit) that is focused



on the environment of care, infection prevention, etc. The goal of this tool is to quickly identify and correct potential safety concerns.

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

- Primary Care
  - Transitions of Care nurses have recently been hired. These staff will help to better manage patients with chronic diseases who are transitioning out of the hospital.
  - In January, we worked with teams for a renewed focus on our clinical quality metrics work. This past year, we started our revamped metrics work with Quality and team huddles focused on quality outcomes. We will continue this work and build upon the great strides we made last year.
  - There has been information in the lay press about pain management (or lack thereof) during gynecological procedures. Primary care providers that do these procedures were trained by a local midwife on pain management techniques including paracervical blocks (local anesthesia to the cervix).
- Dental
  - Our health center is proud to be a leading training site for the next generation of dental professionals! We're now hosting dental hygiene students from Mount Hood Community College, adding to our robust program that includes students from OHSU's dental, general practice, and endodontic programs, as well as dental assisting students from PCC and Concorde.
  - Dental Directed Payments: To improve dental care access and quality, OHA is directing CCOs to incentivize providers in three key areas: preventive care, workforce development, and community engagement. We are collaborating with other local FQHCs to advocate for our priorities within this framework. Our health center will dedicate 2025 to data collection and analysis on how these directed payments impact our program.
- Pharmacy
  - We are currently focusing our efforts on preparing for the opening of the new Fernhill Health Center Pharmacy including licensing, credentialing, hiring, and procurement of equipment.
  - Interviews for our first class of candidates for the postgraduate clinical pharmacy residency program are underway.
- Information Systems
  - Electronic Health Record (EHR) Transformation Project:
    - The Health Center program has kicked off pre-planning work for the EHR Transformation Project. Some of the initial pre-planning work includes creation of a project plan, reviewing the contract with Health and Information Technology (IT) teams, and engaging in IT scoping. The board will receive regular updates through this memo and during board meetings as we reach important milestones.
  - UDS:
    - A major milestone has been reached in the UDS process. As of January 29, 2025, a full calendar year of data was extracted and provided to the Quality team. The Information Systems and Quality teams are meeting daily through February 15, 2025, to review progress and identify any risks. The project remains on track for an on-time submission.