



Public Meeting

June 2024



**community health
center board**

Multnomah County

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AGENDA



**community health
center board**

Multnomah County

Public Meeting Agenda
June 10th, 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

Brandi Velasquez – Member-at-Large

Alina Stircu – Board Member

Darrell Wade- Treasurer

Susana Mendoza- Member-at-Large

Harold Odhiambo - Board Member

Kerry Hoeschen – Secretary

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**. 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 May 13th, 2024 Public Meeting Minutes	Board reviews and votes
6:15-6:25 (10min)	Ryan White - Part C-Competing Continuing Application - VOTE REQUIRED Nick Tipton, Regional Senior Manager	Board reviews and votes
6:25-6:35 (10 min)	Transitions in Care for Justice of All Populations - VOTE REQUIRED Kevin Minor, Integrated Behavioral Health & Addictions Manager	Board reviews and votes
6:35-6:45 (10 min)	BH Services Expansion - VOTE REQUIRED Kevin Minor, Integrated Behavioral Health & Addictions Manager	Board reviews and votes
6:45-6:55 (10 min)	HRSA Capital Earmark for Rockwood Repairs - VOTE REQUIRED Adrienne Daniels, Deputy Director Integrated Clinical Services	Board reviews and votes
6:55-7:05 (10 min)	Bylaws Meeting Requirement Change Brieshon D’Agostini, Quality and Compliance Officer	Board reviews
7:05-7:15	10 Minute Break	
7:15-7:20 (5 min)	Monthly Financial Reporting Package Hasan Bader, Finance Manager	Board reviews
7:20-7:30 (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



<p>7:30-7:45 (15 min)</p>	<p>Department Updates/Strategic Updates</p> <ul style="list-style-type: none">○ Interim Executive Director○ Operations○ Clinical○ Quality	<p>Board reviews</p>
<p>7:45-7:50 (5 min)</p>	<p>NWRPCA Board Member report back</p> <p>Tamia Deary, CHCB Chair Bee Velasquez, Member-at-Large Susana Mendoza, Member-at-Large</p>	<p>Board reviews</p>
<p>7:50pm</p>	<p>Meeting Adjourns</p>	<p>Thank you for your participation</p>



PUBLIC MEETING MINUTES



**community health
center board**

Multnomah County



CHCB Public Meeting Minutes
May 13, 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 6:08pm We <u>do have a quorum</u> with 5 members Absent: Darrell Wade Alina Joined at 6:15pm			
Minutes Review - VOTE REQUIRED Tamia Deary, CHCB Chair <ul style="list-style-type: none"> April 8, 2024 Public Meeting Minutes 	April 8, 2024, Public Meeting minutes. No changes requested.	Motion to approve: Bee Second: Kerry Yays: 5 Nays: Abstain: Decision: Approved		

<p>Ryan White - Part D Supplemental Grant due 5/13/2024 - VOTE REQUIRED</p> <p>Amanda Hurley, Program & Grant Strategist/ Alison Frye, Strategy and Grant Development Nick Tipton, Regional Manager Senior</p>	<p>Submission was reviewed at the Executive Committee meeting. No questions on grant proposal.</p>	<p>Motion to approve: None Second: None Yays: 6 Nays: Abstain: Decision: Approved</p>		
<p>Monthly Financial Reporting Package</p> <p>Hasan Bader, Finance Manager</p>	<p>March's reports that we are 75% through fiscal year.</p> <p>Revenue - collected 83% of revenue; Expenditures are at 70%; net is \$22,652,437 in the black.</p> <p>Surplus due to one-time incentive dollars from CareOregon (CO), a payment for Eligibility Specialists from the State, and some expenses that have not yet been booked and anticipated in April.</p> <p>YTD Details service areas of ICS in the black and red.</p> <p>Indirect expenses/services will be posted in April, which accounts for \$5K below average.</p> <p>Billable visits are below what they were last fiscal year.</p> <p>Payer Mix shows CO is the largest payer.</p> <p>APM payments are a large revenue source based on assigned clients. CO assigned client are stable and numbers are increasing for Trillium, but they are much lower than CO</p> <p>Questions:</p> <p>Susy: This was her favorite financial presentation; the graphics</p>			

	<p>made it much more clear.</p>			
<p>Committee Updates</p>	<p>Finance Committee: Darrell Wade, Finance Chair (absent) - Tamia shared that the Finance Committee had requested more information in the finance presentations and Hasan delivered on that ask; Darrell, Jenna and Tamia will give the budget presentation to the BOCC on May 21; all board members are welcome and should reach out to the board liaison email if interested in attending.</p> <p>Quality Committee: Tamia Deary, Quality Chair - delved into yearly calendar to plan additional meetings; will reach out to clinical folks to come talk to Quality committee; will have Tony's replacement (Access Manager) come to talk to committee to hear state of call center; setting up quarterly meetings of different areas of health center; updated UDS reporting schedule; plan to launch HRSA quality badges that recognize our people for doing a great job of delivering high-quality care.</p> <p>Executive Committee: Tamia Deary, Board Chair - discussed changing the meeting structure; would appreciate feedback on what worked and what could be presented differently.</p> <p>Nominating Committee: Tamia Deary, Board Chair - robust conversation with Communications team about creating materials for board member recruitment; doing a video with vignettes from board members; if interested in participating let Tamia or Jenna know; Darrel, Bee and Tamia plan to participate; Jenna added that Comms team may use June Board appreciation dinner or July in-person public meeting for this opportunity to be interviewed; think about your why, what serving has meant to you; will brainstorm questions to get things started; Tamia added will put together fliers and business cards, and reaching out to SHCs and tabling and community outreach; also had discussion on information going to share with Bylaws Committee, updating bylaws and Nominating Committee process so its more expedient;</p>			

**Department
Updates/Strategic
Updates**

- Interim Executive Director - Using board book (pages 19-22) to provide health center performance information to the board prior to the meeting. The request is for the board to review this condensed report and ask questions so leadership can provide additional details;
 - looking forward to budget presentation that will highlight major program changes, growth from \$178M to \$201M operating budget, and overall budget approach;
 - PCC capital expansion: clinic will be renamed Fernhill as highlighted in last Interim Executive Director report; have had construction delays and are a few months delayed, still planning for occupancy at beginning of CY 2025;
 - RCHC flooding event in April displaced dental and pharmacy for one week to replace and/or dry carpet and follow all Infection Prevention processes, including mold testing;
 - Strategic highlights include mobile clinic going live with dental services, testing sessions on navigation for public facing website next week and board members are invited;
 - United We Heal contract has been signed, which is the final role group to go live in the workforce development plans;
 - Significant staffing improvement with Behavioral Health since January 2023 (up to 24 providers currently from 11)
 - Measuring access in dental and pharmacy through targeted KPI monitoring
 - Risk and compliance updates will be reviewed in closed session;
- Debbie Powers added that on page 21 regarding nurse triage encounters, have all triage positions filled. Better able to look at quality, volume, dropped calls, hold time, to help programs improve.

	<ul style="list-style-type: none"> ○ Tamia requested an update next month on flood impacts and mitigations, especially how missed appointments are being addressed. ○ Board members were asked to provide feedback on this memo report style and any additional information. 			
<p>Symposium Update Tamia Deary, CHCB Chair</p>	<p>Climate Resiliency Health Care Symposium</p> <p>Tamia will share copies of resources from the symposium. Improving SDOH and health care outcomes by aligning with climate justice efforts. When board members get resources, please review them; will advocate for related work to be one of CHCB strategic priorities. Use as a way to increase funding and augment work of CHWs. Encouraged board members to attend next year.</p> <p>FYI - Search for a new CEO has begun; if board members are interested in participating on the hiring committee, reach out to Tamia, Jenna, or the board liaison email.</p>			
<p>Move to Executive Session</p>	<p>Transitioned into Executive Session at 7:09pm</p>	<p>Motion to approve: Susy Second: Kerry Yays: 6 Nays: Abstain: Decision: Approved</p>		
<p>Meeting Adjourns</p>	<p>Meeting adjourns 7:28pm</p>			<p>Next public meeting scheduled on June 10,2024</p>

Signed: _____ Date: _____

Kerry Hoeschen, Secretary

Signed: _____ **Date:** _____

Tamia Deary, Board Chair

Scribe: Jordana Sardo // Email: jordana.sardo@multco.us



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.

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 C Early Intervention Services								
This funding will support: <i>Please add an "X" in the category that applies.</i>									
<table border="1" style="margin: auto;"> <thead> <tr> <th style="background-color: #d9ead3;">Current Operations</th> <th style="background-color: #d9ead3;">Expanded Services or Capacity</th> <th style="background-color: #d9ead3;">New Services</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">X</td> <td></td> <td></td> </tr> </tbody> </table>				Current Operations	Expanded Services or Capacity	New Services	X		
Current Operations	Expanded Services or Capacity	New Services							
X									
Date of Presentation:	6/10/20204	Program / Area:	ICS						
Presenters:	Nick Tipton, Regional Manager Sr.								



Project Title and Brief Description:

- Ryan White Part C Early Intervention Services

Ryan White HIV/AIDS Program Part C Early Intervention Services (EIS) for designated jurisdictions. Funds support outpatient HIV primary care services targeted to low-income, vulnerable, medically underserved people living with HIV (PLWH). Multnomah County HIV Health Services Center (HHSC) was established with Part C grant funds in 1990.

What need is this addressing?:

What need is this addressing?

- The number of low-income PLWH with complex medical and psychosocial needs has continued to increase, accompanied by an increase in the cost of care for these individuals. This has put an increased burden on the HHSC to provide more services with less funding. Part C funds are essential to ensure that low-income PLWH, especially those who are uninsured and underinsured, have access to comprehensive, quality medical care. These funds have been instrumental in helping the HHSC create a unique primary care medical home focused on the needs of PLWH. This model of care helps HHSC achieve high rates of retention in care that help improve health outcomes for PLWH and help them to achieve viral load suppression, thus preventing new infections.

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

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

HHSC is committed to ensuring services are accessible to marginalized and hard-to-reach populations. HHSC's primary focus is on serving PLWH who are uninsured, underinsured, and low income, and as a result, approximately one-fifth of these clients are homeless or unstably housed. MCHD conducts outreach and provides ancillary services, such as transportation assistance, to facilitate engagement in care. Case managers support engagement and retention in care, especially for patients dually or multiply diagnosed with mental illness and/or substance abuse disorders.



Over the past several years, the number of low-income PLWH with complex medical and psychosocial needs has continued to increase, accompanied by an increase in the cost of care for these individuals. This has put an increased burden on the HHSC to provide more services with less funding. Ryan White funds are essential to ensure that low-income PLWH, especially those who are uninsured and underinsured, have access to comprehensive, quality medical care. These funds have been instrumental in helping the HHSC create a unique primary care medical home focused on the needs of PLWH. This model of care helps HHSC achieve high rates of retention in care that help improve health outcomes for PLWH and help them to achieve viral load suppression, thus preventing new infections. HHSC serves approximately 1,600 patients/year.

What is the total amount requested:

Please see attached budget

This non-competing continuation application will secure \$757,912/year for 3 years. The budget is not yet finalized. The majority of the budget will cover personnel costs for registered nurses and other HHSC staff.

Expected Award Date and project/funding period:

1/1/2025-12/31/2027

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 Ryan White Part C Competing Continuation application that will support HHSC efforts to provide care to PLWH in the region.

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 HHSC will not receive years three years of additional funding from this funding stream, which means that clinical services for PLWH will not continue at the current capacity.

**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) as stated above, detailed budget information will be available by the 6/10/24 full CHCB meeting – Total Budget = \$757,912.year x 3 years

Project Name: Ryan White Part C Competitive

Start/End Date:

	Budgeted Amount	Comments (Note any supplemental or matching funds)	Total Budget
A. Personnel, Salaries and Fringe			
Community Health Nurse			
RN. Provides triage, assessment, and direct care to clients.	168,677	.8 FTE Full Time	168, 677
Community Health Nurse			
RN. Provides triage, assessment, and direct care to clients.	142,565	.8 FTE Full Time	142,565
Community Health Nurse			
RN. Provides triage, assessment, and direct care to clients.	161,257	.8 FTE Full Time	161,257
Community Health Nurse			
RN. Provides triage, assessment, and direct care to clients.	164,403	.8 FTE Full Time	164,403



Nursing Supervisor			
RN. Supervises Community Health Nurses and secondary supervision of other clinical staff. Provides triage, assessment, and direct care to clients.	35,651	.15 FTE for their clinical time. Remainder paid by CC 413800 and AETC Grant	35,651
Project Manager Represented			
Manages Ryan White Grant activities, including data quality, quality improvement, fiscal management,	9,063	.05 FTE. Remainder paid for by other RW grants and quality program.	9,063
Total Salaries, Wages and Fringe	681,616		681,616
B. Supplies			
Description of supplies: Medical and Dental Supplies	8,134	Medical Supplies	8,134
Total Supplies	8,134		8,134
C. Contract Costs			
Contract description: Covers staffing agencies (Cell Staffing, Maxim Healthcare Staffing, etc.), language services, and data and software services.			
Total Contractual	0		0
D. Other Costs			



Description of training and other costs: Local travel, software purchases, and Facilities & Service requests			
Total Other	0		0
Total Direct Costs (A+B+C+D)	689,750		689,750
Indirect Costs			
<i>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. The Ryan White Cares Act limits indirect/admin to 10%</i>			
Total Indirect Costs (10% of A)	68,162		68,162
Total Project Costs (Direct + Indirect)	757,912		757,912

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



Budget Modification Approval Request Summary

Community Health Center Board (CHCB) Authority and Responsibility

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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 Quality Improvement Fund - Transitions in Care for Justice-Involved Populations		
This funding will support: <i>Please add an "X" in the category that applies.</i>			
Current Operations	Expanded Services or Capacity	New Services	
		X	
Date of Presentation:	Jun 10, 2024	Program / Area:	ICS - Integrated Behavioral Health Corrections Health
Presenters:	Kevin Minor, Integrated Behavioral Health and Addictions Manager		
Project Title and Brief Description:			
Transition in Care for Justice Involved - The Health Center will strengthen transitions into primary health care for individuals soon to be released (up to 90 days) from Multnomah County jails to improve health outcomes. MCHD will partner with at least two community based organizations to assist with re-entry and address health related social needs such as SUD treatment. This is a one time funding opportunity to pilot and evaluate models of care that increase access to and engagement with health center services for justice involved individuals.			
What need is this addressing?:			



This funding opportunity will allow for Health Center staff such as community health workers or nurse case managers to provide linkage support within the jail up to 90 days before individuals are released. Case managers will begin establishing relationships pre-release and work towards providing streamlined access to primary medical care and medication supported recovery and treatment for people with severe and persistent mental illness (SPMI). This collaboration will reduce barriers to access treatment and gaps in medication adherence especially for people that rely on injectable mental health medications.

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

Estimated increase of 200 more patients transitioning to care per year; 310 patients in total

What is the total amount requested:

Please see attached budget

\$1,000,000 over two years

Expected Award Date and project/funding period:

December 1, 2024 - November 30, 2026

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 HRSA Transitions in Care for Justice Involved Populations grant request of \$1,000,000 to coordinate with Corrections Health and provide linkage support to primary medical care and behavioral health treatment.

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 HRSA Transitions in Care for Justice Involved Populations grant request of \$1,000,000. The Health Center will not be able to expand or provide new services to support linkage to care and treatment.

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)

**Proposed Budget (when applicable)**

Project Name: Transitions in Care for Justice Involved		Start/End Date: 12/1/24 - 11/30/25	
	Budgeted Amount	Comments (Note any supplemental or matching funds)	Total Budget
A. Personnel, Salaries and Fringe			
Nurse Case Manager/Community Health Nurse	99,226		
1.0 FTE (includes 10% increase for 0.2 FTE when visiting jail); coordinate transition in medical care from corrections health to primary care			
Case Manager 2/Behavioral Health Navigator	64,447		
1.0 FTE (includes 10% increase for 0.2 FTE when visiting jail); connect patients to BH care and treatment			
Peer Support Specialist	25,056		
0.5 FTE Assist clients to connect with services upon release from jail			
Program Supervisor	12,749		
0.1 FTE Provide supervision to CM2 and PSS			
Program Specialist Sr.	33,062		
0.3 FTE Coordinate program evaluation; engage community for quality improvement; participate in learning collaborative			
Total Fringe Benefits	167,922		
Total Salaries, Wages and Fringe	\$402,461		
B. Travel			
100 miles per month x 12 months @ \$0.67/mile x 2 FTE	1,608		
Total Travel	1,608		
C. Supplies			



General Office Supplies - 2 laptops (\$2,081 each) and 2 cell phones (\$140 each) for new staff; general office supplies (pens, paper, etc.) \$600	\$5,042		
Client Supplies - upon release bus tickets (\$5.60 x 50 = \$280), taxi vouchers (\$1,000), hygiene/transition kits (\$5,444), backpacks (\$20 x 50 = \$1,000)	\$7,724		
Total Supplies	\$12,766		
D. Contract Costs			
	0		
Total Contractual	0		
E. Other Costs			
Communications - annual service for 2 cell phones (\$59 per month x 6 months)	\$708		
Community Group Stipends - Stipends for community members participating in learning collaborative, evaluation, and advisory groups (\$75 per hour x 24 hours per year/2 hrs per month x 8 people)	\$14,400		
Total Other	\$15,108		
Total Direct Costs (A+B+C+D+E)			
Indirect Costs			
<i>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.</i>			
Total Indirect Costs (16.91% of A)	\$68,056		
Total Project Costs (Direct + Indirect)	\$500,000		

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



Budget Modification Approval Request Summary

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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 Behavioral Health Services Expansion (BHSE)		
This funding will support: <i>Please add an "X" in the category that applies.</i>			
Current Operations	Expanded Services or Capacity	New Services	
	x		
Date of Presentation:	Jun 10, 2024	Program / Area:	ICS - Integrated Behavioral Health
Presenters:	Kevin Minor, Integrated Behavioral Health and Addictions Manager		
Project Title and Brief Description:			
HRSA BHSE - BHSE funding will support the Health Center to increase access to behavioral health services through expanding mental health (MH) and substance use disorder (SUD) services onsite at the mobile van unit, aka Wheely McHealy. Behavioral health providers will be onsite and will triage MH and SUD needs and services and work towards linking people into longer term primary care.			
What need is this addressing?:			
Funding for expanding MH and SUD services will provide an opportunity for the Health Center to provide more client centered and point of access care and treatment. Having onsite MH and SUD services will			



provide a pathway for providers to establish trusting relationships with patients and increase resources to respond to patients’ behavioral health needs.

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

Access to MH and SUD services will be increased and the number of MH patients served will increase. In 2022, the Health Center saw approximately 4,000 patients and in 2023 saw approximately 4,550 patients. Through this grant, MH patients will be increased by an estimated 500 patients totaling 5,050.

What is the total amount requested:

Please see attached budget

\$1,100,000 over 2 years: \$600,000 year 1 and \$500,000 year 2

Expected Award Date and project/funding period:

2 year project: 9/1/24 - 8/31/26

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 HRSA BHSE grant request of \$1,100,000 to expand MH and SUD services at the mobile van unit.

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 HRSA BHSE grant request of \$1,100,000. The Health Center will not be able to expand or provide new MH or SUD services onsite at the mobile unit.

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)

Proposed Budget (when applicable) - Budgets for Year 1 is \$600,000 and year 2 is \$500,000. In year 2 Narcan will not be in the budget and other line items are slightly reduced.

Project Name: Behavioral Health Services Expansion

Start/End Date: 9/1/24 - 8/31/25



	Budgeted Amount	Comments (Note any supplemental or matching funds)	Total Budget
A. Personnel, Salaries and Fringe			
Position Title: Clinical Services Specialist (CSS)	87,007		
1.0 FTE CSS to provide BH support; triage BH patient needs; coordinate patient assessment and treatment with onsite clinician; and provide patient with follow up plan and resources			
Position Title: Case Manager 2 (CM2)			
1.5 FTE CM2 to register patients for care at the mobile clinic; assist with insurance enrollment; and link patients to primary medical care and other treatment services.	95,941		
Position Title: Integrated Behavioral Health Manager			
0.10 FTE to supervise the CSS; provide grant oversight and monitor performance measures; participate in quality improvement initiatives; and establish relationships and agreements with community partners.	13,715		
Position Title: Advanced Practice Clinician			
0.10 FTE to assess and triage patient behavioral health needs and treatment; prescribe medication assisted therapy (MAT); and coordinate with Clinical Services Specialist for patient follow up care.	14,221		
Position Title: Program Specialist Sr.			
0.20 FTE Assist with program coordination and monitoring performance measures; coordinate with community partners for ongoing referrals. Reduce to 0.15 FTE in year 2	22,041	Reduced to 0.15 FTE in year 2	
Fringe Benefits	167,202		
Total Salaries, Wages and Fringe	\$400,128	Personnel costs increased by 5% for cost of living in year 2	
B. Travel			



Local Travel: 190 miles per month x 12 months @ \$0.67/mile x 2 FTE	3,055		
Long Distance Travel: 2 staff to attend the 2025 and 2026 Mobile Healthcare Conference.	6,225		
Total Travel	\$9,280		
C. Equipment			
Ultrasound - Vscan ultrasound needed onsite of the mobile clinic for monitoring abscesses and other behavioral health related treatment	7,350	Not needed in year 2	
EKG - EKG (\$4,205) + Smartcare (\$950) needed onsite of the mobile clinic for patient behavioral health medication monitoring	5,155	Not needed in year 2	
Total Equipment	\$12,505		
D. Supplies			
General Office Supplies - \$2,081 laptop x 2; \$500 chairs and table for registering patients outside of the mobile clinic; \$75 x 3 rain jackets for outdoor patient engagement	4,885	Not needed in year 2	
Medical Supplies - gloves, anti-bacterial hand wash, sanitizing wipes, face masks, and other personal protective supplies for patients accessing behavioral health services and staff = \$4,000; Narcan at \$35 per box x 2,495 = \$87,325 purchase in year 1; harm reduction and hygiene supplies (excluding syringes) used for patient engagement such as alcohol wipes, soap, shampoo, toothbrush/paste, bandages, sterile water = \$5,857 year 1 and \$1,793 year 2	97,257	Narcan will not be purchased in year 2; patient supplies are reduced to \$5,793	
Total Supplies	\$102,142		
F. Other Costs			
Communications - \$140 cell phone + \$59 per month plan x 12 months x 2 FTE	1,696		
Patient Assistance - \$5.60 per bus ticket x 50 = \$280; \$2,000 taxi vouchers to medical and supportive services appointments, \$200 per lice treatment to enter shelter x 5 people = \$1,000; \$720 misc. one time needs to assist engagement in care	4,000		



Printing & Advertising - add decal to the mobile clinic showing behavioral support is offered; update marketing materials for new services	1,000	Not needed in year 2	
Software, Computing, Maintenance - \$794 laptop IT service costs x 2	1,588		
Total Other	\$8,284		
Total Direct Costs (A+B+C+D+E+F)	\$532,339		
Indirect Costs			
<i>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.</i>			
Total Indirect Costs (16.91% of A)	\$67,662		
Total Project Costs (Direct + Indirect)	\$600,000		

	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			



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



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 Community Project Funding/Congressional Directed Spending (CDF): Facilities and/or Equipment Projects		
This funding will support: <i>Please add an "X" in the category that applies.</i>			
Current Operations	Expanded Services or Capacity	New Services	
x			
Date of Presentation:	June 10, 2024	Program / Area:	DCA, ICS - Rockwood
Presenters:	Adrienne Daniels, Strategy and Policy Director Jenna Green, ICS Director		
Project Title and Brief Description:			
HRSA Capital Earmark - Rockwood Clinic Renovation			
What need is this addressing?:			
Multnomah County purchased the Rockwood Community Health Center facility in February 2023 to ensure continued access to comprehensive primary care, integrated behavioral health, dental, and pharmacy services for the County's most underserved residents. The building, however, is in dire need of repairs and renovation. A \$1.97 million Congressionally Directed Funding (CDF) award reduces the risk of			



future infrastructure failures and ensures long-term access to care. This is a non-competitive funding opportunity in which the health center was granted the award already, but must submit an application for the project.

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

Renovations at Rockwood will focus on infection control and prevention based on learnings from the Covid-19 pandemic such as new air filtration and HVAC systems in addition to a new roof.

What is the total amount requested:

Please see attached budget

\$1,970,000

Expected Award Date and project/funding period:

September 30, 2024 - September 29, 2027 (3 years)

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

(Please be sure to also note any financial outcomes)

This is a non-competitive funding opportunity. A yes vote will allow the health center to submit the Rockwood renovation project to HRSA for approval.

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 will decline the \$1.97 million in capital funding and Rockwood repairs would need to be reprioritized on a reduced budget. All proposed repairs could not be completed. This would also impact our congressional relationships and may also impact our future congressional relationships related to supporting funding opportunities.

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)

Building renovation schedules and the sequencing of service closures is under evaluation. It is possible that the building will need to close temporarily for repairs to be completed due to hazardous work environments and the availability of major systems such as electrical, plumbing, and related HVAC systems. The board would be asked to review a final closure or services impact option later this summer.

**Proposed Budget (when applicable)**

Project Name: HRSA Capital Earmark - Rockwood Clinic Renovation		Start/End Date: September 30, 2024 - September 29, 2027	
	Budgeted Amount	Comments (Note any supplemental or matching funds)	Total Budget
A. Personnel, Salaries and Fringe			
Position Title: Capital Project Manager	\$141,880		
0.5 FTE to manage the Rockwood renovation project for 2.5 years			
Fringe Benefits	\$90,682		
Total Salaries, Wages and Fringe	\$232,562		
B. Supplies			
Total Supplies			
C. Contract/Construction Costs			
Roof replacement: Install new roof on the entire building.	\$450,000		
Replace/install new rooftop air handlers with new units appropriate for an outpatient healthcare setting	\$455,000		
Security: Upgrade security lighting		\$40,000	
Upgrade security cameras and access control		\$170,000	
Patient Entry/Lobby Upgrades - security desk, reception area, east entry, furniture, privacy screens		\$875,000	
Regional Arts & Culture Council (RACC)		\$84,400	
HVAC/Exhaust: Modify HVAC ductwork and provide pressure monitoring in the airborne isolation room	\$125,000		
Install a new dedicated exhaust system for the immunization room	\$60,000		



Repair ductwork		\$350,000	
Electrical: Install new electrical service to the entire building	\$647,438	\$102,562	
Relocate panels to code compliant locations; upgrade branch wiring for improperly wired circuits;		\$70,000	
Replace all existing GFCI outlets in the building		\$25,000	
Plumbing: Upgrade lower level plumbing to remedy clogged and overflowing toilets and sinks		\$250,000	
Exterior building maintenance - drainage repair, stormwater maintenance		\$120,000	
Interior building maintenance - replace flooring, paint, stairwell maintenance		\$485,000	
Install new centralized UPS system		\$65,000	
Consultation: Architectural/Engineering/Consultant Fees		\$880,000	
Other Consulting/Survey/Environmental Firms		\$135,000	
Multnomah County Facilities Project Management/Trades		\$350,000	
Site work to move utilities		\$85,000	
Project Fees: Development and permit fees		\$126,600	
Misc. fees related to capital/construction		\$114,550	
Total Contractual	\$1,700,000	\$4,328,112	
D. Other Costs			
Contingencies		\$399,450	
Total Other		\$399,450	
Total Direct Costs (A+B+C+D)	\$1,970,000	\$4,727,562	
Indirect Costs			
<i>The FY24 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.</i>			



Total Indirect Costs (~16.91% of A)	\$0	\$0	
Total Project Costs (Direct + Indirect)	\$1,970,000	\$4,727,562	\$6,697,562

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

Bylaws Revision proposal for HRSA Compliance – CHCB Public Meeting June 10, 2024

Article VI: Members

(NOTE: This paragraph also appears and will be changed in the Conflicts of Interest section as well)

Section 1: Size

No ~~Council~~CHCB member shall be the employee of, or the spouse, parent, or sibling by blood, adoption, or marriage of such an employee~~an immediate family member of an employee~~ or independent contractor working for the Multnomah County Health Department or the Multnomah County Board of Commissioners.

**definition based on HRSA Health Center Compliance Manual page 80 Chapter 20*

Article VII: Nominations for General Membership

Section 1: The Nomination Process

The ~~CHC administrative team~~Board Support, on behalf of the Board, shall prepare ~~and maintain~~ a list of potential candidates to provide to the nominating committee, in the event that there are open seats on the ~~CHCB~~Council. Interested parties are required to attend at least 3 meetings as a guest before being eligible for nomination. ~~.-~~

**In the case that the CHCB membership is below the minimum 9 members, interested candidates need only attend at least 1 public meeting to be eligible for nomination.*

Article XI: Conflict of Interest

Conflict of interest or the appearance of conflict of interest must be declared by health center employees, officers, board members, and agents involved in the selection, award, or administration of procurements and contracts paid for in whole or in part by the Federal award. ~~CHCB Council members, employees, consultants and those who furnish goods or services to the Health Department must be declared.~~



Department Updates

Strategic Updates

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



**community health
center board**

Multnomah County

TO: Community Health Center Board
FROM: Jenna Green, interim Executive Director
RE: Public Meeting Memo - June 10th Meeting
DATE: May 2024 Updates

Executive Director Updates

- Fiscal Year (FY) 2025 Budget was presented to the full Board of County Commissioners on 05/23/24 by Tamia Deary, Darrell Wade, and Jenna Green. Thank you to all who attended in-person and virtually! The Health Center received no follow-up questions from the Board to date.
- Health Department Human Resources (HR) held a very successful public Career Fair on 05/22/24 at EcoTrust. There were 156 community members that came to the event interested in employment. The Health Center had robust tabling from Pharmacy, Dental, Primary Care, and support staff.

Capital Projects

- **Rockwood Clinic:** the renovation project has been granted an additional \$1.9M in federal earmark funding (pending CHCB approval on 6/10/24) to bring the overall project budget total to \$6.5M.
- **PCC:** Construction at the site officially started 05/27/24. Community engagement will continue to highlight our expanded space over several summer events. We will be participating in the Cully Parkways event and in several community events such as Cully Fest and the NAYA Farmer's Market. Community artists will be invited to present proposals for the buildings' windows as part of the Regional Arts and Culture Council.
- **Westside Pharmacy:** We are in the bidding process for a small construction project that will expand the central fill area.
- **Generators:** Contractors have been selected for both site projects, permits have been approved, and pre-construction risk assessments are being scheduled for each site with expected ground to break in the next few weeks at Mid County and Northeast. We are requesting a no cost extension for this grant from HRSA because the lead time to purchase the generators is 20 weeks.

Strategic Program Updates

- **Pharmacy Central Fill:** The central fill operation in McCoy will allow us to significantly expand our adherence packing (e.g. daily pill packs) services and provide prescriptions through the mail. We are transitioning existing manual bubble packs from each location to central fill and will begin advertising these services later this summer/fall.
- **Health Center Website:** Patient groups have completed the first round of testing, designed to help inform site design and navigation. Three health centers hosted testing events: Northeast Health Center, Mid County Health Center, and the Mobile Van (held at El Programa Hispanico). More patient testing will occur in July for website focus groups.
- **Mobile Clinic:** Primary Care services and Dental hygienist services are currently offered (permanent Dental staff in recruitment). We are working with more than 10 community partners currently. Operations leadership is exploring how to best support extreme weather shelters with the Mobile Clinic as necessary.

Mobile Clinic	Medical Visits	Dental Visits
April	88	21
May	75	12

Risk and Compliance Updates

- **HRSA Operational Site Visit (OSV) update:** As expected, HRSA has issued an Off Cycle Condition for the OSV Board Composition finding due to having too few CHCB members. Actions are underway to recruit new members. Response due to HRSA August 15, 2024. *HRSA is continuing to review our responses to the other findings and may impose additional Conditions.*
- **The Joint Commission (TJC) Survey update:** The Health Center has submitted a timely response to TJC’s March Survey findings. The Joint Commission has resolved all findings and issued new award letters for Ambulatory care and Primary Care Medical Home accreditation.
- **HIPAA Breach:** Public notice and individual notifications have been sent related to the large-scale HIPAA breach noted last month where a former employee accessed a computer that contained saved documents with PHI.

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

Program	Completed Visits	Average days from scheduling to appointment
Medical*	12,488	16.3
Student Health	1,849	5.6
Dental	5,180	20.6
Triage Nurse encounter volume: 810 Refugee program screenings: 47 Transitions of Care (TOC) served 60 clients with complex mental health needs transitioning from EDs and inpatient facilities (reported quarterly: QTR/YR)		

**Includes integrated behavioral health, clinical pharmacy, and nurse visits*

Percentage of patients filling prescriptions at our pharmacies (Goal=70%)	
Primary Care Medical	56% (↑ 1% from last month)
HSC	66% (↑ 4% from last month)

Quality/Process Improvement

- RLDatix, our new Quality management software, has been rolled out for complaints, incidents, and policy management.

Cybersecurity

- As a Healthcare organization, we handle sensitive patient data and must comply with HIPAA regulations. Cybersecurity threats are increasing in frequency and sophistication, and as healthcare organizations we are prime targets for attacks due to the value of the data we hold. The Health Center program coordinates with the Multnomah County IT security group to ensure strong cybersecurity practices,

policies and procedures and we take several steps to mitigate risks and this includes employee training, incident response planning, and regular security assessments.

General Program Updates

- The SHC program is excited to announce a pilot to keep our David Douglas location open part time for this summer, along with our year-round Parkrose site. We'll be using this time to assess utilization and sustainability to determine if this will be a proposal for a permanent change, which would require a CHCB vote in the first half of 2025.
- Symptom Screen is an online program that provides scheduling and call management guidance to non licensed personnel in Call Centers and other places throughout health centers where safe guidance is needed for the management calls where clients report medical symptoms. The prompts result in guidance such as when to schedule appointments based on symptoms and calls that require urgent action such as a need for a warm handoff to the triage nurse. The program was launched at the Call Center at the beginning of June. The Student Health Centers and HIV Health Services will be next to get the technology and training.
- KUDOS:
 - Much appreciation to ICS staff who participated in the HD Career Fair to represent Health Center teams for tabling and speaking with prospective employees - Anna Johnston, Daisy Ponce Quiroz, Rosalio Espinoza Zavala, Elizabeth Mitchell, Christian Thomson, Azma Ahmed, Billiethia Broussard, Katie Thornton, Ritchie Longoria, and many others who dropped in throughout the day!
 - We are celebrating Janet Do, Pharmacist in Charge at Mid County Health Clinic, who will be retiring at the end of June after 30 years of service. Janet would like to share that “serving the community alongside all of you has made the work more rewarding as we strive to make a positive difference in the lives of our community members and where the most vulnerable clients are equally treated and protected. I will surely miss working with all of you as I embark on my journey to explore every corner of the world.”
 - We are celebrating Lynn George this month as she approaches over 26 years of service working for both the Public Health and Integrated Clinical Services divisions as a project manager and across Multnomah County supporting Human Services in case management and aging services. Lynn recently announced that she will retire at the end of June - we are so grateful for her service and contributions to the Health Department. She contributed to hundreds of projects and programs, working on important issues such as community epidemiology, environmental health, emergency response preparedness, reproductive health and field nursing services, and clinical systems processes such as recent equity in patient technology access, improvements to our pharmacy central fill processes, and prenatal care assessments.