

Public Meeting

October 2024



community health center board

Multnomah County

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Public Meeting Minutes

September 09, 2024

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AGENDA



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Public Meeting Agenda October 14, 2024 6:00-8:00 PM In Person Gladys McCoy 7th Floor, Room 708

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

CHCB Board Members Present:

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

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Brandi Velasquez – Member-at-Large Susana Mendoza- Member-at-Large Jose Gomez - Board Member

Harold Odhiambo - Board Member Monique Johnson - Board Member

Jenna Green - Interim Executive Director (Ex Officio)

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

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

Time	Topic/Presenter	Process/Desired Outcome
6:00-6:05 (5 min)	Call to Order / Welcome Tamia Deary, CHCB Chair	
6:05-6:10 (5 min)	Minutes Review - vote required September 09, 2024 Minutes	Board reviews and votes
6:10-6:15 (5 min)	November Public Meeting Date - VOTE REQUIRED *Move from Nov 4th to 18th or day of Board Retreat Tamia Deary, CHCB Chair	Board reviews and votes
6:15-6:25 (10 min)	New Board Members - vote Required Tamia Deary, CHCB Chair	Board reviews and votes
6:25-6:35 (10 min)	Patient Impact Story Introduction by Jenna Green, Interim Executive Director	Board reviews
6:35-6:45 (10 min)	Executive Officer Slate - Nominating Committee Recommendations and Vice Chair Succession Tamia Deary, CHCB Chair	Board reviews
6:45-7:00 (15 min)	Monthly Financial Report July/August 2024 Hasan Bader, Finance Manager	Board reviews
7:00-7:15 (15 min)	Q2 Patient Satisfaction Surveys Linda Niksich, Quality Team	Board reviews
7:15-7:20 (5 min)	5 Minute Break	

7:20-7:25 (5 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 Bylaws Committee: Tamia Deary, Board Chair	Board reviews
7:25 - 7:35 (10 min)	Department Updates/Strategic UpdatesoInterim Executive DirectoroOperationsoClinicaloQuality	Board reviews
7:35 - 7:45 (10 min)	Conference Update from NACHC Tamia Deary, CHCB Chair	Board reviews
7:45-8:00 (15 min)	Board Discussion (Closed Executive Session) Tamia Deary, CHCB Chair	Board receives updates in an executive session and has discussion
8:00pm	Meeting Adjourns	Thank you for your participation

PUBLIC MEETING MINUTES

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CHCB Public Meeting Minutes September 9, 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	Brandi Velasquez – Member-at-Large	
Darrell Wade- Treasurer	Susana Mendoza- Member-at-Large	Harold Odhiambo - Board Member
Kerry Hoeschen – Secretary	Jose Gomez - Board Member	Monique Johnson - Board Member

Jenna Green - Interim Executive Director Board Members Excused/Absent:

Topic/Presenter	Discussion / Recommendations	Action	Responsib le Party	Follow-up Date
Call to Order / Welcome Tamia Deary, CHCB Chair	Meeting called to order at 6:00pm. We <u>do have a quorum</u> with 8 members present. Absent: n/a Harold arrived at 6:07 Darrell joined at 6:08pm making 8 members present.			
Minutes Review - VOTE REQUIRED Tamia Deary, CHCB Chair • Aug 12, 2024 Public Meeting Minutes	August 12, 2024, Public Meeting minutes No changes requested.	Motion to approve: Kerry Second: Bee Yays: 7 Nays: 0 Abstain: 0 Decision: Approved		

Topic/Presenter	Discussion / Recommendations	Action	Responsib le Party	Follow-up Date
Temporary Adjustment to	Proposed Temporary Change: Currently, we are open Monday-Friday. We're	Motion to		
Billi Odegaard Dental Clinic Hours	proposing to close the clinic on Mondays and focus our efforts on Tuesday through Friday. This change is about making the best use of our staff and resources so everyone gets the care they deserve.	approve: Darrell Second: Bee		
VOTE REQUIRED Daniel G. Martinez Tovar, Dental Senior Manager	Why This Change? Due to a recent dentist departure and current dental assistant vacancies, we need to adjust our schedule to maintain the highest quality of care for our patients.	Yays: 7 Nays: 0 Abstain: 1 Decision:		
-	There is no dentist available at BODC on Mondays.	Approved		
	Also, dental assistant vacancies at BODC cause dentists not to be able to see patients. Several reasons for vacancies include location, safety concerns, & parking expense makes recruitment difficult for this location.			
	Dental assistant training and recruitment is currently in-progress.			
	Reference handouts to see staffing impacts.			
	This decision is made in consultation with bargaining agreements.			
	All Monday staff will be relocated throughout the dental offices across the system.			
	Alternative could be hiring a dentist without a dental assistant. That's bringing on a highest paid staff with the inability to see patients at full capacity. Relocating another dentist to BODC would leave a service gap at other clinics.			
	Once staffing issues are resolved, Monday hours will resume.			
	"Yes" vote allows Monday closure for approximately nine months.			
	"No" vote means Mondays remain open and we hire a dentist who will remain without a dental assistant until staffing is resolved.			
	Questions?			
	<i>Is Monday closure at BODC for 9 mo.</i> ? Yes, that's the anticipated closure on Mondays. Dental Assistants are passing Board exams and we anticipate grads			

Topic/Presenter	Discussion / Recommendations	Action	Responsib le Party	Follow-up Date
	ready in Spring 2025. <i>Do we recruit outside of the dental training subsidy program?</i> Yes, through other emphasis on recruitment strategies like job fairs, outreach to dental assisting schools and sign on bonuses, LinkedIn, fliers, alumni lists, etc.			
FY24 Close Out Report Hasan Badar, Interim HC CFO	 June FY 2024 Close Out Report: Expenses and revenue, budgeted actuals and percentages by program. This FY24 close out includes the period July 1 2023-June 30, 2024. Reviewed expenses and revenue, budgeted actuals, and percentages by program. The surplus from FY24 can be rolled over to FY25 or used as fiscal reserve for FQHC. Questions? None. 	No action required.		
Annual Quality Overview Theresa Rice, Quality Manager	 Theresa Rice presented on the 2023 quality and risk activities. It's an annual overview of items already presented to the Board on a quarterly basis. The Board packet contains a deeper dive on the higher level information presented today. The data includes 2022 for comparison. Summary of patient safety incidents (up due to additional reporting requirements) Sentinel events (remain low) Patient complaints summary HIPAA events summary Staff training completion summary Risk Management Activities for each clinic 	No action required.		

Topic/Presenter	Discussion / Recommendations	Action	Responsib le Party	Follow-up Date
	• Quality Work Plan Questions? None.			
Q2 Complaints and Incidents <i>Kimmy Hicks, Quality</i> <i>Team</i>	 Presenting Q2 2024 Incidents and Complaints Incident and complaining management system changing data sources from Tableau to a system called RLDatix. Top complaint is access/making appointments Complaints around a staff, a service, or a procedure Reported incidents Incidents by type Risk event report Number of incidents for the quarter 	No action required.		
	Susana - Why did we have a bigger number of incidents for the quarter, what's happening there? It's a hard topic and QI would like to defer to BHD Kevin Minor to talk more about suicide attempts. <i>Tamia - Is this reporting system delivering all the detail we can receive?</i> No, the detail will drill down as the tool details increase. <i>Monique - Are the incidents for ONE person over several incidents, are they new or</i> <i>existing complaints?</i> This is an additional data point of interest. Jose - a comment, not a question: When we are talking about MH and suicide attempts, these occurrences need to be differentiated between first time or recurrence. This will drive the preventative actions. In addition, we need more detail	ACTION Potentially invite Kevin Minor to speak to BH incident numbers		

Topic/Presenter	Discussion / Recommendations	Action	Responsib le Party	Follow-up Date
	on the indents to tell us where we are moving and making progress.			
UDS Report Alex Lehr O'Connell, Senior Grants Management Specialist	 Alex oversees HRSA compliance. This team may want to consider how long this presentation should be in the future - it may require longer than 15 min. As a HRSA FQHC, we are required to submit a comprehensive report annually on services provided, clinical quality measures, patient demographics, costs, revenues, and other key information. This is the Uniform Data System (UDS) Report, and the information required is dictated by HRSA, with minor changes each year. 			
	UDS data for Calendar Year 2023 has been accepted and published on HRSA's UDS site. We share UDS data with the CHCB to inform about changes in who we serve, how we serve them, and what services we provide, in order to help guide strategic decision making.	ACTION presentation took 7:10-7:40p and needs to be 30 min on the		
	 The UDS Report does not require CHCB vote for approval; however it encompasses all costs/revenues/services/staff of the FQHC scope, which is defined by CHCB. Highlights: Patient counts: UDS only counts patients with a visit that meets their definition during the calendar year. UDS does not include visits that were only for immunizations or health screenings. Patients with a UDS-countable visit during the calendar year dropped in 2020 due to COVID, and are gradually returning to expected counts. 	agenda ACTION: The Board would like copies of these slides (Completed) ACTION for Alex, please add a slide on the national and		

Topic/Presenter	Discussion / Recommendations	Action	Responsib le Party	Follow-up Date
Γopic/Presenter	 Demographics: Continue to see a transition toward the East. Demographics are fairly consistent year to year. Some data collection challenges due to COVID. Languages: There was a slight drop in patients best served in a language other than English during COVID due to challenges in data collection. Federal Poverty Level (FPL): data consistent over time and we continue to see a very high proportion of low income clients, higher than state and national averages for FQHCs: % of patients at or below 200% FPL, CY2023 Oregon health centers: 88% Health centers nationally: 90% % of patients at or below 100% FPL, CY2023 Oregon health centers: 64% Health centers nationally: 67% Insurance coverage: increase in Medicaid and reduction in Uninsured. Our health center significantly increased OHP Eligibility Assists in 2023. Housing status: UDS definition of "homelessness" includes many types of unstable housing, such as doubling up, permanent supportive housing, etc. Data in 2021 and 2022 for housing status dropped due to data collection challenges. 2023 returned to expected levels. UDS Clincal Quality Measures (CQMs): UDS CQMs measure performance in 	Action Oregon poverty level rates	-	-
	 Access, Preventive Screenings, and Chronic Disease Management. UDS CQMs are separate from other types of CQMs (such as CareOregon metrics), though there is some overlap. UDS CQM performance does not impact HRSA grant funding. UDS CQM Quartile Rankings: "Quartiles" compare our health center to 1400 			
	other health centers in the country. 1st Quartile = top 25%, 2nd Quartile = top 50%, etc. Four CQMs that the health center has had improvement			

Topic/Presenter	Discussion / Recommendations	Action	Responsib le Party	Follow-up Date
	 activities on: Depression screening and follow up, Tobacco Cessation, Controlling High Blood Pressure, and HIV screening. HRSA Badges: Badges are based on UDS data/performance compared to previous years. They are not tied to funding, but are an opportunity to celebrate achievements. Our health center received three badges for CY2023: Advancing HIT (Health Information Technology), Addressing social risk factors, and maintaining Patient Centered Medical Home (PCMH) status. This presentation summary is in the Board book. Questions? Tamia - Can you add a slide on the Oregon and National Averages of the poverty level in the slides you send to us? Yes. 			
Workforce Development updates Debbie Powers, Interim HC COO	 MA Apprenticeship Program On the job training Related training and Instruction Journey level mentor or journeyperson Supportive services Three of six positions in recruitment have been filled. NE, Mid County, & La Clinica locations. Opportunity to promote six medical assistants into lead positions. State of Oregon Grant award hasn't been awarded yet and will be communicated at a later meeting. Questions? None. 	No action required.		

Topic/Presenter	Discussion / Recommendations	Action	Responsib le Party	Follow-up Date
Committee Updates Finance Committee: Darrell Wade, Finance Chair Executive Committee: Tamia Deary, Board Chair Nominating Committee: Tamia Deary, Board Chair Bylaws Committee: Tamia Deary, Board Chair	Finance Committee: Darrell updated the Board that the Finance Committee will resume regular scheduled meetings this month, went over monthly financial review last meeting, and scheduled to meet again in Oct. Exec Committee: Tamia updated the Board that the Executive Committee has been very busy. There hasn't been a Quality Committee or Bylaws Committee since the last public meeting. Nominating Committee: Tamia updated the Board that theNominating Committee met today and interviewed another prospective member. Bylaws committee: No updates.	No action required.		
Department Updates/Strategic Updates Jenna Green, Interim Executive Director	 Jenna Green, Interim Executive Director, provided department updates. Referenced the full September CHCB Memo in Board packet, photos and events from the past month: National Community Health Worker Awareness Week Aug. 24-30. Fernhill Health Center Board & Staff Tour/PCC Opportunity Center on Aug 22. National Health Center Week Aug. 4-10 celebration, including mobile van offering some free services at the Back-to-School Fair in Rockwood on Aug. 8. Jenna shared recognitions and highlights from the CHCB memo: 	No action required.		
	 HRSA accepted our submission related to Health Center Board membership and the grant condition has been lifted! Elwood, Health Services Center Program Supervisor, selected to lead a multi-state community of practice in HIV care. Workforce Development progress: Six new APCs will being in September 			

Discussion / Recommendations	Action	Responsib le Party	Follow-up Date
 Dental recruitment started for part-time hygienists Six pharmacy techs selected to new lead roles for expanded career pathway Development of accredited postgraduate clinical pharmacy residency program started with go-live July 2025 Questions? None. 			
Closed Executive session started at 7:53 pm and ended at 8:14pm	Motion to move into Exec Session: Kerry Second: Bee Yays: 8 Nays: 0 Abstain: 0 Decision: Approved		Next public meeting scheduled in-person on Oct 14, 2024
	No action required.		
	 Dental recruitment started for part-time hygienists Six pharmacy techs selected to new lead roles for expanded career pathway Development of accredited postgraduate clinical pharmacy residency program started with go-live July 2025 Questions? None. 	 Dental recruitment started for part-time hygienists Six pharmacy techs selected to new lead roles for expanded career pathway Development of accredited postgraduate clinical pharmacy residency program started with go-live July 2025 Questions? None. Closed Executive session started at 7:53 pm and ended at 8:14pm Motion to move into Exec Session: Kerry Second: Bee Yays: 8 Nays: 0 Abstain: 0 Decision: Approved No action 	Image: constraint of the started for part-time hygienistsImage: constraint of the started hybrid hy

Signed:_____ Date:_____

Kerry Hoeschen, Secretary

Tamia Deary, Board Chair

Scribe: // Email: Jodi Shaw /jodi.k.shaw@multco.us

SUMMARIES



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Q2 2024 Patient Surveys: Trends, QI Work, and Improvements

CHCB Meeting October 14, 2024 Brieshon D'Agostini, Chief Quality and Compliance Officer Linda Niksich, Patient Experience Sr. Specialist



Community Health Center

Q2 2024 Update // Trends We Are Monitoring

Service Line	Торіс	Trend
Across the Health Center	National Benchmarks	1 of 16 >5% below Benchmark
	Appointment wait times	Access
	Demographic disparities	Asian population, Cantonese speakers, Russian speakers
Primary Care	Provider asking about causes of worry/stress	Consistently below benchmark
Dental	Provider time spent with client	Slight improvement
	Quality of Care	Slight improvement
Integrated Behavioral Health	Provider explains in a way that is easy to understand	Slight decline
	Phone attendant courtesy/helpfulness	Down 10% from Q1 2024
Pharmacy	Privacy of Health Information	Consistently below benchmark

Q2 2024 // Improvements and Upward Trends

Service Line	Торіс	Trend	
Across the	Same Day Answers to Questions	Exceeds benchmark by 5%	
Health Center	Provider wait (from check-in to seeing provider)	Exceeds benchmark by 2%	
	Loyalty (likelihood to return) and Referral Intentions (likelihood to refer friends/family)	Increased by about 2%	
Primary Care	Overall satisfaction	Slight Improvement	
	Provider explains in a way that is easy to understand	Slight Improvement	
	Provider involved you in health care decisions	Slight Improvement	
Dental	Reception courtesy, respect, helpfulness	Slight Improvement	
	Provider involved you in health care decisions	Increased by about 2%	
Integrated	Same Day Answers to Questions	Up 14.3%	
Behavioral Health	Referral intentions (likelihood to refer friends/family)	Up 10%	
Pharmacy	Overall satisfaction and communication	Slight Improvement	
Delekterst seenst	ronds or rolovant changes		

Bold text = new trends or relevant changes

Q2 2024 // Overall Satisfaction By Service Line



Q2 2024 // Appointment Wait By Service Line

How satisfied are clients with the length of time from scheduling to appointment?



Q2 2024 // Improvements for Disparities



Q2 2024 // Quality Improvement (QI)

Clinic QI Highlight

Clinic(s): Northeast Health Center

Survey data used: Patient experience in lobby and at front desk

What has been done done:

Operations teams:

- Adjusted workstations & signage
- Customer service discussion

How it affects patients:

Quicker greetings, better communication, more approachable

Department Updates Strategic Updates

- Interim Executive Director
- Operations
- Clinical
- Quality



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Community Health Center Board Health Center Highlights



Executive Director Updates - System level information and updates

- HRSA New Access Point grants we provided letters of support to the following metro-region health centers, who will be looking to serve new populations in 2025:
 - Wallace Medical Concern: Supporting their long-term expansion of student health at the Gresham-Barlow High School location
 - Outside In: Supporting their proposed service site relocation for its Behavioral Health Department
 - Cascade AIDS Project Prism Health: Supporting their application for FQHC designation
- We received notification that we were awarded the HRSA Behavioral Health Service Expansion funding of \$600,000. This funding was originally requested during the 06/10/24 Public Meeting. This funding period for Year 1 is 09/01/24-08/31/25 and will support additional behavioral health staff as part of our integrated care model on Wheely McHealy, our mobile clinic.

Capital Projects - Facilities updates, high cost projects

• Rockwood Health Center's repair and renovation project is awaiting additional schedule confirmations and budget updates, due to the expanded scope of the repairs. While this will delay the construction timeline, there are no impacts on the federal earmark funding. We expect to have updated design and cost information in January 2025, so that the CHCB can engage on operational status options.

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

- The Fernhill Health Center's construction remains on schedule, with the Regional Arts and Culture Council beginning to plan for public artwork to be used for the clinic. An exterior portion of the clinic will feature etched glass or similar mural designs to provide both patient privacy and building beatification.
- The updated patient website design will begin the copywriting phase in November, assuring the information on our updated website is informative, actionable, and written in an accessible manner for patients of various literacy levels. Additional patient focus groups will provide feedback on the design and content this month, including English and Spanish language groups.
- Our policy and community health worker staff recently met with the Oregon Health Authority to describe the impact of the Health Related Services Needs and 1115 Medicaid Waiver expansion on our patient population and submitted recommendations for how to further improve the effectiveness of these benefits across multiple Coordinated Care Organizations in the State.

<u>Risk and Compliance Updates</u> - Compliance events, major incidents/events updates

- Oregon Patient Centered Primary Care Home (PCPCH) site visit completed at Northeast Health Center on 9/19/24. As typical for PCPCH visits, some points were removed because they could not be demonstrated in the moment. Work is underway to correct these and retain Tier 4 PCPCH status.
- Next PCPCH visit scheduled for 11/19/24 at Southeast Health Center

• Unannounced Oregon Board of Pharmacy visit at Mid County pharmacy on 9/17/24 went very well with no additional follow up expected.

Quality/Process Improvement - Improvement events and activities

• Completed Emergency Operations Plan training session with clinic leaders 09/11/24.

<u>General Program Updates</u> - Program/Service-line specific updates

- Primary Care
 - All Staff (including primary care, dental and pharmacy) attended a Grand Rounds on Culturally Affirming Disability Care and Service Delivery on 09/18/24.
 - The Community Health Worker (CHW) team is working with Trillium and Care Oregon to support updated "flexible funding" requirements in support of patient requests for services which support their overall health and wellbeing. CCOs are not required to provide flexible funds, but they provide a highly valuable resource for patients with low incomes. The team has also provided advocacy to the Oregon Health Authority regarding the importance of these services.
 - Kudos to the North Region clinics for achieving BP SILVER level with the American Heart Association! The Target BP program recognizes commitment to improving blood pressure control through measurement accuracy among the adult patient population we serve.
- Dental
 - Dental team had its first ever hands on skills fair for both clinical and non-clinical teams on 09/17/24.
 - Staff and leadership at East County Dental Clinic have had multiple successful Saturday clinics thanks to their commitment to improving patient access and by offering shorter (6 hour) shifts.
 - All 3 dental assistants in Pathway 2 have passed their Expanded Function Dental Assistant (EFDA) exam and we will work with supporting them in obtaining their EFDA credentials.
- Pharmacy
 - On October 2, the pharmacy program launched a new telephone system to make it easier for clients to request refills. It is currently available in English and Spanish with Chinese Mandarin, Vietnamese and Russian languages coming soon. For the first time, clients will routinely receive calls notifying them that they have prescriptions ready to pick up at the pharmacy. We hope this will both improve client experience and efficiency in the prescription refill process.
 - All of the pharmacy clerks in our workforce development program are now Oregon licensed pharmacy technicians allowing us to enhance their hands-on training, pass the national certification exam, and become eligible to fill a pharmacy technician vacancy within our program.
- Information Systems
 - <u>Cybersecurity</u>: To address and prevent issues related to the return of County-owned devices, the County's Information Technology teams have implemented specific process improvements:
 - 1. **Procuring Absolute Software Solution:** The County has purchased a software solution called *Absolute* that provides IT teams with the tools to lock devices at the

Basic Input/Output System (BIOS) level. This, in conjunction with the termination checklist, allows managers and supervisors to securely disable devices during the transition period between employment termination and return of the device to the County. In addition, County IT teams are also able to use the functionality offered by *Absolute* to do a forensic analysis on the devices that are not in the County's possession.

- 2. **Hello Retriever Services:** The County has secured access to the services of *Hello Retriever*. This is a service that is available on an as-needed basis to assist in collecting County-issued devices and other equipment.
- **Epic Electronic Health Record**: Analysis and recommendations for substantial changes to our Electronic Health Record (EHR) system are nearly complete. Strategic investment proposals will be presented to CHCB for consideration as part of the strategic planning process.

Community Health Center Board Health Center Highlights

TO:Community Health Center BoardFROM:Jenna Green, interim Executive DirectorRE:Public Meeting Memo - Quarterly KPI ReportDATE:October 14, 2024

Program	Completed Visits Goal: Medical-13,548 Monthly Dental-6,348 Monthly Student Health Annual Target- 16,339			Average days from scheduling to appointment				
	July	Aug	Sept	Total	July	Aug	Sept	Total
Medical*	11,780	11,293	10,647	33,720	20.9	19.3	19.1	19.7
Student Health	441	762	1,656	2,859	9.9	7.7	5.2	7.6
Dental	4,850	4,587	4,335	13,772	24.7	22.9	20.8	22.8

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

	Completed Visits			
Program	July	Aug	Sept	Total
PAC Nurse Triage encounter volume	938	837	690	2,465
Refugee Program screenings	122	90	74	286

	Percentage of patients filling prescriptions at our pharmacies (Goal=70%)			
Program	July	Aug	Sept	
Primary Care	56%	55%		
West Side	64%	62%		