

CHCB Public Meeting Meeting Minutes March 13, 2023 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:

Harold Odhiambo – Chair	Darrell Wade – Treasurer	Fabiola Arreola – Board Member (Absent)
Tamia Deary - Vice-Chair	Brandi Velasquez - Member-at-Large	Susana Mendoza - Board Member
Pedro Sandoval Prieto – Secretary	Kerry Hoeschen – Member-at-Large- (Absent)	

Adrienne Daniels - Interim Executive Director, Community Health Center (ICS)

Board Members Excused/Absent: Fabiola Arreola, Kerry Hoeschen

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
Call to Order / Welcome Harold Odhiambo, CHCB Chair	Meeting begins 6:07 PM We <u>do</u> have a <u>quorum</u> with 6 members present. Victor and Rosie were present as Spanish Interpreters			
Minutes Review -VOTE REQUIRED Review Public Meeting minutes	Reviewed February 13, 2023 Public Meeting Minutes Minutes approved but will need to make some revision and bring the minutes to be reapproved.	Motion to approve: Darrell Second: Bee Yays: 6 Nays: Abstain: Decision: Approved	Tamia will need to follow up with proposed revisions.	
HRSA H8F ARPA grant-Budget Revision- VOTE REQUIRED Alex Lehr O'Connell, Senior	Alex provided an overview of how HRSA H8F ARPA funds were used in response with COVID-19 and planned to be used. The request for this budget revision is due to the fact that equipment	Motion to approve: Tamia Second: Bee	CHCB Staff: Follow up with budget question Ryan White Part D	



Grants Management Specialist	<p>cost was allocated in a different grant that Multnomach county received. The equipment needs : wall mounted monitors and mobile unit costs.</p> <p>Due to supply chain issues we did not receive the equipment after the County grant had expired.</p> <p>Therefore, we are hoping to move those costs for wall mountaineer and mobile units cost into this grant which has plenty of room for it with the approval of the board and HRSA. We have about \$4.5 million dollars left out of the \$11 million dollars.</p> <p>We need CHCB approval and then HRSA approval before 3/31/23.</p> <p>Alex acknowledges a short turn due to HRSA guidance to hold off on request for guidance in January/February and those guidance were not released until a couple of weeks ago.</p> <p>“Yes” vote - Will immediately seek approval from HRSA to rebudget to cover equipment cost for mobile units and cover cost of wall monitor units.</p> <p>“No” vote - Will not submit budget revision to HRSA and will need to find alternative funds to cover equipment cost and will not be able to spend the whole \$11 million dollars that Congress has given.</p> <p>Question: What type of materials do we need to approve? What is the equipment that needs to be approved?</p> <p>Answer:</p> <ul style="list-style-type: none">• Wall mounting monitors (Vital signs readings)• Mobile Van (Medical and Dental suites)• Pediatric Oxygen Monitor• Scan medical equipment and scan medication in health	<p>Yays: 6 Nays: Abstain:</p> <p>Decision: Approved</p>	<p>and report back to CHCB members</p>	
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HRSA H8F ARPA grant-Request for an Extension Without Funds until 12/31/2023 - VOTE REQUIRED Alex Lehr O'Connell, Senior Grants Management Specialist	<p>Alex provided an overview of how HRSA H8F ARPA funds requesting for an extension without funds.</p> <p>Alex addressed the choice to be conservative in spending funds as there were other grants that expired before HRSA H8F ARPA funds. Additionally, they used funds for hiring and it was a challenge in hiring as a result spend down did not occur as quickly. As noted in the previous presentation due to chain supply with equipment unable to spend funds as quickly.</p> <p>Ask - To extend the grant until the end of the calendar year to spend down money, allowing for additional time after the end of the year (12/31/23). This is allowed by HRSA with the approval of the CHC Board. If the CHCB and HRSA does not approve then we would lose the \$4.5 million dollars by 3/31/23.</p> <p>"Yes" vote - We would submit the request to HRSA to extend the grant until 12/31/23</p> <p>"No" vote - We would need to find funds to cover the cost of expenses and we would lose some of the \$11 million dollars as the grant would expire at the end of March (3/31/23).</p> <p>Question: If the board approves, will you be able to come back to the board and provide an explanation of how the \$4 million was spent?</p> <p>Answer:</p> <p>A: Yes, HRSA ask that we provide a spending plan every 4 months</p> <p>Question: How do you plan to use the money and a list of how you</p>	<p>Motion to approve: Tamia Second: Darrell</p> <p>Yays: 6</p> <p>Nays:</p> <p>Abstain:</p> <p>Decision: Approved</p>		



	<p>plan to use the money.</p> <p>Answer:</p> <p>The money will be used to carry the staffing forward (temporary staff and permanent staffing) and to cover the approved equipment in the agenda item before (HRSA H8F ARPA grant- Budget Revision).</p> <p>We can provide specific updates in the financial reports how this specific grant is being spent, if needed.</p>			
<p>Ryan White Part D - VOTE REQUIRED</p> <p>Nick Tipton, Regional Manager Senior</p>	<p>Submit a continuation of Ryan White Part D grant. Last year we requested a competitive HRSA Ryan White Part D for a 5 year cycle and every year thereafter we needed to submit a noncompetitive continuation of the grant. We received Ryan White Part A B C D F for the HSC. This money is primarily used to service women and some youth. This will continue our funding from August 2023 - July 2024 our second year of the grant.</p> <p>We received this to fund mostly to serve women and some youth.</p> <p>"Yes" vote - MCHD will submit the Ryan White Part D Non-Competitive Continuation renewal which will continue HHSC services at current levels .</p> <p>"No" vote - HHSC will not renew the Ryan White Part D grant, resulting in a loss of funding which would necessitate reductions in staffing and services.</p> <p>Question/Comment: Example of how the funds have helped women and youth.</p>	<p>Motion to approve: Tania</p> <p>Second: Bee</p> <p>Yays: 4</p> <p>Nays: 2</p> <p>Abstain:</p> <p>Decision: Approved</p>	<p>Grace will follow up with Nays to provide more information regarding grants to clarify presentation/in formation.</p>	



Part D is used for clinical services for women and youth. Funding of staffing our medical staff (doctors, medical assistant, nurse practitioners), case management teams, and patient navigating. Small amount is used for quality insurance pieces.

Question: This kind of resource is something that is implemented in all county clinics?

- Exclusively for folks with HSC for folks that are HIV positive therefore at HSC clinic. Patients may be seen at other county clinics for their primary care but will receive their HIV care at HSC. Particularly women and children with HIV positive.

Followup Question: If I need help and I am not part of the county clinic you will not be able to cover those services?

Clarifying questions: If Part D will be able to cover those services?

Follow up Questions: This part d need to be used at all county clinics are are they not part of all county clinic

Answer: We can use these funds at any county clinic but they would need to be used specifically for individuals that are HIV positive folks. In large, we could use these services at FQHC.

Question: Looking at the budget that you would be providing an updated budget by the next Public meeting?

Answer: Not sure what budget. I can answer questions about the budget.

Comment: I would like to compare budgets from year to year and when approving funding that we can have information especially if we



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	<p>have requested.</p> <p>After ongoing conversation it appears that no changes from the draft budget have been made.</p> <p>Question: Why do you need our vote if these are going to be used outside the County?</p> <p>Answer: These funds will be used within the County Health Center.</p>	CHCB Liaison: Follow up with Regional Manager for updated budget and share with CHCB.	
<p>Auditor report from Moss Adams- annual 330 grant audit</p> <p>Ashley Osten, Auditor</p>	<p>Ashley Osten, Partner with Moss Adams. Provide an overview of the audit process and results.</p> <p>Auditor Role:</p> <ul style="list-style-type: none">• Independent auditor to express the opinion on Multnomah County financial statement as a whole which includes the 330 grant with the FQHC.• Plan and perform the audit to obtain reasonable, not absolute, assurance• Consider internal controls over financial reporting as a basis for designing audit procedures.• Communication findings that are relevant to your responsibility• Remain independent of management and unbiased <p>Audit Process:</p> <p>Come early Summer - June</p> <ul style="list-style-type: none">• Internal Controls<ul style="list-style-type: none">◦ Payroll, cash disbursement, revenue, property taxes, grant revenue/disbursement.		



<ul style="list-style-type: none">• Analytical Procedure<ul style="list-style-type: none">◦ Analyzing revenues and expenses, asking questions when expectations are not aligning• Substantive Procedures<ul style="list-style-type: none">◦ Confirming account balances with banks, supporting invoices documentation, examine objective evidence			
<p>Auditor's Opinion and Report:</p> <ul style="list-style-type: none">• Report of Independent Auditors<ul style="list-style-type: none">◦ Unmodified opinion - clean opinion◦ Financial statement are presented fairly in accordance with US GAAP - what we want to hear• Report of Independent Auditor Required by Oregon State Regulation<ul style="list-style-type: none">◦ No Control findings◦ No Compliance findings<ul style="list-style-type: none">■ Follow procurement laws - how budgets are adopted, insurance, cash held in accounts, if cash is pulled if its reported appropriately.			
<p>Single Audit Procedures (include the 330 Grant)</p> <ul style="list-style-type: none">• Gagas Report on Internal Control Over Ginancil REport and on Compliance Over Financial REporting and on Compliance and other Matters<ul style="list-style-type: none">◦ No control findings◦ No compliance finding• Report on Compliance with Requirements that could have a Direct and Material Effect on the Major Federal Program and on Internal Control Over Compliance in accordance with the			

	<p>Uniform Guidance for Federal Awards (2 CFR Part 200)</p> <ul style="list-style-type: none"> o No control finding with respect to the 330 grant o No complicate finding with respect to the 330 grant <p>Comment: Asked Ashley to provide yearly basis.</p>		
<p>Call for agenda Amendment/Change Harold Odhiambo, CHCB Chair</p>	<p>A call for an agenda amendment to add a voting item.</p> <p>Voting item added to agenda:</p> <p>I am asking for the board to approve an agenda change so that we may discuss and vote to appoint alternative candidate DJ Rhodes as our incoming executive director.</p>	<p>Motion to amend/cha nge agenda: Tamia Second: Darrell Yays: 5 Nays: Abstain: 1 Decision: Approved</p>	
<p>Executive Director Appointment - VOTE REQUIRED Harold Odhiambo, CHCB Chair</p>	<p>The board voted to appoint DJ Rodes as incoming Executive Director with a start date of April 11.</p>	<p>Motion to approve: Tamia Second: Bee Yays: 5 Nays: Abstain: 1 Decision: Approved</p>	
10 min break	7:08- 7:18 PM		
<p>FY24 Budget approval- VOTE REQUIRED</p>	<p>Jeff provided a timeline summary slide of our budget process and where we currently stand.</p>	<p>Motion to approve: Tamia</p>	



Jeff Perry, Chief Financial Officer Adrienne Daniels, Interim Executive Director	Summary \$175 million dollars with a 5% increase from last fiscal year.	Second: Bee Yays: 6 Nays: Abstain: Decision: Approved		
	We used an equity center approach, investment and an expansion in equity and access to care.			
	Funding our mobile van to access our houseless and farmworkers.			
	Moving away from fee for services as the state is moving us away from this type of payment.			
	Budget has no County general funds with minimal impact on FTE.			
	Proposed FY24 is all residing in all FQHC enterprises.			
	Clinical Services recover continues for FY23: <ul style="list-style-type: none">• Dental growth to be conservative• Primary growth to be conservative• Pharmacy growth to be conservative• Student health growth to be maintained• Fund staffing for mobile van			
	“Yes” vote - The FY24 Budget is approved by the CHCB and is adopted into the Multnomah County budget, fully funding all proposed services as presented.			
	“No” vote - No services will be provided in FY24 until an approved budget is received.			
	Questions: Van to purchase will it be in the budget or aligned in the previous budget this year? A: The van will be purchased this year FY23 but staffed with the FY24 budget.			
Q4 Patient Experience Surveys	Linda presented a trends summary of the Quarter 4 Patient Surveys			



Linda Nilsich, Program Specialist Senior, Quality Team

that was presented to the Quality Committee

Primary Care -

Russian and Chinese Cantonese speakers report less satisfaction of their visits

Referral intentions - No meeting benchmarks

- English, Chinese, Russian Speaking are less likely to make referrals of intention overtime and trending down.
- Asian populations have lower intentions overtime and trending down

Experience Questions - perception of the care that they receive

- Q4 some improvement and exceeded benchmark

Takeaways

- Lowers satisfaction in patients who speak language other than English in the last 4 quarters (especially Chinese, Russian, and Somalis speakers (added Q3).
 - Overall Satisfaction
 - Loyalty/referral intentions
 - See slides for additions details

BIPOC communities (especially Asisna populations)are reporting lower satisfaction and experience than other races/ethnicities.

Positive feedback in surveys (see slides for positive feedback comments).

Behavioral health - Q4 did meet overall satisfaction benchmarks

Referral intention-Some improvement but not meeting benchmark

Experience Question - Some inconsistency as our behavior health



<p>population is much smaller which could create a greater variance.</p> <p>Signs of disparities between English and Spanish speakers but will need to be monitored over time as numbers are not statistically significant.</p> <p>Positive feedback in surveys (see slides for positive feedback comments).</p> <p>Behavioral Health & Primary Health Call Center - Phone Access Scores</p> <ul style="list-style-type: none">● Slight improvement from Q3 to Q4● Rating courtesy higher than wait time <p>Pharmacy-</p> <p>Crossroads will start doing surveys for pharmacy for Q1 FY 243</p> <p>4.3% decrease from Q3 to Q4 (209 patient surveyed)</p> <p>97.6% satisfaction no significant change (-.04%)</p> <p>Top barriers to getting medication over the last year:</p> <ul style="list-style-type: none">● Transportation● Hours● Difficulty getting pain meds <p>Positive feedback (see slides for comments)</p> <p>Dental -</p> <p>Survey completed by Crossroad</p> <p>201 survey completed dental satisfaction decreased by 14%</p> <p>Trends:</p>			
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	<ul style="list-style-type: none">• Due to appointment access• Hearing back within 2 business day when calling with questions <p>Positive feedback (see slides for comments)</p> <p>Questions: What can we do for our Asian communities or those groups that are not participating in those services to get their attention to participate in the surveys?</p> <p>A: Capacity when doing in house surveys, now that we have increased capacity with contracts with crossroads we hope to reach more individuals. Crossroads have individuals that speak the language and are familiar with the culture when surveying individuals.</p> <p>We are also working on recruiting more staffing to increase our staffing to improve client satisfaction.</p>			
<p>Confirm new board members: Alina Stircu VOTE REQUIRED Grace Savina, Community Engagement Strategist</p>	<p>Grace presented on prospective board members.</p> <p>Alina Stircu</p> <p>Background Information:</p> <ul style="list-style-type: none">• Community member applicant• Attended 3 public meetings• Completed interview- full endorsement of Nominating Committee• Applying to law school, interested in medical law• Excited for opportunity to be on the board <p>Interested In:</p> <ul style="list-style-type: none">• Access to health care• Public policy & government• Maternal and child health	<p>Motion to approve: Bee Second: Darrell Yays: 5 Nays: 1 Abstain: Decision: Approved</p>		



	<p>In her own words: "I am a first generation American, my parents are from Romania. I am a medical interpreter. I have spent a lot of time in FQHCs both as a patient and as an interpreter. I am interested in healthcare access, quality of care, and decreasing language barriers for patients. I am currently applying for law school and am interested in medical law."</p> <p>* Correction provided by Alina, only her mother is Romanian.</p>			
<p>Confirm new board members: Patricia Patron- VOTE REQUIRED Grace Savina, Community Engagement Strategist</p>	<p>Patricia Patron</p> <p>Background Information:</p> <ul style="list-style-type: none">• Community member applicant• Attended 3 public meetings• Completed interview- full endorsement of Nominating Committee• Previous board experience• Fundraising experience <p>Interested In:</p> <ul style="list-style-type: none">• Access to health care• Nutrition/access to food• Health equity <p>In her own words: "I have lived through the journey of becoming a legal resident in this country. I currently work with the Latino community which includes many undocumented folks. I am committed to working and improving health care access to people</p>	<p>Motion to approve: Bee Second: Susana Yays: 5 Nays: 1 Abstain: Decision: Approved</p>		



	<p>who are undocumented, or who might not speak English.”</p> <p>Comment:</p> <p>Concerns regarding lack of equity and transparency in the process leading to these two candidates being presented and I hope that in the future we have a fair, equitable, and completely transparent process that ensures that every person has an opportunity to begin their board service in a positive circumstances.</p>			
<p>Labor Relations Updates Adrienne Daniels, Interim Executive Director</p>	<p><i>Bargaining and Negotiation Updates (Closed Executive Session)</i></p> <p><i>CHCB to receive confidential report in separate Zoom</i></p> <p>Board moved to confidential session at : 7:53pm</p> <p>Board returned: 8:02pm</p>	<p><i>Motion to Move to Executive Session: Bee</i></p> <p><i>Second: Darrell</i></p> <p>Yays: 6</p> <p>Nays:</p> <p>Abstain:</p> <p><i>Decision: Approved</i></p>		
<p>Monthly Budget and Financial Reports Jeff Perry, Chief Financial Officer Adrienne Daniels, Interim Executive Director</p>	<p>Jeff reviewed CHC budget current budget</p> <p>Seven months into the fiscal year 58.3% complete.</p> <p>Year to date revenue \$103.4 million dollars tracking at 62% of the budget</p> <p>Expenses are at \$85.5 dollars at 51% of budget.</p> <p>Reviewed January numbers as we are missing a slide</p> <p>Programs:</p> <ul style="list-style-type: none">Dental - losses have narrowed due to incentive payment from	<p>Will follow up once data is reviewed</p>		



	<p>CareOregon</p> <ul style="list-style-type: none">● Pharmacy - \$2.4 surplus● Primary Care - \$18.9 million dollars surplus● Student Health Center & HIV - \$221,629 dollars surplus <p>Program income:</p> <p>\$11.4 million dollars, 73% of revenue. Year-to-date program 80.9 million dollars or 78.6% revenue.</p> <p>Indirect expenses the FQHC that we pay the county for the indirect expenses that we pay the county. Year-to-date \$15.4 million dollars which is slightly below budgeted target.</p> <p>Missing data due to system errors.</p> <p>Vacancy:</p> <p>Currently 133 vacancies including duplicated and non duplicated vacancy.</p> <p>Non duplicated vacancy 115 currently actively in recruitment.</p> <p>Increase in roles that have been posted and a decrease of positions that are in the interview and hiring stage.</p> <p>Most of our work is in the posting stage with engagement and recruiting.</p> <p>Average vacancy length is high but has decreased since last month. Approximately 240 days, average which has mainly been pushed due to positions that have had long vacancies.</p> <p>Average time to fill = average time when a recruitment is posted to the final offer stage.</p> <p>Average time to fill: 84 days</p>			
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	<p>National average 69-75 days for clinical roles for comparison</p> <p>Financial impact from vacancy</p> <ul style="list-style-type: none">• No change in direct service roles• Small increase in lost revenue• Small increase in the number of duplicated in inactive<ul style="list-style-type: none">◦ Roles that are vacant but position are filled by agency staff or work out of class positions <p>1 current position that is a duplicated vacancy position that is not being filled because it is currently being filled by an agency staff or a work out of class position.</p> <p>Questions: No questions</p>			
<p>Meeting Adjourns</p>	<p>Meeting adjourns 8:13 PM</p>			<p>Next public meeting scheduled on 4/10/23 at McCoy</p>

Signed: 
Pedro Prieto Sandoval, Secretary

Date: 4/10/2023
Date: 4/10/2023

Signed: 
Harold Odhiambo, Board Chair

Scribe name/email:
Reyna Martinez-Martinez
reyna.martinez-martinez@multco.us