



Public Meeting Minutes
May 09, 2022
6:00 - 8:00 pm (Virtual Meeting)

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
Kerry Hoeschen – Member-at-Large
Dave Aguayo – Treasurer
Aisha Hollands - Board Member

Fabiola Arreola – Vice Chair,
Pedro Sandoval Prieto – Secretary
Tamia Deary - Member-at-Large

Susana Mendoza – Board Member
Brandi Velasquez – Board Member
Darrell Wade – Board Member

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

Board Members Excused/Absent: Kerry Hoeschen and Susana Mendoza

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
Call to Order / Welcome Chair, Harold Odhiambo	The Board Chair called the meeting to order at 6:05 PM A quorum was established with 8 members in attendance Lucia Cabrejos in attendance (Spanish interpretation)	N/A	N/A	N/A
Minutes Review - VOTE REQUIRED	Chair Odhiambo asked for approval or changes to the April 11, 2022 minutes. There were no errors or omissions suggested.	Motion to vote as presented: Dave Second: Aisha Yays: 8 Nays: Abstain: Decision: Approved		

**Genoa Tele-psychiatry
Change of Scope - VOTE
REQUIRED**

Bernadette Thomas, Chief
Clinical Officer, ICS

Bernadette Thomas, Chief Clinical Officer, is seeking approval for a new opportunity to expand access to telepsychiatry services in our clinics.

This program was pursued due to psychiatry services being scarce resources and not being able to recruit sufficient psychiatry providers to meet patient demand.

Genoa was selected as the pilot provider as these have worked with other public entities in FQHC. Genoa will assist ICS with workflows to integrate telepsychiatry practice and be available to all of our health centers.

Currently, we treat mild to moderate illness and we would like our services to complete the full scope of psychiatric illnesses at our health centers.

Our goals are to expand these services for patients that experience moderate to severe mental illness. We have requested a bilingual provider to reach our patient demographic. Additionally, we would like these services to serve our pediatric population.

Q : If we vote yes, how many clinics will this cover? What time would these services be offered?

A: Services would cover all patients at all health centers. We have contracted for 16 hours of service. If those fill up we intend to expand services. We don't know what the acceptance will be so we are trying the conservative model first. We intend to offer the services at current business hours of our clinics to provide flexibility for our patient needs.

Q: Do we have an idea of the relative costs between teleservices vs. if we were able to hire another full time staff or the equivalent staff we currently have?

A: The cost is economical for the Health Center. It is far less for what we currently pay for the provider. We don't pay for the fringe with this model so it saves the Health Center's money and has potential for expanding services without drastically increasing the cost for the service.

Q: Is there a threshold over which we start incurring a large amount of overhead? Or is it a per use expense so we're only paying for the actual services received on a per unit basis?

A: We pay by the hour for the service. We are able to bill to the insurance provider as well. It is cheaper than employing a provider and we would realize

**Motion to vote as
presented: Tamia
Second: David**

Yays: 8

Nays:

Abstain:

**Decision:
Approved**

	<p>the investment quicker with this service.</p> <p>Q: Is this a company contracted out or independent contractors?</p> <p>A: It is a company that their business in telepsychiatry specializes in developing workflows in health centers. They will provide the right provider for our health centers based on our needs. The company will remain with us, even after they place the provider. If, for one reason or another, the provider placed is not a good fit, then the company assists in finding another provider. That is a part of the cost for the service.</p> <p>Q: Will the company be able to place a provider that is able to understand and accommodate our patient population?</p> <p>A: We are requesting a bilingual provider and seeking specific credentials. We still will conduct the interview process, seek the desired credentials and have questions in order to choose a provider that has experience and will assist our diverse patient population.</p>			
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HRSA Progressive Action Update

Wendy Lear, Deputy Director, Multnomah County Health Department
Eric Arellano, Chief Financial Officer, Multnomah County
Jeff Perry, Chief Financial Officer, ICS
Brieshon D'Agostini, Quality and Compliance Officer, ICS

The Board has provided feedback and continues to track the Health Center resolution progress and monitor HRSA requirements to improve reporting . The Board was presented with a monthly report and 90 day analysis update.

Changes from last meeting and Board Member requests :

- Journal Entry was updated, adjusted and displayed for Board members to view with a summary page to view at a fund level
- Adjustment of funds and transfer of funds for the Health Center funds :
 - Stopped using sub funds within the general fund during the October period, no continued general fund
 - A memo was given to Board members describing the information and describing the adjustments to sub fund accounts to show that here are no longer continued adjustments
 - The Board requested on April 11 a cash transfer of funds for unspent resources to the Enterprise fund. A memo was provided to the Board and displayed a cash transfer report that shows all cash transfers for the Health Center. These are tracked across the full County and the \$9.2M total scheduled will be for May 19 approval.
- Balance Sheet Accounts -
 - Phase 1 : activity for an income statement is complete
 - Phase 2 is on track. Modifications were provided in the Boards packet showing a regular tracker list and an additional memo on the progress for the balance sheet
 - 216 accounts reviewed, bolded accounts are the ones with converted balances
 - Preliminary balance sheet expected at end of May
 - Sample Model is in the packet given to the Board packet with assets and liabilities were laid out
 - Balance sheet for facility cost and look more to more intensive report in June

Board Comments : Balance sheet was more readable and accessible

Q: Page 4 of the Board packet, August - December in percenticies, is the leftover going or where is it going?

A: (Adrienne Daniels): Board members to send a message to CHCB Liaison so presenters can directly respond to the area in the Board packet, as the exact

N/A

graphic and table was not clear from the question.

CHCB board will receive a 90 day report progress to let the Board know the changes on indirect costs specific cost of what HC is charging in regards to the board requests

Indirect Cost and Internal Services Charges

- New format in slides, to 5 categories which includes a report with the itemized detail for all indirect costs charges and internal service charges to show a snapshot of board finances showing where the indirect charges show up
 - Additional detail on the service charges shown on 4.1 by program area. Total of \$18M through March 2022
 - Detailed itemized detail report capturing all occupancy costs, unchanged from last month
 - More information on indirect expense algorithm
 - Additional detail on the service charges shown on 4.1 by program area. Total of \$18M through March
 - Space costs are shown by the existing algorithm vs. alternative.
 - The total Health Department pays is \$14M. The Health Center pays \$5.2M for facilities space.
 - Vacant space proposal so that the Health Department covers the costs to the health center. Would be credited \$123,921 for FY23. Also doing this for FY22. (The CHCB voted to accept this credit on their May 2, 2022 meeting).

Q: Medicaid is about 60 month period/5 years, will the credit go back?

A (Wendy Lear): No, we cannot credit back earlier as the fiscal year has closed. Medicaid and other payers regularly audit the County of these costs and there has not been a prior finding or concern on this method of allocating facilities costs. Costs of vacant space are generally considered operating as business costs

Q: What would happen if Medicaid costs were audited? What would that look like?

	<p>A (Wendy Lear): This is not very common. Vacant space algorithm is currently allowable. But if something was identified that is considered allowable there would be a process for recouping those funds in capacity.</p> <p>Q: Telecommunications and Data Processing has contractors or internal staff?</p> <p>A (Wendy Lear): We have an entire IT division so we do not do a lot of IT contracted personnel. This cost includes computers, networks, voice over IP, cell phones, desk phones, etc. Would include software costs. We have an entire IT division so do not do a lot of IT contracted personnel. Wendy can follow up on the proportion of contract vs. personnel.</p> <p>New reports included in this month's packet include the Projected Cash Balance report. Board members have access to this as a pdf and as an excel sheet.</p> <p>The HR Vacancy report was presented - the total number of vacancies remained relatively stable from last month. There were no questions.</p> <p>Brieshon D'Agostini presented the update on the HRSA 90 day report:</p> <ul style="list-style-type: none"> o New due date of June 14 o Separate response from previously presented but responds to the same two conditions, Board authority and responsibility and financial management and internal control systems o Do expect additional question and feedback from HRSA o Reviewed the three scenarios to develop the analysis. The CHCB Quality Committee has been reviewing the progress and will review the final draft analysis. 			
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<p>HRSA Progressive Action Update (Executive Session) <i>CHCB to receive confidential report in separate Zoom</i></p>	<p>Move into Executive Position pursuant to OR 192.660 sub section 2 section D. Council to move to a separate breakout room to present confidential updates not to be shared regarding Labor negotiations for their Federally Qualified Health Centers . Interim Director Adrienne Daniels presented updates on labor negotiations and the projected costs.</p> <p>Darrell departed meeting at 6:41 due to family emergency</p> <p>Interpreter difficulties during vote - (line disconnected) Pedro Sandoval's vote was not recorded but he attended the executive session.</p>	<p>Motion to vote as presented: Tamia Second:Fabiola</p> <p>Yays: 6 Nays: Abstain:</p> <p>Decision: Approved</p>		
10 Minute Break				
<p>Board/Committee Updates Harold Odhiambo, CHCB Chair Dr Aisha Hollands, CHCB CEO Search Committee Team Lead Tamia Deary, CHCB Member at Large and Quality Committee Lead David Aguayo, CHCB Treasurer</p>	<p>N/A - Postponed due to length of meeting.</p>	<p>N/A</p>		

Monthly Budget Report
Jeff Perry, Chief Financial
Officer, ICS

Jeff Perry, Chief Financial Officer gave a presentation on the monthly budget update

N/A

Year to date

- 75% complete through the year
- YTD revenue is \$113.8M = 72% of budget
- Expenses are \$98.3M = 62% of budget
- Surplus of \$15.5M expectation

March revenue

- Revenue \$14.4M
- Expenses \$12.1M
 - Surplus \$2.4M

Program Level YTD

- Dental has a \$5.2M deficit expected to grow by end of year
- Primary care \$4.9M gain
- Pharmacy \$6.5M gain
- SHC has a deficit of \$245K
- HIV \$418K gain
- Lab \$1.6M deficit

Billable Visits

- SHC exceeded the target for the month coming in at 77, target was 74
- Dental shows average visits of 277, target 363.
- Primary care billable visits dropped down to 430, target 689

Self pay

- Primary showed better than target 12.7 % vs. target 13.7%
- Dental showed better than target at 5.4% vs. target 8%

Primary Care Payer Mix

- Decrease in self pay; followed up with increase in CareOregon for quarter

Number of APM patients assigned by CCO:

- Number of patients increased by 73
- CareOregon decreased 58
- Trillium increasing 131

<p>Q1 Complaints and Incidents Kimmy Hicks, Project Manager, Quality Team (ICS)</p>	<p>Kimmy Hicks, Project Manager gave a review of the complaints and incidents for the first quarter of 2022.</p> <ul style="list-style-type: none"> • The Board was presented with the breakdown of the 161 complaints by race and ethnicity • The Board was presented with the complaints by program • New data is showing collective reporting • Most common complaint is the PAC and length of waiting • Reviewed top errors in incidents as well • Seeing impact and number of incidents around safety • Looking at ESL in the complaint process. We will continue to work with the Quality Committee to look at clinic breakdown and demographics <p>The Board asked about resolution pathways to complaints and what quality projects are coming out of these complaints and incidents. Kimmy shared that these are tracked and responded to as individual complaints. Quality improvement projects are developed based on trends and are overseen by the Quality and Compliance Officer (Brieshon D'Agostini).</p> <p>Q: A Board member asked, as a patient of SE and newly Rockwood, why does it take so long to send a complaint or get a Primary Doctor assigned?</p> <p>A: Kimmy and/or Linda to reach out and get the information from the Board member and respond.</p>	N/A		
<p>Executive Director's Strategic Updates Adrienne Daniels, Interim Executive Director, ICS</p>	<p>Interim Director Adrienne Daniels presented on strategic updates. Patient and Community Determined Work:</p> <ul style="list-style-type: none"> • New implemented and technology WELL • Develop process and policies on text messages for patients on feedback and scheduling appointments • Multiple types of outreach in various languages • Increase outreach to patients and receive a different opportunity for patient feedback <p>Adrienne presented a preview of an engaged and diverse workforce dashboard that's been part of a racial equity and diversity work over the past year . We are working to improve data management and reporting on finances, but additionally HR capabilities for workforce diversity we two main goals of this work :</p> <ul style="list-style-type: none"> • Trends we see in current workforce by race, ethnicity, gender and age 	N/A		

- to determine who stays, transfers and succeeds with our programs
- Working with that information, compare it to the diversity of our patient population. This data can assist with comparing it to who we're serving from a Community level and show what areas to consider in making more investments and partnerships, so that we can work further to reflect the diversity of our own patient population.

Financially Sound and Accountable :

- The Finance Committee was recently asked by the Board to revisit the current policy and Health Center surpluses and recommend a process for how the Board will review.
- The Finance Committee will meet this June to further discuss that and we're looking forward to reviewing how that process will be strengthened.
- In addition, the Board has also asked for the Health Center to apply for what's known as FTCA insurance coverage and we've kicked off that application process. We are in the process of gathering required documentation. Staff are attending an intensive two day training this month, so that they can also learn from other health centers who have gone through that process and begin to develop the right operating policies and procedures

Equitable Treatment

- In February the Board voted to expand our services for substance use disorder support. We have now successfully hired to staff to support and kick off that service within our primary care clinics
- Dental team has been working with outreach call staff to prioritize and work with the BIPOC population. As of January, we have seen 770 successfully scheduled.
- Purchased a pharmacy 'robot' that can create custom pouches for patients that take multiple prescriptions a day and reduces the chance that a patient forgets to take a medication or take the wrong combination of medications

Board Project and Special Requests :

- The Executive Committee has been speaking with the County Facilities Director on what costs of maintaining County building space vs. external commercial leases. The Facilities Director will be presenting to the Board in June on those comparable costs.
- Development of discretionary fund: The Finance Committee will

	<p>develop further recommendations related to the process to oversee that fund, as well as manage it.</p> <ul style="list-style-type: none"> • FTCA Coverage: Document gathering has kicked off. • Northwest Regional Primary Care Association Training Opportunity for Board Members : <ul style="list-style-type: none"> • Virtual summit starts on May 16 and it is available to Board Members. Training can assist with finance practices as well 			
Meeting Adjourns	<p>The Board Chair adjourned the meeting at 8:16 PM. The next public meeting will be on June 13, 2022 via Zoom.</p>			

Signed: _____ Date: _____
Pedro Prieto Sandoval, Secretary

Signed: _____ Date: _____
Harold Odhiambo, Board Chair

Minutes approved, virtually, at the June 13, 2022 Public Meeting

Scribe taker name/email: Crystal Cook crystal.cook@multco.us