



CHCB Public Meeting Meeting Minutes December 12, 2022 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

Fabiola Arreola – Vice Chair (*Absent*)

Pedro Sandoval Prieto – Secretary

Tamia Deary - Member-at-Large

Kerry Hoeschen – Member-at-Large

Darrell Wade – Board Member

Brandi Velasquez – Board Member

Aisha Hollands - Board Member

Susana Mendoza -Board Member
(*Absent*)

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

Board Members Excused/Absent:

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
Call to Order / Welcome Harold Odhiambo, CHCB Chair	Meeting begins 6:04 PM Fabiola and Susana are absent. We do have a quorum with 7 members present.			
Minutes Review -VOTE REQUIRED Review November Public Meeting minutes	No errors or omissions stated.	Motion to approve: Kerry Second: Darrell Yays: - 7 Nays: - 0 Abstain: - 0 Decision:		



		Approved		
Executive Director Update Harold Odhiambo, Board Chair Dr. Aisha Hollands, Executive Director Recruitment Committee Chair	Harold is giving an update on the Executive Director Negotiations. In November, the Board decided on a first choice candidate, Miku Sohdi. We are on the path of negotiations regarding a start date. Our wish was that the candidate would start Jan/Feb. However, given the magnitude of the role, we are still in discussion on this timeline.			
ICS.04.16 Feedback and Complaint Policy - VOTE REQUIRED Brieshon D'Agostini, Quality and Compliance Officer	<p>Brieshon is here to review the updates and changes to ICS.04.16 Feedback and Complaint Policy.</p> <p>Overview</p> <ul style="list-style-type: none"> • Last updated Nov 19, 2019 • Required by HRSA, Joint Commission, and County policy • Reviewed by REDI Policy Task Force, Quality Team and stakeholders, and CHCB Quality Committee <p>Summary of Changes</p> <ul style="list-style-type: none"> • Internal and external pathways for submitting complaints <i>Ongoing work to update patient materials</i> • Update approver/point of contact • Operational updates and clarifications, including escalation process • Reorganizing for easier reference 	<p>Motion to approve: Tamia Second: Pedro Yays: - 7 Nays: - 0 Abstain: - 0 Decision: Approved</p>		



	<p>Q: ICS was crossed off and was replaced by CHC?</p> <p>A: Yes, we are changing the terminology for consistency. ICS will be replaced by CHC where appropriate.</p> <p>Q: Is there a communications strategy around making sure staff knows the transition from ICS to CHC language?</p> <p>A: I have been moving to this language where it is appropriate/approved by the health center. You might still see ICS in some cases.</p> <p>A: The Board has let us know that they prefer CHC. You might still see ICS/Integrated Clinical Services in some documents, but we are updating where necessary/appropriate.</p> <p>Q: When a patient makes a complaint, how can we make sure the complaint is heard?</p> <p>A: If the pt wants follow up, we will make sure that happens. If the pt does not want follow up, we make sure that we still document it so we can reference it if necessary.</p>			
<p>ICS.04.18 Patient Rights and Responsibilities - VOTE REQUIRED</p> <p>Fred Dolgin, Health Center Operations Officer</p> <p>Anirudh Padmala, Interim Deputy Director</p>	<p>Fred here to review updates and changes to ICS.04.18 -Client Rights and Responsibilities Policy.</p> <p>This policy describes client rights and responsibilities, and centers on the core tenets of safety, trust, and wellbeing of Health Center staff, clients, and other visitors, with the ultimate goal of clients receiving high quality care.</p> <p>New updates on the policy:</p> <ul style="list-style-type: none"> Names of Approvers, point of contact for policy Update CHCB name and acronym Clean up of names to bring consistency, use “client” instead of 	<p>Motion to approve with suggested changes: Tamia</p> <p>Second: Kerry</p> <p>Yays: - 7</p> <p>Nays: - 0</p> <p>Abstain: - 0</p> <p>Decision:</p> <p>Approved</p>	<p>Fred/Anirudh :</p> <p>Amend language.</p> <p>Community health center language to be substituted for ICS as</p>	



	<p>“patient” per recommendations of REDI committee.</p> <ul style="list-style-type: none">• Clear language around the responsibilities of clients towards staff, other clients, and visitors.• Additional references in the references and standards section• Update content and links in Attachments section <p>Staff and Clients were engaged in review–</p> <ul style="list-style-type: none">• REDI task force reviewed this policy form an equity lens• Pharmacy staff had high levels of engagement and feedback – those who were on the receiving end of aggressions, trauma, including microaggressions <p>In action, this policy looks like:</p> <ul style="list-style-type: none">• Emphasize our values on creating a welcoming environment for clients and staff together• Posting in multiple languages to meet Joint Commission requirements and visibility accessibility <p>Q: Does changing the word “patient” to “client” change who we are working with? We did not vote to change this term.</p> <p>A: We decided to make this change, maybe not in an official capacity, at the strategic board retreat in 2021.</p> <p>A: We are aiming for consistency, uniformity, to cover all the different types of care we provide at the health center. A client is more comprehensive of the services we provide, i.e. people who come in for services, but also preventive and supportive services.</p> <p>A: There is a big debate over whether we should say client or patient. One of the main arguments we have heard is that when we say the word patient, it can conjure a power imbalance. A “patient” listens to what they</p>		appropriate.	
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	<p>need to do to stay in our care. Using the word “client” gives more agency to the individual. They are able to get care elsewhere. There is some background about not wanting to use the word patient for those reasons.</p> <p>Comment: Client does not necessarily mean a patient. I’m glad you were able to clarify that. A client is also someone who might provide services to the health center. I’m glad we were able to get clarity as we move ahead.</p> <p>Comment: We have addressed the importance of consistency of language, but I am not seeing this here. Can we adopt this policy with the suggested changes of using “Community Health Center” where appropriate.</p> <p>Motion to approve this policy, with the amendment that community health center language be substituted in, as appropriate.</p>			
<p>CareOregon Dental Collaborative Quality Improvement Plan - VOTE REQUIRED Azma Ahmed, Dental Director</p>	<p>Azma is here to discuss the Multco CHC/COD Collaborative Quality Improvement Project.</p> <p>Overview: CareOregon has a special interest in us as we serve more than half of their patients.</p> <ul style="list-style-type: none"> • This is a multi- year partnership opportunity with CareOregon • Overall goal is to improve patient access and engagement, and oral health outcomes • The landscape is changing for healthcare systems and we need to adapt – Primary care is ahead of dental in the area of value-based care. We want to address the health of our population and where we can improve. <p>Leading with Health and Racial Equity to address oral health disparities:</p> <ul style="list-style-type: none"> • Quality and Health Outcomes 	<p>Motion to approve: Tamia Second: Darrell Yays: - 7 Nays: - 0 Abstain: - 0 Decision: Approved</p>		



	<ul style="list-style-type: none"> • Access and Engagement • Patient Experience • Workforce • Collaboration <p>Funding and project implementation will be completed in phases.</p> <ul style="list-style-type: none"> • Phase I funding from Care Oregon Dental : ~\$950,000 <ul style="list-style-type: none"> • Hiring project manager: This person will put together a business plan and budget for the overall project • Able to hire additional staff necessary for this project • Perform review of our overall data collection pathways to determine what can be used and what we need to build • Will be used for planning and additional staffing necessary to carry out and sustain project deliverables • Will be released to ICS from COD before the end of this year or early 2023 			
Test to Treat Grant - VOTE REQUIRED Debbie Powers, Deputy Director, Clinical Operations and Integration	Debbie is here to present on the Test to Treat Grant. <ul style="list-style-type: none"> • The Oregon Primary Care Association (OPCA) is allocating funds to several community health centers (CHC), including the Multnomah County CHC, throughout the state of Oregon to support and expand COVID-19 testing and treatment services to disproportionately impacted communities. • The pass-through funding is a total of \$250,000 from July 2022 through June 2023. • The goal of the pilot program is to provide COVID-19 treatment to existing health center clients and community-wide target populations including migrant seasonal farmworkers, individuals 	Motion to approve: Pedro Second: Aisha Yays: - 7 Nays: - 0 Abstain: - 0 Decision: Approved		



	<p>experiencing houselessness, racial and ethnic minorities, refugees, and immigrants.</p> <ul style="list-style-type: none"> The FQHCs will then share lessons learned with OPCA for the purposes of developing a toolkit or guide on the Administration of COVID 19 Treatments in Primary Care. <p>Health Center Use of Funds:</p> <ul style="list-style-type: none"> Pharmacy distribution of free COVID-19 Home Test Kits to clients and their households Support personnel costs to triage clients who report positive tests for evaluation of treatment Supplies and communication materials– so people know how to connect back to the clinic, especially if you are someone who has not been seen at the clinic. <p>Q: Will this give you enough money to do all the things you have listed in your goals?</p> <p>A: We think so, at least at first.</p> <p>Q: What would you prioritize if it turns out not to be enough money?</p> <p>A: This is additional funding for the work we're having to do. For prioritization– expanding to household numbers may get tricky, but I don't see that being an issue in the next year or so.</p>			
10 Minute Break	7:06-7:16 PM			
<p>Labor Relations Updates</p> <p>Adrienne Daniels, Interim Executive Director</p> <p><i>Bargaining and Negotiation Updates</i></p>	<p>CHCB received confidential reports in a separate meeting room related to bargaining and labor agreements.</p>	<p><i>Motion to approve:</i></p> <p><i>Aisha</i></p> <p><i>Second: Darrell</i></p> <p>Yays: - 6</p> <p>Nays: - 0</p> <p>Abstain: - 0</p>		



<p>(Closed Executive Session)</p> <p><i>CHCB to receive confidential report in separate Zoom</i></p>		<p>Decision: Approved</p>		
<p>Executive Officer Election Results Hailey Murto, Board Liaison</p>	<p>Hailey is here to announce the results of the 2023-2024 CHCB Executive Officers election.</p> <p>Nominating Committee worked to fine-tune elections process. Fabiola, as Nominating Committee Chair, validated the results but individual votes were kept confidential.</p> <p>Executive Officers for 2023-2024:</p> <p>Vice-Chair: Tamia Deary Treasurer: Darrell Wade Member-at-Large: Bee Velasquez</p> <p>Thank you to everyone who ran. Thank you to Fabiola and Tamia, for their roles in vice-chair and member-at-large. Congratulations to our new Executive Officers!</p>			
<p>Monthly Budget and Financial Reports Jeff Perry, Chief Financial Officer, ICS Adrienne Daniels, Interim Executive Director</p>	<p>Health Center is showing \$7.3 million surplus.</p> <p>Pharmacy: \$1.3 million surplus, primary care: \$10.3 million Program income: 70% of total revenue.</p> <p>SHC: 56 billable visits, tracking below last year Dental: 272, tracking above last year about still below target</p>			



PC: 474, tracking below last year, and tracking below target

CareOregon has moved up to 69% of our mix.

Vacancy Report: 143 total vacant positions.

Decreases in total non duplicated vacancies, non duplicated not posted and non duplicated posted for recruitment

Increase in interview or final hire stage (usually a good sign).

Increase in both average vacancy length and average time to fill.

Increase in total FTE associated with direct revenue vacancies and estimated sum of lost revenue (\$5.7 million)

- Increase in the past month of total estimated financial impact, likely associated with total number of provider vacancies
- Note: List includes “on call” and non-permanent roles

Intended vacancies:

Increases in total, duplicated inactive vacancies. No change in FTE associated revenue, slight increase in estimated sum of lost revenue.

Q: When we talk about the number of vacant positions, would it be possible to send board members the highlights on the number of vacancies? They are still high. It might be helpful if you could break down those numbers by position, so we can see the larger trends in vacancies. We are getting into another fiscal year, what is being done to address this?

A: Yes, I do address this in strategic updates. We got a new recruiter to address health center provider roles. Recruitment and advertising. There



	<p>was also a week-long event hosted by Kaizen, to look at the ways we waste time and effort. This will hopefully improve cycle times and hiring timelines. In the board packet, there is a full listing of the 147 positions that are currently vacant in the health center. I would be happy to highlight these vacancies, but would like to bring the board's attention to this in the board packet.</p>			
<p>Executive Director's Strategic Updates</p> <p>Adrienne Daniels, Interim Executive Director</p>	<p><i>Patient and Community Determined: Leveraging the collective voices of the people we serve</i></p> <ul style="list-style-type: none"> • Regional patient advisory committees kick off • Influenza Vaccine Dashboard now piloted <ul style="list-style-type: none"> ◦ Flu vaccines delivered by both primary care and dental staff, including dentists and hygienists <p><i>Engaged, Expert, Diverse Workforce which reflects the communities we serve</i></p> <ul style="list-style-type: none"> • Provider recruiter specialist - offer made! • Kaizen event held over four days to identify improvements in the recruitment cycle - multiple process measures identified to decrease cycle times and hiring timelines <ul style="list-style-type: none"> ◦ Example: Reduction in average posting to onboarding could save >30 days • Adjustments in pay for Medical Assistants will take effect based on equity analysis. <ul style="list-style-type: none"> ◦ Will help align with local market changes in pay • Agreement with union partners for launch of our workforce training program <ul style="list-style-type: none"> ◦ Includes partnership work with Portland Community College and Care Oregon to train Expanded Function Dental Assistants and Pharmacy Technicians <p><i>Supporting Fiscally Sound and Accountable practices which advance health equity and center on racial equity</i></p>			



- Budget season will kick off this month
 - Board members completed budget planning on December 5. Emphasis to plan for value based care, where we can be innovative, staff retention, and identify support for PCC transition
 - Board Budget survey to be sent out for feedback as well
 - Feedback will be used to develop draft budget plans with our Board Finance Committee
- Dental Quality Performance from 2021 released
 - Met goals in preventative dental care outcomes, including excellent performance in fluoride varnish
 - Highest performance amongst all other health centers for Diabetes management in Latinx populations!!!
 - Performance means that we hit our anticipated quality incentive payments

Equitable treatment that assures all people receive high quality, safe, and meaningful care.

- HRSA Notice of Award-
 - Our 3 year health center re-awarded
 - This 330 funding provides critical access to our uninsured patient populations, quality programs, and infrastructure
 - NEW HRSA funding also to be released for all health centers for COVID19 support
- Ongoing pandemic response and staffing
 - Evaluating access options for our downtown corridor-staffing shortages disproportionately impact two clinics and may need to evaluate operational access to preserve access to care

Facilities Cost:

- Facilities director completed analysis and presented to executive committee and full board in June
- Vacant space costs for FY23 have been credited and work is in progress for crediting FY22.



	<p>Discretionary Fund</p> <ul style="list-style-type: none">• Completed with updated policies approved by the CHCB <p>FTCA Coverage</p> <ul style="list-style-type: none">• Board received proposed new policy on 11/14 meeting - application to be submitted in 2023 after CHCB approval. Directors and Officers Insurance evaluation underway– quotes expected in January 2023. <p>Legal Counsel Contract: Completed</p> <p>Data and Privacy Consultant: Completed- Executive Committee for CHCB received final report and recommendations. Quality and Compliance Director establishing one year plan.</p> <p>Media and Advocacy Opportunities:</p> <ul style="list-style-type: none">• RSV awareness and support with public health partners in communicating preventive practices• World AIDS day• Advocacy and testimony submitted regarding rule changes for Board of Pharmacy <p>Financial Policy Updates: Completed</p> <p>ICS Department Analysis:</p> <ul style="list-style-type: none">• Policy Decision of the County Chair.• Information gathering for analysis of staff, costs and additional infrastructure in progress <p>Q: Newer dental clinic, out of OHSU, is that impacting us in any way in terms of staff or any way we can anticipate in the future?</p> <p>A: OHSU- Russell St Clinic. It is close-ish but on the other side of the river. I haven't heard of this clinic, but we can look into that but we have not seen impacts from OHSU-Russell St. Most of our patients from Billie Odegaard are in Old Town.</p> <p>Q: When you talk about these two clinics with staffing, could you highlight more about that? Is that because of the environment in downtown Portland?</p> <p>A: We are competing for a small group of highly specialized staff. We recently hired two new staff members, but they gave feedback about safety issues, as well as high cost of parking. They did decide to leave. However, we serve safety net populations, and that means being where folks live work and play. But yes, location does impact staffing in some for some of our clinics.</p>			
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Meeting Adjourns	Meeting adjourns 8:15 PM			Next public meeting scheduled on 1/9/22
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Signed: _____ Date: _____
Pedro Prieto Sandoval, Secretary

Signed: _____ Date: _____
Harold Odhiambo, Board Chair

Scribe taker name/email:
Hailey Murto
hailey.murto@multco.us

Minutes approved, virtually, at the January 9, 2023 Public Meeting