Community Health Council

Community Health Council Board Meeting Minutes
Date: Monday, May 11, 2020
Time: 6:00 PM
Location: Webex

Approved: **Recorded by:** Liz Mitchell

Attendance:

Board Members	Title	Y/N
"D"eb Abney	Board Member	N
David Aguayo	Board Member	Y
Fabiola Arreola	Vice Chair	Y
Jon Cole	Member-at-Large	N
Tamia Deary	Member-at-Large	Y
Kerry Hoeschen	Board Member	Y
Iris Hodge	Board Member	Y
Harold Odhiambo	Chair	Y
Susana Mendoza	Board Member	Y
Pedro Sandoval Prieto	Secretary	Y
Nina McPhearson	Board Member	Y
Staff/Elected Officials	**Title**	**Y/N**
Patricia Charles-Heathers	Health Department Director	Y
Adrienne Daniels	ICS Deputy Director	Y
Amy Henninger	Interim Medical Director	Y
Michele Koder	Pharmacy and Lab Services Director	Y
Wendy Lear	Deputy Director Business Operations	Y
Bob Leek	Director of County Assets/Chief Info Officer	Y
Liz Mitchell	Executive Specialist for Pharm & Lab Director	Y
Linda Niksich	Community Health Council Coordinator	Y
Christine Palermo	Dental Program Manager	N
Len Barozinni	Interim Dental Director	Y
Lucia Cabrejos	Spanish Interpreter	Y
Debbie Powers	Primary Care Clinical Deputy Director	N
Dawn Shatzel	Interim ICS Primary Care Director	Y
Tasha Wheatt-Delancy	Interim ICS Director	Y
Breishon D'Agostini	Primary Care Innovation and Strategy Manager	Y

Guests: Meera Bowman-Johnson, Ava Ellis, Pari Mazhar, Bob Ryan

Action Items:
- Wendy Lear will have the budget targets included for previous years for the student health center.
- Linda will have the application/survey translated into Spanish.

Decisions:
- Approved the April 2020 meeting minutes
- Approved Scope Change for SEHC Renovations (Option #2)
- Approved Annual Quality Plan Update
- Approved Board Member Application/Survey Update

Reports Received:
- Monthly Budget Report

The meeting was called to order at 6:07pm by Harold Odhiambo.

The Meeting Ground Rules (special considerations for online meetings) were presented by Board Chair, Harold Odhiambo.

Board attendance was taken by roll-call. Noted that quorum was met.

April 13, 2020 Meeting Minutes Review (Vote required)
(See Document - April CHC Meeting Minutes)

No questions or comments were raised by CHC members

Motion by Iris to approve the February 2020 Meeting Minutes.
Seconded by Kerry
9 aye; 0 nay; 0 abstain
Motion carries

Monthly Budget Report- February 2020
(See Document-Monthly Dashboard February 2020)
Wendy Lear - Deputy Director of HD Business Operations

Wendy Lear reviewed the February 2020 Operational/Billables Dashboard. The average billable visits have been pretty consistent through the month of February. Wendy stated that we will see these results take a dramatic change in March because of the operational changes that have been made. Uninsured patient visits for Primary Care were slightly higher than anticipated, and dental has been considerably lower.

Care Oregon members have increased because Providence members became Care Oregon members January 1st. Care Oregon is our largest insurance payer. Care Oregon pays about 44% of our actual charges.

At the end of February we should be at 67% of our budget because February marks 67% of the fiscal year. Revenue is at 61%, expenditures are at 64%. This results in a $4.2 million shortfall. Wendy noted that March expenditures will stay relatively similar to February, but with the temporary closures the revenue of patient fees will indicate a decline because of the temporary closure of some clinics.

Question: Kerry asked will we really see a down turn as quickly as March or will there still be revenue from outstanding bills?
Answer: This is a modified accrual so we can estimate what we expect to collect in March.

Question: Harold asked what is the effect of Providence patients going to Care Oregon?
Answer: The change should have no effect on members, Care Oregon has a similar benefit package to Providence. Should be a slight improvement financially because Care Oregon pays us for quality and performance based on member assignments.

Question: Pedro asked on page 2 why is there a red line on the student center that is only from July 19th to February 20th.
Answer: Wendy says that reflects the student health centers are closed in the summer. We restart the budget estimate in September, that's why it looks a little odd compared to the other slides. **ACTION ITEM:** Wendy will ask her staff about inserting the budget targets for previous years for the student health center.

Scope Change for SEHC Renovations (Vote Required)
(See Document Multnomah County Southeast Health Clinic (SEHC) Structural Repair)
Director of County Assets and Chief information Officer, Bob Leek
Interim ICS Director, Tasha Wheatt-Delancy

Bob gave a brief history of the building, in 1989 the building was expanded to accommodate dental and pharmacy. In January 2018 there was concern that the wall and the floor were separating from each other. It was discovered that there was water damage in the structural beams of the new addition. The beams have been temporarily shored up for the safety of the staff, but the beams need to be replaced along with siding. After working with structural engineers and the city of portland 3

different options have been formulated for the construction. The best option would be Option #2, a phased approach. The process needs to start now because of the long lead times, and we need to contract with a manufacturing company to build the beams . The construction will take 3 to 6 months once the beams are delivered. Estimated construction time, May - Oct of 2021. Primary Care and Dental will be temporarily relocated to the North Portland Clinic or patients will be routed to other clinics more convenient for the patient, the pharmacy will stay open.

Tasha spoke about the impact on patient care using option #2. Dental will relocate to the North Portland clinic for the duration of construction. Currently there are four operatories, but we will be able to add two more to have capacity to serve all of the patients . If the North Portland Clinic is not a good option because of location, patients can go to a closer location. Pharmacy will remain open because there are no impacts to that area. Primary Care and staff will be relocated to other clinics, but we will try to make it a clinic that is as close to SE as possible to limit patient impact. Tasha encourages everyone to look through the document because there are a lot more details.

Bob also stated that following the county process large projects like this have to be presented to the Board for permission to do each phase. The next phase is design, and that is estimated to cost $880,000.00. Total estimated cost is $3.7 to $4 million dollars to be funded by the county. Projected to be completely finished by November of 2021.

Question: Tamia asked if this is money that is already budgeted or will it have to be found in an upcoming budget.
Answer: When we originally discovered the issue we estimated the total cost of the project, the money was set aside. This was already budgeted.

Question: Harold asked why aren't there any other options being considered, why weren't they recommended? What is the impact on clinical revenue?
Answer: Bob says the option we are recommending is the least expensive and shortest timeline option. This option is approximately $1.4 million less expensive and 5-6 months shorter timeline.
Answer: Tasha stated that the 1st page of summary gives details to describe the outcome if there is a yes from the council, projects the revenue losses; best case $1.3 million and worst case scenario could be $2.3 million in revenue loss.

Question: Tamia asked will patients be able to request a location of another clinic?
Answer: Tasha says yes as long as there is capacity for transfer.

Question: Harold asked if this is the projected loss, will it affect patient services or the staff, how will we make up for those losses?
Answer: Tasha said from program level we will do our best to mitigate loss and negative impact patients. There will be some exam rooms available for primary care, and we are asking our infectious disease specialist and facilities team for an assessment to see if we could have a small footprint of services at Southeast that will be untouched. There will possibly be 6 exam rooms, a team room, and a few offices. But with noise and dust, that may not be an option. Planning for transition to make sure we mitigate the impact on patients.
Answer: Bob says we are going to work closely with clinic leadership to try to mitigate that loss and the impact. These estimates are somewhat conservative because the next phase will help us refine our plan. We will do our best to minimize impact and explore every option.

Question: Tamia asked who will be the point person for patient harm mitigation.
Answer: Interim ICS Deputy Director, Kate Cooper will help support that as well as operations. We will have a team of people involved with that. We will be getting patients' feedback, recommendations, and input. We have an operations team across the various programs. The quality team will be involved from a number of perspectives; infection prevention, as well as getting input and feedback and recommendations from patients.

Question: Susana asked are you going to be doing a survey to patients to see how they feel about it, or is this a plan that has already been decided to take place?
Answer: Tasha says this is a two part answer. On page 1 the county building expenses, and the construction repairs live within the authority of the Board of County Commissioners. The service hours, the service provisions, those pieces live within the authority of the Community Health Council. My answer for you when you ask if this is a "final decision" in terms of service hours, or closing, or those things. That lives within the decision making of the Community Health Council so that would be a resounding "no". For what may be in the budget for repairs, that is a conversation with the Board of County Commissioners and Chair Kafoury. The closing, the hours, those particular pieces live within the Community Health Council.

Question: Susana stated that her concern as a patient, I am a patient at this location. If I am told that I have to go to North Portland, that's very far away. If I had to travel in a car that would be one thing, but to take public transportation all the way to North Portland, that is a long way, and most of these patients are taking public transportation. I would not be okay with this.
Answer: Tasha replied that we hear your concerns and that is why we are looking at a couple of different options in terms of patient choice and patient options in terms of; is

there a closer clinic that would work better for each patient. We still have a lot of work to do. But to your point, looking at the impact on patients at large and the impact on you yourself being a patient there, that is why this decision has to be presented to the Community Health Council.

Question: David asked do you have any idea of what the retention rate would be for patients when we transfer them over? Once we transition back, what idea do we have about those retention rates as well? The loss of revenue will be a little over $2 million, is that right?
Answer: Tasha says the ramp up loss and best case, your total is accurate. That's why Bob is trying to get this started so that we will have less impact on the timeline for closure. These are the preliminary projections.

Question: Tamia says I want to confirm these are all pre COVID-19 estimates. Was moving the Southeast Clinic to a rented space an option that was considered?
Answer: Tasha says yes, these projections are separate from COVID-19 impact. These are specific to the Southeast Clinic project.
Answer: Bob stated that options were explored for other spaces, but there are very stringent requirements in clinical space especially if you combine Primary Care and Dental Care. There isn't a market for Primary Care or Dental Care spaces. If we were to build out another clinic the cost of a room is about $150,000.00. To match the capacity at another location we would be looking at a significant project loss, and that would be a completely different project than what we are presenting here. We have to do this work because we own the building and the damage is to the structure of the building. Not doing the work is not an option. We are now ready to proceed with those next steps. That's why we have come to this venue to share what we have learned through all of the planning work we have done.

Question: Tamia says she has concerns about North Portland Health Center being able to handle the capacity, if there is a significant uptick in patients because of COVID-19 repercussions. How are we going to prepare for that? I am Concerned about making quick decisions that don't take into consideration the future when all of the planning was done.
Answer: Tasha says Bob is right the repairs have to be done. How it's done and the impact on patients are outstanding questions, and I appreciate you asking about the how and what it will look like. 2 Parts to that. We are working with the primary care leadership team to look at provider and team vacancies right now and looking at hiring strategies so we will have capacity. Also working with Care Oregon to get a sense of how many patients will be coming in. Looks like it is just trickling in at this time, but we anticipate we will see a burst of new patients in June or July. We are prioritizing hiring providers.

Motion by Tamia to approve Scope Change for SEHC Renovations (Option 2).
Seconded by Fabiola
8 aye; 0 nay; 1 abstain
Motion carries

Annual Quality Plan Update (VOTE REQUIRED)
Integrated Clinical Services (ICS)
Document 2020 Quality Management Plan
ICS Deputy Director and Interim Quality Director, Adrienne Daniels

Adrienne explained that every year the CHC has an obligation to review annual quality plans to ensure the clinics continue to have good outcomes for patients and the community. We complete this process in May. The quality plan packet includes the entire plan. Adrienne explained the quality goals and their objectives because these are the sections that changed. The 2020 patient service area goals are divided up into Medical, Dental, Pharmacy and their goals are to maintain a very high level of patient satisfaction.

Medical wants to maintain their high level of patient satisfaction, and they are looking at the difference in responses by language and race to understand the difference in how people experience care satisfaction. Also want to increase My Chart enrollment by 5 percentage points because they believe this will improve patient satisfaction and access to care.

Dental has a goal to increase co-engaged patients by 5 percentage points. Co-engaged patients access services in medical and dental.

Pharmacy just started using satisfaction surveys, their goal is to achieve the same satisfaction level at the Primary Care Program.

The second part of the plan is focused on specific disease management. These are illnesses that patients frequently experience. One of the major illnesses focused on nationally is diabetes. Diabetes is going to be a major focus area for all of our care lines.

Medical has 2 specific goals. One is for all team members to use performance dashboards. The other is to update Diabetes Care Pathway to include behavioral health support.

Dental goal is to increase access to exams for people with diabetes because there is correlation between diabetes health outcomes and the health of your mouth.

Pharmacy will continue to focus on diabetes, but also hypertension. This was determined by Healthshare. Healthshare determines the annual goals for every health center they have a contract with.

To support these goals:

Medical will continue to use the Cultural Spotlight newsletter to highlight resources and cultural preferences for care. Monthly reviews of dashboards related to care, outreach to patients to enroll in My Chart. Survey patients about our diabetes program later in the year.

Dental will be trained to use WISDOM for outreach to co-engaged patients. Also Dashboards to track diabetic patients access to oral health.

Pharmacy will provide patient feedback cards to be reviewed monthly at meetings. The Quality Improvement Team will work with Pharmacy on questions to ask during patient survey calls. Primary Care teams will continue to work with clinical pharmacists on treatment plans.

No questions or comments were raised by CHC members

***Motion by Iris to approve the* Annual Quality Plan Update**
Seconded by Kerry
9 aye; 0 nay; 0 abstain
Motion carries

COVID-19 Updates and ICS Strategic Updates
Interim ICS Director, Tasha Wheatt-Delancy

Tasha recapped the operation changes she covered last month. We are working on a plan to re-open Multnomah County. The Health Department is developing a strategic plan to reopen. The focus will be on contact tracing, more testing, and data collecting. ICS will play a critical role in reopening, specifically around testing. There have been a few days of community testing. Continue to work on a larger plan with Public Health. Testing for the community.

ICS Strategic Updates
Interim ICS Director, Tasha Wheatt-Delancy

Quality & Safety:
Slow ramp up over the next 2 months following Governor Brown's criteria. Dental services to resume, pharmacy to start clinical visits, and Primary care to start slow increase in office visits.

Person-Centered & Culturally Relevant:
Strategic plan for disparities in the LatinX community was the focus of low barrier testing in the East County community this past Friday.

Engaged, Expert and Diverse Workforce:
Tasha acknowledged lab staff and the outstanding work that they do. It is essential to determine diagnosis and treatment for patients.

Fiscally Sound and Accountable:
We have received about $4 million from HRSA COVID-19 Funding, and additional Incentive dollar and Gap funding from Care Oregon.
We still have to close out FY20 ends June 30 which could be a potential loss of $16 million revenue loss. Going to be looking to apply a fair amount of those funds, and Tasha may have to go to the board in regards to the beginning working capital to close out fiscal year 20. Not a clear plan yet, but wanted to make you aware of that.

No questions or comments were raised by CHC members

Council Business Committee Updates

Council Business Committee Updates

Quality Committee Updates
Committee met with leadership on May 5th. Members are "D"eb, Iris and Nina
Iris provided an update of the meeting to the board:

Adrienne gave us an overview of what everyone received tonight. The Quality Committee continues to push for ways to improve ways to get patient feedback. We want to make sure potential barriers are eliminated for patients that don't speak

English. Adrienne added an amendment to include analyzing potential disparities and differences in patient satisfaction by language and race, so that we keep monitoring this.

The Executive Committee met on April 27, 2020

- Discussed Iris' desire to join the executive committee.
- The Executive Committee supports this action.
- The ICS Director Hiring Committee, along with HR, Adrienne, and HD Director, Patricia, concluded interviews with the recruiting firms.
- Discussed challenges of continuing board work during this pandemic.
- Addressed barriers in participating that board members may experience.
- Please reach out to Linda if you experience any barriers in participating. We will do what we can.
- Projects that have been postponed
    - Rebranding
    - Grand opening of Reynold high school student health center
- Discussed likely potential budget cuts due to COVID-19
- Crafted tonight's agenda

Board Member Application/Survey Updates (Vote Required)

- Last month approved an update to the Board Composition Matrix to include more skills and pronouns.
- The Board Member Application/Survey has been updated to match the updates to the matrix.
- Because this is a working document for the board, board approval is required.

Question: Kerry, would there be a way to add a question about if a board member is interested in something they want to learn more about or be involved with as well?

Answer: Linda says the slides don't show all of the questions, but there is a question on the application/survey that asks just that.

Tamia says number 7 is the question Kerry is talking about.

Kerry confirmed number 7 was related to what she was asking.

Question: Pedro asked if the updates to the document will be translated into Spanish as well.
Answer: Linda said absolutely. **ACTION ITEM:** Linda will have the application/survey translated into Spanish.

Motion by Tamia to approve Council Business Committee Updates.
Seconded by Nina
9 aye; 0 nay; 0 abstain
Motion carries

Meeting Adjourned at 8:10 pm.

Signed:_____Date:_____
Pedro Prieto Sandoval, Secretary

Community Health Council
Public Meeting Agenda

Monday, May 11, 2020
6:00 - 8:00 pm
(via Webex teleconference)
Public Access Call: +1-415-655-0001
Access code: 923 579 201

Integrated Clinical Services Mission: "Providing services that improve health and wellness for individuals, families, and our communities."

Our Meeting Process Focuses on the Governance of Community Health Centers -Meetings are open to the public -**Guests are welcome to observe/listen** -Use timekeeper to focus on agenda -Please email questions/comments outside of agenda items and for guest questions to linda.niksich@multco.us
Council Members "D"eb Abney; Dave Aguayo (Treasurer); Fabiola Arreola (Vice-Chair); Jon Cole (Member-at-Large); Tamia Deary(Member-at-Large); Iris Hodge; Kerry Hoeschen; Nina McPherson; Susana Mendoza; Harold Odhiambo (Chair); Pedro Sandoval Prieto (Secretary)

Item	Process/Who	Time	Desired Outcome
Call to Order/Welcome	• Chair, Harold Odhiambo	6:00-6:10 (10 min)	Call to order Review processes
Minutes **VOTES REQUIRED**	• Review and approve the April Public Meeting Minutes	6:10-6:15 (5 min)	Council votes to approve and Secretary signs (electronically)
Monthly Budget Report	• Deputy Director HD Business Ops, Wendy Lear	6:15-6:30 (15 min)	Council receives report
Scope Change for SEHC Renovations **VOTE REQUIRED**	• Director of County Assets and Chief Information Officer, Bob Leek	6:30-6:50 (20 min)	Council Discussion and Vote

<u>Annual Quality Plan Update</u> **VOTE REQUIRED**	• ICS Deputy Director and Interim Quality Director, Adrienne Daniels	6:50-7:10 (20 min)	Council Discussion and Vote
<u>COVID-19 Updates</u> **<u>&</u>** **<u>ICS Strategic Updates</u>**	• Interim ICS Director, Tasha Wheatt-Delancy	7:10-7:40 (30 min)	Council receives COVID-19 Response updates and Health Center Updates through the Strategic Plan Lens
<u>Council Business Committee Updates</u> **VOTE REQUIRED**	• Executive Committee Update; Chair, Harold Odhiambo • Board Member Application Updates	7:40-8:00 (20 min)	Council receives updates from Chair Council Discussion and Vote
Adjourn Meeting	• Chair, Harold Odhiambo	8:00	**Goodnight!**

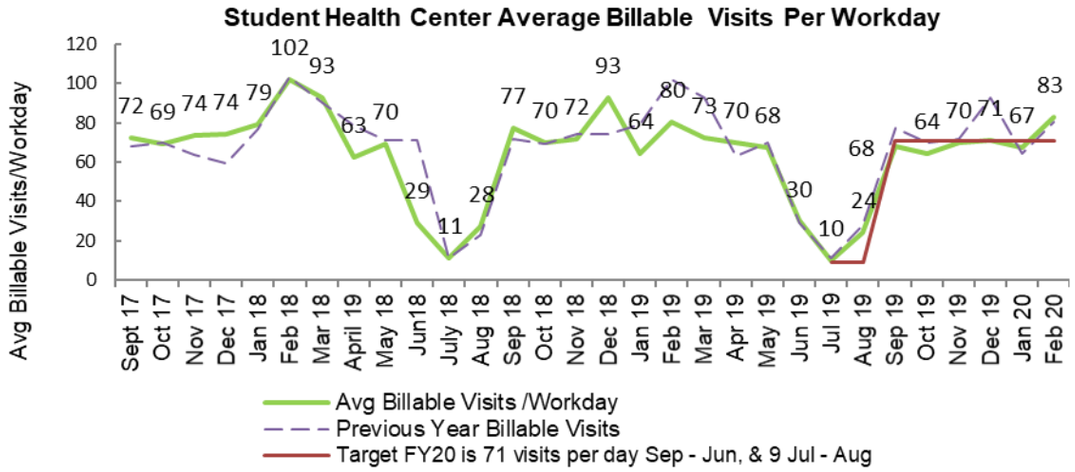
Multnomah County - Federally Qualified Health Center

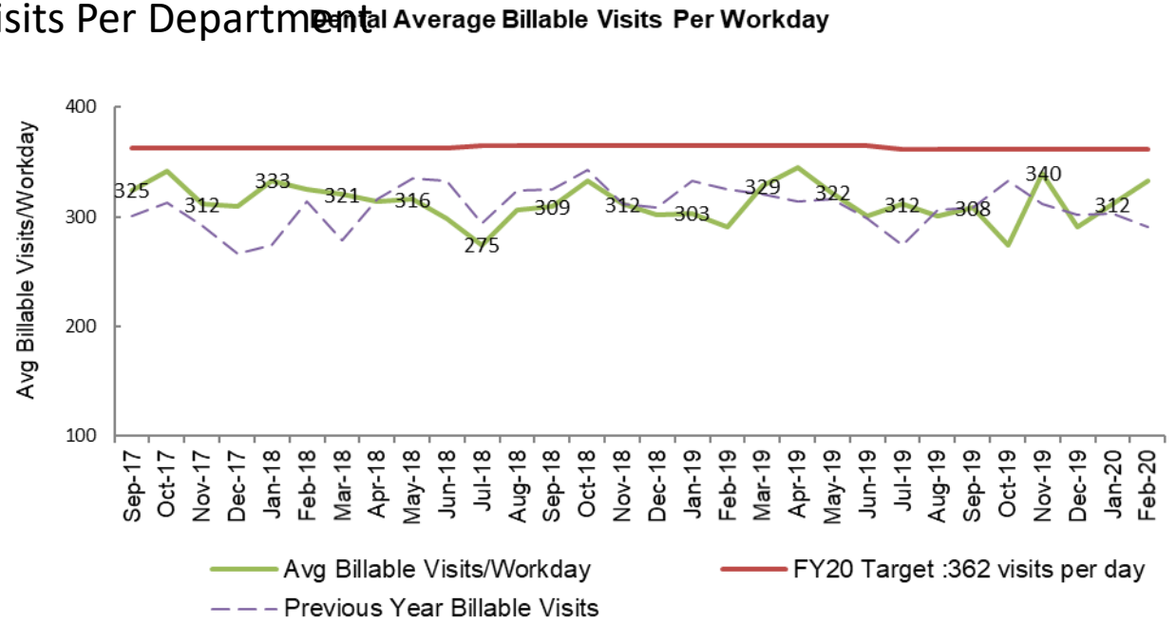
Monthly Dashboard

February 2020

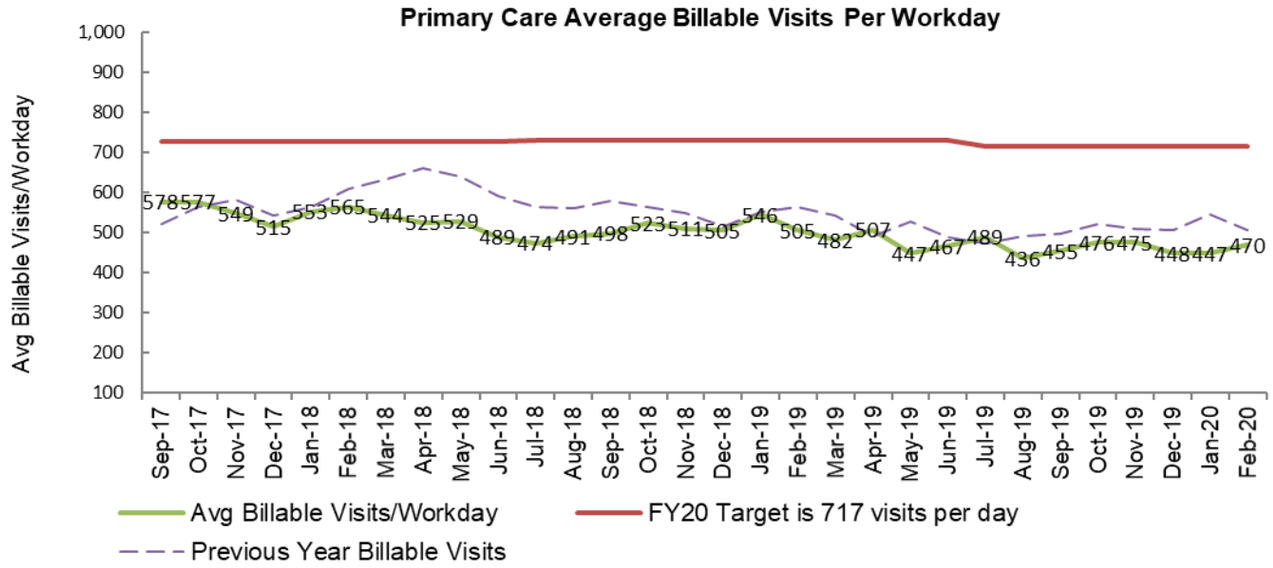
Prepared by: Larry Mingo

FQHC Weekly Billable Visits Per Department



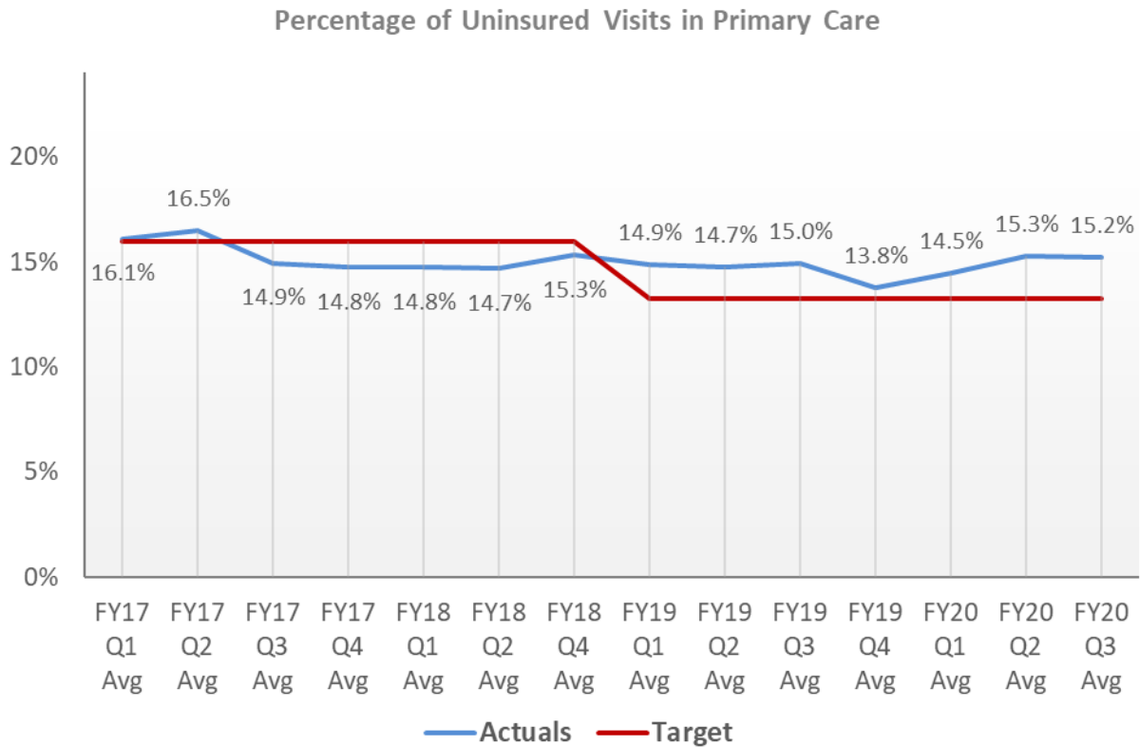


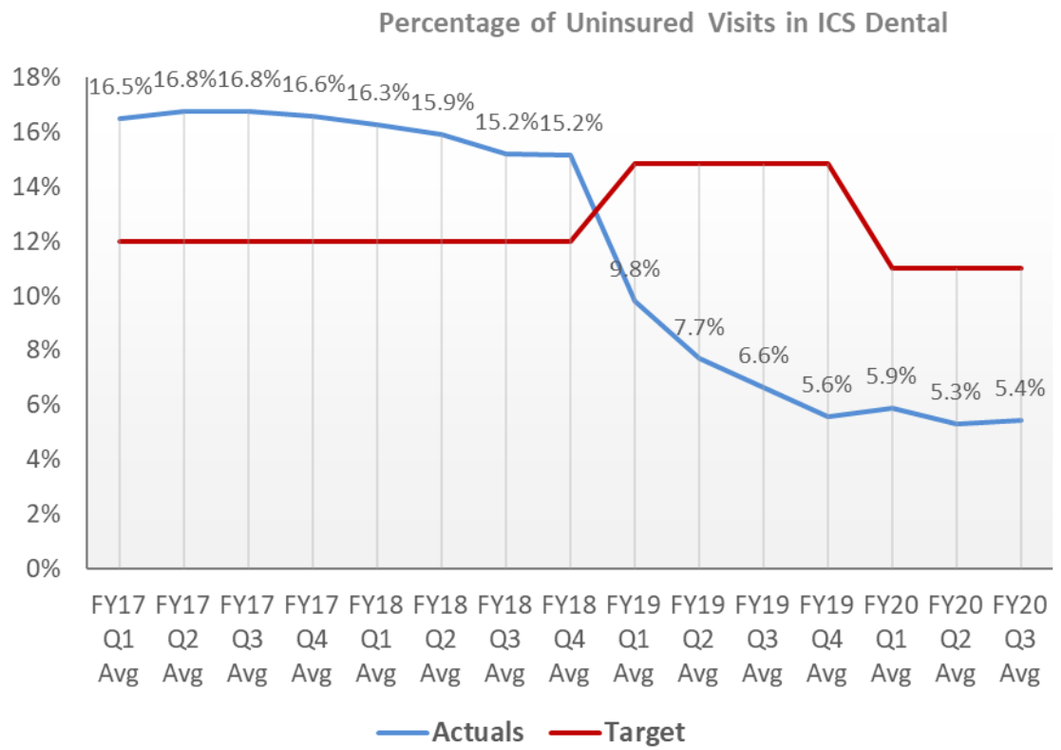
* SBHC clinics are closed during the month July except Parkrose SBHC



Notes: Primary Care and Dental visit counts are based on an average of days worked.
School Based Health Clinic visit counts are based on average days clinics are open and school is in session.

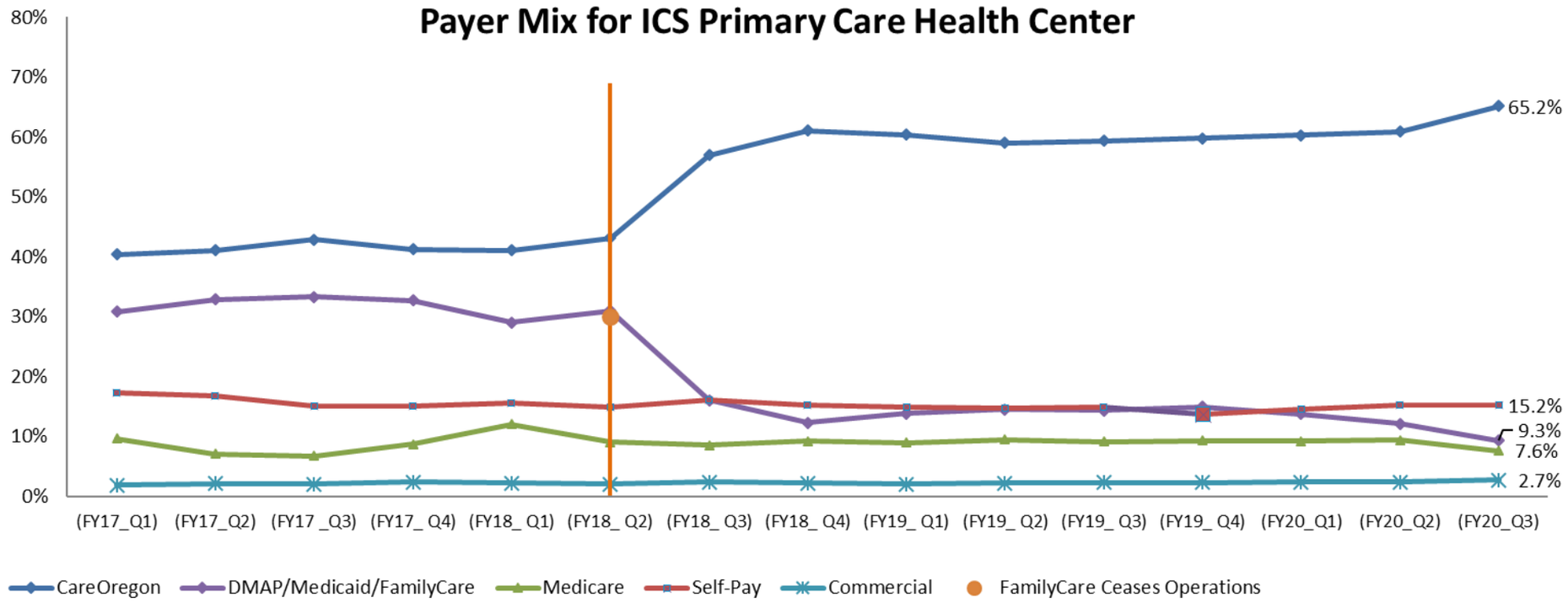
Monthly Percentage of Uninsured Visits for FQHC Centers





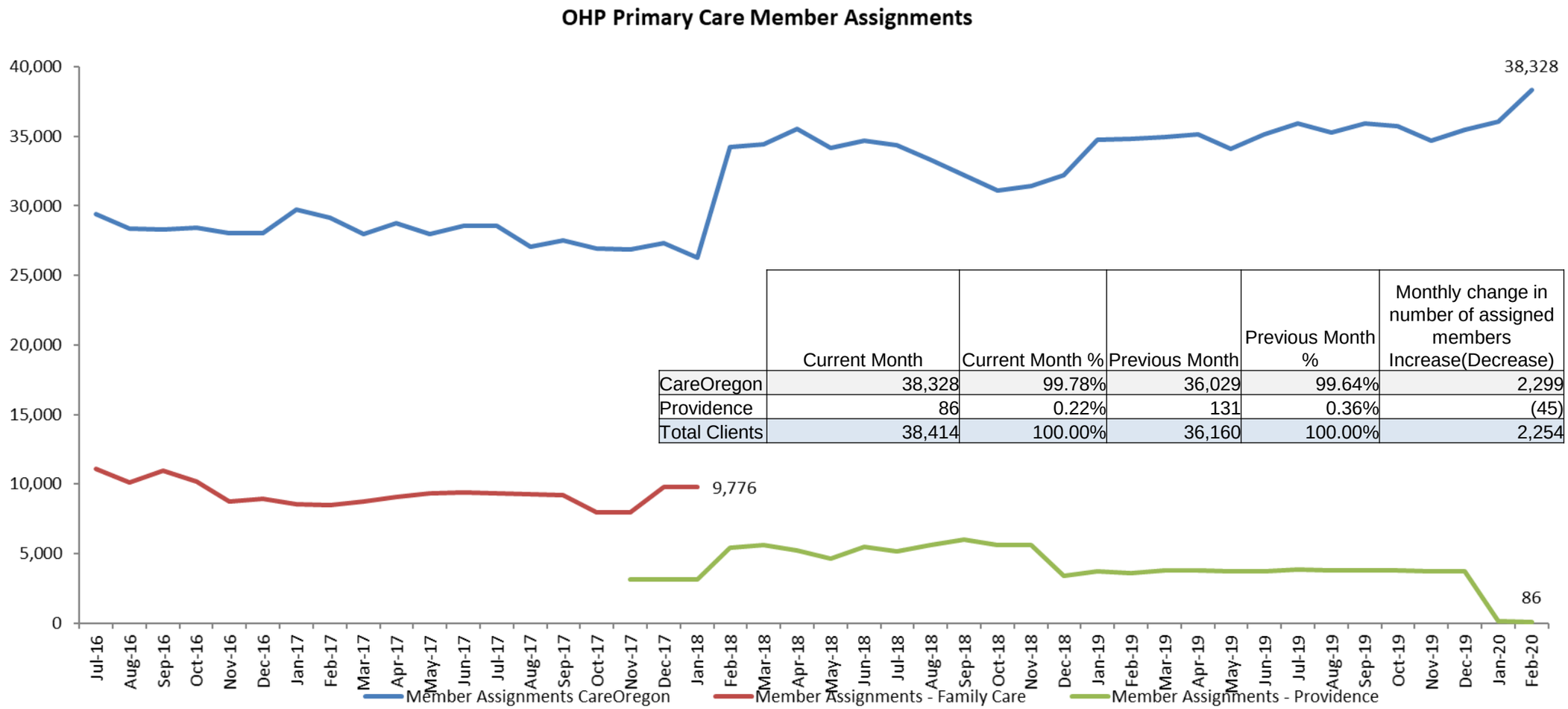
Comments:
Primary Care target % of Uninsured Visits for FY18: 16%; for FY19: 13.25%; for FY20 13.27%
Dental target % of Uninsured Visits for FY18: 12%; for FY19: 14.85%; for FY20 11.00%

FQHC Monthly Percentage of Visits by Payer for ICS Primary Care Health Centers



Notes: Payer Mix for Primary Care Health Service Center shows the percentage of patient visits per payer and per Quarter

FQHC Primary Care Member Assignments



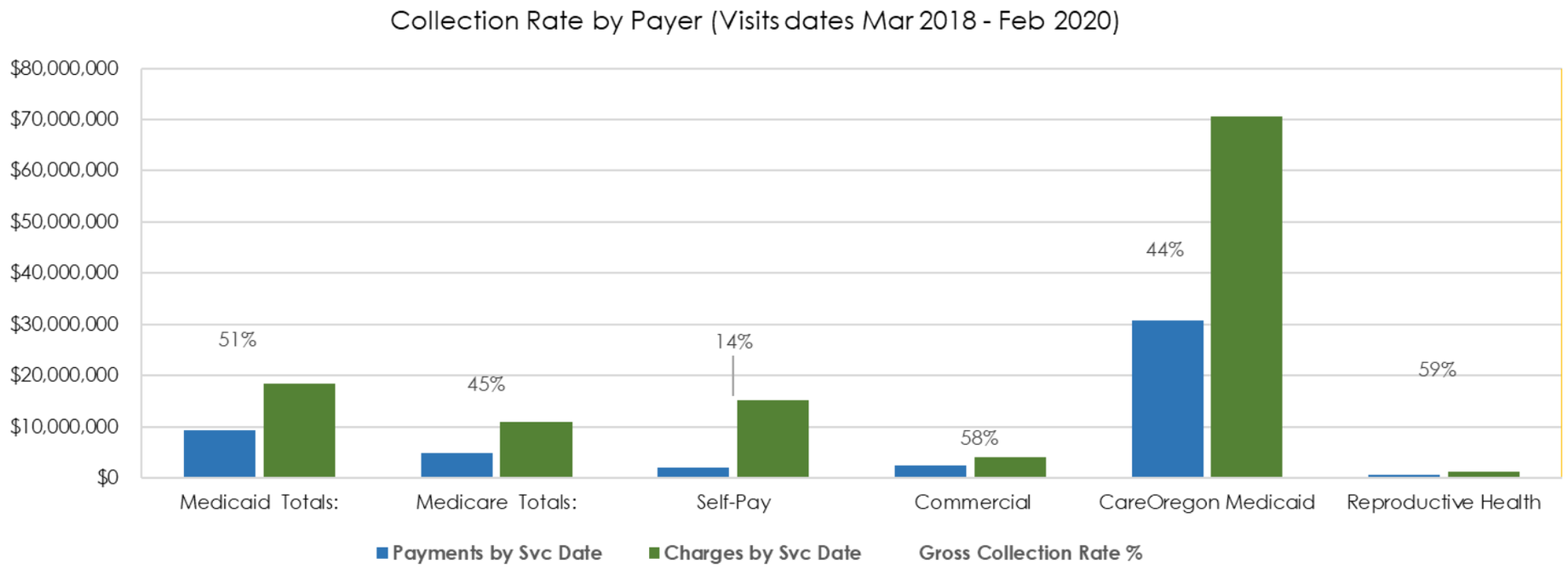
	Current Month	Current Month %	Previous Month	Previous Month %	Monthly change in number of assigned members Increase(Decrease)
CareOregon	38,328	99.78%	36,029	99.64%	2,299
Providence	86	0.22%	131	0.36%	(45)
Total Clients	38,414	100.00%	36,160	100.00%	2,254

CareOregon FY20 average: 35,916

Providence FY20 average: 2,863

FQHC Gross Collection Rate by Payer
March 2018 – February 2020

	Medicaid Totals:	Medicare Totals:	Self-Pay	Commercial	CareOregon Medicaid	Reproductive Health
Payments by Svc Date	$9,404,565	$4,891,299	$2,104,309	$2,374,522	$30,796,832	$693,281
Charges by Svc Date	$18,431,485	$10,952,326	$15,099,497	$4,099,878	$70,528,443	$1,169,934
Gross Collection Rate %	51%	45%	14%	58%	44%	59%



Multnomah County Health Department
Federally Qualified Health Center Financial Statement
For Period Ending February 29, 2020

Community Health Centers - Page 1

Revenue: are tax and non-tax generated resources that are used to pay for services.

Behavioral Health: Revenue earned by the Mental Health Division in its capacity as an insurance provider for Medicaid clients (by way of Health Share of Oregon).

General Fund: The general fund is the primary operating fund for the County, and is used to account for and report all financial resources not accounted for and reported in another fund. All County departments have some part of their operations either reported in or supported by the general fund.

Grants – BPHC: The Bureau of Primary Health Care grant revenue is isolated here. This grant is sometimes known as the Primary Care 330 (PC 330) grant.

Grants – Incentives: External agreements that are determined by meeting certain metrics.

Grants – All Other: The County receives various Federal and State grants for specific programmatic purposes.

Health Center Fees: Revenue from services provided in the clinics that are payable by insurance companies.

Self Pay Client Fees: Revenue from services provided in the clinics that are payable by our clients.

Write-offs: Write-offs occur when the actual amount received for a claim differs from the amount originally recorded at the time of service. Transactions are recorded as revenue, but they can be positive or negative.

Expenses: are what the County spends to provide services to the community. Expenditure categories include personnel, materials and supplies, internal services, contracted services, and capital.

Personnel: Costs of salaries and benefits.

Contracts: professional services that are provided by non-County employees: e.g., lab and x-ray services, interpretation services, etc.

Materials and Services: non-personnel expenses the program needs to perform its mission: e.g., medical and dental supplies, repairs & maintenance, supplies, etc.

Multnomah County Health Department
Federally Qualified Health Center Financial Statement
For Period Ending February 29, 2020

Community Health Centers - Page 2

Internal Services

Facilities/Building Management	FTE Count Allocation
IT/Data Processing	PC Inventory, Multco Align
Department Indirect	FTE Count (Health HR, Health Business Ops)
Central Indirect	FTE Count (HR, Legal, Central Accounting)
Telecommunications	Telephone Inventory
Mai/Distribution	Active Mail Stops, Frequency, Volume
Records	Items Archived and Items Retrieved
Motor Pool	Actual Usage

Capital Outlay: Capital Expenditures- purchase of capital items that cost $5,000 or more that have an expected useful life of more than one fiscal year: e.g., medical and dental equipment.

Multnomah County Health Department
Federally Qualified Health Center Financial Statement
For Period Ending February 29, 2020

Community Health Centers - Page 3

February Target: 67%

	Adopted Budget	Revised Budget	Budget Change	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Revenue									
Behavioral Health	$ 80,189	$ 80,189	$ -	$ 5,957	$ 6,634	$ 6,683	$ 6,697	$ 6,365	$ 6,724
General Fund	$ 10,670,061	$ 10,607,818	$ (62,243)	$ 896,296	$ 893,146	$ 896,466	$ 894,532	$ 897,332	$ 887,854
Grants - BPHC	$ 9,795,045	$ 9,795,045	$ -	$ 570,116	$ 1,654,676	$ 1,052,012	$ (3,198,754)	$ 1,575,335	$ 2,630,909
Grants - Incentives	$ 8,179,053	$ 8,179,053	$ -	$ 165,822	$ 260,303	$ 239,849	$ 1,555,532	$ 136,996	$ 554,312
Grants - All Other	$ 9,372,217	$ 9,816,564	$ 444,347	$ 260,242	$ 685,613	$ 657,556	$ (169,300)	$ 1,683,912	$ 662,615
Health Center Fees	$ 101,518,640	$ 101,518,640	$ -	$ 2,701,914	$ 15,061,267	$ 5,833,522	$ 8,953,544	$ 9,987,570	$ 8,891,486
Self Pay Client Fees	$ 1,025,053	$ 1,025,053	$ -	$ 70,020	$ 84,041	$ 86,395	$ 88,663	$ 73,794	$ 86,724
Write-offs	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total	$ 140,640,258	$ 141,022,362	$ 382,104	$ 4,670,367	$ 18,645,681	$ 8,772,482	$ 8,130,914	$ 14,361,305	$ 13,720,625
Expense									
Personnel	$ 92,649,052	$ 92,912,381	$ 263,329	$ 7,177,524	$ 7,071,052	$ 7,108,158	$ 7,802,891	$ 7,293,800	$ 8,005,975
Contracts	$ 4,777,160	$ 4,836,035	$ 58,875	$ 191,632	$ 216,947	$ 472,785	$ 565,644	$ 135,450	$ 323,445
Materials and Services	$ 16,608,855	$ 16,631,740	$ 22,885	$ 1,334,935	$ 1,390,091	$ 1,651,404	$ 1,671,323	$ 1,533,060	$ 1,705,246
Internal Services	$ 25,996,190	$ 26,033,205	$ 37,015	$ 796,839	$ 1,486,076	$ 3,397,229	$ 1,937,524	$ 2,096,175	$ 2,399,969
Capital Outlay	$ 609,000	$ 609,000	$ -	$ -	$ -	$ -	$ -	$ -	$ 7,862
Total	$ 140,640,258	$ 141,022,362	$ 382,104	$ 9,500,930	$ 10,164,166	$ 12,629,577	$ 11,977,381	$ 11,058,485	$ 12,442,497
Surplus/(Deficit)	$ -	$ -	$ -	$ (4,830,563)	$ 8,481,516	$ (3,857,095)	$ (3,846,467)	$ 3,302,820	$ 1,278,128

Multnomah County Health Department
Federally Qualified Health Center Financial Statement
For Period Ending February 29, 2020

Community Health Centers - Page 4

February Target: 67%

	Adopted Budget	Revised Budget	Budget Change	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Year to Date Total	% YTD
Revenue											
Behavioral Health	$ 80,189	$ 80,189	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 39,059	49%
General Fund	$ 10,670,061	$ 10,607,818	$ (62,243)	$ 895,255	$ 886,040	$ -	$ -	$ -	$ -	$ 7,146,921	67%
Grants - BPHC	$ 9,795,045	$ 9,795,045	$ -	$ 330,148	$ 31,742	$ -	$ -	$ -	$ -	$ 4,646,184	47%
Grants - Incentives	$ 8,179,053	$ 8,179,053	$ -	$ 603,758	$ 700,571	$ -	$ -	$ -	$ -	$ 4,217,144	52%
Grants - All Other	$ 9,372,217	$ 9,816,564	$ 444,347	$ 519,783	$ 719,445	$ -	$ -	$ -	$ -	$ 5,019,867	51%
Health Center Fees	$ 101,518,640	$ 101,518,640	$ -	$ 5,735,017	$ 7,396,338	$ -	$ -	$ -	$ -	$ 64,560,657	64%
Self Pay Client Fees	$ 1,025,053	$ 1,025,053	$ -	$ 59,996	$ 67,016	$ -	$ -	$ -	$ -	$ 616,651	60%
Write-offs	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
Total	$ 140,640,258	$ 141,022,362	$ 382,104	$ 8,143,957	$ 9,801,151	$ -	$ -	$ -	$ -	$ 86,246,482	61%
Expense											
Personnel	$ 92,649,052	$ 92,912,381	$ 263,329	$ 7,594,319	$ 7,361,283	$ -	$ -	$ -	$ -	$ 59,415,001	64%
Contracts	$ 4,777,160	$ 4,836,035	$ 58,875	$ 550,974	$ 165,653	$ -	$ -	$ -	$ -	$ 2,622,531	54%
Materials and Services	$ 16,608,855	$ 16,631,740	$ 22,885	$ 1,664,439	$ 1,940,417	$ -	$ -	$ -	$ -	$ 12,890,915	78%
Internal Services	$ 25,996,190	$ 26,033,205	$ 37,015	$ 1,738,294	$ 1,668,398	$ -	$ -	$ -	$ -	$ 15,520,503	60%
Capital Outlay	$ 609,000	$ 609,000	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 7,862	1%
Total	$ 140,640,258	$ 141,022,362	$ 382,104	$ 11,548,026	$ 11,135,751	$ -	$ -	$ -	$ -	$ 90,456,812	64%
Surplus/(Deficit)	$ -	$ -	$ -	$ (3,404,069)	$ (1,334,599)	$ -	$ -	$ -	$ -	$ (4,210,330)	

Notes:
Financial Statement is for Fiscal Year 2020 (July 2019 - June 2020). Columns are blank/zero until the month is closed.

Management has recently reviewed the list of programs that are in scope for FQHC reporting. We have made the following changes since the start of the year, resulting in a net decrease of $6.2 million.

> Youth Care Coordination Wraparound services in the Behavioral Health Division were determined to be out of scope, resulting in a budget reduction of $5.6 million.
> The new Reynolds Student Health Center was added, increasing the budget by $393 thousand.
> Services provided by the Corrections Health Juvenile Detention Home are no longer considered in scope. This program was removed, decreasing the budget by $963 thousand.

Two new budget modifications were added since January, resulting a net increase of $382 thousand. Recently updated numbers are shown in red.

> A position reclassification in the Department of Community Justice resulted in a budget decreased $62,243 for Personnel and $62,243 for GF Support.
> New revenue was received from Care Oregon in the amount of $444 thousand. This creates an increase in expenditures by the same amount and affects personnel, contracts, internal services, and supplies

Community Health Council

Multnomah County Southeast Health Clinic (SEHC) Structural Repair

Inform Only	Annual/ Scheduled Process	New Proposal	Review & Input	Inform & Vote

Date of Presentation: May 11,2020	Program / Area: SEHC Primary Care, Dental and Pharmacy
Presenters: Bob Leek	
Project Title and Brief Description: · Multnomah County Southeast Health Clinic (SEHC) Structural Repair	
Describe the current situation: The County must replace the SE Health Center structural beams and siding to ensure the safety and integrity of the building. Due to the extensive repairs that are required, dental, pharmacy and primary care services may be impacted for 3-6 months. The CHC will need to review and approve recommendations for service provision/delivery during the repairs.	
Why is this project, process, system being implemented now? The safety of patients and staff is at the forefront of this project. Temporary measures were put in place about a year ago in consultation with the City of Portland. The City of Portland requires completion of the permanent repairs in order to remain in compliance with building codes. Construction and repairs of this type are best done in the Spring / Summer seasons to avoid issues with rain and other inclement weather	
Briefly describe the history of the project so far *(be sure to note any actions taken to address diverse client needs and cultures; to ensure fair representation in review and planning)* In January of 2018 the Health Department notified the Facilities property manager that a gap had developed in between the floor and the exterior wall, and the floor no longer appeared to be level. After extensive investigation it was determined that the exterior walls have deteriorated to 50% of their original structural capacity due to moisture damage from years of water infiltration. These beams are temporarily being shored, to protect the safety of patients, visitors and staff within the building. Structural repairs need to be completed including replacing the beams.	

Community Health Council

List any limits or parameters for the Council's scope of influence and decision-making

County building expenses and construction/repair budgets are within the scope of the Board of County Commissioners (BCC) determines .
Service hours and provision is within the scope of the Community Health Council.

Briefly describe the outcome of a "YES" vote by the Council *(be sure to also note any financial outcomes)*

A yes vote will allow for a quicker repair timeline (start Summer 2020) and Primary Care and Dental services at the SEHC for 3-6 months would temporarily close and transfer existing patients to neighboring County clinics.
The anticipated financial impact is to Primary Care, Dental, and Pharmacy. Primary Care could experience the loss of patient fee revenue, incentive dollars, as well as attrition in patient enrollment. Pharmacy services will remain open but may experience revenue impacts due to the closure of Primary Care.
If dental services are relocated to the N Portland clinics, there may be less impact on patient fee revenue.
Anticipated Primary Care and Pharmacy Revenue loss: $220,000 (per every month closed) ($660,000-$1,320,000 estimated loss). Dental revenue is dependent on North Portland capacity.

Ramp-Up Loss of Revenue (when services are returned to the building)

Month #1 - 50%	286,965
Month #2 - 60%	230,000
Month #3 - 75%	143,000
Month #4 - 90%	57,000

Grand Total Subtotal Ramp-Up Revenue Loss $716,965
Best Case loss (3 month repair): $1.38M
Worst Case loss (6 month): $2.37M

Briefly describe the outcome of a "NO" vote or inaction by the Council *(be sure to also note any financial outcomes)*

Multnomah County would provide alternative options. Developing alternative options may delay the required repairs until Fall 2020 . Additionally, option #1 as an alternative would increase construction costs by $1.4 M.

Option 1: Phased Approach w/ Primary Care Open, new exam rooms

Community Health Council

Description:

1. Permanently relocate HIV admin to new location
2. Pharmacy continues to operate
3. Convert HIV space permanently to exam rooms
4. Primary care moves to new exam rooms
5. Dental moves temporarily to other clinics
6. Dental space repaired, dental moves back in
7. Vacated medical space repaired; available for use

Pro:

1. No reduction in patient access
2. Anticipates need for more demand post-COVID
3. Minimal impact to Primary Care patients and revenue.
4. Reduced impact on Pharmacy services

Con:

1. Dental providers relocate to other locations
2. Project cannot start until Fall 2020
3. Cost may be budget prohibitive for County

Which specific stakeholders or representative groups have been involved so far?

Multnomah County Chair
ICS Director and Deputy Director
SEHC Leadership team

Who are the area or subject matter experts for this project? *(& brief description of qualifications)*

- Multnomah County Department of County Assets, Facility and Property Management Division
- Multnomah County Health Department
- ICS Director and Deputy Director
- Carleton Hart Architects
- ABHT Structural Engineering

What have been the recommendations so far?

The County has explored 2 primary options:

1. Option #1:
    - Relocate HIV administrative services currently at SEHC to another location permanently (not in CHC scope)

- Primary care remains open. Remodel and build new primary care exam rooms in the former HIV administration services space
- Dental is closed. Temporarily relocate dental patients and providers to other locations.
- Pharmacy remains open.
- Construction timeline 3-6 months however construction would not start until Fall 2020 due to the need to design new space.

2. Option #2: Recommended option:
    - Temporarily relocate primary care and dental patients to other clinic locations for the duration of the construction activity,
    - Pharmacy remains open
    - Estimated impact of 3 to 6 months, once the new beams have been manufactured and delivered to the County, and then repair the structural issues
    - Construction can start in summer 2020.

How was this material, project, process, or system selected from all the possible options?

The process for recommending option #2 included the following factors:

- Patient Service Alternatives: Patients can transition to other County clinics.
- Repair timeline: The repairs can be completed sooner with a start time in the Summer vs the Fall 2020. The other options would require additional design work and extend the start of the construction to start in Fall 2020.
- Savings : The repair savings are $1.4M, making the project more cost effective for the County.

Council Notes:

Multnomah County
Health Department

Multnomah County Health Department
Integrated Clinical Services (ICS)
2020 Quality Management Plan

I. Introduction and Organization Overview
- Vision, Mission, Values
- Quality Management Framework

II. Community Health Center Quality Structure
- Governance
- Board Leadership
- Community Health Center Leadership
- Program Leadership
- Clinic Leadership

III. Core Quality Program Functions
- HIPAA Compliance and Patient Records Management
- Patient Satisfaction and Complaint Management
- Patient Safety
- Incident Reporting and Event Management
- Employee Safety
- Provider Licensing and Credentialing
- Employee Training and Education
- Visual Performance Management
- Quality Improvement

IV. Community Health Centers Quality Priorities and Workplan
- Medical
- Dental
- Pharmacy

V. Appendix
- Review and Approval Tracking
- Glossary of Terms

Glossary of Terms

BCC	Board of County Commissioners
BPHC	Bureau of Primary Health Care
CHC	Community Health Council, the Community Health Center's consumer-majority governing board
COACH	Clinical Oral Advocates for Coordinated Health
DCLT	Dental Care Leadership Team
HIPAA	Health Insurance Portability and Accountability Act
HRSA	Health Resources and Services Administration
HVA	Hazard Vulnerability Analysis
ICS	Integrated Clinical Services, a division of MCHD that includes the Community Health Center
IT	Information Technology
MCHD	Multnomah County Health Department
PST	Pharmacy Services Team
OSHA	Occupational Safety and Health Administration
PSS	Patient Satisfaction Survey
QA	Quality Assurance
QI	Quality Improvement
QLT	Quality Leadership Team
SLICS	Senior Leadership for Integrated Clinical Services
TJC	The Joint Commision

SECTION I:

INTRODUCTION AND ORGANIZATION OVERVIEW

Integrated Clinical Services(ICS) is part of the Multnomah County Health Department (MCHD), which serves a population of more than 766,135 residents. MCHD employs over 1,300 full time equivalent staff (FTE) who provide services in disease prevention, food service inspections, emergency preparedness, environmental health, mental health and addiction services, and other core public health services.

ICS operates a Federally Qualified Health Center (FQHC) across Multnomah County. The FQHC offers primary care, dental care, behavioral health, pharmacy, laboratory, and enabling services. The ICS 2020 Quality Management Plan pertains to these services offered within the Community Health Center. The Quality Management Plan establishes a quality improvement and quality assurance program that addresses requirements for health centers including:

- The quality and utilization of health center services
- Patient satisfaction and patient grievance processes; and
- Patient safety, including adverse events.

ICS Vision: Integrated. Compassionate. Whole person health.

Mission: Providing services that improve the health and wellness for individuals, families and communities

Strategic Values:

- Quality and Safety
- Patient-Centered and Culturally Relevant
- Fiscally Sound and Accountable
- Engaged, Expert, Diverse Workforce

Quality Management Framework

Purpose: An integrated and comprehensive approach that leads to a culture of quality, safety and excellence.

Goals:

1. Enable ICS leaders and key stakeholders (e.g., Community Health Council, Board of County Commissioners) to have a shared understanding about quality goals.

2. Support ICS to identify priorities, allocate resources, and monitor progress.
3. Provide guidance and support for high-quality person and family-centered services.

Key Assumptions:

- Creating a culture of quality, safety and excellence is a shared responsibility.
- Staff members at all levels (department, division, program and individual) have shared accountability for goals, outcomes and timelines.
- Sufficient resources will be allocated to implement quality activities.
- ICS staff members will use consistent language, tools and document management systems in implementing quality principles.

Key Components:

The Quality Management Framework guides our work and has four components:

1. **Quality Assurance:** An organizational system that ensures and monitors regulatory compliance for all patient care, treatment and services and manages risks across the full range of health center activities. The Quality Assurance Program includes: the assessment or evaluation of the quality of services delivered; identification and correction of problems or shortcomings in the delivery of services; and follow-up to ensure that corrections are sustained.

2. **Quality and Performance Improvement:** Quality Improvement continuously assesses the current state and looks for opportunities for performance improvement. Performance Improvement is the practice of using data to monitor progress toward goals. If target goals are not met or exceeded, improvement efforts need to happen. Together they create an organizational culture of proactive monitoring. The outcome should result in staff satisfaction, patient satisfaction, and overall improvements in program delivery or patient care.

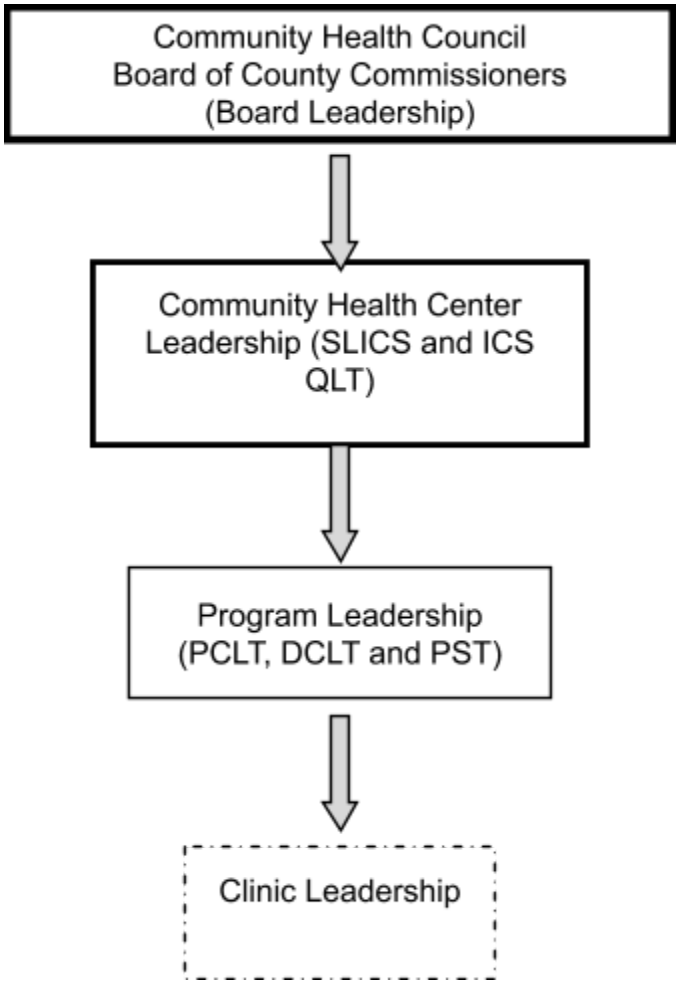
3. **Clinical Systems Information / Health Information Services:** Clinical Systems Information includes information technology infrastructure, hardware and software applications, and support. Health Information Services encompasses the practices and policies to ensure client/patient confidentiality and access to health records.

4. **Systems Performance Management (Business Intelligence):** A systems approach to achieving strategic goals through the management, organization, and reporting of data and processes.

SECTION II:

COMMUNITY HEALTH CENTER QUALITY STRUCTURE

Governance



Board Leadership

The Community Health Council (CHC) is the consumer-majority governing board mandated by HRSA's Bureau of Primary Health Care (BPHC) to provide oversight of MCHD's Federally-Qualified Health Center (FQHC).

As a Co-Applicant Board, the CHC shares governance responsibilities with Multnomah County's Board of County Commissioners. The Board of County Commissioners (BCC) retains authority over fiscal and personnel policies, while the CHC retains other governance responsibilities required by HRSA. The

Co-Applicant Board Agreement details specific sharing of governance responsibilities.

CHC governance includes:

- **Annual QA/QI plan:** A new QA/QI plan is developed by management and approved by the CHC each year. The plan includes the scheduled QA/QI activities and the goals for the BPHC core and other performance measures.

- **Staff QA/QI program reports:** The nature and frequency of QA/QI reports by health center staff made to the CHC will vary but board reporting is essential. QA/QI reports are presented to the CHC and Senior Leadership for Integrated Clinical Services (SLICS) as specified in this plan. Significant findings are noted at the CHC meeting and provided regularly from clinical leaders.

- **Accreditation/certification reports:** The CHC receives results of surveys by accrediting bodies such as The Joint Commission (TJC) Primary care Medical Home, TJC Ambulatory Health Care Accreditation Program, and TJC lab accreditation program.

- **External program and financial audit reports:** Funding sources often conduct on-site or other program and financial performance reviews. These reports are reviewed and shared with the CHC as appropriate. Often these auditors meet with CHC members as well. The auditor presents the required annual financial audit report to the full BCC for their approval. The BCC reviews and approves management's responses to audit findings and assure responses are incorporated into upcoming QA/QI activities as appropriate.

- **Patient satisfaction surveys:** Patient satisfaction surveys are a program requirement and an important component of a QA/QI program. These surveys are conducted at least annually and reported to the full CHC.

- **Adverse incident reports:** The QA/QI program includes arrangements for identifying, documenting and reporting adverse incidents affecting patient satisfaction, staff satisfaction, safety, possible professional and general liability insurance claims, and the quality of clinical and management services. These reports and management's responses are regularly reported to the CHC.

- **HRSA/BPHC required clinical and financial measures and the health center's performance:** The results of the HRSA/BPHC performance measures are reported at least annually. Other internally designated measures may be assessed and reported more frequently. Some may be incorporated into regular reports reviewed by the CHC and in other QA/QI reports.

Meeting Frequency:

- CHC Board: Monthly and as needed
- Executive Committee: Monthly and as needed
- Nominating Committee: Monthly and as needed
- Bylaws, Strategic Planning, Ad-Hoc Committees: As needed
- Quality Committee: At least quarterly

Membership:

- The Community Health Council has a range of nine to 25 members.
- A majority of CHC members are patients who are served by MCHD/ICS Community Health Centers, consumer members, and who as a group represent the individuals being served. We have a member who represents homeless patients as a Health Care for the Homeless grantee.

The Multnomah County Board of Commissioners has four commissioners, each of whom are elected to the board by district. Elected countywide are a board chair, sheriff, district attorney and auditor. The elected officials represent the people of Multnomah County. The Board of County Commissioners also operates as the Multnomah County Board of Health for public health oversight. In this role, the commissioner's exercise budget and personnel authority over the community health center.

Meeting Frequency:

- Weekly and as needed

Membership:

- Chair
- Four County Commissioners (Districts 1, 2, 3 and 4)

Community Health Center Leadership

The Senior Leadership for Integrated Clinical Services (SLICS) team sets the direction and assures leadership alignment to achieve the vision and mission for

the community health center. Clinical and operational leaders from each service area are represented on this team. SLICS is led by the community health center's Executive Director, whose working title is Integrated Clinical Services Director.

SLICS responsibilities include:

- Strategic planning and implementation of operational policies
- Assuring alignment and progress toward accomplishing strategic goals
- Providing quality and safety oversight for Community Health Centers
- Development, review and response to operational, clinical and financial measures.

SLICS Meeting Frequency:

- Twice per month and as needed
- Retreats at least twice per year and as needed

SLICS Core Membership:

- Director, Integrated Clinical Services
- Deputy Director, Integrated Clinical Services
- Medical Director
- Primary Care Services Director
- Dental Director
- Pharmacy and Lab Services Director
- Quality Director

SLICS Extended Membership:

- Deputy Medical Director and Deputy Nurse Practitioner Director
- Deputy Dental Director
- MCHD Human Resources Manager
- County IT Senior Manager
- Dental Manager
- Interim Primary Care Clinical Deputy Director

The Integrated Clinical Services Quality Leadership Team (ICS QLT) provides a forum for coordinated decision-making and implementation of quality across ICS. ICS QLT looks for opportunities to coordinate quality initiatives across ICS including: planning, assuring outcomes, and communicating key activities to stakeholders. This team is led by the Quality Director and the Community Health Center Medical Director.

QLT responsibilities include:

- Reform and define its purpose in a new organizational structure

QLT Meeting Frequency:

- 3x per year

QLT Membership:

- Senior Clinical and Administrative Leadership from Integrated Clinical Services
- Ad Hoc members
  - Quality Team Members
  - Public Health Leadership

Program Leadership

The Primary Care Leadership Team (PCLT) provides program leadership for the community health center's medical and behavioral health services. The team includes clinical and operational leaders from each primary care site. This team decides service delivery changes, project implementations, and plans initiative roll-outs. They facilitate clinical and operational partnerships. The team identifies annual primary care and behavioral health quality improvement priorities.

PCLT responsibilities include:

- Review patient satisfaction results and identify improvement opportunities
- Review clinical performance measures and identify improvement opportunities
- Evaluate and approve operational and clinical initiatives
- Evaluate and approve quality improvement initiatives
- Ensure all initiatives align with ICS strategic goals.

Meeting Frequency:

- Monthly and as needed

Membership:

- Primary Care Services Director
- Medical Director
- Deputy Medical Directors
- Primary Care Operations Innovation and Process Improvement Manager
- Health Center Managers
- Site Medical Directors
- Student Health Center (SHC) Program Manager
- Nurse Practitioner Manager, SHC Program
- Behavioral Health Program Supervisor
- Operations Supervisors
- Nursing Supervisors

- Program Supervisors
- Quality Director
- Clinical Information Services Manager
- Pharmacy and Lab Services Director
- Health Information Services Manager
- Interim Primary Care Clinical Deputy Director

The Dental Care Leadership Team (DCLT) provides program leadership for the community health center's dental clinics, School and Community Oral Health Program and student rotations. The team includes clinical leadership and the operations leaders from each dental care site. This team reviews productivity, and revenue, metrics status, and decides service delivery changes, project implementation, and plans initiative roll-outs. DCLT also reviews personnel in clinics to collaborate on how best to improve co-worker relations for a healthy and safe environment for all. They build partnerships with organizations who have a stake in preventive services. The team evaluates the utility of services offered to identify quality improvement efforts with particular emphasis on increasing patient-centeredness and improving clinical outcomes.

DCLT responsibilities include:

- Review patient satisfaction results and identify improvement opportunities
- Review clinical performance measures and identify improvement opportunities
- Evaluate and approve operational and clinical initiatives
- Evaluate and approve quality improvement initiatives
- Discuss personnel and other HR matters related to providers

Meeting Frequency:

- Monthly and as needed

Membership:

- Dental Director
- Dental Operations Manager
- Deputy Dental Director
- Dental Operations Administrators/Supervisors (each site)
- School and Community Oral Health Program Supervisor
- Dental Program Specialist Senior

The Pharmacy Services program utilizes the lead pharmacist positions, also known as pharmacist-in-charge (PIC), to provide program operational and compliance leadership for the community health center's pharmacies.

PIC responsibilities include:

- Review patient satisfaction results and identify improvement opportunities.
- Review clinical performance measures and identify improvement opportunities.
- Implement and evaluate operational initiatives.
- Implement and evaluate quality improvement initiatives to optimize medication safety and adherence.

PIC Meeting Frequency:

- Monthly

Membership:

- Pharmacy and Lab Services Director
- Pharmacist Lead (Pharmacist in Charge -PIC) from each site
- Ad-hoc: Pharmacy Program Manager and Operation Supervisors

Pharmacy Services also employs six clinical pharmacists and a Clinical Pharmacist Lead who work among the clinic's multidisciplinary teams to provide enhanced medication management services to clients referred by primary care providers.

Clinical Pharmacist responsibilities include:

- Comprehensive Medication Reviews and Medication Management Support.
- Provide intensive management of diabetes, hypertension, cholesterol, and COPD.
- Patient and staff education on medications.
- Review clinical performance and productivity measures.
- Identify opportunities for improved prescribing and drug utilization.

Clinical Pharmacist Meeting Frequency:

- Monthly

Membership:

- Pharmacy and Lab Services Director
- Clinical Pharmacist Lead
- Clinical Pharmacists

Clinic Leadership

Primary Care Clinic Leadership Teams are clinic-specific and represent the managers, supervisors, and clinic leads. The Clinic leadership team manages staff, operations, budgets, and the direction for the clinical practice.

Primary Care Clinic Leadership responsibilities include:

- Review site-specific patient satisfaction results and identify improvement opportunities
- Review site-specific clinical performance measures and identify improvement opportunities
- Implement and evaluate the effectiveness operational and clinical initiatives
- Implement and evaluate the effectiveness of quality improvement initiatives

Meeting Frequency:

- Monthly and as needed

Membership (as applicable):

- Health Center Manager
- Site Medical Director
- Operations Supervisor
- Nursing Supervisor
- Program Supervisor (where applicable)
- Lead Staff

Primary Care Sustainability Teams are clinic-specific and represent different patient care teams and role groups, including clinic management. The role of sustainability teams is to sustain quality management successes and to address and resolve clinic-specific concerns, including issues related to patient services and workflows. All team members have a role in problem solving and implementing new initiatives. Sustainability Leadership responsibilities include:

- Sustain quality improvements
- Review local workflows
- Initiate quality improvement projects at the local level

Meeting Frequency:

- At least monthly and as needed

Membership may include:

- Provider representative
- Nurse representative

- Medical assistant representative
- Team clerical assistant representative
- Management representative
- Community Health Worker representative

Quality Committee

The Quality Committee meets at least monthly and is responsible for reviewing quality initiative proposals which fall within the scope of the health center. The Quality committee will prioritize proposals/projects, commit resources, and will confirm deliverables and criteria for project end.

The committee is responsible for monitoring progress on initiatives, identifying key measures, creating and maintaining the Health Center Quality Work Plan and facilitating communication between quality staff, leadership and board.

Membership includes:
- ICS Quality Director
- Primary Care Operations Manager
- ICS Deputy Director
- Dental Manager
- Pharmacy Director
- HRSA Advisor
- Representation from the Medial Director's office
- Project Management Office (PMO) Supervisor
- Clinical Systems Information (CSI) Manager

Ad-hoc Members include:
- Integrated Clinical Services Director
- Primary Care Director
- Medical Director
- Dental Director
- Privacy Manager

Community Health Council (CHC) Quality Committee

The CHC Quality Committee meets at least quarterly and is responsible for defining, prioritizing, overseeing and monitoring the Health Center's performance improvement activities, including patient and environmental safety. The primary duties of the CHC Quality Committee include analyzing aggregate quality performance data, monitoring performance improvement efforts for effectiveness, and patient safety. The Quality Committee partners with Health Center leadership on developing the draft Annual Quality Plan for review and approval by the full board.

Membership includes:

- Up to three CHC Board Members

SECTION III:

QUALITY PROGRAM CORE FUNCTIONS

The quality program's mission is to implement and sustain a culture of quality, safety, equity, and excellence within ICS. This is achieved by integrating the core functions of the Quality Team throughout the Community Health Centers. Under the leadership of the Quality Director, quality team members provide analysis, consultation, project management, program oversight, technical support, training and education. The Quality Team is divided into the following five areas:

- Quality Assurance
- Quality and Performance Improvement
- Infection Prevention
- Information Systems / Health Information Services
- Systems Performance Management

The Quality Program core functions include:

- HIPAA compliance and patient records management
- Patient satisfaction and complaint management
- Patient safety
- Incident reporting and event management
- Employee safety
- Provider licensing and credentialing
- Employee training and education
- Visual Performance Management
- Quality improvement
- Quality Assurance
- Risk Management

CORE FUNCTIONS	FIVE AREAS OF THE QUALITY TEAM

	Quality Assurance	Quality and Performance management	Infection Prevention	Information Systems/Health information Services	Systems Performance Management
HIPAA compliance and patient records management				X	
Patient satisfaction and complaint management	X	X			
Patient safety	X		X		
Employee Safety	X		X		
Incident reporting and event management	X		X		
Provider licensing and credentialing				X	
Employee training and education	X	X	X	X	X
Visual performance management	X	X	X		X
Quality improvement and quality assurance	X	X	X		
Risk management	X	X	X	X	X

HIPAA Compliance and Patient Records Management

The Community Health Center's Health Information Services unit is responsible for the release of information from patient medical records (approximately 1,000 requests for medical records are processed each month), reviewing chart codes for accuracy, and scanning documents into the electronic medical record and electronic dental record systems. This unit is also responsible for HIPAA privacy compliance for the Health Department.

The primary purpose of Health Information Systems is to ensure that information is released from patient medical records in accordance with all laws, rules and regulations governing confidentiality of medical records, and to process visits for billing as quickly as possible.

This Health Information Services unit is responsible for providing information about patient's HIPAA rights and responsibilities. This is provided in multiple languages and formats including brochures, websites, clinic front desks, and waiting room signage. This unit investigates each HIPAA breach. Each HIPAA breach requiring patient notification is reviewed and approved by the Integrated Clinical Services Director. In collaboration with the County Privacy Office, this unit develops HIPAA education for Community Health Center staff and providers.

Primary functions include:

- Protect the privacy/confidentiality of patient information by complying with all federal and state laws
- Respond promptly and appropriately to patient requests to exercise their privacy rights
- Provide efficient, timely, and accurate scanning and indexing of documents into the electronic medical and dental records
- Investigate all HIPAA privacy incidents, breaches and complaints
- Lead the ethical use of quality health information

Patient Satisfaction and Complaint Management

<u>Patient Satisfaction</u>

The Client Feedback and Awareness Program collects feedback through phone-based surveys, feedback provided by Care Oregon, and client

comment cards from clients from Primary Care, Dental, and Pharmacy Services. This information guides decision makers and supports quality improvement.

Patient satisfaction surveys occur throughout the year for primary care, dental, and pharmacy services and are reported to the Community Health Council to provide status updates and seek feedback. In addition to patient satisfaction the Client Feedback and Awareness program also supports programs and pilot projects with specific client-focused evaluation and survey needs. This includes projects such as following up on why patients do not arrive for care and pilot evaluation of telephone services for student health and primary care services.

Complaint Management

Each complaint is investigated within five business days by clinic management at the location in which the complaint originated. Complaints may be filed in multiple ways:

- At the clinic site in person
- Via telephone
- Via email
- Via an anonymous comment card
- On patient satisfaction surveys
- Anonymously through the Multnomah County Auditor's Good Government Hotline
- Through HRSA, the Joint Commission, or patient's insurance carrier
- Through a Coordinated Care Organization

If there is evidence that the complaint exposes process failures or deficiencies, clinic management will coordinate with Quality Assurance to initiate any corrective actions that may be needed, which may include collaboration with Quality Improvement. All complaints targeting Community Health Center services are compiled and reported to leadership for review on a monthly basis.

Patient Safety

Performance-Based Audits

The Quality Assurance Program conducts quarterly performance-based audits using electronic health records data. The purpose of the audit is to ensure compliance with practice standards in primary care and dental services. Examples include:

- Appropriate use of the pain scale
- Use of the "time out" protocol prior to invasive procedures
- Length of time patient visit encounters are left "open" in electronic health record systems.

Clinical Audits

Clinical Audits are an essential component to patient safety through the evaluation of patient records and provision of care. The Medical and Dental Directors, or designees, conduct clinical audits annually for each provider using a standardized template. The review covers patient assessment, treatment plans, progress notes, and closure summaries. Dental reviews include: diagnostic criteria, medication review, medical problems, and clinical skills.

Infection Control Risk Assessment

A Health Department Infection Control Risk Assessment is conducted annually by the various departments embedded within ICS and Public Health. The assessment identifies infection control risk factors present within the Health Department. The Annual Infection Control Improvement Plans goals and objectives are based on these identified risks.

Infection Control Surveillance

Surveillance is an integral function within the Infection Control Program. Audits are conducted by the Health Department Infection Preventionists. The findings, along with identified action items, are shared with leadership within each department. The purpose of the audits is to ensure patient and employee safety, identify learning needs, and ensure that employees are competent in infection control and following best practice.

Incident Reporting and Event Management

The MCHD's guidelines (AGN.11.03) describe two classifications of events that must be reported. These are:

- **Incidents**: Any event (or near miss) that is not consistent with the routine operation of Health Department services and has resulted in a preventable adverse consequence, or the risk thereof. Some incidents may be identified after being reported by clients/patients in the form of a documented complaint."

- **Serious Patient Safety Event:** Any unanticipated and preventable event during, or as a result of clinical care that resulted, or could have resulted, in unexpected and significant physical or psychological harm to the patient.

The Quality Assurance Program, working in collaboration with Infection Prevention,sets reporting requirements, reviews event reports, coordinates investigations, analyzes results, presents findings, and maintains records of all reports. Monthly report summaries and an annual detailed summary of all events, injuries, errors, and complaints are provided to Community Health Center and SLICS leadership. The reports help identify trends or changes in clinic incidents and events as well as opportunities for improvement.

Reported events are reviewed by senior leadership. Based on this review, senior leadership may request an investigation. This investigation is conducted by the Quality Assurance Program who will include an event analysis and recommendations for corrective actions. Analytical methods, such as root-cause-analysis, failure-modes-effects-analysis, process analysis, and detailed interviews are used in the investigations and recommendations for corrective actions. Once corrective actions are in place, the program continues to monitor the corrections to ensure that similar events will not occur. Results of analyses and corrective actions are reported to the appropriate clinic leaders monthly.

Employee Safety

The Quality Assurance Program, in collaboration with Infection Prevention, ICS Risk Management within the Quality Program, Primary Care Senior leadership, Dental Senior Leadership, Pharmacy Senior Leadership and County Risk Management office, facilitates employee risk reduction by ensuring that applicable safety regulations, guidelines, and standards are being followed. Quality Assurance activities include:

- Monthly assessment of new staff to identify licensing and training needs
- Regular review of clinic site plans and policies such as HAZCOM, Bloodborne Pathogens, Safety and Evacuation, Workplace Violence Response, and Utility Failure Response
- Quarterly inspections as mandated by OSHA
- Semi-annual on-site tours at every primary care, school-based health center and dental site to assess compliance to Joint Commission, OSHA, HRSA, and MCHD requirements

Additionally, the Quality Program collaborates with Community Health Center leadership annually to assess a variety of risks due to natural, technological or human causes with the annual Hazard Vulnerability Analysis (HVA). Each clinic performs a local risk assessment by evaluating the risks for site-specific issues such as violence, crime, fires, and confidentiality violations. These assessments allow groups such as the Sustainability Teams and Safety Committees to analyze

probability and risk over time and prepare when there is demonstrated increase of risk.

Provider Licensing and Credentialing

All MCHD providers are credentialed at the time of hire and are re-credentialed at least every two years. MCHD establishes and maintains credential files for each provider in compliance with HRSA, Joint Commission, and MCHD policies.

MCHD credentialing and privileging policy HRS.04.03 is reviewed and approved by the CHC. Quarterly, the Medical Director presents fully credentialed and privileged Licensed Independent Practitioners (LIP) to the CHC for review and approval.

Provider credential files are maintained in a secure, locked location and/or in secure, restricted-access electronic files to prevent unauthorized access and in order to protect the privacy and confidentiality of providers.

The responsibility for maintaining licenses, credentials and privileges aligns with each Community Health Center program area:

- Dental Director – dentists, dental hygienists, other dental program staff
- Medical Director – physicians, nurse practitioners, physician assistants,LCSWs, other primary care program staff
- Human Resources - nurses and other nursing staff, and CMAs
- Pharmacy Director - pharmacists, pharmacy technicians, and clinical pharmacists

Clinical leaders (Dental Director, Medical Director, Clinical Pharmacist Lead) conduct privilege reviews and approvals for the clinicians who operate under their responsibility. Documentation of competence can be provided through training documentation and demonstrated proficiency.

Human Resources is responsible for monitoring licenses and certifications for other Licensed or Certified Practitioners

Employee Training and Education

MCHD has an employee training and education program. All new MCHD employees are required to take trainings, i.e. new nurse orientation, new provider orientation, or review policies that are specific to their role within the department.

Additionally, providers and other staff have training budgets allocated for professional development and maintaining clinical competencies. Provider, RN, and CMA trainings occur regularly through Grand Rounds.

MCHD tracks required staff trainings in various systems, SAP and HealthStream are two examples.

Visual Performance Management

Visual Performance Management is a quality management tool used throughout the Community Health Centers. This is accomplished by using Sustainability Boards which are located in each clinic to ensure that staff are aware of quality initiatives and obtain the same information in the same way at the same time. All staff can see and understand workplace priorities, target measures, and current performance status at a glance.

Providers, clinic staff, and management use dashboards and other visual displays to track clinical, financial, and operations performance measures. These dashboards are integrated into quality management at all levels of leadership and support decision-making and oversight of the clinics.

Quality Improvement

Quality Improvement recommendations identify the change that is needed, determine deadlines for corrective action and assign responsibility. The Quality Program is accountable to the clinical and senior leadership of primary care, dental, and pharmacy services, for the findings, conclusions, recommendations, actions taken, and results of the corrective or improvement actions taken. The Primary Care Medical Director and the Dental Director have responsibility for clinical quality measures within their areas.

Quality Assurance

An essential part of quality management is the on-going review and maintenance of data reports that fall within the Quality Program core functions to assure conformance to internal and external standards. Oversight by the Quality Program, working in collaboration with the Primary Care Medical Director and Dental Director, includes data collection, monitoring performance

measures, the appropriateness of patient care delivered, coordinating reporting, making recommendations and leading initiatives to address the recommendations. The Quality Assurance activities monitor the compliance to Joint Commission Standards as well as all applicable State and Federal requirements and regulations.

Risk Management

Risk Management activities are performed to support the overall mission and vision of the health centers as they pertain to clinical risk and patient safety. This part of the Quality Program supports the establishment of a safety culture that emphasizes implementing evidence-based best practices, learning from error analysis, and ensuring that risks across the spectrum of clinical services are identified and either eliminated or controlled through assessments, reporting, analysis and proactive mitigation.

The following reporting schedule outlines key reports, the frequency of review and by whom it will be reviewed and/or approved. By keeping with this schedule, the Community Health Centers have a clear process for continual quality improvement, leadership oversight, decision making, and communication opportunities throughout the organization.

abbreviations
CHC= Community Health Council
SLICS= Senior Leadership, Integrated Clinical Services
QLT = Quality Leadership Team

Quality Program Reports	**Frequency and Reviewed By**			
	Bi-weekly	**Monthly**	**Quarterly**	**Annually**
Patient Satisfaction Survey Results			SLICS Clinic Leadership Teams CHC	
Summary Report of Patient Complaints (Patient complaints are reviewed as they are received by the Quality Assurance staff, Dental and Medical Director and other pertinent leadership)			SLICS Clinic Leadership Teams CHC	
Summary Report of Clinical Safety Events (Patient and Employee Incidents)			SLICS Clinic Leadership Teams CHC	
Clinical Performance Measures, UDS Report	Clinic Leadership Teams	Clinic Leadership Teams	SLICS Clinic Leadership Teams CHC	CHC
Financial Performance Measures		SLICS Clinic Leadership Teams CHC	SLICS Clinic Leadership Teams	CHC
Operational Performance Measures		Clinic Leadership Teams	SLICS Clinic Leadership Teams	CHC (UDS)
Risk Management Activities				CHC SLICS

SECTION IV:

Community Health Centers Quality Priorities for 2020/2021

Every year the Community Health Center selects focus areas for delivering better patient-centered care. Priorities are identified at each leadership level (CHC, Community Health Center, Program, and Clinic) based on the key quality reports, data trends and performance outcomes from the previous year. Program and Clinic Leadership staff develop specific measures to address these priorities, and Community Health Center leadership ensures that the priorities are applied across ICS. Patient Services and Disease Management are the leading priorities for 2020. Prioritizing these areas will improve patient health outcomes while also improving how that care is delivered.

Patient Services			
	Goals	**Objectives**	**Measurements**
Medical	Engaged patients will experience improved health care and have increased satisfaction.	Improve culturally responsive care within patient interactions and delivery, including technology access.	• Maintain patient satisfaction at or above 90% as measure by annual patient satisfaction survey questions on culturally responsive service delivery (Q17): "When you visit the clinic, how often are you treated in a way that respects your personal, cultural, and language needs?" 2019 average was 95%. • Analyze potential disparities and differences in patient satisfaction by language and race. • MyChart Current average is 21%. Goal is to increase to 26%.
Dental	Increase the number of MCHD patients that are co-engaged	To increase the number of patients engaged in both PC and dental in CY 2020. Will include an	• 28% of patients will be co-engaged between PC and dental in CY2020.

		assessment of outreach strategies.	• Q4 2019 was at 23% co-engaged patients.
Pharmacy	MCHD health clinic clients choose in-house MCHD pharmacies due to expected high level quality of care and customer service.	Providing high quality patient services that are meaningful and viewed as helpful by the client.	MCHD clients are surveyed for client satisfaction. Targeted measures: • Pharmacy staff provide desired and useful information in an understandable way at >90%.
Disease Management			
	Goals	**Objectives**	**Measurements**
Medical	Clients will attain the best quality of life supported by their health care team.	Provide patient centered care utilizing all members of the care team to simplify disease management and promote preventive care outreach and management.	100% of the teams in each clinic will utilize team specific clinical performance dashboards to drive local improvement for processes and health outcomes. Create an updated diabetes care pathway, including a multidisciplinary group to engage patients who qualify for diabetes care management. Create specific outreach strategies for patients with diabetes engagement with behavioral health: • 12% of all clients with diabetes meet with Behavioral Health Providers.
Dental	Increase diabetics who have a comprehensive dental exam.	Outreach specifically designated to target hard to reach patients with diabetes who have not had a dental claim in the past 12 months	• 41% of eligible diabetic patients will receive a dental exam • 37% of patients received an exam in CY2019
Pharmacy -Clinical	Achieve Multnomah County Health	Reduce Morbidity and Mortality associated with	The percentage of patients who meet the

	Department Clinical Metrics for Diabetes and Hypertension	Diabetes and Hypertension	Multnomah County Health Department metrics for Diabetes and Hypertension, as defined by HealthShare.

2020 Work Plan

Patient Services			
	Objectives	**Activities**	**Timeline**
Medical	**Culturally Responsive Care:** Improve culturally responsive care within patient interactions and delivery **Technology access:** Increase EHR MyChart enrollment by 5%.	**Culturally Responsive Care:** Monthly cultural spotlight developed by the Health Equity/ Health Promotion Specialist in order to inform all primary care staff about the unique cultural needs of our patients. This information will also be aligned with the metrics monthly review. **Technology access:** Outreach and lobby engagement with patients for My Chart education and enrollment Bi-annually to patients.	**Culturally Responsive Care:** ● First cultural spotlight will be shared with staff in April 2019 and monthly thereafter. **Technology Access:** ● Outreach is taking place throughout the year. ● Teleworking staff will provide MyChart outreach to patients during COVID19 response (estimated March 2020 - July 2020).
Dental	Use the Dental EHR (Wisdom) to match a client's cleaning recall due date with their exam recall due date	Train and educate all dental staff on how to incorporate HMA/Care Gaps into patient visits. Train and educate front desk staff to send Wisdom Letter reminders to patients	Complete all HMA/Care Group training with staff by March 1, 2020. Complete all WISDOM training with front desk staff by June 1, 2020

		when due for their recall	
Pharmacy	Improve Patient Pharmacy Experience through improved Pharmacy Software	Implementation of Pharmacy Software Management System	Implementation in Spring or Summer of 2020
	Improve Patient Pharmacy Experience through evaluation of feedback	Develop and Implement Pharmacy Specific Feedback Process for Patients/Clients of the Pharmacy	Pharmacy-specific comment cards implemented in Jan 2020 will be reviewed at the Pharmacist-in-Charge meetings every other month.
	MCHD health clinic clients choose in-house MCHD pharmacies	Providing high quality patient services that are meaningful and viewed as helpful by the client.	Pharmacy satisfaction survey completed in collaboration with ICS Quality Team on a yearly basis Targeted measures: ● Pharmacy staff provide desired and useful information in an understandable way at >90%.
Disease Management			
	Objectives	**Activities**	**Timeline**
Medical	Provide patient centered care utilizing all members of the care team to simplify disease management and promote preventive care outreach and management.I	**Diabetes Care:** ● Outreach to clients who are due for a diabetes follow-up visit and lab work ● Review of DM lists at team meeting monthly to determine client centered needs to achieve glycemic control ● Referral to Diabetes Education Management Program for all appropriate clients with A1C >9 (RN and CHW) ● Referral to Clinical	**Diabetes Care:** Q1 2020: Create standardized workflow for diabetes Q2 2020: Hold grand rounds training on diabetes care pathways Q3 2020: Provide surveys to evaluate effectiveness of trainings and pathways Q4 2020: Additional training as indicated by surveys **Dashboards:** On a monthly basis clinic care teams will review performance rates of colorectal cancer screening, tobacco use and cessation, and depression screening and follow-up Teams will develop a team-level PDSA and track their performance and adjust their PDSA depending on the results.

		Pharmacist for collaborative drug management for clients with uncontrolled diabetes and/or hypertension. ● Referral to Behavioral Health Provider for all appropriate clients with A1C >9 **Clinical Performance:** ● Review clinic performance rates of colorectal cancer screening, tobacco use and cessation, and depression screening and follow-up	
Dental	Provide preventive services at all dental visits Use reports to identify gaps in dental coding and care planning.	Use dental dashboards and QI boards to emphasize preventive services by documenting code specific care. Perform regular reviews of coding to assure preventative services are correctly documented.	Complete staff training on coding by April 1, 2020
	Recommend using non opioid alternatives for acute pain.	Align current medication policy to require dental verification of statewide prescription monitoring program for opioids.	● Dental Medication policy to be updated and fully implemented by July 1, 2020 ● Continue to provide quarterly reviews of opioid prescribing trends and education as needed.

Pharmacy	Improve Disease management-Hypertension	Clinical Pharmacist Collaborative Drug Therapy Management (CDTM)- the participation by a practitioner and a pharmacist in the management of drug therapy	Ongoing
	Improve Disease management-Type II Diabetes Mellitus	Clinical Pharmacist CDTM	Ongoing
	Improve Disease management-Chronic Obstructive Pulmonary Disease (COPD)	Clinical Pharmacist CDTM	Ongoing

Review and Approval Tracking

Quality Management Plan-2020/2021

Community Health Council ● Reviewed and approved annually ● Record of approval in meeting minutes	
Approval by Community Health Council (represented by Council Chair):	**Signature and Date:**
Senior Leadership for Integrated Clinical Services (SLICS) ● Reviewed and approved annually ● Record of approval in meeting minutes	
Approval by SLICS (represented by ICS Director):	**Signature and Date:** **/s/ Tasha Wheatt-Delancy 5.5.20**

Board Member Application/Annual Survey

Federally Qualified Health Centers (FQHC's) are non-profit or public entities that serve designated medically underserved populations. The Co-Applicant Board of Directors is responsible for setting Health Center policies and ensuring it is responsive to the needs of the population. This is an application to serve as a volunteer member of the Co-Applicant Board of Directors for Multnomah County's Health Centers and **does not guarantee nomination**. For more information on the nomination process call the CHC Coordinator at 503-988-9492.

To be considered for nomination to the council, please fill out the entire application.

Name: _____ Date: _____

Phone: _____ Email: _____

Gender Identity: _____ Pronouns: _____

Address: _____

_____

Best way to reach you? **(circle one) Phone Email Text Postal Mail**

1. Which health topics are you **most** interested in? (**Mark your top three**)

Access to Health Care		Disabilities and Access		Mental Health	
Addiction and Recovery		Disease Prevention		Nutrition / Access to Food	
Aging		Health Equity		Public Policy and Government	
Chronic Disease		Homelessness		Spiritual Health	
Clean Air, Water, Food		Housing and Health		Youth and Student Health	
Dental and Oral Health		Maternal & Child Health			

2. Are your interests linked to any specific communities (race, ethnicity, economic status, housing status, etc.)? If so, please tell us which ones.

_____

_____

3. Do you work in Health Care or for a Health Organization? ☐Yes ☐No

If yes, please describe your role in the Health Care Industry: _____

4. Are you, your dependent child or adult, a patient at one of the MCHD County clinics?

☐Yes ☐No

If so, when/where was your/their last visit? _____

5. Do you, a member of your family or circle of friends, work for Multnomah County?

☐Yes ☐No

If yes, please describe your relationship with the employee: _____

6. Do you have **skills or experience** in any of these areas? **Please mark all of your skills with either; B (Beginner), I (Intermediate), or E (Expert).**

Previous Board Experience		Healthcare Systems		Public Health Issues	
Budget/Finance/Working with Numbers/CPA?		Human Resources		Public Speaking	
Community Organizing		Legal/Paralegal/Lawyer?		Quality Assurance	
Conflict Resolution		Management/Supervision		Any to add?	
Diversity/Equity/Inclusion		Patient Experience/Advocacy			
Health Promotion		Policy Development/Review			

7. Please list any skills that you want to develop; _____

8. Do you actively participate in any other advocacy organizations? ☐Yes ☐No

If you answered "Yes"; are you comfortable sharing their names with us? _____

9. Can you commit to attending **at least** one (1), two-hour (2 hr) meeting per month? ☐Yes ☐No

10. Which race(s) and/or ethnicity do you identify with?

_____

Is there anything else that you want to tell us about yourself? Use a separate sheet of paper, if needed, to describe (Family and transportation needs, food allergies, health conditions, etc.)

By signing below, I certify that the information I have provided in this application is true to the best of my knowledge.

Signature: _____ Date: _____