Community Health Council

Community Health Council Board Meeting Minutes
Date: Monday, June 8, 2020
Time: 6:00 PM
Location: Zoom

Approved: **Recorded by:** Anna Johnston

Attendance:

Board Members	Title	Y/N
"D"eb Abney	Board Member	Y
David Aguayo	Treasurer	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	N
Staff/Elected Officials	**Title**	**Y/N**
Patricia Charles-Heathers	Health Department Director	Y
Adrienne Daniels	ICS Deputy Director	N
Amy Henninger	Interim Medical Director	Y
Michele Koder	Pharmacy and Lab Services Director	Y
Wendy Lear	Deputy Director Business Operations	Y
Hasan Bader	ICS Finance	Y
Anna Johnston	Administrative Analyst	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	Y
Kate Cooper	Interim ICS Deputy Director	Y
Tasha Wheatt-Delancy	Interim ICS Director	Y
Trista Zugel-Bensel	Dept of County Management Budget Office	Y
Breishon D'Agostini	Primary Care Innovation and Strategy Manager	Y

Guests: Pari Mahzar, Bob Ryan, Ava Ellis

Action Items:

- Wendy to follow up with more information on the deferred revenue request to move into BWC for July Meeting

Decisions:

- Approved the May 11, 2020 meeting minutes
- Postponed the Deferred Revenue to Beginning Working Capital request for approval - Motion carried to bring back to July meeting with more information and time to review before a decision is made
- Approved the HIV Rapid Start Grant Submission
- Approved the New Policy Data Governance
- Approved ICS Director Hiring Committee- Recommendation to propose candidate

Reports Received:

- Monthly Budget Report

The meeting was called to order at 6:08pm by Harold Odhiambo.

One minute of silence taken for George Floyd and BLM

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 with 9 members in attendance

May 11, 2020 Meeting Minutes Review (VOTE REQUIRED)
(See Document - May CHC Meeting Minutes)

No questions or comments were raised by CHC members

Motion by David to approve the May 11, 2020 Meeting Minutes.
Seconded by Iris
9 aye; 0 nay; 0 abstain
Motion carries

Monthly Budget Report- March 2020
(See Documents-Monthly Dashboard March 2020 and March FQHC Financial Statement)

Hasan Bader - ICS Finance Manager

- Finance report for March and a few months before for comparison, Hasan showed average billable visits
- SHC- next month we will add the yearly target that was requested previously, there was not enough time to add it for this month
- March numbers did go down as we changed operations in mid March
- SHC- we were hitting the target on average each month, Dental was a bit below target but the numbers went down more in March, same for Primary Care
- Next month- the hope is that the effect on weekly billable visits will show
- Uninsured visits for FQHC- for FY19 and FY 20 the target was the same for visits, we were over the target for FY20
- Dental- red line shows projected percentage for uninsured visits
- Payer mix for Primary Care: includes uninsured visits and all payer sources, CareOregon at 65%, Self Pay 15%
- PC membership assignments: CareOregon membership has risen
    - Family Care- stopped in Jan 2028
    - Shift in membership- many from Family Care went to CareOregon
    - Providence- membership has stayed the same, went down a bit in January
- March- we increased membership by 140 over February numbers
- Gross collection by payer- several payer sources indicating what we bill and what we collect, usually 45-50% of what we bill is what we collect
- Summary of financial operations: total adopted budget with amendments was 141 million dollars
- By March we should be at 75% of the year, in general we spent about 73% of the budget and brought in about 70% of the revenue
- March revenues- some corrections were made in the Primary Care grant areas for February and March- brings the the grant revenue to 48% (usually we are one month behind in tracking the funds)

Question: David- clarifying that the catch up in March was complete? What is the level of grant revenue that we can expect going forward?
Answer: Hasan- yes we are at 68% for the year that represents 8 months of the year, we are normally one month behind on the tracking, we are right on track. In June it will take 2 months to close out and catch up the fiscal year

Licensing and Credentialing Report
(see document - Licensing & Credentialing)

Interim Medical Director Amy Henninger,MD

- Hired one LCSW- moved positions
- Hired 6 providers total since March 31st
- Several of the new providers speak Spanish, one speaks Indonesian, one speaks Korean
- 5 more providers to start between now and October
- Amy advised we have great providers joining us
- Recredential Approvals since March:16

Question: Iris- really excited to see folks that are representative of our community as far as diverse cultures
Answer: n/a

Question: Susana- i understand you hired a few people in call to cover vacations, if we have enough providers why don't we have enough appointments?
Answer- Amy- the hires are to fill vacancies and we hope when they are onboard and we reopen that we can offer more appointments?

Question:Susana- in all the clinics?
Answer: Amy- yes they fill in where the greatest need is

Question: Susana- what happened to the staff that were at the closed clinics?
Amy- they are located at the clinics but rotated through providing telemed visits, Tasha can speak more of the operations

Deferred Revenue to Beginning Working Capital (VOTE REQUIRED)
(see document - Presentation Summary Deferred Rev to Beginning Working Capital)

Health Department Deputy Director Finance and Business division, Wendy Lear

- In Process of preparing for FY end and in preparation for year end close staff are reviewing year end capital and looking at all available revenue
- In reviewing the revenue including grants

- We often receive grants revenue in advance and it fits in a deferred revenue account until we incur expenses then we draw from that account
- In this review we found 6 million dollars approximately in unearned revenue
- That revenue has now been earned and we can move it into the BWC (Beginning working Capital) for the Health Centers
- The revenue is one time only payments from CareOregon and Providence
- Closing out the fiscal year may require using more BWC to close the gap due to the COVID19 caused clinic closures
- We have received additional federal funding and other funds to close the gap, but if those are not enough we will have to use more BWC including this 6 million deferred revenue to close the gap
- Seeking approval to use these funds if needed to close the budget

Question: Harold- we just received this, I find it concerning the deferred revenue we were not aware of this money- why did it not appear in the financial statements? Asking because the auditors informed us we have the governance and fiscal responsibility, we need to know more information, more independent financial audits, trying to come to terms with the deferred revenue. How did this happen?
Answer: Wendy- yes you are correct the deferred revenue and BWC is not part of the regular information that we share and it should be included in the monthly financial reports
Wendy-The financial information that has been usually prepared is for the year but doesn't include how other funds have changed over time and change over the years

Harold- yes and no- it's still confusing how the information was not presented to us since it is our fiduciary duty and this part missing is concerning- if auditors come back and see we were not aware we could appear out of compliance

Wendy- I agree and assure that having deferred revenue and BWC is a normal part of the accounting process but the transparency with the counsel can be improved

Question-Susana- if we were never aware of this money- why do we have to vote on it now?
Wendy- we are learning over time since the last HRSA visit that the board should really be involved in these decisions and aware
David- if we use all those funds are there any left?
Wendy- there is other funds in the system for the deferred revenue account
668K in deferred revenue for about 16 different grants, in addition to this there is just under 3 million dollars of BWC for the health centers
It would be useful to provide these balances each month so you can see how they change each month

Tamia- Want to Understand how we got here? Are you saying that this is how things were always done but we didn't have the info before? How is this an emergency then?
Wendy- the reason is because we have been working the last several months on how to close the budget with so much less clinic revenue, we have to make the decision by June 30th, we need approval to use more BWC than what was previously approved by the board earlier in the year
Harold- how does then including this in the budget negatively impact or positively impact the budget?
Wendy- the BWC is like a savings account, if we use this money to close the books it could impact next year's budget, if we spend all of our savings we had planned to use some of it next year
Tamia- understand we have shaken the couch cushions for money to close the budget, but it feels problematic that this was dropped on us this morning and would have liked more time to prepare and make this decision
Wendy- suggest we bring back to next month's meeting, more time to discuss, the fiscal year ends in June 30th but we wouldn't make the actual transaction until later in July
Harold- one last question- if these funds were there this whole time how is it being brought forward just now? Is there going to be more surprises on us?

Iris-request to make a motion to hold off on this vote and given more information, those figures in writing, the facts of the before and after

Harold- please send the information via Linda

***Motion by Iris to defer this decision until next month and receive more information (to approve the* Deferred Revenue to beginning working capital)**
Seconded by David
9 aye; 0 nay; 0 abstain
Motion carries

<u>HIV Rapid Start Grant Submission</u> (VOTE REQUIRED)
(see document - Grant Approval Request)

HSC Manager Toni Kempner

- Potential grant for special project of national significance
- 3 year, 200K per year for 3 years

- Will fund a cultural navigator position for HIV
- There are disparities between Latinx and African American Communities
- Will provide direct client services like bus tickets, social determinants of health
- Will start in Aug 2020, cell phones for clients
- What is different is that we will be able to collect data and we will be able to demonstrate outcomes, be a part of ten centers in the U.S.
- Will make the rapid start program more sustainable

Questions: Susana- we are ready for this to open
Harold- are we collecting any data right now? Expand on how that currently works?

Answer: Toni- current data- As the primary HIV-specific medical care provider to underserved PLWH, Black, Indigenous, and other people of color (BIPOC) are highly represented among the HHSC client population. Forty-three percent of clients are BIPOC, compared to 31% of Multnomah County's total population, 29% of PLWH in the Portland TGA, and 27% of the Portland TGA's total population. Blacks/African Americans are significantly disproportionately impacted by HIV, and Latinx are disparately represented among newly diagnosed PLWH. Fifteen percent of HHSC clients are Black/African American, and 21% are Latinx. In addition to being disproportionately represented among the HIV epidemic, Black/African American Ryan White clients in the Portland TGA have a lower rate of viral suppression than Ryan White clients overall (72% vs. 79%). Viral suppression rates are even lower when Black/African American PLWH experience the barriers to care described above. For example, the rate of viral suppression for Black/African American PLWH with IDU risk is 70%. The experience of poverty, alone, lowers viral suppression rates, and in the Portland TGA, Blacks/African Americans experience poverty at a rate over twice that of the general population (29% vs. 12)%. Data also indicate disparities in Black/African American PLWH's access of care. Seventeen percent of non-newly diagnosed, new Ryan White clients to the Portland TGA identified as Black/African American, suggesting a large proportion of Black/African American PLWH are out of care. Latinx also experience disparities in access to care and health outcomes on top of disproportionate representation among PLWH. TGA-wide, Latinx cases diagnosed during 2012-2016 were more likely than whites to progress to meeting criteria for AIDS within 12 months of testing positive (42% vs. 34%), indicating that, on average, Latinx have been infected for a longer time prior to diagnosis. With the implementation of Rapid Antiretroviral Start Protocol, we have been able to provide access to HIV medications for 91% to newly diagnosed persons living with HIV within 5 days, with over 80% of our 70 persons seen for Rapid ART start achieving viral load suppression within 30 days.

Motion by David to approve the HIV Rapid Start Expansion Grant Submission

Seconded by Tamia
9 aye; 0 nay; 0 abstain
Motion carries

New Policy Data Governance (VOTE REQUIRED)
Interim Quality Director Brieshon D'Agostini

- Part of the quality program includes our data governance
- Since we generate a lot of data, we developed a policy to govern safety of our information
- The purpose is to establish standards in the data, protecting against breaches
- Ensuring we are in compliance with data standards and development of best practices
- The policy would apply to data used in ICS excluding public UDS data

Motion by Fabiola to approve the Data Governance Policy
Seconded by Pedro
9 aye; 0 nay; 0 abstain
Motion carries

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

- Slow ramp up for all services through August
- Last month we were looking at the first week of July for ramping up and we are still on track for this for some clinics
- Anticipate fully opening by mid August due to social distancing needs in the clinics
- Dental- ramp up through August as well but require some upgrades it will take us a bit longer and making sure we have the protective equipment for staff
- Primary Care next clinic to open will be SEHC, for Dental it will be SE or NE

ICS Strategic Updates
Interim ICS Director, Tasha Wheatt-Delancy

Person-Centered & Culturally Relevant:

- Partnering with Public Health for the last few weeks in East County for low barrier testing in the community in response to the outbreak at the berry farm

- Expand additional testing days in the Mid County area
- CHW's are working hard to bring resources including a free vision clinic (Oregon Lions sight) at Mid COunty

Engaged, Expert and Diverse Workforce:

- Having conversations with staff about what is happening in the community especially regarding the death of George Floyd.
- We have held town halls with managers and have a town hall tomorrow with all staff to have space for staff to share concerns

Fiscally Sound and Accountable:

- Projecting a 16 million dollar deficit
- received 4 million from HRSA
- Incentive gap funding from CareOregon around 5 million dollars
- Leaves around a 6 million deficit in revenue
- BWC that Wendy referenced- we would be able to close out the revenue gap for the fiscal year

Question- Pedro
One- due to covid19- if people lost their job can they get a test for free?
Answer: Tasha- if someone doesn't have insurance and is symptomatic they can come to testing at East County, if they are needing medical care also then yes they can call Patient Access center and come in as a new patient
Two-Pedro-What is going on with SEHC?
Tasha- Last month the CHC board approved the hours and changed in services and the board of county commissioners approved the budget, a project manager has been hired to work on the transition into repairs in April

Council Business Committee Updates

Council Business Committee Updates

The Executive Committee met on May 27th

- Tasha gave updates on what she shared tonight
- Open invite to board members to meet with Tasha and see if there is anything

they need- please contact Linda
- Harold gave testimony on behalf of the CHC at the ICS Budget presentation on May 29th- Linda to send a copy to board members via email
- Tasha led the ICS budget conversation- opening of Reynolds was one priority, they need the additional funding to offset losses from COVID19, also highlighted the Health Centers successes including an award in Equity, moving forward in teledentistry, continuing to provide vaccines during the pandemic
- Crafted tonight's agenda
- Call for nominating committee members- need at least one more member in the nominating committee
- Tamia- looking for diversity on the nominating committee, someone with a flexible schedule
- Let Linda know if you are interested in the nominating committee

ICS Director Hiring Committee- Recommendation to propose candidate (Vote Required)

- Tasha departed the meeting so the conversion regarding the ICS Director Hiring Committee can discuss the permanent ICS Director Position
    - Because the co-applicant agreement says that the board can propose candidates - section 1.3.1 in the co-applicant agreement
- The committee recommends the Interim ICS Director Tasha as a candidate
    - She is interested in becoming a candidate
    - Linda emailed a copy of the recommendation that would go to the Chair including the proposal of the board and why

Iris asked- why hasn't the county just recognized her first?
Linda- they have not posted the position for her to apply to yet
Patricia- the process of what happened with the short period of time when Vanetta left, two recruiting firms were interviewed and the one we offered the recruitment to declined because they felt that due to COVID-19 they would not be able to find a viable candidate that would be willing to relocate, last week Patricia recommended that we don't recruit and give Tasha 3 months to continue and get recommendation from the committee to nominate her as the new director, Tasha has been in the role for 6 months

Motion by "D"eb to propose Tasha Wheatt-Delancy as a candidate for permanent ICS Director
Seconded by Pedro

9 aye; 0 nay; 0 abstain
Motion carries

Meeting Adjourned at 812pm.

Signed:_____Date:_____
Pedro Prieto Sandoval, Secretary

Community Health Council
Public Meeting Agenda

Monday, June 8, 2020
6:00 - 8:00 pm
(via teleconference)
Public Access Call: +1-253-215-8782
Meeting ID: 962 1204 3153
Password: 026710

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**	• Approval for May Public Meeting Minutes	6:10-6:15 (5 min)	Council votes to approve and Secretary signs (electronically)
Monthly Budget Report	• ICS Finance Manager, Hasan Bader	6:15-6:30 (15 min)	Council receives report
Licensing & Credentialing Report	• Interim Medical Director, Amy Henninger MD	6:30-6:40 (10 min)	Council receives report

School-Based Mental Health & Early Childhood Services	• Operations Manager Direct Clinical Services/Mental Health And Addictions Div., Yolanda Gonzalez LCSW	6:40-6:55 (15 min)	Council receives FQHC program information
HIV Rapid Start Grant Submission **VOTE REQUIRED**	• HSC Manager, Toni Kempner	6:55-7:10 (15 min)	Council discussion and vote
New Policy Data Governance	• Interim Quality Director, Brieshon D'Agostini	7:10-7:30 (20 min)	Council Discussion and Vote
COVID-19/ICS Strategic Updates	• Interim ICS Director, Tasha Wheatt-Delancy	7:30-7:45 (15 min)	Council receives COVID-19 updates and ICS Updates through the Strategic Plan Lens
Council Business Committee Updates **VOTE REQUIRED**	• Executive Committee Update; Chair, Harold Odhiambo • Call for Nominating Committee member • ICS Director Hiring Committee - Recommendation to Propose Candidate	7:45-8:00 (15 min)	Council receives updates from Chair Council discussion Council discussion and vote
Adjourn Meeting	• Chair, Harold Odhiambo	8:00	**Goodnight!**

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

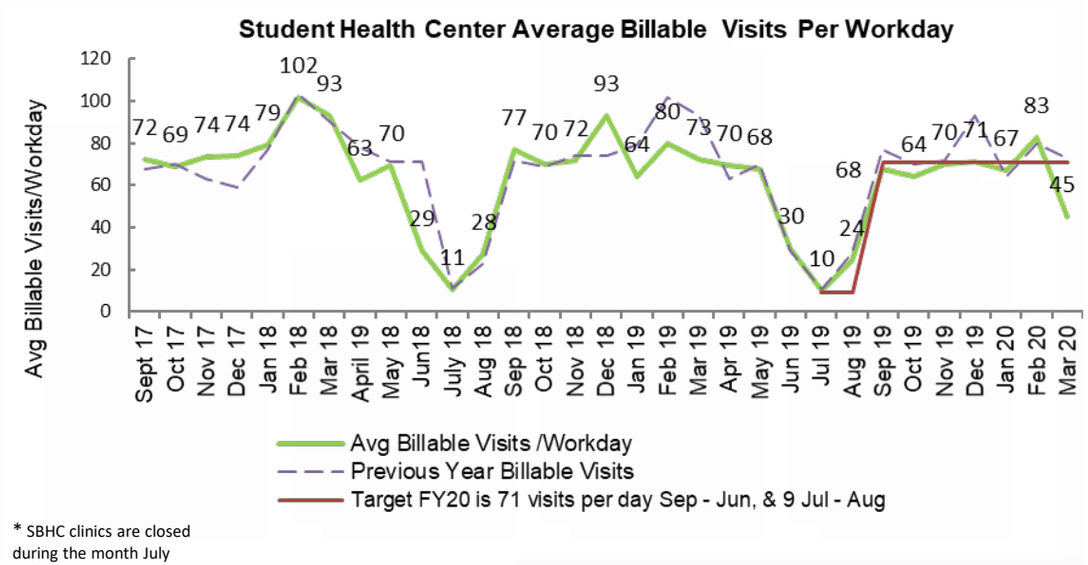
Multnomah County - Federally Qualified Health Center

Monthly Dashboard

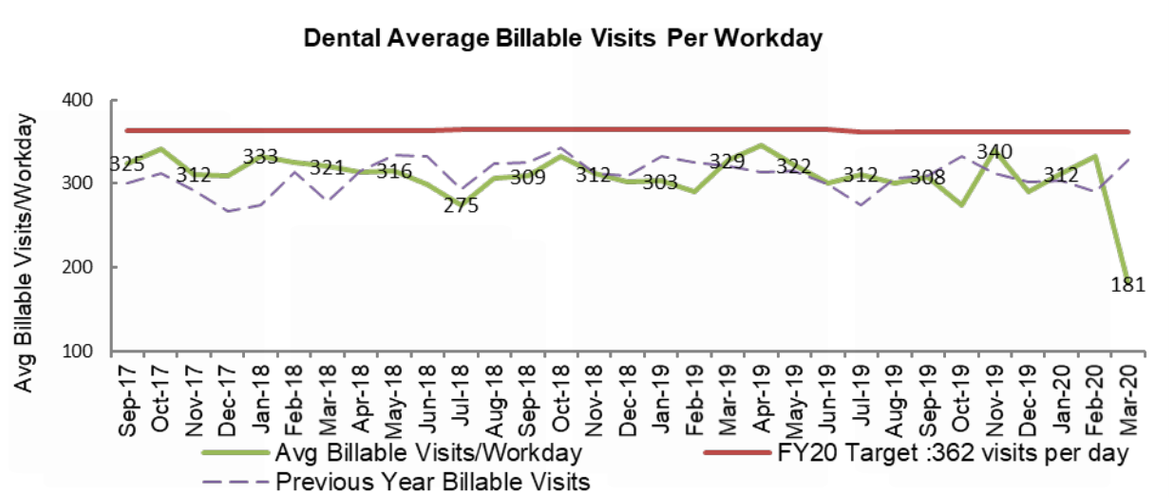
March 2020

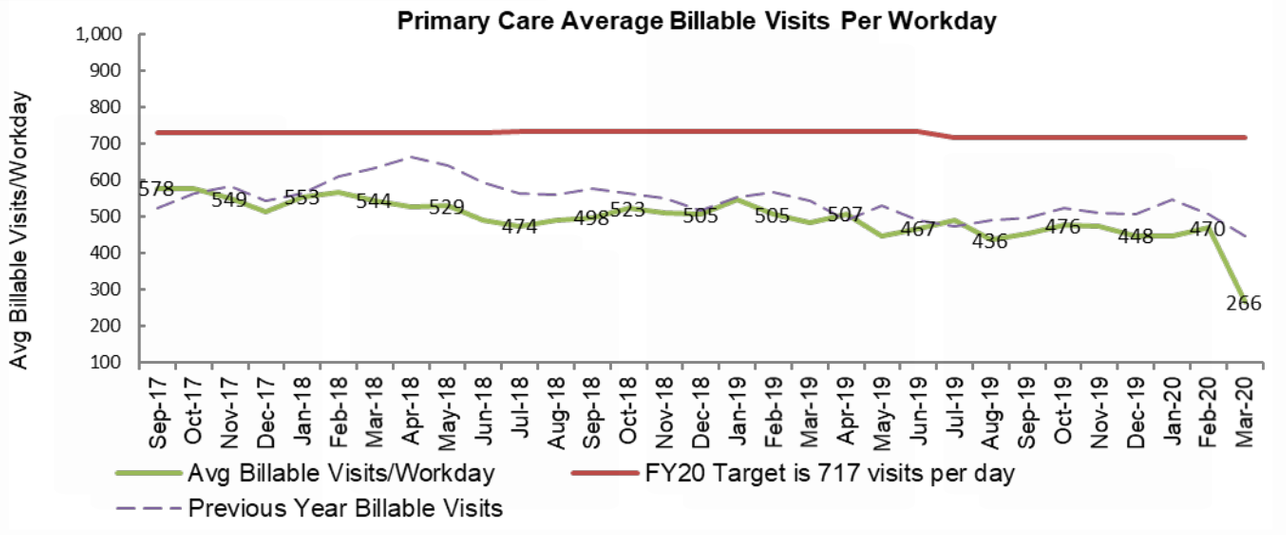
Prepared by: Larry Mingo

FQHC Weekly Billable Visits Per Department



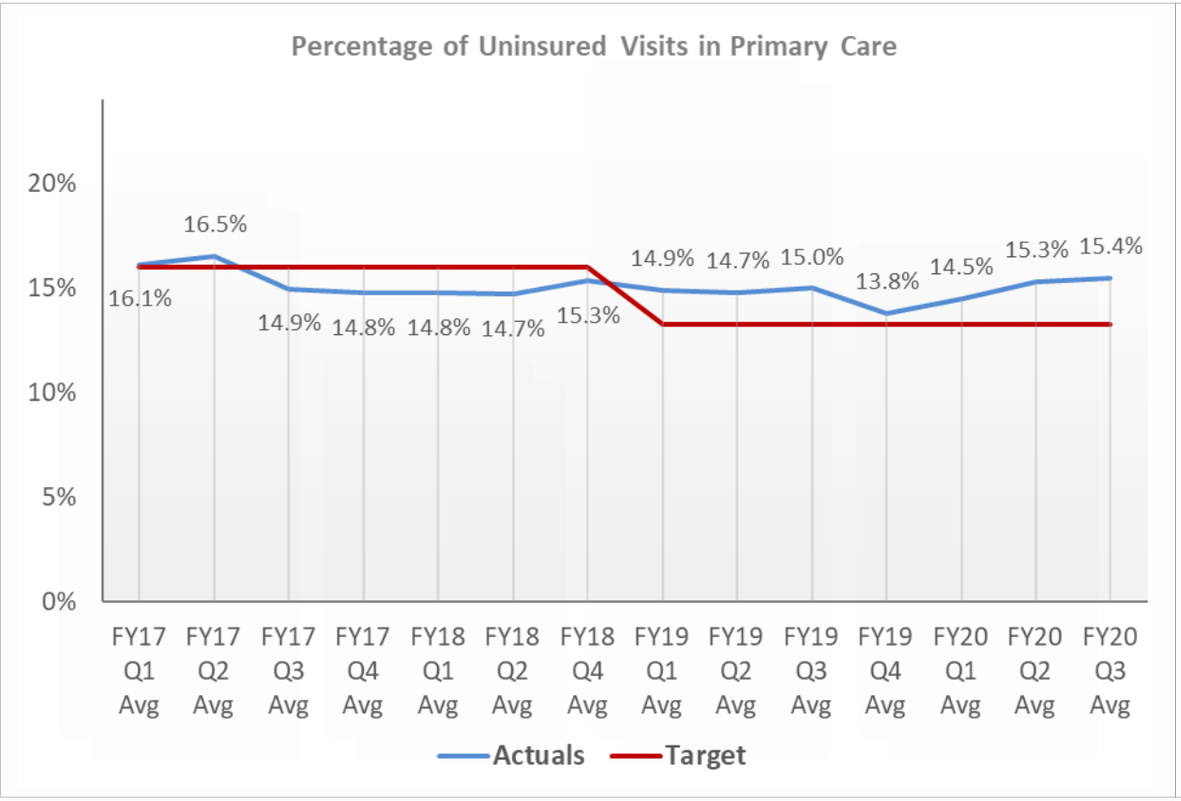
* SBHC clinics are closed during the month July except Parkrose SBHC

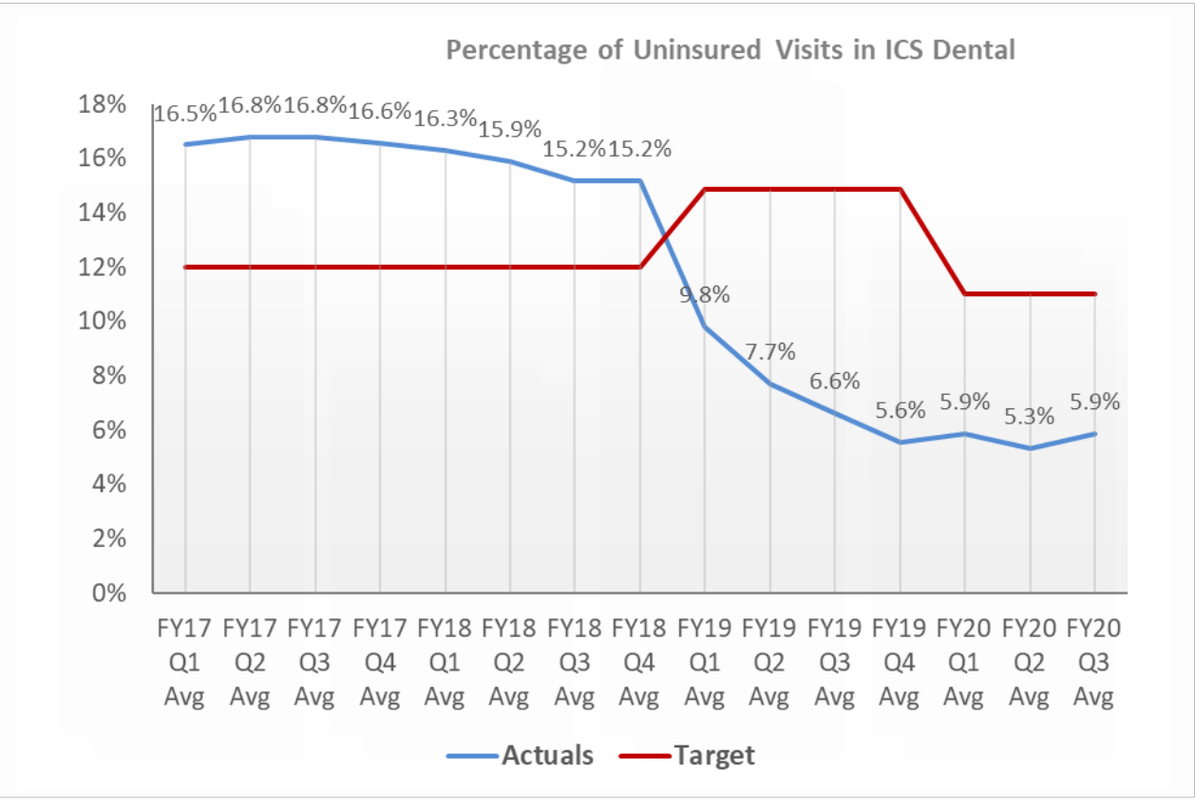




Notes: Primary Care and Dental visit counts are based on an average of days worked.
School Based Health Clinic visit counts are based on average days clinics are open and school is in session. Schools closed an additional 7 days in March 2020 due to Covid-19 outbreak

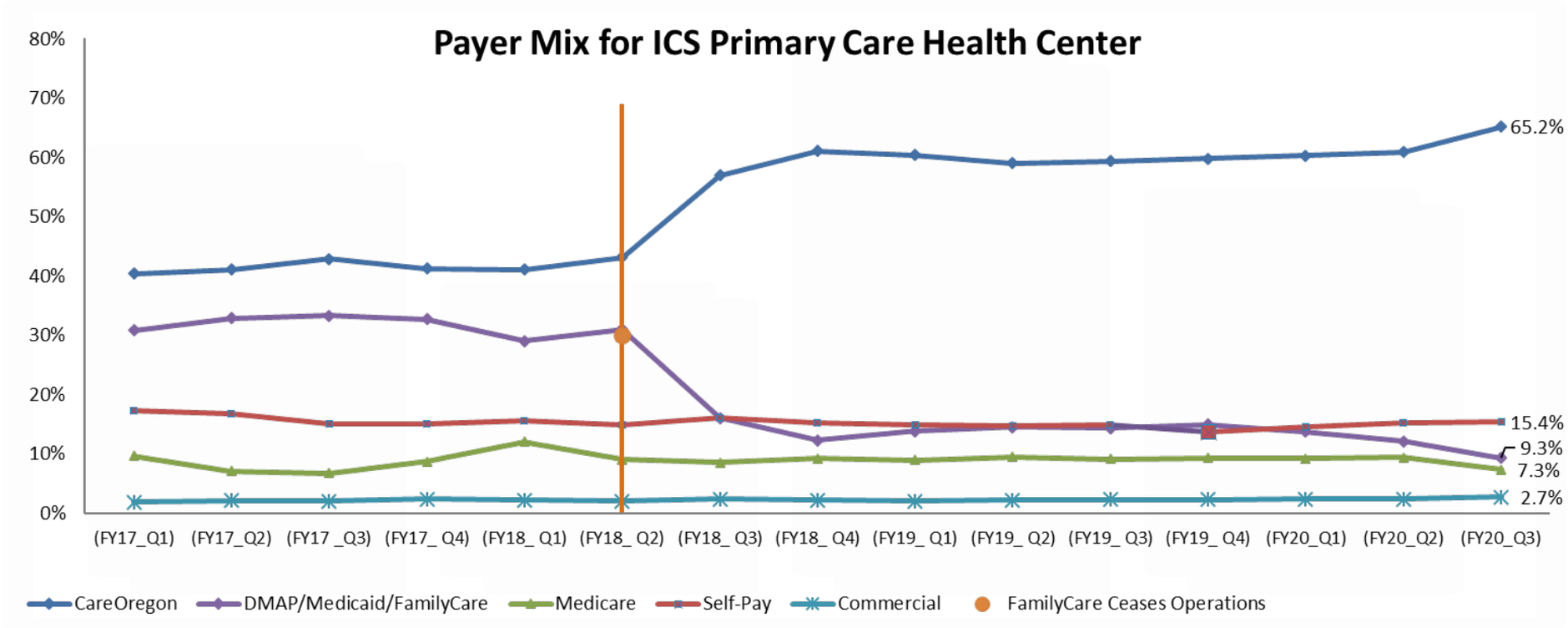
Monthly Percentage of Uninsured Visits for FQHC Centers





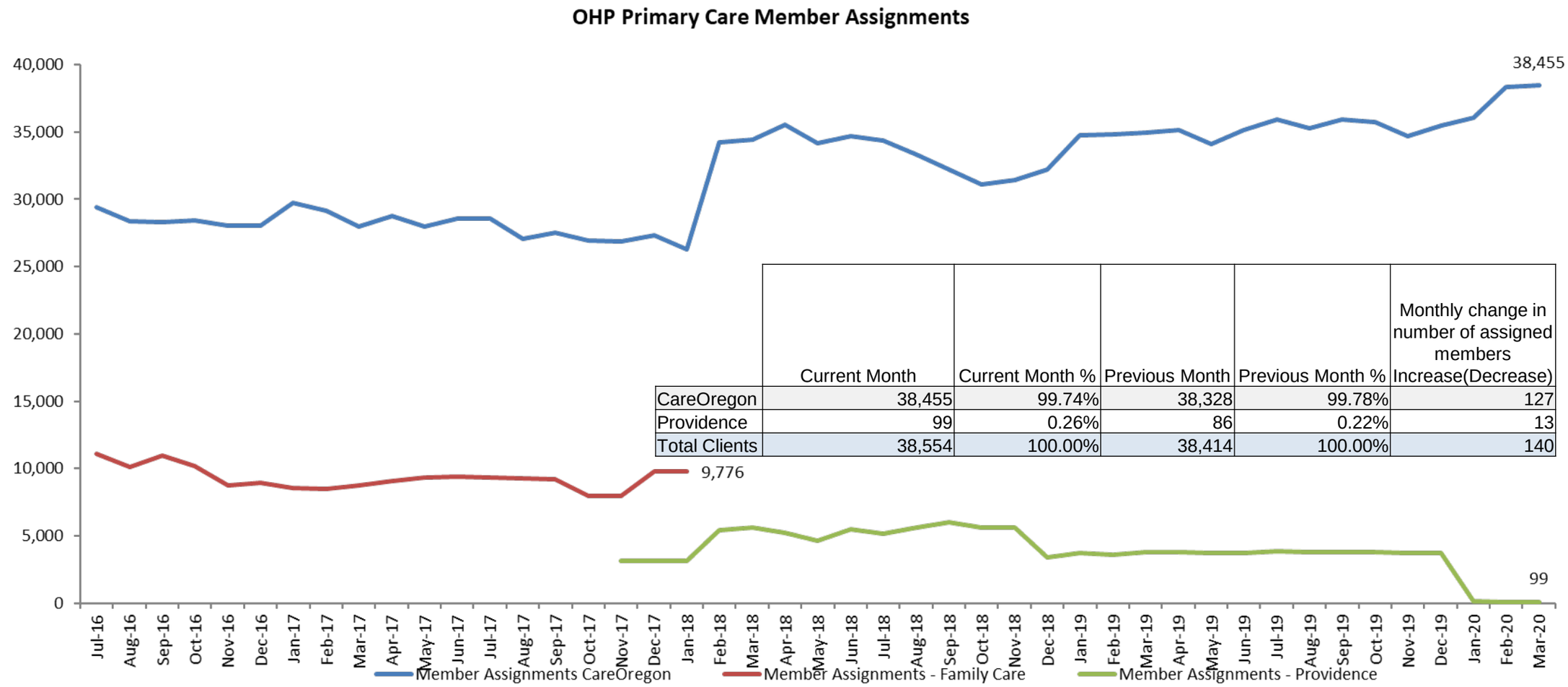
Comments:
Primary Care target % of Uninsured Visits for FY18: 16%; for FY19: 13.25%; for FY20 13.27%
Dental target % of Uninsured Visits for FY18: 12%; for FY19: 14.85%; for FY20 11.00%

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



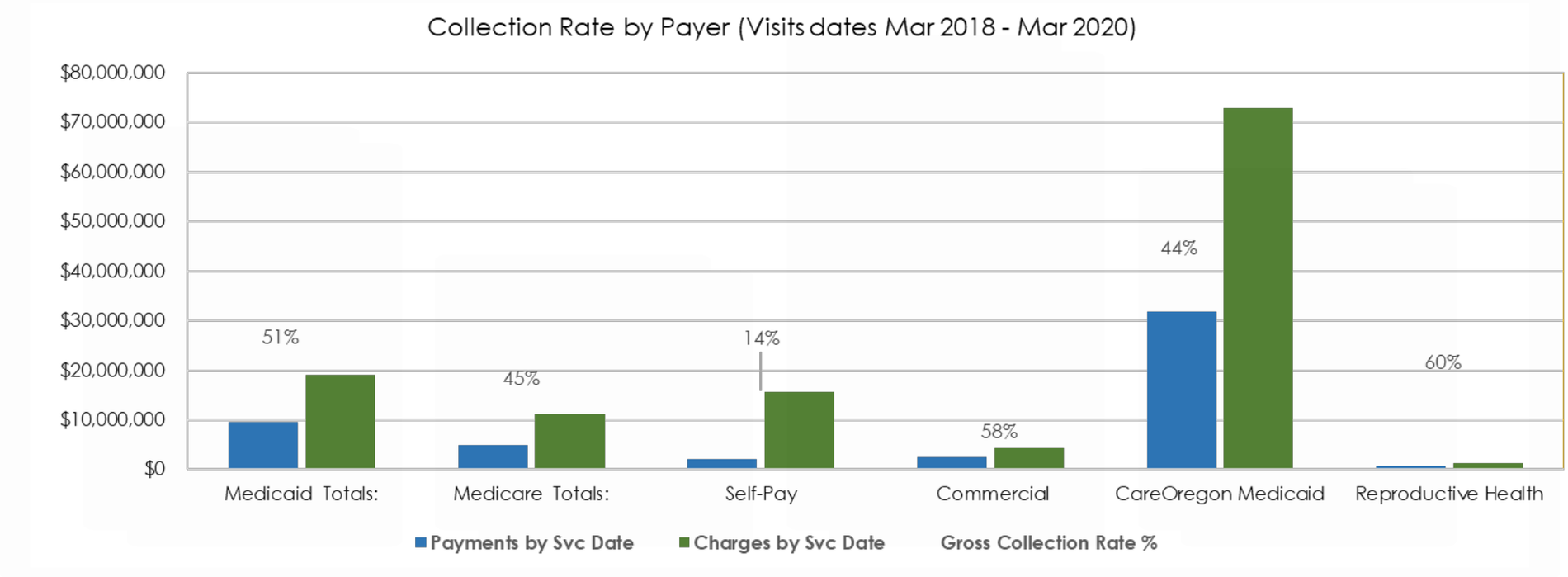
	Current Month	Current Month %	Previous Month	Previous Month %	Monthly change in number of assigned members Increase(Decrease)
CareOregon	38,455	99.74%	38,328	99.78%	127
Providence	99	0.26%	86	0.22%	13
Total Clients	38,554	100.00%	38,414	100.00%	140

CareOregon FY20 average: 36,198

Providence FY20 average: 2,556

FQHC Gross Collection Rate by Payer
March 2018 – March 2020

	Medicaid Totals:	Medicare Totals:	Self-Pay	Commercial	CareOregon Medicaid	Reproductive Health
Payments by Svc Date	$9,668,997	$5,027,843	$2,164,795	$2,450,267	$31,886,852	$721,952
Charges by Svc Date	$19,039,886	$11,278,328	$15,637,737	$4,245,999	$72,998,026	$1,209,864
Gross Collection Rate %	51%	45%	14%	58%	44%	60%



Multnomah County Health Department
Federally Qualified Health Center Financial Statement
For Period Ending March 31, 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.

Medicaid Quality and Incentives (formerly 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 March 31, 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 March 31, 2020

Community Health Centers - Page 3 — March Target: 75%

	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
Medicaid Quality and 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)	$ 1,783,912	$ 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	$ 14,461,305	$ 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)	$ 3,402,820	$ 1,278,128

Multnomah County Health Department
Federally Qualified Health Center Financial Statement
For Period Ending March 31, 2020

Community Health Centers - Page 4 — March Target: 75%

	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	$ 889,539	$ -	$ -	$ -	$ 8,036,460	76%
Grants - BPHC	$ 9,795,045	$ 9,795,045	$ -	$ 330,148	$ 31,742	$ 2,039,834	$ -	$ -	$ -	$ 6,686,018	68%
Medicaid Quality and Incentives	$ 8,179,053	$ 8,179,053	$ -	$ 603,758	$ 700,571	$ 645,380	$ -	$ -	$ -	$ 4,862,524	59%
Grants - All Other	$ 9,372,217	$ 9,816,564	$ 444,347	$ 519,783	$ 719,445	$ 570,506	$ -	$ -	$ -	$ 5,690,373	58%
Health Center Fees	$ 101,518,640	$ 101,518,640	$ -	$ 5,735,017	$ 7,396,338	$ 7,842,172	$ -	$ -	$ -	$ 72,402,830	71%
Self Pay Client Fees	$ 1,025,053	$ 1,025,053	$ -	$ 59,996	$ 67,016	$ 66,259	$ -	$ -	$ -	$ 682,909	67%
Write-offs	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
Total	$ 140,640,258	$ 141,022,362	$ 382,104	$ 8,143,957	$ 9,801,151	$ 12,053,691	$ -	$ -	$ -	$ 98,400,172	70%
Expense											
Personnel	$ 92,649,052	$ 92,912,381	$ 263,329	$ 7,594,319	$ 7,361,283	$ 7,545,624	$ -	$ -	$ -	$ 66,960,625	72%
Contracts	$ 4,777,160	$ 4,836,035	$ 58,875	$ 550,974	$ 165,653	$ 632,586	$ -	$ -	$ -	$ 3,255,117	67%
Materials and Services	$ 16,608,855	$ 16,631,740	$ 22,885	$ 1,664,439	$ 1,940,417	$ 2,107,964	$ -	$ -	$ -	$ 14,998,879	90%
Internal Services	$ 25,996,190	$ 26,033,205	$ 37,015	$ 1,738,294	$ 1,668,398	$ 2,064,765	$ -	$ -	$ -	$ 17,585,269	68%
Capital Outlay	$ 609,000	$ 609,000	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 7,862	1%
Total	$ 140,640,258	$ 141,022,362	$ 382,104	$ 11,548,026	$ 11,135,751	$ 12,350,938	$ -	$ -	$ -	$ 102,807,751	73%
Surplus/(Deficit)	$ -	$ -	$ -	$ (3,404,069)	$ (1,334,599)	$ (297,248)	$ -	$ -	$ -	$ (4,407,578)	

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

Presentation Summary

GRANT OPPORTUNITY

Community Health Council (CHC) Authority and Responsibility
As the governing board of the Multnomah County Health Center, the CHC is responsible for revising and approving changes in the health centers scope; availability of services, site locations, and hours of operations; and operating budget. Reviewing and approving the submission of continuation, supplemental, and competitive grant applications is part of this review and approval process.

An approval to submit a grant application will allow for budget revisions during the application development process within and between approved budget categories up to 25% without CHC approval. All budget revisions that exceed the cumulative 25% budget revision cap will be presented to the CHC for a vote prior to grant submission. Upon Notice of Award, the budget approved by the funder will be presented to the CHC for a final approval.

Date of Presentation: 6/8/2020	Program /Service Area: HIV Health Services Center (HHSC)
Presenters: Toni Kempner	

This funding will support:	☐ Current Operations	**X** Expanded services or capacity	☐ New services

Project Title and Brief Description:

- **<u>Building Capacity to Implement Rapid Antiretroviral Therapy (ART) Start</u>**
- In support of the *Ending the HIV Epidemic (EHE): A Plan for America Initiative,* this program will fund up to 10 organizations interested in the implementation and evaluation of "Rapid Start" or the accelerated entry into HIV medical care and rapid initiation of antiretroviral therapy (ART) for people with HIV who are newly diagnosed, new to care, or out of care.

- This opportunity is a HRSA HIV/AIDS Bureau (HAB) Special Project of National Significance (SPNS) grant that would provide funding for three years (September 1, 2020, through August 31, 2023), with the goal of replicating and expanding successful Rapid Start models nationally.

What need is this addressing?

- The timeliness and rates of access, linkage, and retention to HIV care, and viral suppression through the implementation of Rapid Start interventions for individuals newly diagnosed and aware of their HIV status, and people with HIV who have not previously engaged in HIV care.
- The capacity of HHSC to expand Rapid Start interventions for people with HIV, especially racial/ethnic minorities and other underserved populations. In the Portland TGA, HHSC's service area (2018 data), 30.1% of new diagnoses were among Latinx populations and 5.9% were among Blacks/African Americans, both higher than those represented in the general population.

Between 3/1/19 and 5/14/20, HHSC has screened 70 patients for Rapid Start. Of those, 21% (13) were Black/African American and 24% (15) were Latinx. Of the total, 66% identified MSM as their risk category. During the Rapid Staff pilot, out the 70 people screened, 56 participated, 26% were Latinx and 19% were African American, representing higher need for both screening and support among these groups compared to Non-Hispanic Whites. This is especially true for Latinx who make up such a high rate of new diagnoses compared to both the general population as well as total of new diagnoses among PLWH.

What is the expected impact of this project? (# of patients, visits, staff, health outcomes, etc.)

- HHSC estimates providing Rapid Start services to 65-75 patients per year of the project (195-225 over the project period).
- Funding will support a 1.0 FTE Rapid Start navigator as well as project coordination and direct client assistance (transportation, pre-paid cell phones, etc.).
- This funding will support development of a systematic approach to Rapid Start in order to increase retention in care and viral suppression for people living with HIV
- HHSC will employ strategies that support the Divisional priority of Leading with Race. This includes: filling the existing Navigator position that provides culturally specific support to Black/African American PLWH; hiring a Rapid Start Navigator who is bilingual/bicultural; strengthening partnerships with community-based organizations that provide culturally-specific testing and Minority AIDS Initiative (MAI)-funded navigation services; and using data driven approaches to identify additional gaps and strategies throughout the project.

DRAFT

Presentation Summary

What is the total amount requested: $200,000/year for three years ($600,000)
Expected Award Date and project/funding period: September 1, 2020 thorough August 31, 2023
Briefly describe the outcome of a “YES” vote by the Council *(be sure to also note any financial outcomes)* A “yes” vote means MCHD will submit the Ryan White SPNS application that will support HHSC to build infrastructure for a sustainable Rapid Start program.
Briefly describe the outcome of a “NO” vote or inaction by the Council *(be sure to also note any financial outcomes)* A “no” vote means HHSC will not be able to apply for the grant which the Rapid Start program will not be standardized/expanded.

Proposed Budget (when applicable)

Project Name, Start Date through End Date
Ryan White SPNS RAPID START: 9/1/2020-8/31/2023

Multnomah County Health Department

	Budgeted Amount	**Comments** (Note any supplemental or matching funds)	**Total Budget**
A. Personnel, Salaries and Fringe			
Position Title: Navigator **Position Description, Bilingual Spanish**: Provides community-based navigation services to support engagement in medical care, ART and support services. (1.0 FTE)	$90,579	Salary plus fringe, insurance, etc.	$90,579
Position Title: Program Supervisor **Position Description:** Provides project oversight, staff supervision and grant/data management (0.20 FTE)	$32,407	Salary plus fringe, insurance, etc.	$32,407
Total Salaries, Wages and Fringe	**$122,986**		**$122,986**
B. Supplies			
Description of supplies: General Office Supplies	$500	General office supplies	$500
Total Supplies	**$500**		**$500**
C. Contract Costs			
Total Contractual			**$0**
D. Other Costs			

DRAFT

Presentation Summary

Local Travel	$1,035	Mileage costs for Navigator	$1,035
Evaluation Expenses	$29,305	Evaluation expenses to meet HRSA requirements	$29,305
Telephone	$1,358	Land line and mobile	$1,358
Data Processing (IT support, etc.)	$10,180	Per FTE	$10,180
Direct Client Support (bus tickets, , pre-paid cell phones, gift cards, etc.)	$18,100	Bus tickets/passes, cab rides, pre-paid phones	$18,100
Total Other	**$59,978**		**$59,978**
Total Direct Costs (A+B+C+D)	**$183,464**		**$183,464**
Indirect Costs			
The FY 2021 Multnomah County Cost Allocation Plan has set the Health Department's indirect rate at 11.7% of Personnel Expenses (Salary and Fringe Benefits).			
Total Indirect Costs (11.70% of A)	**$16,536**		**$16,536**
Total Project Costs (Direct + Indirect)	**$200,000**		**$200,000**

Title:	**Data Governance Policy**		
Policy #:	**ICS.XX.XX**		
Section:	ICS	Chapter:	**General**
Approval Date:	Enter policy approval date.	Approved by:	ICS Director CHC Chair
Related Procedure(s):	n/a		
Related Standing Order(s):	n/a		
Applies to:	All Integrated Clinical Services programs and data generated by and related to those programs		

PURPOSE

This policy establishes standards to assure the quality and integrity of data generated by and related to Integrated Clinical Services programs, including:

- Defining roles and responsibilities of ICS staff and its agents in relation to data access, retrieval, storage, destruction, and backup to ensure proper management and protection of data;
- Develop best pratices for effective data management and protection;
- Protect ICS data against internal and external risk (e.g. breach of privacy and confidentiality)
- Ensure ICS data management is in compliance with applicable laws, regulations, and standards; and
- Ensure that a data trail is effectively documented within the processes associated with accessing, retrieving, reporting, managing, and storing of data.

This policy applies to all proprietary data used in the administration of ICS and all of its lines of services , except data used for the purpose of academic research or UDS. This policy covers, but is not limited to, proprietary data in any form, including print, electronic, audio-visual, and backup and archived data.

DEFINITIONS

Term	Definition
Data or Proprietary Data	A general term used to refer to information resources and administrative records, which can generally be assigned to one of four categories:

	• Public acess data: data that is openly available to all staff and the general public; • Internal general data: data used for ICS administration activities and not for external distribution unless otherwise authorized; • Internal protected data: data that is only available to staff with the required access in order to perform their assigned duties; • Internal restricted data: data that is of a sensitive or confidential nature and is restricted from general. Special authorization must be approved before access or limited access is granted.
Data Trustee	A member or designee of the Senior Leadership Team of ICS with planning and decision-making authority for ICS data. Data Trustees are responsible for overseeing the continuous improvement of data governance and management.
Data Steward	A member or designee of the Senior Leadership Team of ICS who oversees the capture, maintenance, and dissemination of data for a particular program. Data Stewards are responsible for assuring the requirements of the Data Governance Policy and Procedures are followed within their program.
Data Manager	Has the operational responsibilities in assisting Data Stewards with day-to-day data administration activities including, but not limited to, developing, maintaining, distributing, and securing data. Data managers are expected to have high-level knowledge and expertise in the content of data within their responsible area.
Data User	Any staff or authorized agent who access, inputs, amends, deletes, extracts, and analyzes data in order to carry out their day-to-day duties. Data Users are not generally involved in the governance process, but are responsible for the quality assurance of data.

POLICY STATEMENT

Quality and Integrity

- Data Trustees, Stewards, Managers, and Users must ensure appropriate procedures are followed to uphold the quality and integrity of the data they access.
- Data records must be kept up-to-date throughout every stage of the business workflow and in an auditable and traceable manner.

- Data should only be collected for legitimate use and to add value to ICS. Extraction, manipulation, and reporting of data must be done only to perform ICS business.
- Data should be analyzed and presented in a manner that endeavors to present an accurate and complete narrative.
- A formal written request must be submitted to the Quality Director to be vetted with Senior Leadership, and approval given, before any data (other than publically available data) is used or shared outside ICS, to ensure that the quality, integrity, and security of data will not be compromised.
- Data shall be retained and disposed of in an appropriate manner in accordance with record retention and recordkeeping policies and requirements, and associated procedures.

Classification and Security:

- Staff, contractors, consultants and designated agents shall adhere to this policy and related procedures.
- Appropriate data security measures must be adhered to at all times to assure the safety, quality, and integrity of ICS data.
- Personal use of institutional data, including derived data, in any format and at any location, is prohibited.
- Records stored in an electronic format must be protected by appropriate electronic safeguards and/or physical access controls that restrict access only to authorized user(s).
- This policy applies to records in all formats (paper, digital, audio-visual, etc) whether registered files, working papers, electronic documents, emails, online transactions, data held in databses or on tape, disks, drives, maps, plans, photographs, sound and video recordings, or other formats.

REFERENCES AND STANDARDS

N/A

PROCEDURES AND STANDING ORDERS

N/A

RELATED DOCUMENTS

Name
None

POLICY REVIEW INFORMATION

Point of Contact:	Brieshon D'Agostini, interim Quality Director
Supersedes:	Enter the policy(ies) superseded by this policy.

***Further Assistance**: Any staff member who requires assistance in understanding this Policy should first consult their supervisor who is responsible for the implementation and operation of these arrangements in their work area. Should further assistance be needed, the staff member or supervisor should contact the Quality Director for clarification.*

OREGON LIONS
Sight & Hearing
Foundation

April 20th, 2020

RE: Vision Clinic Event Details

The Oregon Lions Sight & Hearing Foundation (OLSHF) residing at 1010 NW 22nd Avenue, #144, Portland, OR 97210 desires to work with the Multnomah County Health Department, Mid-County Health Center residing at 12710 SE Division Street, Portland, OR 97230 in order to help low income community members residing in East Portland with free vision services.

OLSHF is a part of the Oregon Vision Coalition (OVC) which is comprised of like-minded organizations who work together to bring vision assistance to those who otherwise would not have access.

The OVC members who will partner with OLSHF and the Mid-County Health Center on the day of the clinic will include the Casey Eye Institute's Community Outreach Program Mobile clinic and Pacific University's School of Optometry's EyeVan Community Outreach.

OVC will host a Vision Clinic offering provide free full comprehensive and medical eye exams, eyeglasses if needed, and referrals to partnering medical facilities when needed.

The Mid-County Health Center will provide indoor space for up to 7 vision screening stations and a check in and check out station. The Mid-County Health Center will also provide outdoor space for 2 mobile units, which will need to be located near the indoor screening stations.

Depending on the number of volunteer doctors available at the clinic, up to 60 people can be scheduled. Half of the available appointments will be allotted to the Mid-County Health Center. The other half of the schedule will be filled by OLSHF through its partnership with Lions Clubs and other organizations.

To participate in the vision clinic, patients must meet the following screening criteria:

1. Be 18 years and older
2. Have income at or below 200% of the Federal Poverty Guidelines
3. Have lived in Oregon or Northern California for the last two years
4. Have not had an eye exam in the last year*
5. Are not currently under the care of an eye doctor (i.e. ophthalmologist or optometrist)*

*Exceptions can be made for those that have changes to their vision health and/or unable to access their current doctor in a timely manner

Our mission is to screen, treat, save and restore sight and hearing for those in need in partnership with Lions Clubs.

1010 NW 22nd Avenue, #144, Portland, OR 97210
(503) 413-7399 | FAX: (503) 413-7522 | Info@OLSHF.org | www.OLSHF.org

OREGON LIONS
Sight & Hearing
Foundation

Mid-County Health Clinic is expected to fill their allotted appointments one week prior to the clinic date and communicate to OLSHF if they anticipate they will not be able to do this by no later than 2 weeks prior to the clinic date.

Clinic Date: September 26th, 2020**date may change due to a resurgence of Covid-19
Clinic Time Frame: 8am – 5pm (Appointment hours are 10am – 4:00pm)

I, Melinda Rhodes the qualified representative for The Oregon Lions Sight & Hearing Foundation agree to the above conditions of partnership on this day April 20th, 2020.

I, [signature] the qualified representative for Multnomah County agree to the above conditions of partnership on this day 5.20.20.

Our mission is to screen, treat, save and restore sight and hearing for those in need in partnership with Lions Clubs.

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