

Tam



Public Meeting Minutes
April 11, 2022
6:00 - 8:00 pm (Virtual Meeting)

Health Center Mission: Bringing services to individuals, families, and communities that improve health and wellness while advancing health equity and eliminating health disparities.

Board Members:

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

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

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

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

Board Members Excused/Absent: Kerry Hoeschen

Topic/Presenter	Discussion / Recommendations	Action	Follow-up?Date
Call to Order / Welcome Chair, Harold Odhiambo	The Board Chair called the meeting to order at 6:07 PM A quorum was established. Victor and Lucia in attendance (Spanish interpretation)	N/A	N/A
Minutes Review - VOTE REQUIRED Review March Public Meeting minutes for omissions/errors	Chair Odhiambo asked for approval or changes to the minutes. There were no errors or omissions suggested.	Motion to vote as presented: Aisha Second: Tamia Yays: - 8 Nays: - Abstain: - 1 Decision: Approved	

<p>Chat with Commissioner Sharon Meieran (District 1) Harold Odhiambo, CHCB Chair</p>	<p>Commissioner Meieran is the representative of District 1. She is a practicing Emergency Room doctor, and volunteers with Portland Street Medicine. She has also done international health work. Working in hospitals and clinics in places such as Peru, Cuba and Mongolia.</p> <p>Working in the ER and with Portland Street Medicine Commissioner Meieran is able to see where improvements need to be made in our health care systems. She is passionate about making changes to our health care system to provide better care for behavioral health.</p> <p>Commissioner Meieran and Tamia toured the Community Health Centers a few weeks ago. She saw the work that we do and the services we provide, and is eager to work with Multnomah County Health Centers to help grow and expand services to better help our communities. Commissioner Meieran is focused on creating holistic support for all people to better support all of their needs.</p> <p>The CHCB would like to have a better working alliance with the Commissioners. Harold sent an email to the commissioners sharing some of his concerns about the future of the Health Centers. The CHCB and Commissioner Meieran are very excited to come together to collaborate and build a stronger relationship. 1:1 meetings with all of the Commissioners and the CHCB will be scheduled to discuss those matters and to grow a relationship and collaborations with all of the County Commissioners.</p>		
<p>Annual Budget Discussion w/Chair Kafoury Deborah Kafoury, Multnomah County Chair</p>	<p>Chair Kafoury gave an update on our Annual Budget, and what the proposed priorities are, what in the budget might impact our health centers. Our budget is created through an equity lens to ensure that our budget decisions reflect our commitment to advancing equity. The priority for this year's budget is recovery from COVID.</p> <p>Chair Kafoury's priorities for her budget this year:</p> <ul style="list-style-type: none"> ● Purchase the Rockwood Health Clinic from Care Oregon ● ARRA investments <ul style="list-style-type: none"> ○ Investments in vaccines infrastructure ○ Patient engagement ○ Critical support for staffing wellness ● Compliance with finance policies and HRSA compliance <ul style="list-style-type: none"> ○ The county moved all general fund out of ICS <ul style="list-style-type: none"> ■ Allocations for capital set aside as a safety net ● Rate rebase went through the state <ul style="list-style-type: none"> ○ Greatly Improved long term financial standing of health centers ● Continue to work on HRSA compliance <ul style="list-style-type: none"> ○ On track to meet the deadlines ● Housing <ul style="list-style-type: none"> ○ Top priority is to get people in permanent housing ○ Continued rent support to keep people in their homes ● Opening new Behavioral Health Center downtown this year <ul style="list-style-type: none"> ○ Provide respite and resources for homeless individuals living with mental health 		

	<ul style="list-style-type: none"> ○ diagnosis and substance use disorders <ul style="list-style-type: none"> ○ Peer run ○ Overnight emergency shelter for extra support ○ Longer term housing on upper floor <ul style="list-style-type: none"> ■ Allow them to stabilize a little longer ● This is the most complex budget the County has put together ● Safety improvements within Multnomah County Clinics <ul style="list-style-type: none"> ○ Creating a team of staff looking at different options to improve safety ○ More security ○ Security escorts to cars or transit stations ○ Stipends for parking ○ Security officer to oversee <ul style="list-style-type: none"> ■ Create a plan for instances as the arise <p>Question: Is this something that can be extended to all the health centers for staff to feel safer at all clinics. To ensure clinics have extra security if the need arises to keep everyone safe, and to keep staff comfortable working within the health centers.</p> <p>A: We are open to ideas and suggestions to support staff and patients that are there. In conversations we have had with people, they don't want more guns on site so we are trying to find a balance to the level of security, and the feeling of safety for the people. We are working and trying to get this right.</p> <p>Q: What is the staffing going to be like at the new behavioral health center?</p> <p>A: We hired peer support for the first two floors.</p> <p>A: We are working with the behavioral health division to identify some core services for what onsite nursing might look like. We will continue to provide advice, and referral pathways for patients seeking care such as dental or primary care. We will continue a partnership with them to evaluate how to best serve their needs even after they open this year.</p> <p>Q: Can Ebony present this to us at a separate time so she can share more information with us?</p> <p>A: Yes that can be arranged.</p>		
<p>FY23 Health Center/ICS Budget Approval - VOTE REQUIRED Adrienne Daniels, Interim Executive Director, ICS Jeff Perry, Chief Financial Officer, ICS</p>	<p>In March the Board asked for specific clarifying information, and formatting changes to the budget report so that they would better understand it and be able to read all the information provided. Harold voiced concerns about the information that has been received and the lack of clarity that has been given in the updated budget reports. Because the budget impacts staff and services for the following year and has direct consequences to the communities we serve, it needs to be sound and in strict alignment with our values.</p> <p>Harold called for a motion to postpone approving the budget so they can have another opportunity to review the budget materials and get more clarity. This will also give Adrienne and Jeff time to fully address questions.</p> <p>Q: What is the impact of postponing the approval?</p>	<p>Motion to postpone the FY2023 budget as presented: Tamia Second: David</p> <p>Yays: - 9 Nays: - Abstain: -</p> <p>Decision: Approved</p>	

	<p>A: The County Health Center Budget is fully approved and overseen by the Community Health Center Board. After the board provides its final authority with the budget it rolls up to the wider Multnomah County budget. Multnomah County has a statutory requirement to pass a balanced budget by a specific date. There is time to further consider and ask questions and give answers, but there is a timeline for when the final vote must be held or the Health Center Board risks not passing the balanced budget and therefore not being able to open for services on July 1. The deadline for the Health Center Board to truly provide a final vote is by early May so that the balanced budget is ready for the wider county.</p> <p>It was stated that If it's necessary an emergency meeting can be called to make sure we get the information and still have time.</p> <p>Motioned to postpone the 2023 budget approval as presented. Francisco will reach out to everyone to confirm schedules so that meetings can be scheduled to review the budget and vote on it.</p>	<p>postponement of FY23 budget vote</p>	
<p>CARES Act Provider Relief Budget Modification to FY22 Budget - VOTE REQUIRED Jeff Perry, Chief Financial Officer, ICS</p>	<p>Provider relief funds to be added to the budget.</p> <p>We have been awarded \$2.9 million in provider relief funds. We would like to apply these funds to the losses we have been experiencing in dental. We have been experiencing losses in dental over the last few years, last year we received \$7.4 million of provider relief funds that we appreciated and applied to the losses we had last year. This year we will apply the \$2.9 million to the dental losses if you approve the vote.</p>	<p>Motion to vote as presented: Dave Second: Fabiola</p> <p>Yays: - 9 Nays: - Abstain: -</p> <p>Decision: Approved</p>	

<p>Authorize FY22 Cash Transfer to Enterprise Fund - VOTE REQUIRED Jeff Perry, Chief Financial Officer, ICS</p>	<p>As part of phase two, FQHC’s restricted fund balance (equity) at the close of fiscal year 2021 must be moved into the enterprise fund in fiscal year 2022. The fund balance transfer will be completed via a cash transfer. Jeff is looking for Board approval to authorize Central Finance to do a \$9.2 million cash transfer from the Health Center’s previous General fund account into the Health Center’s Enterprise fund.</p> <p>Last fiscal year we carried over into this fiscal year approximately \$9.2 million of working capital. Phase 2 of creating the Enterprise fund will be to move the funds from the General funds to the Enterprise funds. The County does this via a cash transfer. A YES vote will allow these funds to be transferred by the County Central Finance from FQHC’s equity over to FQHC Enterprise fund. If this is approved then the County in itself with Central Finance will need to go to the Board of County Commissioners to get their approval to transfer the funds.</p> <p>There were no questions.</p>	<p>Motion to vote as presented: Dave Second: Tamia</p> <p>Yays: - 9 Nays: - Abstain: -</p> <p>Decision: Approved</p>	
<p>HRSA Progressive Action Update Wendy Lear, Deputy Director, Multnomah County Health Department Eric Arellano, Chief Financial Officer, Multnomah County Jeff Perry, Chief Financial Officer, ICS Brieshon D’Agostini, Quality and Compliance Officer, ICS</p>	<p>At the March meeting Harold asked the team to address several points of concern.</p> <ul style="list-style-type: none"> ● The documents did not seem to align with HRSA requirements. ● Documents have not been user friendly <ul style="list-style-type: none"> ○ They have been illegible (font too small) ● The breakdown of the facilities cost only 10% of the cost seems to be specific to the Health Center ● Did not provide side by side comparison of the breakdown between the Health Department and the Health Center ● A cash report or balance sheet was alarming because the Health Department had an indirect rate of 11% but the allocation to the Health Center is over 70% <p>Clarification for these requests:</p> <ul style="list-style-type: none"> ● There was discussion around the format of the Journal Entries, and if the Council was able to read them this month. It was determined that they were sent out in PDF format not Excel, and there was difficulty reviewing them. Francisco will resend them in Excel format so they will be easier to read and provide the ability to create searches. ● Adjustment to General fund <ul style="list-style-type: none"> ○ As Jeff requested approval for this earlier transfer funds. ○ Because this was approved tonight the we can move forward with getting it approved by the Multnomah County Board <ul style="list-style-type: none"> ■ 4/21 or 4/28 possible approval to be able to move funds to enterprise funds ○ Once approved by the County Board entry can be done in the Workday system to move those funds. 	<p>Board received update</p>	

- **Balance sheet accounts**

- Phase 1 - Income Statement Activity - **COMPLETE**
- Phase 2 - Balance Sheet Activity
 - In progress and on target to complete by 6/30/2022
 - This moves new balances to enterprise fund
 - 8-9 accounts still being worked through, down from 200 accounts
 - Essentially identified all the assets related to the Health Center
 - In verification stage
 - Accounts receivable almost done
 - Need to do write off uncollected balances related to historical activity accounts payable
 - Accounts payable is complete
 - Completed pre paid accounts movement
 - Finishing up the historical cash balances
 - A little more work to do on allowance account
 - Earned revenue is primarily done
 - More work to do on balance account
 - Finish cash component
 - See no issues in completing the transfer at the end of June
- Tracking sheet is difficult to understand
 - Will make minor modifications so the board can easier see the progress
 - Highlight the thing still in process

Q: What is the write off for uncollected amounts?

A: (CFO Arellano) Under 600K. I dont' have the details because there are multiple customer invoices being written off. It goes back 3 years. I can give more specifics in the future?

Q: Do we know when the last time was that we wrote off uncollected accounts, and what that amount was?

A: I don't have that information, but we can provide that.

4 - All Indirect Cost Charges and Internal Services

- Internal Services and Facility Charges
 - Itemized detail for all indirect cost charges and internal charges
 - Entire monthly reporting package the Community Health board receives
 - February's financial report is included
 - In addition at your request the facilities charges are included

- Maintenance vs Rent charges
- Enhances charges
- Internal services
- Data Processing (IT services)
- Fleet motor pool
- Will start to include these in regular monthly financial packet
- Detail of health center building cost
 - Square footage usage
 - Each building name is translatable to each health center
 - List of portion of vacant space cost
 - What is health department cost
 - What is health center cost
 - Facilities is not included in total facilities cost
 - Included facilities packet that Lisa Wheeton presented
- Included indirect allocation plan for next year
 - Does not change from month to month

5 - Projection of cash balances for each month

- Built the model just need to populate sources

6 - Revenue and expense statement = completed

7 & 8 - info was included in previous info with the balance sheet slide.

HR vacancy report

Additional analysis and comparison for vacancies by position

Adrienne explained the differences between *non duplicate* and *duplicate* vacancies. Non duplicated vacancies are Temporary roles or Work Out of Class Roles that were created for staff that had to step out of their permanent roles into temporary or Work Out of Class roles. The permanent positions can be held for staff to return or opened up for recruitment. These positions show up as a vacancy in a budget report even if the position is being held for that worker.

- Total vacancies = 123 positions
 - 75 duplicate positions
 - 34 % non duplicate positions have been not posted
 - 22 non duplicate positions are being posted and actively being recruited for
 - Internal posting
 - Multnomah County website
 - Indeed and other marketing sites

- 36% non duplicate positions are in the interview or offer stage
- Vacancy length
 - Industry average
 - 90 days to fill for healthcare positions
 - Could be as high as 130 days depending on the research
 - County vacancy rate
 - 108 days
 - Financial Cost
 - \$1.1 million estimated lost revenue
 - Duplicate vacancies = 48 positions
 - 14 are non active that relate to direct billing
 - financial impact estimated at \$2.2 million in **possible** revenue in ghost vacancies
 - Believe this is an over projection because some of these positions are filled with temporary staff
 - The first table represents the true cost of unfilled vacancies being recruited for.

Q: Are the comparisons apples to apples? When a person is moved out of their position they are no longer creating income in that position. Are they generating income in the new position?

A: Yes, for example someone might step into a temporary role where there is a more urgent need. We created roles on a temp basis to provide time sensitive work like transferring PPE from one center to another, or delivering time sensitive vaccines. They could have been doing other work like policy analysis or other work related to Health Center Communications or other work that is critical. We are hoping we can move away from that this year.

HRSA 90 Day Conditions

These conditions are separate from the monthly packet, these are part of the original TA response submitted in the fall. The purpose of these is to provide analysis for costs, risks and benefits. What changes are most beneficial to the Health center. The submission due date for these changes has been extended to May 5th. The first submission does not need to be completed. It needs to show significant progress to having the conditions met. By showing significant progress we could get an additional 30, 60 or 90 days to finish.

- Conditions to be met
 - 1 - Analysis of Accounts Receivable and related functions
 - Billing
 - Collections

	<ul style="list-style-type: none"> ■ AR management <ul style="list-style-type: none"> ● Approach to a response will be to look at 3 different scenarios to how to meet needs around account receivable services ● Look at services still being provided by finance business division ● Look at a different internal services being provided within the Health Center not a separate division ● Having AR services provided by outside vendor ● Ochin ■ We will include details <ul style="list-style-type: none"> ● Cost for each one ● Risk and benefits ● Transition time to make changes ● Alignment of values and strategic plan ○ 2 - Analysis of positions services Health Service pays for <ul style="list-style-type: none"> ■ Know as Indirect Rate <ul style="list-style-type: none"> ● Finance and business management pieces ● How we currently pay for AR services ■ Include how the indirect rate is calculated <ul style="list-style-type: none"> ● What services are provided at that rate ● Better understand the value of the service we pay for ○ 3 - Progress to full implementation of Enterprise fund <ul style="list-style-type: none"> ■ Updated documentation and reports <ul style="list-style-type: none"> ● Eric Arellano is working on these <p>Plan to have a draft report ready with the framework of these conditions for the Quality Committee meeting this Friday. We will present the first submission packet at the CHCB meeting in May.</p>		
<p><i>HRSA Progressive Action Update (Executive Session)</i> <i>CHCB to receive confidential report in separate Zoom</i></p>	<p>Move into Executive Position pursuant to OR 192.660 sub section 2 section D. Council to move to a separate breakout room to present confidential updates not to be shared regarding Labor negotiations for their Federally Qualified Health Centers . Interim Director Adrienne Daniels presented updates on labor negotiations and the projected costs.</p>	<p><i>Motion to end Executive Session:</i> <i>Tamia</i> <i>Second: Aisha</i></p> <p>Yays: - 9 Nays: - Abstain: -</p> <p><i>Decision:</i></p>	

		Approved	
<p>Committee Updates/Council Business Harold Odhiambo, CHCB Chair</p>	<p>Dr. Holland gave an update on the status of the CEO recruitment</p> <ul style="list-style-type: none"> ● 4/20 Scheduled meeting with full CEO selection recruitment team <ul style="list-style-type: none"> ○ Goal to review and solidify a project manager ○ Review recruitment firm ○ Review position description and job profile 		
<p>Monthly Budget Report County Budget Update Jeff Perry, Chief Financial Officer, ICS</p>	<p>Report presented earlier in the HRSA Progressive Action Update</p>		
<p>Strategic Updates Adrienne Daniels - Interim Executive Director, ICS</p>	<p>Interim Director Adrienne Daniels presented on strategic updates.</p> <p>Patient and Community Determined Work</p> <ul style="list-style-type: none"> - We are relaunching our client advisory groups. These are patient groups that provide feedback to clinics on how we can improve patient care. They give advice on clinic to clinic interactions with staff. It is different from the Board's responsibility in governance. This information is an important part of shaping how we do our work as a Community Health Center Program. - This month there were several tours at our clinics, Tamia and Commissioner Meieran mentioned earlier they toured the McCoy Building and Billi O D'gard Dental Clinic. The Youth Advisory Council participated in a virtual meeting with state representative Tawna Sanchez. They shared their services, and discussed with her what these services meant to them from the patient's perspective and community members. <p>Engaged, Expert, Diverse, Workforce</p> <ul style="list-style-type: none"> - We continue to partner with HR to strengthen recruitment outreach by discussing ways to advertise our open positions to get hire visibility. - Last month we held a Staff Appreciation Day. We visited the clinics and gave staff small tokens of appreciation to thank them for all their hard work. We are planning a large summer event with a more celebratory atmosphere in a safer outdoor space due to the pandemic. - I continue to work with our facilities partners about a partnership program with Portland Community College. This will serve as a workforce hub for future nurses and healthcare professionals. This will give students the opportunity to see what it means to be part of the 		

	<p>healthcare profession and what it means to work for a community health care program</p> <ul style="list-style-type: none"> - The Board will continue to get updates about this program, and I will ask the board for advice on whether or not we should continue to pursue any formal vocation with Portland Community College this summer. <p>Fiscally Sound and Accountable Practices</p> <ul style="list-style-type: none"> - The Board completed initial FY23 budget training sessions. Chair Odiambo asked for additional time this month. We will continue to schedule those opportunities for board members - OHA Rate application has been finalized. This determined what our reimbursement rates will look like. Jeff will work with the finance committee to determine how those dollars will be reinvested in the Health Center system. - HRSA analysis <ul style="list-style-type: none"> - Brieshon D’Agostini talked about the ongoing 90 day financial analysis regarding facilities rates, cost, and rate settings. Facilities Director Dan Zalkow discussed how to further access facilities cost with the Executive Board earlier this month. The Quality Committee will review these approaches this Friday. <p>Equitable treatment</p> <ul style="list-style-type: none"> - The Board previously approved use of APRA funds to expand our care into mobile health services. We have designed a system and program and we believe we will be able to staff it over the next year. We will present to the board what this launch will look like this summer - A team has been created, and has started mapping a two year process to rebuild our patient website. This will allow us to interact with the public in a more meaningful way and improve access to care. - PAC is currently undergoing an assessment to define how we can offer services in a more patient friendly manner. We are reviewing different technologies, and considering other ways we can improve the patient experience. Ultimately the goal is to reduce wait times and get answers to patients' questions quickly. 		
<p>Meeting Adjourns</p>	<p>Public meeting closed at 8:36 pm before the Board voted to move into Executive Session.</p> <p>The next public meeting will be on May 9, 2022</p>	<p>Fabiola and Darrell had to leave the meeting at 8:30</p>	
<p><i>Executive Session with Counsel CHCB separate Zoom with Andrew Downs</i></p>	<p>Moved into Executive Session, closed to the public and county staff for the purposes of considering information or records that are exempt by law from public inspection pursuant to ORS 40.225(2) (Lawyer-Client Privilege) and ORS 192.660(f).</p>	<p>Motion to end Executive Session: Tamia Second: Aisha</p> <p>Yays: - 7 Nays: - Abstain: -</p>	

		Decision: Approved	
--	--	-------------------------------	--

Signed: _____ Date: _____
Pedro Prieto Sandoval, Secretary

Signed: _____ Date: _____
Harold Odhiambo, Board Chair

Minutes approved, virtually, at the May 09, 2022 Public Meeting

Scribe taker name/email: Elizabeth Mitchell, elizabeth.mitchell@multco.us