



**Public Meeting Minutes
September 12, 2022
6:00-8:00 PM (via Zoom)**

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

Board Members:

Harold Odhiambo – Chair

Pedro Sandoval Prieto – Secretary

Darrell Wade – Board Member

Susana Mendoza -Board Member

Fabiola Arreola – Vice Chair

Tamia Deary - Member-at-Large

Brandi Velasquez – Board Member

Dave Aguayo – Treasurer (*Absent*)

Kerry Hoeschen – Member-at-Large

Aisha Hollands - Board Member

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

Board Members Excused/Absent:

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
Call to Order / Welcome Harold Odhiambo, CHCB Chair	The Board Chair called the meeting to order at 6:03 PM. A quorum was established with 9 members present Lucia Cabrejos and Victor Shepard in attendance (Spanish interpretation)	N/A	N/A	N/A
Consent Agenda - VOTE REQUIRED Harold Odhiambo, CHCB Chair	Harold provided an overview of the consent items (listed below) and asked if Board members had further questions. <ul style="list-style-type: none"> ● Finance Dinner Series ● Training opportunities for Board Members ● Exec director evaluation ● Stipend Memo ● New Provider Updates No requests from Board members to move consent agenda items for further discussion.	Motion to approve : Bee Second: Aisha Yays: - 7 Nays: - 0 Abstain: - 2 Decision: Approved		



<p>Minutes Review - VOTE REQUIRED Review August 08, 2022 Public Meeting minutes for omissions/errors</p>	<p>Harold asked board members to review the public meeting minutes from August 08, 2022.</p> <p>There were no recommendations or edits raised by Board members.</p>	<p>Motion to approve : Pedro Second: Kerry</p> <p>Yays: - 8 Nays: - 0 Abstain: - 1</p> <p>Decision: Approved</p>		
<p>Meeting with Commissioner Vega Pederson Harold Odhiambo, CHCB Chair</p>	<p>Jessica Vega Pederson is the Multnomah County Commissioner for District Three, which covers SE and East Portland. She was invited to join tonight’s Public meeting to discuss priorities and continuing partnership with the Board.</p> <p>Highlights:</p> <ul style="list-style-type: none"> • Built the Preschool for All program, which created a universal system to bring the community together and serve children and families least served by the education system by providing the same access to quality and preschool today • Excited to explore how working together to ensure that our health centers are adequately serving all of our communities • Enjoyed the tour at Mid County Health Center with other Board Members • Community Health Centers are an important component of our health system, providing critical and culturally responsive services to the communities they are in • Addressed the staffing struggles currently facing the Health Centers and how important it is to ensure our staff feel valued. Would like to be involved in conversations going forward on how the County can support and collaborate with ICS and the Board’s current ideas 	<p>N/A</p>		



	<ul style="list-style-type: none"> ● Agreement on challenges Mid County Clinic faces with size restraints and a larger space with more capacity would be able to serve the population better <p>Board Comments :</p> <ul style="list-style-type: none"> ● After the visit at Mid County Clinic you saw what that Health Center needs in terms of expansion. I think we can do something better in terms of access and a better facility. Mid County is an introductory clinic to a lot of immigrants and refugees, so as we move along it is really important to show those having their first contact with governmental services a great experience at the beginning. ● Looking forward to improving the relationship as Board Members with the County Commissioners and the future County Chair. Would like to ensure that the County provides the necessary support in order for us to do our due diligence as a governing Board, and to continue to serve our clients. <p>Hayden Miller, Commissioner VP contact, was also in attendance and provided contact information to Board members if they have follow-up questions or comments.</p>			
<p>Operational Reserve Policy- VOTE REQUIRED Jeff Perry, Chief Financial Officer, ICS</p>	<p>Jeff presented a final review of the operational reserve policy that the Board previously voted on approval for implementation. Working with the County CFO and made a few minor updates to make the reserve policy closer aligned with similar types of County policies.</p> <p>Updated language distinction that was incorporated:</p> <ul style="list-style-type: none"> ● Unplanned revenue shortfall ● Contingency reserve for expenses ● Identify a specified portion earn for revenue loss in a portion identified for contingencies as a percentage of program income <p>The updated language makes the policy more robust than previously presented.</p>	<p>Motion to approve: Kerry Second: Fabiola</p> <p>Yays: - 9 Nays: - 0 Abstain: - 0</p> <p>Decision: Approved</p>		



Questions:

- There is new wording in reference to the next budget cycle. Could you tell me when the next budget cycle is?
 - Yes, the budget cycle is the next fiscal year.
- With that wording, that means that the expectation is the reserves would be replaced within the fiscal year?
 - Correct.
- Theoretically, that could be almost two years? If for example, the reserves were removed right now at the beginning of the FY, they don't have to be returned until the following FY?
 - As we adopt from one budget period to the next, it can add a few additional months for replenishment but we wouldn't get to two years. The budget cycle is 12 months. That is the duration of time to replenish it. For example : We are currently in FY23 cycle which will end 6/2023. In theory funds would need to be replenished by 7/2024.
- Is this similar to the pandemic/emergency budget? Do we draw on reserve funds? What will these reserve funds do now that we no longer have the County buffer?
 - That's what this reserve is for. So, the budget that you were referring to earlier, is not part of a reserve. This is why, when you look at why we're building the reserve, it is to really ensure our Health Centers can stay running against any type of unplanned shortfalls that may happen. Because today, right now, we no longer have the enterprise fund and the general fund that used to fill a void. As an organization, we need to take it upon ourselves to make sure that we can continue consistently for our patient care, regardless of what the environment looks like.



<p>HRSA Consolidated Appropriations Act Policy VOTE REQUIRED Anirudh Padmala, Deputy Director, ICS</p>	<p>Anirudh presented updates to the HRSA Consolidated Appropriations Act that are updated on a yearly basis. This policy outlines requirements and adherence of the Health Center, and other applicable laws and regulations. Updates presented to Board Members include :</p> <ul style="list-style-type: none"> • Name of approver’s point of contact • Name and acronym of CHCB • Defined Integrated Clinical Services • Removal of language of ACORN funding • Cleaned up names for consistency • Updated links in reference and standard sections <p>No questions were raised.</p>	<p>Motion to approve: Bee Second: Darrell</p> <p>Yays: - 8 Nays: - 1 Abstain: - 0</p> <p>Decision: Approved</p>		
<p>Healthier Oregon Grant VOTE REQUIRED Jeff Perry, Chief Financial Officer, ICS</p>	<p>Jeff gave a presentation on a grant opportunity for the Boards review and vote. The Oregon Legislature passed House Bill 3352, also known as the Cover All People Bill. The Bill expands health coverage to adults who would be eligible for comprehensive OHA benefits except for their immigration status, beginning in July, 22. The funds are intended to run statewide outreach engagement and education programs with the role of helping individuals navigate the system and utilize OHA benefits.</p> <p>Highlights:</p> <ul style="list-style-type: none"> • Grant would be \$350,000 • Funds intended to go to our eligibility specialists to provide outreach, enrollment and system navigation services • Funding period is from 8/1/2022 -6/30/2023 <p>Questions :</p> <ul style="list-style-type: none"> • We already have the staff for this? Or are we bringing in new staff? 	<p>Motion to approve: Darrell Second: Fabiola</p> <p>Yays: - 3 Nays: - 2 Abstain: - 4</p> <p>Decision: Does not carry</p>		



- Existing staff. We would not require bringing in any new staff to support this
- We have 2 FT staff and 1 that is less than half-time? 2.4 FTE?
 - Yes
- Would we simply be doing more of the same? Or would this be supporting new initiatives, or just rerouting how we're funding current initiatives?
 - A little bit of both. Some of the current initiatives, but it also gives us an opportunity to work with this population on after hour activities which is what we don't do today. We would be able to uphold a lot of different weekend events, and we'll be able to move within more community settings. This is an opportunity to do a lot more outreach versus what we are currently doing.
- When you say after hours events. Are you talking about, for example, mobile clinics? Or are we looking more at attending events that table this kind of activity?
 - Currently we don't have the mobile clinic out there so these would be attending community events.
- Do we have any concerns about capacity in terms of staff supporting these additional things? Will this be relying on overtime and what would we be doing to ensure their workload isn't overloaded to support these kinds of events?
 - First and foremost, we really have to be concerned, as far as the staffing and making sure that we're not reaching staff burnout or to a place where they feel like they're overworked. This is working with the existing staff in the roles that they already do. And the other piece is staff get an opportunity to reach out to this population in a different way that wasn't available to them before. And Jeff Perry: I mean, I, you know, at some point. We have to look to see when people want to get out there and really volunteer within the communities.



- When you say ‘volunteer’ these are paid roles, correct? Our concern is with that wording and if possible that to be updated.
 - Yes, these are paid roles. We can change the language if there is a specific verbiage you would like to update.

- Can you please clarify a little bit more so that it's not causing confusion? I believe there's similar work dedicated to getting work like this for staff, in example providing more outreach. If you can clarify so that people can be able to see the utilization of the staff I mean that normally gets to do this work? It's just not coming out clear.
 - This is a part of the day to day responsibilities that staff are performing today. From that avenue, nothing added within the job work. What might be in addition to the current roles is the outreach as we don't have an opportunity to do a lot of that today. The Eligibility Specialists currently volunteer to go to events. This is giving us an opportunity to work these events and be able to get reimbursed for it from a different source.

- Are we looking at an emergency meeting to pass this?
 - We could potentially bring back a report to you all related to the concerns around staffing impacts, so that you can continue to be informed of what is happening around your concern. If that is something of interest?
 - Yes, that would be helpful.

Board members expressed concern about the current language. Comments from the Board on updating the wording to reflect concerns about capacity and impact to staff to bring back at a future meeting. The Board would like to ensure this additional money doesn't put additional strain on the current staff without that being part of how the funds are spent. Jeff to work on getting further clarity for Board members' questions and concerns around this grant. The Board remains committed to looking out for staff and continuing retention and their well being.



<p>Retreat and Strategic Planning Update Anirudh Padmala, Deputy Director, ICS</p>	<p>Anirudh provided a Strategic Retreat Planning update and wanted to confirm availability on date for Board Members. Board members were previously sent a survey on availability, feedback and preferences for the next retreat. Two dates were narrowed down and after confirming availability with our consultant at JSI who will lead the training, October 9th, 2022 was selected. Harold made note that in past retreat planning, they have also combined the public meeting and strategic planning retreat and that is an option.</p> <p>Questions :</p> <ul style="list-style-type: none"> ● What would be the time on Oct. 9th? <ul style="list-style-type: none"> ○ We have the option to do a morning or full day based on your availability. Potentially 8am-4pm, with lunch provided and breaks. ● Would this be virtual or in-person? <ul style="list-style-type: none"> ○ Results from the survey indicated that in-person at an outdoor space was preferred. We will have a plan B if weather doesn't permit outdoor as well. <p>Board members commented on needing enough time to do the work and last year felt too short. Tamia also requested access to see comments and suggestions from the survey results by the next Executive Committee meeting.</p> <p>Roll call for Board Members availability showed :</p> <p><i>6 yes, 2 no, 1 maybe</i></p>	<p>N/A</p>		
<p>10 Minute Break</p>				
<p>Q2 Patient Satisfaction and Surveys Linda Niksich, Program Specialist Sr, ICS</p>	<p>Linda gave a presentation on the overview for Q2 results from the Patient Satisfaction Survey.</p> <p>Highlights :</p> <ul style="list-style-type: none"> ● Behavioral Health was added for Q2 with 80 surveys completed 	<p>N/A</p>		



- Overall satisfaction
 - 93% patients reporting good or excellent which reflects the same as Q1 and just 2% below Q4 of last year
 - Lower scores, similar to Q1, are from our Asian population which may be the sign of a trend
- Loyalty and referral intentions
 - Lower scores reported from our Cantonese and Russian speakers as also backed up by our Asian population
- Phone access scores
 - Patients reporting an over 15 minutes wait time went down by 8% between Q1 and Q2
 - 88% reporting phone attendant courtesy and helpfulness as good or excellent
- Dental
 - 84% of Dental patients surveyed rate overall satisfaction as an 8 or higher (on a scale from 1-10). Which is down 4% from Q1
- Pharmacy
 - 73% of our patients that filled their prescriptions, used our in-house pharmacies which is an increase from Q1
 - 97% reporting good or excellent which is up 3% from Q1
 - Convenient location is the #1 answer for why patients choose their pharmacy. No significant difference between those patients who chose our pharmacies vs an alternatives

Questions :

- Will you be adding in the survey for STD clinics as well? For transmissible diseases?
 - The clinics included in these surveys are our primary care clinics. You may be referring to the communicable disease clinic that's under Public Health which is not part of our program



<p>Monthly Budget Report and Financial Reports Jeff Perry, Chief Financial Officer, ICS Anirudh Padmala, Deputy Director, ICS</p>	<p>Jeff presented the monthly budget report. FY22 Highlights :</p> <ul style="list-style-type: none"> ● Revenue \$161.1m = 160% of budget ● Expenses \$134.9m =86% of budget ● Surplus \$32.1m ● Pharmacy and PC covered losses we occurred ● Incurred \$26.6m worth of combined indirect and internal expense services <p>Anirudh provided updates on the monthly Vacancy Report.</p> <ul style="list-style-type: none"> ● 160 vacant positions / 155 are non-duplicated ● 68% in active recruitment or final hiring stage ● Average length to fill vacancies is lower from previous month report ● Number of direct revenue vacancies increased this month, as new budgeted positions were added <p>No questions were raised.</p>	<p>N/A</p>		
<p>NACHC Conference Member Experience CHCB Members share brief report out and learnings</p>	<p>Board members, Bee, Darrell and Tamia, attended the NACHC Conference in Chicago, provided feedback.</p> <p>Bee: Appreciated the opportunity and felt that this in-person boot camp helped better understand the roles and responsibilities of Board Members with a more hands on experience. Overall, great experience and it was great sharing a voice, networking and soaking in the knowledge of others to continue the advocacy we all do.</p> <p>Tamia: Enjoyed the conference and agenda. A few favorites were the conferences on suicide prevention and DEI. Enjoyed spending time with other Board members but felt the general meetings were a bit too large for the current pandemic status. Overall, it was a benefit for everyone and is looking forward to more professional development opportunities.</p> <p><i>Darrell left the meeting and was unable to give comment</i></p>	<p>N/A</p>		



<p>Board/Committee Updates</p> <p>Harold Odhiambo, CHCB Chair Dr Aisha Hollands, CHCB CEO Search Committee Team Lead Tamia Deary, CHCB Member at Large and Quality Committee Lead David Aguayo, CHCB Treasurer</p>	<p>Dr. Hollands presented on CEO recruitment : As a reminder we have been working with MOTUS recruitment. As a committee, we meet weekly with the project manager to develop, create and align with the selection process in order to best meet the needs for the future ED. We have 175 applicants and are working diligently to narrow down to 10 candidates from survey results and listening sessions. We have reviewed the top 10 candidates with MOTUS and narrowed it down to 5. Interviews begin this week. Board colleges received an email with updates and next steps in this process.</p> <p>Tamia presented on the Quality Committee: Next Quality Committee meeting is September 13 so not much to update on at this time. Linda’s presentation today was reviewed at a previous QualComm meeting and made note of the crossroads selected and added additional languages to the survey list which is improving our ability to hear from our clients who speak different languages.</p> <p>Jeff Perry presented on the Finance Committee: Walked through the year end close and is looking good on where we stand. Discussing updates on the operational reserve policy as they come in. We are still seeking members to join FinComm.</p> <p>Harold presented on the Executive Committee: Working on several Board priorities including; policy renewals, strategic planning updates and starting the Finance Dinner series to discuss budgeting and supportive budget/financial training for Board members.</p>	<p>N/A</p>		
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<p>Strategic Updates Anirudh Padmala, Deputy Director, ICS</p>	<p>Anirudh Padmala, ICS Deputy Director, presented the strategic update for the health center on behalf of Adrienne. The updates include:</p> <ol style="list-style-type: none"> 1. Patient and community voice: <ol style="list-style-type: none"> a. We celebrated National Health Center Week on August 11, 2022 at the Rockwood Community Health Center. Patient and Board Secretary Pedro Sandoval was honored for his service and continued dedication to the Board. 2. Workforce: <ol style="list-style-type: none"> a. Conducted Clinic focus groups with La Clinica staff to get their input for the redesign of the upcoming expanded clinic to ensure we have the best functionality of the new health center for patients and staff. b. Pharmacy staff have launched an “All Are Welcome Here” campaign in response to creating a culture of safety, respect, and support for both staff and the patients. 3. Fiscal responsibility: <ol style="list-style-type: none"> a. Financial operations meetings kicked off this month with each service line. The goal is to ensure staff have a clear understanding on the connection between budget performance and access to care. b. ARPA Investment process shows 11% of funds went to staff wellness, 42% for staffing needs, 21% towards healthcare for homeless and the remaining for technological advances and/or replacement equipment for our health centers 4. Equitable treatment: <ol style="list-style-type: none"> a. Vaccines for hMPXV are now available for all of our patients, in partnership with Public Health, at our downtown Health Services Center and at community outreach events. 5. Noted Board priorities and projects: <ol style="list-style-type: none"> a. Facilities Costs <ol style="list-style-type: none"> i. Facilities Director has completed an analysis and presented the information to Executive Committee, and presented this information to the full board in June 	<p>N/A</p>		
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	<ul style="list-style-type: none"> ii. Vacant space costs have been credited and working progress for crediting for FY22 b. Discretionary Fund <ul style="list-style-type: none"> i. The policy was approved by CHCB back in July of this year and the funding structure is being developed. Currently working on requirements to the policy c. FTCA Coverage <ul style="list-style-type: none"> i. Project manager met with HR, Risk Management, and Training to outline what is still needed in order to be completed before an application is submitted d. Legal Counsel Contract <ul style="list-style-type: none"> i. Complete e. Data and Privacy Consultant <ul style="list-style-type: none"> i. Data and privacy consultant interviews are completed. The consultant will be working on recommendations and presentation dates that will be presented to the Quality Committee and Executive Committee in the near future f. Media and Advocacy Opportunities <ul style="list-style-type: none"> i. National Health Center Week was celebrated on August 11 ii. September is National Recovery Month. Health Center communications team is working with the clinic teams on public messaging g. Financial Policy Updates <ul style="list-style-type: none"> i. Complete 			
Meeting Adjourns	Meeting adjourned at 8:21 PM			Next public meeting scheduled on



				10/10/22
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Signed: _____ Date: _____
 Pedro Prieto Sandoval, Secretary

Signed: _____ Date: _____
 Harold Odhiambo, Board Chair

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

Minutes approved, virtually, at the October 9, 2022 Public Meeting