



**Public Meeting Minutes**  
**March 14, 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  
**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

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

**Board Members Excused/Absent:** **Dave Aguayo** – Treasurer, **Darrell Wade** – Board Member

Topic/Presenter	Discussion / Recommendations	Action	Follow-up?Date
<b>Call to Order / Welcome</b> Chair, Harold Odhiambo	The Board Chair called the meeting to order at 6:04 PM  A quorum <b>was</b> established.  Victor and Lucia in attendance (Spanish interpretation)	N/A	N/A
<b>Minutes Review - VOTE REQUIRED</b> Review February Public Meeting minutes for omissions/errors	Chair Odhiambo asked for approval or changes to the minutes.  There were no errors or omissions suggested.	<b>Motion to vote as presented: Tamia</b> <b>Second: Fabiola</b>  Yays: - 8 Nays: - 0 Abstain: - 0  <b>Decision:</b> <b>Approved</b>	
<b>Increasing Dental Saturday Clinics - VOTE REQUIRED</b> Christine Palermo Dental Program Manager	Christine Palermo, Dental Program Manager, is seeking approval to increase the amount of Saturday Clinics at additional clinic sites. These additional clinics could provide \$1,00,000 that will sustain current staffing and program offerings.  With a YES vote: <ul style="list-style-type: none"> <li>• Saturday Clinics will start in April</li> <li>• Patient can be seen outside of normal dental hours</li> <li>• Program could receive \$1 million or more to sustain current staffing and program offering.</li> </ul> If NO vote:	<b>Motion to vote as presented: Pedro</b> <b>Second: Bee</b>  Yays: - 8 Nays: - 0 Abstain: - 0  <b>Decision:</b>	

	<ul style="list-style-type: none"> <li>• Dental program will operate as is with no additional Saturday Clinics</li> <li>• Year end metrics and incentive funds may not be attained.</li> </ul> <p>Q; Are the costs also included for SEDC or not?  A: Yes, last year we didn't open Saturday Clinics at Southeast because they were closed for repairs. We do base which Saturdays we open based on our dashboards we get from Care Oregon, If we see there is a clinic running short we will open additional Saturday clinics that need the additional Saturdays.</p> <p>Pedro commented that he spoke with a few people about the changes at SE and want to let you know they are very pleased with the changes there. They felt more secure, and more privacy.</p> <p>Q: Were we running Saturday clinics regularly pre COVID or is this because of revenue we lost because of COVID?  A: Every year at some point we start adding Saturday clinics. We have had Saturday Clinics at MCDC, that is currently the one clinic open on Saturdays. Every year we come to the CHCB looking to add Saturday clinics if we see are falling short of meeting our metrics .We know that Saturday Clinics help our metrics. The first few years we started in October went to December. Then we started in July, and now we are trying to start this year possibly in April</p> <p>Q: Do we see a good response? Why are we not doing this permanently, what are the barriers?  A: We are looking at sometime in the future possibly adding more permanent Saturday clinics. MCDC is the only clinic, we add these additional Saturday clinics based on Care Oregon dashboards. I do hear you about the permanent Saturday clinics, it is very beneficial. Our patients do like our Saturday clinics</p> <p>Q; The potential additional \$1,00,000, is that restricted for staffing or can it be used for something else?  A: There are some criteria for what incentive money can be used for. It is used for multiple purposes. Incentive Dollars go back into the programs and also fund quality initiatives across the health centers such as patient satisfaction surveys and re-engagements, after patients have been to the ER or follow ups for dental or primary emergency care to support them with wider health care planning . It stays in the health center programs and is reinvested back into patient care.</p>	<p><b>Approved</b></p>	
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**Patient Satisfaction Survey Report**

Linda Niksich, Sr. Program Specialist. Quality Team (ICS)

Linda Niksich presented the results of the first Patient Satisfaction Survey . We have started working with a new vendor, Crossroads, to conduct the surveys. These surveys are for the 4th quarter of 2021. Crossroads completed 627 surveys for in person, telephone or video visits.

Primary Care

- Overall satisfaction is nearly 95%. Rockwood and Mid had the highest scores. More than 90% of patients are likely to return.

Patient Access Center

- 35.8% of patients say they wait more than 15 minutes to connect with someone to make an appointment
- 92.5% rating for courtesy and helpfulness once they were able to speak with someone
- There are two large projects on the horizon that will focus on access and PAC programs that are designed to help improve

Pharmacy

- 178 surveys were completed for pharmacy.
- 92% of the respondents reported excellent or good overall satisfaction.
- 83% Satisfied or very satisfied with wait times
- 88% thought pharmacy hours convenient. Those that don't say after hours or weekend hours would be helpful because of their work hours.
- 23% for preferred language used.
- 17 respondents said were not spoken to in their preferred language

Dental

- Scores were done on scale of 1-10
- 83% overall satisfaction rating
- 91% satisfied with care they received
- 90% always treated with courtesy and respect

Q:Did you capture any other demographics like geographical, race or ethnicity? If this information is in the report will you please share that information with us?

A:Yes, we do have a lot more detailed information. This should be in your handout. Each question is broken down in our more detailed reports by race and ethnicity, as well as gender and identity.

Q: If that is not in the packet will you please share that information with the Board?

A: Absolutely, I will resubmit it.

Q; How are the surveys conducted when collecting this information? Do they do them in the clinic?

Board received update

Francisco to follow up with Linda to provide demographic info

	<p>How often do they do the surveys?</p> <p>A:Crossroads, calls the patient after a recent appointment, or a pick up at the pharmacy. Surveyors do surveys for that recent interaction. They make calls every day and have to reach a certain quota every quarter.</p> <p>Q: Who conducts the surveys for languages, and I would like more info about the languages that were included in the survey. If there is a complaint, who does the complaint go to, and what is the process for that?</p> <p>A:Top 5 languages: English, Spanish, Chinese, Cantonese, Russian and Somali. Some of the surveyors speak the language, some use interpreters. They are trained to identify when a complaint needs to be made, and they encourage the patient to file a formal complaint. Complaints follow the same process of other complaints we receive, and are routed to Kimmi.</p>		
<p><b>HRSA Progressive Action Update</b>  Wendy Lear, Deputy Director, Multnomah County Health Department  Eric Arellano, Chief Financial Officer, Multnomah County  Jeff Perry, Chief Financial Officer, ICS</p>	<p>Prior to the presentation, Chair Odhiambo shared that at the February 28 Executive Meeting, he shared his concern with County CFO Eric Arrellano and Health Department Deputy Director Wendy Lear that the documents that the CHCB receives are not in alignment with what HRSA expectations. Namely, of the 250 pages in the document, only 10% appears to apply to the Health Center, and the font is so small as to be illegible. That the County still has not produced a cash report or balance sheet and most of the reports contain information specific to the Health Department. The County has not provided a breakdown of the facilities costs specific to the Health Center. He also noted his alarm at the discrepancies of the Health Department’s indirect rate of 11%, but their allocation of indirect expenses to the Health Center is over 70%.</p> <p>Chair Odhiambo expressed his concern that the Health Center could be at risk of losing HRSA funding, and that he expects a letter of explanation for these discrepancies and an update from the Health Department’s Leadership.</p> <p>The presenters gave a highlever overview of the progress that has been made and the next steps for the HRSA Progressive Actions.</p> <p><b>Itemized General Journal Entries</b></p> <ul style="list-style-type: none"> <li>• Jeff shared all of the journal entries in excel format so that they would be easier to read.</li> <li>• Francisco was sharing them with the Board at the time of the meeting.</li> </ul> <p><b>Phase 1 - Income Statement Activity - COMPLETE</b></p> <p>Adjustments to General Funds</p>	<p>Board received update</p>	

- General funds have been moved to an Enterprise fund
- Updates will continue to be give to the Board
- Actions to move resources in or out of the Health Centers will be brought to the Board for review and approval prior to any action
- Planning to make a request during the April meeting to approve a cash transfer from the General fund and the Federal State fund to the Enterprise fund. These funds carried over from last year.

Q: Do you have a projected timeline to give the board that information?

A: 6/30/2000 is our target completion date July is the target completion date.

Q: When will Jeff be able to provide this information to the Board?

A: As we hit the target date we will work closely with Jeff. He will be able to give a complete activity through that time frame. I don't think it will take much time after the 6/30 date to provide information to the Board.

#### **Phase 2 - Health Center Balance Sheet Activity**

- In Progress through 6/30/2020
- Over 200 balance sheets being verified
- Making really good progress
- Currently working on Business Asset Transfers
  - Any historical balances on any assets the Health System owns
    - Grant funds or other program income were used to buy those accents
    - Those ballance need to moved into the health system
  - Validating by using historical reports
- Finalize unearned revenue
  - Grant money that does not have expenditures applied to it
- Customer AR accounts receivable
  - Move open balances from current fund to enterprise fund
- Any new activity from July 1 forward is happening within the Enterprise fund

#### **All indirect cost charges and internal service charges**

- Wendy has broken this down into pieces to make it easier to explain.
  - 4.1. A report with itemized details for all indirect cost charges and internal services charges (see #5 for details)
  - 4.2 An itemized detailed report capturing all occupancy costs the health center is paying for, which includes the cost of vacant space
  - 4.3 A detailed list of the spaces/buildings as well as the allocation for the Health System.

- 4.4 The County’s algorithm for allocating space to the Health Center
  - Currently based on FTE
  - Provided estimate based on square footage
- 4.5 Indirect expense algorithm
  - Included lates indirect cost analysis
  - 13.4% combined rate for next year
    - 9.8 % department share
    - 3.5% central counts portion

It was mentioned that more questions and concerns come up when going through the packet regarding compliance. Example given was: facilities have ICS occupying 99% of space at East County, but there are other programs that occupy space there, like Public Health, Aging and Disability, and DHS. It looks like ICS is being charged for 99% occupancy. I strongly believe it’s not 99%. We should have real figures to determine what is being paid for.

Clarification - The information provided for facilities and the portion of the facilities occupied by the health center, such as East County. The portion we showed was of the portion charged to the health department, it was broken down by each occupants share. It wasn’t the entire East County building. The Community Health Center is the only health department program at East County. With a small exception of a shared conference room. That’s why the percentage there is so large.

Q: Basis of charging FTE opposed to square footage, for FTE that are retired and that space is not utilized, is that still a base for that?

A: Yes, we still use that for allocated costs. Now with teleworking we may want to examine this closely. This could negatively impact the health center. We need to make sure we won't have unintended consequences.

Q: Has the board ever seen an analysis of the market rate? If we move forward with square footage vs FTE, will a professional be doing that?

A: That will be something the county facilities will be doing. We are in the process of looking at square footage now. We are in the midst of space analysis, but I don’t know where we are at currently. We will have to get back to the board with that information.

Q: In the report it states Old Town Recovery Center ICS is listed at 100% , is ICS providing services at Hooper Detox? Is this a mistake?

A: No, it’s Central City Concerns where the Billi Odegaard Clinic resides.

**Projection of health balances for each month for the next 12 months**

- This will start coming together using the reports created in phase 2

**Revenue and expense statement** - Received today, and is COMPLETE

**Balance sheet of accounts** - These should be completed on target date

**Monthly report of vacancies by from health department on all centers**

- Updated total of all vacancies. Working on an updated version of the breakdown for next month to distinguish work out of class roles versus true vacancies.
  - Work out of class role is a vacant role being filled by current staff. May not be actively recruiting for it at the same time.
  - Add comparative national trends to give us benchmarks as to how long it takes to recruit.
- Small drop in estimated financial improvement , down to \$1.8 million
- Will provide benchmarks to show how we are doing, and how we are recruiting.

Q: How are you strategizing around recruitment? Are the recruiters attending community events? What tools are you using? What is the process?

A: Once the position is posted in Workday it gets posted through Indeed nationally. Well over 320 positions for our team to fill. We have not had a lot of opportunities to use those proactive activities you referred to. We hired a tech to do outreach, and will be working on that soon.

Q: When you look at this report and the estimated impact, what are the bumps that are making the hiring process difficult? What other methods would you likely use to make sure this trend does not continue. The revenue lost is a negative impact.

A: We have made a lot of progress. 149 new hires last fiscal year. We are projected to more than double that amount this year, July - December we hired over 300 people. There is a national shortage in all positions across the board. Looking at sign on bonuses for clinical workers. The point of a sign on bonus is comic advertising. There is a retention factor associated with a bonus. Need to look at retaining staff. Why are people leaving? We lost 118 community nurses. We need to attack from both sides, recruiting and retention. We are putting a team together to look at that. We have doubled our team, and tentatively approved for 3 more work out of class positions for the next fiscal year. 320 positions for 8 recruiters. We are now tracking the time to fill, to see where we are going. We have a better understanding of where we are and where we need to go.

Tamia wanted to make the Board aware of what she had said at the Executive Committee meeting in regards to what she heard when they were on their tour. The biggest challenge to filling open spots according to the health center staff is the rates are not competitive. The rates are from other government jobs as opposed to places like Kaiser. This is something that should be kept in mind.

<p><b>HRSA Progressive Action Update (Executive Session)</b>  <i>CHCB to receive confidential report in separate Zoom</i></p>	<p>Contract bargaining is a protected and confidential process. Pursuant to ORS 192.660, Subsection (2)(d) and (3), the CHCB will conduct a closed Executive Session to review HRSA mandated items that could impact bargaining.</p>	<p><b>Motion to retire to Executive Session as presented:</b>  <b>Tamia</b>  <b>Second: Kerry</b></p> <p>Yays: - 8  Nays: - 0  Abstain: -0</p> <p><b>Decision:</b>  <b>Approved</b></p>	
<p><b>Committee Updates/Council Business</b>  Harold Odhiambo, CHCB Chair</p>	<p>CHCB Chair, Harold Odhiambo offered the opportunity for any of the CHCB members to be part of the CEO Recruitment Committee that will be chaired by Dr. Aisha Holland. If you are interested, send that information to Francisco and he will share that information with the committee.</p> <p>Updates for CEO Recruitment Updates:</p> <ul style="list-style-type: none"> <li>● Sent communication to Francisco regarding a meeting that Liz and Debbie Smith have request for a kick off</li> <li>● Francisco forwarded a list of recruitment firms that the county HR is currently contracted with</li> <li>● Requested a list of recruitment agencies</li> <li>● Francisco sent invitations to CHCB members and county members indicated to be part of the committee. <ul style="list-style-type: none"> <li>○ CHCB members <ul style="list-style-type: none"> <li>■ Dr. Holland</li> <li>■ Harold</li> <li>■ Tamia</li> </ul> </li> <li>○ County Members <ul style="list-style-type: none"> <li>■ Debbie</li> <li>■ Ebony Clark</li> <li>■ Joe</li> </ul> </li> </ul> </li> <li>● Initial packet is completed, and being reviewed by Ebony Clark</li> <li>● There needs to be equal membership on each side for committee meetings, and needs to clarify the parameters amongst the members.</li> </ul> <p>Ebony is hoping for preliminary conversation to get a better understanding of what the official process will be once it begins. Francisco will be the facilitator for communication when it is closer to getting started.</p>		



<p><b>Monthly Budget Report County Budget Update</b>  Jeff Perry, Chief Financial Officer, ICS</p>	<p>Jeff Perry gave a monthly update of the budget.</p> <ul style="list-style-type: none"> <li>● Year to Date <ul style="list-style-type: none"> <li>○ Revenue is \$89.2 million = 57% of budget</li> <li>○ Expenses are \$75.5 million = 48% of budget</li> <li>○ Surplus of 14.7 million <ul style="list-style-type: none"> <li>■ Provider relief fund for 2.9 million dollars</li> <li>■ 1st installment from the Oregon Health Authority for change of scope dollars \$14.8 million <ul style="list-style-type: none"> <li>● Generated from per member per month</li> </ul> </li> </ul> </li> </ul> </li> <li>● Month to date <ul style="list-style-type: none"> <li>○ Revenue \$28.6 million</li> <li>○ Expenses \$10.9 million</li> <li>○ Surplus of 17.8 million <ul style="list-style-type: none"> <li>■ OHA \$14.9 million</li> </ul> </li> </ul> </li> <li>● Program Level <ul style="list-style-type: none"> <li>○ Dental -\$600,000</li> <li>○ Primary Care and Pharmacy solid gains</li> <li>○ Student Health \$490,000 loss</li> </ul> </li> <li>● Billable Visits <ul style="list-style-type: none"> <li>○ Student health showed increase to 62 billable visits, 74 was the target</li> <li>○ Dental increased to 371, target was 363</li> <li>○ Primary care had 371, target was 689</li> </ul> </li> <li>● Uninsured <ul style="list-style-type: none"> <li>○ Primary Care below target at 12.1%, target 13.8%</li> <li>○ Dental was 4.7%, target 8%</li> </ul> </li> <li>● Primary Care Payer Mix <ul style="list-style-type: none"> <li>○ Showing slight increase in commercial payers</li> </ul> </li> <li>● Number of OHP clients <ul style="list-style-type: none"> <li>○ Increase of 306 from previous month</li> <li>○ 93.23% Care Oregon coverage</li> <li>○ 6.77% Trillium coverage</li> </ul> </li> </ul>		
<p><b>Strategic Updates</b>  Adrienne Daniels - Interim Executive Director, ICS</p>	<p>Patient and Community Determined</p> <ul style="list-style-type: none"> <li>● For the annual state School Health Awareness day 22 students from 7 different health centers met virtually with their legislature to advocate for the health needs of their communities and promote the importance of youth accessing school health services.</li> <li>● Hosted an orthopedic tele health clinic at David Douglas that was focused on youth. <ul style="list-style-type: none"> <li>○ Engaged expert workforce <ul style="list-style-type: none"> <li>■ Pharmacy and Dental programs are partnering to work with Care Oregon</li> </ul> </li> </ul> </li> </ul>		

	<p>and other community colleges to develop a training pathway for key roles for pharmacy technicians and dental assistants</p> <ul style="list-style-type: none"> <li>● One year pathway to train and allow staff that are interested to become certified</li> <li>● Very high demand for these positions, but very few applicants right now</li> </ul> <p>Fiscally sound and Accountable</p> <ul style="list-style-type: none"> <li>● Working with Oregon Primary Care Association to advocate and share the impact of medicaid termination and redetermination</li> <li>● During COVID 19 the enrollment and disenrollment was paused to reduce negative impact of losing health insurance</li> <li>● Past 2 years uninsured residents has fallen to historical lows especially for persons of color</li> <li>● Advocating and sharing recommendations of how to improve experiences for those at risk of</li> <li>● Board members will undergo annual budget training</li> </ul> <p>Equitable treatment</p> <ul style="list-style-type: none"> <li>● American Heart Association Partnered with NE Hlth Center to improve blood pressure management</li> <li>● Mid county continue medical screening for Afghan refugees</li> </ul> <p>Board requested 4 specific status updates</p> <ul style="list-style-type: none"> <li>● Legal Counsel Contract is <ul style="list-style-type: none"> <li>○ Completed</li> </ul> </li> <li>● Data And Privacy Consultant <ul style="list-style-type: none"> <li>○ Committee meeting with stakeholders being scheduled</li> </ul> </li> <li>● Media and Advocacy Opportunity <ul style="list-style-type: none"> <li>○ Student health center awareness day Feb 10th</li> <li>○ Katu News broadcasted interview with</li> </ul> </li> <li>● Financial Policy and Updates <ul style="list-style-type: none"> <li>○ 6 fully implement, 6 in progress</li> <li>○ 2 tied to full enterprise fund completion target for June</li> </ul> </li> </ul>		
<p><b>Meeting Adjourns</b></p>	<p>Meeting adjourned at 8:08pm</p> <p>The next public meeting will be on April 11, 2022</p>		

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
**Pedro Prieto Sandoval, Secretary**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
**Harold Odhiambo, Board Chair**

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