

CLACKAMAS COUNTY HEALTH CENTERS DIVISION  
**COMMUNITY HEALTH COUNCIL**  
 Meeting Minutes – June 27, 2018  
 Development Services Building, Room 401; 150 Beavercreek Road, Oregon City 97045

*“Your partner in overall health. Improving access. Providing care.  
 Promoting wellness. Strengthening community.”*

Meeting Attendance

**Members Present**

Kelli VanAcker  
 Amy Yap  
 Emilee Clark

Tom Lorence  
 Stephanie  
 Kurzenhauser

**Members Absent**

Mike Blackwell  
 Angela Fitzgerald  
 Celina Bonnie

**Health Centers Staff Present**

Deborah Cockrell  
 Andrew Suchocki  
 Ed Johnson  
 James Wilson  
 LeAnn Dooley

Erin De Armand-Reid  
 Justin Gonzales  
 Theresa Nation  
 (Recorder)

**Guest(s):** Commissioner Sonya Fischer, Rose Kursenhauser,  
 Mike Stampke, Emily Halverson, Rich Rachel Schatz  
 Swift (H3S Director) (consumer)

Call to Order		The meeting was called to order at 6:31 p.m. A quorum was established.
Prior Meeting Minutes	<b>Action</b>	<b>Motion:</b> Stephanie motioned to approve the minutes from May 23, 2018. <b>Second:</b> Tom seconded. No discussion. <b>Vote: Approved.</b>
Consumer Comments		Amy stated that the acupuncture clinic is “great”. They are busy enough that they are opening their schedule to Thursdays, which she says works better for her so that she can receive their services. Amy also said the dental team is “awesome” and has helped her with a dental issue that she had.
Address to CHC		Rich Swift is the Director for the Health, Housing, and Human Services (H3S) Department at Clackamas County. He stated that he wanted to take time to share comments on the County’s Budget Hearings that started May 31, 2018. He stated that there is an opportunity to hold a policy session with the Board of County Commissioners (BCC) to educate them on the role of the CHC as a co-applicant and what this means for HRSA. He asked for the Council’s feedback on this idea.  Kelli asked if Rich has a projection of available dates to meet with the BCC. Rich stated for sure in September, but that July or August is preferable. Kelli asked what sort of objectives would there be. Rich stated that there would be a discussion of the co-applicancy status and what that means, including HRSA’s requirements for the 330 grant. Kelli asked if bringing CHC’s successes and concerns would be appropriate. Rich responded that the topic of the co-applicancy status is one discussion and does not recommend covering more than that for the first meeting. He said that the Health Centers’s successes should be noted and that the CHC could ask for future policy meetings where heavier topics could be discussed.  Stephanie noted that it would be good , in the future, to discuss with the BCC the relocation of the Health Centers. Kelli also noted that another future topic would be the CHC’s new strategic planning efforts.  Tom asked how much time would the CHC have for the first meeting. Rich stated an hour at best, but possibly half an hour.

		<p>Kelli stated it would be good to hold the policy session after the HRSA Site Visit, so August or September would be best.</p> <p>Rich stated that during the Budget Hearings, it was the first time H3S would present on its Managing for Results (MFR) efforts. He stated the BCC will approve the H3S budget on June 28<sup>th</sup>. Rich believes that holding a policy session with the BCC about what co-applicancy is and what it means would help open the door for the CHC to give testimony at a future budget hearing. He requested the Council’s patience as he works with them and the BCC to build understanding between the two. He noted that the BCC was shocked about the Health Centers general fund, which is just under 7 percent of the H3S budget and had questions as to why the amount was so low. Rich is hopeful that this, too, will open the door for further discussion on the H3S budget.</p> <p>No further discussion.</p>
<p>Committee Updates</p>	<p><b>Action</b></p>	<ul style="list-style-type: none"> <li>Finance Committee – Ed reported that the year is ending on a positive note. \$700K surplus is expected. The dollars are still coming in, and all the final numbers will be in by end of August, definitely September. Wrap payments have also increased. Ed stated the budget projection will remain conservative. Program managers are underspending (which is great), and the Health Centers works hard to generate abundant revenue. New fiscal year begins July 1<sup>st</sup>.</li> </ul> <p>Commissioner Fischer asked if the team has foreseen a change in who receives services through the grant based on the current events with immigration. Ed responded that the grant is given to provide services to the migrant seasonal population. Deborah added that the category has stayed at a flat level. Patients are asked to self-identify if they are in the migrant-seasonal category. She noted that Clackamas Volunteers in Medicine has seen a decrease in their migrant patient population.</p> <p>Tom asked what happens at the end of the year with the surplus. Ed stated the funds go into a restricted income account. Amy asked if the funds could be reinvested. Ed confirmed.</p> <p>Sliding Fee Discount – Ed noted that though the policy was approved in May, it is coming before the Council again because during a staff mock audit of the policy, it was discovered that a definition for income as well as “family” size were missing. The original language was “household” size. He directed the Council to look at Page 10 of the packet where the policy could be found. The word “family” has been added and a definition for income has been included. No changes were made to the Sliding Fee Procedure.</p> <p><b>Motion:</b> Stephanie motioned to approve the Sliding Fee Discount with the incorporated changes (see April and May 2018 meeting minutes for revision details).</p> <p><b>Second:</b> Amy seconded. No further discussion.</p> <p><b>Vote: 7 approved; 1 opposed. It carries.</b></p> <ul style="list-style-type: none"> <li>Nominating Committee – Guests and staff were dismissed during this portion of the meeting (kept until the end) so that the Council could vote on a new non-consumer member as well as conduct its officer elections. Kelli reported that the Nomination Committee interviewed two non-consumer applicants for the non-consumer vacancy on the CHC. She also noted how the Committee came to its</li> </ul>

	<p>Action</p> <p>Action</p>	<p>decision to recommend one of them to the full council for approval. Both were excellent candidates. However, due to there being only one non-consumer vacancy, and in accordance with HRSA requirements that there be a consumer-majority presence on the CHC, only one candidate could be selected at this time. The Committee recommends Mikal Stamke’s application for membership to the full council for approval.</p> <p><b>Motion:</b> Tom motioned to approve Mikal Stamke’s membership application and recommend it to the BCC for approval.</p> <p><b>Second:</b> Stephanie seconded. No further discussion.</p> <p><b>Vote: Approved.</b></p> <p>2018-2019 Officer Elections – Kelli provided instructions on how to complete the ballots for voting. Due to the absence of three council members, the vote could not be completed. Jeanine will reach out to Angela, Mike, and Celina to obtain their votes, then will send the results of the voting to the full council. See May 2018 meeting minutes for nominations. The following nominations were made at the June 20 Nominating Committee meeting:</p> <p>Kelli nominated Amy Yap for Secretary. Stephanie nominated S. Celina Bonnie for Secretary. Kelli nominated Tom Lorence for Vice President. The Committee nominated Angela Fitzgerald for Member at Large.</p> <p>The Committee made the following committee appointments: Tom Lorence as Quality Improvement Committee Chair. Emilee Clark to the Nomination Committee.</p> <ul style="list-style-type: none"> <li>• QI Committee – James reported that the QI Committee reviewed its patient safety reporting, zip codes of patients that the Health Centers serves, patient experience reporting through Crossroads, and provider oversight (credentialing). He stated that the Committee recommends the following four providers for re-credentialing: Maria Prokhorova, MD; Mary Miller, MD; Kim Tinker, FNP; and Casey Norlin, DMD.</li> </ul> <p><b>Motion:</b> Stephanie motioned to approve the above providers for re-credentialing.</p> <p><b>Second:</b> Tom seconded. No further discussion.</p> <p><b>Vote: Approved.</b></p>
<p>Reports</p>		<ul style="list-style-type: none"> <li>• FQHC Staff Reports <ul style="list-style-type: none"> <li>○ Deborah reported on the Health Centers Appreciation Gala that was held on June 20, 2018, that it focused on highlighting the Division’s successes and upcoming programs. Erin De Armand-Reid showed a video presentation documenting appreciation comments from staff, and a slide show was presented of the various teams within the Health Centers.</li> <li>○ James reported that, as of today, the Health Centers is a fully integrated electronic health record (EHR) care home. On June 25<sup>th</sup>, the dental EHR went live with Wisdom, a dental charting system inside of OCHIN Epic.</li> </ul> </li> </ul>
<p>HRSA Operational Site Visit Update</p>		<p>Ed presented the agenda for the upcoming HRSA site visit, noting that it is still in draft form. He outlined the three meetings where the CHC is asked to attend: the Opening Conference, the governance meeting, and the Exit Conference. The ideal goal is zero findings as a result of the audit. Jeanine will send the meeting locations, dates, and times to the Council following this meeting.</p>

<p>Public Health Needs Assessment</p>	<p>James reported that the needs assessment, based on the process that the Council reviewed last year, has been completed by the Public Health Department. The Assessment describes 10 health priorities within Clackamas County over the next two years.</p> <p>James noted the Health Centers partnership with Public Health around addressing all of the health priorities listed.</p> <p>Clackamas Health Centers has reviewed the health priorities and is developing initiatives to improve each area within the scope of the Health Clinics.</p> <p>Needs Assessment Priorities:</p> <p>1) Increase healthcare access. Clackamas Health Centers responds to this priority through regular review of clinic access times, development of same-day access in primary care, dental and behavioral health; increase of walk-in hours, and expansion of services to the Rex Putnam school based health center.</p> <p>2) Increase housing Clackamas Health Centers is partnering with Clackamas Community Development and Clackamas Housing Authority to develop affordable housing in the Sandy community. A project is being developed which will construct clinical space on a ground floor, and affordable housing above</p> <p>3) Increase high school graduation rates The Health Council will consider this priority in its upcoming strategic planning process.</p> <p>4) Increase the number of people who meet physical activity guidelines The Health Centers has developed an initiative to increase youth physical activity. ‘Fit and Fun’ is a case management program to help children who are overweight/obese or with risk factors and their families work on physical activity and diet goals. The pediatrician identifies children who would benefit and connects them to the community health worker/promotora who does several home visits.</p> <p>5) Decrease the number of people who attempt suicide Clackamas Health Centers has implemented a Zero Suicide program within primary care. All primary care clinics are currently screening, and responding to all patients 12 and older with potential suicide risk according to the National Zero Suicide Initiative. This process includes screening, treatment, outreach, and coordination of care.</p> <p>6) Decrease the number of people classified as obese; The Health Centers ‘Fit and Fun’ program as noted above</p> <p>7) Decrease the number of high blood pressure and diabetes diagnoses; The Health Centers provide diabetic outreach and diabetic tracking with its patients whom have an elevated hemoglobin A1C and blood glucose. Case management is provided to these patients to develop goals and plans to control their hemoglobin A1C and blood glucose levels.</p>
---------------------------------------	--

Clackamas Health Centers Council Meeting


	<p>8) Decrease the number of youth who report alcohol use. All Health Centers Clinics respond to alcohol use through the Screening, Brief Intervention, and Referral to Treatment (SBIRT), and the American Society of Addiction Medicine (ASAM) processes.</p> <p>9) Decrease the number of cardiovascular disease-related deaths Clackamas Health Centers provides extensive screening and treatment for hypertension.</p> <p>10) Decrease the number of sexually transmitted infections (STIs) Clackamas Health Centers is an enrolled provider agency for the Reproductive Health Program with the State of Oregon’s Oregon Health Authority. The program provides a specific set of family planning services to eligible individuals in the community to decrease the morbidity of sexually-transmitted infections, including counseling and screening.</p>
Public Comment	No public comment was made.
Next Meeting and Agenda	<p>Next meeting is <b>July 25, 2018 at 6:30 p.m.</b> in the <b><u>DEVELOPMENT SERVICES BUILDING (DSB), ROOM 401; 150 BEAVERCREEK ROAD, OREGON CITY 97045.</u></b></p> <p>Agenda items include: Finance and Nominating Committees reports, HRSA Site Visit Debrief</p>
Adjourn	Meeting adjourned at 8:00 p.m.

**Upcoming meetings/events:**

Finance Committee Meeting, July 18, 2018  
Full Council Meeting, July 25, 2018

**Council packet and handouts include:**

- Agenda
- CHC Council meeting minutes
- Credentialing Handout
- Monthly Financials
- Nominating Committee Agenda/Minutes
- Sliding Fee Discount Policy & Procedure
- 2018 Safety & Risk Management Plan
- HRSA Site Visit Flowsheet
- Staff Report

 \_\_\_\_\_, Secretary/President/Vice-President/Treasurer (circle one)  
Clackamas Health Centers Council Approval

**IN OUR COUNCIL MEETINGS, WE AGREE TO:**

- Begin and conclude meetings on time;
- Be on time and come prepared to participate;
- Be respectful, including –
  - Keeping our cell phones silent;
  - Listening without interrupting when someone else is speaking;
  - Allowing for all to contribute to the discussion;
  - Honoring the Chair;
- Stay aligned with the Mission and Strategy of the FQHC;
- Follow Roberts Rules of Order for parliamentary procedures;
- Honor confidentiality;

**Have fun!**