

Tillamook County  
Community Health Council  
Meeting Minutes  
July 19, 2017

**Present:** Jennifer Arreola, Dr. Tim Borman, Harry Coffman, Jessica Galicia, Carol Fitzgerald, Amy Griggs, Donna Parks, Carmen Rost, John Sandusky, Bill Baertlein (BOCC Liaison)

**Excused:**

**Absent/Unexcused:** Clayton Rees

**Staff:** Irene Fitzgerald, Donna Gigoux, Marlene Putman

**Guests:**

**1. Call to Order:** Chair Harry Coffman called the meeting to order at 12:16 pm.

**2. Consumer/Community Needs, Concerns, Issues:**

- a) **Community/Patient Concerns:** No report.
- b) **Ambassador/Advocate encounters with Community:** No report.
- c) **Community Partners (boards, agencies) Encounters/Projects:** No report.

**3. Consent Calendar:**

- a) **Approval of June 21, 2017 Meeting minutes:** No changes.

**Action:** Donna P. moved to approve the minutes as amended; Carmen seconded. Motion carried.

**4. Board Development:**

- a) **Potential New Members** – No update.
- b) **Health Council Member Contact & Areas of Expertise** – Harry’s phone number should be 831-297-0285; John’s email is [johnsandusky@charter.net](mailto:johnsandusky@charter.net). Donna G. will make the changes.
- c) **Common goals – shared resources between agencies:** No update.
- d) **Underrepresented & Youth potential members:** No update.
- e) **Appointment of New Member** – No update.

**5. Administrator’s Report:**

**General Update and Report:**

**A. *GOAL: Implement Well Planned Actions/Methods to Improve Productivity and Positive Outcomes for our Clients, Our CHC and the Community***

**a) Action Planning in Priority Areas -**

- **Behavioral Health Integration:** We are working on getting the Behavioral Health job description ready to submit to HR; we have grant funding from the CPCCO to help pay for the position. We will still be working to partner with TFCC in the hope that a portion of the salary can be covered by them.
- **Dental Health:**
  - **School Based Dental** – No update.
  - **School Based Health Center:** No update.

- **Contractors:** Dr. Opdahl will end his contract on August 31<sup>st</sup>. Staff is working to transition patients over to Dr. Ahn. Dr. Long is considering contracting with us; Dr. Bizeau declined. Dr. Ahn is a terrific partner and does more procedures per visit; he also has a dentist who comes regularly to extract teeth.
- **Safety Net Grant (I'm Healthy/Soy Sano):** – Still working on getting the contract signed. The Oregon Legislature has passed “Cover All Kids” which will be effective January 1, 2018, to cover all children regardless of their immigration status.
- **OHA Media Coverage:** – No report.
- **Patient Access & Support:**
- **Sexual Health and Adolescent Health Services:** No update.
- **Maternal and Child Health** – No update.
- **Home Visiting Coordination** – No update.
- **Developmental Screening Pilot Project** – No update.
- **Well Child and Adolescent Health Exams** – We will again be offering these services to children and youth throughout the summer. This has become a very successful project. Well Child exams encompass children up to 7 or 8; Adolescent exams from age 12-17 and younger for Sports Physicals. We are trying to encourage youth to move more toward the Adolescent exams and away from Sports Physicals, as the Adolescent exams are more comprehensive. The hospital has two days they will be offering these services. We will add as many days as possible to cover all of our patients. Incentives are offered to get the kids to come in for their exams.
- **Women’s Resource Center** – No update.
- **The Early Learning Hub** – No update.
- **South County Services** – (See Item B)
- **Staff** – See Below, Item B.
- **Prenatal Care** – No update.
- **Year of Wellness Project** – No update.

**B. Goal: Increasing Productivity of Providers and Staff to Increase Revenue**

- a) An overview of the changes that are being implemented to increase revenue and productivity was provided to the Council members. (See also Financial Report – Schedule Dashboard below, (6.D).
  1. South County clinic will be closing over the summer months; WIC and a nurse schedule will still be available. Barriers to care will be addressed (i.e. transportation, blood work, etc.) as the need arises. The clinic cannot sustain itself as the sole tenant; we need to partner, possibly with TFCC, in order to break even in Cloverdale. Looking at possible School Based Health Center in South County with the school district or the college. There are not enough medical patients available to sustain services and offset expenses. The building is very old and has a lot of issues; and at this time we cannot afford to build a new building, unless TFCC would like to take the lead and we pay rent or purchase it over time.
  2. Rockaway Beach clinic will be open one day per week. Our provider needs to see at least 13 patients per day to break even; as it stands now, he is only seeing half that.
  3. Medicaid, prior to the ACA, was 30-40 percent of our patients; now it’s 50-60 percent. Oregon is keeping Medicaid the same with some slight changes, like a true tax on hospitals to help more seniors and children access Medicaid.

**C. Goal: Improve Financial Practices and Systems in order to Improve Efficiency and Effectiveness**

a) See Goal B.

**D. Goal: Increasing Revenues for Other Sources in Order to Offset Uncompensated Costs for Public Health Services and/or Operational Changes and Improvements**

a) No report.

**E. Goal: Implement Policy & Procedure that support our Mission and Improve Quality of Service**

a) **Health Resiliency Workers** – (See 5.A. above)

b) **School Resource Behavioral Health Provider** – (See 5.A. above)

c) **Emergency Preparation** – No report.

**d) F. Goal: Increase Partnerships with Health & Human Service Organizations in Order to Leverage Resources, develop shared resources and strengthen relationships for future collaborations**

a) (See 6.A.a above.)

**Action:** Tim moved to approve the administrative report. John seconded. Motion carried.

**6. Finance Report:**

May's month end cash balance was \$1,475,256.69 ending with \$233,563.97 more in expenses than revenue. Irene reported the following:

- **Revenue:** Irene reported: GL# 4225: HRSA draw down of \$180K funds came in on June 1<sup>st</sup> and will be reflected in next month's report; GL# 4376: Amount includes two payments received in the month. All other revenue items were within normal range.
- **Expense:** GL# 6004: Non Capital Equipment included equipment for the clinic that was purchased; GL# 6007: Small Tools & Minor Equipment included expenses for thermometers; GL# 6110: Drugs and Vaccines includes quarterly DHS vaccine purchases; GL#6301: Periodicals & GL# 7011: Cataloging Computer Services included a journal entry to clear an error; GL#7022: Public Relations reflects expenses incurred for the Wellness Fair at TBCC; GL#7050: Memberships & Dues shows the dues for NACCHO; GL#7054: Provider CME reflects expenses for 3 providers to receive training; and GL#7080: Travel & Mileage shows expenses for staff to attend the Oregon EPI Conference. GL#7611: Storage Rental shows the annual Port storage dues.
- **Encounters** Encounters were exactly the same this month as the last, at 1,379 for May; monthly average medical Provider FTE decreased to 3.53 out of 4.5FTE for the month, due to provider training and the conference. Average daily encounters per provider FTE increased from 9.1 in April to 9.60 in May.
- **Schedule Dashboard:** May clinic overview shows increases in most providers' schedules. The dashboard shows an average of 53.9% of available appointments remain unscheduled. Two providers show a marked increase in appointments.
- **Accounts Receivable:** Total Accounts Receivable was \$270,911.18. , The majority in the 0-30 bucket at 71.42%, slightly higher from April. Payer Mix shows Medicaid/Managed Care still our biggest payer at 52%, with Private Insurance at 15%; Uninsured at 23%; Medicare at 8%,and Oregon Contraceptive Care at 1%.

- **HRSA Budget Revenue and Expense:** (See Revenue above)

**Action:** Donna P. moved to approve the Financial Report; Carol seconded. Motion carried.

## **7. Reports of Committees:**

### **A. Quality Assurance/Quality Improvement Committee - May 2017 minutes:**

- May minutes were presented; subjects discussed were depression screening and follow-up, tobacco use screening and cessation, high utilizers of the ER by patients during clinic hours, patients outside of clinic hours and broken down by insurance buckets.

**Action:** John moved to approve the minutes; Tim seconded. Motion carried.

## **8. Old Business:**

### **A. GRANTS & Resource Development –**

- a) OHA Safety Net Capacity Grant – (See Administrative Report)
- b) OCF Tillamook Education Foundation School Based Dental – This will resume next school year with trained staff to do sealants and work with Oregon Health Authority, referring to local dentists for restorative or more serious issues for kids. Volunteers are trained on the educational component and we are on target.

## **10. New Business:**

- A. HRSA Mental Health & Substance Abuse “AIMS” Grant – HRSA has an opportunity open to apply for a grant which will provide up to \$150,000; \$75,000 for one-time funding to offset health IT and training for staff, and \$75,000 of annual ongoing funding to offset personnel to hire a Behavioral Health Clinician. This ongoing funding will be rolled over into our base grant. There is a short turnaround time and we will get this on the BOCC agenda once we figure out the grant worksheet. Income is generated by billable Behavioral Health and Specialty services and Per Patient Per Month (PMPM) payments. 2 of our providers are willing to get MAT certified (Medically Assisted Therapy). Rinehart will also be applying for this grant; they will be a closed system, whereas if a patient is referred to them the patient needs to go through their entire program. We have up to 120 days after receiving the award to implement the program. Awards will be announced in September.
- B. CPCCO Diabetes Management Grant – this grant is to provide diabetes management and nutrition services to our diabetic patients. A Letter of Intent has been submitted upon the Health Council’s approval; and they will notify us if they’d like us to submit the full application.

**Action:** Donna P. moved to apply for the grant if invited; Carmen seconded. Motion carried.

- C. Kiwanis Club – CAC is working with the YMCA on training staff to be Community Health Workers in their facility for Medicaid recipients. YOW is applying through us to provide funding to assist in the training; each trainer will cost \$1,200, which YMCA could not afford on their own.

**Action:** Donna P. moved to approve the application; Amy seconded. Motion carried.

- D. CPCCO – CAC Community Health Worker Grant – the CHC is working with CARE, Inc. on using their LCSW to provide services for high utilizers with chronic illnesses in the community. There is \$15,000 available to test the project, with the application due by October 1.

**Action:** Carmen moved to approve the application; John seconded. Motion carried.

- E. Policy/Procedure -

- a) Risk Management Plan – Donna G. explained that there have been many changes in our Federal Tort Claim Act (FTCA) malpractice coverage redeeming application that is submitted annually. Each entity needs to adopt a Risk Management Plan and have designated staff to oversee the operations in all areas. This plan was drafted by using a template offered by HRSA. Designated staff will be Robin Watts as the Risk Manager, with Autumn Bruce and Lola Martindale as the designees. They have done training (online) in order to qualify to do this; and they will need to have training annually. Additionally, we need to work with the County to adjust their job descriptions to include the Risk Management duties. The plan was reviewed by the Health Council during the Training portion of the agenda. This plan needs to be approved by the Health Council.

**Action:** John moved to approve the Plan; Carmen seconded. Motion carried.

**12. Unscheduled:**

**13. Adjourn** - The meeting was adjourned at 1:56 PM.