

Tillamook County
Community Health Council
Meeting Minutes
August 22, 2018

Present: Harry Coffman, John Sandusky, Donna Parks, Carmen Rost, Jennifer Arreola, Jessica Galicia

Excused: Tim Borman, Carol Fitzgerald, Amy Griggs, Clayton Rees, Bill Baertlein (BOCC Liaison)

Absent/Unexcused:

Staff: Marlene Putman, Donna Gigoux, Irene Fitzgerald

Guests:

1. Call to Order: Chair Harry Coffman called the meeting to order at 12:22 pm.

2. Consumer/Community Needs, Concerns, Issues:

- a) **Community/Patient Concerns:** Donna P. reported that she received a bill for her mother at her Tillamook address. Her sister takes care of her mother's bills and has not been receiving bills at her New Mexico address. Donna P. has contact OCHIN two times to correct this. Irene will follow up with Louise in billing regarding this issue.
- b) **Ambassador/Advocate encounters with Community:** No report.
- c) **Community Partners (boards, agencies) Encounters/Projects:** No report

3. Consent Calendar:

- a) **Approval of July 18, 2018 Meeting minutes:** No changes.

Action: Donna P. moved to approve the July minutes; Carmen seconded. Motion carried.

4. Board Development:

- a) **Potential New Members:** No report.
- b) **Health Council Member Contact & Areas of Expertise:** No update.
- c) **Common goals – shared resources between agencies:** No update.
- d) **Underrepresented & Youth potential members:** 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

1. Action Planning in Priority Areas -

- **Behavioral Health Integration:** Interviews were conducted and we have hired two Behavioral Health Clinicians (BHC) that will begin September 28th.
- **Dental Health:**
School Based Dental –This program has seen success in getting permission slips from parents to get their children screened. One school principal actually did home visits to families to help get children screened. There is an increase in the number of kids being seen, with a patient target of 244.

Dental Services:

- We are working with our financial contractor to run numbers to see if it is feasible to begin our own dental services, with information from Dr. Javadi. He is proposing we lease his old dental office; he would hire and supervise staff. TCHD has done this before, and it is not something to take lightly, as it can get very expensive with salaries and benefits. More information is coming next month.
- **School Based Health Center:** No update.
- **Patient Access & Support:** No update.
- **Sexual Health and Adolescent Health Services:** No update.
- **Maternal and Child Health** – No update.
- **Home Visiting Coordination** – No update.
- **Developmental Screening Pilot Project** – We are on target with metrics.
- **Well Child and Adolescent Health Exams** – Well Child Checks (WCC) and Adolescent Health Exams (AHE) will be taking place over the summer, with scheduled events.
- **Well Men Visits:** Well Men Visits were successful with minimum of advertising.
- **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.
- **Tillamook County Wellness (formerly Year of Wellness Project)** – the focus for TCW is diabetes prevention. Our new Public Health Program Rep, with a focus on public health, will work with four committees and 35 organizations. Once we hire a nutritionist, that person will work with TCW and our WIC program for nutrition. These are billable services, and in the interim we will figure out how to facilitate services and billing.

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

1. Staffing – we are trying to fill several (8) vacancies and new positions:
 - Behavioral Health Providers – 1 hired at a level 3 and one at a level 2;
 - OSII for Front Desk – 2 needed. Position posted and have 36 applicants;
 - Custodian – first recruitment failed, opened the posting back up and hoping for qualified candidates;
 - Public Emergency Preparation Contractor – found a very qualified contractor with training and experience and an agreement has been prepared and approved;
 - Front Desk Supervisor – new position to supervise front office staff. Information and job description sent to HR;
 - Chief Operations Officer – job description sent to HR. Currently, this position is listed as Community Health Clinic Manager. This position was posted and was a failed recruitment because of the level of pay and job description does not attract applicants. HR stated that it will not be looking at the position until October. Meanwhile, Autumn is still working remotely under contract through the temporary agency;
 - Nutritionist – waiting to schedule interviews;

C. Goal: Improve Financial Practices and Systems in order to Improve Efficiency and Effectiveness (See Goal B)

1. No report.

D. Goal: Increasing Revenues for Other Sources and/or Operational Changes and Improvements

1. No report.

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

1. Health Resiliency Workers – No report.
2. School Resource Behavioral Health Provider – No report.
3. Emergency Preparation – No report.

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

1. Our next Health Fair will be at TPUD in October.

Action: Donna P. moved to approve the administrative report. John seconded. Motion carried.

G. Finance Report –

A. June's month end cash balance was \$1,730,146.73 ending with \$6,387.60 more in expense than revenue. Most expenses were lower than average due to fiscal year end. Expenses for R&M Office equipment annual copier overages and maintenance agreement.

1. **Revenue:** All revenue received in June were within normal ranges.
2. **Expense:** Item 7110 Legal, which was previously an HR expense totaled \$4,673.90 in June due to employee investigations. All other expenses were within normal range.
3. **HRSA Budget Revenue and Expense:** All revenue and expenditures are within normal range. We are now operating under the new grant and Carry over funding will be requested for two grant streams.
4. **Encounters** Total encounters went from 1,246 in May to 1,210 in June. Average Provider Encounters per FTE down slightly from 11.7 in May to 11.0 in June. Provider FTE was up from 2.74 in May to 3.10 in June. Panel management and improvements to the workflow continue. Fiscal year end for 2018 ended with a monthly average of 1,443 encounters, 3.36 medical provider FTE, and 11.1 encounters per provider. Comparatively, in fiscal year 2017, the averages were 1.387 encounters, 3.59 medical provider FTE, and 9.0 encounters per provider. This shows we are improving in productivity.
5. **Encounters/Workday By Provider:** All providers are over, at or near the 11 encounters per provider daily, with an end of year average of 11.5. Also, providers are close to 65% overall of available vs. completed schedule.
6. **Accounts Receivable:** Total Accounts Receivable was \$329,216.97. The majority in the 0-30 bucket at 66.35%, slightly higher than May at 64.42%. Irene stated that the average for our 0-30 day bucket is 33 days; and gross charges were \$305,837. There is an insurance glitch which may take 3 months to correct, showing \$5,952.68 past due from May. Payer mix

shows an increase in Self Pay of 31%; and the percentage for Medicaid is down at 43%. Privately insured is 16% and Medicare is 8%.

Action: Carmen moved to approve April's financial report; John seconded. Motion carried.

7. Reports of Committees:

A. Quality Assurance/Quality Improvement Committee -

1. No June minutes – no quorum in July
2. Quality Metrics Dashboard – no dashboard

Action: No action.

8. Old Business:

A. GRANTS & Resource Development –

1. HRSA Access Increases in Mental Health and Substance Abuse Services (AIMS) Grant – We will be requesting Carry Over (\$150,000) on August 25th. Very little has been expended due to not having a Behavioral Health Clinician (BHC). Two BHC's begin working for us on September 28th.
2. HRSA SUD-MH Supplemental Grant - Application was submitted July 16th; awaiting notice of award, probably around September. Included in the grant funding is an equipment purchase, up to a one-time award of \$150,000. This will be used to purchase a mobile clinic.
3. CPCCO Diabetes Management Grant – Some details regarding percentage of benefits for staff in the grant submission to the CCO need to be addressed and resubmitted.

9. New Business:

A. Grants/Other:

1. None

B. Policy/Procedure:

1. Standards of Conduct – This form will be submitted to staff to indicate that they have read the Compliance Plan (see below). A copy of the signed document will be placed in the Employee's personnel files.
2. Compliance Plan (with Code of Conduct) – a new section was added to the Compliance Plan to include professional conduct of clinic staff. A document will be required and signed by each employee and stored in the employee's employment record. It will go to the full council for review and approval.
3. QA Incident Report Procedure - the procedure to document incidents was updated based on an example from ECRI, a Risk Management resource that HRSA contracts with. It will go to the full council for review and approval.
4. Credentialing & Privileging – Melissa Paulissen

Action: Donna P. moved to approve the Standards of Conduct form and the Compliance Plan with the Coded of Conduct; Carmen seconded. Motion carried.

Action: John moved to approve the QA Incident Report procedure; Carmen seconded. Motion carried.

Action: Carmen moved to approve Credentialing & Privileging for Dr. Paulissen; Donna P. seconded. Motion carried.

10. Training – Time permitting

- A. August 22nd Mandatory Clinic Staff Meeting (Patient Access) 5:30 – 7:00 PM – Health Council Participants
1. Health Council members participated in the mock Access exercise. Members who are attending the Clinic Staff meeting in the evening will represent Health Council members' points of view during the full training.
 2. Exercise notes will be made available and viewed at a later Health Council meeting.

11. Upcoming Events:

12. Unscheduled:

- 13. Adjourn** - The meeting was adjourned at 2:29 PM.