

Tillamook County
Community Health Council
Meeting Minutes
March 18, 2015

Present: Harry Coffman, Carol Fitzgerald, Amy Griggs, Donna Parks, Clayton Rees, Carmen Rost, John Sandusky, Jessica Galacia
Excused: Susie Johnson, Rex Parsons, Tim Josi (liaison)
Absent/Unexcused:
Staff: Marlene Putman, Donna Gigoux, Irene Fitzgerald
Guests: Jim Becraft

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

2. Consumer/Community Needs, Concerns, Issues:

- Donna Parks reported that she heard from a consumer that her child was seen at the clinic with an ear infection and was told to call if the child got worse. The mother called on Saturday and was told by whoever answered the phone that there was no one available to assist her and to go to Urgent Care. It is the understanding that if an established patient is calling, they are to speak with the provider on-call. Autumn Bruce is looking into the issue.
- Donna P. also would like for staff to include the sheet of council members and their other affiliations next meeting to better utilize other groups to invite to the Health Council meetings.
- Clayton asked if the article has come out inviting new members to the council. Donna G. reported that Sue Becraft has been on vacation and the article will be coming out the following week.

3. Consent Calendar:

A. Approval of February 18, 2015 Meeting minutes: *Action:* Clayton moved to approve the minutes as written; Donna P. seconded. Motion carried.

4. Board Development:

A. Nothing new to report.

5. Training: Strategic Planning Goals for Health Council

- The attending members met in 'teamlets' to look over and discuss the Strategic Plan goal sheets for the Health Council, in order to integrate their piece of the final Strategic Planning document. A member of each team reported to the group what they discussed as follow:
 - a) Donna Parks reported that under item #2 in Goal 1, it would be helpful to report monthly whether or not a council member had conversations with community members or members of other boards. This item will be added to the monthly Health Council agenda. She also wondered how we are going to track the Strategic Plan goals, and it was discussed that tracking of goals are included in the minutes each month, integrated with the administrators report. She added that the

youth member should be recruited each year from the Health class at TBCC.

Also, name tags would be good to have when attending other board meetings.

- b) Harry reported that a definition of what a 'Health Ambassador' should be honed so it is better understood. He volunteered to write up a description.
 - c) John reported that it would be good to find common ground for Goal #3 to discuss our services and better educate the community. This would also facilitate the Community Health Assessment data. All health providers are working for the same cause, and sometimes that point is forgotten. He also mentioned that dental services are a big health issue with too few dentists providing services to those without health insurance or with OHP.
 - d) Carol stated that she thought inviting state agencies to discuss their services to a council meeting would better educate the council members, such as Senior and Disability Services, or Vocational Rehabilitation, as many do not know the full scope of services they provide. This would be beneficial in the ambassador educating the community about available services. Other agencies that would be informative would be DHS, CARE and Women's Resource Center, to discuss shared resources, and perhaps have a Health Council member attend their staff meetings.
 - e) Clayton said that they wondered why item #4 under Goal 1 was eliminated, as having a resource directory would be valuable to the community. Discussion ensued and the following points were made: **1.** As soon as the resource directory is written, it becomes obsolete the next day with agencies closing or moving, etc. **2.** Locating funding for a resource directory is not on the top of the list with funding needed for South County and expanded behavioral health. **3.** Community Action Team collected information and published a resource directory 20 years ago, and although there were other versions, it is updated infrequently. For computer non-users, a paper copy would be costly to provide a booklet. **4.** If it is not eliminated, then what would the strategies be, with it hard to keep track with changes, neither feasible nor cost effective. Community should rely on the 211 database.
 - f) Carmen noted that she attended a presentation for veteran's services at Tillamook Bay Community College. She stated that it wasn't affiliated with the local veteran's office and she volunteered to find out who it was that presented and report back. The council decided that VA Services should be in Goal 2, strategy 1 on the monthly agenda.
- Recommendations:
 - a) Build time on the Health Council agenda for Health Council activities with related work plan. Include items for each agenda.
 - b) Define Health Ambassador (Goal 2, Strategy 5). Harry will present a draft at the next meeting.
 - c) Goal 1, Strategy 3: This will be ongoing. We have completed the Community Health Assessment (CHA) and the Community Health Improvement Plan (CHIP). Dental coordination and access to services could be an area for common outcomes.

- d) Hold Community Meetings to provide information about services, and meet our staff. We would provide food.
- e) Contact specific agencies that could benefit from information about services. Priorities would be DHS, CARE, Senior and Disability Services.
- f) Revise statement for the Resource Directory (Goal 1, Strategy 4). We would still like a printed document to provide input to others that are interested in taking on this issue; provide updated information to 211 as feasible.
- g) Discuss VA services and local access; add to Goal 2, Strategy 1.

6. Administrator's Report:

General Update and Report: Marlene reported on the following based on previous Strategic Plan Goals, priorities and strategies (2011-13):

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

- 1. Strategic Planning** – (See Training)
- 2. Community Needs Assessment** – A prenatal survey is being completed to see if our patient base would like those services available to them. Marlene and staff will be meeting with the hospital Obstetrician providers to see if they will support our role in prenatal care.
- 3. Action Planning in Priority Areas** - in order to improve quality and increase patient access, encounters, and outcomes (based on the Strategic Plan and ongoing efforts), planning and work plans are under development in the following areas. These priorities will also be used to assist/guide Department budget development for the County and Health Council for 2015/16. Brief updates on current activities are provided with individual action plans for each area available for members upon request to staff.

a) Behavioral Health:

Tillamook Family Counseling Center (TFCC) is applying for a grant to hire a psychiatric nurse practitioner to focus on services at the clinic. A council member stated that this is great news and is so important for continuity of care and integrated mental and physical health services.

b) Dental Health:

Demand for dental services is leveling out slowly, at a new higher rate of access. We continue to work with Alyssa Franzen, Dental Director of Care Oregon, who is consulting with us as we expand dental services and providing the Peer Review of our contracted dentist(s). With the high demand and quality assurance goals, we are looking into some alternatives to address these priorities, like contracting with other dentists and creating additional access points.

c) Sexual Health and Adolescent Health Services:

Marlene will be submitting a proposal to TBCC for space at the new building and/or in the existing building in South and Central County.

d) Maternal and Child Health:

1. Targeted Case Management reimbursement is changing moving forward and the grant is ending.
2. Prenatal Care Access – (See Community Needs Assessment)

e) The Early Learning Hub – may have bigger role with home visiting program in 2016-17.

f) Correctional Facility Medical Services (see also partners, below)

TCHD staff is meeting with jail staff to develop a six month plan. There is new leadership in the jail health services.

g) Veterans Services. TCHD is serving veterans under a contract agreement.

4. Quality Improvement & Quality Assurance System & Structure.

a) (See Grants)

b) The Tillamook/Central clinic renovation of new carpet, countertops, flooring and furniture is nearly complete. Marlene encouraged the council members to come by and see the changes.

c) “The Week of the Well Child” will be taking place April 13-15 as planned with activities. A flyer has been developed and we will have a full page ad in the newspaper. A proclamation will be before the BOCC at the beginning of April.

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

a) Nothing new to report.

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

a) Nothing new to report.

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

(See Old & New Business – regarding grant application and related community partnerships)

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

a) *QA/QI Policy Update:* Marlene is working on the QA/QI documents and related system revisions. There is \$10,000 in the Quality Improvement grant from HRSA that will be used to improve internal QA/QI process, reports, and goals. We are still looking for a consultant.

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

a) Nothing new to report.

Action: Clayton moved to approve the administrative report. Amy seconded. Motion carried.

7. Financial Report:

Financial Report was provided and Irene outlined the following:

- A. Total revenue for JANUARY (March report) was \$444,725; total expenditures were \$465,590, with a month end cash balance of \$366,383. Month-end cash balance (treasurers) is \$366,383.45. Irene reported the following:
 - Revenue: We received three months of jail services for line item 4379 and discovered an error of a deposit back in October on line 4381, where funds for TFCC were deposited to TCHD and has been corrected, showing a negative amount.
 - Expense: We paid out two Verizon Wireless invoices for line item 7007 and paid out the Coordinated Home Visiting payment for line item 7105, resulting in a larger than normal expense for the month.
- B. Encounter trends shows a decrease in encounters for January, from 1420 in December to 1279 in January resulting in an average provider FTE of 3.39; average daily encounters per provider FTE were down from 11.40 in December to 9.10. Dental encounters were slightly lower in January from 291 in December to 283.
- C. Total Accounts Receivable was \$346,068, and shows 54.22% in the 0-30 bucket. This is a result of a Care Oregon error which amounts to \$88K in the 31-60 day bucket. This error will be fixed in February.

Action: Clayton moved to approve the financial report. Carmen seconded. Motion carried.

8. Reports of Committees:

A. Quality Assurance/Quality Improvement Committee:

A summary of the QA/QI results are as follows:

Summary for QA/QI	Compliance	Clinical Measurement Goal	Meet Goal?
A: Public Health Family Planning	January 2015		

B: Clinical	Compliance	Clinical Measurement Goal	Meet Goal?
Depression <19	63.2%	20.0%	Yes
Depression >19	69.6%	75.0%	No
IVD Aspirin Therapy	74.7%	90.0%	No
Tobacco	80.7%	77.0%	Yes

Action: Donna P. moved to approve the QA/QI minutes; John seconded. Motion carried.

9. Old Business:

a. GRANTS & Resource Development

- (1) **EPA Brownfields Grant:** Annette Pampush is the designated lead for the Public Involvement piece of the project, and is currently developing a list of potential Advisory Committee members around the community. Donna G. is assisting her with developing a flyer. Tentative date for a Brownfields 101 meeting is set in early April which will be the first Advisory Committee meeting shortly afterwards.
- (2) **School based Dental Health with Tillamook Education Foundation:** The first meeting was held yesterday with the Foundation and our consultant, Mindy Poetsch, along with Bruce Rhodes and Alexis Tyler. The planning grant runs through October 2015.

b. PARTNERS/COMMUNITY

- **TBCC:** Student Access to TCHD Providers, Public Health & Outreach – (See Administrative Report). Access to health services is a desire for NVSD and TBCC in South County and they would like services on the property, however, access for regular clients would be limited. Marlene is speaking with TFCC to discuss options for a building on county property adjacent to the current location. There will be a transit center directly across from the county property next year. Some options include placing \$125,000 in a building fund in our budget submission, and partner to add funds to buy a modular building. TBCC in Tillamook is looking for space in their building to provide services.

10. New Business:

- Grants – HRSA Health Infrastructure Investment Program (HIIP) is due April 21, 2015 to build a new structure or increase square footage on an existing building. This would be used for the South County building but the grant is very competitive. Marlene asked the council to vote on the possibility of applying for this grant.

Action: Donna P. moved to approve application for the grant; John seconded. Motion carried.

- Policy & Procedure –
 - a) TPEP RFA – Jim Becraft did a brief description of the TPEP grant RFA that is due March 27th to continue tobacco prevention efforts in Tillamook County. He is

working with the Columbia Pacific Coordinated Care Organization (CPCCO or CCO) and partners with health department and CARE promoting the quit line and other efforts to encourage smokers to quit. According to the CCO, 47% of those on OHP are smokers. He is also working on a state-wide work plan to educate and inform the communities to promote tobacco free cities and parks. There will be a resolution submitted to be on the BOCC agenda. Donna G. will send the final proposal to the Health Council.

Action: Donna P. moved to approve plan as written; John seconded. Motion carried.

a) Credentialing and Privileging Dr. Jin Ahn, Tillamook Family Dentistry

Action: Donna P. moved to approve plan as written; Carmen seconded. Motion carried.

11. Unscheduled: None.

12. Adjourn - The meeting was adjourned at 2:35 PM.