

Tillamook County
Community Health Council
Meeting Minutes
October 21, 2015

Present: Harry Coffinan, Carol Fitzgerald, Amy Griggs, Donna Parks, Rex Parsons, Carmen Rost, Tim Josi (liaison)
Excused: Michelle Hunter, Clayton Rees, John Sandusky, Jessica Galicia
Absent/Unexcused:
Staff: Donna Gigoux, Irene Fitzgerald
Guests:

1. Call to Order: Chair Harry Coffman called the meeting to order at 12:40 PM.

2. Consumer/Community Needs, Concerns, Issues:

Health Care Issues presented by Council Members:

- a) **Community/Patient Concerns:**
 - None at this time.
- b) **Ambassador/Advocate encounters with Community:** No report.
- c) **Community Partners (boards, agencies) Encounters/Projects:** None at this time.
- d) **Health Center Patient Comments:** No report.

3. Consent Calendar:

A. Approval of September 16, 2015 Meeting minutes:

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

4. Board Development:

- a) **Member recruitment** – Victoria Mata was not present at today’s meeting. Donna G. has attempted to contact her several times via phone messages, email, and sending the packet.
- b) **Health Council Member Contact & Areas of Expertise** – No changes.
- c) **Common goals – shared resources between agencies:** No update.
- d) **Underrepresented & Youth potential members:** Harry stated that he attended a meeting last week and will know tomorrow or Thursday whether or not there are interested students.
- e) **Health Council Revised Bylaws** – Tim provided an overview regarding the revised bylaws and some issues the BOCC had with some of the changes that the Feds wanted to see regarding County staff policies in hiring/firing the Administrator and selection and approval of Health Council Members. Donna G. also said that there are additional changes to make based on the HRSA site visit. Donna G. stated that Marlene and she will meet with Tim with revised bylaws prior to the full BOCC viewing the changes and constructing the co-applicant agreement.

5. Training:

- Safina Koreishi, M.D. was introduced to the Health Council. She is the Medical Director for CPCCO and is our Interim Medical Director for our clinic. She

described her background, the duties she will be performing, and answered questions of the group.

6. Administrator's Report:

General Update and Report: Marlene reported on the following based on previous Strategic Plan Goals, priorities and strategies (2013-15):

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** - 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:

Marlene stated that she is working with TFCC to recruit another provider and TFCC is now working with a firm for recruitment, Merritt Hawkins. As previously stated, HD cannot hire for the Behavioral Health Provider position because the classification does not exist in the county system. This means that Job descriptions need to be developed for the County as well as classifications for both the Behavioral Health and potential Psychiatric nurse practitioner. So, for now, these will be shared positions with TFCC. It is anticipated that hiring for these positions begin by October 23rd through December, with the hopes of having someone hired by the first of the year.

In the interim, TFCC will continue to provide staffing in the form of a part-time Psychiatric Nurse Practitioner, one day a week for two hours for consultation purposes with an emphasis on medication management. TFCC has also offered to have another part-time provider for Behavioral Health to serve in the capacity of our former behavioral health provider. This is likely to be for several hours per week rather than a half-time provider. The Health Care Providers would really appreciate this resource as they have grown use to the referral process and see the importance of integrated care to improve patient health outcomes.

As an additional support, health care providers are participating in the project ECHO training to address improving skills to deal with patients with mental health issues, chronic pain and/or chronic and persistent mental illness and the related medication management. The training is one day per week for an hour for 40 weeks.

b) Dental Health:

- School Based Dental - Our contractor, Mindy Poetsch from North Coast Community Development (NCCD) is working with Marlene on

background planning with Tillamook Education Foundation to get a base population and other information to formulate a plan to propose on the grant implementation application, which is due October 15, 2015. OHA, CCO and CareOregon should be involved in discussion to remain inclusive of programs already in place with partners.

- Dental Contracting – continuing discussion with Sand Creek Dental for contracting for a Dental Director and to provide services to our Medicaid dental patients. We are looking into recruiting for a new dentist as well as hiring an advanced Dental Hygienist and a Dental Assistant in partnership with Sand Creek.

c) Sexual Health and Adolescent Health Services:

Agreements and description of services provided by the Family Health Center at the TBCC and the Wilson River school are in place and services are scheduled to begin in November. We are in process of designating staff, developing schedules and ordering equipment.

d) Maternal and Child Health - No update.

e) The Early Learning Hub – No update.

f) Correctional Facility Medical Services (see also partners, below)
No update.

g) Medical Director Recruitment – Our recruiter Merritt Hawkins is still recruiting interested physicians for a Medical Director position.

h) Tillamook County Year of Wellness – No update.

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

a) Hiring of staff

- Medical Director – interviews are scheduled for Monday October 23. Interview at 9:00 in clinic.
- P.A. – Patricia Dannen is starting October 28. Scheduled to see patients November 3. Advertising and scheduling for new patients is underway.

b) Changing of Provider schedules to increase access

- i)** Should see more slots available and coverage during the lunch hours with at least one provider during these times with support staff.

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

a) No update.

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

(1) **EPA Brownfields Grant:** No update.

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

a) 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

a) No report.

Action: Rex moved to approve the administrative report. Carol seconded. Motion carried.

7. Financial Report:

Financial Report was provided and Irene outlined the following:

A. Total revenue for AUGUST (October report) was \$741,407; total expenditures were \$546,795, with a month end cash balance of \$605,734. Month-end cash balance (treasurers) is \$605,733.75. Irene reported the following:

- **Revenue:** We did a CHC draw-down of grant funds this month; and received our DHS grant funds. We also received quarterly school nursing payments from Tillamook and Nea-Kah-Nie school districts.
- **Expense:** The largest expenses: Worker's Compensation for \$23,568 for our annual prepay; 2 months of EHR and Tillamook Lightwave for computer software; 2 months Verizon wireless for telephone; quarterly Environmental Health; City of Rockaway utilities (new accounting person for the City did not bill for over a year for the clinic); and maintenance for annual scales clinics and field services for nursing.

B. Encounter trends shows an decrease for August, from 1,741 in July to 1,170 in August, resulting in an average provider FTE of 3.70; average daily encounters per provider FTE were down from 10.70 in July to 8.20 in August. Reasons for this is we had one provider gone in August, longer appointments in handing off Marty's patients to other providers, vacations, trainings, etc.

C. Total Accounts Receivable was \$211,060, and shows 64.82% in the 0-30 bucket.

Action: Donna P. moved to approve the financial report; Carol seconded. Motion carried.

8. Reports of Committees:

A. Quality Assurance/Quality Improvement Committee:

- August QA/QI minutes –

Action: Donna moved to approve the August minutes; Carol seconded. Motion carried.

9. Old Business:

- **GRANTS & Resource Development –**
 - HRSA Site Visit Findings – Donna P. & Irene reported that there were 8 findings on the report, as follows:
 1. Sliding Fee Discounts – TCHD must have a Board-approved policy addressing sliding discounts and nominal fees that specifically address determining that the fees established do not constitute a barrier to care. The policy and procedure must call for a reassessment of the discounts at least once every three years and must include patient input. Patient input may be obtained through a survey of patients served, a focus group made up of low income patients, or a review by the patient members of the Board. Methods should be spelled out in the procedures.
 2. Key Management Staff - The grantee must recruit and hire a physician who meets its requirements as the Medical Director. Alternatively, the staff and Community Health Advisory Council may recommend to the commission, and the commission must agree, to change the requirements for the position.
 3. Financial Management and Control Policies - TCHD must adjust its Financial Reporting Policies and Procedures to ensure that program income and federal grant income can be tracked and appropriately restricted. The County must modify its internal Financial policies and procedures to spell out methods for tracking and restricting grant funds and grant related income. While the public entity is permitted to establish and maintain its own financial policies and procedures, it must inform the co-applicant board of the steps it is taking and provide procedures which call for routine reporting of these sums to the co-applicant board. The revised policy and procedure must be forwarded to the Project Officer along with a copy of the first routine report to the co-applicant Board which demonstrates compliance. TCHD must meet GAAP reporting requirements and, therefore, must record revenue on the accrual basis, not the cash basis.
 4. Billing and Collections - TCHD must alter its policy and procedures for the fee waiver policy, “Special Circumstances Policy,” to ensure that relief is provided at the time of service and not after the service is provided and a bad debt is created. The revised policy must also be approved by the co-applicant Board inasmuch as it is not a routine county financial policy. A copy of the revised policy should be forwarded to the Project Officer along with a copy of the minutes attesting to the approval of the policy and procedure.
 5. Budget - TCHD must create a budget that is fully reflective of the revenues and costs associated with the provision of care under the approved Scope of Project. THCD must add the other grant revenue sources supporting in-scope activities to the budget.
 6. Scope of Project - TCHD must maintain accuracy in scope documentation. TCHD must:
 7. Submit a Change in Scope request to the Project Officer to remove Prenatal Care from Column I and Column II; Submit a Change in Scope request to add Pharmaceutical Services to Column I; Obtain Board approval for all Change in

Scope requests/actions that are not self-updates; Maintain communication with the Project Officer about the use of the Cloverdale site and the provision of behavioral and psychiatric services so that scope is accurate as represented on Forms 5A, B and C and as observed on site.

8. Board Authority - Conduct monthly meetings. Reaffirm by motion the intent to conduct monthly meetings. Reaffirm the use of electronic means for meetings. Provide a resolution of the Board committing to these obligations to the Project Officer and forward copies of Board minutes for the next year. Modify the agreed upon bylaws of the Community Health Advisory Council to clearly establish the authority of the Council to hire, evaluate and discharge the CEO/ED. Note that if the Council chooses to discharge the CEO/ED, this does not obligate the County Commission to discharge him/her from the health department, only to remove the health center from his/her control. Similarly, the County Commission may decline to hire the Council's initial nominee, but the Council retains the ultimate responsibility to select a CEO/ED who the County Commission will hire.
 9. Conflict of Interest Policy - Grantee must amend Article V Section 3 of the bylaws to include the language referenced below. A copy of the revised bylaws along with the minutes of the meeting at which the revision was approved must be sent to the project officer. "The Employee Handbook (p. 17) adequately addresses conflicts of interest as it relates to employees: "This means that you may not maintain an outside business or financial interest or engage in any outside business or financial activity that conflicts with the interests of the County." The policy does not address a conflict with the interests of relatives or persons with whom the employee lives."
- HRSA Supplemental Expansion Grant - Marlene stated that she has been in contact with Michelle Hunter to go over the QA/QI plan. There is a possibility of contracting with Michelle, in which case, she will temporarily need to resign from the Council.
 - ECHO Project – this grant is in partnership with OHSU, Health Share of Oregon and CPCCO. The goal is to help increase provider comfort levels in treating and caring for more complex cases. Providers receive CME credits for participating in weekly meetings on Thursdays. The funding will go toward providing web cameras and other equipment to connect via video, so there is no travel involved.
 - Prescription Drug Overdose Project – it was decided not to move forward with this item at this time.

PARTNERS/COMMUNITY –

- None at this time.

10. New Business:

- November 18th Strategic Planning meeting - All staff and Health Council members will attend the meeting on November 18th at the Harold Center from 8-10, with Health Council members and other staff meeting in the afternoon. We are looking at a facilitator.
- Policy & Procedure –Credentialing & Privileging – Patricia Dannen, PA-C

Action: Carmen moved to approve all three; Carol seconded. Motion carried.

11. Unscheduled: None.

12. Adjourn - The meeting was adjourned at 1:35 PM.