

Tillamook County  
Community Health Council  
Meeting Minutes  
February 21, 2018

**Present:** Jennifer Arreola, Tim Borman, Carol Fitzgerald, Donna Parks, Clayton Rees, John Sandusky, Bill Baertlein (BOCC Liaison)  
**Excused:** Harry Coffman, Jessica Galicia, Amy Griggs, Carmen Rost,  
**Absent/Unexcused:**  
**Staff:** Donna Gigoux, Irene Fitzgerald  
**Guests:**

**1. Call to Order:** Vice-Chair John Sandusky called the meeting to order at 12:26 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 January 17, 2018 Meeting minutes:** No changes.

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

**4. Board Development:**

- a) **Potential New Members** – Discussion included potential areas of focus of recruiting new members:
  - Carol stated that she received from Donna a description of what a board member does; she didn't receive any interest. Donna G. will send out the description to the board members so they can share the description with potential new members;
  - Ecumenical boards – Tim suggested to John to outreach to other members in this area;
  - PSA – Donna G. suggested that John and Clayton could mention that we are seeking new members during their radio spot in March, and possibly talking to Shaena at KTIL to record a PSA;
  - Seek email lists of other organizations to outreach;
  - YOW Fair booth – possibly have a member outreach at the fair with handouts;
  - Members should outreach to other boards they are members of.
- 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**

**Action Planning in Priority Areas -**

- a) **Behavioral Health Integration:** (See Old Business)
- b) **b) Dental Health:**
  - **School Based Dental** – Dawna is arranging meetings with two local dentists; and a pediatric dentist has expressed interest in coming to Tillamook to serve our young patients. This last dentist was informed of our services because we refer a lot of pediatric patients to him in the Portland area; he knows Dr. Javadi and is interested in ‘paying back’ by providing services locally. The goal is to better engage families with children to see dentists; the CCO Care Coordinators usually follow up with the families; but tend to contact us because they do not have a lot of luck contacting families.
- c) **School Based Health Center:** No Update.
- d) **Safety Net Grant (I’m Healthy/Soy Sano):** – No update.
- e) **Patient Access & Support:** No report.
- f) **Sexual Health and Adolescent Health Services:** No update.
- g) **Maternal and Child Health** – No update.
- h) **Home Visiting Coordination** – No update.
- i) **Developmental Screening Pilot Project** – No update.
- j) **Well Child and Adolescent Health Exams** – no update.
- k) **Women’s Resource Center** – No update.
- l) **The Early Learning Hub** – No update.
- m) **South County Services** – (See Item B)
- n) **Staff** – See Below, Item B.
- o) **Prenatal Care** – No update.
- p) **Year of Wellness Project** – No update.

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

- a) **Pediatric Provider:**
  - There is a local provider who graduates this summer. Marlene has reached out to her to see if she is interested in our clinic. In the interim, Dr. Steffey and Dr. Paulissen are seeing pediatric patients. A decision will be made once the budget is finalized as to hiring an additional provider for pediatrics.
  - South County clinic is still closed. Marlene and Donna met again with the President and facilities manager of TBCC to discuss using their room for WIC. We are still working out details.

**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 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** – Some staff are currently attending an ICS 300 training as part of the Emergency Preparedness program requirements. TCHD staff continue to work on meeting these training requirements.
- 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:** Clayton moved to approve the administrative report. Carol seconded. Motion carried.

## **6. Finance Report:**

A. December's month end cash balance was \$1,567,731.96 ending with \$89,709.26, more in revenue than expenses.

- **Revenue:** \$71K in environmental fees were received, and two months of Family Planning Expansion fees were received at \$4K. All other revenue was within normal range.
- **Expense:** Leave Buy-Out for Erin resulted in an expense of nearly \$3K; two line items (6011 Computer Supplies and 9040 Buildings/Improvements) were for the new Administration building; Irene will follow up and ask for the funds to come out of one account. 7103 Consulting services resulted in an expense of \$8,405; this was consulting fees for the Medicare Cost Report and the UDS. 7431 Janitorial Supplies 7430 is a quarterly expense, and was \$820. All other expenses were within normal range.
- **HRSA Budget Revenue and Expense:** All revenue and expenditures are within normal ranges.
- **Encounters** Overall productivity was down in December, total encounters down to 1,288 from 2,051 in November. In looking at the trends, this is not unusual for December historically. Average Provider Encounters per FTE down to 10.70 from 11.40 in November. This is due to people out sick and Erin leaving. Flu shot encounters were up; as well as Well Women visits in December.
- **Schedule Dashboard:** Overall schedule dashboards improved in December compared to November slightly with the overall percent of appointments completed over available increasing from 61% in November to 65.5% in December. Council member asked if this portion of the financial report was still useful; she gets frustrated when she sees that nobody meets the goals. It was decided to ask the full council if they would like to not see this report; possibly only offer an overview.
- **Accounts Receivable:** Total Accounts Receivable was \$326,851.78. The majority in the 0-30 bucket at 63.33%, down from 71.01% in November, but still one of the highest for OCHIN

members overall. Payer mix does show the increase in Self Pay of 23%; and a slightly lower percentage for Medicaid at 46%.

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

3. **Annual Financial Report:** Debra presented the annual financial report based on the independent audit of Tillamook County and all departments. The report contained an organizational chart, slate of officers and serving board members. A separate sheet was presented showing the differences between the Comprehensive Annual Financial Report (CAFR) and TCHD internal Annual Financial Report, finalized below:

A. Balance Sheet –

Cash: A difference of \$1,636 was found between the CAFR and TCHD cash. The CAFR showed \$1,299,582 and TCHD \$1,301,281. This is because the CAFR includes a \$369 reconciling item and (\$2,5005 net loss for Conflict Solutions, which is a program out of scope.

Receivables: A difference of \$123,744 was found between CAFR and TCHD receivables. CAFR includes duplicated AR balances for charges for services. TCHD provides an AR statement which is then added to cash receipts identified as prior fiscal year receipts up to 60 days after close of the fiscal year. Most of the cash receipts added to TCHD’s AR statement are duplicative of the AR statement reported.

Accounts Payable: A difference of (\$66,727). TCHD kept detailed records of prior fiscal year expenditures paid in fiscal year 2018. Major discrepancy between CAFR & TCHD is a dental provider accrual of \$30K that was not identified as FY17.

Fund Balance: A difference of (\$188,835). This difference reconciles to the differences listed above.

B. Statement of Revenue and Expenditures –

Revenues: A difference of (\$164,249). Revenue in Revenue & Expense (R&E) include net change in AR (FY17-FY16) accruals and differs from CAFR due to same calculation difference as Balance Sheet Receivables.

Expenses: A difference of (\$24,218). Expenses in R&E include net change in Accounts Payable (FY17-FY16) accruals and differ from CAFR due to the same calculation differences as Balance Sheet Expenses.

GF Indirect Note: GF Indirect Cost Allocation is included in Materials & Services as the charge is for General Fund Dept. services per the cost allocation. It is not included in the “Other Financing Sources” transfers as it is not a source for income but a charge for services.

Fund Balance: A difference of \$188,466. Difference reconciles to the differences listed above.

C. Statement of Revenues, Expenditures Budgetary Basis:

Revenues: A difference of \$40,504. CAFR includes Conflict Solutions Revenue of \$40,504.

Expenses: A difference of (\$42,510). CAFR includes Conflict Solutions Expenditures of \$42,510.

Fund Balance: A difference of (\$2,005). Difference reconciles to the differences listed above.

NOTES:

- Section 1 is an overview of what is being reported in the Financial Statements, including the background of the Health Department, the services that are in scope and the criteria used to determine the scope of activity for reporting (HRSA). Section 1 also outlines the measurements used in reporting the financial statements.
- Section 2 is a reconciliation of modified accrual reporting figures to budgetary basis.
- Section 3 is a breakout of the net receivables calculation.
- Section 4 lists the interfund transfers that were reported. This includes only the interfund transfers that are considered “Other Financing Sources”, does not include the general fund indirect cost allocation paid to the general fund for services.
- Section 5 is an accounting of Capital Assets and annual depreciation. \*Note that on page 39 of the CAFR reports, annual depreciation for “Health and Welfare” services is \$268,434. This includes depreciation of the hospital and does not solely reflect our capital assets/depreciation.
- Section 7 is a note on the reconciling item that is being reported for consistency.

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

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

### **A. Quality Assurance/Quality Improvement Committee -**

- No minutes were available as the meeting did not take place.

*Action:* No Action.

## **8. Old Business:**

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

- a) OCF Tillamook Education Foundation School Based Dental – (See Administrative Report)
- b) HRSA Access Increases in Mental Health and Substance Abuse Services (AIMS) Grant -
  - Currently working with a Clinician who is temporarily employed. Staff will be looking at the grant parameters to implement internal training on how to address MAT (Medically Assisted Treatment) screening and physician assisted medicinal prescriptions and monitoring both medically and by the Behavioral Health clinician. This therapy is not intended for permanent intensive care; only a few will be able to use it; those whose lives are ruled by addiction.
  - Rinehart has this program implemented but only see their own clients; TFCC is looking to implement as well. There may be a partnership with TFCC for the monitoring in clinic when the medications are given to the client, who come in each day for 4 hours.
  - Donna G. reported that the labor lawyer asked us to develop a BHC 1 position to send to the Union since we had the BHC II and III. Once that gets completed, all three job descriptions will go to the Union for review. We have until June to get our current provider either hired or another hired permanently. This is because our current provider is a temporary employee and can only work 1,040 hours. If we lose this ability to hire by then, we are in serious breach of our grant funds and may have to send the funding back to HRSA. Hiring our current provider as a temporary employee was a necessary step in order to comply with the timeline of the grant.
- c) CPCCO Diabetes Management Grant –

- Marlene should have the grant application completed by the end of this week. We are modifying our Nutritionist agreement to have her begin full time beginning March 1<sup>st</sup>. The CCO will hopefully fund the grant in March and send funds April 1<sup>st</sup>. Focus will be on clients that are pre-diabetes and newly diagnosed diabetics and offer nutrition education to those clients in conjunction with medical oversight.
- c) OHA Regional Public Health Modernization Grant –
- An agreement has been signed and we can bill Clatsop for funding for the planning grant. Each county will receive one-third of the \$100,000 grant minus any indirect costs retained by Clatsop, acting as the fiscal agent.
  - Focus on this grant will be communicable disease intervention. There are quarterly meetings with the three counties; and monthly calls with the state. TCHD will either receive a contract or letter of agreement.
- d) Staff Confidentiality Agreement –
- Nearly all Council members have signed the agreement.

## **9. New Business:**

### **A. March 21<sup>st</sup> Health Department Transition Meeting – 3PM at Courthouse**

- Vice-Chair stated that it is important that the Health Council members attend this meeting with Commissioner Bill Baertlein and other county staff. He said this subject has come up periodically; and Commissioner Baertlein stated that it is time to look at it again, due to the growing needs of the department and the workload on other county departments, namely Human Resources and the Treasurer's office.
- Donna G. stated that Max from Oregon Primary Care Association (OPCA) will attend both the Health Council meeting and the meeting at the Courthouse immediately following the Council meeting. His role is to remind the council members on their roles, which is defined by HRSA; and that there is a co-applicant agreement with the County. When we became an FQHC, the County could not fulfill the 19 requirements of the FQHC, and therefore, the agreement was created. He said that a meeting which took place in January should have included Health Council members at the very least. Max will also be lending his expertise in the discussion with the county staff as to their role and what HRSA's expectations are if the department moves to a non-profit.
- A council member stated that in strategic planning, it was discussed, but the timeline the board was looking at was 5 years from the beginning of making the decision. Donna G. stated that Max said that he has not ever seen an FQHC switch over from a public to a non-profit, and the timeline is more on the 3-5-year timeline; but if this happens, there are several requirements that need to be met prior to the change. Donna G. also stated that Max said that any assets the FQHC purchased with grant or provider income belongs solely to the FQHC. Council member also asked about who we would get to oversee the process legally.
- Commissioner Baertlein stated that we are simply looking at our options, both for the FQHC and for the County; he stated that it might be possible to ask the CCO for a grant to hire a professional attorney to assist, if, in fact, it was decided to move forward.

### **B. Policy & Procedure:**

- Access to Service Policy – Modifications were made to the policy outlining steps that staff will take involving community services, communication with the public, interpretation services, and the discount sliding fee schedule.

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

- Annual Sliding Fee Scale – scale based on the Federal Poverty Level (FPL) and is updated annually.

**Action:** Clayton moved to approve the policy; Carol seconded. Motion carried.

#### **10. Training – Time permitting**

a) Annual CMS Training and Assessment 2018 –

- Group went over the training and participated in answering the test. Certificates of completion will be forwarded to Lola to record that the Health Council are in compliance.

#### **11. Upcoming Events:**

#### **12. Unscheduled:**

**13. Adjourn** - The meeting was adjourned at 2:22 PM.