Tillamook County
Community Health Council
Meeting Minutes
September 21, 2016

Present: Harry Coffman, Carol Fitzgerald, Jessica Galicia, Amy Griggs, Donna Parks, Clayton Rees, Carmen Rost, John Sandusky, Tim Josi
Excused:
Absent/Unexcused: Michelle Hunter, Rex Parsons, Adrianna Prado
Staff: Irene Fitzgerald, Donna Gigoux, Debra Jacob, 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. **Health Care Issues presented by Council Members**: No report.
   a) **Community/Patient Concerns**: A board member noted that they recently attended a 4 day disaster and crisis seminar that covered cultural diversity within communities, thought it fit very well with their role on the Board and believed other Board memberst would have appreciated it.
   b) **Ambassador/Advocate encounters with Community**: No report.
   c) **Community Partners (boards, agencies) Encounters/Projects**: No report.
   d) **Health Center Patient Comments**: No report.

3. Consent Calendar:

A. **Approval of August 17, 2016 Meeting minutes**

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

4. Board Development:

A. **Potential New Members –** Clayton spoke with Chris Crossley who he thought might be interested, he will follow up with Chris.
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.
E. **Update Adrianna Prado –** Harry tried to reach Adrianna several times but has gotten no response to date. Harry will follow up before next meeting.
F. **Terms expired 6/30/16:**
   a) Donna Parks
   b) John Sandusky
   c) Adrianna Prado

Action: Both Donna Parks and John Sandusky agreed to serve another term. Amy moved to reappoint Donna Parks and John Sandusky for an additional 3 year term each; Clayton seconded. Motion carried. At the direction of the Chair, a vote on Adrianna Prado was held over until she could be contacted.

5. Marketing/Branding:

A) Signage - A couple of estimates on signs for the main clinic have been received. One for a lit sign and one for a reflective sign. The plan, currently, is to place the sign at an angle in front of the generator on

the west side of our building off of Highway 101 north. Initial cost estimates for the lit sign, not including electricity costs, are around $8,000; the reflective sign cost estimate was around $2,300. There was discussion between board members and Health Center staff regarding the appropriateness of a lit sign if a business is open after dark especially with the lack of lighting at the main entrance of the central clinic. Discussions are still ongoing regarding a lit vs. reflective sign and the options for more lighting around the clinic entrance will be researched. The other point of discussion regarding signs is the need for, and placement of, directional signs. A board member brought up the point that before further discussion occurred Marketing Committee members might collaborate with the City as there are City ordinances that govern the placement, size and type of traffic/directional signs.

B) Committee Meeting - There is another marketing committee meeting coming up when the roll out of letterhead, envelope, business card, and etc. drafts will be reviewed.

6. 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**: Clark Miller, our on-site behavioral health provider, is currently seeing mostly specialty mental health patients. Although these patients are being referred with a warm hand-off and medical diagnosis, the majorities of these patients are more complex and take a lot of time. The Health Center has not applied for the Columbia Pacific CCO Behavioral Health Integration funds, which exist and are still available. If an application was submitted, it would be for another BH position. The plan for this position would be part-time at the clinic, working with the complex care patients and part time at schools educating on trauma informed care and adverse childhood experiences. Talks continue with Frank from Tillamook Family Counseling Center (TFCC) and have covered the need and best way to hire the new position quickly given the slow County process of creating a new position. Right now, discussion of hiring quickly include: 1) contracting with a provider from Greater Oregon Behavioral Health, or 2) contracting with a provider from TFCC, same kind of arrangement as we are in with Clark and TFCC. The County process of creating a new position for Behavioral Health providers would still be initiated for when/if it is needed in the future. In summary, TCCHC is looking into applying for the CPCCO Behavioral Health Integration funds, and is currently looking at feasible contract options.
  - **Board discussion -** A board member noted that Tillamook Bay Community College is also in discussions with TFCC for an on-site behavioral health specialist, which brought out a discussion for the potential for the position to become a community Behavioral Health provider. A potential course of action for the community provider would be to give a simple screen to all incoming TBCC students at the start of each school year, do the same for the medical side and make the behavioral health services a truly preventative service. Discussions then circled to the one thing the elder population and teens have in common, depression; and how each generation handles depression differently, the elder generations experience with depression being cyclical and often tied with physical ailments which are more often treated with medication on the medical side. One board member brought up the fact that even within families there can be a conflict of acceptance for the use of

behavioral health services; the example being a father disapproving of the use of behavioral providers, instead thinking the child should work it out on their own, the mother disagreeing and enforcing the use of a behavioral health provider. Another board member brought up the inter-County cultural differences that are present, South County being largely against the utilization of behavioral health services.

- **Dental Health:**
  - **School Based Dental** - TCCHC is currently waiting on the hiring of the Dental Health Project Coordinator as part of the Oregon Community Foundation, School Based Dental implementation grant received. Tillamook County Human Resources is currently back-logged, pushing the expected position hiring date to Mid-December or January. For now, a contractor and Care Coordinators are filling the role as much as they can. Another option for the meantime is to look for another potential contractor to fill the position, the goal being by October or November.
  - **Dental Program Manager** – This position is in the final stage of description with the County HR department. The estimate, based on past history with HR, the timeline is that hiring will occur after January 1.

- **Patient Access & Support:** The Patient Access policy is almost finalized. Marlene will follow up with Operations to see where the policy is at and when board members will have the policy to review.
  - **Board discussion –** a board member expressed concern over the need for a weapons policy and wanted to know TCCHC's current policy. The central clinic has the sign posted on the window that no weapons are allowed. Education of staff continues regarding what to do if weapons are brought into the clinic. Discussion then turned to the policy of service/companion pets. TCCHC administration is aware of the need for a policy and has consulted with another organization to see how they handle pets; no policy was in place there either. Right now, the clinic handles service animals and companion pets on a case by case basis. Administration will continue to work on a policy and procedure for service/companion animals in the clinic.

- **Sexual Health and Adolescent Health Services:** No update.

- **Maternal and Child Health** – No update, home visiting assessment is continuing. A new program called Quick WIC has been implemented. This program allows for a faster voucher/approval process for clients. Oral and dental health exams are also being performed with WIC appointments as well as varnish and assessments for the need of sealants for older children.

- **The Early Learning Hub** – No update.

- **Correctional Facility Medical Services:** TCCHC continues to receive calls requesting help from the correctional facility staff; however, according the Adventist Health – Jail contract, TCCHC staff is not to provide any services at the Jail.

- **Medical Director Recruitment –** Dr. Steffey has moved to the County, is currently traveling, and is ready to start mid-October.

- **South County Services –** No building plans have been seen for the South County facility. The plans continue to be developed as a multi-partner facility to include TCCHC and partners in the same building. Discussion then switched to the status of the purchase of the new Administration/alternative health service building. TCCHC is in the final stage of negotiations for the land sale, purchase/sale agreement for the building. The County IT department has given estimates on the required network and phone systems. The initial cost estimate to get a wheelchair accessible bathroom is estimated around $25,000-$30,000.

- **Tillamook County Year of Wellness (YOW) – Year of Wellness i**s currently working on the plan for the next Year of Wellness, 2017. YOW is also still pushing to get more responses on the Community Health matters survey. The goal is to receive 1,000 survey responses, at last look YOW had around 560 responses. This survey will gather the thoughts of community members on what current health matters are most important to be addressed. The Health council was encouraged to take the survey if they had not already done so.

- **Staff –** Our new Medical Director, Lisa Steffey, begins October 24th; currently finalizing job descriptions for the Dental Project Coordinator, Dental Manager, and WIC Assistant to submit to HR. Both the Dental Project Coordinator and the WIC Assistant need to be reviewed by the Union, which will take 14 days. Unfortunately, with the timing of HR, these positions may not be filled until the end of the year. Since the Dental Project will be supported by a grant through Oregon Community Foundation, we need to have this position filled quickly in order to not lose our grant funding. **(**Also, **s**ee 10.A.c)

- **Strategic Planning –** No update.

- **HRSA Findings –** (See Financial report and Policy and Procedure, 8.B and Appendix A)

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

a) Revised clinic schedule template – The Provider productivity schedule template is currently monitoring expanded access productivity, the hours of 5-7pm. Initial inquiries show both providers and patients seem to like the expanded hours. New scheduling procedure of double booking some appointments has started and there is some tension around that, education continues for Medical Assistants and front desk staff to make them more comfortable with the practice

b) Starting a Saturday clinic is still in the conversation; Administration is looking at data from the CCO, specifically patient use of the ER for acute care services on Saturdays as these are the services that can be provided by TCCHC.

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

a) A new computer software program is being considered through Care Oregon called COBI, to improve QA/QI data analysis and compliance with incentive metrics by accessing patient data quickly. This will help track metrics that the CCO is tracking.

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 update.

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

a) Health Resiliency Workers – Discussions continue on the logistics of a Health Resiliency worker. The worker is funded through the CCO and works with patients who over-use the ER for care, providing follow-up and education to the patient to reduce ER usage and establish a Primary Care Provider for more preventative care.

b) Emergency Dept. Referrals/EMT Follow Up – Marlene is working with CCO to implement "Pre-Manage" software through OCHIN. Clinic staff will be scheduling time to meet with the EMT tech to discuss process and services. "Pre-Manage" software will give us real-time health records access and information on our patients who have been hospitalized or seen in urgent care to facilitate follow-up.

a. **Board Discussion** – a board member questioned whether or not TCCHC could be labeled as urgent care or not. Because the clinic does not have an x-ray unit available, we cannot be deemed an urgent care provider. An x-ray unit could be considered; at this point we do not have the space.

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

6. Marketing/Branding: (See 5.A above.)

7. Training/Presentation: "What does it mean to be community-based?"

The Health Council members viewed Module 4 from the DVD and answered questions after viewing:

Vignette 1:

1) What kind of information did you observe board members providing that assure the health center is community based?

- Tillamook has excellent collaboration and its members have a combination of expertise, vast experience in the community at large.
- Members report on different areas of the County (North, Central and South) with different cultures
- Viewpoints of the members reflect the Public Health perspective.

2) What are other things these board members could do to link their health center to community resources around this issue of depression among teens?

- Talk to teens, invite them to become members of the Health Council.
- Establish a screening process at the clinic and community college.
- Seniors also suffer from depression, they have that in common with teens.
- Advise health teachers to have depression discussions.
- Educate parents that therapy may work; depression is caused by several factors. The issue is that depression is not understood or accepted widely.
- Different types of depression affect patients; clinical, Seasonal Affective, dysthymia, and over 60 could be chronic.
- Diffuse the stigma of depression with older people, who often feel shame. Several causes could be emotional abuse by family or a care giver, encourage seniors to discuss with their provider.

3) *The Health Center Program requires the board to review and approve the community needs assessment, the annual grant application, and the center's services and hours of operation. What does your board review before approving these documents to make sure they are community based?*
   - All meetings have community data and content is shared widely with the members.
   - YOW data from their survey and meetings will be used for the Needs Assessment in the broader issues and community health needs; 75 people attended the Community Wellness Meeting and discussed processes, guiding principles across the populations, cultural appropriateness, language barriers, and data.

4) *What are challenges your health center faces to provide additional services in your community?*
   - Larger facility is needed for the growing number of services, financial barriers, area logistics, and competition from the Hospital for patients.

Vignette 2:

1) *What are life challenges faced by people living in your community and have you observed how these challenged impact the health of people served by the health center?*
   - Affordable housing, homelessness, domestic violence, hunger and depression. There is a steady number of people living in the woods year round, the count is 60-80 people at any random night.
   - Vices: alcohol, drug abuse presents health challenges, and with the marijuana being legal, law enforcement is seeing more DUI's. Marijuana is becoming acceptable and is readily available, so people are self-medicating.
   - There is a severe and persistent mental illness population in the county which presents a challenge as there is no place to really put people who suffer with no systems in place to deal with the issue.
   - Having integrated behavioral health in the clinic has been helpful.
2) *As a board member, are you aware of non-medical services your health center provides, or might consider providing, to patients experiencing life challenges that impact their health?*
   - Tillamook clinics have done a superior job of expanding services: Behavioral Health, Mental Health and dental.

8. Finance Report:

A. **General Update and report -** Total revenue for July (September report) was $484,543.08; total expenditures were $667,289.69, with a month end cash balance of $1,617,623.64. Irene reported the following:
   - **Revenue:** Coding for dental managed care payments has been adjusted, for part of FYE16 this revenue was incorrectly being coded to medical insurance fees. This issue has been fixed for FYE17; the change in medical insurance/dental managed care revenue will be seen in future reports.
   - **Expense**: Expenses for the month were high due to County fiscal year end closing practices that hold accounts payable for the whole month of June. The accounts payable FYE16 accruals totaled $224,579.42. The accrual amount was paid and reported as July, FYE17, expenses on the Treasurer's office cash basis revenue and expense statements. These extra expenses causing a net loss for the month of $162,528.12. There is a balance sheet liability discrepancy of $369.32 that was not able to be reconciled prior to the Health Council report. Accounting staff has pinpointed the majority of the discrepant liability to an erroneous entry that will clear itself out in November, 2016. New in this fiscal year, TCCHC will be billed for legal services incurred for HR issues. This expense, reported as GL 7110, was previously included in indirect cost and will

now be expensed directly to the department. This expense was not budgeted. With the new positions and pay scale changes that are currently in process, there will be more, unbudgeted expenses forthcoming. GL line 9800, "Transfer to General Fund", is the expense to repay the 2011 loan given from the General Fund for a $431,000 fiscal year end deficit. A double payment, totaling $86,200 is being paid this year and, as funds allow, the loan will be repaid sooner than the remaining 5 years of the 10 year loan.

a) Encounter trends were lower; down from 1330 in June to 1286 in July. Average daily encounters went from 7.7 in June up to 8.9 in July. Comparing to the prior year, productivity is down in both total encounters and average daily encounters, FYE15 having 1741 total encounters and 10.7 average daily encounters. Recent scheduling changes are positively affecting productivity rates, although the change is slow due to learning curves both for providers and schedulers.
b) Provider productivity – with Erin out on maternity leave the July numbers for other providers is encouraging; both Melissa and Patricia's numbers were up, Patricia at 9.9 and Melissa up to 10.84 average encounters/workday.

Board Discussion - Donna Parks brought up a concern over Adrienne's patient panel and the transitions that need to occur with her leaving soon. Marlene outlined the plan for most of Adrienne's women's health patients that only come in once per year, Adrienne will continue to see up to 1-2 weeks before she leaves. Patients that receive general healthcare will be transitioned to new providers by allowing time for a warm hand-off, an appointment with both providers, (either Adrienne and Melissa or Adrienne and Patricia, or Chris where appropriate). A letter with a picture and bio of available providers will be sent to patients who are due for follow up as well.

c) Provider Schedules and Dashboards (Patient Access) spreadsheet continues to show increase in number of appointments, although very slow with the learning curve of new scheduling procedures such as double booking. Numbers in South County were higher, due a lot to the Adolescent Well Child exams offered in July at the South clinic.
d) Total Accounts Receivable was $309,904.48, and shows the majority in the 0-30 bucket at 71.31%.
e) Payer mix, in July, 57% of our Accounts Receivable was either Medicaid or Managed Care.

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

B. **HRSA Finding Presentation** – Appendix A, "HRSA Site Review Financial Findings" packet was presented to the board.
   a) **HRSA Award No. H80CS00555-15-02, (Appendix A, pg. 1-4) -** Irene explained that the HRSA Award No. H80CS00555-15-02, pertains to the Financial Management & Control finding that related to the County's cash basis reporting and lack of clarity on CHC revenue control.
   b) **Financial Management and Control Cover Letter, (Appendix A, pg. 5) -** Irene explained, the Cover Letter outlines the plan that was submitted to and approved by HRSA to correct the finding and the actions that were taken to execute that plan.
   c) **The Balance Sheet (Appendix A, pg. 6)** was presented and reviewed in detail. Irene noted that the addition of receivables, assets, inventory and payables earned or generated in fiscal year end 2016 were the differences between the historical, cash basis reports that the Health Council typically sees and the modified accrual balance sheet presented. The other change to the balance sheet is the reporting of the equity available as "Board Designated Reserve". HRSA requires Health Centers to restrict their funds to in-scope activities, therefore, TCCHC

has to be able to report the restriction of funds on the financial statements. A board member noted and appreciated the clarity of the report.

d) **The Statement of Revenue and Expenditures, (Income Statement), (Appendix A, pg. 7)** - was presented and reviewed. Debra noted the differences between cash basis and accrual regarding the income statement, namely the exclusion of capital expenses and inclusion of depreciation costs as well as the inclusion of earned receivables. The new inventory control policy and procedure put into place during the Public Health, 2015 review was also submitted to HRSA with the plan for modified accrual reporting, and was accepted. A very good verbal review of the newly enacted inventory control procedures was given following a physical audit by the State, Public Health financial auditor. An official letter from the State should be received shortly showing the satisfactory results of the State audit.

Action: Clayton moved to approve the Modified Accrual Financial Statements, as presented in Appendix A; Carmen seconded. Motion carried.

9. Reports of Committees:

A. Quality Assurance/Quality Improvement Committee:

a) John Sandusky reported as a member of the QA/QI Committee. There were several items reviewed at the meeting, including Family Planning Audit, Provider Peer Review, and other clinical metrics reported for the UDS/HRSA, OHA and/or CPCCO. A problem with OCHIN reporting was identified and staff is working with OCHIN to correct it. The Committee noted that the provider chart audit was completed and appropriate documentation was provided. There are some areas for improvement but nothing unexpected. Overall the clinical metrics are being reported on a regular basis and new processes implemented for change with positive trending. There appears to be some areas for improvement that are consistently not performing to the standard which are often related to documentation errors or lack of staff training. The Council would like to see continued monitoring in these areas in order to determine if progress is being made. Generally, there is positive improvement in all metrics that would suggest that the targets established for 2018 will be reached.

b) August, 2016 QA/QI minutes were presented for approval.

Action: Donna P. moved to approve the Quality Assurance/Quality Improvement minutes; Carol Fitzgerald seconded. Motion carried.

10. Old Business:

A. **GRANTS & Resource Development** –

a) OHA Safety Net Capacity Grant – TCCHC received a notice of award that we have received the grant. We are awaiting contact from OHA to begin negotiations of the amount and what is expected.

b) PCPCH –resubmission for Patient Centered Primary Care Medical Home recognition takes place in January. We also have the ability to apply for enhanced patient care access recognition.

c) PH Emergency Preparedness (PHEP) Coordinator – The PHEP Coordinator position that used to be part of a staff nurses time is now being filled by Brian Mahoney, a Contractor, and former State Emergency Prep Coordinator/Reviewer. Brian recently retired as Administrator of Clatsop Co. Public Health. He has been trained in all areas of Emergency Preparedness. He will be with

us for one year and during that time will help train a new staff member or contractor to take his place.

11. New Business:

A. **Policy/Procedure -**

a) Credentialing and Privileging – Dr. Lisa Steffey, D.O.
b) Credentialing and Privileging - Dr. Melissa Paulissen, M.D.

Action: Donna P. moved to approve the Credentialing and Privileging of both Dr. Lisa Steffey, D.O., and Dr. Melissa Paulissen. John seconded. Motion carried.

12. Unscheduled: None.

13. Adjourn - The meeting was adjourned at 2:30 PM.