

Tillamook County
Community Health Council
Meeting Minutes
July 18, 2018

Present: Harry Coffman, John Sandusky, Amy Griggs, Tim Borman, Carol Fitzgerald, Donna Parks, Carmen Rost, Jennifer Arreola, Jessica Galicia, Clayton Rees, Bill Baertlein (BOCC Liaison)

Excused:

Absent/Unexcused:

Staff: Marlene Putman, Donna Gigoux, Irene Fitzgerald

Guests: Jonathan Swan, Medical Student

1. Call to Order: Chair Harry Coffman called the meeting to order at 12:18 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 June 20, 2018 Meeting minutes:** No changes.

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

4. Board Development:

- a) **Potential New Members:** Marlene will follow up with Bill Sargent, current County Counsel, who will be retiring soon. Tim mentioned that his spouse is interested in becoming a member. She's an RN and would be a consumer. Donna G. will send the application to Tim.
- 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 -

- **Behavioral Health Integration:** We are currently recruiting for two positions. At this point it appears there are 11 applicants. We are looking for an LCSW; bilingual preferred. It is possible we may need to contract with Merritt Hawkins if we do not get qualified applicants. A review of charts was conducted by our consultants and they found several issues consistently across the board. It is apparent that the clinicians will need training and proper supervision moving forwarding concerning charting and referrals to specialty mental health care. We are contracting with the same contractor who conducted the review of charts for

technical support and supervision and training for our new hires. TFCC has agreed to provide services for our clients most in need.

- **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. South County WIC Services:

- Services have begun at NVELC for WIC and home visiting. Every other month at the fire station, which is near the center, is a gathering of services providers for a one-stop service for local residents. For our grantor HRSA, we will need to do a formal Change in Scope for the location change. We need to still provide primary care in that area, and need to look into how to best go about that, even if we do special events on our Fridays we are there.

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. Carmen seconded. Motion carried.

G. Finance Report – due to no quorum at the June meeting, two financial reports were given in July; April and May cash:

A. April's month end cash balance was \$1,820,163.00 ending with \$231,927.36 more in revenue than expense.

- **Revenue:** Excess revenue for this month included two Wrap payments of \$165K and \$145K; Public Health Collaboration which is a tri-county grant to address communicable disease, STD's and Immunization rates totaling \$11K; and School Based Dental grant funds totaling \$14K.
- **Expense:** Item 6009 Computer Software and licensing: \$11K for Lift Off Office 365 software; Item 7050 Membership and Dues: \$12K for annual OPCA membership; Item 7210 Lab Tests: \$2,400 for lab testing of different events (Well Child, AHE, Well Women, etc.). All other expenses within normal range.
- **HRSA Budget Revenue and Expense:** All revenue and expenditures are within normal ranges.
- **Encounters** Productivity was down in March. Total encounters went from 1417 in March to 1,327 in April. Average Provider Encounters per FTE up from 10.3 in March to 10.90 in April. Provider FTE was down from 3.50 in March to 3.39 in April. Panel management and improvements to the workflow continue.
- **Encounters/Workday By Provider:** Two providers were lower in April than in March; and two are higher.
- **Accounts Receivable:** Total Accounts Receivable was \$312,332.31. The majority in the 0-30 bucket at 67.81%, slightly lower than March at 72.79%. Irene stated that the average for our 0-30 day bucket is 28.4 days; and gross charges were \$305,929. Payer mix shows Self Pay is at 26%; and the percentage for Medicaid at 50%. Privately insured is 15% and Medicare is 7%.

B. May's month end cash balance was \$1,736,534.33 ending with \$83,628.67 more in expense than revenue, which was expected due to end of fiscal year expenditures. We received 2 WRAP payments last month, so the expense amount was less.

- **Revenue:** We received \$500 for Wellness in Item 4269 Donations; and in April received two WRAP payments, and \$211,970.97 in June for Item 4371 Medicaid. All other revenue was within normal range.
- **Expense:** Item 6001 Office Supplies expense were higher than normal due to year end purchases of \$9,784.26; as well as Item 7005 Postage and Shipping at \$2000. All other expenses were within normal range.
- **HRSA Budget Revenue and Expense:** All revenue and expenditures are within normal range.
- **Encounters** Productivity was down slightly in May. Total encounters went from 1,327 in April to 1,210 in May. Average Provider Encounters per FTE up from 10. in April to 11.7 in May. Provider FTE was down from 3.85 in April to 3.53 in May. Panel management and improvements to the workflow continue.
- **Encounters/Workday By Provider:** One provider was lower in May than in April; and two are higher.
- **Accounts Receivable:** Total Accounts Receivable was \$290,861.86. The majority in the 0-30 bucket at 64.42%, slightly lower than April at 67.81%. Irene stated that the average for our 0-30 day bucket is 28.8 days; and gross charges were \$308,672. Payer mix shows Self Pay is at 26%; and the percentage for Medicaid at 50%. Privately insured is 15% and Medicare is 7%.

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

Action: Tim moved to approve June's financial report; John seconded. Motion carried.

7. Reports of Committees:

A. Quality Assurance/Quality Improvement Committee -

- April & May minutes
- Quality Metrics Dashboard

Action: Carmen moved to approve the April & May minutes; Carol seconded. Motion carried.

8. Old Business:

A. GRANTS & Resource Development –

1. HRSA Access Increases in Mental Health and Substance Abuse Services (AIMS) Grant –
2. See Admin Report re: Behavioral Health Clinician Recruitment
3. HRSA SUD-MH Supplemental Grant -
4. 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.

5. CPCCO Diabetes Management Grant –

- Grant is being co-written with North Coast Community Development (NCCD) and will be submitted to the CCO Wellness Fund Committee for review and approval in September. We will be working with community partners to coordinate services and trainings (CARE, YMCA, Oregon Food Bank, NWSDS, etc.) The ultimate goal is to hire a Community Health Worker for better follow-up with patients, less emergency room usage, better patient access. (See Admin Report).

9. New Business:

A. Grants/Other:

- Autumn Bruce has accepted a position in Idaho. We will be posting her current position as Community Health Operations Manager to see what applicants we can get. Marlene and Donna are working on resurrecting the Chief Operations Officer (COO) position and salary to send to HR to hopefully attract qualified applicants in a job description that better describes the position.

B. Policy/Procedure:

- None

10. Training – Time permitting

- Annette Pampush did a presentation on water systems for the Health Council. This was requested due to the issues of harmful algae blooms showing up in water systems in Salem and the council members wanted to have a better understanding of our local system.
 1. We have 63 regulated systems
 2. Each need to be in compliance and sampled for chemicals and bacteria
 3. Environmental Health surveys systems from the state database
 4. If there is an alert, it goes to Annette
 5. There have been 30 alerts since January
 6. OHA does a good job overall in reporting alerts
 7. Local water systems that are covered do not pose a threat of harmful algae blooms

11. Upcoming Events:

12. Unscheduled:

- A. Marlene reported that we had a Patient Centered Primary Care Home (PCPCH) Site visit from the state, who look at the model in clinics and interview patients. It is a tiered system, and we are currently Tier 3. The state representatives stated that we should attest to a higher level; usually a Tier 3 doesn't get a site visit, but we were selected. The state representatives interviewed members of our health council and other patients. They were very impressed with our operations, staff, and our patients. They stated that we had a "Can Do" attitude and a tight team to support clients.

13. Adjourn - The meeting was adjourned at 1:11PM.