Tillamook County
Community Health Council
Meeting Minutes
June 19, 2019

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

1. Call to Order: John Sandusky, Vice-Chair, called the meeting to order at 12:17 pm.

2. Consumer/Community/Partner's Needs, Concerns, Issues (based on Health Council Strategic Plan Goal 2 & 3):

A. Community/Patient Concerns – no report.
B. Ambassador/Advocate encounters with Community Members – no report.
C. Community Partners – partner dialogues, invitations to meetings, etc. – no report.

3. Consent Calendar:

A. **Approval of May 22, 2019 Meeting minutes:**
    1. Add "carried" on page 2 of the minutes.

Action: Tim moved to approve the minutes as written; Clayton seconded. Motion carried.

4. Board Development:

A. **Health Council Member Contact & Areas of Expertise:**
    1. (See Attached List)
        a) Donna G. provided a blank "Health Council Member Bio" form for members to fill out. Received completed bios from Harry, Tim, Clayton and Donna P. Bios and/or pictures will only be used on the website with permission from the Health Council members.
        b) Members who had changes to the contact sheet and Areas of Expertise gave those changes to Donna G.
B. **Common goals – shared resources between agencies:**
    2. No update.
C. **Underrepresented & Youth potential members:**
    1. Donna G. noted that Jennifer Arreola did not respond as to whether or not she will continue to be our youth member. Donna G. will follow up with Jennifer.

5. Administrator's Report:

General Update and Report provided by Marlene Putman, Administrator:

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 -

a) **Behavioral Health Integration**: (See also Old Business: HRSA AIMS Grant/HRSA SUD-MH Supplemental Grant; CPCCO Mobile Clinic Grant)
   i. Synergy Consultants were hired for supervision of our Behavioral Health Clinicians (BHC) and implementation of Medication Assisted Therapy (MAT) services. Our two BHC staff are successfully implementing MAT services.
   ii. Marlene has met with the consultant
   iii. Currently the MAT policy and procedure is being finalized.
   iv. Staff is checking on what policies are currently in place for 42 CFR, a federal law that protects patients being treated for substance use disorder (SUD). (See the attached fact sheet or go to: https://lac.org/addiction-confidentiality-42-cfr-part-2-important/ for more information.)
   v. It is unclear what will happen with mental health if we get an additional CCO in our area. CPCCO's system is set up so the patient is referred to the BHC with a medical diagnosis; half of the services by the BHC are not billable. Specialty mental health has a mental health diagnosis, and only TFCC can bill for those services. The CCO will be expanding codes to use in order to expand billing.
   vi. Discussion: A member stated that mental illness is a single category and it can be a duel diagnosis; anything on the DSM.

b) **Dental Health:**
   1) **School Based Dental**:
      a. No report.
   2) **Dental Services:**
      a. We are continuing to contract with Dr. Ahn, who has signed up for another year; Dr. Long has extended his contract through September of this year.
      b. We continue to contract with Dr. Javadi for Dental Director services.
      c. We are needing to hire an Expanded Practice Dental Hygienist to begin dental services in the mobile clinic. There is a job description for a regular hygienist, so we would need to modify it prior to sending it to HR for processing. The CCO provided partial funding for this position.
      d. CareOregon will be contracting directly with us for their dental coverage. There has been no new news on the CCO 2.0. We expect to hear something after the first of July.
      e. We have not actively advertised for self-pay patients for dental services. Per Council, we will begin again soon.

c) **School Based Health Center (SBHC):**
   1) Mobile Clinic:
      a. There has been a lot of interest in having services at the schools. This may be a viable alternative to a SBHC and does not pose a hardship on the schools to renovate their buildings. Marlene met with Misty Wharton of Nestucca Valley School District and she is very interested.
      b. Marlene will contact the other two school districts to discuss.
      c. Working with HR to hire a coordinator for the mobile clinic.

d) **Patient Access & Support:**
   1) Surveys: (See Attached)
      a. CAHPS Survey (see May QA minutes for results)
         i. 132 surveys were collected.
         ii. Timely appointments: Adults 51.4%; Child 61.6%

iii. Experience of care standard: Adults 77%; Child 86.3%
iv. Office staff helpful, courteous and respectful: Adult 80%; Child 86.5%
v. Follow up on test results: Adult 69,4%; Child 79%
vi. Ratings of the provider: Adult 81.5%; Child 100%
vii. Rating of support staff (RN, MA): Adult 86%; Child 88%
viii. Health Council observations:
- Written – no surprises, looks good
- Next year questions for gender needs to be expanded beyond male and female
- Need verbal 1:1 interview with patients (see survey below)
- Suggest follow up focus group re: nominal fee and/or sliding fee
- Suggestions: "Can you afford to pay the nominal fee?" Ask for more detail in the interviews.

b. Patient Satisfaction Survey – (Health Council traditional survey with additional questions for reproductive health - see attached)
i. We had over 100 patients responding.
ii. Scheduling appointments, Front Desk staff, Nurses and MA's, Providers, highest percentage rated us excellent, then good, and very few rated us fair. No one rated us poor.
iii. Most of the surveys were established patients. Less than 1% were new.
iv. Over 95% thought our hours and locations were convenient and would recommend us to their friends and relatives.
v. Almost 40% said they used the sliding fee scale; with almost 75% saying that the scale improves their access to care. Almost 85% said that our fee scale does not pose a barrier to care. Only 35% use some sort of sliding fee scale when they see specialists.
vi. 34% use our reproductive health services. Almost 53% receive their annual Well Woman Exam from us.
vii. Almost all of the comments were very positive.

c. Patient Survey re: Access and Financial Barriers (see attached 1:1 survey)
1. Discussion included modifying the questions where the answers lined up with a clear question; the design of the survey should be modified. Also, there were no comments listed from respondents; the staff member who surveyed the patients might have notes; staff will follow up.

e) **Sexual Health and Adolescent Health Services:**
1) (See Well Child and Adolescent Exams)

f) **Maternal and Child Health** –
1. No report.

g) **Health Outreach Events:**
1. **Well Child and Adolescent Health Exams**(See Sexual Health and Adolescent Health Services)
a. Adolescent Health Exam ads are out now through September. For some of the kids, this is the only time we will see them.
2. **Well Men Visits:**
a. This took place in January of this year. June is also recognized as Well Men Month, but we did not feature exams for this population in June.
3. **Well Woman Visits:**
a. These visits were done in March and April through internal and external outreach.

h) **Women's Resource Center:**
   1. Continue to have an on-site advocate.

i) **The Early Learning Hub:**
   1. The Hub is applying for a regional grant. Marlene is on the oversight committee.

j) **Tillamook County Wellness (formerly Year of Wellness Project):**
   1. Information may be obtained by visiting http://tillamookcountyhealthmatters.org/ .
   2. Tillamook Public Health, or Local Public Health Agency (LPHA), we applied for a SRCH grant from OHA and received notice that it was awarded on Monday. This grant will be used to hire staff to look at how community partners screen patients, what screens are used, and how they educate patients on the risks for chronic disease. This will involve behavioral and community organizations to look at referral pathways with partners. There is a kick-off scheduled for July.
   3. A member stated that she heard that TCW got an award; Bill Baertlein said the award was from National Association of County and City Health Officials (NACCHO) for a national award; and recently received an award from the Oregon Health Authority (OHA). This is important community health work and Health Council involvement is appreciated. Chair, Harry Coffman is active.
   4. A member asked about how TCW is funded and how long will it take for HR to hire staff. Marlene stated that existing staff invests 10 hours a week and we hire the Wellness contractor to coordinate efforts. She stated that there are multiple sources of funding. We do not have a separate public health director, but rather this is in part of the Administrators job. We have to hire or contract staff, including our Americorp Vista. Marlene stated that the position for this new grant will be easier to fill as it is an established position description within the county.

m) **South County Services**
   1. Mobile Clinic
      a. WIC services will continue to be provided at NVELC in Hebo. We have been given permission to have the mobile clinic in the parking lot at this site. The building will no longer be available when school starts in the fall.
      b. Once the coordinator is hired, services will begin and after staff for the mobile clinic has been hired and trained. It is planned that staff training will take place on July 18th.
      c. Parades are scheduled for July 4th in Rockaway Beach and July 6th in Cloverdale. Harry Coffman and Donna Parks will receive training on July 1st when the mobile unit is delivered. Donna will drive in the Rockaway Beach parade; Harry will drive in the Cloverdale parade.
      d. There is a ribbon cutting ceremony at TBCC August 7th. The CCO staff is assisting with the planning.

n) **Oregon Pediatric Improvement Project (OPIP)**
   1. No report.

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

1. Upcoming Positions:

a) Provider for Mobile Clinic – (See Goal A: item m1: South County)
   i. Discussion: A member asked if the Health Council members could be allowed in the interviews of providers as in the past; Bill Baertlein, County Commissioner, saw no issue with one or two members being involved in interviews.

ii. We have applicants calling us for positions; we are meeting potential providers prior to them applying. One NP already has loan repayment through the state, speaks Spanish.

2. Open Positions:

a) Chief Operations Officer
   i. Initial recruitment failed. Job description was modified to include experience in lieu of a degree and reposted. Health Council and staff are anxious to fill this position.

b) Dental Manager
   i. This position was offered to a staff member as a promotion. Currently, the staff member is will serve as the WIC coordinator, as well as the dental manager.

c) Chief Financial Officer
   i. This position will be created once the other open positions are filled.

d) Registered Nurse 1,2 or 3
   i. Another failed recruitment. Position closed in March and applicants were notified in June. All applicants found other positions. This will be reopened.

e) Public Health Program Representative
   i. There are three positions needed. Two are Spanish Speaking required to fulfill interpretation needs and existing vacancies; one for mobile clinic coordination.

f) Grants Manager
   i. Position has been budgeted and posted. This position was formerly held by Debra Jacobs, who took a position in the Treasurer's office. Karen Kronoff took over for Debra, but recently took a job at the Treasurer's office. It is an important position which keeps track of grant funding, reporting, budges, etc.

g) Discussion:
   i. A member said that we should be focusing on our accomplishments; that there is a lot to be celebrating about. Suggested that we come up with a list of accomplishments and place it on the agenda to talk about each month. Other members were in agreement.
   ii. Marlene said she could meet with the consultant to come up with a list of accomplishments after our site visit by HRSA.

C. ***Goal: Improve Financial Practices and Systems in order to Improve Efficiency and Effectiveness*** (See Goal B)

1. (See Financial Report).

D. ***Goal: Increasing Revenues for Other Sources and/or Operational Changes and Improvements***

1. (See Old Business, Grants & Resource Development, pg. 6).

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

a) **Strategic Planning**
   a) Consultant is working on final product and it will be presented to the Health Council when complete.

b) **Draft MAT Policy under review**
   a) (See Behavioral Health Integration)

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

1. **Health Fairs/Worksite Health Screenings:**

a) One Stop in South County
   i. Currently assessing the effectiveness of the monthly project; will be looking to implement more targeted services with the Mobile Clinic. This event is not well attended.

2. **CPCCO Linguava Interpretation Services**
   a) No report.

Action: Tim moved to approve the Administrative Report. John seconded. Motion carried.

10. Finance Report –

A. April's month end cash balance was $2,200,600.18 ending with $3,148.70 more in expenses than revenue. Irene explained that she fixed expense line 7001 Printing & Advertising to include $7,300.75, which was not previously reported in March. This fixed the error, showing prior cash reported from $2,211,049.63 to $2,203,748.88.

1. **Revenue:** We received $20,540.57 for the School Based Dental grant. We did not receive the April Medicaid wrap payment until May, which will be reported next month. All other revenue is within normal ranges.

2. **Expense**: There was an additional expense of $1,500 for moving expenses for our new public health nurse, who moved from Alaska; expense of $7,300.75 (see above); $12,000 for OPCA annual dues; and $5,911 in annual copier overages. All other expenses were within normal ranges.

3. **HRSA Budget Revenue and Expense:** Revenue and expenditures in the base amount are within normal range. Irene reported that there is about $57,000 left for carry-over funds. Retirement is not included in the HRSA budget. Irene will be showing retirement amounts each month in the report instead of a lump sum at the end of the grant period, which is approximately 25% of overall salary. This change will not match the GL.

4. **Encounters:** Total encounters went from 1,262 in March to 1,491in April. Average Provider Encounters per FTE went from 10.8 in March to 11.40 in April. Provider FTE was 3.23 in March to 3.08 in April.

5. **Monthly Generated Revenue:**
   Provider revenue in April was good, with a total of $100,601.05. The number of days open in April was 22, giving the average revenue for the workday at $4,573.

6. **Encounters/Workday By Provider:** Average percentages for April was 58% of available vs. completed, slightly up from March for some providers.

7. **Accounts Receivable**: Total Accounts Receivable was $313,037.78. The majority in the 0-30 bucket at 71.11%, slightly higher than the prior month at 70.01%. The average for our 0-30-day bucket is 29.53 days; and gross charges were $344,277. Payer mix shows Self Pay at 28%; and the percentage for Medicaid is up to 47%. Privately insured is at 13% and Medicare is at 7%. There are still issues with Oregon Contraceptive Care AR. Usually, it is less than 1%, in April it shows 5%. Normally the amount is $5-$6K, and it shows the current amount is $14,540.29.

8. **OCHIN Top 10**: We were number 9 in the top 10 out of 98 members in the US based on the Revenue Cycle scorecard from OCHIN with a ranking score of 74. Prior month we were at #5 with a ranking score of 76. Metrics are used to determine the success of an entity based on the following:
    a) Days in Accounts Receivable (average length of time that an account balance is active)
    b) Days Undistributed (refers to payments and adjustments that have been posted to the system but have not been distributed)
    c) Percentage of AR over 90 days (the percentage of the total AR that is over 90 days old)
    d) Charge Lag (average length of time between the date of service and the date that the charge for that services is posted to the AR)
    e) Claim Acceptance Rate (percentage of claims that when submitted to clearinghouse make it successfully to the insurance payor)
    f) Days of Open Encounters (patient encounters that have yet to be "closed")
    g) Charge Review and Claim Edit Days (two work queues within EPIC that hold charges and claims that contain errors)
    h) Discussion:
        i. A member said that the accounts payable for accounts over 120 days is remarkable and looks really good. There is a lot to this process, and he is happy with how staff is doing. Irene stated that there is a good relationship between her staff and OCHIN.
        ii. Another member mentioned that the VA is expanding in the community and wondered how that may impact our clinics. Marlene reported that we have a Care Coordinator who is very good at working with the VA system for our patients.

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

B. Fiscal Policies and Procedures – Appendix A

1. Billing & Collection Policy
    a) Irene presented the Billing & Collections policy with updated name and logo ahead of our HRSA site visit. The last time it was viewed and approved by the Health Council was in 2011.

Action: Clayton moved to approve the Billing & Collections policy; Amy seconded. Motion carried.

2. Bankruptcy Policy
    b) Irene presented the Bankruptcy policy with updated logo ahead of our HRSA site visit. The last time it was viewed and approved by the Health Council was in 2011.

Action: Clayton moved to approve the Bankruptcy policy; Carmen seconded. Motion carried.

11. Reports of Committees:

A. Quality Assurance/Quality Improvement Committee -

1. April & May Minutes:

a) Carmen provided the following:

i. Looking at statistics, the low family planning numbers could be improved by reminding staff to complete the list of questions.
ii. Low compliance on mammograms can be attributed partly to a 50% call back rate so patients need a diagnostic mammogram, which is significantly more expensive. Adventist does not have the newer, more accurate 3D mammogram equipment so many women go out of town to get only one mammogram. Solutions include tracking referrals to see if appointments were kept and check results, focus on Women's Health Exams in May and again in November. A letter to Adventist is advisable. Donna G. reported that Dr. Steffey sent one to them with the request.
iii. STD results need better documentation.
iv. We have reached the Colorectal Cancer benchmark the past 2 years.
v. Diabetes numbers show we have more new diabetes patients without good control. The HRSA site visit will include a focus on diabetes control.
vi. We are currently tracking referrals to see if appointments were kept, if a follow-up is needed and to get any results.

2. **Quality Metrics Dashboard**:
   a) The dashboard of metrics was reviewed which indicate:
      i. 7 out of 14 measures have improved over the last year
      ii. 10 of the 12 measures have exceeded the HRSA grant goal
      iii. 11 of the 12 measures meet and/or on track to meet/exceed HRSA grant goal
      iv. 3 of 8 measures have reached the CCO incentive goal
      v. 7 of 12 measures have exceed the OR FQHC average

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

12. Old Business:

A. **GRANTS & Resource Development** –

1. HRSA AIMS Grant/HRSA SUD-MH Supplemental Grant

a) (See Administration Report)
b) Synergy Consultants were hired for supervision of our BHC staff and implementation of MAT services. We are still awaiting the final MAT policy. Marlene and Dr. Steffey received a draft, but it is lacking in detail. Marlene will be contacting Nadejda Razi-Robertson to discuss this issue as well as other deliverables. It is also important that Heather Starbird, who is supervising BHC staff be fully credentialed. Lola will be following up with her.
c) We began the process of hiring the Behavioral Health Manager. Job description and salary comparisons have been re-sent to Human Resources for review and finalization.

2. CPCCO Diabetes Grant

a) Marlene stated that our nutritionist is working on a project with the YMCA to offer a Diabetes Prevention Program (DPP) to pre-diabetic patients at a reduced cost. This allows several patients with the same diagnosis to receive classes and access to fresh fruits and vegetables through Food Roots. Snap-Ed will be teaching cooking at OSU.

3. Second Letter of Concern/Complaint

a) Discussion:
   i. Marlene stated she met with the HR manager, who said that the new HR staff will focus on recruitment. This will free up more time for other HR staff to focus on retirement and hopefully ease up the bottleneck with getting staff hired in a timely manner.

ii. It was decided between Health and HR that one dedicated staff member (Lola Martindale) would work with HR to streamline communication, reference checks, tracking timelines, scheduling and conducting interviews, etc. Also, we will be hiring an HR Assistant position to assist Lola.

iii. A timeline will be established and tracked by Lola and the HR assistant; hopefully allowing no more than 10 days to elapse before hearing from HR.

iv. Marlene will write up an agreement between departments and share with the council and our BOCC liaison(s). She said that the Executive committee thought it was a good plan. A member said that a timeline is critical, more orderly, and a strong need to follow the timeline. Another member asked if was appropriate to get a monthly progress report on the progress through the regular meetings. If not acceptable progress, more action may be needed.

v. A member who was present at the public meeting with the BOCC said it felt like the HR manager had hurt feelings and didn't agree with the contents of the letter; he wanted to clarify that the intent of the Health Council was not to criticize, but to begin talks in how to rectify the ongoing problems with getting important staff hired in a timely manner. He said he wasn't interested in hearing about details of what happened in the past; wants to see changes happen.

vi. HR requested to hire an additional recruitment position in their department, which will take some work off of other staff in the department. This was granted by BOCC but with reservation. Originally, Commissioners wanted us to pay for the new HR position but have the position housed in HR. Health department staff had issue with this proposal and declined to pay for a position in another department, and did not think this solution would solve the problems in getting health department staff hired in a timely manner. This issue was clarified in the public meeting; and the request was to have a human resources staff member housed in the health department.

vii. Staff mentioned that for the HRSA Operational Site Visit, it is advisable to have policies related to hiring of staff, since the county is in charge of this piece under the co-applicant agreement. A request was sent to HR for these policies, and staff asked the BOCC liaison if he could assist in procuring them prior to the August site visit.

13. New Business:

A. Grants/Other:

1. HRSA Integrated Behavioral Health Services (IBHS) grant

a) This is a supplemental grant for $145,000, which will become part of our HRSA base grant. It is anticipated that we will be hiring a full time Behavioral Health Clinician Manager and a Public Health Program Representative (or Care Coordinator). Awards will be made in September.

B. Policies/Procedures:

1. Patient Safety and Risk Management Program

a) Donna G. presented a revised policy to be reviewed and approved by the Health Council. She indicated that the only changes were to take out specific people's names and use only their positions. The bulk of the policy, which was adopted in 2016.

Action: John moved to approve the policy; Carmen seconded. Motion carried.

14. Training – Time permitting

A. Risk Management Annual Report to Health Council/BOCC Liaison

1. Due to the Reproductive Health Equity Act training and the size of the agenda, and the upcoming site visit in August resulting in a very large agenda in July, it was discussed and approved by consensus that the Risk Management Annual Report will be on the August 21st agenda.
2. Typically, it is presented in June annually.
3. Currently, there are no outstanding Risk Management Issues to report.

B. Reproductive Health Equity Act – Robin Watts and Tara Stevens

1. Robin Watts, Public Health Manager, and Tara Stevens, Public Health Program Coordinator, presented the results of a survey of Tillamook & Nestucca High School student access to sexual and reproductive health.
    a) 162 students were surveyed who attend the high school, Wilson school and Nestucca health classes.
    b) 58% strongly agreed that they felt comfortable in talking to the person they were dating about birth control; with 29% didn't know
    c) 48% strongly agreed that they felt comfortable talking to the person they were dating about sexually transmitted infections; 30% didn't know
    d) Only 11% strongly agreed that they were worried that their parents/family found out they were accessing sexual and RH services; 24% didn't know
    e) Only 6% were worried that their friends or classmates found out about them accessing sexual and RH services; 24% didn't know
    f) 49% didn't know that they had access to sexual and RH services for free or at low cost. This may be due to the fact that public health nurses are no longer invited to address the students in the schools regarding the services.
    g) 37% strongly agreed there was a convenient location for them to get a preferred method of birth control; 29% didn't know
    h) 42% strongly agreed there was a convenient location to get testing or treatment for sexually transmitted infections; 28% didn't know
    i) 19% strongly agreed that they didn't have to wait too long for an appointment for services; 49% didn't know
    j) 28% strongly agreed they felt respected and comfortable at the location of their choice for services; 35% didn't know
    k) 22% strongly agreed that most high school students are aware of the healthcare services and options related to services are available to them in our community; 30% didn't know
    l) Health Council observations:
        i. Awareness of services: does this indicated the need for more information about services?
        ii. Regarding the percentage for access for free or low cost services, are they just not sexually active?
        iii. Like that there is a high percentage that are aware and feel comfortable with accessing services.
        iv. Whether or not kids are sexually active, they should know about resources for themselves and others.
        v. Change in willingness of lack of concern for parents knowing.
        vi. Top items to address:
            - Free or low cost
            - Wait time
            - Comfort in provider

15. Upcoming Events:

16. Unscheduled:

17. Adjourn - The meeting was adjourned at 2:56 PM.