

Tillamook County
Community Health Council
Meeting Minutes
April 16, 2025

Present: Carmen Rost, Donna Parks, John Sandusky, Sharon Kaszycki, Erin Skaar, Kelsey Leonning, Katy Sommers, Harry Coffman, Vicky Mata
Excused: Kim Smith-Borman, Donna Gigoux
Absent/Unexcused:
Staff Present: Maia VanSpeybrock, Irene Fitzgerald, Marlene Putman
Guests: Bradley Wangsgard, Dental Manager

1. **Call to Order:** Harry Coffman called the meeting to order at 11:11 am.
2. **Consumer/Community/Partner's Needs, Concerns, Issues** (based on Health Council Strategic Plan Goal 2 & 3):
 - A. **Community/Patient Concerns**
 - i. No comments
 - B. **Ambassador/Advocate encounters with Community Members**
 - i. No comments
 - C. **Community Partners – partner dialogues, invitations to meetings, etc.**
 - i. No comments
3. **Consent Calendar:** **Approval of March 26, 2025 Health Council Meeting minutes**

Action: Sharon moved to approve council minutes; Donna P seconded. Motion carried.
4. **Board Development:**
 - A. **Member Recruitment:**
 - i. Sofia De Souza Application – High school student

Action: Sharon moved to approve Sofia's application; Donna P seconded. Motion carried.
 - ii. Meeting time change: 12p – 2p

Action: Donna P moved to approve the time change of council meetings; Sharon seconded. Motion carried.
 - iii. Board Development Committee Update
 - a. Minutes from the last meeting were shared and ongoing items were presented as a reminder. Donna P mentioned that the person she was trying to recruit has declined to due political reasons/thoughts about the board and how she doesn't feel like she represents South County. The group will continue to outreach and recruit.
 - b. Admin met with local organization, Consejo Hispano, to discuss a partnership with them on interpretation but also to see if any staff of theirs would be interested in joining our board. Updates soon.
 - iv. Board Officer Position Recruitment

- a. Continuous item to discuss is replacing key board positions, like Chair, immediately and by 2026 when Harry would like to step back on his duties. Process around recruitment and onboarding to be discussed at board development committee.

B. Health Council Member Contact & Areas of Expertise:

- i. Discussed, No updates

C. Common goals – shared resources between agencies:

- i. No comments

D. Underrepresented & Youth Member

- i. Harry and Kelsey are working together to recruit a sophomore student who is interested in joining the council for at least 2 years. Will look to see if a couple students might want to join together or to pair up this student with our newest recruit Sofia.

E. TCCHC Committee/Workgroup/Opportunities

- i. If any member is interested in learning more about QAQI committee, let admin know. We need to recruit a member from health council to join QA committee per bylaws.

F. Health Council Acronyms – sent annually

5. Administrator's Report: Marlene

A. General Update:

- i. **Fiscal Year Ending:** heading into year end for various grant funds, meaning the funds must be expended by June 30 otherwise we risk losing those funds. Remaining funds have been identified as resources to equip the new clinic. If grants need adjustments, we usually have to submit a proposal to ask for funds to be used for different expenses. A few contracts to enter into are around medical director succession planning, nurse and medical assistant infrastructure consulting and pain management consulting for providers around opioid prescribing.
- ii. **BHRN Reallocation and New Grant Funds:** similar to above, there are unspent funds in this grant through the state revolving around MAT/SUD patients and harm reduction, we are asking for the state to allow us to use unspent funds on equipment and other supplies. As this first round of the grant cycle ends June 30, we have been awarded a second grant period with funds of about \$650k over a 4 year period. Budget to be submitted and negotiated soon.
- iii. **Public Health Modernization Funds:** these funds are not effected by EOs in relation to the new admin's agenda. Submitting a new budget for the next grant cycle of 3 years.

Action: Donna P moved to approve the administrators report; Sharon seconded. Motion carried.

6. Finance Report:

- A. **Page 1:** February's month end cash balance was \$3,698,713.68 ending with \$8,938.19 more in expense than revenue. This is due to 2 HRSA Drawdown payments due to pause of federal funding. Also we did not receive the monthly Medicaid Wrap payment which can vary in amount.

- 1. **Page 6: Revenue:** Received 2 HRSA Drawdown payments due to pause of federal funding.

Also we did not receive the monthly Medicaid Wrap payment. Other revenue is within normal range.

2. **Page 6: Expense:** Error processed and fixed by county for Teamsters Incentive, does not apply to our department. Annual Provider CME training amount charged. Larger than normal IT expense related to equipment and software. All other expenses were within normal range.
3. **Page 7: Materials & Services:** All other expenses were within normal range for materials and services.
4. **Pages 9-12: HRSA Budget Revenue and Expense:** Revenue was \$600,000 for the month due to receiving two months worth of drawdowns. All other revenue/expense was within normal range.
5. **Page 13: Encounters:** Total encounters for the month was 1,408. Tillamook clinic had 1,030 encounters; dental had 350 encounters; and Rockaway had 1 due to Chris Craft leaving. Average Provider Encounters per FTE were 8.50. Provider FTE was 4.36.
6. **Page 16: Monthly Posted Encounters per Provider:** Encounters for all providers with the highest at 10.61 and the lowest at 5.87. Hygienist Jennifer had 80 posted patient encounters and Dr Romero had 141 posted encounters.
7. **Page 16: Monthly Generated Revenue:**
Provider revenue in the month was a total of \$98,000.81. The number of days open in was 16.5, giving the average revenue for the workday at \$5,939. Dental revenue was \$21,062.12 for the month, with number of days open of 16.5, giving the average revenue for the workday at \$1,276.
8. **Page 17 - 19: Accounts Receivable:**
Total Accounts Receivable was \$553,952.70. The majority in the 0-30 bucket at 69.39%. The average for our 0-30-day bucket is 32.80 days; and gross charges were \$400,073.95. Payer mix shows Self Pay at 41%; and the percentage for Medicaid is 32%. Privately insured is at 14% and Medicare is at 13%. Oregon Contraceptive Care A/R is at 1%.
9. **OCHIN Top 10:** OCHIN ranking for February was 47 with a modified score of 65. OCHIN now has 207 total members using their system. Metrics are used to determine the success of an entity based on the following:
 - i. Days in Accounts Receivable (average length of time that an account balance is active)
 - ii. Days Undistributed (refers to payments and adjustments that have been posted to the system but have not been distributed)
 - iii. Percentage of AR over 90 days (the percentage of the total AR that is over 90 days old)
 - iv. Charge Lag (average length of time between the date of service and the date that the charge for that service is posted to the AR)
 - v. Claim Acceptance Rate (percentage of claims that when submitted to

- clearinghouse make it successfully to the insurance payor)
- vi. Days of Open Encounters (patient encounters that have yet to be “closed”)
- vii. Charge Review and Claim Edit Days (two work queues within EPIC that hold charges and claims that contain errors)

Action: John moved to approve the Finance Report; Sharon seconded. Motion carried.

7. **Appendix A:**

A. Fiscal Year 2026 Budget : Irene presented the annual county budget for board approval. The fiscal year (FY) runs July 1, 2025 through June 30, 2026. The budget did not change much from FYE2025, taking into account that there are multiple vacant or pending positions in the health department that if hired, the budget will be adjusted. Personnel is the biggest expense, which includes benefits and salary. There are multiple grants that are ending and will not be continuing into FYE26, like most COVID related grants. Admin is watching closely to any Executive Orders (EO) that might impact or have already impacted health centers and public health funding. So far, we are only losing funds that we could not expend. Losing 2 providers will and already are impacting revenue, admin is furiously working on recruitment and succession planning. It is expected that we will use more of the reserve funds that we have been building up, unfortunately, but that is why we have those funds. This means large purchases like building purchase or expansion plans will be on hold until funding sources can be identified and secured.

Action: Sharon moved to approve the FY26 county budget; John seconded. Motion carried.

8. **Report of Committees:**

A. Quality Assurance Committee (QA)

- i. **February Report:** no comments, the committee needs a health council member to join, will discuss during our next board development meeting.

Action: Donna P moved to approve the QA report; John seconded. Motion carried.

B. Risk Management Annual Report for 2024 – Marlene

- i. Marlene presented Tabatha’s report for the calendar year 2024 Risk Management activities. This annual report highlights Quarterly Assessments completed in 2024 and the related action plans. SWOT (Strengths, Weaknesses, Opportunities, Threats) analyses are conducted to plan for future events and ways to lower future risks. We identified the following as our 4 quarter risk assessments: Lab Specimen Collection, Vaccine Training, Clinical Communication Training and Trauma Informed Care. In 2024 there were 36 total incidents reported, highest in the category “Complaints” followed by “Communication Issues”, which is why we focused a lot of communication and ways to care for others in a trauma informed mindset. Presented the annual mandatory staff training list, which stays relatively the same year over year, with additional trainings as each risk assessment advises. There were no lawsuit claims filed against anyone at the clinic for 2024. Overall, report shows 10 adverse events reported, 14 near misses, 11 unsafe conditions. Since Tabatha is the Risk Manager and was unable to attend, if any council members have any follow up questions, please let us know. At this time, council members did not have questions or concerns in regards to the Risk Process and Procedures.

Community Health Council Meeting Minutes (4/16/2025)

Action: Carmen moved to approve the 2024 Risk management report; Sharon seconded. Motion carried.

9. **Old Business:**

A. **Health Center 30th Anniversary** – *Postpone item to next month*

- i. July Radio Guest – John
- ii. Health Council Potluck – July meeting

B. **Grants:** None

C. **Policy and Procedure:** None

10. **New Business:**

A. **Grants:** None

B. **Policy & Procedure:** None

C. **Credentialing & Privileging:** None

11. **Upcoming Events:** TBA

12. **Unscheduled:** None

13. **Training:** Dental Division Presentation by Brad Wangsgard

A. Brad started off our new project of each division manager providing a report to health council on their division, including staff, services, budget and activities. Brad Wangsgard is our Dental Manager, overseeing the county dental staff (5) and the “volunteer” Dental Care LLC dental clinical staff (4). Brad works closely with our contracted dental director, Dr Cyrus Javadi, who is the clinical oversight for the dental clinical staff. Brad has taken over the dental division after a long period of not having a dentist at our clinic due to Dr Benanti retiring in March 2024. Brad has since then assisted with onboarding our current dentist, Dr Romero and hiring on two new dental assistants. Our dental division currently contracts with 2 additional local dental offices for referral services. At our TCCHC dental clinic, we accept OHP (Oregon Health Plan – Care Oregon Dental) insurance, and offer services to patients who are underinsured or uninsured. We also provide all the dental services you’d typically find at a dental clinic, from exams and cleanings to extractions and fillings. Frequency of visits for patients is about 2.57 visits per person per year, which indicates that our clinic often operates on more of an emergency or pain basis. We also offer a school-based dental sealant program which is a no cost in-school service for all K-8 children attending public school in Tillamook County. There is about a 63% “yes” response to one kind of dental sealant service ranging from screening to fluoride to sealants, depending on the dental clinician’s diagnosis/recommendation. Finances are looking up, since hiring Dr Romero, she is almost at full capacity and a regular workday patient load. Future plans are to continue to expand the dental team due to the high demand and long wait list to get patients in, recruiting additional dentists and hygienists is a high priority. But space is very limited, so looking at other resources around the community and with funding sources. Brad is also working on a partnership with the OHSU Dental Program to bring students in clinic for their rotations and community events. Lastly, our mobile clinic which is currently used for dental sealant events, but with the additional staff, we can continue the services in North and South county.

14. **Adjourn:** The meeting was adjourned at 1:02 PM

Community Health Council Meeting Minutes (4/16/2025)