

Tillamook County
Community Health Council
Meeting Minutes
July 16, 2025

Present: Carmen Rost, Harry Coffman, Kim Smith-Borman, Donna Gigoux, Donna Parks, Erin Skaar, Katy Sommers, John Sandusky

Excused: Vicky Mata, Sharon Kaszycki, Sofia De Souza

Absent/Unexcused:

Staff Present: Maia VanSpeybrock, Irene Fitzgerald, Marlene Putman

Guests: Michelle Jenck, Rockie Phillips

1. **Call to Order:** Harry Coffman called the meeting to order at 12:09 PM.
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. Tillamook Bay Community College is starting discussion on creating a behavioral health career pathway to include Registered Behavior Technician (RBT), Youth Worker Certification, Behavioral Technician and Drug/Alcohol Training. The program would be a 1 year up to Associates degree earned depending on program within the Allied Health Department at the college. It is in early stages of development. Donna P asked whether Peer Support Training would be included, it is unknown at this time due to early stages.
 - ii. Donna Parks – Herald Center will be a host for Harm Reduction Event twice a month, the agreement is in process and should be finalized to start in early August.
3. **Consent Calendar:** **Approval of June 25, 2025 Health Council Meeting minutes**

Action: Donna P moved to approve council minutes; Carmen seconded. Motion carried.
4. **Board Development:**
 - A. **Member Recruitment:**
 - i. Board Development Committee Update
 - a. Recruitment Cards have been created by the communications manager to include highlights about joining health council, frequency of meetings, obligations of the board, how to join or learn more. There are a couple edits to be made but once finalized, each member will be able to receive a stack to hand out to people in the community, and there will be stacks available at the clinics for staff to hand to patients.

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. No update

E. TCCHC Committee/Workgroup/Opportunities

- i. No update

F. Health Council Acronyms – sent annually

5. Administrator's Report: Marlene

A. Recruitment Update:

- i. Currently recruiting for Advance Practice Providers (2), such as Family Nurse Practitioner or Physician Associate. Also recruiting for Family Practice Physicians (2), such as Physician/Doctor of Family Practice and a Physician Medical Director. We currently have 2 replacements for Dr Brown and Chris Craft who left in the last 6 months, along with finding a replacement for Dr Steffey as Medical Director in preparation for her retirement in 2026. Then to fill the gap in access, we will also be looking to hire another provider.
- ii. Recruitment process includes: selecting/hiring recruitment consultant/firm, conducting informal interest-views, bringing providers on site for a visit, meet and greets with other current providers, then the formal county interview.
- iii. First step is hiring a consultant/firm, to which we have a few quotes as required by county policy, from 3 different firms. Admin will review terms of each proposal and choose the best option. It looks like the price range will be around \$50k for their services to hire a Medical Director.

B. Facilities Update:

i. Main Street Clinic 800 Main Ave

- a. Dermatology services open 7/23/25 one day a week
- b. Genoa Pharmacy opening is delayed due to staffing issues, unknown at this time when they will open, but once they hire the pharmacist, they will be ready to open as soon as possible

ii. Main Clinic 801 Pacific Ave

- a. Currently leasing the property, with lease agreement into 2058
- b. The Riggert Family Foundation owns the building and have been requesting a higher rent payment or for a purchase offer
- c. Admin staff have met with health council and the board of county commissioners, both of which agree that purchasing the building is in the best interest
- d. Admin is awaiting financing options from the Treasurer's Department for a 15 year governmental loan
- e. Once numbers are received, health council and board of county commissioners will need to approve the offer price and terms

C. Federal Changes Impacting Health Centers:

i. 2025 Budget Reconciliation Bill

- a. Signed into law by the president on 7/4/25
- b. The bill is over 1,000 pages long, contains a lot of provisions, much of which requires further guidance from applicable departments
- c. Effective 1/1/27, the implementation of Medicaid work requirements and eligibility checks every 6 months

ii. 340b Medication Requirements

- a. On June 24, HRA announce a new condition for Section 330 grantees adding updated award terms
- b. Requires HRSA-funded health centers to provide insulin and injectable epinephrine to low-income patients at or below the price paid by the center through the 340B Drug Pricing Program.”
- c. Applicable for patients with “high cost sharing” requirements.
- d. Necessitates change to our sliding fee and 340b Policy & Procedure – HC approval is required.
- e. Awaiting further guidance from HHS

iii. PRWORA

- a. Personal Responsibility and Work Opportunity Act of 1996
- b. Note: Federal law (42 USC 254b(a)(1)) requires Community Health Centers (CHCs) to accept “all residents of the area served by the center.”
- c. US HHS Rescinds interpretation of PRWORA (1998)
- d. Limits access to “federal benefit” services
- e. Access only allowed for “qualified aliens”
- f. May require CHC to change eligibility & access
- g. Awaiting procedural guidance from HHS and HRSA

iv. Gender Affirming Care Restrictions

- a. Prohibits federal matching funds for:
 - i. “gender transition procedures defined to include puberty blockers, hormone treatment, and surgery for any individuals enrolled in Medicaid and CHIP.
- b. Awaiting HHS procedural guidance on implementation
- c. Planning to address issues with any patients

Action: John moved to approve the administrators report; Katy seconded. Motion carried.

6. Division Report – Rockie Phillips, Public Health Deputy Director

A. Division Overview:

- i. Public Health consists of various “smaller” programs such as Women, Infants, and Children (WIC), Home Visiting, Communicable Disease, Reproductive Health, Immunizations, Emergency Preparedness, Harm Reduction, Public Health Modernization, and Tobacco Prevention and Education Program (TPEP)
- ii. Staffing: there are a total of 16 staff people and 2 contractors doing Public Health work across all programs, with a FTE 15.8. Staffing often crosses over into Environmental Health.

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B. Budget:

- i. There are a few funding sources that make up the full budget for Public Health, including:
 - a. **Funding from Oregon Health Authority**, which is administered by the State of Oregon, but funds can also be secondary from the Federal government to the State to allocate to various programs. These funds are allocated by Program Element (PE) which we have 11 PEs spanning from WIC to Emergency Prep
 - b. **Funding from Oregon Health Authority for a 4 year grant period** with the goal to reduce the harm of drugs, created through the Measure 110 passed in Oregon in 2021, which then created Behavioral Health Resource Networks (BHRN). A BHRN is an entity or group of entities working together to provide comprehensive, community-based services and supports to people with substance use disorders or harmful substance use.
 - c. **County General Funds** since the Health Department has taken on the responsibility of running the Tillamook County's Public Health program, instead of the division being handled separately by the county and not the health department. These funds are to assist closing the large gap of funding not provided by the state to run the many various programs required.
 - d. With all funding sources, Public Health is consistently underfunded, with the largest expense being salary and benefits. This is where the Health Department supplements the Public Health division budget with clinic revenue, in order to keep it running and operating.

C. Program Overview

- i. **Women, Infants, and Children (WIC)**
 - a. Provides nutrition support and education to pregnant and breastfeeding individuals and children through age 4. This includes essential nutritional items such as dairy, healthy grains, and fruits and vegetables. Participants who fall into a variety of high risk categories such as low hemoglobin or low weight also have access to a registered dietician and nutritionist.
 - b. Eligibility: Participants Must
 - i. Live in Oregon.
 - ii. Be a pregnant, postpartum, or breastfeeding women, an infant, or a child under 5.
 - iii. Have a household income less than 185% of the federal poverty limit OR be fully eligible for Medicaid/OHP, TANF, or SNAP.
 - iv. Have a nutritional need or risk.
 - v. Immigration status does not affect eligibility.
- ii. **Babies First!**
 - a. A relationship and strength based nurse home visiting program that serves pregnant and parenting individuals and their children through age 4. Services are provided by Registered Nurses (RN's) in partnership with Community Health Workers (CHW's).
 - b. Eligibility: Participants Must
 - i. Live in Tillamook County.
 - ii. Be a pregnant, parenting and or an infant or child under 5 years.

- iii. Have a qualifying need for support such as low income or SDOH concern.
- iv. Immigration status does not affect eligibility.

iii. CaCoon

- a. A nurse home visiting program that provides support and care coordination to families and individuals birth through age 21 who experience medical, behavioral, or physical disabilities that may impact them throughout their lifespan. Services are provided by RN's in partnership with CHW's.
- b. Eligibility: Participants Must
 - i. Live in Tillamook County.
 - ii. Be the parent/guardian of and or an individual under the age of 21 with a qualifying disability.
 - iii. Immigration status does not affect eligibility.

D. Home Visit Next Steps

i. Internal:

- a. Utilize newly established baseline for future assessments to measure improvements
- b. Use the information gained to evaluate our priority populations
- c. Develop process improvement plans

ii. External:

- a. We now have a better understanding on where our services overlap
- b. We know where programs need the most support to implement their services successfully
- c. Bring partners together and share survey data
- d. Work with partners to look for and develop solutions to challenges.

7. Training: Community Health Needs Assessment Presentation – Michelle Jenck

A. What is a Community Health Needs Assessment (CHNA)?

- i. Process for determining community health needs and drivers of health
- ii. Systematic data collection and analysis (quantitative & qualitative)
- iii. Leveraging results to motivate community change
- iv. Leads to development of a Community Health Improvement Plan for collective action
- v. Collaborative process in Tillamook County since 2015
- vi. Folded under Tillamook County Wellness in 2024

B. Who is Involved in a CHNA?

- i. Adventist Health Tillamook
- ii. Columbia Pacific CCO
- iii. Nehalem Bay Health Center and Pharmacy
- iv. Tillamook County Community Health Centers
- v. Tillamook Family Counseling Center
- vi. Tillamook County Wellness Advisory Committee

C. CHNA Framework

i. Health Needs

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- a. Access To Care
- b. Health Conditions
- c. Health Risk Behaviors
- d. Mental Health
- ii. **Basic Needs**
 - a. Food Security
 - b. Housing
 - c. Financial Stability
 - d. Education
- iii. **Social Needs**
 - a. Community Infrastructure
 - b. Climate & Environment
 - c. Social & Economic Context
 - d. Community Safety

D. 2024 Data Collection

- i. 300 community surveys
- ii. 7 focus groups (42 participants)
- iii. 7 Key informant interviews
- iv. Secondary data
- v. Data-driven decisions

E. Selected High Priority Needs

- i. Access to Care – addressing social determinants of health, transportation, language access, and health literacy.
- ii. Community Infrastructure – childcare, transportation, internet access, and walkability.
- iii. Housing – navigation support, affordable housing, workforce housing, home repairs, and shelters.
- iv. Mental Health – social connections, address risk factors, substance abuse, stress management, and suicide prevention.

F. What's Next?

- i. The 2025 CHNA Report will be finalized in May and published in December
- ii. 2026-2028 (CHIP) Community Health Improvement Plan under development through 2025
- iii. Workshop III: Sept 4th - HOW? Community partners set actions and benchmarks to measure progress
- iv. **Get Involved:** attend workshops 2:30 – 4pm TBCC, email jenckmd@ah.org ; volunteer, advocate, and support

8. Finance Report:

- A. **Page 1:** May's month end cash balance was \$3,310,960.34 ending with \$224,529.77 more in expense than revenue. This is due to large payments made to consultants doing work for Public Health Modernization and Clinical Staffing Infrastructure.

- 1. **Page 6: Revenue:** Other revenue is within normal range.
- 2. **Page 6: Expense:** Another month of high expense for advertising for billboards, and large Community Health Council Meeting Minutes (7/16/2025)

payments for consultant work. 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:** The start of a new grant cycle, payments are being received in timely manner. All other revenue/expense was within normal range.
5. **Page 13: Encounters:** Total encounters for the month was 1,872. Tillamook clinic had 1,077 encounters; dental had 744 encounters; and Rockaway had 19. Average Provider Encounters per FTE were 9.50. Provider FTE was 2.63.
6. **Page 16: Monthly Posted Encounters per Provider:** Encounters for all providers with the highest at 13.28 and the lowest at 8.10. Hygienist Jennifer had 318 posted patient encounters and Dr Romero had 215 posted encounters.
7. **Page 16: Monthly Generated Revenue:**
Provider revenue in the month was a total of \$56,885.92. The number of days open in was 21, giving the average revenue for the workday at \$2,709. Dental revenue was \$47,605 for the month, with number of days open of 21, giving the average revenue for the workday at \$2,267.
8. **Page 17 - 19: Accounts Receivable:**
Total Accounts Receivable was \$502,638.18. The majority in the 0-30 bucket at 73.83%. The average for our 0-30-day bucket is 31.00 days; and gross charges were \$487,052.06. Payer mix shows Self Pay at 37%; and the percentage for Medicaid is 40%. Privately insured is at 11% and Medicare is at 10%. Oregon Contraceptive Care A/R is at 1%.
9. **OCHIN Top 10:** OCHIN ranking for was 85 with a modified score of 57. OCHIN now has 209 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; Donna P seconded. Motion carried.

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9. **Report of Committees:**

A. **Quality Assurance Committee (QA)**

- i. **May Report:** no comments.

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

10. **Old Business:**

A. **Grants:** no updates.

B. **Policy and Procedure:** None

11. **New Business:**

A. **Hours of Operation of Clinics**

- i. **Main Clinic Mon – Fri 7am-6pm**
- ii. **New Clinic TBD/currently Wed 8am-5pm**
- iii. **Dental Clinic Mon – Fri 7am-6pm**
- iv. **Rockaway Beach Clinic 2nd and 4th Thurs 8am – 5pm**

Action: John moved to approve the hours of operations for the 4 clinics above; Donna G seconded. Motion carried.

Following items B-E: POSTPONED TO NEXT MONTH DUE TO TIME

B. **Scope of Services Review**

C. **Policy & Procedure: Access to Service Policy**

D. **Co-Applicant Agreement Review**

E. **By-Laws Review**

12. **Upcoming Events:** None at this time

13. **Unscheduled:** None

14. **Adjourn:** The meeting was adjourned at 2:01 PM