Tillamook County
Community Health Council
Meeting Minutes
March 21, 2018

Present: Tim Borman, Tim Borman, Harry Coffman, Amy Griggs, 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:

1. Call to Order: Chair Harry Coffman called the meeting to order at 12:20 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 February 21, 2018 Meeting minutes:** No changes.

Action: Donna P. moved to approve the minutes as written; Carmen seconded. Motion carried.

4. Board Development:

a) **Potential New Members:** No update.
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 -

a) Behavioral Health Integration: Union currently is negotiating Behavioral Health position, noting that they do not agree that the position should be exempt. Negotiations will go 90 days, or be complete around May. We are still utilizing our BH position through the Temporary Agency. One complication includes the issue of health insurance for the provider; his premium is about $1000 per month. Staff checked with HR and was told that we can pay whatever we want, so we will be increasing his hourly rate $5-$6 dollars per hour to cover that expense.
b) Dental Health:

- **School Based Dental** – Still waiting to hear from Dr. Long's office as to which reimbursement model he would like. Dawna continues to work with the schools and dental screening for children.
- There is a meeting scheduled in May with the community partners, the CCO, ODS/Delta and Willamette Dental to discuss the referral process and to improve the program.
- School principals are now attending dental screenings to indicate how important screenings are.

a) Dental Services:

- We met with a potential pediatric dentist who was interested in working with us to see children. After hearing his proposal on cost, it was determined that it was too expensive.

c) School Based Health Center:

- The current Superintendent is retiring in Tillamook School District; we are looking into a planning grant opportunity, possibly from the CCO, for a possible school-based health center in Tillamook. Nestucca School District is also interested in a center at their district, possibly with a passage of the school bond we can begin serving WIC clients at the school and lead into a health center. A council member asked about NKN district and the possibility of a center there; The Rinehart Clinic and Adventist Health are competing in North county and probably wouldn't accept our proposal in that district.

d) Patient Access & Support:

- All children who were in this program are now converted over to Medicaid. One of our Assisters has retired and there is no funding available for outreach. We have one Assister in our employ, and we may be reaching out to the Lower Columbia Hispanic Council to assist with outreach.
- Home Visiting collaborative for Healthy Families that serves prenatal and young children are facing challenges in coordination. Staff at the hospital are not interested in participating; staff is working with the nurse collaborative to spread the word on the program.
- We are working with the Oregon Pediatric Improvement Partnership (OPIP) to develop workflow so young children who are referred to services get seen and served. It involves a screening process and data sharing. Tillamook has a good rate for screening and referrals.
- Women's Resource Center continues to have a clinic-based advocate onsite.
- We are looking at possible use of the current Administrative building once staff moves into the new building. Thoughts are looking into specialty services for pain management, Behavioral Health services, dental, etc.

e) Sexual Health and Adolescent Health Services: No update.
f) Maternal and Child Health – No update.
g) Home Visiting Coordination – No update.
h) Developmental Screening Pilot Project – No update.
i) Well Child and Adolescent Health Exams – no update.
j) Women's Resource Center – No update.
k) The Early Learning Hub – No update.
l) South County Services – (See Item B)
m) Staff –See Below, Item B.
n) Prenatal Care – No update.
o) Year of Wellness Project – No update.

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

a) South County WIC Services:

- South County clinic is still closed. TBCC notified us that their facility is not a good fit for their building. Robin and Dawna spoke with Misty Wharton at Nestucca School District; there is a bond measure on the May ballot to expand buildings for the district. The grade school is for sale, and she offered that building until the vote in May. There is an issue with our Telemedicine equipment in Cloverdale needing to be housed in the same zip code according to GOHBI.

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

a) No report.

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

a) No report.

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

a) Health Resiliency Workers – (See 5.A. above)
b) School Resource Behavioral Health Provider – (See 5.A. above)
c) 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***

a) (See 6.A.a above.)

Action: Clayton moved to approve the administrative report. Carmen seconded. Motion carried.

6. Finance Report:

A. January's month end cash balance was $1,531,655.92 ending with $36,076.04 more in expenses than revenue. Irene reported this is positive given the fact that the expenses included the final payment for the new Administrative building of $200K.

- **Revenue:** We received $27K more than last year for the Medicare Cost Report, totaling $41,737.63. We also received $24,000 from the CCO for the Wellness training at TBCC in January to make up for lost revenue. All other revenue was within normal range.

- **Expense**: Line 5990 Uniform Allowance for Environmental Health of $675 for two employees; line 7110 Legal, which was an HR expense in the past, was charged $240 for staff issues; line 7450 R&M Building & Grounds shows expenses for network wiring of $6,309 and line Misc. Materials & Services shows an expense of $7,584 for Babies First and CaCoon programs, and line 9040 Building/Improvements shows our final payment of $200K.All other expenses were within normal range.

- **HRSA Budget Revenue and Expense:** All revenue and expenditures are within normal ranges.

- **Encounters** Productivity was up in January, total encounters up to 1,504 from 1,288 in December. Average Provider Encounters per FTE up and at the 13 per provider mark at 13.10, up from 10.70 in December. This is due to people out sick and Erin leaving. Flu shot encounters were up; as well as Well Women visits in December. Monthly average of medical providers FTE's was down to 2.89 in January from 3.36 in December, accounting for the higher number of encounters per provider.

- **Encounters/Workday By Provider:** All provider encounters increased in January from December. All were above 13 per day except for Dr. Steffey, which is normal at nearly 10 encounters per day. The January average percentage of available vs completed schedule was up from December as well, with all providers showing an increase.

- **Accounts Receivable**: Total Accounts Receivable was $303,433.28. The majority in the 0-30 bucket at 69.69%, up from 63.33% in December. Irene stated that the average for our 0-30 day bucket is between 26 and 28 days, and we are the still one of the highest for OCHIN members overall. Payer mix does show the Self Pay of 23%; and a percentage for Medicaid at 46%. Privately insured is 21% and Medicare is 9%.

- **County Budget**: Irene reported that the budget was due March 2nd with the presentation to the Budget Committee Tuesday, April 10th at 3:00PM at the courthouse. Health Council members are invited to attend. We had a 1 million loss over the last calendar year; however, the outlook for the reserve is looking good, we are within $200K of where were a year ago. Some positions were cut or not filled, new positions were taken out of the budget because we are charged retirement if we carry them on the budget even if they are not filled. All of the changes implemented over the last year has helped the bottom line.

Action: Tim moved to approve the Financial Report; Carmen seconded. Motion carried.

7. Reports of Committees:

A. Quality Assurance/Quality Improvement Committee -

- January Minutes – John provided an overview of the meeting minutes and corresponding summary included in the packet. Child Immunizations, Oral Health, Diabetes A1c greater than 9%, Diabetes HbA1c Control, High Blood Pressure under 140/90, and CAD Lipid Lowering metrics were included in the quarterly audit.
- Quality Metrics Dashboard – January dashboard was viewed by council members. Of the 13 quality measures, 8 have shown improvement over the last year.

Action: Carmen moved to approve the January minutes and dashboard; Tim seconded. Motion carried.

8. Old Business:

A. **GRANTS & Resource Development** –

a) OCF Tillamook Education Foundation School-Based Dental Grant –

- Still waiting to hear from Dr. Long's office as to which reimbursement model he would like. Dawna continues to work with the schools and dental screening for children.
- There is a meeting scheduled with the community partners, the CCO, ODS/Delta and Willamette Dental to discuss the referral process.

b) HRSA Access Increases in Mental Health and Substance Abuse Services (AIMS) Grant –

- Union currently negotiating BH Job, noting that they do not agree that the position should be exempt. Negotiations will go 90 days or be complete around May. We are still utilizing our BH position through the Temporary Agency.

c) CPCCO Diabetes Management Grant –

- Marlene is finalizing the grant application to go to the CCO. We are contracting with a Nutritionist through the WIC and Head Start programs and are increasing her hours to full time to begin to offer diabetic nutrition coordination with Primary Care patients. We currently have a job description already in the system; looking to possible hiring by new fiscal year.

B. **Transition to 501c3 Not for Profit from Public/Government Non-Profit Discussion:**

- The Health Council is invited to the meeting today to discuss this topic. It's been 10 years since we looked into the possibilities and feasibility of transitioning into a non-governmental organization (NGO), and the subject comes up periodically. This discussion is a joint process between the County and the Health Council as FQHC Co-Applicant agreement. Discussion will be focused on mandated services under the co-applicant agreement for FQHC primary care services, as well as public health services under the Local Public Health Authority agreement with Oregon Health Authority.
- Health Council members agreed that it is time again to look at potential to form an NGO given the difficulties between county departments and the growing changes in health care. Related fiscal and personnel issues will be identified. It has become increasingly difficult to hire new positions through the county process. With grant funds on the line and timelines sometimes not met, this slow process puts Health Center funding at risk. It was suggested that we look at other examples in our state and how the barriers are handled in a center similar with co-applicant arrangements. This could be helpful not only for the Health Department, but for Tillamook County processes as well.
- Discussion included looking at the bottom line for fiscal impact, both from the perspective of the health centers and from the county. It is an opportunity to look at how we want to move forward in the next 5, 10 or 15 years, and how that will impact the community.
- Health Council members agreed that they wanted to keep the integrated nature of Primary Care and Public Health, with the ultimate goal to provide the best quality services for our communities.

9. New Business:

A. Location of Health Council meeting in April:

- Due to a conflict in the scheduling of the Herald Center, we will be meeting at St. Johns for the April 18th meeting. It is hoped that we can get our meeting room set up in our new building and begin hosting the Health Council meetings there beginning in May.

B. Letter from Health Council to Board of County Commissioners:

- A letter was included in the packet, and under the signatures of the Chair and Vice-Chair of the Health Council. The focus is on the Behavioral Health positions and getting the positions posted and hired. It has taken over a year to get these positions developed, and it is now in Union negotiations. The Health Council is asking the BOCC to assist in expediating the process.

Action: Clayton moved to approve the letter as written; Carmen seconded. Motion carried. Donna G. had the Chair and Vice-Chair sign the letter and hand delivered it to Bill Baertlein.

C. Policy & Procedure:

- Credentialing & Privileging – John Clark Miller

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

10. Training – Time permitting

a) Oregon Primary Care Association (OPCA) Bob (Max) Maxwell:

- Max went over an overview of what OPCA does for FQHC's in Oregon. He stated that they are not federally grant funded, and that OPCA provides technical support for FQHC's in Oregon.
- He stated that in Oregon, our situation is not unique; however; it is unique nationwide. HRSA is used to working with non-profits or a different setup who own FQHC's. Of the 32 counties in Oregon, 7 are county health departments. The biggest FQHC is Multnomah County, with 70,000 users and they see 40% of all patients seen in FQHC's in the state. He stated that rural hospitals cannot own an FQHC; and hospitals do not have patient centered board members, which is what an FQHC organization requires.
- Max discussed the process of transition over from County to non-profit status. He stipulated that anything that was purchased using HRSA federal grant funds remains the property of the FQHC; therefore, all property belongs solely to the FQHC, not the County. There will be several legal technicalities to work out, and in his 20 years of experience, he has not seen this type of transition.
- He discussed the co-applicant agreement, and stated that the decision to leave the county structure is solely on the decisions of the Health Council. The proposed timeline of 3-5 years discussed would fit within our grant timelines, so now is the time to look at the process.

11. Upcoming Events:

12. Unscheduled:

13. Adjourn - The meeting was adjourned at 2:33 PM.