

Tillamook County  
Community Health Council  
Meeting Minutes  
December 20, 2017

**Present:** Dr. Tim Borman, Harry Coffman, Carol Fitzgerald, Amy Griggs, Clayton Rees, Carmen Rost, John Sandusky, Bill Baertlein (BOCC Liaison)  
**Excused:** Donna Parks  
**Absent/Unexcused:** Jennifer Arreola, Jessica Galicia,  
**Staff:** Marlene Putman, Irene Fitzgerald, Donna Gigoux, Debra Jacob  
**Guests:** Rob Bruce, Kris Hansen

**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 November 15, 2017 Meeting minutes:** It was noted that reformatting needs to be done in the Administrator's report.

**Action:** Clayton moved to approve the minutes as amended; Carmen seconded. Motion carried.

**4. Board Development:**

- a) **Potential New Members** – Donna G. noted that Michelle Hunter was contacted regarding her membership, but she has not responded. Donna G. will notify Isabel that Michelle is no longer a member of the Health Council. We still have the required numbers, but new members should be sought. Donna G. sent out an email to the Health Department staff indicating that if staff have a potential member, to notify her. It was suggested that a flyer be developed and accessible to the community in the clinic, as well as other public areas.
- b) **Health Council Member Contact & Areas of Expertise** – No report.
- 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:** The Behavioral Health candidates have been interviewed; still working with HR to hire. At this point, the labor lawyer and HR have held up the hiring of these positions, and are dealing with the Union to determine if this position qualifies as a Union position. Marlene and Donna G. researched the ‘exempt’ issues for this position, and found case law that supports the fact that an LCSW qualifies as an exemption to the Fair Labor Standards Act (FLSA). This grant will focus on the opioid reduction utilizing MAT (Medically Assisted Treatment), with two of our physicians receiving training. Strategic Planning took place on December 6<sup>th</sup> to discuss how we will proceed moving forward and a model development plan, with a follow-up meeting scheduled in January. Our CHC has a hybrid model, where there is some specialty care being provided. This needs to be monitored to make sure the majority of encounters are behavioral health in nature. John Sandusky will attend the meeting in January.
- b) **Dental Health:**
- **School Based Dental** – Staff met with community members, CPCCO, ODS, Dr. Javadi and schools to discuss dental sealants. 40% of Permission slips are being received with a positive outcome; there are issues in how to reach parents of students who require urgent dental services. The CCO is wanting their Care Coordinator to initially try to contact the families, and work with our Care Coordinators if there are issues. A quarterly meeting will be set up for this group to continue to discuss current and arising issues.
  - **Dental Providers** – working with Sue Long to see if we can come up with an agreement with Dr. Long to provide services for our patients. He is willing to provide services four days per month. Our care coordinators can assist in interpreting for patients in Spanish. We are currently looking into hiring our own expanded practice dental hygienist. There are no dental providers in North County; the closest is in Seaside. Discussion has taken place with the CCO to provide dental services, however, they would need to do a feasibility study to determine the financial risks.
- c) **School Based Health Center:** No Update.
- d) **Safety Net Grant (I’m Healthy/Soy Sano):** – No update.
- e) **Patient Access & Support:** No report.
- f) **Sexual Health and Adolescent Health Services:** No update.
- g) **Maternal and Child Health** – No update.
- h) **Home Visiting Coordination** – No update.
- i) **Developmental Screening Pilot Project** – Currently, we are working with OHSU on a pilot project for screenings and referrals that do not fall into the special needs partners like NWRESA. The goal is to ensure follow up on referrals.
- j) **Well Child and Adolescent Health Exams** – no update.
- k) **Women’s Resource Center** – Discussing what the parameters the partnership will take on in the new year.
- l) **The Early Learning Hub** – No update.
- m) **South County Services** – (See Item B)
- n) **Staff** – See Below, Item B.
- o) **Prenatal Care** – No update.
- p) **Year of Wellness Project** – No update.

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

- a) An overview of the changes that are being implemented to increase revenue and productivity was provided to the Council members. (See also Financial Report – Schedule Dashboard below, (6.D).
1. South County clinic is still closed. Marlene, Robin, and Donna G. and Robin met to discuss use of a room at the South County TBCC building with the new TBCC president in November. A scope of work is being finalized to present to the president.
  2. Rockaway Beach clinic is open one day per week. Encounter numbers and productivity continue to improve with the restricted satellite clinics' hours.
  3. We are looking to provide incentives to our patients on a quarterly basis. January will focus on Well Child Exams.
  4. Operational changes are being implemented in clinic; patient recall for follow up care and annual examinations, check out desk for patients, and screening for social determinants of health using a tool in EPIC for tracking, etc.
  5. Oregon Youth Authority has contacted us to look into the feasibility of contracting with us, as their contracted physician has retired. Currently, patients are being seen in the clinic. It may be a mixture of staff; between Chris and Patricia. They have their own Medical Director; she would have to be willing to supervise Patricia if we utilize her there. Marlene will follow up with them regarding the agreement.

**C. Goal: Improve Financial Practices and Systems in order to Improve Efficiency and Effectiveness**

- a) See Goal B.

**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** – The new contractor, Rob Bruce, is currently being trained in his role.

**d) 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:** Tim moved to approve the administrative report. Carmen seconded. Motion carried.

**6. Finance Report:**

- A. October's month end cash balance was \$1,479,853.40 ending with \$120,543.26 more in revenue than expenses.

- **Revenue:** There was \$229K in federal grant funds received; and double OHA Public Health grant funds received of \$13K. Local and Community funding received were Care, Inc. Home Visiting funds and OCF Tillamook Education Foundation grant funds received of \$22K. CCO Incentive Metrics that the CHC met came in at \$112K, and a refund of Worker's Compensation due to a payroll error was adjusted, adding \$3K in revenue.

- **Expense:** Computer replacements (10 in all) netted \$14K in expense; purchase of infant pulse Oximeters for nurses and MA's amounted to \$2K; Adolescent gift card expense was \$1750; and Continuing Medical Education (CME) for Patricia Dannen was \$613.51. There were double payments in September for rent, so there were no rental expenses for October. Office equipment expenses were \$2K, with \$885 in the annual immunization refrigerator calibration included. Our intercounty insurance annual payment was \$24K.
- **HRSA Budget Revenue and Expense:** All revenue and expenditures are within normal ranges and on target.
- **Encounters** October encounters were up from September, from 1,276 to 1,648, average daily encounters per provider FTE increased from 9.5 in September to 10.9 in October (13 daily average is the goal per provider.)
- **Schedule Dashboard:** Overall, monthly FTE's were down in October, from 3.79 FTE to 3.66; however, all providers were up in monthly posted encounters overall. The dashboard shows an average of 57.1% in October, down slightly from 59.5% in September of available appointments remain unscheduled.
- **Accounts Receivable:** Total Accounts Receivable was \$389,302. The majority in the 0-30 bucket at 66.89%, up from 64.2% in September. Debra noted that it will be even better in November. A new issue has come forward regarding training of new staff at OCHIN, whereas the staff member was only tracking accounts over 120 days; this issue has been addressed and a conference call is scheduled next week with OCHIN.

**Action:** Donna P. moved to approve the Financial Report; Carmen seconded. Motion carried.

## **7. Reports of Committees:**

### **A. Quality Assurance/Quality Improvement Committee - November 2017 minutes:**

- John provided an overview of the QA minutes and dashboard. Tim asked if there are any changes to the incentive metric payments from the CCO based on potential changes at the federal level. Marlene indicated that she was not aware of any.

**Action:** John moved to approve the QA/QI minutes as written; Carmen seconded. Motion carried.

## **8. Old Business:**

### **A. GRANTS & Resource Development –**

- OCF Tillamook Education Foundation School Based Dental – (See Administrative Report)
- New Building – Tillamook – Nearly complete. New issues are painting, getting carpets cleaned, and cleaning the building overall prior to move in. Donna G. is checking on the Jail Crew for assistance.
- HRSA Access Increases in Mental Health and Substance Abuse Services (AIMS) Grant – See Administrative Report)

- d) CPCCO Diabetes Management Grant – We were granted an extension to submit the full application. Staff is working with community partners to develop the parameters of the grant.
- e) CPCCO CAC Community Health Worker – No report.

## **9. New Business:**

- A. 2018 Health Council Executive and Board Meeting Schedule – presented in packet.

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

### **GRANTS:**

- B. CCO Letter of Agreement for Staff Wellness training in January – presented in the packet was an agreement for the CCO to provide a training on January 3<sup>rd</sup> for all staff. Health Council members are invited to attend. The CCO will be reimbursing the CHC \$24,000 for lost income because the clinics will be closed for this training. The LOA will be presented to the full council for approval.
- C. CCO Clinician Recruitment and Retention Program – this program was developed initially to try to keep Erin Oldenkamp practicing for our CHC. It provides \$5000 annually to offset loan repayment for providers who do not qualify for federal or state loan repayment programs. Marlene stated that more detail needs to be inserted before the agreement is complete. She will work with the CCO to finalize.
- D. CareOregon & CCO Risk Share Agreement 2018-19 – Mary from the CCO presented an overview over the phone to the Health Council members. This agreement is expiring and needs to be presented before the BOCC next week. This is the second Risk Share agreement between the CCO and Tillamook County. Currently, the program is now in the operating years 4&5, and this agreement provides both an upside and downside risk. The purpose of this agreement is for providers in the County (Adventist Health, Rinehart Clinic and our CHC) to work together to meet targets for the Medical Loss Ratio (MLR) for primary and behavioral health care. There is a Per Member Per Month calculation that is outlined in the agreement. If the County meets the targets, funds are distributed; if not, the entities in the County sends funds back to the CCO. Mary will send out an example of how the process works to Donna G., who will then send to the Council members. If there are further questions, Donna G. will forward on to Mary.
- E. HRSA Service Area Competition (SAC) Grant Application – The full SAC application was presented to the Health Council for review and approval.  
*Action: John moved to approve the application; Carol seconded. Motion carried.*

- F. **Policy & Procedure:** None.

## **10. Training – Time permitting**

- a) Rob Bruce and Kris Hansen presented on Emergency Preparation for local, regional and state. Provided was an overview of what Rob is doing locally and regionally, and what Kris does state wide. Kris also provided a brief history of the formation of Emergency Preparation back in the 60's and what has transpired since then, which includes plans for public health and medical services for communities. This includes exercises and education for the community. Kris encouraged Health Council members to attend table top trainings and to take the ICS tests if interested.

**12. Unscheduled:**

**13. Adjourn** - The meeting was adjourned at 2:41 PM.