Falls Community Health Governing Board Minutes  
Thursday, March 20, 2014, at 12:00 PM

Present: Kari Benz, Linda Karnof, Tim Roti, Ryon Reckling, John Peterson, Arlene Olson
Staff Present: Amy Richardson, Vanessa Sweeney, Lisa Stensland

Call to Order: The meeting was called to order by Kari Benz.
Minutes: Minutes from February 20, 2014 meeting were approved. Motion to approve by Ryon, Arlene seconded, motion carried unanimously.

OLD BUSINESS:
FCH/CFM Steering Committee has met a couple of times. They have drafted the vision and benefits of this venture. This will help both entities preserve a positive working relationship for the interns to gain experience.
Motion made to approve the vision and affiliation statements. First- Linda, Second- John, motion carried unanimously.

The work group committees are moving along in a collaborative effort and include the Care Team implementation, a team for finance and legal issues as well.

NEW BUSINESS:

Financial Report:
Financial report deferred till next month due to new financial software.

Access: Amy
The data report for 2013 was submitted for our grant, highlights include: most of FCH’s patients live in the 57104 zip code. The majority are between 18-39 years old, 90% are non-Hispanic. The majority of patients are uninsured, and 33% are on Medicaid. FCH staff sees 13,000 patients with 44,000 visits per year. The top 5 diagnosis of FHC patients include (top down): hypertension, depression, anxiety, diabetes and tobacco use. The top 5 services of FCH dental patients include: oral exams, prophylaxis, emergencies, restorative and oral surgery.

Quality:
Behavioral Health Services Evaluation-Vanessa Sweeney presented her findings. She evaluated processes and identified strengths. Some of the statistics that she found include: 15% of FCH patients have a psychiatric diagnosis, 11% have depression and 7% anxiety. Of the 15% - 7% have an addiction diagnosis (tobacco or alcohol) along with a medical condition. 18% have a co-occurring disorder (psychiatric and addiction diagnoses) in addition to a medical condition. Right now we have the ability to accommodate 2,256 patient visits between mental health counseling and chemical dependence counseling. Assuming every counseling patient came in once a month the need is 5,832 visits.
Controlled substances – of 9,000 patients 1,328 or 14% of the patients seen received a script for a controlled substance, the majority for mental health issues.
Strengths- Adherence to the documentation process, dedicated and responsive staff, understanding and excited about integration, support from leadership and services are co-located and multiple resources exist.
Improvements- no show rate, documentation of social services referral and tracking, standardize screening assessments and referrals, services are co-located but not integrated.
Recommendations- revised forms, cultivate culture of inclusion between mental health, chemical dependency and primary care staff, develop procedures for internal linkage, closer supervision, behavioral health/integration expertise at managerial level, and utilize evidence-based tools to aid in decision process.

Executive Director Report- Amy
- CMO- Human resources has received and application for the position and 1st round of interview are being scheduled.
- CFM contract extension- The contract for services with CFM is being routed for signature to extend the current agreement through the end of July. The Medical Director contract has also been extended with the clause to end the agreement upon hire of a CMO.
- Update and overview of the legislative issues being discussed in Pierre.
• Vanessa Sweeney has accepted the position to replace retired Judy Kendall. Vanessa is currently a CDC Public Health Fellow working with the Health Department.
• Health administration is working with the Mayor’s office to recruit for future board members to serve as a patient representative board member.
• Rick Kiley will be running for City Council.

There being no other business Motion to adjourn. First-Ryon, seconded- John. Motion carries unanimously.