



Accounts Payable Processing and Approval

Policy

The Vashon Health Care District (“VHCD”) shall process accounts payable in accordance with VHCD and King County policies and no less than monthly in order to assure that invoices are paid accurately and in a timely manner. As a small Special District located in King County, Washington, VHCD pays its invoices through King County’s Finance Department.

The Administrative Director collects invoices and obtains approval from the purchaser for the expenditure. At least monthly, the Director requests warrants from King County Finance through their A/P Smart Spreadsheet system. The Director prints the voucher approval document for signature by the Superintendent or Board Secretary. Once signed, the Director prepares a warrant packet for the upcoming board meeting and presents them to the Board for approval. The Director inputs warrants into the District’s Quick Books Online account where vendor files and payment records are maintained.

Effective Date: 10/01/2020

Document Owner: Eric Jensen

Revision Date(s):

Print Date:



PO BOX 213, Vashon WA 98070
vashonhealthcare.org

Board of Commissioner's Meeting August 18, 2021

Superintendent's Report (Revised)

VHCD Vision and Mission Review

Based on feedback from the last Board meeting, I made the following changes in the Mission and Vision statements:

Mission

The mission of the Vashon Health Care District is to promote and maintain the health of the residents of Vashon and Maury Islands by supporting accessible quality ~~primary~~ health care through community partnerships, shared decision-making, transparency and responsible stewardship of resources.

Vision

The Vashon Health Care District is committed to providing the funding necessary to assure the clinic's provider has the resources needed to assure an accessible, accountable, ~~comprehensive,~~ coordinated and patient-centered, on-island primary care 'home' ~~as its vision~~ for all residents that will be sustainable over the long-term.

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Guiding Principles

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Accessible: Care is available when patients need it and in a convenient location.

Accountable: The clinic takes responsibility for the community and provides quality care through evidence-based medicine and performance-based measurement and improvement.

~~**Comprehensive:** Patients get the care, information and services they need to stay healthy.~~

~~**Continuous:** Providers know their patients and work with them to improve their health over time.~~

Coordinated: The clinic helps patients navigate the health care system to get the care they need in a safe and timely way.

Patient & Family Centered: Patients and families are the center of most important part of health care delivery. Patients are engaged to participate and share in decision-making about their care. should draw on a patient's strengths to set goals, and Provider communication is should be culturally competent and focused on understanding ingable the patient's perspective. for all.

Sustainable: The District works with the provider to build the capacity of the clinic to serve District residents, while minimizing the needed subsidy, in order to assure the District can sustain its financial support long-term.

August ~~31-4~~, 2021 High level discussion with Sea Mar about the future of the partnership with VHCD.

August 4-~~18~~, 2021 Board Review of Mission and Vision of VHCD

~~Sept 1~~ ~~August 18~~, 2021 Develop Draft Goals and Strategies for 2022, including goals around development of a capital plan

Sept 2021 Gather community input on draft Goals and Strategies

- Outreach Committee
- Clinic Relations Committee
- State of the District Community Meeting

Oct 6, 2021 Board review of feedback on goals and strategies

October 2021 Annual Financial Review of Vashon Clinic Operations with Sea Mar

October 2021 Review VHCD goals and strategies with Sea Mar

Oct 20, 2021 Board Approval of VHCD Goals, Draft Budget and Subsidy

Nov 15, 2021 2022 Budget Hearing

Sea Mar Productivity

Under the Clinic Relations Committee report you will note that clinic productivity was a major discussion point at the meeting with a number of questions raised for clarification. I committed to researching these questions starting with Dr. Erdman. The following discussion is based on several e-mail exchanges Dr. Erdman and I have had over the past couple of days. Dr. Erdman was very helpful and transparent and appreciated the opportunity to explain how they do things.

An important starting point for this discussion is to understand that Sea Mar's contract with their physicians has a clause that considers full time to be 5 days a week. Physicians are expected to see 21 patients or more per day. For ARNPs the goal is lower. Dr. Erdman explained how they get to the 21 patients per day target. The providers are "patient facing" (as it is known) 7 hours per day. At 4 slots per hour (15 minutes/visit) that would represent 28 potential patient appointment slots per day. However, they assume that only 14 of those slots will be 15", and the remaining 7 slots will be 30". This mix of 15" and 30" slots adds up to 21 patients a day. Patients who require 30" appointments include new patients establishing care, certain geriatric patients, and patients requiring physicals, many of which are female. A clinic that is in the building phase will see more new patients.

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All three of the physicians at the Vashon Clinic are 0.9 FTE for clinical purposes. When adjusting their FTE from a 1.0 FTE to a .9 FTE, the patient goal per day drops from 21 to 18.9, on average. The actual calculation of productivity for the most recent period of time (July 1 – Aug 10) is as follows:

Physician X: Goal for 25 days worked = 472 visits. Actual was 410 patients (87% productivity)
 Physician Y: Goal for 15 days worked = 283.5 visits. Actual was 282 patients (99.5% productivity)
 Physician Z: Goal for 23 days worked = 434.7 visits. Actual was 434 patients (100 % productivity)

These results were achieved despite the following factors which impact productivity on a daily basis:

- Vashon is not yet fully staffed with support personnel including an office RN, a Sea Mar lab tech, an embedded MH counselor, and a psych ARNP.
- Only recently became fully staffed with MAs
- Uses an Xray tech who is still learning how to make the pictures work.
- Had a part-time clinic ARNP, who retired in June, whose productivity numbers were in the 70% range

Productivity numbers for prior time periods show an improving trend.

Provider	Jan.	Feb.	March	April.	May	May 24 - June 22.	June 21 - July 21.
X.	90%	81%	84%	88%.	87%.	81%	96%
Y.	88%	85%	98%	90%.	96%.	83%	104%
Z.	83%	83%	85%	91%.	91%	87%	100%

Unfinished Business and Committee Reports

Administration and Finance

Wolczko

Commissioner Wolczko reports that our current balance with King County Treasury is a (\$804,944.90) as of this AM.

Payroll –

Full Cash Requirements Report

August 1 to August 15, 2021

Payroll Type: Regular Address: PO Box 213, Vashon, WA 98070

Accountant(s): Barbara Huff

Total Cash Remitted By Gusto \$5,661.54

Total Check Payments \$0.00

Total Liabilities \$0.00

Total Payroll \$5,661.54

VHCD 2nd Quarter Financials

The 2nd Quarter YTD financials are included with this revised report. The balance in the cash fund as of June 30 of (\$678,290) represents the amount borrowed from King County this calendar year. This is offset by the remaining balance on the pre-paid credit card for Total Cash of (\$673,568). The Fund Balance starts with (\$906,254), which was the amount owed to King County Dec. 31, 2021. This balance was paid down \$232,686 through June 30 because for 2021 tax revenue exceeded expenditures by that amount. This shows on the Revenue and Expenditures Statement. Tax revenue for the 1st 6 months totaled 54% of our budgeted annual revenue. Expenditures were about \$25,000 under budget for June YTD, which means that there is \$50,000 more in the budget for the 2nd half of the year. You will see a figure of \$1125 under donations. This amount is not donations, but rather a couple of deposits made into our US Bank account from an outside source in error. It has yet to be resolved.

Clinic Relations Committee

Langland/Noble

The Committee met August 12. In attendance were members Charles Krimmert, Mary Bergman, Jeni Johnson, Commissioners Noble and Langland, and myself. In advance of the meeting members received the most recent Quarterly Patient Satisfaction report, which was cumulative through the 2nd Quarter of 2021, and the June financial report. The June report showed continued high patient satisfaction. The Vashon clinic has the highest satisfaction in the Sea Mar system. A lengthy discussion then followed regarding the June financial report. The June statistics when compared to provider FTEs suggest that visits per provider are just under 16 per day. Committee members questioned this productivity since, if accurate, it is quite low. Minimum productivity per one committee member should be 20 visits per day. There was also some discussion about coding and billing, since this has an impact on reimbursement and may be contributing to the high percentage of contractual allowances.

New Business

Accounts Payable Processing and Approval Policy

For your approval today I have provided a policy on payment and approval of accounts payable invoices and recurring expenditures. The purpose of a policy like this is to delineate the process we are following as a public district so that the State Auditor can determine if we have adequate controls and are following our process.

Vashon-Maury Island Behavioral Health Needs Assessment

Commissioned by Vashon Youth and Family Services

Funded by King County

Mental Illness and Drug Dependency fund (MIDD)

Research conducted by Praxis Associates, Yve Susskind, Ph.D.

June 2021



PURPOSES

To help all Vashon service providers, policy makers, advocates and community members achieve a **common, multi-perspective understanding** of the depth of behavioral health needs on Vashon.

To support community members and organizations in their own planning and advocacy work.

FOCUS

- Risk factors
- Barriers to accessing services
- Systemic challenges and Equity
- What's working

THE INTERVIEWS

- 17 group and individual interviews
- 38 community members
- People who interact directly with diverse, vulnerable communities on Vashon.

THE INTERVIEWS

- Elementary and middle school counselors
- Teen and tween out-of-school/mentorship programs
- Vashon Island School District nurse
- LGBTQ+ youth and elders
- Parent advocates/educators
- Parents of Black and Brown children
- VYFS clinicians

- Domestic violence survivor advocates
- Counselors and advocates serving the Latinx community
- Refugees and their advocates
- Affordable housing provider
- Vashon Medical Reserve Corps/Suicide prevention programming
- Providers of services for senior citizens

THE INTERVIEWS

Leadership interviews

- Neighborcare Student Clinic
- Vashon Alliance to Reduce Substance Abuse (VARSA)
- Vashon Island School District
- DOVE Project

THE INTERVIEWS

- Provide an initial, broad understanding of multi-faceted needs and opportunities.
- Findings are based on the opinions, perceptions, observations, experiences and biases of interviewees.
- Should be supplemented with other data, such as resident surveys, population health data, health conditions and indicators and policy analysis

RISK FACTORS

- Vashon Island's initial presentation as a thoughtful, liberal, inclusive community can obscure problems that exist in the community.
- Social isolation, sense of exclusion and invisibility are particularly severe for low-income Islanders, immigrants and refugees, POC, non-college-bound youth, and those with ideologies different from the Island's liberal norm.
- High cost of living and food and housing insecurity, inadequate mental health support, lack of health insurance, and the absence of living wage jobs, leave some facing impossible choices as they try to make ends meet.

ISSUES RELATED TO VYFS BEING A COMMUNITY MENTAL HEALTH PROVIDER

- Chronically underfunded
- Medicaid restricts what treatments are covered
- A limited pool of counselors results in delayed appointments and often precludes the possibility to assign clients to the best-fit counselor
- As is typical of CMH providers whose primary source of funding is Medicaid, VYFS relies on trained, supervised but pre-licensed counselors who are less expensive but also less experienced, and there is high turnover meaning people must re-establish relationships with new providers.

BARRIERS

- Transportation is a major barrier to access.
- Underrepresentation of BIPOC, LGBTQ+ and Spanish and Arabic speakers amongst BH providers limits access to culturally responsive and trauma-informed care.
- There is a severe shortage of specialty MH services, SUD treatment options, wraparound services for domestic violence survivors, people with complex and chronic mental illness, and children's educational and behavioral health needs
- This shortage and the difficulty of finding appropriate providers that people don't already have some other relationship with is made worse for people without access to insurance.

ISSUES RELATED TO COORDINATION

- Inadequacy of case management was prevalent in the interview: Case managers, who help people navigate relevant social services and coordinate among providers to get comprehensive support, are not readily available on the Island. VYFS offers very limited part time case management and so many people who need such support go without.
- The siloing of many small organization and agencies results in lack of care coordination.
- Island agencies, organizations and providers do not have a common trauma-informed, culturally responsive approach

EQUITY

- Medicaid policies mean low income people can't have the services they most need
- The poorer you are, the worse your access to quality mental health care
- Programs designed to address social inequities - such as ECEAP and Vashon Kids, which provide high quality early learning opportunities for low income children - face the chopping block every year because of changeable and inadequate funding
- That those with the most at stake are left out of decisions that impact them.

NEXT STEPS

- The report is a springboard for ongoing work
- Finding out who is interested in being on a steering/task force to pick up where we left off
- Will likely require separate funding, raised collectively

- The report: <https://vyfs.org/community-needs>
- Contact for getting involved: jjohnson@vyfs.org
- Contact for questions about the study: yve@praxisassociates.com