

County LCAC Meeting Minutes

DATE: APRIL 4, 2019

LOCATION: GILLIAM COUNTY
COURTHOUSE, COURTROOM

MEETING CALLED BY	Teddy Fennern
CALLED TO ORDER	12:05
ADJOURNED	1:31
NOTE TAKER	Teddy Fennern
ATTENDEES	Paul McGinnis, EOCCO/GOBHI; Teddy Fennern, LCAC Coordinator; Marci McMurphy, Frontier Veggie Rx Coordinator; Stacy Ayers, DHS; Liz Stanphill, NARA; Estella Gomez, OHA; Neil Freidrich, DHS; Eileen Flory, GOBHI; Jim Setzer, Eastern Oregon Modernization Collaborative; Amy Nation, Juvenile Director, Chanel Kelly, Consumer
ADDITIONS/ CORRECTIONS	EOHLA – Gilliam County Appointment Jim Setzer – Eastern Oregon Modernization Collaborative NARA – Liz Stanphill
PRESENTATIONS:	<p>OHA Update – Estella Gomez went over a handout. Training information from the Transformation Center.</p> <ul style="list-style-type: none"> • There is a Public Health Assessment Tool basic training webinar in May 16, 1-2 p.m. • Webinar series: Whole Health in populations experiencing mental illness • Webinar series: Treating tobacco dependence in behavioral health settings • Timeliness of postpartum care online learning community series • 2019 Innovation Café’ – June 5 – Oregon Convention Center • CCO TA opportunity: Use of data on Children’s Health Complexity • Effective contraceptive use metrics brief • Colorectal Cancer Screening webinars and TA • More to come on the Eastern Oregon Regional Health Equity alliance based out of Hermiston. • Paul stated that the Oregon Health policy Board met and Kevin Campbell, Paul, and Jorge Ramirez had an 1.5 hour to present on the Eastern Oregon CCO Activities and it was really well received • Jill Boyd was appointed to the statewide advisory Committee for the standards for the Patient Centered Primary Care. • They are also soliciting for members to apply for the statewide metrics scoring committees
PRESENTATION:	Jim Setzer – Eastern Oregon Modernization Collaborative working on building capacity in the area of communicable disease prevention and control in Eastern Oregon Region and also on equity and inclusion. April is Sexually Transmitted Infections Awareness Month, and so it’s time to

think about STI's. We are basically talking about Gonorrhea; Chlamydia; Syphilis and HIV. We do know that there is a lot of co-morbidity among these diseases because the risk factors that expose you or put you at risk to these could be putting you at risk to multiple. Right now there are about 4,000 people in Oregon with HIV who don't know their status. If you know your status the drug therapies can get you to the point to where there is no more transmission. The virus load is down and you can live a normal life. The key to breaking the back of the HIV epidemic is for people to know their status. They are tying in with the other clinic work. The rates of all of the STI's had gone down very low and since 2012 they have sprung back up and are on the rise. The # of cases in Eastern Oregon have gone up by about 100% in the last 3-4 years. Talked about a newsletter from NCPHD Medical Director Mimi McDonell who is encouraging you

The good news is that here in Gilliam County, the number is so low that it's not statistically correct to count an incidents rate. Since 2008 there have only been 4 cases of Gonorrhea; 25 cases of Chlamydia. There is no reason to believe that we can't start to see more cases. 45% of the males in the region who had Gonorrhea were in the 25 – 34 year old group. In Chlamydia the majority of women were below the age of 25 years old. We want to heighten the awareness of what practitioners to do. We are asking them to bundle their testing to include HIV test also routinely. We are also asking that some times that they treat patients even before the test comes back; for chlamydia it is a one-time dose of antibiotic. If it turns out that you don't have it, it has not hurt anything to have taken that medicine, and people a probably symptomatic when they come in anyway. Also they can get expedited partner therapy, the practitioner can give that person either the drug or a prescription for the drug to treat the STI. They could also give that to more than one partner as well. The key to breaking any STI epidemic is that you didn't get it by yourself, you got it from a partner. Most Counties don't have enough resources to track down all contacts to Chlamydia cases that they see. Paul stated if it were measles, they would have enough, it's a mandated state function of Public Health Departments. It was said that it is to Report and treat to the extent possible. There is a real problem that is coming back. The curve is going up with STI percentages, so we need to pay attention. We are going around working with LCAC's so we can know and help raise awareness to help bend the curve back down. Paul stated that Teri T wanted to make sure that they presented data on communicable diseases when we presented data for the Community Health Plan, so Paul did some digging to find data. A lot of it made no sense and can be deceptive. If we need data we can ask Jim at EOMC and he can pull data by the year. Paul said that the RCAC met on March 26th and one of the things that they did prioritize was to recommend to the board a per-member per-month payment from the CCO to Public Health. Last year, GOBHI doubled the money that was offered. This will be about \$500,000 that will be offered to Public Health Only and would

	<p>hope that the collaborative might think about asking for some money to serve all the counties with something. Jim was very appreciative for the information. Paul asked a serious question about is it true that syphilis started with sheep? Jim didn't know for sure if that was true or not. We do know that some diseases have jumped the vector and into the human population.</p>
PRESENTATION:	<p>NARA – Liz Stanphill – NARA is based out of Portland, they have 8 sites and focus on alcohol and drug treatment, inpatient and outpatient. The last few years they have tried to get around different places in Oregon to spread the word that they have OHP assisters that can go around to events and help people sign up for OHP, counsel on Medicare, and Marketplace plans. They have a dental care site, wellness center, health care and take all insurances. Several people stated that they have had some great working relationships with NARA in the past. Asked if they do any work out at Celilo Indian Village? Stated that no she has not yet. Stacy and Neil was wondering if they could help connect them to Celilo when they go out there.</p>
MINUTES:	<p>Do not have any at this meeting</p>
Old Business: Frontier Veggie Rx	
DISCUSSION	<p>Marci McMurphy - Frontier Veggie Rx Update, and please make the distinction of putting the Frontier in there, because there are Hood River, Wasco Counties that has a Veggie Rx program as well. Wanted to review the timeline. This month Marci is talking to prescribers and vendors in all four counties, Gilliam, Sherman, Wheeler and Harney, to get everyone on board and ready to go with any training that needs to be done. We have reviewed and are ordering the first batch of voucher booklets and want to have them distributed out so that everyone is ready to go by May 1st. We will need to re-do all the screenings again for all participants, since there has been a lapse in months. One of the changes that we are making in the vouchers is making them a three-month expiration date on the vouchers. This will help providers get out all the booklets, so that we are not having so many expired booklets come back. There a couple of things that Marci needs an answer about.</p> <ol style="list-style-type: none"> 1. If we are looking at a lower number of booklets being distributed, should we only go with one provider? Looking at the number in the past, Teddy had 109 distributed, we last about 8 months, which means we will run out before the end of the grant year. How many providers do we want? We thought that we already went down to two booklets per household, so that we can serve all the families in some way. Teddy thought that this was the way to go. 2. So we are serving 125 booklets per month approximately, only two per household, and 3. Gilliam County Family Services will be the sole prescriber.
OLD BUSINESS: COMMUNITY HEALTH PLAN	
<p>DISCUSSION: Paul stated that we are well into our planning process, have completed our Community Health Assessment work, we looked at priority areas at the last meeting and we need to have a discussion on what we actually want to have Paul draft into the plan as far as the activities go, but the big heading areas are:</p>	

- Oral Health – activities are virtual dentistry and dental sealants
- SDOH – food insecurity – Frontier Veggie Rx, we need to add in other things like CAPECO, the food banks
- Early Childhood – focus on childhood obesity and developmental screens

Starting with Virtual Dentistry – update from Judge Farrar, she looked at NCESD to see about space where we can potentially come in. There is some space there they will rent. Teddy also talked to them and they will let us rent a room upstairs for \$200 a month considering that they would only be there only one day a week. Teddy said that she didn't know that it would even be one day a week, maybe only one – two days a month. They said that they could work with us. Ashley had mentioned that she had been speaking with NCPHD and coordinating with WIC when they come in. Teddy said that she had also asked about just reserving the conference room when they come and get it for free. So Ashley will have to have those conversations with NCESD, as it looks like they are willing to work with us to have that our Home for the Virtual Dentistry Program for Condon. Estella asked to make sure that it is ADA certified, as there have been some issues other places. Teddy stated that it would not be an issue there, that it is ADA accessible. We want to put Ashley and the virtual dentistry as an agenda item for the next meeting to get an update. Our actual activities around this will be

- tracking utilization
- making sure that they have a place
- Dental Sealants will be tracked with the school based screenings

What can we do to help increase the return of the consent forms? Paul stated that we are not allowed to opt out. How do we get over that hurdle? We have a minimal amount of kids so maybe we should just be able to mail it to them even with a SASE maybe. Maybe community partners can help as well like with DHS, pediatrician office, and send home in backpacks.

Food Insecurity we have monitoring and doing the Frontier Veggie Rx Program. The Regional LCAC Plan we prioritized that in that plan as well. That was one of our matches. The other one is Childhood trauma and trauma informed care.

- Not just about fresh foods and vegetables
- What can we do with the food banks? Do we have a rep from Gilliam County in the food security coalition in the gorge? Nadja is the representative from DHS. Is it specific to the Columbia Gorge? Can we appoint a representative to it maybe to collaborate maybe and Neil stated that they have been exploring having some food available at DHS. Teddy said that we do distribution one time a month same as Arlington, and if someone is in a crisis they can contact Teddy and she can help with some extra food and has a contact for Arlington to do the same. We have Freezers with meat and some refrigeration as well but do not always have items left over in the fridge. Usually have items left in the freezer. Originally down in the basement of the parsonage. Now in the parish hall, changed to a shopping style so people can choose. We get our food from CAPECO. We do a numbering system, and people come in and shop and choose what they want. If we are screening for food insecurity for veggie Rx, are we referring to the Food Pantry. Yes, and we have put things around so that people know that there is a pantry available.
- There is a double up food bucks program in another county where if SNAP is used at the local farmers markets they can get double. If you spend \$10 in SNAP, you would get an additional \$10 to spend there also. There is a farmers market here a few times in the summer and it is Hans that travels throughout the region.

Early Childhood we have

- obesity

- Developmental screens – Can we continue to encourage the child care and Head Start to fax the screens off to the primary care providers as soon as possible so that the providers can make appointments to go over it with the families. There would be appropriate referrals to EI/ECSE, wrap coordinators, etc. as needed.
- The Condon Child Care was doing all the heights and weights as a head start program and we were tracking those.

Paul asked about the grant that came out from GOBHI. It is 2 million dollars available to put out. We can talk about that again the next time, to see if there were any ideas around this.

OLD BUSINESS: EOHLA Representative appointment

DISCUSSION:	Jennifer was serving as the Gilliam County Board Rep and has to step down as this position. She will still be able to serve on the LCAC though. We need to appoint someone else to that board, but Teddy would volunteer in the interim. Eileen Flory has expressed her interest and has gotten approval from her work. John Adams from EOHLA had just called before the meeting and asked if we would consider that and make a decision to approve. Amy Nation made a motion to approve Eileen Flory to serve as the Gilliam County Representative to the EOHLA board, Chanel Kelly seconded the motion, the motion passed. Paul stated that he serves as the liaison between the CCO and EOHLA, just so she was aware of that, and that GOBHI not the CCO has for the past several years supported John’s salary, and as he got grants, they have weaned him off of this support. Teddy will also get an application for the LCAC and send to Eileen, and there was consensus to forward on to County Court for official appointment by them.
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New Business:

DISCUSSION	
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New Business:

DISCUSSION	
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NEW BUSINESS	
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DISCUSSION:	
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MISC. ITEMS:	
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ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
• EOHLA Rep	Eileen Flory	
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