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Gilliam County November 7, 2019 11:30 – 2:00 PM, Memorial Hall, Condon	
Number of Attendees	20
List of Invitees	The Gilliam County Local Community Advisory distribution list and identified community partners were invited. Additional invites were distributed by LCAC members and community partners upon request by EOCCO.
Summary of Outreach Efforts	<p>EOCCO staff and LCAC partners implemented strategic communications efforts specifically developed to share information and drive community engagement regarding the CCO 2.0 community presentation series.</p> <p>Regional Meeting: EOCCO held a preview presentation and discussion regarding the community meeting series at the Region Community Advisory Council meeting in Baker City on September 25, 2019. Attendance at the RCAC was approximately 50 and included not only LCAC representation but also education partners including Early Learning Hubs and Head Start. Informational handouts in English and Spanish were distributed to attendees.</p> <p>Invites/Flyers:</p> <ul style="list-style-type: none">• Invites and informational materials were sent to LCAC and community partner contacts. EOCCO sent digital copies of informational materials, including an invite flyer, a frequently asked questions document, and a poster.• Flyers were distributed in the community. <p>Website/Social Media:</p> <ul style="list-style-type: none">• A news article about the meeting — including an event registration link — was posted on www.eocco.com on September 26, 2019.• EOCCO website specialists developed meeting registration webpages for each meeting in the 12-county CCO service



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	<p>area. The link to this registration tool was included in outreach materials and was shared with invitees.</p> <ul style="list-style-type: none">• An article and registration link were shared in the social media community. <p>News media:</p> <ul style="list-style-type: none">• EOCCO submitted news releases to outlets throughout the region. Locally, EOCCO submitted press releases to the Condon Times-Journal, The Dalles Chronicle, and East Oregonian.
<p>Summary of Public Input</p>	<p>Presenters: Paul McGinnis, Kevin Campbell, Jennifer Bold.</p> <p>EOCCO representatives opened the floor for input and public discussion. The following questions and comments were covered:</p> <p>Questions/comments:</p> <p>Dental Services:</p> <p>The local teledentistry/virtual dentistry office service was discussed. The program is available in Arlington. X-rays, cleanings, fluoride, and basic tooth care are provided. Ashley Danielson works with her dentist to determine the next level of care. Turn around is usually no longer than 72 hours but right now is usually the next day. Emergent situations are fast-tracked and the dentist relies on Ashley to let him know what is urgent and what is emergent.</p> <p>Each of the LCACs was asked about particular items to address. One item came into focus: For older youth in foster care who have high needs, what in CCO 2.0 will be done to plan for those</p>



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needs, including residential treatment? There is a growth and severity of needs of adolescents.

Kevin Campbell, EOCCO, discussed what is driving the foster care system in terms of stemming the need for foster care. He discussed Adverse Childhood Experiences and root causes relating to trauma. Alcohol and substance use disorders create issues between generations. Meth has driven child safety concerns and trauma. Children's lives are being seriously disrupted by being taken from the home. Part of CCO 2.0 and the federal initiative is communications between child welfare and us as health insurance providers. This will give the heads up about problem cases and those in danger of losing their children due to addiction or other factors. Many factors draw in child welfare. Unless we can solve problems through treatment, we will continue spending money on tougher cases. Young children with trauma can be a predictor of adolescent issues. The goal is safety but the output is often trauma. GOBHI is a therapeutic foster care provider. We have 35 homes in Oregon. We have kids who have had 15-16 homes. Kids travel between with black plastic bags of belongings. The goal is permanency.

Some youth are placed out-of-state. There are IQ and diagnosis issues relating to placement. Building more of the same won't solve the problem. If youth don't meet criteria for the IDD system and are blocked out, they come into the behavioral health system. Care isn't specialized on the individual child. Placement in facilities vs. the need to create caring families to take care of kids. We need to focus on maintaining health, emotional and physical, rather than the idea of cutting out a segment of care. EOCCO is positioned with the GOBHI ownership model to put our money into effect. We must invest more in therapeutic foster care and keeping families together. In small counties like Gilliam, these



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issues are better rethought than the state level. It can be a focus of the CAC. Build upon what works.

Will we have knowledge of care coordination for Therapeutic Foster Care?

Campbell said: We need the “1” to be here. A caseload of no more than 15 – we need to put that investment in the community and create jobs. What is missing is a paycheck to keep people here. A number:

In 2013, we were spending more money on a small percentage of the population. Incremental improvement. Who is this population? How can we engage the community to get to know those few people and their families/support networks? Build on supporting them. Are they getting services in the right place and right time? Look at target populations. Campbell highlighted as an example the CHARM program in Union County. They haven’t recently had a birth of a baby that has meth or drugs on board. It’s a community expectation that pregnancy doesn’t include drug use.

Estela Gomez, OHA, recognized Gilliam County as one of the first counties that kept the child in the home. The family went elsewhere under this model.

On this topic, Campbell spoke about the authority of county judgeship. He discussed the dynamic of adults being held accountable for actions that impact their children. Keep the kids in the home as possible. Provide services in the home for the adults and family. Move in surrogate care givers. Use that impetus to return home as an idea for treatment. Gilliam County deserves accolades – and the DHS branch – for putting the wellbeing of children first, rather than being reactive and insensitive.

Medication and service issues:



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A community member spoke about lived experiences with her son who has Type 1 diabetes and had an allergic reaction with insulin. Went to an OHSU specialist. She stated: We had to document and prove before we could get the new insulin and for insurance approval. Nobody should second guess a doctor.

There were additional difficulties with insurance not prior-authorizing services. She had to pay out of pocket for medication. It took an emergency situation for insurance to give what was needed. There are additional challenges, such as a day at Doernbecher's with testing. Had to wait until we can get back in to establish a new primary care doctor. Condon can't take him? There were issues with connecting to Doernbecher's and issues with switching insurance.

Campbell discussed EOCCO staff who are available to address this issue. He stated EOCCO will promptly follow up on this. This can be fast-tracked. We have heard of this same issue around insulin pre-authorization in communities.

Paul McGinnis, EOCCO, stated the LCAC can advise on the referral issue.

Campbell apologized for the difficulties endured. The cost of insulin has skyrocketed. A goal is to connect with EOCCO as soon as possible. This should not have happened.

Discussion:

These seemingly simple issues can escalate due to not having the system talk and transparency. These are examples to know in the work ahead. It takes those dramatic cases to wake up and see the easy pieces that can be solved.



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Campbell said the clinical advisory panel can be a place for solutions.

Costs for serving population:

There was discussion that this dynamic will cost the whole system later. That's not just with healthcare. That's with preventive needs with adolescents going into the system.

Campbell stated: We must be transparent about what we are dealing with. The EOCCO holds a contract worth approximately 1.5 billion over the next five years. That's a lot of money to take care of the population. We need to be generous in how we address that money. Partner with education and early learning hubs and put in a portion of money to jointly turn 30 cents into a dollar. The old system was in silos.

The second side is: we must quit thinking like agencies and think like taxpayers. Question the fragmented system. It's easier to fix that system in a county like Gilliam than Multnomah. Money doesn't hurt. It's down to the relationships.

Transportation: A participant lost 12 clients at the brokerage.

She stated: I had medical transportation. One patient has a QMB but is not EOCCO. There are many to whom this happening. When these services are needed, they lose care. The need is greatest for the older population. We are absorbing costs. However, many people in the Gorge aren't getting transported because they can't pay. This is wrong.

Campbell said: What's happening is transportation isn't part of the QMB. We need to advocate with the state to pay half of the cost, fee-for-service, so we can include this population. I will work with the state to consider a pilot. Medicare and all sorts of payers



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	<p>don't pay for transportation, so we end up with an ambulance ride. Think like a taxpayer, otherwise we create issues.</p> <p>A provider stated there was also a case of a young person who was no longer eligible for the brokerage. This would be a good topic for the assisters.</p> <p>Campbell voiced an intention to continue meetings in the community. The LCAC is here every month. We can connect the dots together.</p>
Presentation changes to consider/improve	Please note the oral health priority for the CHIP.

Please submit the final meeting agenda with this document.