

Gilliam County LCAC Meeting Minutes

DATE: NOVEMBER 2018

*LOCATION: GILLIAM COUNTY
COURTHOUSE, COURTROOM*

MEETING CALLED BY

Jennifer Bold

CALLED TO ORDER

12:05

ADDITIONS / CORRECTIONS

Grants Information – Paul McGinnis
Estella Gomez presentation OHA Updates
EOHLA – Update – Jennifer Bold
Neil Freidrich – staffing update
Teddy – North Gilliam Health District Report

ADJOURNED

1:30

NOTE TAKER

Teddy Fennern

ATTENDEES

Paul McGinnis; Jennifer Bold, Nadja MCONVILLE, Neil Freidrich, Teddy Fennern; Estella Gomez; Lisa Helms; Marci McMurphy; Chanel Kelly;

Estella Gomez – OHA UPDATES. The OHA released the Oregon Acute Prescribing Guidelines to help clinicians when treating pain. The OHA is supporting Tri-County Regional Behavioral Health Collaborative work, they will focus on peer-delivered services and substance use disorder activities. Estella told us about CCO 2.0 resources and information. The Oregon policy board approved the CCO 2.0 recommendations as presented at the October 15th meeting. They are no longer accepting public comment on the policy options. Only current CCO's and companies with an existing Oregon "footprint" can apply. January the RFA will be released, February Letters of intent are due, April to June they will do evaluations, CCO Selection and negotiations. June Award CCO Contracts, January 2020 New CCO Contracts will be implemented. The Transformation Center will hold learning collaboratives on reducing ED use among populations with mental illness. All CCO 2018 Community Health Improvement Plan Progress Reports are now posted. There will be patient-centered counseling trainings to be held across the state in 11 cities. There will be a webinar on improving follow-up Developmental Screening. There are new resources for PCPCH that includes a TA Guide for model changes. There are new documents posted about Quality Incentive Metrics. The Public Health Division will have Tobacco Free Program Trainings on tobacco cessation services in behavioral health settings. The Office of Equity and Inclusion is asking providers for feedback about their experiences using health care interpretation services. Preferred language cards are available in 26 languages. The Oregon Pediatric Improvement Partnership will present a webinar for primary care practices which will provide and overview and Q&A session regarding the updated Early Intervention Universal Referral Form, guidance and communication loops. The Health Information Technology Oversight Committee is seeking members. There is a funding opportunity for Parent Child Interaction Therapy.

	Jennifer is going to forward that info on to Sammi Lane, to see if this will be something that they could do out here. Finally the Children’s Dental Health project released an issue brief on persistent challenges stalling progress on ensuring oral health care during pregnancy.
NEIL FREIDRICH	Staffing Updates: DHS is going to have a job opportunity for an individual for Self Sufficiency worker full time here in Condon. The position will have a full benefits package, the ideal candidate would be very organizes and detail oriented and would have good analytical skills to interview folks and gather information, also hoping that they have some great customer service skills to connect with other community partners. We really hope that we can recruit from someone local as well, so that we don’t have to commute every day. Once we get this posted, Neil will send out to us, so that we can send out to all of our partners as well. If we start to have someone in there permanently, we hope that this office environment will become friendlier and people will not be afraid to enter the building. They are trying to accommodate some more rural facilities so that we can do a better job of serving these small communities. This Outreach worker may be a good fit at the table here as well.
DISCUSSION	Paul gave information on the Grant Applications that are out and available in each of the funding categories. There are several different categories that are available, and there is a big pot of money available, \$600,000, and there have only been three applicants that have received funding from it so far, it is for new and innovative ideas. They are due back by January 31, 2019. There will be a webinar and some slides with all the requirements and teddy can send out to the group.
<p>Community Health Plan – Data Review Paul McGinnis</p> <p>We have completed the focus groups across the region and all have been transcribed and hopefully we will have our report back at the beginning on next month. The Data Analytics Team gathered information for us and Paul presented data that was collected for Gilliam County in some of the basic areas such as population; race; unemployment rate; health ins. Coverage; poverty; overall health; tobacco use; death rate; alcohol use; sleep; infant mortality; transportation; low birth weight; adequate prenatal care; child abuse and neglect and children in foster care. There were are few questions on whether or not some of the numbers were correct and there were some missing numbers and Paul stated that they were still waiting to get those numbers and he will bring them back to us. We are waiting on a data dictionary as well. We will need an individual LCAC CHP plan by April and one big one for the all of the EOCCO. Likely that two of the state health improvement plan items will have to be included as well, tobacco use, slowing the increase of obesity; improving oral health; reducing harms associated with alcohol and substance use; preventing deaths from suicide; immunization rate and communicable diseases. Will have to have at least two of those to be priority areas for the whole area regional plan. Paul stated that Amanda Groves will be serving for him at the next LCAC meeting, coming over from Baker County.</p>	
<p>Frontier Veggie Rx - Marci stated that she has September’s report showing the total number of participants seen in the month; # of participants screened; # of positive</p>	

screenings in the month; # of new prescriptions and # of re-fill prescriptions. For Gilliam County, in September we had 65 new prescriptions, and re-fills of 98 prescriptions. Average number of people in the household is 3.5. We are working on the year to date numbers as well and will get those out. Updates: DHS for Gilliam and Sherman Counties, we got the vouchers and re-distributed them for October and also NCPH is finding that their contact with participants they will start referring to the community partners, and so we got these vouchers re-distributed out to Teddy. Teddy stated that her numbers are updated that she is serving 60 households and 126 people being served and 112 vouchers going out. Also have an additional 7 households that have screened positive in Arlington but have not gotten a full intake yet. There will be 20 people and 17 vouchers going out and 2 households in Condon and 6 people, 6 vouchers. Community partners can be referred to Teddy or Jennifer. Jennifer stated that she has had quite a few people from Wheeler County that have contacted her about the program, and Jennifer told them that they should contact their LCAC and tell them that they think it would be a good program for them to participate in as well. Paul and Teddy both stated that Troy would like to speak with Wheeler LCAC again and maybe even have Jennifer or Teddy attend to let them know the number of people that are reaching out about the program from their county and give them a little presentation about what we are doing and invite their LCAC to spend their dollars in the Veggie Rx program also. Marci also wanted to bring up that she thinks that Gilliam County might have enough funds to carry us through to the end of the grant, Marci was thinking that we may have some additional funds available to help support and she will bring those numbers to us next month. Paul did get some information about the request for exemption stating that Our current thinking is that when we wrote the grant last year we emphasized hypertension and diabetes in adults as targets for Veggie Rx and that since Ms. Eisland's letter states we are collecting information about the end users, that we believe if you collect and report that information you will meet the requirements of the grant and no exemption would be required. The key will be the health outcomes for the participants that we have. Teddy asked if we could do something for the participants that are not on OHP. Paul stated that OHSU would not accept anything that is self-reported. Paul stated that we will have to think about how to report this back and we are collecting qualitative information like testimonials. Jen stated that we are going to have to do something to get people to do their yearly wellness exams. We need to gather more stories from people still. Jennifer stated that she has a family that she works with on Veggie Rx that has a child with severe anaphylactic allergies and they are very grateful that they are able to get the fruits and vegetables that he can have here locally and it really helps their household. Marci stated that this would be a great testimonial to have. So Paul asked while we are on this topic, is the Gilliam County LCAC committed to utilizing all of our LCAC funds to support this program. The consensus was yes we are. Marci asked if there were any expired vouchers that we have that she needs them turned back into her also with our report. Paul asked how many of our vouchers have been scanned. Marci said that we had given us 300 books which is 4500 vouchers. She thought that we are at about 80% of what they have received. There are still a lot of vouchers out there that need to come back in.

MINUTES – were tabled, not available at this time.

DISCUSSION

EOHLA Update – Jennifer presented the information on helping to create a Happy Healthy Eastern Oregon. They are working on Mental Health First Aide

	<p>Trainings; having adequate access to oral health prevention programs; trying to increase colon cancer screenings in adults ages 50-75; they are launching a healthy eating active living (HEAL) program to increase fruit and vegetable consumption in Latino moms in Morrow, Umatilla and Malheur Counties and initiate or sustain group hiking programs in Baker, Wallowa, Harney, Wheeler, Umatilla and Lake counties. They have lead a process to develop a program that integrates in-home mental health counseling through public health home visiting programs in Grant, Morrow, Umatilla and Malheur counties. EOHLA is soliciting donations to help with all these programs and you can make a donation through their website at www.eohla.org/donate. They are also on Facebook and Jen was asking for everyone to take a look and forward their information out to their friends list.</p>
<p>INCENTIVE METRICS REPORT</p>	<p>We looked at September 2018 report. Paul said that they have added a new column to the report to see where we were at in 2017. Gilliam County has a rate of 40.7% in Adolescent well care visits with a target rate of 40.6% so we are meeting that. We have a rate of 75% In childhood immunizations with a target rate of 79.1% so we need one more. We have a rate of 35.1% in colorectal screening with a target rate of 46.8%, so we need 4 more. We have a rate of 8.2% in dental sealants with the target rate of 22.9% so this says we need 11 more, but we are feeling that once all the information gets in and collected correctly that we will meet that metric for our county. We have a rate of 64.3% in developmental screenings with a target rate of 65.6% so we still need one more to meet that metric, and we are pretty confident that we will get there. We have a rate of 26.8% in Effective Contraceptive use, with a target rate of 49.6%, so we need 9 more to meet the metric. We have a rate of 24.23 in Ambulatory Care and ED Utilization and the target rate of 51.8, so we are meeting the metric currently. We have a rate of 51.61 in ED Utilization for Mental Illness with the target rate of 119.5, so we are meeting this metric currently. We have a rate of 12.3% in Alcohol and Drug Misuse with the target rate of 12%, so we are meeting this metric. Overall we are doing pretty well in Gilliam County. Estella mentioned to remember that there is a Cribs for Kids program as well and that a family can receive a crib to have a safe place for babies to sleep.</p>
<p>DISCUSSION</p>	
<p>NORTH GILLIAM HEALTH DISTRICT BOARD MEETING REPORT OUT</p>	<p>Teddy stated that she and Troy Sonen went and attended the meeting. We asked the board what is it that you would want from us, how can we work with you, what can we do for you? David started to get a little bit passionate about not wanting to worry about the Incentive measures, and felt that they are not what the population that he works with need to worry about. He got out a little bit of frustration and then we started to have some good conversation with the board about looking at the social determinants of health and what we can do preventatively that will in the end be something that is addressing the incentive metrics way upstream. I told them about the Veggie Rx Program and how it is helping the whole community, not just the participants of the program to have the local store bring in more fresh fruits and vegetables that are made available to everyone. We were invited to come back to the board meetings and continue to work with them to see what we can do to represent Arlington in our LCAC and in our CHP.</p>

ACTION ITEMS		DEADLINE
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Next meeting scheduled for December