

# County LCAC Meeting Minutes

NOVEMBER 16, 2018

*ST. ANTHONY HOSPITAL,  
PENDLETON, OR 97801*

<b>MEETING CALLED BY</b>	Catie Brenaman, LCAC Chair
<b>CALLED TO ORDER</b>	At 8:34 AM by Catie Brenaman, LCAC Chair
<b>ADJOURNED</b>	At 10:43 AM by Catie Brenaman, LCAC Chair
<b>NOTE TAKER</b>	Lourdes Reyna Alcala, LCAC Coordinador
<b>ATTENDEES</b>	Erin Bartsch, Catie Brenaman, Jaime Crowell, Lisa Garcia, Rebecca Gardner, Rod Harwood, Amy Hendrix, Janet McFarlane, Sarah Miller, Bart Murray, Kistin Owen, Robert Rankin, Lourdes Reyna Alcala, Troy Soenen, Angie Treadwell, Kary Tuers, Sharon Waldern, Amanda Walsborn, Cathy Wamsley, Jeff Williams, Heidi Zeigler, Samantha Cardenas

Introductions and talked about what people would like to achieve by being here today.

**Minutes:**

Sarah Miller motioned to approve the minutes. Cathy Wamsley second.  
All in favor.

<b>DISCUSSION</b>	Identified Gaps & recommended Preventive Health Care Practices
<p>Mariah: Spoke to a provider and heard that they don't receive a good reimbursement for the rapid flue test. They do for the more expensive one but not for the simple one. This might be something Estella could answer. It could have to do with the methodology that they are using to get the test. It just feels like an inequity to serve the OHP population a different way than the private insurance population.</p> <p>Cathy: Access to dental for foster children. Meeting the 90 day seems to be an issue. The issue is accessing an appointment within the 90 days. They are just booked. Advantage dental is working to see if there is a faster way to get them in. Heidi talked to Mary Ann and she is getting in contact with CPS to work on it. Amy mentioned that it could also depend on what people say when they call to schedule an appointment. Screenings are not being counted in the metrics because they are not being done by a dentist.</p> <p>Amy: How many foster kids do we have in the county? Heidi: Just in Pendleton branch there are 89 kids in care. There is probably at least that much in Hermiston. Heidi: A lot of times kids will go into foster care and then they are moved. We have a high rate of behavioral health problems. A lot of the time they are being placed in hotels because there is no placement. If they are placed in another county they are still being counted in our metrics. We have kids all over. A lot of the times it is the behavioral health issues.</p> <p>Rob: Out of the 28000 women in Oregon that are veterans; 58% of them have some sort of sexual abuse or assault while they are in the service. These people have a higher rate of mental health, homelessness. She said there is no treatment program specifically designed for this group. It seems like that is an opportunity for someone or a group of people who have the interest to help design a program for this population. This is just something to think about.</p> <p>Provider Meeting: The meeting was on the 5<sup>th</sup>. We found out that EOCCO will be offering amazon gift cards for children ages 12-21 before December. A lot of clinics are also offering gift cards as well.</p>	

Transportation:

Dan: All of the information that is brought today is on the GOBHI website. This last year there was a significant change as far as whom is doing it. GOBHI decided to take over the brokerage program. We had a few changes on our requirements. However, things went pretty smoothly. They pulled the call option out to member services. The idea is to provide more potential support to individuals who have multiple needs. J&R decided to go out of business in August. That has left a big gap to be able to provide safe transportation. They got a couple of other providers that have been willing to go anywhere with them. Also working with lifeways in regards to their safe transportation program. Non emergent transportation is designed to get access to medical, dental, and mental health services to OHP members. There is a contract with the state to do open card or fee for service. A person contacts the brokerage and the brokerage will assist them with transportation arrangements. They do this 24/7. They do need advance notice; they don't do hospital discharges at the moment. There isn't enough population like Portland to do it. They go anywhere, they do a lot of trips to Walla Walla, Portland, and Tri Cities. They ask at least 48 hours of notice. They do some that don't give as much notice but it just depends on availability. Lodging is a hit and miss. Umatilla County is one of the largest population and the biggest activity. Last year the volunteers that Heidi oversaw did about 600,000 miles.

Darrin: If anybody wants to be a driver let him know. They picked up a client and transported them to The Dalls with mental health issues and they were unsure of where to take her. Clients are getting mad because they are arriving early. Clients are canceling last minute. He is trying to think of another way to help. The drivers are awesome and they put up with things every day and come with stories every day. Catie: We have the transportation committee that could assist with more training and support for the staff. We could work on getting information about why there is an early arrival. Members service should be able to help with things like members not wanting to go to their appointment after all. Rod would also be a good person to contact for assistance to be able to provider certain services. Heidi is the contact person for this area for transportation so if you have any questions or need help you may contact her.

Dual coverage kiddos: The income is lower to have dual coverage. It is at 100% not the regular 305%. This has been an issue for many years. Can they opt out of private insurance to qualify for OHP.

<b>DISUCSSION</b>	A look at Incentives
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Troy brought us a binder to get us organized. It includes the roster, minutes, charter, dictionary, coding, progress report, CHA, CHIP annual report, primer, CAC 101, REIMB/W-9, and SUP Fund. He also got name templates to help us with names. Bart mentioned that it would also be nice if the agency name is on the name plate as well. Foster Children: 22/76 are kicked out of that incentive for different reasons. 10 did not get completed, 7 were dental and 1 was mental health. The percentage is low because 14 claims are pending. Right now of the 8 the only ones that are green are ED utilization for mental health, and ambulatory care & ED utilization. Childhood immunizations should be fine. Adolescent well care, we need to make a strong marketing flyer campaign and maybe involve Shane at BMCC and get information to the 18-21 population. Diana is teacher cooking classes in partnership with Shane. She could help distribute them. ASQ's: Would encourage anybody doing home visitors to do them and if they are in the gray/black area have the home visitors call with the parents to schedule an appointment. They need to be seen within 30 days in order for it to count. Alcohol; to meet the measure they need to do the intervention not just the screen. A lot of work is being done but if we are not getting billed and documented then they are not counted. It looks like the dental screens are being counted. Troy will follow up with Mary Ann. We are still ahead of where we were last year. We still have hope and we can do this.

CBI Update: FAVFF is going great and they have increased the number of classes. Just finished 2 more classes last night and that put them at 23 classes since June. There is funding remaining because of donated food. We are still working with our local farmers. The clients were sad that they did not get the cauliflower from the farmers. In September there was a total of 3268 lbs. of food and 1026 lbs. were donated. The volunteer said the clients love the recipes and he enjoys seeing the relationships they have established. Some were having contacts outside of the class. We are making a difference and we are looking at the health behavior change. They are looking to talk more on Monday about left over funding. It is around 20-30 thousand. Also looking at having peer mentors for the class. There is a potential to seek out more donations. Troy mentioned that this has been a great program. We should look at diabetes as well. However, that measure is only measured in clinic. If there is a release, we could send the information to the providers. Cathy mentioned that they could also access service clubs. We could also use volunteers to get the bags ready.

Sarah: Had 2 clinic visits and one is going to try hard to get those kids in the other will be working on developmental screenings. We are lucky to have an actively engaged Health Department. When you come to the meeting on Monday have a list of grants you are wanting to apply for, your agency, topics for the LCAC reimbursement funds.

EOHLA: They are doing an annual giving campaign if you would like to donate to support a healthy, happy Eastern Oregon where school aged children have adequate access to oral health prevention programs, so they can learn, play and thrive.

HEAL Project: John is pretty confident about the funding.

CHA: English version has not gotten anything back because the mail is slow. Goal is 300 for general and 300 for parent population. Received back mid 20s total. Thank you for those whom have been helping and making things work. The cards are stacked against us. The community is counting on us. We will need these results to apply for grants. So if every community partner could do 10 we could get more. If you would like to stay after this meeting and strategize with us that would be great.

YOW: Out of Spanish calendars. Still has some English ones if you are interested in getting some of those.

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
<ul style="list-style-type: none"> <li>Make flyer to promote well care visits</li> </ul>	Catie	

**Next meeting scheduled for December 21, 2018**  
**Good Shepherd Health Care System**  
**610 NW 11st St, Hermiston, OR 97838**