

# Gilliam County LCAC Meeting Minutes

DATE: OCTOBER 4<sup>TH</sup>

*LOCATION: GILLIAM COUNTY  
COURTHOUSE, COURTROOM*

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| <b>MEETING CALLED BY</b>                        | Teddy Fennern  |
| <b>CALLED TO ORDER</b>                          | 12:09  |
| <b>ADJOURNED</b>                                | 1:44   |
| <b>NOTE TAKER</b>                               | Teddy Fennern, Neil Freidrich, Marci McMurphy, Steve Shaffer, Paul McGinnis, Chanel Kelly, Amy Nation, Tara Fleury   |
| <b>ATTENDEES</b>                                |  |
| <b>ADDITIONS</b>                                | Tara Fleury – EOCCO Personal Health Manager -  |
| <b>PRESENTATION</b>                             | <p>Tara – Works for EOCCO personal health management program, focus on the population with the highest utilization. Telephonically for up to a year work with them to help give them the opportunity to understand further about their condition and give them other opportunities to help slow down their utilization. Feel that the over the phone is good. People are opening up and building a relationship. The member sets two primary goals for themselves and she try to get information out to help and understanding why they need to do things like check blood sugars for example. People can opt in or opt out it is a voluntary program. They get information mailed to the based on what their goals and health issues are. Have asked to start getting monthly reports on the number of people that they are serving. No kids, just adults and the people are identified off of claims data and specific chronic conditions.</p>   |
| <b>Old Business:</b> Frontier Veggie Rx Program |  |
| <b>DISCUSSION</b>                               | <p>Marci reported that she is hoping to get caught up next week as her helper has been out very ill. Just received a box of vouchers from the Grocery Outlet in Harney County and will be picking up a box of vouchers from Two Boys today. There are around 2000 vouchers in the boxes and it takes a little time to process as they have to scan each of the vouchers and match them to the vendors. Working with the IT team to capture the things that they want them to capture. Hopefully by next year they will have all of the kinks worked out. Have requested information from the data team because some of the writing on the vouchers or reports the correct Medicaid ID numbers. Want to sit down with the DATA team to work on what the best information that we can pull and report with. Paul stated that there is two types, quantitative and then to look at qualitative. People are running out of vouchers to prescribe and they are coming from the printer, and will get them out ASAP, and try to get them assigned to the providers and the client as the same time when they come back in. Amy asked if it was a yearlong program. Marci stated that they get them until they run out. Don't think it will be a full year, and will run out in December. We have 767 dosages. Neil thought that they would just give back their vouchers and have one of the providers out here take on that responsibility. Teddy stated that Melissa gave her clients my name for their refills to make it easier. So out of our first 1,000 booklets that we did approximately 300 ended up being expired. Next ones will expire Oct 31 and</p> |

the 3<sup>rd</sup> printing will expire on December 31. Paul had sent the next years application and Marci has a draft budget to look at. There is a cost per booklet of \$1.17 to print so \$3000 booklets will cost \$3,524.25 to print. 3000 booklets constitutes 45,000 vouchers with a total of \$90,000 for reimbursement. Gilliam information is in light blue to look at. Gilliam County allotment is \$27,294.00 Then Harney, Sherman and Wheeler in case they join. The expenses per county is approximately 25%. \$134,869.30 total income for the program and the actual cost would be \$143,738.84 with the rest being funded by GOBHI. As an LCAC we would have to determine if we want to make changes to the program, or give less vouchers if we want it to last longer or really work on getting more funding if we want the program to run longer than through December. Teddy states that she does think that we will have to look at going to the limit of 3 per household rather than one per person. Currently anyone in Gilliam County can qualify if they are assessed and show to be food insecure. Currently the program is prescriber driven, looking at vulnerable populations to assess them, but there are a few families that heard by word of mouth and asked for the program. So big picture question is does the Gilliam County LCAC want to continue funding the Veggie Rx Program with these funds? Teddy Reported that right now she is serving 53 families, 110 booklets and actually have assessments done that people qualify but need full intakes done on 9 families in Arlington equaling 20 booklets and 3 families in Condon equaling 8 booklets, unless we make the decision right now to downsize to the 3 per household limit. Now is the time at the beginning of the month and nobody would get more than three. Teddy would have 8 families = 37 booklets and if we reduce it, it will be 24 booklets reducing by 13. Jennifer will most likely be prescribing more now that school is back in session. Paul said that in Harney they had to make some restrictions based on cost. We want to know if the Regional Frontier Veggie Rx should be making decisions, or are we letting each LCAC make decisions. Should it be uniform across the board and make it so it's written into the grant that everyone is prescribing the same way. So Gilliam decided to reduce the number to 3 per family right now so everyone will be the same. Now is the time, as it is the beginning of the month. This decision is based on trying to help the program survive to the end of the year. The question was also raised, will this get us to the end of the year? Marci stated that she thought that we would start to run out in December.

**New Business:** Sherman County LCAC letter to EOCCO

The Sherman County LCAC wrote a letter to the EOCCO to express their concern regarding the recently announced change to rules regarding funds allocated to LCAC's to address issues identified locally that affect health. The guidance announces that up to 70% of funds could be used for a program such as Veggie Rx, but 30% was required to be directed at a Quality incentive Metric. This change represents a 30% reduction in a highly successful program. LCAC funds in our communities are small dollar amounts. This investment makes a huge impact. The 30\$ portion represents less than \$10,000. With this funding alone, we don't believe that we can effectively impact a QIM in the way we are able to impact food insecurity, population health and a social determinant of health. It is too early to determine the impact of Frontier Veggie Rx on Controlling Hypertension and diabetes, but be are collecting more information about the end users who are members of the

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|  | <p>EOCCO. We simply need to continue the program and collect more data points. These are two incentive measures that are impacted by Frontier Veggie Rx and it indirectly supports weight management and nutrition/physical activity counseling for youth. The Sherman County LCAC respectfully requests the EOCCO Board to reconsider this decision. So the question remains that with us being in the Frontier Veggie Rx Program, do we want to sign onto this letter as well. We feel that we can argue that we are starting to collect the data, as well as overall public health, it is being changed for the better with all the new and fresh fruits and vegetables that are becoming available for the whole community. Gilliam County is jumping on board with Sherman County to request an exemption to the EOCCO Teddy/Steve MSP. Paul stated that he would let the vote be known at the meeting in Sherman County.</p> |
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**New Business: August Incentive Measure Report**

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| <p><b>DISCUSSION</b></p> | <p>We are at 27.1% for Adolescent Well Care Visits with a target of 40.6%, we need 8 more to meet that target. We are at 75% for Childhood immunizations with a target of 79.1%. We need to get one more to meet that target. We are at 35.1% for Colorectal Cancer Screening with a target of 46.8%, we need 4 more to meet that target. We are at 7.8% for dental sealants and the target is 22.9%, we need 12 more to meet the target. We are at 57.1% on Developmental Screenings and the target is 65.6%, we need one more to meet that target. We are at 23.8% with effective contraceptive use with a target of 49.6%. We need 11 more to meet the metric. We are at 22.48 with ambulatory care and the target is 51.8, so we are meeting this metric. We are at 50.60 with ED Utilization for mental illness and the target is 119.5, so we are also meeting this metric. Finally we are at 11.6% on Alcohol and Drug Misuse, with the target of 12%, we need one more to meet this metric. We need to make sure that we are meeting more measures, in order to successfully argue the fact of what we want to do with the money that we are allocated. We are working on getting coordinated with our clinics.</p> |
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**New Business: LCAC Funding**

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| <p><b>DISCUSSION</b></p> | <p>There is about 2.5 million to LCACs and projects. Opt-ins and Continuing Projects. We won't have a continuing project here any longer. There is 1.2 million in Opt-ins, \$726,000 distributed. New Ideas and Pilot Projects still has \$600,000 in it. They have only funded three programs that have received funds so far. The AWC opt-in was changed and is based on the numbers that you have eligible. Gilliam, Sherman and Wheeler all have less than 100 eligible adolescents, and can apply for \$5,000. If you are going to deliver dental sealant services and/or effective contraceptive services you can ask for an additional \$5,000 each so up to \$15,000. Then there is a bonus if you raise the rate for the 18-21 year old by 5% and you are under 100 people, they will send you a check for \$3,750.00 with no restrictions on it. If you increase the 12-17 year olds by 5% more than last year then your bonus is \$2,500.00. So if you are successful you can get more money.</p> <p>Colon Cancer Screening was \$20,000 and now is \$15,000 grants if you have already done one or \$20,000 if you are new.</p> <p>Preventing high utilization of the ER Department grants are up to \$50,000. Clinics are available to do population health management can apply for up to \$30,000 and clinical claims data integration trying to encourage everyone to use Arcadia. All this is probably coming out soon. All will be due in January. It</p> |
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|                           | <p>was discussed and we want to continue to work with GOBHI, Sherman County and Harney county to provide Frontier Veggie Rx Program. Steve stated that he has reached out to the North Gilliam Clinic and he was thinking that it would be nice to have Paul or Kevin Campbell and Shawn Jessup come out and give a presentation to the Health Dist. Board. Paul said he would be happy to do it. Arlington has been out of it from day one and the South End has been more involved.</p>  |
| <p><b>RCAC REPORT</b></p> | <p><b>Umatilla County</b></p> <p><b>TRIPLE P – Positive Parenting Program</b></p> <p>Due to high numbers of child abuse and neglect St. Antony hospital and GOBHI partnered and proposed a solution to improve those numbers by implementing the triple P and their goal was to reduce 20 – 30 %.</p> <p>The feedback forms coming in from parents have been positive.</p> <p><b>Eastern Oregon Early Learning HUB</b></p> <p>They reported what they are doing. They are working on Social/Emotional skills Using KPI funding to do:</p> <ul style="list-style-type: none"> <li>✚ Parent Engagement nights</li> <li>✚ Kinder readiness</li> <li>✚ Oral Health/Health/Nutrition</li> <li>✚ Kinder Camps in the summer</li> <li>✚ Parent engagement</li> <li>✚ Story time events</li> </ul> <p><b>Talking to people about Go – Learn – Graduate. Meaning Got to school, learn, Graduate High school.</b></p> <ul style="list-style-type: none"> <li>✚ Doing Parent Cafes’</li> <li>✚ Professional Development <ul style="list-style-type: none"> <li>✚ Aligning PreK with K-3rd</li> <li>✚ All Trauma Informed</li> </ul> </li> <li>✚ Program called Training Wheels <ul style="list-style-type: none"> <li>✚ Early learning packet, essentially preschool in a packet</li> <li>✚ Working with libraries and home visitors</li> </ul> </li> <li>✚ Home visiting networks</li> <li>✚ Communities of practice</li> <li>✚ Focus Child Care Networks <ul style="list-style-type: none"> <li>✚ Spark Rating</li> </ul> </li> <li>✚ Preschool Promise <ul style="list-style-type: none"> <li>✚ 200% of poverty rating to give parents options</li> <li>✚ 52 slots between centers and home providers. They originally asked for 100 slots and only got 52, so really the need is much greater than they are able to fund.</li> </ul> </li> <li>✚ Working with professional learning teams <ul style="list-style-type: none"> <li>✚ EI</li> <li>✚ Head start</li> <li>✚ Child Care providers</li> </ul> </li> <li>✚ Really is a blended partnership <ul style="list-style-type: none"> <li>✚ Equity Lens</li> <li>✚ Structural racism training</li> <li>✚ Core values</li> <li>✚ Who are the children that are difficult to reach</li> <li>✚ Different cultures</li> <li>✚ Different languages children on the edge</li> </ul> </li> </ul> |

- ✚ The most vulnerable
- ✚ Working with Dr. Bill Gray – from Ford Family Trainings around his book “sharing the rock”

**Table Talk**

- ✚ Broke out into our HUB served region -
  - ✚ What are the biggest barriers to or gaps in service for the 0-6 population?
  - ✚ Workforce Development
  - ✚ Having support and resources for mental and behavioral health in Pre K setting
  - ✚ Access to services
  - ✚ Parent Ed and engagement –
  - ✚ Investing in staff, living wage support

**Networking Lunch**

**One Key Issue**

- ✚ Access
- ✚ Workforce development
- ✚ Affordable and accessible childcare
- ✚ (EOCCO region as a whole)

**GOBHI Early Childhood Initiative**

- ✚ 3.3 million Over 3 years

**EOHLA**

- ✚ Integrated Nurse Home Visiting

**CHARTER UPDATES**

- ✚ They looked at several issues and cleared up the wording.
  - ✚ Clarification of the charge including the use of community benefit reinvestment
  - ✚ Broadening and clarifying the definition of a “consumer” member
    - ✚ Creating a term of office one year with annual renewal
    - ✚ Adding a process for removal of an LCAC member
    - ✚ Establishing a timeframe for election of officers
    - ✚ Adding specification around meeting procedures
    - ✚ Clarifying member responsibilities
    - ✚ Establishing a method of voting
    - ✚ Clarifying language regarding the LCAC role in community health Assessment and Community Health Plans.

**COMMUNITY HEALTH ASSESSMENT UPDATES**

- ✚ They wanted all RCAC members to bring back to the next meeting: what are the issues that we are hearing from consumers. We need to start thinking about what we are going to be doing to put together our county CHA and Updating our CHIP.

| ACTION ITEMS   | PERSON RESPONSIBLE              | DEADLINE |
|--|---------------------------------|----------|
| <ul style="list-style-type: none"> <li>• Minutes July</li> </ul> | Steve/Neil all three months MSP |          |

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| • Minutes August  |                             |     |
| • Minutes September   |                             |     |
| • Letter to EOCCO exemption request for LCAC funds with the Sherman County LCAC, asking to exempt us from the 30% requirement to address a QIM. | Teddy Fennern/Steve Shaffer | MSP |

**Next meeting scheduled for November 1, 2018**