

# Gilliam County LCAC Meeting Minutes

**DATE:** JANUARY 4, 2018

**LOCATION:** GILLIAM COUNTY  
COURTHOUSE, COURTOOM

<b>MEETING CALLED BY</b>	Jennifer Bold
<b>CALLED TO ORDER</b>	12:10
<b>ADDITIONS OR CORRECTIONS</b>	Incentive Measure Dollar Grants Transformation Grant Update from Advantage Dental
<b>NOTE TAKER</b>	Teddy Fennern
<b>ATTENDEES</b>	Teddy Fennern, Coordinator; Jennifer Bold, Consumer Parent, Condon Child Care Director, EOHLA board; Katie Hams, School Based Mental Health Counselor, CCS; Steve Shaffer, Gilliam County Judge; Chanel Kelly, Consumer; Teri Thalofer, NCPHD; Lisa Helms, CCS; Paul McGinnis, GOBHI, EOCCO; Ashely Danielson, Advantage Dental
<b>PRESENTATION:</b>	None at this time.
<b>Old Business:</b> NA	
<b>DISCUSSION</b>	
<b>CONSUMER MEMBER FOCUS GROUPS</b>	
<b>New Business:</b> Officer Elections	
<b>DISCUSSION</b>	<p>There was a discussion that we needed to do officer elections first so that we can get a chair to run the meeting. Lisa Helms nominated Jennifer Bold to be the Chair of the Gilliam LCAC. Jennifer stated that she would be willing to take that on. Steve made a motion to accept Jennifer as the Chair, Lisa seconded the motion, the motion passed. There was a nomination of Lisa Helms to be the Vice-chair, Lisa accepted the nomination. Steve Shaffer made a motion to accept Lisa Helms as the Vice –Chair of the Gilliam County LCAC, Katie Hams seconded the motion, the motion passed.</p> <p>As already in the Coordinator position, Teddy will stay the Note Taker</p>
<b>NEW BUSINESS:</b>	<p><b>IM PROGRESS REPORT FOR NOV, 2017</b> Paul stated that we should be getting these reports every month now. AWC – we have met that incentive measure. Childhood Immunizations have been met. Colorectal Cancer Screens, we need 4 more to meet. Dental Sealants – 2 more needed to meet, but they may have been met and not billed out yet. Developmental Screens 1 more needed, Jen will follow up with the clinic to see where we are with the ones sent over, hope that we got this met. Effective Contraception use 7 more to be done and usually some sort of chart review needing to be done. Ambulatory Care &amp; ED Utilization 61 remaining that could be used and still met. Alcohol and drug misuse – basically a clinical measure only now, but 15 more needed to get them to MH. Around all of the incentive measures is a great deal of information on how they need to be reached.</p>

	<p>There was a data dictionary that has been sent out to the group and that describes how it all is met. There have been some changes to the IM for 2018, effective use of contraceptives has been changed to women ages 15 – 50 years old, lowering it down from 18 years of age. Childhood Obesity measure now documenting in the chart, and it is a clinical review. We have noted that we have not gotten into the schools to do actual weights so, just using self-reported weight from 8<sup>th</sup> and 11<sup>th</sup> grade youth behavioral risk factor surveillance, it has been determined that what kids say and what they actually are can be very different, meaning if we think that we already have high rates, we will have a much higher rate than what the surveys lead us to believe. Jennifer asked what should be do when we see that as all of the EOCCO is not meeting the mark. Look at charts to see if something has not gotten reported correctly; work directly with public health to capture things that they are doing that may not be being captured correctly. The activity of One Key Question needs to be asked at the reproductive visits, are you planning on becoming pregnant this year. It has to be asked in the evidence based way, you can't ask on paper. We know that we are not talking about just here in Gilliam County, we are talking EOCCO wide, at your annual visit.</p>
<p><b>NEW BUSINESS</b></p>	<p>Measure 101 – We briefly know, but not 100 % sure. This is an assessment on hospitals and insurance providers that money will be used to provide the Federal Match for Medicaid. Oregon puts up a little bit \$\$ and the feds give us a whole bunch of \$\$\$. Ballots are out and due back by the 23<sup>rd</sup>. Yes means that you agree and should pay that and no means that you don't agree. Hospitals and insurances, nurse's administrations and doctor administrations have all said that they agree with it. If it does not pass, there will be a giant hole in our budget and many, many people will lose their benefits. The people that would most likely be removed from the program are those at 138% of poverty. That would be 142 of the 344 Gilliam County Residents on the Oregon Health Plan would lost their eligibility. That is the Affordable Care Act population. 1) Only certain \$\$ are eligible to reach the Federal Match. Those are General Fund Dollars or A Health Specific Tax. 2) We guaranteed to the Federal Government that we would be 2% less than the average Medicaid programs in the country if they let us operate CCO's. We have met that the last 5 years in a row. This stuff is working. Commercial Insurance there is a cap on how much they can raise also. Hospitals are in support of this because those 142 individuals that were covered they have a payment source. If they come to the hospital and they are not covered, they now may not get paid at all, because these people don't have the money to pay the bill. So cost overall would rise due to the people who can pay, and before they had a way to keep those costs down. Uncompensated care in hospitals is low compared to what it was before the affordable care act.</p>
<p><b>New Business:</b> Transformation Grant – Katie mentioned that we are needing to look at all of the IM, and need to gather new IM for the grant application, so that we can gather better items to measure. We talked to Erin Rust and asked questions and also Sankirtana Danner to address some of our concerns. What we track and what we work on do not always tie back to the Incentive Measures that are shown on our report. Sankirtana wanted to take it back to her board to talk about to either choose new IM to track or how can it tie back. Other programs are having problems also. We just need clarification of how to move forward. If you have questions or ideas of something that we are missing please bring forward. Lisa stated that she was a little confused about the e-mail that I sent to them and wanted to know if we haven't been getting the information that we need or that our tracking system is not capturing the data in order to reflect</p>	

what we need for the incentive measures. Teddy stated that we really need to look at what our goals are and then we choose the Immunizations and AWC visits and Developmental Screens, those do not adequately reflect Katie's Job. When we Originally wrote the grant we chose a CHIP topic, we have always used around MH. Are we now only able to address QIMS or CHIP topics? So Paul mentioned that we are doing depression screening? – Yes, we can use that. Paul stated that we can use all 18 Incentive measures. Katie was not here originally and has been trying very hard to understand and track everything. Some kids won't go into counseling services so they just receive counseling from Katie. We have a lot of things that we are gathering and just need to figure out how to get into the form that Sankirtana wants. Lisa, in terms of the grant overall, are we asking CCS to write the grant. Teddy stated that yes, we thought that with all of the other grants that they are doing, it could be easier for them to just do them all. For continuity and as well as having the experts write the grants, so that the experts are writing the grants and not having Teddy do them and not really understanding them. Lisa stated that I sent the e-mail to Kimberly Lindsay at the wrong e-mail address. We thought that it had to go through the LCAC, but Paul said that we could just send with a letter of support from the LCAC, that CCS will submit and now switch the fiscal agent as well. Looking at sustainability questions, Teri stated to put in there something about we are waiting for when the Oregon Health Authority opens Planning Grant Opportunities for school based health Centers we will work with North Central Public Health District to explore the opportunity for a planning grant for a school based health center in Gilliam County. School Based is supposed to do Dental, Mental and Physical health.

<b>DISCUSSION</b>	<p><b>IM Grant – Veggie RX</b> – When last we left we had kind of a commitment to join in with Wheeler and possibly Sherman operating our own Veggie RX program. Paul was charged with finding out what happened in Wheeler from Troy and then Holidays, etc. Paul has spoken with Sara Sullivan with Gorge Grown. Basically Sherman's budget was a bit subsidized from Gorge Grown. Starting out we would likely need a ½ time person, in the neighborhood of \$20 - \$25 an hour in order to be able to do the job and do it correctly.</p> <ul style="list-style-type: none"> <li>• Entail, Printing the vouchers</li> <li>• Distributing vouchers</li> <li>• Creating a tracking system</li> <li>• Training partners to give out coupons</li> <li>• Working with the grocery stores</li> <li>• Collection of vouchers and payment to grocery stores</li> <li>• Teaching screening to providers and community partners such as Clinics; Head Start; DHS; Schools; Early Learning HUB; Senior Centers</li> </ul> <p>The dosage is 15 \$2 vouchers per month - prescribed to each person in house Vouchers are color coded and tells where they came from, for instance child care center gets blue, and all of the vouchers are able to be tracked. Estimates of Need is 71% of Medicaid Population.</p> <p>Paul went to GOBHI and they have agreed to have a portion of somebody's salary to running this program if it were to happen in this region, but we would need about \$25,000 for a half time person. If we add up all our dollars and Sherman dollars, maybe Wheeler. Paul will help put together, and practically write the grant. We have last year's dollars to use or lose, and Paul would suggest that we be generous and at least start the program with that and we are thinking that we can potentially reduce those 20 hours for the person down once the program is just operational. There should be less of that in Sherman already. The discussion was agreed upon to use the 2018 dollars rather than lose them and to put in a little bit for consulting, so that we can</p>
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	<p>continue to work with Sara from Gorge Grown. Some programs have purchased crock pots and taught people how to use them with what they receive. The other thing that we should think about is the Child Care Center's new building. Is there playground equipment that is needed? Jen said yes, and we could put into the grant something around childhood obesity. The other counties may only put partial dollars into the program, Wheeler was going to support a CHW but were still considering Veggie Rx; Sherman was not sure about using all of their dollars. Pop up markets and special food trucks that are going on with gorge grown should not be something that we look at in the very beginning of the program. If we need to we are interested in doing Gilliam as one, without Sherman and Wheeler. Teddy stated that I got information from Sankirtana that we will need to apply for the 2017 dollars in the same format as the 2018 dollars, but to make sure that it is clear that they are the 2017 dollars that were not ever awarded to Gilliam County. Teri T made a motion to put in the whole amount of the 2017 and 2018 IM grant Funds to support to start up a regional or Gilliam Only Veggie RX program. Jennifer Bold seconded the motion the motion passed.</p>
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<p><b>New Business: Advantage Dental Update</b></p>	
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<p><b>DISCUSSION</b></p>	<p>In both of the Gilliam County Schools both of the Administrators elected to allow Ashley to do screenings on a passive basis for children that are under the age of 14. The only kids that we did not see were those children whose parents sent back a form that said no they could not be seen and there wasn't very many of those. The catch is that you identify kids who need a preventative service, and you send a consent form home in hopes that they will return it and then that's where it gets kind of dicey. They cannot go knocking on doors. That is where screening numbers go way up but sometimes the number of services isn't as high as you would because some parents do not see the benefit of returning the consent form. We had a huge lack of participation for anyone over the age of 14, because of the fact that you cannot screen them on a passive basis. They can consent themselves but then they still live under the roof of their parent and have to get the form returned to actually receive services.</p> <p>Ashley does a lot of education with the High School ages. This is the first year providing this elevated services to these schools, so they didn't want to have any controversy at the schools.</p> <p>She does the visits in steps. First visit she does screening and provides fluoride application for anyone who has consented yes to fluoride/sealants. 2) 2<sup>nd</sup> application of fluoride.</p> <p>Condon screened 99 kids applied fluoride varnish to 4 kids and applied Silver Fluoride to 26 kids and did sealants of 12 kids.</p> <p>Arlington screened 80 kids, applied fluoride varnish to 5 kids; applied silver fluoride on 20 and dis sealants on 14.</p> <p>Do you know how many needed intervention that could consent to come back? Yes, but didn't have that on her. So Jen asked overall are our mouths</p>
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	<p>Healthy or not? She will get that for the next meeting. Going off the top of my head more kids were healthy than not.</p> <p>Difference of Silver Fluoride? Will kill all the cavity causing germs and stop the cavity causing virus. Will do Silver on any kid that their parents have consented to do it. It will turn the cavity black until the tooth is fixed. It only turns the cavity black, not the tooth. Did have a couple of kids in high school in Condon that did receive services from her. Paul said the numbers sound no different than what he is hearing. This is year three in Wasco county Ashley providing the service in schools. Before she started providing the service, Dr. House, a pediatric dentist was booked months out and had an ER room day one time a month to put kids asleep to do dental work, and you had to wait like 4 months on the list to get your kid in. The need was so great. Now he only does an ER dental day one time every 3 months. This really proves what she is doing. We are able to intervene before kids need to go to the ER.</p> <p>TERI T stated that she is still planning to apply for the OPT-In grant around immunizations we want to do the affix assessment which is a CDC best practice to increase immunization rates. Paul asked for Sherman and Gilliam? Teri said yes, but had not heard back from Mike or Hollie yet, but will go ahead and write and see what we can figure out later. There are incentives for the providers. The State would come out and do an assessment based on the ALERT data and then NCPHD staff would do the feedback discussion with them, then there are three areas of policy that they can pick 2 interventions to implement in the year and then they get an incentive 1) for participation and 2) they would get an incentive if they implement the policy they chose.</p>	
<b>MISC ITEMS:</b>	<p>RCAC Designation: Jennifer Bold as Chair and Teddy Fennern will be designated as Steve Shaffer's Proxy if he is not available.</p> <p>Teddy Mentioned again that Mike Takagi still wants to be a part of, and would like to participate as much as possible, but given the expanded practice times to 12:30 and only ½ lunch, he didn't feel that he had enough time to get here participate and get back. Teri T stated that she would be willing to talk about alternative meeting times if it would mean that we could get participation from the clinical providers. It was felt to be very hard to be talking about moving metrics when the people who are providing primary care are not in on the conversations. Lisa and Katie are able to take back MH stuff back and Dental is here to take back. We also talked about having Steve along with the Chair and Paul, EOCCO, to go to each of the Health District Board Meetings to give a presentation on what LCAC is and then invite them to attend meetings. Teri asked if there were perhaps a conference room at the clinic that we could meet in to give Mike some time to attend. We want to ask to get on their agendas for the February meetings if possible. We can talk about meeting times if that would make it easier.</p>	
<b>ACTION ITEMS</b>	<b>PERSON RESPONSIBLE</b>	<b>DEADLINE</b>
<ul style="list-style-type: none"> <li>Chair of the Gilliam LCAC</li> </ul>	Steve Shaffer/Katie MSP	
<ul style="list-style-type: none"> <li>Vice Chair of the Gilliam LCAC</li> </ul>	Steve Shaffer/Katie MSP	

<ul style="list-style-type: none"><li>October 5, 2017 Minutes presented with the correction that Lisa Helms was in attendance.</li></ul>	Lisa Helms/Katie Hamms MSP	
<ul style="list-style-type: none"><li>Incentive Measure Grants for 2017 and 2018 to go to the startup of a regional or Gilliam County only Veggie RX program.</li></ul>	Teri Thalofer/Jennifer Bold MSP	

**Next meeting scheduled for February 1, 2018.**