

# County LCAC Meeting Minutes

**DATE: AUGUST 1, 2019**

*LOCATION: GILLIAM COUNTY  
COURTHOUSE, COURTROOM*

<b>MEETING CALLED BY</b>	Jennifer Bold
<b>CALLED TO ORDER</b>	12:05
<b>ADJOURNED</b>	1:30
<b>NOTE TAKER</b>	Kyrsten Smith
<b>ATTENDEES</b>	Jennifer Bold, DHS; Neil Friedrich, DHS; Lisa Helms, CCS; Chanel Kelly, Consumer Rep; Teri Thalhofer, NCPHD; Amy Nation, Gilliam County Juvenile Director; Elizabeth Farrar, Gilliam County Judge; Katie Hams, CCS; Ashley Danielson, Advantage Dental, Marci McMurphy, GOBHI, Frontier Veggie Rx; Paul McGinnis, EOCCO; Teddy Fennern, Gilliam County, LCAC Coordinator; Eileen Flory, EOHLA Rep; Kyrsten Smith, note taker
<b>ADDITIONS/ CORRECTIONS</b>	Update on Virtual Dental Home – Ashley Danielson
<b>PRESENTATION:</b>	
<b>MINUTES:</b>	There were no minutes presented at this meeting

**Old Business: FRONTIER VEGGIE RX PROGRAM**

<b>DISCUSSION:</b>	<p>Marci McMurphy – just submitted the first progress report that was due on July 15<sup>th</sup>. Basically need to describe our progress. Stated that we have distributed booklets to EOCCO members in all four counties. There were a couple of things that Teddy had reported. People could not wait to actually get the grant/program back up and running. They said that that the vouchers had helped their families a lot and they were really missed for the months that we were out. Teddy also wrote that the program is extremely appreciated by the participants. I went to the Arlington Store and was pleasantly surprised by the amount of fresh fruits and vegetables that were available there and they were reasonably priced as well. This program has allowed for growth in this area and benefits the whole community, not just the Frontier Veggie Rx Participants. I have also been told that participants could not wait for the second grant opportunity, as they had not been eating as many fruits and vegetables for the few months that we did not have vouchers. So the things that we report on monthly is:</p> <p># Of individuals seen; # of individuals who were screened; # of positive screens; How many new prescriptions filled; How many refill prescriptions filled; Average household size. The other target measures are specific to Harney County is we track their blood pressure; height; weight &amp; BMI. So far we 310 new prescriptions to date and we have 188 refill prescriptions. Sounds a little low so make sure that we are talking about it out in the community and that people know that they can come and get it from Teddy. This is the overall program report. Jennifer thought that it will pick back up across the region once people become aware that the program is back up and running.</p>
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	<p>Marci Stated that the Gus Schumacher grant that we applied for will hear back in September, hopefully that we have received the grant. This would make Harney County whole throughout the year and Malheur county to extend their program to be a year-round program and then to be able to serve all of Lake County.</p>
<b>OLD BUSINESS:</b>	<p>ADVANTAGE DENTAL – VIRTUAL DENTAL HOME UPDATE</p>
<b>DISCUSSION:</b>	<p>Ashley stated that she was super excited to update everyone that they have been seeing patients in Arlington. Has been forward movement with the Condon Clinic as well. There are a lot of conversations happening between the Clinic, Advantage Dental and Dr. Mike Desjardin. They are hoping to get everyone in the same room and iron things out.</p> <p>Currently the way the Virtual Dentistry is going that they are only serving people who are on the Oregon Health Plan and whom are assigned to Advantage Dental as their primary care dentist. So in this area that is about 80% of the folks that are on OHP. The reason why they are not serving the other folks is because they are not in the same network and would get foggy and confusing. Those Dr.'s just want them to receive their care by them, which makes sense. Down the road they are going to explore the potential of accepting cash paying patients, that do not have dental insurance but we are trying to tackle one thing at a time. Then the plan with the schools in both Condon and Arlington is that She will screen all of the kids that are under the age of 15 on an opt-out basis. All of the older kids do have to have consent to be screened. The intention is that all of the kids be screened and then any kids that is an Advantage Dental Member would go home with the Virtual Dental Health consent Form to for services. They can get their x-rays at school, their teeth cleaned at school and then anyone else who is not Advantage Dental would just get the regular consent form for all of the services that they historically provide and would still have access to all of those services. The same thing for over 15, but she has to have consent to even be able to see them. I will probably take a few years for parents to understand how things are. So the medical centers will be the HUBs if you will, for all of the non-school aged kids, even though the school aged kids are allowed to come there. The schools will be hopefully where she will see and treat most kids. Marci asked if the students are 15 and older if they can have their consent or parental consent. Ashley said that it states out in law that you cannot give consent to an expended practice dental hygienist, you can only give consent to a medical doctor, a nurse practitioner or a Dentist. One of the girls on her team is the president of the Oregon Dental Hygiene Association, so she has reached out all across the state and asked all those who do our line of work to write letters and talk about how it has impacted our work, but if your children had some dental work done at school and you didn't know about it, they would be mad, and Ashley does not want to have parents mad at her, she wants good relationship with parents. Just need to reach out to parents, and educate them, so they understand and better communicate the services that she provides. Foster kids who are wards of the state, DHS can sign their consent form or their Foster Parents can sign their consent form. Paul said but a diabetic adult can't be seen by you? Ashley said a diabetic adult can be seen by her and since she will take x-rays and doing a comprehensive exam that code will be filled out and that code will be recognized as meeting the metric, because the Dentist is doing the virtual exam.</p>

**NEW BUSINESS: INCENTIVE MEASURE PROGRESS REPORT FOR JUNE 2019**

**DISCUSSION:** Adolescent Well Care Visits have a target rate set at 43.9% and we are currently at 13.1% so we need 19 more to meet our target. Childhood Immunization Status Combo 2 has a target rate set at 75% and we are currently at 80%, so we have met our target. Colorectal Cancer Screening has a target rate set at 50.3% and we are currently at 31.3% so we need 6 more to meet the target. DHS Custody is currently unavailable. Dental Sealants on Permanent Molars for Children has a target rate of 26.8% overall and we are at 5.9% so we need 18 more to meet the target. Developmental screening 0-36 months has a target rate set at 69.9% and we are at 66.7% so we need 1 more to meet this target. Effective Contraceptive Use has a target rate set at 53.9% and we are currently at 32.8% so we need 12 more to meet our target. Ed Utilization has a target rate set for 50.1 and we are at 18.9, so we are meeting this target. ED Utilization for individuals Experiencing Mental Illness has a target rate set for 109.2 and we are at 43.1 so we are meeting this target. Established PCP Care has a target rate set at 75% and we are at 50.6% so we need 96 more to meet this metric. Oral Evaluation for Adults with Diabetes has a target rate set at 26.8% and we are at 14.3%, so we need 4 more to meet the metric. Morphine Equivalence Dose (MED) Roster has a target of 9% and we are at 10.8%

**OLD BUSINESS: 2020 INCENTIVE MEASURES**

**DISCUSSION:**

**2020 measure set. New measures are highlighted in yellow.**

1. Kindergarten Readiness preventive dental 1-5 and 6-14. Must meet both to qualify. 6-14 was added to make sure the sealant age (6-14) was still represented in the measure set.
2. Kinder readiness well child visit 3-6
3. Timeliness of postpartum care
4. Disparity measure, ED utilization, members with mental illness
5. Oral evaluation for adults with diabetes
6. Cigarette smoking prevalence
7. Depression screening
8. Initiation, engagement and treatment of drug and alcohol use
9. SBIRT
10. Childhood immunization status
11. Adolescent immunization HPV
12. Assessment for kids in DHS Custody
13. Diabetes: HbA1c poor control

**Retired Measures**  
 Colorectal Cancer Screening; Developmental Screening; Controlling Hypertension; PCPCH enrollment; Dental Sealants; ED; Effective contraceptive use; Weight assessment, nutrition and activity counseling; Access to care (CAHPS)

**NEW BUSINESS: GILLIAM COUNTY OHP CLINIC ASSIGNMENTS**

**DISCUSSION**

The group looked at a breakdown of the number of OHP clients; number of clients assigned to the Gilliam County Clinics.

Zip Code	Town	Under 1	1-5	6-18	19-45	46-64	Over 65	Total
97812	Arlington	5	22	71	70	37	12	217
97823	Condon	6	16	50	41	33	12	158
97861	Mikkalo					1		1
<b>TOTAL</b>		<b>11</b>	<b>38</b>	<b>121</b>	<b>111</b>	<b>71</b>	<b>24</b>	<b>376</b>

North Gilliam County Health District – 102  
 One Community Health – Sherman/Gilliam – 23  
 South Gilliam County Health District - 146

**NEW BUSINESS: LCAC COORDINATOR, JOB DESCRIPTION**

<b>DISCUSSION</b>	<p>Paul provided the group a LCAC Coordinator Job Description with what the duties are. This LCAC group will have to make a decision as to how they want to work with this. We can continue to have Teddy remain the coordinator, or put the job out to hire a coordinator. The description is just to formalize what they want from each county. They want to make certain that they are receiving minutes in a timely manner and that each LCAC is keeping a budget and reporting to the LCAC on expenditures. Other things are in there are Posting the Agenda for meetings; Organizing monthly meeting locations; Preparing all LCAC email communications and Meeting announcements; Prepare agendas; Organize catering/food; Maintain updated membership lists; coordinate all new member applications submissions to county court for approval and onboarding of new LCAC members; Assist members in completing reimbursement paperwork, including W9, stipends, and child care or mileage reimbursements; Coordinate annual LCAC elections of chair, vice chair, secretary positions; support or facilitate discussion &amp; decision making on annual grant fund available to the LCAC; Disseminate information to the public/media under the direction of the LCAC; Utilize TA available from the OHA Transformation Center; Participate in annual training and other duties/exceptions as agreed. This will need to be voted on at the next meeting. After January 1, 2020 they will be expecting more compliance from all of the LCACs.</p>	
<b>NEW BUSINESS</b>	LCAC SUPPORT FUND FORM	
<b>DISCUSSION:</b>	<p>Teddy had given Jennifer an example of how we can submit the budget. It had just a few changes from last year. The Healthy meals category moved to \$900, which was up from \$800. \$200 in meeting support/supplies; NA in Translator assistance, as Teri has stated that she could help if the need arises; \$300 in Health &amp; Wellness Media Support; \$600 in EOCCO/OHP member engagement activities, which is down from \$800; \$4,000 for LCAC meeting Coordination; \$3,200 for coordination &amp; reporting of incentive funds; \$2,000 to help support LCAC projects, FVRx in Arlington; and the total Request is \$12, 000.00 this year, which is up from \$10,000 last year. The group will have to think about this and make a vote on this at the next meeting as well. County Judge, Elizabeth Farrar will look at some of the surrounding counties to see how they are doing the coordination of the LCAC and will get back to the group.</p>	
<b>MISC. ITEMS:</b>	NA	
<b>NEXT MEETING:</b>	SEPTEMBER 5, 2019	
<b>ACTION ITEMS</b>	<b>PERSON RESPONSIBLE</b>	<b>DEADLINE</b>
LCAC Coordinator Job	Whole LCAC Vote	Next Meeting
LCAC Support Fund	Whole LCAC Vote	Next Meeting