

County LCAC Meeting Minutes

DATE: MARCH 7, 2019

***LOCATION:** GILLIAM COUNTY
COURTHOUSE, COURTROOM*

MEETING CALLED BY	Jennifer Bold
CALLED TO ORDER	12:05
ADJOURNED	1:30
NOTE TAKER	Teddy Fennern
ATTENDEES	Jennifer Bold, DHS; Lisa Helms, CCS; Elizabeth Farrar, Gilliam County Judge; Paul McGinnis, EOCCO/GOBHI; Teddy Fennern, LCAC Coordinator; Marci McMurphy, Frontier Veggie Rx Coordinator; Ashley Danielson, Advantage Dental from DentaQuest
ADDITIONS/ CORRECTIONS	<ul style="list-style-type: none"> • CCO Service Area – Paul • Oral Health Update – Ashley • EOHLA - Jennifer
MINUTES:	Minutes were reviewed for November 2018 and January 2019. Ashley made a motion to accept both sets of minutes, November 2018 and January 2019, as written. Elizabeth Farrar seconded the motion, the motion passed.

Old Business: Frontier Veggie Rx

DISCUSSION	<p>Marci McMurphy let us know that the Frontier Veggie Rx proposal had been approved. Gilliam County will have 876 doses to prescribe, which equates to 13,140 \$2 vouchers, or \$26,280 that will go back into the community businesses. GOBHI will be working on getting everything ready to go and would like to see the program up and running by May 1st. They have to make sure that all of the prescribers are trained as well as all of the stores who will be accepting the vouchers. These will be distributed from May – December 2019, 8 months, which would equal approximately 109 voucher booklets available per month. There was some discussion of whether we should have a single prescriber in the county since Jennifer is not doing that now, or should we have more than one. Teddy stated that Sammi Lane with Umatilla Morrow Head Start had mentioned that she would be willing to be a prescriber when we talked and then Ashley stated that she could become one as well, as she will be seeing clients in Gilliam County now also. We talked about how we should look at prescribing. Do we make cuts to how many vouchers we can distribute to the families? We had set a limit of three per family last year, and Teddy was suggesting that maybe we should go down to two per family, so that we can try to make it through the year. Without fundraising we are not going to make it through the year. We could also think about changing the screening metric to just often true rather than sometimes true and/or often true to qualify for the program. We will think about it and Marci will look at the numbers and come back next month to make a final decision on what we should do with dosage.</p>
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OLD BUSINESS: PRIORITY AREAS FOR THE COMMUNITY HEALTH PLAN

DISCUSSION: Paul presented us with a draft plan that came from the qualitative and quantitative

Data. Paul went over the Community Forums, all the data and what we had in our plan the last time so that we don't lose any work. Paul mentioned that we should all write down Oral Health, as we just don't have all the data in that area yet, as we are waiting on the new smile survey to come out.

Early Childhood

Obesity

- Focus Groups – Childhood Obesity
- Incentive Measure – BMI and nutrition and physical activity counseling
- Condon Child Care – Quarterly Measure Data?

Early Childhood Education

- Incentive Measure – Developmental Screens Gilliam 66.7% 2018 – Met measure
- Incentive Measure – Childhood Immunizations Gilliam 100% - Met measure
- 16% of 3-4 year olds enrolled in preschool
- 29% of minimum wage needed for childcare
- Median annual cost of childcare \$6,180
- In 2017 Gilliam Kindergarteners were better or equal to State average for Self-Regulation, Skills and Total Approaches to Learning.
- Partner – Four Rivers Early Learning HUB

Access and Availability of Services

- Focus Group – No Patient Centered Primary Care Homes in Gilliam County
- Incentive Measure - % of patients assigned to a PCPCH – of 327 members in 2017 85 were assigned to North Gilliam Health District and 133 to South Gilliam Health District
- Cost and Utilization Report – 33% of EOCCO Plan Members consumed NO primary care in 2017
- Focus Group – “some children do not have the spectrum of well child services in the county. They must go outside the county for services.”
- Dental services are limited
- Incentive Measure – Dental Sealants 25.8% - 2018 Met Measure
- Partner – Advantage Dental

Social Determinants of Health

Housing

- Focus Group – Poor Quality of Housing
- 23.8% spend more than 35% of their income on housing (State 38.6%)
- 2 of 3 renters with extremely low income pay more than 50% of their income on rent
- 1 of 5 renters pay more than 50% of their income on rent
- Asset Limited, Income Constrained, Employed ALICE 48% of households are one unexpected expense away from financial crisis
- Homeless Counts are not accurate

Transportation

- Among Highest utilization of Non-Emergency Medical Transportation – 206 rides per 100 plan member
- 3.4% of had no personal transportation in the household (state 7.9%)

Food

- Focus Group – Access to healthy foods limited
- 60.7% of students are eligible for free or reduced price lunch (state 47.6%)
- Estimated # of food insecure individuals 260
- Estimated % of food insecure individuals 18.9%
- Estimated % of EOCCO members with food insecurity 44.7%

- Estimated % of EOCCO members facing hunger 18.8%
- Estimated that of 184 EOCCO adult members only 45 eat 5 or more servings of fruits and vegetables per day (state 20.3%)

Substance Use

Tobacco

- Incentive Measure – Cigarette Smoking Prevalence
- Smoking Gilliam (BRFSS 2010 – 2013) 19.6% (state 19%)
- Smokeless Tobacco Gilliam (BRFSS 2010-2013) suppressed (state 7.7%)

Alcohol

- Alcohol Induced Deaths 32.4 per 100,000 2012 – 2016 (state 18.5)
- Many BRFSS Heavy Drinking, Binge Drinking Data points suppressed

Drug Use

- Focus Group – Discussion of challenges to pass a drug test to gain employment

Mental Health

- Maternal Depression – Across the EOCCO in 2017, 47.6% of women experienced depression during or after pregnancy (state 21.3%)
- Suicide Death Rate 2009 – 2013 31.2 per 100,000 (state 17.9)
- Only 61.5% report overall mental health as good or very good BRFSS
- Partner – Community Counseling Solutions

Other Areas From Past Plan

- Incentive Measures
 - Childhood Immunizations Met Measure in 2018
 - Developmental Screens Met Measure in 2018
 - Adolescent Well Care Met Measure in 2018

We should probably pick 3 or 4 priority areas to look at to work on

1. Access and availability of services
2. Food (SDOH) – so we can do our Veggie Rx Program
3. Early Childhood – so we can work on our developmental screen
 - New rules and regulations are in place increasing mandates on teacher qualifications creating issues causing programs to close.

NEW BUSINESS: JANUARY INCENTIVE MEASURE REPORT

DISCUSSION:	<p>Under Adolescent Well Care Visits, the target rate is 40.6% and we are currently at 48.9% so we have met the metric. Childhood Immunizations the target rate is 79.1% and we are currently at 100%, we have met this metric. Colorectal Cancer Screening target rate is 46.8% and we are currently at 38.7%, so we have not met this metric. Dental Sealants on Permanent Molars for Children, the target rate is 22.9% and we are currently at 25.8%, so we have met this metric. Developmental Screening for 0-36 month, the target rate is 65.6% and we are currently at 66.7%, so we have met this metric. Effective Contraceptive Use, the target rate is 49.6% and we are currently at 27.5%, so we have not met this metric. Emergency Department Utilization, the target rate is 51.8 and we are currently at a 28.3, so we have met this metric. Emergency Department Utilization for Individuals Experiencing Mental Illness, the target rate is 119.5 and we are currently at 54.4, so we have met this</p>
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	<p>metric. Alcohol and Drug Misuse Screening (SBIRT) the target rate is 12% and we are currently at 11.1%, so we are not meeting this metric currently. Paul stated that we will have a good idea in April if we have met the incentive measures or not, we are kind of concerned about several of them and may only get 80% of funds back this year, and that would lower the amount considerably of the funds that would go back out to the LCAC's.</p>
<p>New Business: Oral Health Update</p>	
<p>DISCUSSION</p>	<p>Ashley Danielson reported that Advantage Dental is doing a pilot project that is called a Virtual Dental Home in Gilliam and Sherman Counties. Ashley is an expanded practice dental hygienist, and under her scope she is able to execute the program. Patients coming in to receive a dental exam that she will do virtually. She has a cordless X-ray machine to hook up to her laptop and will also have an intra-oral camera that she will be able to do a very thorough photo/video intra-oral exam that the dentist will be able to review. They will review all these images virtually and that will allow Ashley to be able to move forward with her cleaning and can perform some very limited amounts of restorative work, in conjunction with OHSU Pilot Project 200, meaning filling cavities without the use of a drill. Can do other types of filling techniques. Arlington is completely on board, doing this at the medical clinic. This coming Monday will be the meet and greet with the staff. Already have their service agreement in place with them just moving forward working through the logistics with how are we going to schedule patients. It kind of involves them, Ashley and Advantage Dental. Since we have never done this before, she is blazing the path for how this will work. Primary focus is people on OHP, but will see any patient. Targeting for Advantage Dental, they would only ever call people that are on OHP and are their members, but will have the ability to bill other insurance. Will also be doing this here in Condon for all of the school age kids K-12 on the school premises and will be active consent driven. Parents will have to opt in to the service. They will have their whole dental appointment there at school and would only have to drive out of the county if they require additional services to get a tooth filled if they actually have a cavity. If not, they will get a high five, here is a toothbrush and we will see you again in six months. Ashley wanted to be very clear that she receives no incentive for the number of patients seen. Whether it is 5 or 500 she is paid to do a job and gets paid the same amount of money and her heart is at a place of she wants to do what is best for the community because she knows that there is very limited services here. Ashley feels that the Condon Health District seems hesitant to bring her on board because of their very close working relationship with Dr. Mike Desjardin. She also wanted to state that she would absolutely not be competing with him though, because he currently does not see OHP patients. Jennifer stated that she had reached out to Hollie and asked if there was any type of space that Ashley could use one day a month and Hollie stated that the Clinic was under construction and there is no room.</p> <p>Jennifer stated that she had concerns that it will exclude the 0-5 population. Ashley stated that no, she can provide all of the same services to the Child Care kids, at the center. If she is under their roof, she can literally see any child that is "under their roof at that address." They all get a toothbrush regardless of whether they bring back a consent form or not.</p>

	<p>There was discussion about where else they could be housed in the community. Mary Ann Wren had reached out to Summit Springs and got the reply that they did not want to do it, because all of their residents see Dr. Desjardin. They didn't understand the fact that it was for the whole community apparently. So as long as the place has electricity, water, bathroom, it will work. So a church would work, that was asked about. Ashley asked if we have some proposed ideas for locations, let her know and she will reach out. NCESD was talked about and Ashley stated that they already have a service agreement with them, so nothing further would need to be done. We just need to get her connected to the right person there. The other thing to think about is there has to be another person there in case there is a medical emergency and if she is with a patient and someone else walks through the door or just general safety concerns. We would just have to work through it if it were in a Church or something.</p>	
New Business: EOHLA GILLIAM COUNTY REPRESENTATIVE		
DISCUSSION	<p>Jennifer stated that with her new job that she will have to give up her position on the EOHLA Board as the Gilliam County Representative. It was noted that the person does not have to be an LCAC member, just a member of the Community, but the LCAC does have to make the recommendation from the board. They do monthly Video meetings from 3:30 – 5:00 and they meet in person one time quarterly for that face to face contact from 9:00 a.m. – 3:00 p.m. There were no takers at the meeting, so Teddy stated that she would take this on temporarily so that we have representation, while we are looking for a replacement. They do not have to be a LCAC member, but will have to report back to the LCAC. They will have a monthly report to submit. They were created by the RCAC originally to help raise money so that there was not a difference between OHP clients and Community so it can do Community Health. Serves all 12 of the Eastern Oregon Counties.</p>	
NEW BUSINESS	CCO SERVICE AREA	
DISCUSSION:	<p>Paul stated that the Columbia Gorge CCO put a letter of intent in to serve Gilliam, Sherman and Wheeler Counties, and on the 15th they wrote in a letter of amendment to exclude those counties. We did enter into a partnership with them to conduct a survey in all three counties. We want to be able to promote that at the end of March and early April. Once that we see it, we need to get the word out. There is an on-line version and ones that will be mailed out to random households. There is so much of the Behavior Surveillance Risk Factor data that is suppressed for our area that we don't really know the behaviors for our area.</p>	
MISC. ITEMS:	<p>Community Counseling Solutions: Lisa Helms was asked if there was a person in Arlington yet. She said no, not yet but Brooke is covering the Arlington Outpatient office as well as Condon. Maryhelen is also going to Arlington, so it is being covered.</p> <p>Next meeting April 4th @ noon</p>	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
<ul style="list-style-type: none"> Minutes of November 2018 and January 2019 Note no meeting in December 2018 	Ashley/Elizabeth	MSP
<ul style="list-style-type: none"> Represent Gilliam on EOHLA temporarily 	Teddy Fennern	

- Talk to the ESD about Virtual Dental

Elizabeth Farrar