

Gilliam County LCAC Meeting Minutes

DATE: FEBRUARY 6, 2020

**LOCATION: GILLIAM COUNTY
COURTHOUSE, COURTROOM**

MEETING CALLED BY	Jennifer Bold
CALLED TO ORDER	12:06
ADJOURNED	1:46
NOTE TAKER	Teddy Fennern
ATTENDEES	Nadja McConville, DHS Self Sufficiency; Chanel Kelly, Community Consumer Rep; Paul McGinnis, EOCCO; Estella Gomez, Innovator Agent, OHA; Ashley Danielson, Community Outreach Dental Hygienist, Advantage Dental; Marci McMurphy, GOBHI, EOCCO, FVRx Program; Eileen Flory; Teddy Fennern, LCAC Coordinator; Lisa Helms, CCS; Sally Mann, North Gilliam Health District Board; Neita Cecil, Tobacco Prevention and Education Coordinator, NCPHD; Paul Conway, Tri-County Veterans Services Officer
ADDITIONS OR CORRECTIONS	None
PUBLIC COMMENT	NA
PRESENTATIONS	Lisa Helms – CCS Zero Suicide Initiative
	<p>CCS, Community Counseling Solutions services Gilliam, Wheeler, Morrow and Grant Counties. The Zero Suicide Initiative. They wanted to start with Community & Agency Education. Kimberly Lindsey created the presentation.</p> <p>Can Suicide be a Never Event?</p> <p>People at risk are falling through the cracks in our health care system.</p> <p>In the month before their death by suicide:</p> <ul style="list-style-type: none"> • ½ saw a general practitioner • 30% saw a mental health professional <p>In the 60 days before their death by suicide: 10% were seen in an emergency department</p> <p>“Suicide represents a worst case failure in mental health care. We must work to make it a ‘Never Event’ in our programs and systems of care” Dr. Mike Hogan, NY Office of Mental Health</p> <p>Oregon has seen a 28.2% increase from 1999 to 2016</p> <p>CDC says that more than half of the people who die by suicide do not have a known mental health condition, which likely means they were not getting the help or support they needed.</p> <p>OREGON 2018 FACTS & FIGURES</p> <ul style="list-style-type: none"> • On average, one person dies by suicide every 11 hours in the state. • More than six times as many people die by suicide in Oregon annually than by homicide • 8th leading cause of death in Oregon • 2nd leading cause of death for ages 15 – 34 • 3rd leading cause of death for ages 35 – 44

- 5th leading cause of death for ages 45 – 54
- 8th leading cause of death for ages 55 – 64
- 15th leading cause of death for ages 65 & older
- Oregon had 772 deaths by suicide
- State rank is 16
- Rate per 100,000 is 17.79

Suicide Prevention is a core responsibility for behavioral health care systems.

Many Licensed Clinicians are not prepared

- 39% report they don't have the skills to engage and assist those at risk for suicide
- 44% report they don't have the training

What is Zero Suicide?

- A priority of the National Action Alliance for Suicide Prevention
- A goal of the National Strategy for Suicide Prevention
- A project for the Suicide Prevention Resource Center
- A Framework for systematic, clinical suicide prevention in behavioral health and health care systems.
- A focus on safety and error reduction in healthcare
- A set of best practices and tools for health systems and providers

“It is Critically important to design for zero even when it may not be theoretically possible...It's about purposefully aiming for a higher level of performance.” Thomas Priselac, President and CEO of Cedars-Sinai Medical Center.

When people ask it's hard to say exactly, but it is a different way that they are doing business. There is a leadership group in CCS also and Lisa can say that she is seeing the changes already.

- It is a leadership commitment
- Standardized screening and risk assessment
- Suicide care management plan – safety plan
- Workforce development and training – train ALL staff
- Effective, evidence-based treatment
- Follow-up during care transitions
- Ongoing quality improvement and data collection

Zero Suicide is Feasible

Health and behavioral health care organizations have found:

- It's feasible – without additional funding
- It's working – lives are being saved.

Historically as a mental health clinician it was thought that if you are in the business long enough you are going to have a suicide. This is really changing our mentality and that it really doesn't have to be a part of it and we can strive for NEVER having a suicide.

Paul Conway stated that he works with many Veterans and if he thought that they were at risk, can he refer directly to CCS. Yes, and depending on how acute he thinks the situation is, he can call 911 and they have an on-call crisis workers to come to emergency or can call any of the CCS offices.

	<p>Paul McGinnis stated that When we did the CCO 2.0 there was slide that was used about the behavioral health contractors and the system and it really went over people’s heads. We are going to emphasize this at the RCAC meeting so that people understand what levels of care are and when an acute residential site bed is needed and all of that. Secondly he had a question on the assessment wanted to know if it had the question about current access to lethal means. Wanted to really note that the language around committing suicide to Die by suicide. Changing the negative of the word of Committing.</p>
PRESENTATION	<p>OCF Grant Project – Linda Watson and Tammy Pierce were not able to make it here due to the weather, but sent an overview of Their Health & Parent Education Partnership. The project is supported by Oregon Parenting Education Collaborative (OPEC) to expand access to parenting education in our area. They are available to provide support to us in designing a community driven, sustainable, effective parenting education program to support the parents that live in our community. This is a partnership between GOBHI, 4 Rivers Early Learning HUB (4RELH) and North Central Public Health Department. The Family Network designed by the HUB with be used for easy referrals and the project aligns with our Regional CHP “Increasing Parenting help seeking behaviors among parents with children 0-5 in the region, promoting programs with an evidence base”</p> <p>The First Step to take is to please go on to the e-mail that Teddy will send again to make sure that everyone has, and click on the link to take a survey about what you know about Parent Education in our area. We want to help normalize parent education. Teddy will be working more with the HUB and GOBHI and other community partners and agencies to help get something going in our community and Linda and Tammy want to come to an LCAC Meeting at a later date.</p>
MINUTES	<p>December 5, 2019 Minutes there was a mistake on page two. It says Lazlo’s Hierarchy of needs should say Maslow’s. Lisa Helms was also here in the attendance list.</p> <p>January 2, 2020 approved as written.</p> <p>There was a motion made by Lisa Helms to approve the minutes for December 5, 2019 with the correction of Maslow’s and adding Lisa Helms to the attendance List and to Approve the January 2, 2020 minutes as written. Chanel Kelly Seconded the motion. MSP</p>
OLD BUSINESS: <i>Frontier Veggie Rx Program</i>	
	<p>Marci stated that we are in a holding pattern for the new grant cycle and should hear back soon. Marci said that Kaitlyn can do the training with Ashley to get her started as a new prescriber. Just got a box of Veggie Vouchers just dropped off with Teddy. Teddy said that currently has 81 households that she is working with, 188 people and 132 voucher booklets. 2.32 is the average household size. A question came up about people purchasing freeze dried herbs? Would that be acceptable? Maybe it should come to the Regional Veggie Rx Council to talk about. One person thought that it is really not nutrition, it is more about flavor. Another person thought that it may be about a health benefit with some herbs. So was decided to bring up at the council and have it the same for all counties.</p>
LCAC ELECTIONS	<p>Responsibilities of the Chair is working with LCAC Support staff to build the agenda with Teddy to create an agenda for meetings and also attending the quarterly Regional</p>

	<p>Community Advisory Council Meetings. Will need to have reflected in the minutes to appoint Teddy as Proxy. After Discussion there was a motion made as follows: Jennifer Bold – Chair Ashley Danielson – Vice Chair Teddy – Designated Proxy to the RCAC for County Court Commissioner, Judge Farrar Sally Mann made the motion, Lisa Helms Seconded. The motion passed.</p>
DISCUSSION	
OLD BUSINESS: <i>Advantage Dental Update</i>	
<p>DISCUSSION: Ashley stated that as we know the sealant metric is gone and now there preventative dental codes. D1000 – D1999. There is 1-5 and 6-14 age groups and both of those groups have to be met in order to meet the metric. Think that it is very feasible and not everyone needs the same services. The Virtual Dental project, due to a lull, is only being served one day a month instead of twice a month. As demand increases, we will be able to move back to twice a month. We have heard a big response from the community while making their phone calls that there is a pretty big part of the community that have dentures. Usually a dental hygienist does not clean them. It takes a special ultrasonic machine to do that, but they have found a portable solution to that. Now she is able to clean people’s dentures and partials for them. Ashley has met with a denturist in The Dalles a few times to get education on this, so she has done her homework as well. She is very excited to be able to provide that service as well. Again this is for any member of Advantage Dental. With regards to being able to provide services to cash paying patients, she is trying to get a better answer as to why they cannot do it. There are a lot of reasoning that goes into the reasons why, but it just doesn’t sit well with some people without a more clarified reason. Ashley said that Dr. DesJardin is set up to take advantage dental Clients and he can start seeing patients who don’t want to drive all the way to Arlington for all of their dental needs. She had thought that she heard that he was only wanting to serve a specific age range, but was not certain. She also wanted to see if the LCAC could help support getting the word out there that people who are assigned to Advantage Dental, could start getting services here. Sally Mann stated that she wanted to make us aware that Arlington Medical Clinic has a newsletter that does go out monthly. Ashley said that they are just worried that because they cannot serve the full population, they are worried about advertising that way. They are doing mailings and calls to individuals on OHP though to let them know of the service in Arlington. There was a question about people who wear dentures getting their teeth cleaned and who would do a mouth exam for them? Ashley said the dentist would to check for oral cancers and any other issues. In the state of Oregon that actually a dental hygienist can do their own oral cancer screening and then Ashley would take intra-oral pictures and send those along with her findings to the dentist that she works with and then he would either support her findings or counter it. When getting dentures there is a lot of education that is needed and to be remembered.</p>	
OLD BUSINESS: NCPHD Grant Opportunity to collaborate	
<p>Discussion: Teri Thalofer was not able to come today due to a medical appointment, but sent us a letter and a copy of our Community Health Plan to look at. They have an opportunity to apply for funding that is only available to Public Health. She has reached out to partners and they did not feel that they had time to move forward with them on this because of the timeline and they needed additional information, and the grant timeline will not allow her to work with the clinics to do this. She would like to move forward and apply for funding for RN time to be in Gilliam and Sherman Counties to address CHP priorities. The staff member would reach out to community groups and community partners to build relationships while increasing understanding of the CHP process, the work of the LCAC and how population health can be improved. Given the timeline of the grant and the need for submission prior to our next meeting, she would like to ask today</p>	

that the LCAC give the chair the authority to sign a letter of support for the grant if in her opinion, it meets the needs of the community and aligns with the CHP priorities. After discussion, there was a motion made to support the collaboration of this grant and give the chair the authority to sign the letter of Support to NCPHD for the grant by Ashley Danielson, Teddy Fennern seconded the motion, the motion passed. Sally Mann Abstained from voting.

NEW BUSINESS:	<i>EOCCO Progress Report for December 2019</i>
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DISCUSSION: We have the December report but these are not final, they have a 90 day runout. We made the metric for childhood immunizations, we were 2 short on Adolescent well care visits; we were 4 short on the dental sealants, but that is met according to Ashley; We met the developmental screening a long time ago; effective contraceptive use does not look like it will be met, we need 9 more; we did meet the ED Utilization and we did meet the ED Utilization for individuals experiencing mental illness; we did meet the evaluation for adults with diabetes. There is a chance but it will be slim for the EOCCO to get back all of its withholding.

NEW BUSINESS:	OHA UPDATE – Estella Gomez, Innovator Agent
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DISCUSSION: Estella gave us a packet of updates. She said that they have put together a lot of trainings and webinars. If perhaps there is a date that has passed, go on the OHA website and look because they are doing a lot of them and you can still sign up for another date maybe. They are also always looking for the consumer voice and they are taking applications for the Oregon Patient Safety Commission Board Member and task force members. They are also always taking applications for other committees. She said to remember that this is an opportunity to represent the voice of Gilliam County and the Voice of the Rural. The Oregon Health Authority is focusing on Mental Health and making sure that we are keeping the OHP members front and center, and making sure that those who are the furthest from opportunity are getting served. There is a series of webinars on Supporting Kindergarten Readiness. There is a Webinar series for Diabetic metric support and improving diabetic care. Then there is a sheet about Health Information technology TA, and finally alcohol and opioid management. OHA seeks members for new SDOH measurement work group to help develop a measure concept to incentivize screening for individual health related social needs, such as housing, food insecurity, and transportation, to be recommended to the metrics and scoring committee for possible inclusion in the CCO Quality Incentive Program. The work group will meet monthly April to October 2020. They want applicants from diverse backgrounds.

NEW BUSINESS:	Columbia Gorge Health Council Survey
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DISCUSSION:	<p>Paul said that he had just received data to him from the council on the survey that was sent out but it was all lumped together as Gilliam, Sherman & Wheeler. Paul talked to CoCo Yackley and told her that he felt that it was not acceptable. She said that Providence Research Center, CORE wouldn't release the information if it was too small. Paul didn't think that we have paid for it yet. We are working together to try to get that, but if we don't know our own data, then how are we supposed to prioritize what we think the region needs? It was late in coming to us. They did have a really nice assessment, and had been released a couple months and we kept asking where our stuff was. We are afraid the number of respondents is going to be very small and people will be disappointed but we will see what they come up with. Teddy also stated that there is a survey to fill out if you would like, I will send out a link electronically.</p> <p>2020 INCENTIVE MEASURE GUIDE The guide to say what codes to use for everything. Directed more towards clinics.</p> <p>DEMOGRAPHIC PROFILE</p>
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	<p>There were a couple of people who were not here at the last meeting to fill out the demographic profile. This is so the OHA can profile the memberships of the LCAC against the population as a whole. Mostly who is on the LCAC's everywhere are women, so we don't really know how that will go.</p> <p>NEXT MEETING PRESENTATION ON TELEHEALTH OPPORTUNITIES Mark Lovgren who is the OHSU Telemedicine Director. He is going to come in over the internet. We will hook into the WIFI and he will share his computer and it will project up on the wall. So we will need the projector and screen. Hopefully Liz is able to make it as this was something that she had requested. Paul gave him the context of the community and what is here and so he will not be offering anything that wouldn't be able to do out here. This is a great time to reach out to Hollie and Mike at the South Gilliam Health Center and to David and the Provider at the North Gilliam Health Center. Paul is also going to offer the link for Sherman County to link into the meeting too, so that they can view the presentation. Looking at Non-Emergent Medical rides, we have a very large number of people riding the system. Telehealth, could possibly drive down costs there even potentially.</p> <p>Paul announced staff changes for the Gilliam LCAC. Marci McMurphy will be the designated EOCCO support person for the LCAC. Paul has resigned his position with the EOCCO. He also announced that Kevin Campbell is no longer the CEO of GOBHI.</p>	
MISC. ITEMS:	<p>Ashley stated that she would like to meet with Paul Conway at a later date to discuss getting the Dental Service Van in Arlington to provide services to Veterans. She has worked with the previous VSO on this project and it was very successful and great and would like to work on getting it here again.</p>	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
<ul style="list-style-type: none"> December and January Minutes 	Lisa Helms/ Chanel Kelly	MSP
<ul style="list-style-type: none"> Letter of support for NCPHD Grant 	Ashley Danielson/ Teddy Fennern	MSP
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