

County LCAC Meeting Minutes

DATE MAY6, 2016 GOOD SEPHERD HOSPITAL
HERMISTON, OREGON
LOCATION

MEETING CALLED BY	Catie Brenaman, Umatilla LCAC Vice Chair
CALLED TO ORDER	Catie Brenaman Cattie mentioned that she would be facilitating the meeting because Rod Harwood, the Chair was out of town.
ADJOURNED	Catie Brenaman
NOTE TAKER	Charlotte Dudley
ATTENDEES	Amy Pearson, Bart Murray, Sonja Hart, Jessica James, Julie White, Robert , Carol Johnson, Corrina Harrea, Scott Young, Lori Moss, Jeff Williams, Angie Treadwell, Nick Belarni, Juli Gregory, Marci McMurphy, Darrin Umbarger, Jill Boyd, Terra Richter, Lindsey Watchmen, Justine Taylor, Cathy Wamsley, Catie Brenaman, Robert Stard, Amy Pearson and by telephone: Meghan Debolt
Old Business: Meeting minutes for April LCAC-Catie pointed out the word EDIE was misspelled- Emergency Dept. Information Exchange. Motion to accept minutes- Cathy Wamsley made a motion to accept the minutes. Marci McMurphy seconded. Minutes approved.	
New Business: Community Wide Health Assessment and Teen Health Survey updates	
DISCUSSION	Meghan Debolt reported on the children’s health assessment. She will send an email to Britney Ward (Hospital Council of Northwest Ohio) today. They will collect surveys until the end of May but they think they have enough already to be able to make the data generalizable. A report should be available in June with the results. Brittney will prepare a power point. The group will then develop a children’s health improvement plan.
New Business: Report on Community Events for sharing the Community Health Assessment Information.	
DISCUSSION	<p>Hermiston-Approximately, 50 people came to the event in Hermiston and there were good interactions (Julie). Pendleton also had a good turnout and great ideas. There was a lot of discussion around the findings for obesity and diabetes rates. Felt that people may have been shocked. There were at least 40 people there. (Megan). Several people mentioned that they liked the questions for people to discuss.</p> <p>LaGrande-Lindsey went to LaGrande and he thought it was well attended, about 40-50 people. Lindsey also reported that the presenter, -Brittney is a great presenter she brings in personal stories that help tell the data story and relate to material. From LaGrande, Lindsey, Rod and Brittney Then headed over to Boardman.</p> <p>Boardman- Also a lot of good information Lindsey was able to share information about the Yellow Hawk Tribal Health Center. They are starting to do community outreach- but the data is not easy to read. Lindsey mentioned that everyone has the ability to use their own data. Brittney has supplied several partners with raw data. June 5th is a community event at Yellow Hawk –</p>

	<p>everyone is welcome. One data piece that stood out - 81% are overweight or morbidly obese. Lindsey also mentioned that the information is important for accreditation for all groups.</p> <p>Next steps- Has a Chip committee been formed yet? Meghan Debolt has volunteered to lead up a CHIP committee, she requested that anyone who is interested in being a part of the group email Catie, Rod, or Megan letting them know your interest. The subcommittee can use go to meeting for video conferencing. The Hospitals need the top 3 interventions and plans that will be finished by the end of June. The subcommittee will be looking at evidenced based strategies and what is already being done. They will also look at community resources and community readiness. Volunteers for the subcommittee can be involved in all of the planning or just parts. The group would like to start meeting in the beginning of June. Meghan will send out an invite. She has asked that interested people email back by the end of next week (May 12th).</p>
	<p>New Business: What are you hearing from members of the community?</p>
	<p>Cathy mentioned an event that occurred recently. A person in Hermiston was brought to the hospital by the police. The women left against medical advice in her hospital gown. Multiple organizations- police and then sheriff got called, it took a while for the women to be found and she was found near the county line (without a robe) and arrested. A neighbor/gentleman witnessed this woman with dangerous behavior. The woman approached the man and she said that she wanted to use a 45 to kill herself. The question was- Is there some resources when someone says that she would take her life. Robert informed the group that the cause is what drives the support. If it is mental health issue then Lifeways can access resources. If it is dementia or methamphetamine (meth) induced then not the same resources. It is so frustrating for everyone that the immediate care coordination can't occur allowing for everyone to work together. Robert suggested that the different groups need to work together to see who (what agency) is responsible. This woman ended up in jail. There is a jail diversion program that Lifeways is working on. It is hard for your average person to know who to call for resources (usually call 911). There are few resources for people who are having a mental health issues and meth issues(substance use versus mental health). A person can't go to detox if you have a suicide issue. Coordination between the alcohol and drug agencies and the mental health agency or older adult services for dementia and mental health providers is a great need. Mental health agencies cannot place a person with advanced Alzheimer's in a state mental health facility.</p> <p>Corrina, Catie, Carol, Robert, Jennifer, Casey Warner (regency) are meeting with others for a senior in crises subcommittee. They want to put together a list of who the key players are and what needs to happen. McNary Place was described as having a psychiatric care review board. Sometimes people are identified as not guilty by reason of insanity. McNary Place is also a subacute non hospital for people who are having mental health crises.</p>
<p>New Business:</p>	

Open LCAC Coordinator position. The Coordinator supports the LCAC by taking notes, tracking attendance, and sharing information with the group. A small stipend is available. Please let Catie or Rod know if you are interested.

New Business: Updates

DISCUSSION

Transformation funding and Incentive funding. MOUs are going out and then checks can start getting generated. Projects will receive the second payment at the end of May. Activities are going on in all of it.

Community member feedback- CAPECO- dial a ride transportation- Consumers are struggling with not having the same transport provider going to and back home from the medical provider. Another issue is that the person gets bounced to whoever is the cheapest ride of the moment. Driver's develop relationships with the riders and learn about the person and their medical care. It can be a hardship, when consumers are bounced around to different drivers because that relationship is not continuous. Is there a way to have a set driver?

OMAP designates who is contracted to provide transport, they find the cheapest first. Not always the best. Consumers report that "sometimes you get so anxious with a new driver and also when you are not sure if someone is going to pick you up" (Darrin) Having this stress related to transport can really take the focus off of why you are talking with the provider. The medical appointment can be negatively influenced if you are worried about how you are going to get home. Catie asked if as a group we would be able to draft a letter about transportation., Marita told a story that a person had a transport and was stranded at an appointment and there was an issue getting a hold of OMAP because it was after hours.

Another example, in TriCities, if it is on the schedule to drop someone off somewhere else (on the side of the building because of construction or something) but the pickup person does not know that the rider is waiting in the back or on the side, the driver may believe the person is not there and the driver leaves.

Bart suggested that it may have more impact if we invited someone from the state to this meeting and have a conversation. Catie thought a letter would also help- here are our concerns and now we are inviting you to hear our concerns. Marci can help draft a letter. Cathy suggested that not only is it quality of care but also a safety issue.

Catie acknowledged that the work we are doing is great.

Sonja is working with Greg and Sandy at Lifeways. They are about to open up some detox beds (12 bed detox with 4 bed respite attached) near the jail. Sometimes providers don't know at the time of detox if a person has a mental health issue. There are still some funding silos- mental health isn't able to work with people using drugs but the alcohol and drug agencies are not able to work with people with mental health issues such as schizophrenic. Robert said that a person with developmental disabilities can also be in a tough situation and that there can be issues coordinating care for these folks.. Catie encourages us to look at other areas and states for best practices. Bart shared that that he talked with representative Walden who is looking at legislation that would provide more support. Bart explained that suboxone treatment is one example. A person can be on suboxone and they will not be high or low

and is a good place to start with treatment. Currently there are only a few prescribers. Dr. Rice in LaGrande and Dr. Hoffman in Baker are two. Prescribers and can only have 30 patients the first year and 100 patients in a second year. It doesn't work well unless the behavioral health people are embedded in hospital or clinic.

The federal govt. recognizes the epidemic that we have. Oregon was #1 but has dropped down a few steps. Bart explained that a lot of people legitimately start with pain meds and if you are on it 35 days or longer you can become addicted. From there people may start drug seeking or using illegal drugs. For some it can lead to heroin or other drugs that are cheaper than prescriptions. Overprescribed medications are an issue in our communities. When talking with representatives from the local or federal govt or other leaders, they may be interested because they know family members or friends that have had the issue. It happens to many different people. Cathy mentions that this showed up in the local Community Health Assessment. Nick had some comments about how some people are trading one narcotic for another but there may be alternative pain therapies. Pain clinics are being reconsidered again. There is a lot of movement. Hermiston is talking with Dr. Groner. There are also groups working on prescription tracking across the state. Additional coordination may be a way to help with the issue.

Justine discussed how it sometimes starts with the medical providers. Another suggestion is using the Edie reports and training doctors to be using the materials.

Robert has met with the local peer wellness group and they would like to start coming to the LCAC meetings and can contribute to the discussions.

New Business: Member engagement

DISCUSSION

The member engagement subcommittee continues to work on the Round Table event. The first Round table will be happening in June in Hermiston. A flyer has been created and will be distributed to the LCAC members once the date of the event has been set. The subcommittee is asking for volunteers to assist in hosting tables or doing a child activity with children. The LCAC members asked that the information be sent out by email. Cathy offered that she has done a series of Parent Cafes and will share the health related questions/topics that they covered. HeadStart – Erin Richards has a mobile suitcase of child activities that they may be willing to share and can be used at the Round Table event. Someone also suggested that the tables have paper available for people to write down their thoughts and that the table host keeps notes on the conversation. A facilitator will take notes and also have big stickie notes. The group could put big paper down for people to write on. Another suggestion was to have an anonymous comments box. Charlotte will email invitation and information to Rod that can be sent to the whole group. Robert met with the local peer group and they would like to come to the meeting

New Business: Announcements

DISCUSSION

ESD purchased the Paper Tigers video that is available for viewing
Every day health calendar is available for everyone.

	<p>CAPECO is sponsoring a deescalating violent behaviors training. It does require preregistration</p> <p>Screen free week activities are happening this week- library tonight, biking and gardening this week.</p> <p>Health Fair tomorrow at the Convention Center</p> <p>34th annual fun run for the Yellowhawk Tribal health Center is on May 21st</p> <p>Paper tiger is showing this month.</p> <p>Marisol clinic is having a fair in July. If you are an organization that would like to participate please talk with Justine Taylor to find out how to register.</p> <p>Butte fun run tomorrow</p> <p>On May 26th the dental learning labs are going to be put together if anyone wants to help. Contact Cathy for more information.</p> <p>Healthy Fridays are offering free screenings from 5-7 on May 24th.</p> <p>Meeting reminder- the next LCAC meeting is in Hermiston again because the Pendleton hospital is not available.</p>
	<p>New Business: Updated Community Health Improvement Plan (CHIP) for the EOCCO</p>
<p>DISCUSSION</p>	<p>The group discussed the need to update the CHIP for the EOCCO. The timing is just a little off from the CHIP that will be created for the community that is based on the Community Health Assessment that has been done recently. The EOCCO CHIP is due to Troy Soenen/GOBHI during the second week of June.</p> <p>In 2014 the Umatilla LCAC created a CHIP that had 4 priority areas (children's overweight and obesity rates, children's mental health and emotional well-being, Chronic disease/diabetes and asthma, and tobacco use). It is time to update the CHIP. Several points were mentioned during the discussion-</p> <ul style="list-style-type: none"> -Several agencies and groups are also in the process of creating CHIPs (Yellowhawk Tribal health Center, Clearview Mediation/Community Health Inclusion index, Umatilla Public Health/Children's, St Anthony and Good Shepherd Hospitals are just a few). -Different LCAC members have different areas of expertise and would like to see health topics such as trauma informed care, chronic stress, older adult health, addictions, inclusion, behavioral health, care coordination, also be considered. -There has not been a lot of time spent on reviewing the original CHIP or evaluating the strategies that were created -The summary that was shared with the group (during the discussion today) minimized the work that had been done and did not provide an opportunity to discuss the different strategies and how they worked. -The LCAC membership has expanded and changed since the creation of the original CHIP. There may be additional areas of interest. -Several of the priorities in the original CHIP overlap with each other and may possibly be combined -The LCAC values the data and information from the most recent Community Health Assessment completed. And the group also expects to receive valuable information from the Children's assessment. The group would like to combine as many efforts as possible and streamline any efforts to create Community Health Improvement plans. (Use the information from the community efforts to help guide the LCAC efforts).

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
<ul style="list-style-type: none"> Contact those in charge of transportation and invite them to a future LCAC meeting to discuss transportation in Umatilla County. 		
<ul style="list-style-type: none"> Share the Round Table invite and request for LCAC volunteers to help with the event. 	Member engagement subcommittee	
<ul style="list-style-type: none"> Invite LCAC members to participate in the Health Assessment subcommittee. 	Meghan DeBolt and Rod Harwood	
<ul style="list-style-type: none"> 		

Next meeting June 10, 2016 at 8:30 AM
Good Shepherd Hospital
Hermiston Oregon