

MARION COUNTY HEALTH ADVISORY BOARD
Meeting Minutes
January 21, 2014
5:30 P.M. to 7:30 P.M.

Present: Tim Murphy, Patrick Vance, Mike Mann, Sandra Echavarrria, Renee Stewart, Josh Sandeman, Judy Scott, Katherine Fleury, Hanten Day, Melinda Veliz

Absent:

Staff: Rod Calkins, Cary Moller, Pam Hutchinson, Scott Richards, Polly Kuznetsov (Recorder), Jennifer Eskridge, Diana Dickey, Jeanne Antonucci

Guests:

Call to Order/Introductions/Approval of Minutes – Patrick Vance, Chair

Patrick called the meeting to order, introductions followed. Patrick entertained a motion to approve last months meeting minutes, members voted, motion carried, minutes were approved.

Announcements/Updates:

Willamette Valley Community Health (WVCH) Contracts:

Rod explained that WVCH is the Coordinated Care Organization (CCO) that serves a large population in our community. The contract we had with Willamette Valley Community Health expired on December 31, 2013. Today it was voted to approve a renewal for WVCH from the start of this year to the end of the year. Since the beginning of January there have been over 12,000 people who have signed up. It was double what they had expected to see. One notable aspect has been the increase in emergency room visits. Melinda questioned if the increases are due to systematic reasons like patients having to wait a long time to see their primary doctor. This led to a discussion that many patients do not really know who their primary doctor is and feel safe going to the emergency department because now they are covered by insurance. In the past when they where uninsured it would have been a financial burden.

Approval of Federal Title X Program

Jeanne Antonucci began by explaining that the Federal Title X program began years ago and recently have begun asking consumers/public for their input on the education materials. The educational materials had been mailed in the previous week to HAB members along with review forms. The informational brochures are at a fifth to eighth grade reading level. Dr. Landers has reviewed the brochures. The Clinic also has CDC (Center for Disease Control and Prevention) printouts for those individuals who are more educated or those who want more information. Patrick went on to ask if everyone has been receiving Dr. Landers quarterly reports in there email because these reports do include STI statistics. Polly will check with Dr. Landers to make ensure that she email addresses for all current HAB members. HAB members were encouraged to fill the review forms and turn them in before they leave.

E-Cigarettes:

Diana Dickey introduced herself. Recently, there have been many questions at her office concerning E-Cigarettes from the public. There had also been an article in the Statesman Journal concerning E-Cigarettes. Diane passed around tools used in E-Cigarettes including a delivery device and liquid. She began by explaining what an E-Cigarette is. It is a tool that mimics the act of smoking and delivers nicotine in the form of vapor. A common term used for it is vaping. The tool contains a liquid, and some

of the liquids do not contain nicotine. E-cigarettes are not regulated by the FDA (Food and Drug Administration), therefore studies have shown that there are inconsistent levels of nicotine in liquids and levels vary among sellers. There are no regulations on safety caps and the liquid is highly toxic to children. There have been thirty-one calls to the Poison Center between 2011-2013 concerning E-Cigarettes. There are many flavors of liquid you can buy and a large concern is that it is being marketed to children. The delivery devices are reusable or disposable and batteries can be rechargeable or disposable.

There have been no manufacturing standard for batteries or materials used in making E-Cigarettes. Who uses E-Cigarettes? E-Cigarettes use has doubled among US middle and high school students from 2011-2012 (Source: CDC). One out of five high school students who use E-Cigarettes are not conventional cigarette smokers. Currently, there are no restrictions on youth purchasing or using E-Cigarettes. The number of adults using E-Cigarettes has quadrupled from 2009-2012 (Source: CDC). Proponents of E-Cigarettes view them as harm deduction for the following reasons: no first or second hand exposure or combustibles, aid in smoking cessation, allow user to “smoke” anywhere without affecting others, no odor, and its not taxed like regular cigarettes. Other Public Health concerns include that it may have adverse effects, but there have been no long term studies. It could encourage users to begin smoking or to continue using nicotine products for those who may have quit. It is counter effective in smoke free policies.

Early testing identified chemicals known to cause cancer and birth defects in first and secondhand vapor. E-Cigarettes are not a part of Oregon’s Indoor Clean Air Act because they are not a “lighted Smoking Instrument”. This has caused confusion within businesses and the public. There have already been policies in different areas concerning E-Cigarettes. They are not allowed on commercial flights in the U.S. Some businesses such as movie theaters are restricting their use. Some cities have restrictions in place including the age limit. There are about 27 states with age polices in place. A Bill to restrict sales to minors will be introduced to the February 2014 Legislative session. The Oregon Health Authority recommends: FDA oversight, no sales to minors, no flavors, no use in smoke free areas and advertising restrictions. Renee asked where E-Cigarette companies get the nicotine from for the liquid. Diana answered that on the web sites on some they claim to come from high grade tobacco plants and some are extracted from tomato plants.

Summary of Public Health Accreditation Board (PHAB) Site Visit:

Mike thought that the Community Partner Visit portion went really well for the Health Department. Patrick stated there were about ten questions to partners. Pam began by thanking the community partners involved, and said that one of the things that PHAB said we did well was collaborative efforts. Having the PHAB site visitors meet with all the community partners’ reinforced responses from health department staff from earlier interviews. Mike said the message the PHAB site visitors received from the Community Partners is that the Marion County Health Department is using different modes of communication such as Facebook to reach out to the people. Marion County effectively reaches out to people in our community with health policies or ideas. Patrick asked if Marion county Health Department passed the PHAB site visit. Pam said that the group that visited had two week to turn in their report to the PHAB board. The board looks at it to ensure it makes sense and ask any question that they have. Marion County Health Department will receive the report after it’s been reviewed. Once we receive the findings we have an opportunity to look at it and review it to make sure it has facts are correct. We should know by July at the latest what the results of the PHAB site visit are.

In the exit interview the PHAB Site Visitors said that we were strong on collaboration with community partners, workforce development, and prevention. We received recognition for being innovative on emergency preparedness language in our job essential functions for staff. One of the opportunities for improvement was aligning our language in policies. Going through the process we had changes including combing departments which caused some discrepancies in language not being aligned in policies. Another

opportunity for improvement was that we should be having more systematic communication with the Board of Commissioners (BOC). Pam felt that the interview the PHAB site visitors had with the BOC went well. We will be looking at opening up more communication opportunities with the BOC. The whole purpose of the process is continued improvement, the point being that it's continuous, so we know there will always be opportunities for improvement. By July, they will either give us accreditation or tell us that we need to improve a bit more before they can give us accreditation.

Tim asked if we knew what was behind the improvement opportunity of more communication with the BOC. Pam answered that the BOC is governing entity and there's an expectation that a high function health department have an ongoing dialogue with its governing entity. One question was asked how often HAB members have contact with BOC. Patrick asked how long the accreditation is for. Pam answered that it's a five year accreditation with annual progress reports.

Summary of Request for Application Projects:

Scott began by saying that we talked last month about the variety of Request for Applications that we were submitting to Addictions and Mental Health. Some of which were sent into Portland at the State Procurement Office and some were sent to Salem. We were successful at most, but not all. At this time there was a notification sent to counties who are receiving funding. Each notification came with a caveat that there was so many applications we are not sure you will be funded the full amount requested. Some have let us know a specific amount we will be receiving. We applied for additional funding for our EASA program, which is a program for early psychosis. We looked at an area for improvement which is high alcohol and marijuana use in EASA young adults. A second program was the Young Adult Hub. This was a concept we thought could be something that could work well for our area. We had conversations with Community Action, Youth M.O.V.E., and Polk County for putting together a proper proposal but it was not funded. The other ones that were funded were the additional dollars for jail diversion services. The jail diversion services include the crisis center and the CORT Team. This centralizes our process case managers help set up appointments and walk the person through to the appointment so that the person gets the services needed. We asked for a little around \$275,000 but will only receive around \$111,000.

The last one Scott was involved in was the Mobile Crisis program. We were almost fully funded for that one. That means Addictions and Mental Health will pay for two cops and two Mental Health Specialists. We will have seven day coverage working swing shift type hours with a sheriff on one team and a Salem police officer on another. The officer will be trained in CIT (Crisis Intervention training). Scott said that it starts by sending in a police report and making them aware that there is this resource for them. It may be other officers who are aware of the program and know that they are on call to refer cases to them. Patrick also put in that those regular police officers will have a chance to see the trained police officer and Mental Health Specialist interact differently with mentally ill and learn from interaction. Scott said that those who have gone through the training said that they benefited through later experiences. He also received positive feedback from Mental Health Specialists who have had to interact with police officers who received this training. Mike was wondering if statistics show whether this type of program helps reduce outbursts, violence and other negative types of reactions. Scott said that some of the research supports these kinds of efforts. The Sheriff's reported that a few years ago there were 20,000 bookings a year and now we are reduced to 16,000 and they attribute some of that decrease to our diversion efforts.

Cary began by saying that we received seven awards including the two that Scott has just described. We also partnered with our local CCO for three grants. Through our CCO Scott also worked on an application for Assertive Community Treatment program, now is funded, which is a Band-Aid requirement for our contract. It's a best practice model which assists those who are transitioning from the State Hospital care and other restricted setting. BCN (Behavioral Care Network) will help us with the implementation for this award. We also got an expansion for our system of care services. We will be expanding our Wrap Around services to other areas. The goal of the program is to help kids stay in their home and reduce the impact of mental illness and other system issues for those kids. BCN was one of three counties that were piloted for

the second tier of services and now this is the third tier support for our community. We received funding for housing stipends. These are thirty continuing and ongoing mental subsidies that are transitioning from higher levels of care including group homes, the State Hospital and other institutionalized types of care. We have thirty joint stipends; twenty subsidies here in Marion, five in Polk and five in Yamhill.

All these awards will make some big impacts including adding FTE's (Full time equivalent) employees. The portion that Cary is speaking about will add 20 FTE; some being long term and others will be eighteen months. The next award of funding Cary would like to mention is a development of a Peer Services Coalition. We have identified eleven peer/consumer run organizations between Marion and Polk counties. The intention is to do a partnership with Portland State University to facilitate discussions and we will be calling it restorative learning sessions. The notion is to bring these groups together to support the work of the programs. There will be about ten sessions to develop a strong coalition. This will be an eighteen month proposal. The last grant, Health Promotion and Prevention Grant proposal, was developed by Jennifer Eskridge, Cyndey Nestor and Pam. The idea was to add strengthening family groups to the community and add a depression screening component to it. This will add more time for a Health Educator and the addition of a Peer Support Services to connect kids who have been identified to have high depression or potential risk for suicide to help screen those kids and connect them to services in the community.

Rod said that this RFA process has been a different approach to pushing out funds. It has consumed a tremendous amount of staff time. Some small counties did not have the staff resources to apply to these grants and therefore did not receive any grants. There were some efforts by the Oregon Health Authority (OHA) part to do some geographical distribution of funds. Mike asked if this was the 1.9 billion dollars that came down from President Obama. Rod said it came from the state general fund that came out of the last couple legislative sessions. It came from Representative Courtney's reinvestment ideas for mental health. The funds came from the county contracts with the state starting this year. The idea behind this was that almost everyone will have OHP (Oregon Health Plan) and we wouldn't need the general funds to pay for services. We can use those funds to pay for reinvestment programs to enhance community health. If that's true the concept will work. If there are people who will not have insurance and who will be using ongoing services, this will cause us to be short funded. It's very exciting that this will allow us to offer many services. This was supposed to start at the beginning of the year but with the amount of hiring needed has caused a delay. Pam said that we are still waiting for one more grant called the Innovative Prevention Program Grant. This Grant was about substance abuse and suicide prevention. We will be hearing if we were awarded this grant soon.

Future Items:

Patrick asked if there were any ideas for future topics to discuss. No future items topics requested.

Other Business:

Pam mentioned that Dr. Landers had done an Influenza update presentation for the Board of Commissioners. She will send the link to watch her presentation to Health Advisory Board Members.

The chair motioned to adjourn, members voted and approved.

HAB Meeting Adjourned.

Recorder: Polly Kuznetsov
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2014 Meeting Schedule:

January 21, 2014	June 17, 2014
February 18, 2014	September 16, 2014
March 18, 2014	October 21, 2014
April 15, 2014	November 18, 2014
May 20, 2014	December 16, 2014