

MARION COUNTY HEALTH ADVISORY BOARD
Meeting Minutes
February 21, 2012
5:30 P.M. to 7:30 P.M.

Present: Judy Scott, Patrick Vance, Tim Murphy, John Beare, Renee Stewart, Katherine Fleury, Mary Beth Thompson, Michael Mann

Absent: Hanten Day, Cherie Girod, Scott Richards

Staff: Rod Calkins, Pam Heilman, Sandy Stewart

Guests: Patty Vega, Judy Cleave

Call to Order/Introductions/Approval of Minutes

January meeting minutes were approved with one editorial change.

Patrick discussed electing officers and motioned to continue with the same officers for this evening's meeting. The members voted and approved the motion.

Early Childhood Nursing Presentation:

Pam reported a special request was received specifically for this presentation.

Patty Vega discussed the early childhood nursing team and the services they provide. They currently have 5 nurses with one open position that is out for recruitment. They have three home nursing programs including Babies First, Cocoon and Maternity Case Management. One error was found on the PowerPoint presentation under the title Team, 0.5 FTE should be 5.0 FTE and 0.3 FTE should be 0.6 FTE. Patty reported they have one non-nurse that does home visits that helps families find health insurance and transportation. A subprogram within the Maternity Case Management program is the MOM's program that works specifically with women who are in recovery from substance abuse. It is a model with mentors and a public health nurse.

Babies First is setup specifically to work with newborns through the age of four that have identified medical or social risk factors that place them at risk for poor health and development. A question was asked as to what they consider social risk factors including teen parents, a parent with developmental disabilities, and a person that was involved in child welfare or has substance abuse history. The goal of the Babies First program is to improve health outcomes through prevention and early identification of problems. The home visiting team receives follow up recommendations from the NICU.

The home visiting team is part of the community support for the families with premature infants; pediatricians and often specialists or therapists also work with families to support premature infants. If there are any delays in development they can make referrals to Early Intervention which is another home visiting program through the Willamette ESD and not through the Marion County Health Department. Patty reported they also interact with the Healthy Start program for first time parents and if it is a good fit they may be referred to Healthy Start. Healthy Start has smaller case loads. Babies first visits are made up of 44% prematurity, 19% drug exposed, 43% parent with limited resources and 32% concern of parent/provider. Most of their referrals come from the NICU, CDRC, Providence Children's Center and private practice pediatricians.

Patty reported financial resources have decreased but she does not have a percentage. In 2011 the Babies First program saw 476 clients with 1,513 home visits. 86% are on the Oregon Health Plan at intake. 85% of families are less than 100% of the federal poverty level. Babies First and Cacoon have their own website. Early Childhood Nursing has a combined brochure including Babies First and Cacoon, the brochure is also available in Spanish. Two nurses are bilingual (English/Spanish) and interpreters are available for other languages. Approximately 47% of people in the program are Hispanic, approximately 33% are Spanish speaking only, there is one Somali family in Woodburn and the Marshallese community is growing. The Marshallese usually do not seek prevention services. However, they will go to the hospital to have their babies. They do maintain an ethnic demographics spreadsheet.

The Cacoon program is designed to follow children into early adulthood. The Cacoon kids have been identified with having a special health care need. For teenagers in the Cacoon program they give the parents post high school information and help them prepare. There are a few teenagers in the Cacoon program; as soon as they turn twenty one they no longer qualify for the Cacoon program.

A question was asked regarding what happens to older special needs adults who have relied on their adult caregivers who may no longer be able to care for them. Sandy reported if the older special needs adults are enrolled in DD they have a program that specifically involves older caregivers - these caregivers have been identified and so while they were still in good health they could help with choosing a foster home or group home for the older special needs adults and be a part of that decision.

When a referral comes in it is assigned to a nurse; the goal is within 10 days they contact the family to schedule a home visit. They also send a letter notifying their primary care physician.

Both Babies First and Cacoon are available in every county in Oregon. As long as they have one of the medical or social risk factors they are eligible for services. A discussion followed regarding social risk factors. There were 225 Cacoon clients in 2011 with 807 home visits. The bulk of the clients are newborn through age five and the majority of them survive. Statistics are collected and if a child on their caseload passes away a code is followed to document the information.

Parents are becoming more active with more support groups offered. About half of the parents participate which has helped to establish relationships among families and networking groups in similar situations. The majority of the fathers are working during the meeting hours but when they can attend the meetings they do.

Billable services are billed to Medicaid and to qualify for services they must have Oregon Health Plan. For Babies First they can bill services until the child is five years old. Nurses have certain criteria they have to follow in order to bill for services. Through the Cacoon program they have a contract with CDRC through OHSU that provides funding for a part of the program and they can also bill Targeted Case Management.

Maternity Case Management is a program for women with identifiable risk factors during their pregnancy to educate them on changes that are going to happen and how to take care of themselves. A subprogram to this is the MOM's program for women who are currently in substance abuse treatment where the goal is to improve birth outcomes and to have babies born drug free. The program is highly successful. Risk factors are 80 % unmarried, 72% unplanned pregnancy, 41% substance abuse, 35% less than 12th grade education, 33% use tobacco and 22% mental health issues. Currently 112 Clients with 331 home visits of which 30% are non billable and do not have OHP. A discussion commenced regarding risk factors.

There are training programs that help Public Health nurses get more involved with people. There are two consultants, one for Babies First and one for Cacoon and also training programs within the community including Great Beginnings. The nurses also have training exercises within the program.

Health Advisory Board Recruiting Future Members:

Pam discussed recruiting future members. A map and map key were posted as a visual of where the Health Advisory Board representation is and which sectors of the community are being represented. A discussion was commenced regarding the makeup of the committee. HAB Members need to look at current membership - they are currently waiting for the bylaws to come back but it is important to bring this forward for discussion. The map has indicated they do not have representation north of Keizer or Silverton. The map represents where the members live versus which community they work in. However, it could be represented by where members work. Rod reported that what they are looking for are ideas on how to define these categories and how to place geographical representation. It is important to fill the two main boards, the Public Health advisory board and Behavioral Health advisory board. The other thing they are looking at is if the term community member is the most accurate way of characterizing the members.

A discussion was had about the sample recruitment language and advertising the language. The language will most likely be advertised in the Statesman Journal. The following suggestions were made: the language could be sent as a flyer and posted to bulletin boards or sent out to staff; a public announcement on a radio station, the Chair write a letter to the editor and possibly post to Chart Notes, post on craigslist, and/or person to person outreach. This will be sent out as a media release to everyone. Rod reported they are trying to identify agencies that it would be good to involve as well. A suggestion was made to reach out to dentists or the dental society to post in their newsletter or contact community leaders. The limit for recruitment is twenty community members, up to ten on each subcommittee, and another consumer advocate for the public health subcommittee if we expand at all. County staff members do not count because they do not vote. The board currently has ten community members. Pam will look into putting the recruitment on the commissioner's agendas. We currently have one member that is representing an ethnic group. The north end of the county needs representation. Rod asked that members come up with ideas and questions about how to layout the map before the next meeting and suggested different layouts such as occupation, communities of color, geographic locations by work or residence.

Rod reported legal has been working on the Ambulance Service Areas (ASA) which is the reason we have not yet received the Health Advisory Board bylaws. A discussion was had on the Marion County ASA's.

Michael Mann read a letter he received from the White House signed by President Barack Obama which was in response to a letter that Michael previously sent to the White House in regards to mental health issues.

Announcements:

WIC changes:

Rod reported there is a new WIC supervisor Diane Quiring, who is coming from Salem Hospital. The two people that have been filling in for support management and program management are going to pull out gradually. WIC support staff is now going to be cross trained which should be complete in a few months. A question was asked if WIC is going to be absorbed in the re-organization of education. Rod reported the Early Learning Council is still talking about that and WIC is one of the early childhood programs that they are assuming will be under that HUB. The Health Department is not the only provider of WIC, Salud also has WIC. The Health Department receives grants for WIC based on a three year caseload. Caseloads are currently down across the state. We are currently on a work program with the state. Many people have left the area and there are fewer people with children resulting in smaller caseloads.

Prenatal program:

For a number of years Salem Hospital, Silverton Hospital and what is now the Willamette Valley Providers Health Authority (WVPHA) have funded a prenatal program for uninsured women. If women are provided with prenatal care they are less likely to end up in the NICU with all of the associated costs that persist for a lifetime. The Health Department carries women to about week 28 and then they switch over to Salem Hospital's birth center clinic. There is a self pay portion of this - about 60% of the cost was being born by the families themselves so the amount of money that Silverton Hospital and WVPHA put in has been much lower than the maximum that they could have had. Salem Hospital has announced they are closing their birth clinic as of next month; the family birth center will remain open. Rod reported that he is not sure what they are going to do and is trying to clarify who is going to take their high risk mothers - we currently don't have a doctor who does that. We do have appointments with WVPHA to talk about that with Salem Clinic, among others. Their obstetrician will continue to write orders with us.

A question was asked as to how this will affect Maternity Case Management. Rod reported the MOM's project is funded out of WVPHA funding and we are going to make sure moms have the chance to have drug free babies, it has worked really well so far and that will not change. This is a very difficult situation to navigate for those who do not work, have special needs, do not have insurance or do not speak English. This is why we have case management.

CCO/Legislative:

Rod reported the Governor's bill 1580 is sitting at the house speaker's desk and they are ready to close next week. Don't expect any changes - this is basically the same bill that has been seen before with a little more clarity about who is suppose to be on the CCO's. The local conversations have involved the major hospitals, WVPHA, the federally qualified health centers, Marion & Polk counties as a region, Jim Russell from the BCN, a couple of mental health directors and dental care providers among others. They have not talked about how they are going to transform healthcare or what they are going to do. There is subcommittee work starting up in terms of the healthcare transformation.

Other:

Mary Beth stated her agency has a special project going on where their pre-admissions screener is working with Salem Hospital so everyone who discharges due to Pneumonia or diabetes are followed up with by their RN. The effort is to reduce multiple returns to the hospital.

Patrick asked about a future topic on the agenda which is health services for persons re-entering after incarceration and suggested we look at bringing in Todd Gould and Hank Harrison - have them talk about what they are working on and how the department is trying to work with local resources.

The chair motioned to adjourn, members voted and approved.

HAB Meeting Adjourned.

Recorder: Lisa Duerksen,
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2012 Meeting Schedule:
January 17, 2012
February 21, 2012
March 20, 2012
April 17, 2012
May 15, 2012
June 19, 2012
September 18, 2012
October 16, 2012
November 20, 2012
December 18, 2012