

CLHO Retreat Notes

September 17th-18th, 2014

Table of Contents

CAFÉ CONVERSATIONS	3
PH BILLING	3
EARLY LEARNING	3
TARGETED CASE MANAGEMENT	4
PH RETURN ON INVESTMENT	4
CROSS – JURISDICTIONAL SHARING	5
LOCAL POLICY PRIORITIES	6
GRAB BAG	6
FUTURE OF PUBLIC HEALTH RECOMMENDATIONS AND NEXT STEPS	7
EMERGENCY PREPAREDNESS AND EMERGING THREATS	7
LOGISTICS	7
MUTUAL AID AGREEMENTS	7
NEXT STEPS	7
WORKING TO IMPROVE PUBLIC HEALTH OUTCOMES WITH CCOS	8
OUTCOME WORK	8
NEXT STEPS	8
CLHO CONTACTS	8

Café Conversations

The Café Conversations facilitated peer sharing on a host of topics: PH Billing, Early Learning, Targeted Case Management, PH Return on Investment, CJS Sharing, and Local Policy Priorities.

PH Billing

What resources are you using, or do you need, to improve revenue from billed services?

- Using the Moda contract for immunization billing
- Resources are needed:
 - ICD 10 coding
 - Updating insurance contracts
 - Billing MH services with PH
 - Understanding capitated vs. fee for service
 - TCM billing
- OSPHL is billing insurance, and Medicaid—there are duplicate billing concerns.

Early Learning

What strategies are you using to engage with early learning in your community?

- Join the HUB entity (e.g. United Way)
- Promote PH as the “Home Visitor”
- MOUs to facilitate data sharing
- Standardized forms (e.g. universal referral form)
- Standardized referral site for providers
- Strategic planning (creation and engagement)
- Place ELC in the LHD

What are the discussions on coordination of data and outcomes in early learning programs?

- ASQs entered into EHR need to figure out how to do this with private pediatric offices
- Follow-up with well-child visits through FQHCs
- Using Babies First! Visits to assess ASQ (pilot with CCO)
- PH and ELC database disconnects—need to get health into hubs
- All home visitors work together, there is plenty of work to go around, we need to keep an eye on outcomes
- Maternal depression linked with CCO metric

What are new opportunities to engage on early learning issues with early learning hubs?

- Educate hubs regarding early needs, many hubs are in ESDs and colleges and are not aware of prenatal and preconception connections to early learning
- How do you overcome territorial issues?

- How to communicate with one another better
- Funding is a source of confusion
- No hub in my county- how can we support efforts to from

Targeted Case Management

What strategies are you using to engage with your CCOs around Targeted Case Management?

- Some CCOs are doing their own work with community health workers, but do refer to PH nurse
- Using template for TCM with CCO

What are the challenges to moving forward on TCM and how are you working to overcome those?

- Multiple CCOs and multiple conversations happening statewide
- Time
- Amount education needed for partners,
- MCM/TCM silos
- Developing a system (staff, data sharing)
- Figuring out what the 3% means in TCM integration
- FQHC mix
- Confusion with ELC

Are you engaging with your CCO on other issues beyond Maternal and Child Health?

- Asthma through Healthy Homes
- Environmental health (housing)
- Social services
- Public Health Nursing
- PCP

PH Return on Investment

What interventions/programs are you trying to develop an ROI for?

- Marketing approaches
- Nurse home visiting
- Chronic disease self-management
- Outbreak prevention.

What are the challenges to developing ROI and how are you trying to overcome those challenges?

- Grants, fees (billing), general funds
- Targeted programs (outcomes lag, measure lag)
- Long-term outcomes are hard to know

- Clinicians do not know data. For example when getting a patient to quit smoking lung cancer risk decreases in 10 years, but heart attack risk decreases in one day
- Ways to overcome:
 - Can count processes
 - Maybe measures outputs
 - Integrate with performance management
 - Find surrogate measures
 - Put evaluation first in logic models

Cross – Jurisdictional Sharing

What programs/ services are you sharing, or thinking about sharing, with other jurisdictions?

- In Central Oregon, some EH services are shared between Crook and Jefferson Counties; Jefferson County has a contract with Crook to have an EH specialist two days per week
- Crook, Deschutes, and Jefferson Counties have a RWJF grant for regional Emergency Preparedness work
- They are also looking into having a regional Public Health Preparedness Planner
- The three counties conducted a regional CHA and CHIP
- Jefferson County sends a TCM nurse to Crook County, and Crook County has a NFP nurse that could covers for other Central Oregon counties
- Moving forward, Central Oregon is hoping to share a CD investigator and an epidemiologist

What support would you need to engage in additional cross-jurisdictional sharing?

- “Toe in the water” pilots
- Gaps and Resources Needed
 - Legal limits and jurisdictional limits
 - Response times and logistics
 - Timeline for getting it done
 - Model agreements
 - Grant opportunities (resources)
 - Mentorships, especially across the state
 - Untapped partners/resources
 - Political will and advocacy
 - Reciprocity and trust
 - Written agreements and sustainability

What are strategies to engage Commissioners on CJS?

- “Stronger together”
- Public Health education, Public Health 101 during budget season
- Find a champion

Local Policy Priorities

How did you identify local policy issues to work on in your community?

- Mandated via tobacco and PHEP (funding and PEs)
- Readiness (grassroots, national issues)
- Political will
- CHIP activities
- Identification of external champions
- Identification of evidenced-based interventions
- Personal interest of staff combined with community need
- CCO interest and support

What are challenges to local policy work and how are you overcoming those challenges?

- Local Public Health Authority/Board of Commissioners engagement, participation, and education
- General county support
- Involvement of city government (engagement, participation, education)
- Enforcement of EH compliance
- Promotion at the local level of health compliance

What non-traditional partners are you working with on local policy priorities?

- Universities
- Department of Agriculture
- OSU Extension Services
- Community Based Organizations
- Non-governmental Organizations
- Communities of Color
- Oregon Liquor Control Commission
- Mental Health
- Oregon Department of Transportation
- Trade Associations/Restaurants
- Local Businesses (i.e. wineries).

Grab Bag

Are there other emerging issues that need to be discussed with your colleagues?

- Passivity about proven time-tested public health interventions (i.e. tobacco cessation, immunizations) in this world of “transformation”
- Public health advisory groups—who? why?
- Public health advisory group purpose
 - Support programs and policies, advise the board of health, review data, make recommendations
- Maternal child health is an area that public health has a great impact and has the potential for funding through the CCOs
- More conversations with CCOs on smoking cessation and depression

Future of Public Health Recommendations and Next Steps

The Taskforce panel, Charlie Fautin, Carrie Brogoitti and Lillian Shirely, provided an overview of the work completed by the Taskforce and recommendations that were developed out of the work. Their overview was followed by a robust discussion on the next steps following the Taskforce recommendations and future directions for the Conference of Local Health Officials and local health departments in Oregon. Charlie Fautin encouraged CLHO members to be thoughtful about the role of shared governance between the OPHD and LHDs and how/where that shared governance could take place. The discussion also brought up questions on the measurement of the Foundational Framework, the formalities of shared services, and how this newly proposed system will be funded.

Emergency Preparedness and Emerging Threats

Mike Harryman and Collette Young from the OPHD provided an overview and background information on emerging public health risks. Their overview was followed by a discussion on the role of state and local public health departments in emergency response. Brian Mahoney and Mike Harryman also provided an overview and details on the Omnibus Mutual Aid Agreement developed by 17 county councils in Oregon.

Logistics

- On the first Tuesday of every month the public health division hosts an emergency preparedness call, all state emergency preparedness coordinators are included on the call
- Communicable disease information is pushed out on ORCD1, be sure your LHD communicable disease staff receives information via ORCD1

Mutual Aid Agreements

- 17 county councils in Oregon have created an Omnibus agreement. Participating counties agree to support each other in times of emergency response to an incident
- The benefit of this agreement is that time will be saved by having processes and procedures in place before the incident occurs, ensuring agencies can respond in a more effective and efficient way
- It is recommended that LHDs take this agreement to their county council
- It is the hope that all 36 counties be signed onto the Omnibus agreement

Next Steps

- Determine “threshold” for administrators receiving notifications from Health Alert Network (HAN)—PHAO will work with Mike Harryman
- PHD provide LHDs with provider level information/talking points so that the LHD is not contacted in the middle of process

- PHD to provide list of emergency managers in counties that are not participating in HAN, so that LHDs can work with emergency managers to ensure everyone is receiving the same information

Working to Improve Public Health Outcomes with CCOs

This session featured a panel of SIM grantees and other LHDS that have been working with their CCOs to improve community health outcomes. The panelists shared a brief overview of the projects and the outcomes they are using to track their progress.

Outcome Work

- Benton, Linn, Lincoln and IHN CCO are planning to use standard measures (measures already being collected) to track outcomes
- Lane County worked with their CCO to obtain all-payer claims data to develop outcome metrics on maternal tobacco use rates
- Multnomah County has made a Good Samaritan law as a legislative priority based on outcome data related to overdoses
- Since Multnomah County's naloxone program they have seen a 29% reduction in heroin deaths

Next Steps

- Valuing services and comparing with others (LHDs, private providers)
 - How much do our services cost?
- There is a great need for good foundational data and working toward strengthening our abilities to evaluate the work we are doing
- Work at state level (PHD) to show long term benefits using statewide claims data (model on Lane County work)
- Create a communication plan so that LHDs can use with CCOs and we have one unified voice across the state

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