



BEGIN: 12:00PM

ADJOURN: 1:30PM

CCO COMMUNITY ADVISORY COUNCIL MEETING
Lane County Youth Services/John Serbu Center, Carmichael Room
2727 Martin Luther King Blvd.
February 25th, 2013
12:00pm-1:30pm

AGENDA

CAC Members Present

David Parker, Chair
Tara DaVee
Val Haynes
Dawn Helwig
Marianne Malott
Marcela Mendoza
Susanna Sammis
Charene Reavis
Renaë Freeman
John Radich, Co-Chair
Rick Kincade

Staff

Ellen Syversen, Lane County Public Health

CAC Members Absent

Jessica Rice
Tony Biglan
Roxie Mayfield
L.M. Reese
Karen Gilette
Lezlee Craven

Guests

Cass Skinner, Trillium
John Sattenspiel, Trillium
Karen Gaffney, Lane County Health & Human Services
Kris Lyon, Lane Transit District (Guest Speaker)
Marsha Evans, LILA (Public Comment)
Sheila Thomas, LILA (Public Comment)
Tammi Paul, Oregon Family Support Network (OFSN) (Public Comment)
Jose E. Soto III, NAMI Lane County
Max Morris, Peace Health
Katherine Schneider, Peace Health Behavioral Health In-patient
Nancy Pierce, Congressman Peter DeFazio

1. Call Meeting to Order

2. Public Comment

- a. CAC members received public comment in support of Peer Support Services (PSS) in Lane County from 5 individuals representing LILA, Oregon Family Support Network (OFSN), and Peace Health. At the last meeting, we heard from NAMI.
- b. Max Morris spoke to the Keystone Project which helps provide peer support in the community for individuals who are getting discharged from the Peace Health Behavioral Health In-patient Unit (Johnson Unit) with mental health issues.
 - i. Peers provide after care phone calls and troubleshoot care.
 - ii. Peers advocate for the program.
 - iii. Peers provide support services to persons in crisis.
 - iv. With peer support, there is no power differential. It is an empathetic and therapeutic relationship.
 - v. Peers are current or former persons in the mental health system. They have a shared experience living with mental health issues.
 - vi. Peers can share insights from their own recovery.
 - vii. It is a holistic approach, provides natural support systems, and helps individuals follow a clinical plan.
 - viii. LILA can bill for services through Peace Health or independently.
 - ix. This model should be implemented county wide.
- c. LILA handout attached.
- d. **REQUEST: Wants CAC to let CCO know the importance of these programs and how the groups are working together in their community.**

3. Introductions and Welcome

- a. Introductions
- b. "Get to Know You" Activity-Tara had the group provide a volunteer activity that they would be most interested in doing if they had the time.

4. CAC Business

- a. The group approved the January CAC minutes.
- b. The group discussed extending the meeting to two hours long.
 - i. Concern was voiced about having to leave early and a request for putting business early on the agenda.
 - ii. Discussion happened around possibly of extending the public comment period if the meeting moved to two hours.
 - iii. A few members were concerned about a longer meeting taking time away from their organizations.
 - iv. Some members agreed that more time was needed for discussion of various topics.
 - v. Staff confirmed that front loading the agenda would not be a problem. The two hours would only be used if the agenda required a longer meeting. There would always be the possibility of finishing early.

- c. **A vote was taken and all members voted YES TO A TWO HOUR MEETING LENGTH.** The group had a quorum.
- d. It was mentioned that Marianne needs a loop system (set of equipment with a microphone in the middle) so that she can hear and understand the meeting.
- e. **The Next meeting on March 25th will be two hours, from 12-2 p.m.**

5. Announcements

- a. Staff announced that 11 applications have been received for vacant positions on the CAC. The three vacant positions are for a policy leader, community member, and a county position. Interviews will be conducted on March 1st and March 6th.

6. Liaison Reports

- a. Governing Board report – Rick Kincade filled in for L.M.
 - i. Rick let the group know that the tobacco proposal was well received by the Governing Board. He emphasized that the plan is a multi-pronged approach with a cessation component and a focus on incentives for pregnant women to quit smoking.
 - ii. **Rick emphasized that the CAC MADE A DIFFERNECE in moving the plan forward.**
- b. CAP Report:
 - i. Rick delved into the workgroups of the CAP. One is looking at the tobacco piece.
 - ii. The CAP is also looking at the merge of Primary Care and Behavioral Health.
 - iii. The CAP is looking at chronic conditions and how to find better ways for care and self-management of these conditions. Asthma, lung disease, musculoskeletal care, cardiac care and diabetes are some of the costly issues that need solutions for better care and lower cost.
 - iv. **He mentioned that the peers groups need to get CAP support before the governing board can back up the programs. Not all clinicians know that peer support groups exist.**
 - v. In general, CAP members are looking at best practices by identifying these practices and following up with programs to meet the need.
- c. RAC Report
 - i. The RAC Chair reported on the RAC meeting on February 8th in Veneta. Char summarized the agenda and issues discussed at the meeting, and shared information about the next meeting on March 8th in Florence.
 - 1. Dr. John Baumann led the get to know your community discussion, and he shared information about the upcoming Fern Ridge Service Center.
 - 2. Lucy Zammarelli discussed the State Mental Health and Addictions Plan, and addressed members questions and concerns about rural mental health issues.
 - ii. The group is continuing to have a focus on rural mental health at the March meeting. Group members will identify the strengths and weaknesses in their communities, and the group will find the mental

health issues common to all rural areas in Lane County. Lucy will join us again to give the CCO perspective.

d. CHA/CHIP Workgroup Report

- i. Ellen brought the group up to speed on the work of the CHA/CHIP Planning Group that consists of Lane County Public Health, CAC members, Peace Health, United Way and CCO staff.
 1. There will be one CHA/CHIP for Lane County. Brian has contributed data that calls out differences in OHP population.
 2. This is the mandated document.
 3. Tara and David are on the planning committee.
- ii. The Planning group will come to the next CAC meeting on March 25th to present the CHA/CHIP and get CAC buy in and input. In April, the CAC will vote on the plan. In April, the Planning Group will present to the Governing Board with a vote in May.
- iii. This mandated document is due in June.
- iv. The group was asked what information they would want in addition to the power point presentation and the CHIP document. Rick added that a narrative would accompany the CHA/CHIP.
- v. The CHA/CHIP workgroup is also giving input to the Lane County CHA/CHIP. They will also be working on a strategic plan that helps translate the CHIP for the CCO in relation to the OHP population. There is no deadline or mandate for this strategic plan, but it will allow the CCO and CAC to have a clear vision of next steps.
- vi. The workgroup will continue to meet to give input and narrow the focus and priorities.
- vii. **Karen Gaffney emphasized the importance of the CHA/CHIP for Lane County. This will be the guiding plan and focus of the CAC for the next 4 years. This is the CAC's piece to state the OHP differences. Karen wanted the group to understand the importance of their role in creating this document.**

7. DME AD HOC Workgroup Update

- a. The DME workgroup had a guest speaker, Naomi Steenson, Administrator, from the Governor's Advocacy Office come and speak about the Ombudsman Program.
 - i. She provided an overview of the program, challenges and opportunities.
 - ii. Their goal is to present a fair, unbiased, rational case that is factual and accurate.
 - iii. Their office seeks to build credibility and relationships on both sides.
 - iv. Their office helps sort out the human impact of programs and policies.
 - v. Complaints are good as they bring up system glitches.
 - vi. She discussed positive vs. negative advocacy to get long term results.
 - vii. Their office works hard to protect privacy issues.
 - viii. For complaints, 1-2 weeks is the average time to resolve issues, but it can take up to a year for more complicated issues.

- ix. She emphasized that with DME, it is important to make sure the process is not so hard that people can't navigate the system. We need to be proactive to help the most persons.
- x. Entitlement vs. non-entitlement issues
- b. CCO-Kim met with team and determined benefit specialists should be more of a responder. CCO will work on helping the person get resolution and determine what else is needed to qualify. They will also work to provide other resources.
- c. CCO will work on more outreach to members, monitoring time lines, and making sure vendor issues are resolved. CCO will further examine the denial process.
- d. Rick shared that he thought that the ombudsman program could help us identify trends and help prevent disputes upfront. Communication and sharing information is the key to how we can better deliver healthcare. We need better communication in a variety of formats to help empower patients.
- e. Rick's comments spurred a whole conversation on the value of effective communication and how this is key to health transformation.
- f. The communication discussion had to be tabled to allow for the guest speaker to discuss transportation. **THIS COULD BE A FUTRE AGENDA ITEM.**

8. Lane Transit District: Kris Lyon

- a. Kris Lyon highlighted key areas of the Ridesource Call Center and provided a Medical Transportation Program Guide (see attached).
 - i. The transportation brokerage schedules, assigns, trains and pays for everything to do with medical transportation.
 - ii. The brokerage works with case workers and mental health workers to assure continuity of care. They can also contact family members if needed. All of this prevents emergency room visits.
 - iii. They do non-medical transport and help with seniors and developmentally disabled.
 - iv. Overall, they provide medical and non-medical transport to improve physical and mental health. They provide daily transport to covered services.
 - v. They provide bus pass support, taxi cabs, stretcher service, and non-emergency ambulance transport.
 - vi. Youth must be accompanied by an adult with a booster seat.
 - vii. They have one accessible taxi and are working on growing services on the para-transit side.
 - viii. If persons can ride the bus, they want them to do that. It all gets figured out in the initial assessment process. OHP gets services as soon as they call.
 - ix. 10 percent of trips are out of the county.
 - x. They accommodate other languages and braille etc.
 - xi. If a client calls after hours, they will get a voice mail that tells them who to call for each county. The company then will get reimbursed directly from the call center.
 - xii. They do provide home to doctor's office transport in rural areas.

- xiii. They take people to the closest provider of type but can make exceptions if someone has a long standing relationship with a provider that is out of town. They support continuity of care.
- xiv. Ridesource has a shopper service, however, the person needs to be eligible as determined by the assessment process.
- xv. In 2014, more people will be eligible for this service. There will be positive changes under the CCO but not immediately.
- xvi. Transport providers are fingerprinted and background checked. They have 30 hours of training, and their driving record is scrutinized.
- xvii. About 30,000 trips are made per month, and they receive over 800 phone calls per day.
- xviii. Florence has big issues as Ridesource does not transport people to Eugene. They have to use the DHS volunteer program, however, there are not many volunteers.
- xix. To reach Kris by e-mail: kris.lyon@ltd.org
- xx. **Wednesday, MARCH 20th is the next Transportation Advisory Committee Meeting in the LTD Board room from 10 a.m. to noon. The location is 3500 East 17th, Eugene. They will have applications for persons who want to be on advisory panel. This meeting is open to the public.**
 - 1. Dawn, Lezlee, Char, L.M. and Tara volunteered to attend the meeting.

9. Adjourn

- a. **Next meeting: Monday, March 25th, 12:00pm-2:00pm, 2727 Martin Luther King Blvd. in the Carmichael Room of the John Serbu Center (Lane County Youth Services), networking time from 11:30 to noon. NOW MEETING IS NOW 2 HOURS!**

CAC Workgroups

(Lane County Health & Human Services Building, 151 W. 7th Ave., Eugene)

- 1. Community Health Assessment/Community Health Improvement Plan-Room 530
 - a. Meets on the 2nd Tuesday of each month from 2:00pm – 4:00pm
 - b. Staff contact: Ellen Syversen (Ellen.Syversen@co.lane.or.us)
- 2. Health Disparities-Room 525
 - a. Meets on the 2nd Thursday of each month from 12:00-1:30pm
 - b. Staff contact: Brian Johnson (Brian.Johnson2@co.lane.or.us)
- 3. Prevention-Room 525
 - a. Meets on the 3rd Tuesday of each month from 1:15-2:45pm
 - b. Staff contact: Jennifer Webster (Jennifer.Webster@co.lane.or.us)

