



BEGIN: 11:00AM

ADJOURN: 1:00PM

CCO RURAL ADVISORY COUNCIL MEETING MINUTES

Laurelwood Community Room, Florence (call-in #541-682-4087)

March 8th, 2013

11:00am-1:00pm

MEETING MINUTES

1. Call meeting to order

2. Public Comment: There was no public comment.

3. Introductions and Welcome

- a. A get to know you activity was led by Char. Everyone shared a volunteer activity that would be of interest.
- b. Introductions (members, public and guests)

RAC Members Present

Char Reavis

Robin Roberts

Joyce Richardson

Patricia Muchmore

Staff Present

Debi Farr, Trillium Community Health Plan

Lucy Zammarelli, Trillium Community Health Plan

Karen Gaffney, Lane County Health & Human Services

Ellen Syversen, Lane County Public Health

RAC Members Absent

Jessica Rice

Rick Yency

Shelley Morris

Lezlee Craven

Heather Murphy

Guests

Denise Rogers, Manager of Laurel Wood Community

Amy Bartlett, Siuslaw News

Jacque Betz, Florence City Hall Manager

4. Get to Know Our Community: Florence-Jacque Betz

- a. Jacque Betz, City Hall Manager, presented information on the community of Florence. Overall, Florence has many strengths but some challenges related to serving an aging in place population. The median age is between 57 and 60.
 - i. \$35,000 is the average salary and most of the jobs are in service and tourism.

- ii. The city is strong and fiscally lean. They do not like big government.
- iii. There are 56 city employees, and they have a full service 911. Florence places high priority on the police department and protection is available 24/7.
- iv. The events center is struggling and trying to figure out how to be sustainable.
- v. Some current projects are old town construction for an interpretive center and redoing the wharf.
- vi. 4% city tax
- vii. Transportation is an issue.
 - 1. The options are Porter Stage Lines-Greyhound bus. There are limited times and folks must call in advance for wheel chair assistance.
 - 2. Other options are bus and taxi. OHP Plus transports clients but this does not help those who are not eligible for this.
 - 3. The Vets and Elks will transport Vets.
 - 4. There is no one to take those with wheelchairs.
 - 5. Senior Services DHS offers OHP rides but members were not sure if they provide others with rides. **Staff will find out.**
- viii. A Florence Dialysis Center is a huge bonus for the community as it is a major employer and prevents people from having to leave the community for care. The Casino, Peace Health and the School District are the other large employers.
 - 1. The school district is all located on the same block. Services range from preschool, to EC Cares, to LCC and eldercare. This is a good use of resources.
- ix. The goal is to be a rural town with top notch rural health care.
 - 1. Florence has most of what it needs, but the town just needs to sustain and expand services. They are taking care of what they have and making it better.
 - 2. They are continually trying to keep abreast of what services cause people to leave the community and how they can be provided in Florence.
 - 3. **PREVENTION IS KEY FOR THIS POPULATION.**
 - a. Senior Center has Tai Chi and Yoga

5. CAC Business/Announcements

- a. Minutes were approved.
- b. Members agreed that when a presenter comes to speak at the meeting that questions will be saved until the end. Staff will add this to future agendas.
- c. February 28th Community Conversation Focus Groups happened in Florence at Siuslaw Bank from 6-8 p.m. Despite the fact that members received fliers and Florence partners agreed to recruit participants, only 9 people were in attendance.
 - i. All present had the same issues despite the fact that some were OHP, others Medicare and some private pay. All agreed that transportation is a big issue (leaving town to see specialists), not enough specialists in

Florence, not enough time with their doctor, and not always being able to see their own M.D.

- d. Group members wondered if there was a way to afford transportation from Florence to River bend twice a month. Also, getting more specialists would be great so people do not have to wait 3-4 months.

6. Liaison Reports

- a. Shelley Morris was sick so there was no governing board report.
- b. Staff gave updates on the tobacco prevention plan, the DME workgroup, and the CHA/CHIP Workgroup.
- c. The CHIP will guide the CCO moving forward for the next 5 years. RAC representatives need to come to the next CAC meeting as there will be a presentation from the Peace Health Planning group on the CHA and CHIP.
- d. CAC Report
 - i. The full tobacco prevention proposal was approved by the board.
 - ii. Interviews are currently taking place for current CAC positions.
 - iii. A presentation about the CHA/CHIP will be given at the next CAC meeting.
 - iv. Kris Lyon from Lane Transit District presented to the CAC.
 - 1. Wednesday, March 20th is the next Transportation Advisory Committee Meeting. It will be held in the LTD Board Room from 10-noon. The location is 3500 East 17th Avenue in Eugene. Applications will be available for persons who want to serve on the transportation advisory committee. Several CAC members will attend.
 - v. **The next CAC meeting is on Monday, March 25th from noon to 2 p.m. in the Carmichael room of the John Serbu Center.**

7. Transformation Plan and CCO Structure – Karen Gaffney

- a. Karen shared a chart with the organizational structure of the CCO and various committees.
- b. Karen explained that Part One of the Transformation Plan includes the eight elements required by OHA. Part two are areas that the CCO added that are important.
- c. Karen shared highlights of the transformation plan.
 - i. The Community Health Assessment: This is the driver for us as a CCO. What are the community conditions that direct our efforts?
 - ii. This is a mandated document that needs approval from the board.
 - iii. The next area was cultural competence.
 - 1. This includes training, provider collaboration, communications and outreach, and disparities.
 - a. There are disparities based on race, ethnicity, and disability.
- d. Patient Centered Primary Care Homes
 - i. This is a shift in how care is provided.
 - ii. We need to engage the primary care system and do prevention.

- e. Primary Care and Behavioral Health Integration. This is a great opportunity to address depression in a Primary Care Setting.
- f. Alternative Payment System—Fee for Services. This is to help CCO's figure out how to pay for care in a way that creates incentives for quality, improving health, reducing costs, and improving care. HIE: Shared Care Plans is a software project to help providers share care plans.
- g. Part II: Primary Prevention-Page 17-Other things needed to meet triple aim
 - i. Focus on tobacco, immunizations and obesity
 - ii. The CHA data has helped this move forward in terms of priority areas.
 - iii. The CAC will work on this from a prevention standpoint bringing in the clinical side as needed.
- h. Behavioral Health: Need to integrate mental health and substance abuse, improve access, and work with consumers to set goals and targets.
- i. Social Determinants of Health: How to connect members with what they need the community.
- j. Wellness: Help people achieve and maintain wellness. With the help of primary care, help people with multiple health issues as well as people on the edge of becoming sick.
 - i. Living Well with Chronic Conditions is a Stanford Evidence Based Program. People meet and learn skills for disease self-management.
- k. Performance Measurement: Looking at how we are improving (evaluation).
- l. Public Reporting: This has to do with transparency so that people in the community know what and how we are doing.
- m. The Transformation Plan is meant to be very comprehensive and not a single thing can be ignored.

8. Mental Health –Community Strengths and Weaknesses

- a. The four members present shared strengths and weaknesses from their communities. **Florence listed the following strengths:**
 - i. Options Counseling Service
 - ii. Peace Health Counseling is fully integrated into primary care but there are only two therapists and a few independent providers.
 - iii. There is some treatment of the seriously mentally ill through Options but not enough to meet the need.
 - iv. They do have one visiting psychiatric Nurse Practitioner.
 - v. **Florence Weaknesses:** Inadequate access to substance abuse services, inadequate access for Medicare clients, inadequate psychiatric access, crisis services limited to telemedicine, inadequate capacity for behavioral health screening in primary care, and inadequate behavioral health support for chronic illness management.
 - vi. **Cottage Grove Strengths:**
 1. South Lane Mental Health: They have housing services, assistance with insurance, crisis support, and the primary care providers screen and provide counseling for all ages and incomes.
 2. DHS Services
 3. **Weaknesses:**

- a. Communication between the primary care and behavioral health providers.
 - b. Gaps in follow up which allows people to get lost in the system.
- vii. **Upper McKenzie Strengths:**
 - 1. McKenzie River Clinic
 - 2. K-12 part time psychiatrist and a part time counselor at the elementary level.
 - 3. **Weaknesses:**
 - a. Huge mental health issues and lack of services to meet the need
 - b. Transportation
 - c. Housing and homeless population issues
 - d. Youth that are disabled due to mental illness
 - e. No Police
- viii. **Issues in Common with all three communities:**
 - 1. Available services do not meet the needs.
 - 2. Transportation issues to get to care needed.
 - 3. Communication Issues
 - a. Communication between providers
 - b. Communication between agencies
 - c. Awareness of available services and resources
- ix. **Discussion points**
 - 1. Brian mentioned that in general depression is higher in communities that have lower income.
 - 2. Members discussed need for weight loss and exercise programs that are affordable. Tony Biglan is a researcher on the CAC who uses evidence based programs.
 - 3. Medical and behavioral health growing with medical home model where behavioral health services will be integrated.

9. Next Steps

- a. Next meeting date: **April 12th, 11:00am-1:00pm, Location TBD**
- b. Possible next agenda items: Lane County Staff and Suicide Prevention Efforts, update on Ride Source meeting from CAC, workgroup updates.

Adjourn

1:00pm

CAC Workgroups

(Room 525, Lane County Health & Human Services Building, 151 W. 7th Ave., Eugene)

- 1. **Community Health Assessment/Community Health Improvement Plan**
 - 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**
 - 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**
 - 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)

