



BEGIN: 12:00 PM

ADJOURN: 2:00 PM

CCO COMMUNITY ADVISORY COUNCIL MEETING
Lane County Youth Services/John Serbu Center, Carmichael Room
2727 Martin Luther King Blvd.
March 25th, 2013
12:00pm-2:00pm

AGENDA

CAC Members Present

David Parker, Chair
Tara DaVee
Val Haynes
Dawn Helwig
Marianne Malott
Marcela Mendoza
Susanna Sammis
John Radich, Co-Chair
Rick Kincade
L.M. Reese, Governing Board Representative
Karen Gilette
Jessica Rice
Tony Biglan
Andrea Muzikant
Colt Gill

Staff

Ellen Syversen, Lane County Public Health
CA Baskerville, Lane County Public Health

CAC Members Absent

Charene Reavis
Roxie Mayfield
Rena Freeman
Lezlee Craven
Eric Van Houten

Guests

Charles Biggs, Care Provider
Debi Farr, Trillium
Terry Coplin, Trillium
Karen Gaffney, Lane County Health & Human Services
Jose E. Soto III, NAMI Lane County
Dan Reese, Peace Health
Jennifer Jordan, Lane County Public Health
Netti Garner, OHSU School of Nursing
Ben Hoyne, CCO Oregon

1. Call Meeting to Order

2. Public Comment

- a. There was no public comment.
- b. In place of public comment, Terry Coplin provided an update.
 - i. The tobacco proposal was approved.
 - ii. The current focus is on the 2013 budget.
 - iii. There will be another public meeting on April 25th at the Hilyard Community Center from 6-8 p.m. The hope is that the discussion can be focused on behavioral health. The last meeting focused on direct entry midwives.

3. Introductions and Welcome

- a. Introductions
- b. "Get to Know You" Activity-Tara had the group share who has been most influential in their life.
- c. New members shared reasons for joining and what they hope to contribute.
 - i. Andrea Muzikant – Her office serves 1800 out of the 4800 Developmental Disability population. She is looking forward to representing this community.
 - ii. Colt Gill highlighted his experience as Superintendent for Bethel Schools. His interest is in making sure youth are healthy and ready to learn. He listed the committees that he is currently serving including United Way, LCHAY, Health Policy Research NW, and School Based Health Centers.

4. CAC Business/Announcements

- a. The group approved the February CAC minutes.
- b. The group was reminded that the meeting is now two hours long.
- c. It was mentioned that Marianne is hearing impaired (has an amplifier), and members should be considerate of background noise so that she can hear and understand the meeting.
 - i. Other members shared that they need members to speak loudly to accommodate their hearing issues.
- d. Members filled out the Conflict of Interest form (needs to be done every year in January), and Terry Coplin answered questions.
 - i. Members do not need to list volunteer activities. They just need to indicate if paid by an organization so that the group can be aware of potential financial reasons for making recommendations.
- e. Ben Hoyne of CCO Oregon introduced himself to the group. He announced that he will be available after the meeting if members wanted to chat with him.
 - i. CCO Oregon is working on getting non-profit status.
 - ii. An Oregon Developmental Disabilities Coalition will be holding a coffee chat after the April meeting. All members are invited to stay and network.

- f. Media coverage for the tobacco proposal was shared and Tara was recognized for her efforts in this area as she was interviewed multiple times.
 - i. Debi Far passed around a copy of an article as well as the front page Register Guard article.
 - ii. Staff committed to e-mailing all the coverage links.
- g. Members indicated interest in discussing CAC support for peer support services in Lane County. **It was recommended that staff invite Dr. Hodges to the April meeting. Staff will prepare a policy brief for the group to review.**
- h. Staff asked the group to review the updated CAC roster and e-mail necessary changes to Ellen.

5. 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 and is moving forward for implementation. 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. He discussed bills related to the CCOs. The goal is to get through the current session without any changes to the CCO to provide a chance for the CCOs to get established.
 - iii. The immunization bill was mentioned as being important to follow.
 - 1. Those that claim exemption will have to watch a video and receive counseling.
 - iv. Medical Liability Legislation
 - v. The system is being built as it is running from the federal to state level and state to local level.
- b. CAP Report:
 - i. The CAP is looking at the way care is delivered as well as behavioral health integration. This new integrated care model would focus on behavioral health in a clinic setting and telemedicine.
 - ii. One subcommittee is looking at how folks with depression can receive better care? Any recommendations will be brought to the CAC for feedback.
- c. RAC Report
 - i. Ellen presented highlights of the RAC meeting.
 - 1. Jacque Betz, city hall manager presented information about the community of Florence.
 - a. The goal is to be a rural town with top notch health care.
 - b. Prevention is key for this population.
 - c. Florence is continually trying to keep abreast of what services cause people to leave the community and how these services can be provided in Florence.
 - 2. Karen Gaffney reviewed the Transformation Plan and CCO structure.
 - 3. Members shared community strengths and weaknesses in the area of mental health. Issues in common to all three communities were:

- a. Available services do not meet the needs.
 - b. Transportation to get to needed care is an issue.
 - c. Communication issues between providers, agencies as well as awareness of available services and resources.
4. **The next RAC meeting will be in Junction City on April 12th from 11-1:00 p.m.**

6. Community Health Assessment and Community Health Improvement Plan Discussion

- i. Dan Reese from Peace Health and Jennifer Jordan from LCPH presented on the CHA and CHIP. They discussed the CHA process.
 1. 35 presentations were conducted around the community to share primary data and secondary data. The CHIP is based on this data.
- ii. This was a community wide effort, and a lot of qualitative data was collected. The goal was to reach common understanding, find a common way of measuring and have a common narrative.
- iii. At the core of this effort was a great partnership between the CCO, United Way, LCPH and Peace Health.
 1. This group of 12 members is aiming to move the dial and focus on the research based strategies to improve the health of the community.
- iv. Today the goal is to get the CAC's support on the elements and strategy behind the plan.
- v. Using obesity as an example, the group collected information from the community and examined local initiatives that are currently taking place. What is working? The work in the other five areas is similar.
 1. With health disparities, the group has identified what data is available, and where more data is needed.
 2. At the action level of this plan, some actions are aimed at the OHP population and others at the general community.
- vi. Tony Biglan emphasized the need to track outcomes purposefully from the onset of the community health improvement plan (CHIP).
 1. He discussed his work around annual assessment of youth in 6, 8 and 11th grade to screen for tobacco, drug, alcohol use and anti-social behavior. The goal is to identify families with a lot of conflict and stress.
 2. Evidence based interventions for kids in middle school are important in preventing problems later on in life.
 3. He discussed the "family checkup" program. This helps families to become more supportive and nurturing.
- vii. Marcella pointed out that the Stanford program does not work for Spanish speaking populations. Middle class models do not work for high crisis and high chaos families. How do we reach the families that do not work traditional schedules? We need to reach the kids before middle school.
- viii. John Radich suggested there may be screening tools that can be incorporated into DHS eligibility assessments. We need to pick a change model that works and have the structure within the CCO to manage

these programs. We need metrics, accountability and discipline to carry out evidence based programs.

- ix. John pointed out that poverty is the driving force behind health disparities.
- x. It was suggested by several members that we need programs that cover families as a whole. Now that OHP will be accepting new members based on income, we have a great opportunity to impact families.
- xi. Community Health Centers were discussed and the need for surveillance, family supports, nurturing schools, community policies and public education.
- xii. Members seemed to think that the CHIP priority areas were good and that certain programs need to be examined to produce good outcomes.

7. Innovation Dollars: Karen Gaffney

- a. Karen wanted to plant a seed for members to consider. The State budget has some funds for health care innovation, and she was looking for member feedback.
 - i. We have a transformation plan with clear objectives (best guess).
 - ii. Now after 8 months, what will shift the system? Additional foci?
 - iii. Karen was considering money for patient engagement. How do we reach our population?
 - iv. Another idea was more money for peer delivered programs. Where is the gap?
 - v. David mentioned happy and healthy block parties, Tony mentioned more ACT groups for people with chronic disease, and Karen Gillette mentioned oral health and varnishing. Also, perhaps the “family checkup” could be integrated into WIC.
 - vi. Another idea was more training around evidence based programs. We need to increase the understanding in the community for prevention.

8. Next meeting: Monday, April 22nd, 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)

