UO Riverfront Research Park
1800 Millrace Drive
Eugene, Oregon 97403

CCO Community Advisory Council Meeting

Monday, April 23, 2018
12:00 - 2:00 pm
Oregon Research Institute Bldg., 2nd Floor,

Minutes

Attended: Tara DaVee, Caitlynn Hatteras, Val Haynes, Dawn Helwig, Richard Kincade, Marianne Malott, Silverio Mogart, Heather Murphy, John Radich, Char Reavis, John Rolling Thunder, Cindy Shirtcliff, Carla Tazumal, Jocelyn Warren
Tele Conference: Heather Murphy
Recorder: Jan Skeie, LCPH/Prevention

Guests: Debi Farr - Trillium
Lucy Zammarelli – Trillium
Tina Potter – Trillium
Chris Eiler, Trillium
Robert Stalbow, Cardiac Rehab, Sacred Heart / PeaceHealth
Drake Eubanks, Lane Consumer Council
C.A. Baskerville, Lane County Prevention Program
Jennifer Webster, Sr. CHA, Lane County Prevention Program

Absent: Roxie Mayfield, Susanna Sammis, David Young

Call Meeting to Order – Meeting opened by Cindy Shirtcliff, Co-Chair.

1. **Public Comment:**
   A. **Drake Eubank from the Lane Consumer Council.** This is an official request to the Board of County Commissioners and Trillium to return to a community integrated health system. We recommend an award system model for people who are trying to better their health physically and medically.

   B. **Robert Stalhous, RRT,RCP, Cardiac Rehab Sacred Health / PeaceHealth** - We are looking for a way that Trillium patients can participate in the supervised exercise program once they complete cardiac and pulmonary rehab. Currently, the program is self-pay, as most insurance companies do not cover this program. Our scholarship program is maxed out. It costs $43.50 a month.

2. **Introductions and Welcome –Cindy Shirtcliff**. Staff introductions.

3. **Approve Minutes** – John Radich moved to approve the March meeting minutes and Char Reavis seconded the motion. Motion to approve passed to accept the minutes as written.

4. **Reports**
   a. **Trillium Report** –Report by Debi Farr and Lucy Zammarelli.
      - The Oregon Health Authority has already held two CCOs 2.0 round table discussions. There will be one in Woodburn and possibly one in Lane County.
      - The 2018 Oregon Conference on Opioids, Pain and Addiction Treatment is May 17 – 19, 2018 at the Hilton Eugene at 66 East 6th Avenue in Eugene.
      - The Integrated Clinical Services Collaborative has met twice and went well. This collaborative is part of the Transformation Plan.
      - The Lane Equity Coalition presents: Healthy Hearts and Healthy Minds: Conversations with Youth about Health on Thursday, May 10, 2018 at the Center for Meeting and Learning, Lane Community College 5 – 7 p.m.. This event is free and dinner will be hosted by the sponsors. Call email Leilani.brewer@co.lane.or.us or call 541-799-3377 to register.
      - Opioids in Lane County: What You Need to Know is May 17, 2018 at the downtown Eugene Library from 5:30 – 7:30 p.m. The event is free.

   b. **CAP Report** – Report by Rick Kincade.
      - Reviewed services to support and improve medical care.
      - There is a need for care coordinators and integrated health in primary care medical homes.

   c. **RAC Report** – Report by Char Reavis.
      - Oregon Hope made up of Oregon Health Authority and HIV Alliance spoke to the RAC. We talked about how we don't have services in our rural areas.
      - Added two new members from Cottage Grove.
      - Next month, we will have our meeting in Oakridge.

5. **Supplemental Care Integration Assessment – Report by Richard Kincade**
   New State Requirement for the Community Health Needs Assessment (CHNA): CCOs have to put language about integrated healthcare across different environments into their Community Health Improvement Plans (CHIP).
   Should Trillium pilot the assessment? Are we as the CAC interested in participating in this pilot project?
   Tara DaVee motioned to support the pilot project. John Rolling Thunder seconded the motion. All in favor.
   We are now launching our third CHNA and have put together a tool to apply integration in our assessment.
   The Community Advisory Council will be the pilot for this project.
   Need 3-4 people from the CAC willing to participate on May 4, 2018 for two hours from 7 – 9 a.m..

6. **Prevention Update: Family Check-Up – Report by Jennifer Webster, Sr. Community Health Analyst**
   (See attached Family Check-Up April 2018 – Evaluation Report).

7. **CCO 2.0: Discussion: Feedback for Oregon Health Authority**
   (Please see attached feedback information).
   a. What are three things that OHP/Trillium could do that would help you/OHP members stay healthier?
   b. Have you or a client of yours, ever needed a health service but had to "give up" on the idea" What was it and why?
   c. What do you wish your health plan could do for you that it doesn't already do?

No meeting in May due to Memorial Weekend.
Next meeting: Monday, June 25, 2018; 12 – 2pm, Oregon Research Institute Bldg., Second Floor.

Adjourned.

The Lane Equity Coalition presents:

Healthy Hearts and Healthy Minds: Conversations with Youth about Health

Thursday, May 10, 2018

Center for Meeting and Learning, Lane Community College

5:00 PM to 7:30 PM

Free event with Dinner provided!

Register on Eventbrite.com
Search for the title

LIVE UNITED United Way

PeaceHealth

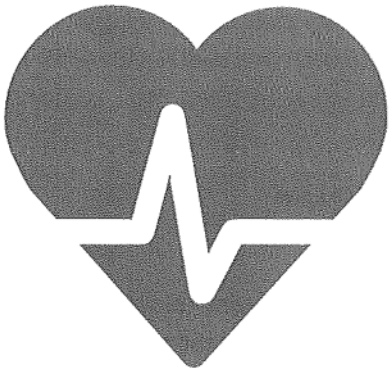
Trillium Community Health Plan

For more information or to receive emails about future events email:

Leilani.Brewer@co.lane.or.us or call 541-799-3377

OPIOIDS IN LANE COUNTY: WHAT YOU NEED TO KNOW

Hosted by: Lane County Pain Guidance & Safety Alliance



Topics include:

- **Alternatives to pain management**
- **Substance abuse treatment options**
- **Overdose response training**

Food & Refreshments provided

Free Narcan provided to those who attend overdose response training.

May 17, 2018
Eugene Public Library
5:30-7:30 pm
Presentations begin at 5:45

Lane County encourages persons with disabilities to participate in their programs and activities.
Please email **Leilani Brewer** at **leilani.brewer@co.lane.or.us** or call **541.799.3377** to request accommodations.
Presentation materials in a non-English language available upon request.

HIV ALLIANCE

LANE COUNTY OREGON

Trillium Community Health Plan

Eugene Public Library

OPIOIDS IN LANE COUNTY:

WHAT YOU NEED TO KNOW—AGENDA

SPEAKER LINEUP AND BIOGRAPHIES:

Dr. Patrick Luedtke , MD, MPH, Lane County's Senior Public Health Officer and Chief Medical Officer for Lane County Health & Human Services

TOPIC: Good Samaritan Law and County Specific Data on Public Health

⇒ Dr. Luedtke received his M.D. from the Medical College of Wisconsin/Marquette University. He has previously spent 11 years in Utah as the State Public Health Laboratory Director, Deputy State Epidemiologist, Acting State Epidemiologist, and Adult Medicine Director for Medicaid clinics. Prior to Utah Dr. Luedtke served 12 years as an active duty Medical Officer in the U.S. Navy. Listen to his weekly radio show, *HealthMatters*, on KWVA 88.1 FM in Eugene.

Dr. Scott Pengelly , MD, Clinical Health Psychology at Pain Consultants of Oregon

TOPIC: Opioids and its Effects on the Brain

⇒ Dr. Scott Pengelly is a clinical health psychologist whose practice specializes in treating chronic pain, neuroplasticity and brain embodiment, enhancing human performance and reducing the toxic aftereffects of trauma. His skills have taken him from Olympic Games (15 of them!) where he helped prepare athletes and coaches, to positions on various boards and committees involving Pain Society Oregon, Oregon Psychological Associations and more. A recipient of several awards and honors and a servant of the people, Dr. Pengelly helps people excel under duress.

Dr. Mark Mueller, MD, MPH Family Physician at Brookside Clinic—Community Health Centers of Lane County

TOPIC: Non-Opioid Treatment Alternatives for Opioid Dependence

⇒ Dr. Mark Mueller grew up in the Midwest. He received his Master's in Public Health from Emory University in Atlanta and worked for the Centers for Disease Control and Prevention as an Epidemiologist. He was awarded his medical degree from the University of Missouri-Columbia. He is board certified in Family Medicine and joined the Community Health Centers (CHC) of Lane County in 2015.

Dr. Moxie Loeffler, DO, MPH, Family Physician at Charnelton Clinic—Community Health Centers of Lane County TOPIC: Medically Assisted Therapies for Treating Patients with Opioid Dependence

⇒ Dr. Moxie Loeffler received her Doctor of Osteopathy degree from the Touro University College of Osteopathic Medicine in California. Dr. Loeffler's Dr. Loeffler's interest began while working at Dartmouth Hitchcock Medical Center in New Hampshire, in a state with a high rate of opioid overdose deaths and very limited access to evidence-based opioid addiction treatment. She and Dr. Mueller implemented the new buprenorphine program at CHC-LC in 2017. She grew up in Gilroy, CA and joined the CHC in 2016.

Family Check-Up

Trillium Community Health Plan

OVERVIEW

The Lane County Family Check-Up program (FCU) seeks to improve family functioning using evidence- and strength-based family assessments, including three 90-minute sessions[1]. This is an update to the original utilization analysis completed in February of 2018.

Utilization of key physical and behavioral health services for the six months before participation in FCU is compared to utilization for the six months after. Utilization is further stratified by presence or absence of a behavioral health diagnosis[2] for participants. Key services analyzed are Emergency Department (ED), Inpatient Hospital (IP), Urgent Care (UC), Primary Care Physician (PCP), Behavioral Health (BH), and Non-emergency Medical Transportation (NEMT).

The current output (Tables 1.1-1.2) excludes members with extremely high monthly costs (outliers). Previous output is available in the appendix (Tables 2.1-2.2).

KEY FINDINGS

- When looking at all participating families, the average cost per member per month (PMPM) showed little change after participation in FCU.
    - However, when further stratified by BH status, there is a clear decrease in the average cost PMPM (9%[3]) after the program for those without a behavioral health diagnosis.
    - BH showed higher in average cost PMPM (12%) due to increases in BH, NEMT, and IP services.
- ED utilization decreased after program participation as a whole.
    - Notably, ED utilization decreased substantially (28%) for those with a BH condition.
- UC utilization increased slightly for the participants as a whole.
    - For those without a BH diagnosis there was a large increase (33%), while the BH group decreased by nearly the same amount (30%).
- PCP utilization dropped slightly for participants as a whole (4%) after the program.
    - While the change was negligible for those without BH diagnosis, Participants with a BH diagnosis had a decrease of 11%.
- BH utilization increased for all members after program.
    - The group with a BH diagnosis increased in utilization (18%) after the program.
    - The decreases in ED, UC, and PCP utilization alongside the increase in BH utilization for the BH group may indicate a shift to more appropriate services.

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[1] Parents receive $150 in gift cards for attending all sessions. Service is limited to Trillium Community Health Plan members. The second session involves a joint project with the child, while the other sessions only involve the parents and act as an evaluation to discuss strengths and possible areas of concern.

[2] This is self-report and not verified using provider or claims data.

[3] Utilization increases or decreases are expressed as percent changes, not percentage points.

TABLES

Average utilization/1000 member months per month and average cost per member per month of key services between 7/1/2014 and 6/30/2017[4]

Table. 1.1 All Members Utilization

Program Status	Members	ED	IP	UC	PCP	BH	NEMT	Avg Cost
Before	619	64.93	2.95	26.27	278.32	573.47	103.60	$ 241.67
After	584	54.11	3.44	28.15	265.84	662.09	99.14	$ 241.85

Table. 1.2 Utilization Stratified by report BH status[5]

BH	Program Status	Members	ED	IP	UC	PCP	BH	NEMT	Avg Cost
N	Before	442	48.27	2.89	19.80	237.64	259.09	66.01	$ 171.30
	After	416	46.81	2.62	26.25	239.30	272.54	52.93	$ 155.28
Y	Before	160	107.91	3.44	45.92	404.08	1,501.52	219.26	$ 451.28
	After	151	77.48	6.15	31.98	359.13	1,769.81	241.06	$ 505.67

METHODOLOGIES

Of the 826 participant data provided, only 81% could be accurately identified as Trillium members[6]. In order to be included in this analysis, participants had to be enrolled with Trillium for at least 30 days before and after participation in the program. The definition of 'before' and 'after' is roughly based on the month of participation in the program[7]. About 25% of participants analyzed had a reported BH diagnosis, and 67% were 18 years of age or younger and 33% were greater than 18 years of age.

In the current analysis, members with total monthly costs exceeding 8,000 dollars were excluded from the final output. Only 3 members were found to have monthly costs of 8,000 or higher. When stratified by BH status, 17 members were excluded from the output (Table 1.2/2.2) as they had BH listings of '?' or 'In process'. Only those with clear 'Y' or 'N' were included.

OPPORTUNITIES FOR IMPROVEMENT

Improve the accuracy of the data collection process; in particular the accuracy of Medicaid Numbers taken, and a proper date for program entry/first meeting. If this program consists of three voluntary meetings, those dates would help identify the periods for analysis. Clarification or removal of the self-reported BH values beside 'Y' or 'N' would also help analysis.

[4] Cost outliers excluded

[5] Seventeen Members excluded from BH stratification. These individuals had BH diagnosis indicators of '?' or 'In process'

[6] Those not identified were mostly due to issues with the provided member identification numbers.

[7] Only the month that participation started was provided; so that month is used in this analysis as the best guess for the treatment period.

APPENDICES

Average utilization/1000 member months per month and average cost per member per month of key services between 7/1/2014 and 6/30/2017[8]

Table. 2.1 All Members Utilization

Program Status	Members	ED	IP	UC	PCP	BH	NEMT	Avg Cost
Before	621	65.29	2.94	26.18	279.41	582.06	107.06	$276.66
After	586	54.84	4.36	28.04	266.42	669.32	99.40	$262.09

Table. 2.2 Utilization Stratified by report BH status[9]

BH	Program Status	Members	ED	IP	UC	PCP	BH	NEMT	Avg Cost
N	Before	443	48.15	2.88	19.75	236.24	258.46	65.85	$195.74
	After	417	46.69	2.62	26.18	238.24	271.84	52.80	$156.19
Y	Before	161	109.46	3.42	45.61	411.62	1,532.47	232.61	$518.27
	After	152	80.59	9.77	31.75	363.87	1,794.91	241.76	$581.14

[8] Original results, no cost outlier exclusions.
[9] Seventeen Members excluded from BH stratification. These individuals had BH diagnosis indicators of '?' or 'In process'

Family Check-Up
April 2018 - Evaluation Report

The Family Check Up (FCU) is a brief, strengths-based intervention model for families of children ranging in age from 2 through 17. FCU involves a 3-session intervention that includes a comprehensive assessment, the completion of a number of video-recorded family interaction tasks, and a strengths-based feedback session during which parents are invited to discuss their strengths and challenges as a parent, as well as benefit from the provider's assessment, observations, and interpretation of their parenting skills. The FCU promotes positive parenting and healthy child development by improving parents' awareness of their parenting strengths and challenges.

The model has more than 30 years of evidence demonstrating positive effects on parenting practices and child outcomes.

The FCU is provided to Trillium members and their families via Lane County Mediation and Restorative Services as part of Trillium's investment in primary prevention that is overseen by Lane County Public Health.

In 2017, Lane County Public Health contracted with Oregon Research Institute to provide an independent evaluation of whether the model is being delivered to fidelity and what, if any, impacts the program is having on families who participate. Data was collected between September-December 2017 and the report was completed in February 2018. All data in this summary are taken from that report unless otherwise indicated.

Highlights

From 2015-2017, approximately 700 families participated in the Family Check-Up

The program is being delivered to fidelity

Families are impacted positively

Parent-child relationships are benefiting

Improves parenting skills

Changes in behavior are sustained over time

There is a need for addtional resources, materials and training to further support parents

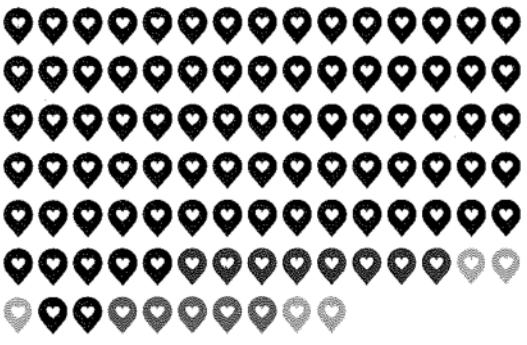
Lack of childcare and scheduling issues are barriers to some families

More time is needed for interviews and questionnaires

Participant Demographics

data from post-participation surveys 2015-2018

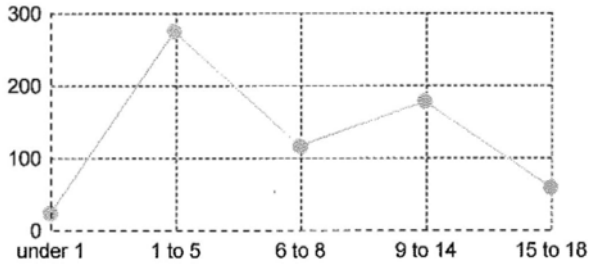
Race/Ethnicity of participants



White (79.62%) Hispanic (7.88%)
Black/African American (3.26%) Asian (2.45%)
Native American (4.89%) Other (1.90%)

35% of participants reported a behavioral health diagnosis

age distribution of participating children



Trillium Community Health Plan

LANE COUNTY OREGON PUBLIC HEALTH PREVENTION

Family Check-Up Evaluation 2018

"I am very grateful for this experience...Before going over the results I beat myself up a lot thinking I was a bad parent. But going over the videos and discussing things gave me huge reassurance and confidence."

Participant needs & satisfaction

Have you run into any of the following difficulties using positive parenting skills?

62% too much stress

55% not enough time

42% need more parenting support

35% need more child behavioral support

29% need more training

Parents were asked a series of questions about why they were interested in participating in the Family Check-Up as well as what kinds of barriers they faced and what barriers their children faced that impacted parents' ability to use positive parenting techniques.

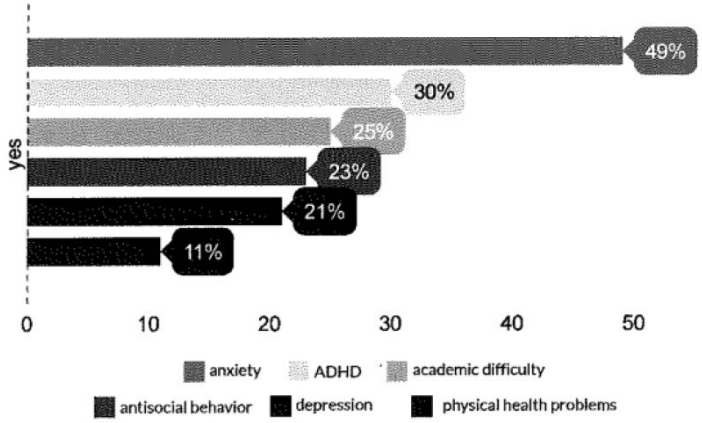
Reasons for participating

- Learn new information about parenting (65%)
- Improve relationships with children (64%)
- Learn how to be a more positive parent (56%)
- Learn to manage child's behavior more effectively (41%)
- Learn better coping skills as a parent (30%)
- As a means to deal with stress (27%)
- To receive the incentive (41%)

The majority of participants reported being satisfied or very satisfied with the Family Check-Up overall as well as with specific components of the intervention. 91% of participants said that they would participate again if given the chance, and 95% said they would definitely recommend the Family Check-Up to others.

In addition to the difficulties presented above, participants also reported mental health concerns for themselves and their children (at right) as barriers as well. Significant proportions of participants reported needing counseling for their own stress management (48%), anxiety (42%), and depression (33%).

Do(es) your child(ren) currently experience any of the following?

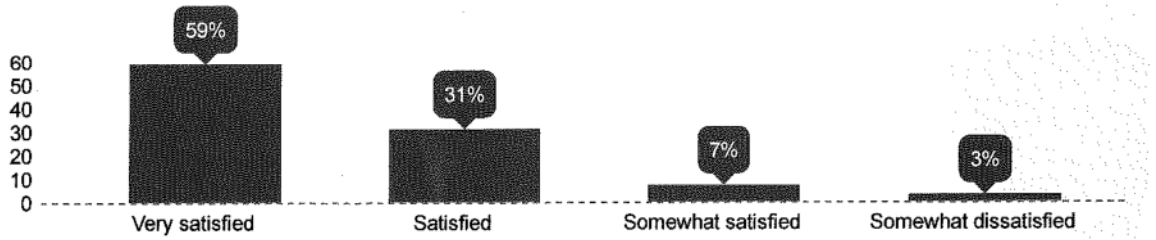


Trillium Community Health Plan

LANE COUNTY OREGON PUBLIC HEALTH PREVENTION

Family Check-Up Evaluation 2018

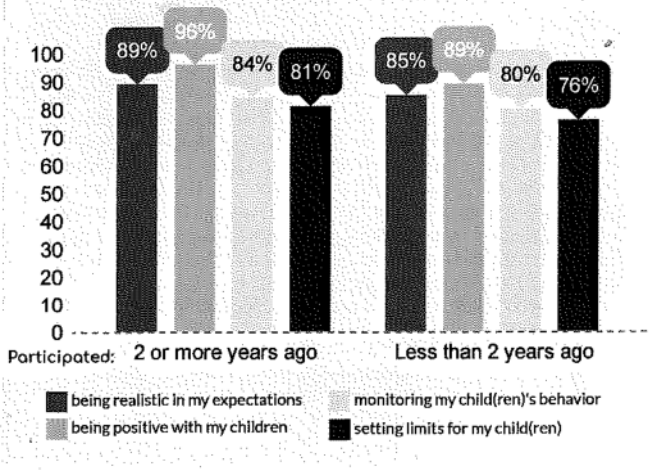
Overall, how satisfied were you with the FCU experience?



"As a single mom, there are very little opportunities to get direct feedback on your parenting skills. After getting the feedback from the videotaping, I felt more confident and more relaxed as a parent."

Participant changes in behavior

Since participating in the Family Check-Up, I am better at



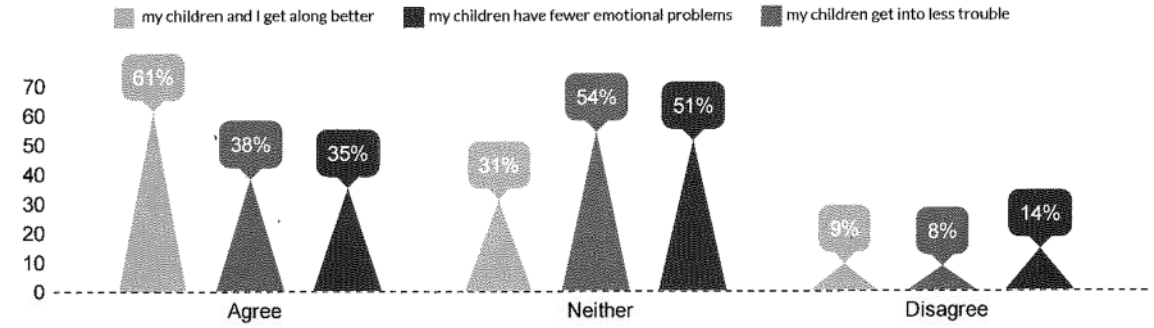
Of course, much of the value of any intervention, including the Family Check-Up, is its impact on the behavior and health outcomes of participants.

Surveyed participants were asked about specific parenting skills and child behaviors to ascertain whether the intervention had an impact. Results were also stratified by how long ago the family participated in the FCU. Significant proportions of participants reported changes in both parenting and child behaviors and it appears that those changes sustained at least 2-3 post participation.

In addition to changes in parenting, relationships and child behaviors, significant numbers of participants reported seeking additional help for anxiety (33%), depression (31%), and additional parent training (20%) after participating in the FCU.

An analysis of claims data from Trillium (see attached) also showed positive improvements in health care utilization and per member per month costs post-intervention.

Since participating in the Family Check-Up,

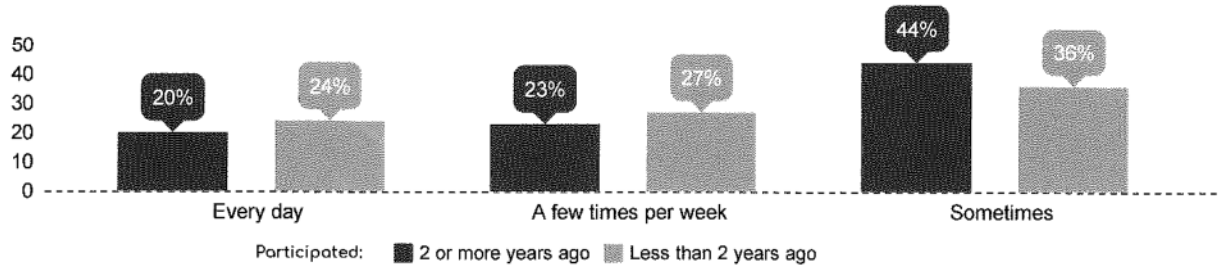


Trillium Community Health Plan

LANE COUNTY OREGON PUBLIC HEALTH PREVENTION

Family Check-Up Evaluation 2018

How often do you use the information you learned in the FCU?



"The main benefit of this Family Check Up was being witnessed. Seeing the videotape of how I parent and writing all the challenges we have as a family was a good look at reality. And sharing with the counselor was hard to see my failures compared to where I'd like to be. Since then, I have worked harder at changing my relationship with my kids. It has been successful."

Fidelity to the model

81% of participants attended all 3 sessions

When asked what they would change about the program,

73% of participants expressed that it was 'just fine as it is.'

Interviews with staff were conducted to assess their own comfort and confidence in using the model, the extent to which the program is delivered as it was intended, and their perceptions of the impact of the program on families that participated. Overall, staff were satisfied with the training they received and suggested additional training or booster sessions on parenting strategies would be helpful. Staff reported using the tools and protocols of the Family Check-Up as they were intended and suggested that additional time for the intake and some of the assessments would be helpful. Staff consistently reported that they felt the program was of benefit to families and that the greatest strength of the program is that it offers non-judgmental feedback and an opportunity for parents to reflect on their strengths.

"I was JUST telling someone about the Family Checkup and how much I loved it the other day. It's great that I still remember it and talk about it almost two years later. It's a great program, and I really appreciated having it when I was feeling very stressed out and alone. It did help me cope better with my oldest child's behaviors and learn how to support and parent him in more productive ways."

Recommendations

While the overwhelming response to the program was positive, participants did have some critiques. Participant critiques fell in to three main categories: people who felt they didn't need what FCU had to offer, suggestions on making the program more accessible, and requests for further support.

Making the program more accessible: flexibility in scheduling, more time for assessments, offer childcare

Additional supports for parents: follow-up and/or booster sessions, referrals to other parenting programs/supports - particularly for parents of kids with emotional and/or mental health issues

Additional supports for providers: more training in FCU and parenting education, train a provider who speaks Spanish, referral resources to other parent training opportunities

Trillium Community Health Plan

LANE COUNTY OREGON PUBLIC HEALTH PREVENTION

CCO 2.0: Discussion: Feedback for Oregon Health Authority

a. What are three things that OHP/Trillium could do that would help you/OHP members stay healthier?

Education/Information Awareness through innovative methods (i.e., not just newsletters
Exercise options / gym memberships, alternative therapies & physician training
More accessible – quicker response (phone system slow / confusing)
More home healthcare
More communication / system to include Native American / diverse populations in data, research & programs
More incentives for healthy behaviors
Orthodontics
Greater access to mental health (esp. rural other than Cottage Grove)
Nutrition counseling, healthy food funding (increase food bucks, program (Extra Helping)
Expand Primary Prevention Programs
Community Garden Program
Vision care expanded to include preventative and glasses (kids and adults)

b. Have you or a client of yours, ever needed a health service but had to "give up" on the idea" What was it and why? What do you wish your health plan could do for you that it doesn't already do?

c. What do you wish your health plan could do for you that it doesn't already do?

Alternatives to primary care, i.e., herbs, hypnotherapist
Second sleep study not covered
Checking of pacemaker not covered
Prior authorization requirements keep fluctuating, i.e., for durable equipment, medications, treatments (i.e., lymphedema, OT/PT/pool therapy)
Exercise / therapies for people with disabilities and accessibility challenges
Providers to serve dual-diagnosis clients – mental health / I.D. Disabilities
Inpatient behavioral health for children and adolescents
CPAP – durable medical at particular med level
Behavioral health for homeless kids – no homes and couldn't use school settings w/o transportation
OMC expanded to rural areas – better connections for pregnant women into OHP
Transportation especially urgent
Vision care
Specialized dental
Long wait times for PCPs – limited or no same day appointments.
Developmentally disabled kids wait 1-3 years for evaluations. Parents give up, get restarted, glitchy system.
Delay for mental health follow up after ED visit (urgent, non-hospitalized, BH needs), even failed even failed postnatal screen.