



*Lane Community Health Council is the governing board of PacificSource Community Solutions - Lane.

Lane County Coordinated Care Organization (COO) Community Advisory Council (CAC)

Remote Meeting via Zoom

July 24, 2023

12 pm – 2 pm

CAC Members: Tara DaVee (Trillium OHP representative), Chris Hanson (Trillium Clinical Advisory Panel Liaison), Drake Ewbank (PacificSource OHP representative), Michelle Thurston (Trillium OHP representative), Sheila Wegener (OR Dept of Human Services), Silver Mogart (Trillium OHP representative), Tannya Devorak (PacificSource OHP representative), Isis Barone (PacificSource OHP representative), Caity Hatteras (Trillium OHP representative), Todd Hamilton (Springfield Public Schools), Carla Tazumal (Lane County Developmental Disability Services), Val Haynes (Head Start of Lane County), Josephine Williams (PacificSource OHP representative)

Attendees: Debi Farr (Trillium Community Health Plan), Kayla Watford (Lane County Public Health), Leilani Brewer (PacificSource Community Solutions), Lucy Zammarelli (LaneCare), Marissa Lovell (Lane County Public Health), Kristty Zamora-Polanco (Oregon Health Authority), Suzy Kropf (Lane Community Health Council), Teresa Coppola (Lane County Public Health), Lauriene Madrigal (Lane Community Health Council), Nena Hayes (Lane County Public Health), Stephanie Griffin (PacificSource Community Solutions), Samantha Duncan (Be Your Best), Hayley VanHorn (LaneCare), Jacqueline Moreno (Lane County Public Health), Rhonda Busek (Lane Community Health Council), Megan Romero (Lane Community Health Council), Ola Adeniji (Lane County Community Partnerships Program), Ben Lilley (Transponder), Catherine York, MD (Lane Community Health Plan Board), Tom Bialozor (Director of Behavioral Health Services, Trillium Community Health Plan), Jeanne Savage (Trillium Community Health Plan), Stephanie Cameron (Restored Connections Peer Support), Yvette Vera (Trillium Community Health Plan)

Facilitator: Tara DaVee, CAC Co-Chair **Point Person:** Nena Hayes, Public Health

I. Welcome and Introductions

- a. Co-Chair Tara DaVee opened the meeting and reviewed the agenda.
- b. CAC members shared their names, pronouns, and affiliations.
- c. Debi Farr introduced Thomas Bialozor (Trillium's new Director of Behavioral Health Services). Thomas mentioned his commitment to access for behavioral health services in the community. Welcome Thomas.
- d. Public Comment: Michelle Thurston provided an overview of her positive experience with the Mobile Dental Van.

II. Member Approvals

- a. **June Minutes:** Caity Hatteras moved to approve the June CAC minutes as presented. Michelle Thurston seconded, and the motion passed.
- b. **2nd CAC Quarterly Summary:** Chris Hanson moved to approve the 2nd CAC Quarterly Summary as presented. Caity Hatteras seconded, and the motion passed.
- c. **Community Health Improvement Plan (CHP) Project Manager funding proposal:** Jacqueline Moreno brought forward a proposal that the CAC approve an allocation of Prevention funds to help establish a Live Healthy Lane Community Health Improvement Plan (CHP) Project Manager position at Lane County Health & Human Services. This position would replace staffing previously held within United Way of Lane County. United Way has since stepped back from the backbone role for Lane County's Community Health Assessment (CHA) and Community Health Improvement Plan (CHP) work. For the first year of this position, there is a funding gap of \$40,000.00. The proposal is that \$40,000.00 of the remaining \$106,758.31 left over from our 2023 'carry forward' of Prevention dollars be allocated for this position. This position will help sustain efforts of our current CHP implementation period during the next CHA cycle (2023-2024). Q: Is there a job description and will this person advocate for specific areas? A: the current classifications under consideration require a master's degree, but an equivalent combination of project management and community-based experience is also acceptable. The job description is almost completed and can be shared for feedback. CAC members will be invited to be involved in the selection process. Q: The table showing 'new partner contributions' includes CAC Health Promotion & Prevention, so how can we be reassured that this funding won't be needed again after the first year? A: There is an intentional agreement between the partners to sustain the position moving

forward. Debi Farr added that moving forward, the partners will be asking for additional funding in order to sustain the position. Jacqueline agreed to edit the table so that there are three sub-headings for clarification: current partner contributions; new partner contribution; and, one-time supplemental funding (the \$40,000.00 from Prevention). Caity Hatteras made a motion that the proposal be approved, with the condition that the \$40,000.00 is documented in the proposal as one-time funding only. Michelle Thurston seconded the motion. Silver Mogart and Carla Tazumal abstained from the vote. The motion was passed.

III. Break

IV. Health Equity Committee (HEC) Update

- i. Tannya Devorak provided an overview of HEC updates. In May, the Committee met to review the Health Equity Plan discussions held to-date.
- ii. Members brainstormed ways they would like to inform strategies for engagement with communities experiencing health inequities, and how they would like to collaborate with community partners.
- iii. Members shared the importance of:
 - Prioritizing feedback that will lead to action,
 - Increasing access to, and connections with, culturally competent providers,
 - Making sure CCO staff are engaging in culturally competent training,
 - Engaging with more data to help address health inequities, and
 - Creating intentional opportunities to collaborate with the CAC.
- iv. The committee's proposed goals and actions are meant to prioritize outreach and engagement with communities experiencing health disparities, specifically those who are not already well-connected with the CCOs. Specific goals:
 - Increase healthcare access & accountability,
 - Support meaningful community engagement strategies, and
 - Improve data to help address health inequities.
- v. Feedback on the HECs proposed goals and actions were requested from the CAC with two questions: ***What are your overall thoughts on the proposed goals and actions?*** and ***What additional collaboration opportunities come to mind?*** Discussion centered around making sure the CAC feels the HEC is heading in the right direction as they begin broadening their scope of

engagement in the community and in the upcoming CHA process. There was also a question about finding a list of organizations that are already contracted with the CCOs in order to save time for reaching out to those organizations that are not contracted with the CCOs. Lucy Zammarelli shared a [“Local Black-owned Business Directory”](#) and an updated [“BIPOC Mental Health Service Providers Directory”](#) in the chat. Any other recommendations or suggestions can be sent to Kayla Watford.

V. Updates & Announcements

a. Oregon Health Authority

- i. Welcome new Innovator Agent: Kristty Zamora-Polanco introduced herself as the Innovator Agent supporting Trillium and let people know that Dustin Zimmerman, Innovator Agent supporting PacificSource, hopes to make it to the September CAC meeting.
- ii. Kristty shared the OHA Update. There are links to the redetermination process. The Healthier Oregon program has opened up OHP coverage for everyone, regardless of immigration status and equitable access will continue to need a lot of advocacy. She also mentioned an update on the timeline of the 1115 Waiver, which will go live July of 2024. There is still a lot of work to be done on how it will roll out. Kristty provided her contact information and asked people to reach out with any topic requests: Kristty.Zamora-Polanco@oha.oregon.gov (503-780-1611).

b. Board Reports

- i. Trillium Community Health Plan: Caity Hatteras said an annual Cultural & Linguistically Appropriate Services (CLAS) overview was presented by Demond Hawkins, followed by a metrics update. Jacqueline Moreno and Tara DaVee gave an update on the Quit Tobacco in Pregnancy (QTiP) program. The Cedar Creek fire response was mentioned, as well as Trillium’s outreach to the affected community. Sarah Brewer introduced the new Medicaid Director, Dominique Lopez-Stickney. Sarah also presented the strategic update to the Board.
- ii. Lane Community Health Council (LCHC): Lauriene Madrigal let the group know that the LCHC Board did not meet in July. She gave an update on their Community Benefits Initiatives (CBIs) grant process. They are still accepting applications, through August 1st, and this

grant cycle is focused on food security. Eligible organizations who can apply are faith-based or those who focus on serving the BIPOC communities. Other organizations are also welcome to partner with one of these two prioritized groups. The review phase should begin in early August and PacificSource members who would like to be involved in the review process can reach out to Lauriene Magdrigal.

- c. Supporting Health for All Through REInvestment (SHARE) Funds
 - i. Trillium Community Health Plan: Debi Farr said Trillium has just started their SHARE process and they will be asking Trillium CAC members for feedback. She mentioned that the Oregon Governor wants CCOs to concentrate on housing, housing-related services, and behavioral health.
 - ii. PacificSource Community Solutions: Megan Romero said the PacificSource SHARE process will be similar to what Trillium is doing. This year the SHARE dollars are just over \$900,000.00.
 - iii. Zoom Polls were shared with the full CAC as an opportunity to provide feedback on the overall direction of the CCO's SHARE priorities (see appendix).
- d. Reminders
 - i. CAC will be on summer break for the month of August
 - ii. Share your feedback on 2023 CHP Progress & Engagement: <https://bit.ly/CAC-CHP2023> (open through the end of July)

VI. Breathing Exercise

SHARE Zoom Polls

Participants: 9 CAC members and 1 RAC member

Questions below:

1. Which SDOH-E domain would you like to see prioritized?
 - a. Economic stability (*employment, food security, diaper insecurity, childcare, housing*) **40%**
 - b. Neighborhood and built environment (*housing, violence, parks, non-medical transport*) **20%**
 - c. Education (*language/literacy, graduation rate, early childhood ed, higher ed*) **10%**
 - d. Social and community health (*social integration, discrimination, citizenship/immigration, trauma*) **30%**
2. Which CHP Priority would you like to see prioritized?
 - a. Ensure incomes are sufficient to meet basic costs of living (i.e., housing, childcare, food, transportation, etc.) **40%**
 - b. Establish community conditions that support behavioral health and physical well-being **40%**
 - c. Address current historical injustices that produce disparities **20%**
3. Is there a particular population that you would like to see prioritized?
 - a. Rural **30%**
 - b. Children **30%**
 - c. Elderly **20%**
 - d. Unhoused **20%**