



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

**Lane County (LC) Coordinated Care Organization (CCO) Community Advisory Council (CAC)**

**Hybrid Meeting via Zoom**

**February 24, 2025 - Noon**

**CAC Members Present:**

Antonio Huerta (RISE/TransPonder), Caity Hatteras (Trillium OHP Representative), Carla Tazumal (Developmental Disability Services), Chris Hanson (Trillium Clinical Advisory Panel Liaison), Darci Standefer (Trillium OHP Representative), Denise Bunnell (PacificSource OHP Representative), Drake Ewbank (PacificSource OHP Representative), Jessi Preston (PacificSource OHP Representative), Josephine Williams (PacificSource OHP Representative), Kayl Bourgault (PacificSource OHP Representative), Lee Bliven II (Trillium OHP Representative), Ivy Medow (PacificSource OHP Representative), Lana Gee-Gott (Pacific Source CAP), Michelle Thurston (Trillium OHP Representative), Nick Ridge (PacificSource OHP Representative), Nissa Newton (PacificSource OHP Representative), Shannah Putney (PacificSource OHP Representative), Silver Mogart (Trillium OHP Representative), Tara DaVee (Trillium OHP Representative), Tannya Devorak (PacificSource OHP Representative), Sheila Wegener (Oregon Department of Human Services), and Val Hayes (Head Start), Jessica Hibler (Tribal Representative).

**CAC Members Absent:**

Brian Johnson (Lane County Public Health), Todd Hamilton (Springfield Public Schools),

**Other Attendees:**

Suzy Kropf (Lane Community Health Council), Megan Romero (PacificSource), Kayla Watford (Lane County Public Health), Nena Hayes (Lane County Public Health), Brit Taft (Trillium), Debi Farr (Trillium), Demond Hawkins (Trillium), Dominique Lopez--Stickney (Trillium), Dustin Zimmerman (Oregon Health Authority), Elyce Embery (Lane Transit District), Forest Pearson (Siletz Community Health Clinic), Jeanne Savage (Trillium), Kellie DeVore (PacificSource), Luci Zammarelli (LaneCare), Leilani Brewer (Lane County Public Health), Lauriene Madrigal (Lane Community Health Council), Mark Cokenour (Oregon Health Authority), Mariah Miller (Oregon Health Authority), Miranda Williams (Siletz Community Health Clinic), Marissa Lovell (Lane County Public Health), Sarah Brewer (Trillium), Seti Page (Lane County Public Health), Sadie Baratta (Lane County Public Health), Samantha Duncan (Be Your Best Cottage Grove, Health Hub, RAC Member), Genevieve Schaack (RAC Member), and Pam Berrian (Minutes Recorder).

**I. Welcome & Introductions**

**a. Member Support – Nena Hayes: 541-239-7254**

Caity opened the meeting and encouraged attendees who felt comfortable to identify themselves and their organization in the chat box. She welcomed Dustin Zimmerman and said he had an announcement about staff replacing him as a representative from the Oregon Health Agency.

Dustin introduced Mariah Miller and said she would begin attending CAC meetings next month. Caity thanked Dustin for all his efforts over the years.

Caity referenced a slide that was shown to the group of the current voting members of the CAC. Nena presented two CAC member bios for February:

1. Darci Standefer (Trillium OHP representative) introduced herself and responded to CAC member questions about her interest in knitting hats for area shelter organizations, and her service in the Air Force which was from 1982-88 and included being stationed in Texas and Germany.
2. Nissa Newton (PacificSource representative) introduced herself as the Executive Director of the Willamette Valley Symphony and described her CAC member interest as being dental care.

#### b. Resources

Nena has served as the meeting support person, she discussed the following CAC resources:

- CAC shared meeting process and agreements.
- Window of Affect Tolerance

#### c. Breathing Exercise.

Tannya led a breathing exercise.

#### d. Public comment

There were no requests for public comment.

#### e. Addition to the Agenda: Two Quick Process-Related Polls

Kayla said that she had placed two quick Zoom polls on topics that arose that had from recent contacts with staff:

1. What portion of the agenda should the breathing exercise be scheduled. The result of the quick poll was that the breathing exercise should remain at the beginning of the meeting.
2. For the upcoming meeting in March, should the CAC return to hybrid meetings? Kayla reported that the results of the quick poll were just about 50/50. It was noted that March is the week of Spring Break and could impact in-person attendance.

Kayla added that she was looking for a different time in March for the CAC's *Office Hour* as it was scheduled for the same day as the *Our Journey* event. She said she was considering April 2nd from 11:30 am to 12:30 pm and asked CAC members to respond to a Doodle Poll with their preferences.

Samantha commented that while she voted for staying on Zoom she was fine either way and opined that sometimes the hybrid meetings were awkward. She added that she understood the value of persons being in the same room.

Tara agreed with Samantha and thought perhaps the hybrid meetings could begin in May.

Kayla thanked members for their comments and said she would revisit the question again when she met with the Co-Chairs and would e-mail CAC members with their decision.

## **II. Member Approvals**

a. January 27, 2025 Minutes

**MOTION: JESSI PRESTON MOVED, SECONDED BY DENISE BUNNELL TO APPROVE THE JANUARY 27, 2025 MEETING MINUTES.**

**The motion passed unanimously. There were no abstentions.**

**III. Presentation and Discussion: Trillium Tribal Engagement Plan**

a. Brit Taft – Trillium Community Health Plan Tribal Liaison

Brit provided a slide presentation and said the Trillium Tribal Engagement Plan was about building relationships with Federally Recognized Tribes and American Indian and Alaskan Native community members. The slide presentation illustrated the Plan's strategies and goals:

Strategies

1. Flexibility and adaptation
2. Retaining cultural humility
3. Collaboration with tribal community perspectives

Goals

1. Build tribal sovereignty or governance transparency with members.
2. Create an open dialogue with the use of listening sessions with community and tribal members.
3. Based on the outcome of the listening sessions, collaborate on community- centric projects that align with tribal community priorities, including CAC priorities. Brit said projects could include the support of local Powwows, attendance at tribal led workshops, and the like.
4. An annual review process that included a feedback component. Brit added that, as the CAC tribal liaison, feedback was an important element for success and would be used to refine investments in future programs and projects.

Denise asked if there was outreach for tribes who were not recognized because the government took their status away. Brit replied that outreach did not occur on the state level, but it was included in the goal statements.

Shannah asked when the annual review would occur to monitor the plan's progress. Brit replied that it would be brought back later in the year.

**IV. Break**

The group took a ten-minute break from 12:36 a.m. – 12:46 a.m.

After the break, Caity welcomed Miranda Williams and Forrest Pearson from the confederated Tribes of Siletz Indians Community Health Clinic.

**V. Presentation and Discussion: PacificSource Tribal Engagement Efforts**

#### a. Megan Romero – PacificSource Community Solutions

Megan introduced herself and provided a slide presentation about PacificSource’s Tribal engagement and added it was very people focused. She said the engagement efforts were goal oriented but opined it was not the organization that moved the work, it was the passionate people that resulted in cultural humility. She described the nine Federally Recognized Tribes in Oregon and added that although the intention is for the CCO to engage with all Federally Recognized Tribes in their service area, the Tribes had the authority to safeguard the management of the land and the members.

Megan remarked that engagement with one Tribe did not imply the same interaction was occurring with all Tribes, and said it was important for both sides to understand the intent of the interaction. She acknowledged that each Tribe was unique and PacificSource needed to learn about the specific Tribe they engaged with, and that each interaction was made with an open mind. She acknowledged that building trust was slow work.

Megan described the work of PacificSource’s Tribal Liaison across the state and the formula for the financial contribution to the Community Benefit Initiative funds. She said the Liaison was a Community Health Coordinator and worked with the Tribe to distribute funds for special projects, such as the Ko-Kwel Wellness Center, a medically assisted treatment program, work parties, and Tribal gatherings. She said the 2025 goals were similar to 2024, to increase their relationships, their training opportunities, and event sponsorships such as the *Our Journey* gathering.

#### b. Suzy Kropf – Lane Community Health Council

Suzy introduced herself and said similar to PacificSource, the Lane Community Health Council participated in volunteer opportunities including the *Our Journey* gathering. She said one of their funding streams was Shared Savings, which contributed to native youth wellness programs at Lane ESD and the Ko-Kwel Wellness Center. She added that the Ko-Kwel Wellness Center would be relocating to a 24,000 square foot space in South Eugene and expand their reach into the community.

Suzy reported there were 250 individuals in the Opioid Treatment Program (OTP), and the Native Youth Program at Lane ESD served 300 students in school districts across the county. She added that culture nights had been hosted with 30 attending each event on average. She reiterated the importance of the *Our Journey* events held quarterly at the LCC Longhouse and thanked the many CAC members who attend. She noted that the next *Our Journey* event was March 12th from 3:30 p.m. to 7:00 p.m. and focus on the Federated Tribes of Lane County.

Caity encouraged CAC members to attend the *Our Journey* events and remarked that they are comfortable and family friendly.

Kayla referenced the *Our Journey* information placed in the chat box.

Debi shared that the Trillium team partnered with the Confederated Tribes of Siletz Indians Area Office to host a Trunk or Treat event last October.

## **VI. Updates & Calls to Action**

### a. Updates: CCO Clinical Advisory Panels

i. Dr. Lana Gee-Gott

Dr. Gee-Gott discussed clinical goals related to diabetes treatment and stressed they were trying to meet increased outreach goals relating to diabetes treatment, in addition to increasing teen vaccination outreach. She acknowledged that measles and pertussis outbreaks were occurring now, and the struggle to reach some members of the community who were not engaging regularly in health treatment. She said she was seeking brainstorming ideas from CAC members to improve the numbers of OHP members engaging in their own health care.

Kayla acknowledged there was time reserved in March for the CAC to discuss metrics and what the brainstorming might look like and invited CAC member suggestions at this meeting as well. Caity asked if Lane County had mobile clinics. Dr. Gee-Gott replied yes and added that unfortunately during the current deportation climate, many members of the community were fearful of mobile health vans, and it may be important for the health community to approach leaders in the community first.

Michelle stated that a neighbor had reported to her that she received an unsolicited call on the subject, and because she thought it could be a scam did not respond. Dr. Gee-Gott acknowledged telephone spam and scam and said that fear may be a problem when a health agency uses an external contractor company for outreach.

Jessi opined that the length of time to secure a medical appointment was a struggle. Dr. Gee-Gott said that the team had discussed the adverse effects of the current medical employee shortage. She added that current staffing was also more expensive, and State programs faced more limited funding. Denise agreed with Jessi and relayed a personal story. She said paired with a difficult economic landscape in all areas, there needed to be some patience and understanding that doctors and nurses were trying but sometimes their hands were tied. Dr. Gee-Gott remarked that it was also difficult to obtain appointments with specialists and added that they have added more time slots in their offices during the current flu season.

Michelle asked if emergency room visits were increasing because persons could not obtain normal appointments. Dr. Gee-Gott replied yes, unfortunately.

Kayla read comments that had been placed in the chat, and many had indicated that appointments with specialists were being scheduled six months out or more.

Dr. Gee-Gott stated that Endocrinologists are especially limited in the Lane County area, however, doctors can refer OHP patients to OHSU. In response to a question, she affirmed that another problem with specialists was that some firms were getting bought out and those companies were then limiting who they wanted to see. She said OPTUM was an example of a firm that was not allowed to buy additional practices in Oregon.

Tara commented that OPTUM was owned by United Health. She remarked OHSU provided great service, but she received a letter that stated that as of March 31 she could not go to OHSU for Endocrinology appointments because United Health had not agreed to the payment level. She said that left one Endocrinologist in Lane County and added that diabetes was often treated by Endocrinologists. She asked if patients in Oregon could receive telehealth video services from Endocrinologists in other states.

Jessi referred to an e-mail indicating that after April 1, telehealth appointments would not be covered by Medicare or Medicaid and said that would be devastating for disabled populations. Dr. Gee-Gott replied she was not aware of that.

Dominique asked about the source of the telehealth e-mail. Tara replied that it was Medicare.gov.

Caity asked what the recourse was if an appointment could not be made. Debi replied that patients could file a grievance, although the response was difficult when they simply did not have enough providers. She emphasized that filing a grievance brings to light a problem and it was not a bad thing to file a grievance.

Jeanne introduced herself as the Chief Medical Officer for Trillium. She endorsed the use of grievances because they were tracked, and said some patients saw Endocrinologists in Salem or Neurologists. She highlighted the efforts by Trillium to increase advocacy for State level loan repayments for providers. She said they had five- and ten-year provider goals and had looked at advancing telehealth. She said they would continue that network even if there were reimbursement changes because telehealth provided quality immediate care in addition to longer term care. She said maintaining telehealth along with a hybrid brick and mortar service platform was fine, or maybe even move totally to telehealth. She offered to work with Dominique and Debi on messaging regarding telehealth availability.

Tannya suggested more awareness about how to file grievances and remarked that some were suffering so much it was difficult to even do that, unless they can file before it got to the point of hopelessness. Caity asked about filing a grievance. Megan replied that a grievance could be filed anytime.

Resources shared during this section:

[https://www.oregon.gov/oha/HPA/ANALYTICS/CCOMetrics/PlainLanguageIncentiveMeasures\\_English.pdf](https://www.oregon.gov/oha/HPA/ANALYTICS/CCOMetrics/PlainLanguageIncentiveMeasures_English.pdf)

[https://www.oregon.gov/oha/HPA/ANALYTICS/CCOMetrics/PlainLanguageIncentiveMeasures\\_Spanish.pdf](https://www.oregon.gov/oha/HPA/ANALYTICS/CCOMetrics/PlainLanguageIncentiveMeasures_Spanish.pdf)

<https://telehealth.hhs.gov/providers/telehealth-policy/telehealth-policy-updates>

Site to get the telehealth benefits for Trillium members:

<https://www.trilliumohp.com/members/oregon-health-plan/Benefits-and-Services/telehealth.html>

Trillium Nurse Advise Line on our website under Where to Go for Care:

<https://www.trilliumohp.com/members/oregon-health-plan/wellness/where-to-go-for-care.html>

## ii. Dr. Chris Hanson

Dr. Hanson referred to the two-page update in the meeting packet and highlighted the October-December activities in a slide presentation. He added that there had been member presentations regarding gender affirming care covered by OHP, and an update on the health issues occurring in the county currently, such as the flu, COVID, and vaccinations. He noted that the Child Health Center was now called the Riverview Center for Growth. He discussed efforts to improve metrics and especially how emergency room visits are tracked, and said the information would be made available to the CAC. He

said they had received an update from Caity regarding the CAC. He reported that regarding substance abuse disorders, opioid use was increasing, and fentanyl use was decreasing.

Dr. Hanson suggested Courtney Johnston as a good resource for tracking legislative efforts and federal actions relating to funding and insurance. He thanked Antonio Huerta (RISE/TransPonder) for assistance with a recent survey regarding LGBTQ+, BIPOC, and low-income specialty care, dental care, and mental health care.

Caity suggested that for members interested in metrics they could attend one of the Board meetings as a guest and that Kayla had additional information. She said the meetings were vitally important to all topics addressed today. She said the Trillium meetings were the second Monday from 12:00 noon to 1:30 p.m. every other month and Lane Community Health Council meetings were the second Tuesday 7:00 a.m. to 9:00 a.m. monthly.

b. Calls to Action:

i. Community Investments Feedback Survey

Kayla posted the Feedback survey in the chat box and said it would be available for a week (until March 3) and that Nena would send it out via e-mail to all members.

Suzy stated that the context of the survey was that it was an opportunity to look for ways to involve the CAC in funding investments for 2025 across all funding streams.

Debi said she worked with Suzy, Megan and Dominique to ensure the right questions were asked of the CAC and the feedback would be shared at the CCO as funding investments were discussed.

Caity said it was difficult to select one survey option preference over another. Lauriene replied there was a drag and drop option that helped ranking and prioritization, and understood the difficulty.

Caity asked if the survey could be completed by all attendees or just voting members of the CAC. Lauriene said it was intended for voting members, but if others wanted to comment, they can send it in with a note that they were not a voting member.

Denise asked if it was intended to be completed by Trillium CAC voting members only. Kayla replied it was an invitation for all CAC members, not just Trillium representatives.

ii. Process for Providing Public Comment at CAC and CCO Governing Boards:

Kayla summarized the following protocols:

▪ Lane County CAC Process

Kayla shared that the CAC welcomed public input and reviewed the CAC public comment procedures. Kayla said a goal was to make it more accessible to the community and CAC could encourage comment from anyone in the community they wished to.

▪ Lane Community Health Council's Process

Suzy Kropf described their procedures for providing public comment.

<https://www.lchealthcouncil.org/wp-content/uploads/CAC-Public-Comment-Guidelines-2024.pdf>

<https://www.lchealthcouncil.org/about/board-of-directors/>

▪ Trillium Community Health Plan's Process

Debi remarked that CAC member should feel free to contact her about attending a Trillium Board meeting.

<https://www.trilliumohp.com/about-us/community-events.html>

**Other CAC Comment**

Marissa announced that there was a Prevention work session for the new prevention plan happenings at 10:00 a.m. tomorrow via Zoom. She said she would copy the invitation and place it in the chat box, and she welcomed all CAC members to join the work session.

Jessi referred to concerns about mobile health vans, and she wanted to discuss the topic further with the CAC so she could take the information back to a LCHC meeting. She asked about how to get that sort of feedback.

Caity said she would take the question to the CAC planning meeting.

Caity announced there was a TransPonder-related event tomorrow. She said it would be at Harris Hall, and they wanted a big crowd in front of the County Commissioners so that they understand the importance of protecting vulnerable communities. She said the meeting would be at 8:45 a.m. and noted that it conflicted with a prevention meeting occurring around the same time.

Tannya thanked Caity for the information as she had not known about it and thanked her for chairing the meeting.

Ivy commented that she was amazed by the group discussion and the level of information shared at the CAC meetings.

**VII. Adjournment**

Caity adjourned the meeting at 2:00 p.m.