

Trillium Community Health Plan
North Community Advisory Council Minutes
Thursday, June 1st, 2023
12pm – 1:30pm



Attendance

Present: Sharif Maddox, Daniel Carrillo, Jeff Austin, Brooklyn Leader, Naomi Hunsaker, Adam Freer, Katie Thornton, Manu Chaudrhy
TCHP Staff: Debi Farr, Kendra Pennington, Dori Sumstad, Kristinia Rogers, Jessica weber, Robert Phillips
Guests: Senna Tower, Silver Mogart

Welcome & Introductions

Sharif Maddox, CAC Co-Chair, called the meeting to order at 12:03 pm.

Public Comments

No Public comments

Announcements & Approvals

Approvals

April Meeting Minutes

Jeff Austin moved to approve meeting minutes as presented, Brooklyn Leader seconded the motion
Motion to approve April meeting minutes was unanimously approved.

CAC Charter

Jeff Austin moved to approve the CAC Charter as presented, Daniel Carrillo seconded the motion

Motion to approve the CAC Charter was unanimously approved

SHARE IRCCO Request

Kristinia Rogers went over SHARE and provided some information on IRCCO and the funding request we received for them to get recertified to provide CHW training

Jeff Austin moved to approve funding request as presented, Daniel Carrillo seconded the motion

Motion was unanimously approved

Board Report

Daniel provided the CAC with an update on what took place during the May 18, Trillium Board of Directors Meeting including: Operations, Government; Quality Metrics; Round Table

OHA Innovator Agent Update

Senna Towner, PhD, MCHES provided the CAC with an update from the Transformation Center.

CAC Demographics Survey

Kendra informed the CAC that they will be receiving the demographics survey

SDOH Metric

Ailed Diez presented on the SDOH Metric

Feedback-

Things to consider and include in these policies and procedures

Jeff wanted to know how someone being trauma informed would be useful when performing a screening.

Ailed responded by saying that it might be the appropriate word being used to prevent judgement and triggers

Sharif added a trauma informed way to approach something could have had trauma when interacting with authority figures you want to approach them in a way that does not inflict them with any more trauma

1. What is important for a screener to be aware of before performing a screening
 - a. People that are resisting acknowledging that it is not related to trauma sometimes it is difficult to admit need.
 - b. Important to acknowledge that some of our folks are at risk when they admit some of these things
 - c. Making sure that the trauma informed care is trickling down to the screener what is being done to assist in making sure trauma informed care is being utilized (Yvette verra stated that a lot of times it comes down to ongoing coaching and monitoring.
 - d. Needs to be services provided around TIC coaching and support for OHA Trillium and Health Share
2. How would you prefer to be screened for food transportation and housing
 - a. Making it available in multiple forms is best but digital preferred
 - b. Is it ok to anonymous or does it need to be connected to the person (if it was just to get data it could be anonymous (The data would be used but not on the person level)
 - c. Alternate forms need to be available to prevent discrimination.
 - d. In person is very time sensitive, paper works out well, but should be all if possible.
3. How often should people be screened, should follow up be based on positive screening?
 - a. Brooklyn- every month since once a need is disclosed a year is too long.
 - b. Katie- monthly would make sense if capacity was available and 2 if we had resources to give someone because asking them if we do not have resources could be a negative experience and impact trust- Brooklyn stated that this is a valid point but if they do not have resources, they can point them in the right directions.
 - c. Adam feels that doing a screening over and over again if we are involved with accessing their needs could we not get their information from a case manager. Ailed agrees that it does not make sense to ask just to ask but maybe we could ask the member if they would like us to follow up with them or maybe if the situation has changed
 - d. Adam Freer- 6 months

- e. Primary care is stretched thin and there are worries about these things moving to Primary Care because once picked up it can't be put down. PCPs would be tracking on following up on all of these social services and specialty does not have the same asks Katie does worry about PC being the go-to for all things in a population and curious if we think this will play out in this context. Ailed stated that based on the metric we are the ones that are supposed to develop a process around this and assist in the implementation
 - f. Manu shared the current intent by OHA is that providers would be getting involved with performing the screening but who would be following up is still TBD it would be great to understand the downstream effects as Trillium receives more information
 - g. Manu- No wrong door approach
4. If a member or patient decides to decline, should they be asked again?
- a. Sharif- this is a question for the patient. Information ahead of time is very important so they can make an informed decision. A simple informative statement could be useful
 - b. Jeff- once declined don't want to do it again but for some people situations changes and it depends on the patient.
 - c. Could put on the survey that they do not want to be contacted again but they might reach out in a certain period to see if situation changes.
5. Who should perform the screening
- a. Sharif- Don't see why we are getting the health professionals involved at all it will bog them down.
 - b. Jeff- CCO or PCP, PCPs due to trust
 - c. Seems like there are CBOs that could do these screenings
 - d. Katie- How we can support the PCP care teams to get those resources that the trust is there, but they do not have to take on the additional body of work.
6. Who should we share the outcome of the screening with
- a. Sharif- Should be as private as possible but could be shared with whoever the patient wants to.
 - b. Ailed stated that the question is referring to aggregate data not member specific.
 - c. Katie agrees that we do not share to client specific data, but the aggregate data should be shared across the county platform since they will need to share with the county commissioners

Open Table

Meeting Adjourned at 1:23pm. Next Trillium North CAC Meeting: Thursday, July 6, 12pm – 1:30pm.

Respectfully Submitted by Robert Phillips