



BEGIN: 11:00AM

ADJOURN: 1:00PM

## CCO RURAL ADVISORY COUNCIL MEETING MINUTES

Veneta City Hall, Council Chambers (call-in #541-682-4087)

February 8th, 2013

11:00am-1:00pm

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### MEETING MINUTES

**1. Call meeting to order**

**2. Public Comment: There was no public comment.**

**3. Introductions and Welcome**

- a. A get to know you activity was led by Lezlee. Everyone shared one thing others may not know about you.
- b. Introductions (members, public and guests)

*RAC Members Present*

Jessica Rice  
Char Reavis  
Shelley Morris  
Robin Roberts  
Rick Yecny  
Lezlee Craven  
Joyce Richardson (conference call participation)

*Staff Present*

Debi Farr, Trillium Community Health Plan  
Karen Gaffney, Lane County Health & Human Services  
Jennifer Webster, Lane County Public Health  
Brian Johnson, Lane County Public Health  
Ellen Syversen, Lane County Public Health

*RAC Members Absent*

Patricia Muchmore  
Heather Murphey

*Guests*

Dr. John Baumann  
Catherine Amber, Mid-Lane Community Partnerships (Veneta)  
Angela Kellner (KLCC)  
Nancy Pierce (Staff from Peter DeFazio's office)

**4. Get to Know Our Community: Veneta –Dr. Baumann**

- a. Dr. John Baumann presented information on the Veneta community. He has been working with the Veneta community to build the Fern Ridge Service Center which will open September 1, 2013.
  - i. He is focused on rural medical outreach.
  - ii. Veneta is less than 5,000 miles but the service area is 25,000 square miles.
  - iii. Many Veneta residents do not have telephone, cars or internet.
  - iv. His big focus and passion is changing disease care to wellness.
  - v. He wants to be a permanent RAC member. He was e-mailed the application, and he will also recruit a consumer member from Veneta. To add a new non consumer member to the group, we would need a new consumer member.
- b. Fern Ridge Service Center
  - i. Working to raise \$9,000-12,000.
  - ii. Will be under the umbrella of Mid-Lane Partnership which also includes the gleaners, food pantry services, emergency assistance with utility bills, youth scholarship fund and senior meals on wheels and meal site program.
  - iii. Will have vista volunteers who canvas mid Lane County in the same day to assess health for those with no access.
  - iv. They have a ½ million dollar block grant. Half of services will be for seniors and half will be for food bank.
  - v. Peace Health is equipping the exam room. For senior needs, the community will work with the Geriatric Institute at Peace Health.
  - vi. Parameters of funding are such that they can only serve persons 60 and older for the first 5 years in half the space. They are trying to change this. This is case in Florence as well in their senior center, and they are in year 1.
  - vii. Rick Padget at Peace Health who is a Cardiologist wants to do EKG's via internet to inform what to do with patient (a screening tool).
  - viii. He is working with Rick Paget and Dan Reece at Peace Health.
    - 1. Still need doctors for telemedicine program, but this is the future.
  - ix. Mid-Lane Partnership is designed to meet basic needs in Fern Ridge and nearby communities and provide unique volunteer opportunities.
    - 1. 501C3
    - 2. Entirely volunteer run by Catherine Amber and 5 hour a week book keeper.
    - 3. They do a lot with food distribution since without food health is not possible.
    - 4. They want to turn disease care into health care and wellness.
    - 5. Many people get sick and do not have a phone. This is a healthcare access problem.
    - 6. They partner with paramedics/fire department to assess health for seniors 70 and better.

## **5. CAC Business/Announcements**

- a. Minutes were approved.
- b. Karen Gaffney brought a map which showed Trillium primary care and specialist doctors around the county for members to view. There are definitely gaps and underserved areas.

- c. Announced that February 28<sup>th</sup> Community Conversation Focus Groups will be happening in Florence at Siuslaw Bank from 6-8 p.m. **Members received fliers and Florence partners agreed to recruit participants.**
- d. The group decided to have a 10:30 to 11:00 a.m. meet and greet time on an ongoing basis before the RAC meetings.
- e. Food will be varied between breakfast and lunch choices.
- f. **The group will meet in Florence for the March 8<sup>th</sup> meeting, Location TBD.**
- g. **Robin asked the group if we could meet up the McKenzie in May. The group agreed.**

## 6. Liaison Reports

- a. Governing Board Report-Shelly Morris
  - i. Trying to be neutral as a board representative.
  - ii. Board is working on dates and deliverables.
  - iii. Payment issues were discussed.
  - iv. Prevention was discussed and the tobacco prevention proposal that was approved by Board contingent upon more budget information and details.
- b. CAC Report
  - i. CAC approved tobacco prevention proposal to go forward to Board.
  - ii. Lezlee recapped the public comment from Jose Soto of NAMI, the discussion on Continuous Improvement Issues, plan to have manager from Ride Source attend next meeting, and announced **the next CAC meeting on February 25, 2013.**

## 7. Mental Health (Lucy Zammarelli-Trillium)

- a. Global Picture from Trillium perspective:
  - i. Focus on disorders that affect the brain using a holistic health care model.
  - ii. Outpatient issues followed by DUI are the biggest issues.
  - iii. Opium replacement therapy is now the evidence based therapy of choice.
  - iv. Fastest growing problem is pain medicine addiction.
  - v. It is hard to open a methadone treatment facility as the regulatory requirements are stringent. Need is higher than available resources. Pain prescription methadone is the main problem.
  - vi. Discussed long acting Cervoxone to treat opiate addiction. Hopefully rural doctors will be able to prescribe this in the future.
  - vii. **Discussed Mental Health and Addictions State Plan;**
    - 1. Crisis and response services
    - 2. Have a team for rural youth
    - 3. Foster care for adults
    - 4. Outpatient services but not so much residential
    - 5. Developmental disabilities and autism/ADD do not fall on the list under mental health

6. **Jessica Rice expressed frustration that OHP kids are not treated for autism and ADD. This affects their medical and mental health for the rest of their life.**
7. OHA makes the decisions about who is covered; Trillium can't make decisions without OHA.
8. The state report found that suicide is a huge problem in Lane County. It occurs one time per week. Suicide awareness training is happening in the schools, is a huge problem for veterans and is preventable.
9. Group discussed the possibility of having Sandy Moses do a QPR training for the RAC.
10. Medicaid expansion in 2014 should help with access to health care.
11. People should get the services they need-Treat to Target Model. Need to look at more ways of helping like CHW's, peer services, and outreach to help with the 50 minute hour.
  - a. Need to mix it up with more levels of providers
  - b. Home visits for kids
  - c. Peer support
  - d. Greater variety in service options with more flexibility
  - e. New billing codes
  - f. Home outreach
12. Referral sources for alcohol and drugs come from criminal justice system or family and friends.
  - a. Only 4% of referrals come from primary care physicians
  - b. Primary care doctors need to screen with diet, smoking, abuse of prescription medications and mental health.
  - c. **Lucy would like to see ½ of referrals coming from Primary Care Doctors. TWO WAY COMUNICATION IS KEY.**
  - d. There are not a lot of services for mental health in rural areas. **We definitely need telemedicine.**
    - i. Right now it is hard to cover telemedicine as there are no billing codes.
  - e. People are transported by police. We need alternatives to transport those with mental health issues.
  - f. Robin mentioned Mobile Counseling Service Centers started for Veterans. This is a good model, but a traveling behavioral health clinic is very expensive.
  - g. Community health workers are an option as they can help people with transportation to appointments, make home visits, help with medication management, nutrition and recreation.
    - i. Hope to expand this program.
    - ii. Doctor offices may add CHW's.
    - iii. Need community care coordinators in clinics
    - iv. This is an expanding field with OHA for the CHW's.

- v. CHW's could be a solution for rides.
- h. **Announced 90/30 conference to reduce child abuse in Lane County by 90 percent by 2030. Conference being held at the Valley River Inn in Eugene on March 8 and 9<sup>th</sup>.**
- i. **GROUP AGREED TO GO BACK TO THEIR COMMUNITIES TO LOOK AT STRENGTHS AND WEAKNESSES for March.**
- j. **Lucy will return in March to facilitate this discussion.**

## 8. Next Steps

- a. Next meeting date: **March 8<sup>th</sup>, 11:00am-1:00pm, Florence Location TBD**
- b. Possible next agenda items: Transformation plan, Governing Board and CCO structure, more discussion on mental health based on community strengths and weaknesses, Debrief on Florence Community Conversations, Lane County Staff and Suicide Prevention Efforts, update on Ride Source from CAC, workgroup updates.

## 9. Adjourn

1:00pm

## CAC Workgroups

*(Room 525, Lane County Health & Human Services Building, 151 W. 7<sup>th</sup> Ave., Eugene)*

1. **Community Health Assessment/Community Health Improvement Plan**
  - a. Meets on the 2<sup>nd</sup> Tuesday of each month from 2:00pm – 4:00pm
  - b. Staff contact: Ellen Syversen ([Ellen.Syversen@co.lane.or.us](mailto:Ellen.Syversen@co.lane.or.us))
2. **Health Disparities**
  - a. Meets on the 2<sup>nd</sup> Thursday of each month from 12:00-1:30pm
  - b. Staff contact: Brian Johnson ([Brian.Johnson2@co.lane.or.us](mailto:Brian.Johnson2@co.lane.or.us))
3. **Prevention**
  - a. Meets on the 3<sup>rd</sup> Tuesday of each month from 1:15-2:45pm
  - b. Staff contact: Jennifer Webster ([Jennifer.Webster@co.lane.or.us](mailto:Jennifer.Webster@co.lane.or.us))