



BEGIN: 12:00PM

ADJOURN: 1:30PM

CCO COMMUNITY ADVISORY COUNCIL MEETING
Lane County Youth Services/John Serbu Center, Carmichael Room
2727 Martin Luther King Blvd.
April 22, 2013
12:00pm-1:30pm

AGENDA

Present

CAC Members

David Parker, Co-Chair
Lezlee Craven
Tara DaVee
Val Haynes
Dawn Helwig
LM Reese (by phone)
Susanna Sammis
Charene Reavis
Karen Gillette
Eric VanHouten
Colt Gill
Tony Biglan
John Radich Co-Chair

Staff

CA Baskerville, Lane County Public Health

Guests

Debi Farr, Trillium
Cass Skinner, Trillium
Jennifer Webster, Lane County Public Health, (by phone)
Terry Coplin, Trillium
Bruce Abel, Trillium Behavioral Health
Anne Celovsky, Lane County Public Health
Jennifer Jordan, Lane County Public Health
Ben Hoyne, CCO Oregon

CAC Members Absent

Renae Freeman
Jessica Rice
Rick Kincade
Roxie Mayfield
Andrea Muzikant
Marcela Mendoza
Marianne Malott

1. Call Meeting to Order

2. Public Comment

- a. No public comment.

3. Introductions and Welcome

- a. Introductions
- b. "Get to Know You" Activity

4. CAC Business

- a. The March CAC minutes were approved.
- b. CAC members asked that materials sent via email be sent in PDF format.

5. Announcements

- a. Members were reminded of the April 25th CCO Community Meeting at Hilyard Community Center, 6-7:30 pm.
- b. Members were reminded and invited to stay after the meeting to participate in discussion with the Developmental Disabilities Coalition.
- c. The May meeting will be held on Tuesday, May 28, as the usual meeting day will fall on an observed holiday.

6. Liaison Reports

- i. Governing Board report: Terry Coplin reported that the executive committee is focused on legislative issues current, (e.g. dental inclusion). Committee members asked that a list of current legislative issues Trillium is following be sent to them. Other efforts include: developing new policies and procedures regarding Behavioral Health Prevention/Promotion and how to transition these funds without disrupting services and implementing the tobacco prevention plan. Terry also acknowledged the Community Advisory Council for being an integral part of Trillium; helping to learn 'how to listen and learn'.
- ii. LM reported that Kay M. resigned and replaced with a new member from Senior and Disabled Services.

7. Peer Delivered Services

- a. Bruce Abel provided an overview of the current discussion within Trillium regarding peer delivered services. He reported that:
 - i. Trillium is supportive of peer delivered services
 - ii. 'Lived' experiences with mental health condition is typically described in the Behavioral Health discipline
 - iii. A broader description that includes physical services is being explored
 - iv. Funding to pay for peer delivered services is being discussed with two options currently being explored: 'carve out' and 'fee for services'
 - v. Community Health Workers may be peers but not necessarily fit the same definition

- vi. Trillium is interested in ideas on how the peer delivery system will look and link to health delivery system. They are interested in creative ideas that are evidence-based.
- vii. Peer delivered services that have been supported by LaneCare are currently being supported by Trillium.
- viii. It was asked if school based health clinics could be considered peer-delivered services. The answer was probably not, although recognizing the services as valuable.
- ix. It was asked if Trillium will use the state definitions and criteria for 'Non-Traditional Health Workers' and he responded favorably, particularly if they would be funded by a fee for service mechanism.
- x. It was asked if peer delivered services are evidence based. Tony Biglan suggested they could be, but it would depend on the model. He suggested using research on this subject to guide the decision for Trillium and agreed to forward a framework to reference.
- xi. It was suggested the CAC form a peer-delivered services work group to develop more specific recommendations around this issue. David responded that the former work group focusing on durable medical equipment has concluded their work and proposed that work group transform to become the '**Ideas and Solutions' work group**. This new work group could be comprised of anyone who is interested and the first topic to be discussed will be peer delivered services. The same time and place for meeting as the former work group will continue: **The 3rd Tuesday of the month, 10:00am-noon, Health & Human Services, 151 W. 7th Ave, Room 258.**

8. Community Health Assessment and Improvement Plan (CHA & CHIP)

- a. David and Tara reported on the process for developing the Community Health Improvement Plan, CHIP,. They described the process by which the CAC, through their representation, has been involved in the development of the CHIP. John asked that youth in the Foster Care system specifically be addressed in the work plan and strategies that CAC addresses. It was suggested this would be addressed in the 'Access to Care' priority. Terry Coplin reported United Way's 100% Access is organizing a work group with community partners regarding the CHIP to discuss partners' roles and responsibilities. Tony remarked on the inclusion of policy recommendations in the plan and that proceeding with these could have some challenges or limitations due to being publicly funded. He also stated that the homeless population was not adequately addressed.
- b. It was moved the plan be adopted and was approved unanimously.

9. Reports

- a. Rural Advisory Council. Lezlee reported on the key topics that were discussed, including a report from Junction City representative and a report on suicide

prevention/mental health promotion by Sandy Moses, Lane County Prevention Program. The next RAC meeting will be held in May in McKenzie Bridge.

- b. Brian Johnson reported on the Health Equity work group. Data analysis has pointed to four key areas to focus work: asthma, especially among Latino and African American populations, diabetes, schizophrenia and childhood obesity, especially among Latino youth. The work group agreed to initially focus on asthma and childhood obesity. They will forward recommendations for Trillium to address these issues.
- c. The Developmental Disabilities Coalition was meeting directly after the CAC meeting and invited others to stay.
- d. CAC members agreed to meet on Tuesday in May as their next regularly scheduled meeting falls on Memorial Day.

10. Adjourn

- a. Next meeting: **Tuesday, May 28, 12:30-2:30, 2727 Martin Luther King Blvd. in the Carmichael Room of the John Serbu Center (Lane County Youth Services)**