



BEGIN: 12:00PM

ADJOURN: 1:30PM

CCO COMMUNITY ADVISORY COUNCIL MEETING

Lane County Mental Health Building, Room 198

September 24th, 2012

12:00pm-1:30pm

MEETING MINUTES

Present

Members

1. David Parker, Chair
2. John Radich, Vice-Chair
3. Dawn Helwig
4. Karen Gillette
5. Val Haynes
6. Roxie Mayfield
7. Marcela Mendoza
8. Tara DaVee
9. Marianne Malott
10. L.M. Reese
11. Nancy Golden

Staff

1. CA Baskerville
2. Lindsey Adkisson

Guests

1. Christina Herbert, Personal Care Provider for Roxie Mayfield
2. Charles Biggs, Personal Care Provider for L.M. Reese
3. Bruce Abel, Trillium Community Health Plan
4. Cass SkinnerLopata, Trillium Community Health Plan
5. Karen Gaffney, Lane County H&HS/CCO Governing Board
6. Debi Farr, Trillium Community Health Plan
7. Tim Baxter, Lane County Legal Aid

1. Public Comment

- a. Tim Baxter from Lane County Legal Aid introduced himself to the Community Advisory Council.

2. Introductions and Welcome

- a. The minutes for the August meeting were approved by the group.

3. Announcements

- a. David brought information about the Community Health Centers of Lane County for the group per request from the last meeting.

4. Governing Board reports

- a. *Report from Nancy Golden*

At the last CCO meeting we discussed two plans. The first was the Draft Transformation Framework and the second was the Draft Aspiration Transformation Framework. We also had an opportunity to meet with Lane County legislators.

1. The majority of the time was spent discussing the access problem in the dental area, especially for children. The key points that were discussed include: A clarification that Dental Services are outside of the CCO structure and governed by the DCO system.
2. There is a disconnect between what the medical professionals hear from their patients and what is said by the members of the DCO. The DCO says that there is no access problem. The medical professionals on the CCO, told stories of access problems for their patients. They reported that many patients go to the emergency room due to dental problems and are not able to receive the necessary intervention.
3. The CCO is looking for flexibility. The flexibility would include contracting directly with the dentist and reducing administrative cost.
4. The majority of the conversation with legislators was around the need for access to dental care, especially pediatric care. Van Hoyle agreed to convene a group of CCO and CCO members to assist with solving this problem.
5. Doctor Jim Ford is joining the board. He is a pediatric dentist and his expertise will be very value-added given the concerns related to dental access for our community members.

- b. *Report from L.M. Reese*

Dr. Ford, the Pediatric dentist joined the board on the 10th. We went over the Health Care Transformation Plan dated September 5th, 2012 and also the Aspiration plan. Shannon went over the initiatives one by one and who would be the Lead person working on it. She also answered questions the different board members had. There was some good discussion on some of the initiatives. There was a lot of discussion about the inclusion of the dental care. We have an ER doctor on the Trillium board and he said 20% of the patient he saw the night before had dental needs.

At 8AM we were visited by four Legislators the next hour was also spent talking about the need to include dental care. Terry Copeland gave a very convincing presentation to the Legislators regarding this matter.

5. Group Meeting Rules

The following meeting rules were adopted by the group:

1. The following statement will be posted on the Trillium website and at the bottom of each agenda:

This meeting location is wheel-chair accessible. Anyone needing special accommodations (deaf or hard of hearing, sign or language translation, large print materials, or other accommodations) please make your request at least 2 business days prior to the meeting. Requests can be made by emailing Lindsey.Adkisson@co.lane.or.us or by calling 541-682-8772.

2. At the beginning of each meeting the following will be determined by the Chair:

- Is there a need for public comment?
- Do we have a quorum?
- Are there any accommodations that need to be made that have not been addressed?

3. Public comment:

- The first 10 minutes of each meeting will be reserved for public comment.
- Speakers will be taken in the order in which they sign up and will be limited to 2 minutes. In addition, speakers will be asked to submit all comments in written form so that it is properly documented for the Council to review.
- If the number wishing to comment exceeds 5 speakers (total of 10 minutes), then additional speakers will be asked to submit their comments in written form only.
- Throughout the rest of the meeting, guests are invited to listen only unless recognized by the Chair.
- The following guidelines will be made available to all speakers:
“The Community Advisory Council (CAC) welcomes public participation and input on the Trillium Coordinated Care Organization. There are several ways to contribute; one is by offering public comment during regular CAC meetings. An opportunity for public comment is provided during the first 10 minutes at the beginning of each regular CAC meeting.

The public comment period is limited to two minutes per person. All speakers are asked to also submit their comments in writing so that it can be properly documented by the Council. If the number of wishing to comment exceeds five speakers, then additional speakers will be asked to submit their comments in written form only.

This public comment opportunity is not a discussion, debate or dialogue between the speaker and the CAC. It is a citizen’s opportunity to express opinions on issues of CAC business. The CAC will not hear complaints about individual Trillium CCO or Lane County employees, nor against any member of the CAC. Contact Trillium for the proper process to express complaints involving staff members.

We expect speakers to be courteous and respectful at all times. Improper conduct or remarks that are defamatory or abusive will result in termination of that person's privilege to address the CAC.

4. During discussion, the following rules will apply:
 - CAC members and staff must limit their discussion/response to 2 minutes.
 - For discussion items needing full Council input, a Round Robin format will be used where each member is invited to share their comments or pass.

5. The decision making structure of the Council is as follows:
 - Per the CAC Charter, there must be a quorum of 51% in order to act;
 - The group will try for consensus of those physically present at the meeting or phoning in no more than 3 times;
 - In the event that consensus is not reached after the 3rd attempt, the group will move into a voting process that requires 2/3 of total members to be in agreement;
 - This vote will also be extended electronically to members not present at the meeting for a period of 24 hours after the meeting;
 - Staff will also make an effort to accurately record the discussion in detail so that members voting electronically can fully understand each point made.

6. Group agreements (to be included on the back of the name cards)
 - a. Be courteous to others.
 - b. Be sure to check emails, provide feedback, and follow-up on CAC business as needed.
 - c. No decisions will be made that are not on the agenda.

6. Trillium PIO Conversation (Debi Farr, Trillium)

- a. Debi Farr, the PIO for Trillium, led the group in a discussion around what the group does and does not want made public.
- b. The group decided that the agenda will be public and, after approved by the CAC, made available on the Trillium website.
- c. The group also decided to publish public comment guidelines on the website in order to get the word out to the community that there is a public comment period before each meeting.
- d. Those in attendance at the meeting agreed to have their names published on the Trillium website. Lindsey will check-in with CAC members not in attendance at the meeting before submitting the roster to Trillium.
- e. The group also decided that CAC members will not be specifically identified as consumer/non-consumer members but rather make known the percentage representation of OHP consumers on the CAC.
- f. Members who hold a leadership position (Chair, Vice-Chair, Board Rep) will be identified.

7. CCO Transformation Plan (Karen Gaffney)

- a. Karen Gaffney discussed the Transformational Plan (attached) with the group.

- b. The plan is in draft form and has been submitted to the state for final review/feedback.
- c. The following goals/strategies were identified by Karen as needing to have CAC involvement:
 - i. SP1 : Community Health Assessment & Community Health Improvement Plan (part1, p.20)
 - ii. SP2: Cultural Competence and Disparities Elimination (part 1, p.20)
 - 1. Specifically, SP2-3A & SP2-3B (part 1, p.22) where the CAC will be asked to identify and prioritize disparities that exist and then implement evidence-based practices to address identified disparities. This will require the CAC working closely with the Clinical Advisory Panel.
 - iii. TC3: Primary Prevention (part 2, p17)
 - iv. TC7: Wellness (part 2, p28)
- d. The first workgroup meetings will be used to go over the Transformational Plan in more depth.

8. Next Steps

- a. Set CHNA meeting presentation time
 - i. The Community Health Needs Assessment Presentation time will be set with PeaceHealth staff so that CAC members can view the full presentation of data.
- b. Set meeting workgroup times
 - i. Community Health Assessment & Community Health Improvement Plan
 - 1. 2nd Tuesday of each month 1:30-3:00
 - 2. CAC members: Karen Gillette, David Parker, Tara DaVee, Dawn Helwig
 - ii. Health Disparities
 - 1. 2nd Thursday 12:00-1:00pm
 - 2. Dawn Helwig, Marcela Mendoza, Val Haynes, David Parker, LM Reese
 - iii. Prevention
 - 1. Tuesday afternoon, lunch hour
 - 2. John Radich, Roxie Mayfield, David Parker, Tara DaVee, Nancy Golden, Tony Biglan

9. Adjourn