



BEGIN: 12:00PM

ADJOURN: 1:30PM

CCO COMMUNITY ADVISORY COUNCIL MEETING

Lane County Mental Health Building, Room 198

November 26th, 2012

12:00pm-1:30pm

MEETING MINUTES

Members, Staff, and Guests Present

Members

1. David Parker, Chair
2. John Radich, Vice-Chair
3. Lezlee Craven
4. Tara DaVee
5. Karen Gillette
6. Nancy Golden
7. Val Haynes
8. Dawn Helwig
9. Rick Kincade
10. Marianne Malott
11. Marcela Mendoza
12. Charene Reavis
13. Jessica Rice
14. LM Reese
15. Susanna Sammis

Staff

1. Lindsey Adkisson, Lane County Public Health
2. CA Baskerville, Lane County Public Health

Guests

1. Charles Biggs, Care provider for LM Reese
2. Anne Celovsky, Lane County Public Health
3. Kellie DeVore, United Way
4. Debi Farr, Trillium Community Health Plan
5. Karen Gaffney, Lane County Health & Human Services
6. Brian Johnson, Lane County Public Health
7. Jennifer Jordan, Lane County Public Health
8. Cass SkinnerLopata, Trillium Community Health Plan
9. Lillian Parker
10. Jennifer Webster, Lane County Public Health

Members Absent: Tony Biglan, Renae Freeman, Roxie Mayfield

1. Call Meeting to Order

2. Public Comment

- a. No comments.

3. Introductions and Welcome

- a. Introductions
- b. “Get to Know You” Activity: In regards to the Community Advisory Council structure and processes, what has gone well in the last 6 months and what would you like to see improved?
 - i. **Likes:**
 - 1. Fellowship/the group coming together as a team
 - 2. Good food
 - 3. The opportunity to look at mental health issues in the context of physical health
 - 4. Being mission driven
 - 5. People willing to speak their minds
 - 6. The opportunity to make change
 - ii. **Needs Improvement:**
 - 1. Meeting time – some said 1.5 hours is too long, others say 1.5 hours isn’t long enough
 - 2. Doesn’t feel like we are doing anything – what are we doing here?
 - 3. Meeting for 6 months, feel like we need to do something locally
 - 4. Want to get to work
 - 5. Want to put more focus on services for children
 - 6. Want more input from rural communities
 - 7. Need to speak up and speak clearly so that all CAC members can hear comments
 - 8. Anxious to get going – how do we become part of the system to make improvements in the community?
 - 9. Need more content information to move in the right direction
 - 10. Want to get more involved in advocacy at the local, state, and federal level (ex: Food Stamps getting cut) – need to make this part of our mission

4. CAC Business

- a. Approval of minutes
 - i. The group voted in approval of the October minutes.
- b. Yahoo group created
 - i. A Yahoo group was created in the past month as a space for members to share information, articles, etc. related to current topics in healthcare.
 - ii. Lindsey created a User Guide that she will send out over email.
 - iii. Members should have received an email invite in order to join. Please contact Lindsey if you did not receive this.

- iv. CAC members recommended that you set your personal email accounts to “private” if you are using a personal Yahoo account to log-on.
 - v. Members requested that they post their names as well so that they can be identified when they post things.
 - vi. This space can also be used as a platform for advocacy/discussion on specific issues that they may want to bring up to the entire group at a meeting.
 - vii. Please send Lindsey specific directions for any other tools you find helpful as you explore the site.
 - viii. Roxie has agreed to help administer the site. You can contact her with any questions.
- c. Clinical Advisory Panel (CAP) Update
- i. Rick Kincade is the CAP representative on the CAC and spoke to the group about CAP updates.
 - ii. The CAP includes providers of different specialties (primary care, mental health, dental, etc.) and includes providers from Oregon Medical Group, PeaceHealth, the Community Health Centers of Lane County, Senior & Disabled Services, etc. There are about 20 people on the CAP.
 - iii. Currently the CAP is reviewing quality and cost data to improve quality and spend money more wisely in the physical health side – for example musculoskeletal, neurology, behavioral health, heart disease and other high-cost care. The group has not yet looked at mental health care (i.e. what LaneCare previously administered).
 - iv. The CAP is looking at the data to see what the best evidence-based practices are for clinicians.
 - v. As they begin developing strategies, they will ask for input from CAC members to understand the patient/community impact.
 - vi. Rick will provide a roster of CAP members to the CAC.
 - vii. Members were reminded that the Trillium Board is responsible for setting priorities and ultimately responsible for setting goals/objectives. The CAC, RAC, and CAP are responsible for advising the Board, but the Board has the final say.

5. Announcements

- a. LM Reese announced that he is the new State Chair for the Disability Services Commission Advisory Council.
- b. Nancy Golden is in the Springfield Rotary and her group heard the Community Health Needs Assessment presentation from Rick Kincade. The Rotary was very pleased with the presentation and are working to move into action. Nancy would like to invite the presentation to the Springfield School Board.
- c. There will be a public presentation of the Community Health Needs Assessment at St. Mary’s Parish on Thursday November 29th at 6:00pm. Lindsey will re-send the flyer. There will be a free meal beginning at 5:30pm but childcare will not be provided.
- d. There will be a free public community conversation with the Trillium Board on December 4th. Lindsey will send out the flyer.

6. Governing Board report

- a. Nancy was not able to attend the last meeting.
- b. LM said that the Behavioral Health program will take the most significant part of the budget.
- c. Terry Coplan is really advocating for moving up the date of inclusion of Dental Care Organizations into the CCO.
- d. There was a Governing Board Retreat where an outside facilitator was brought in to help with forming goals through small group discussions.
- e. On December 11th the Board will be having a private conference with Dental Providers at the Trillium Building (1800 Millrace Drive) from 6:00-7:30pm. The purpose is to open the conversation about including dental care into the DCO. This will be a panel discussion and Terry will be the moderator. Lindsey will send out the flyer.

7. Dental Petition Follow-Up

- a. There was a Hearing at the State Department of Human Services that LM Reese and Rick Kincade attended on behalf of the CAC.
- b. There were 6 people from Trillium that attended and 4 that testified.
- c. Public comment is open until Friday November 30th. **CAC members are encouraged to share their experiences in written, letter format with Debi Farr (dfarr@trilliumchp.com) by 5:00pm on Thursday November 29th.**
- d. *As a reminder, the CAC voted in October to support integration of dental care into the CCO but they are also objecting to the Oregon Health Authority accepting the petition in rule making that will extend the deadline from 2014 to 2017 and also prohibit the opportunity to contract with providers outside of the DCO.*

8. Durable Medical Equipment Repairs/Replacement

- a. LM wants the CAC to advocate for coverage for durable medical equipment repairs and replacements.
- b. Durable medical equipment is wheelchairs, crutches, etc.
- c. The group agreed that there needs to be a process for determining what the CAC will do and recommend.
- d. The question was also asked what the group needed in order to make a recommendation.
- e. Members requested more information about the current process/coverage – is it designed wrong or is it being implemented correctly?
- f. The recommendation was to table the issue until the next meeting in order to get appropriate staff from Trillium to speak to the issue.
- g. The Chair, Vice-Chair, and staff will meet to discuss the issue for next meeting's agenda.

9. CHA/CHIP and the MAPP Process

- a. Jennifer Jordan and Anne Celovsky from Lane County Public Health shared with the CAC information about Mobilization for Action through Planning and

Partnership (MAPP) – the tool that is being used to conduct the Community Health Assessment and Community Health Improvement Plan.

- b. Public Health is using the MAPP tool in order to become accredited:
 - i. Need to do a Community Health Assessment, Community Health Improvement Plan, Strategic Plan
- c. There are also new requirements for non-profit hospitals and CCOs to partner with Public Health and conduct an assessment – all have assessment requirements and same geographical boundaries (Lane County)
 - i. Each organization has different service population but overlapping issues based on data
- d. The Community Health Needs Assessment Planning Team (PeaceHealth, Public Health, Trillium) will be sharing the data on November 29th for the public meeting at 6:00pm at St. Mary's Catholic Church in downtown Eugene.
- e. MAPP is more comprehensive than just data collection – it allows you to look at conditions that are social, economic, etc.
- f. Some of ways the CHNA Planning Team have engaged with the community is through surveys, key informant interviews, presentations of data to community groups, a town hall meeting, and community conversation/focus groups.
- g. Jennifer and Anne handed out two handouts (see attachments):
 - i. the first handout explains the MAPP process
 - ii. the second handout is a survey that has been handed out to community members – the survey can be accessed online at <http://www.preventionlane.org/community-health-survey.htm>
- h. The assessment will be repeated every 2-3 years.
- i. The CHNA has been presented to over 21 groups in the community so far.
 - i. Often groups have been chosen through convenience – they are pre-existing groups in the community
 - ii. The public forum will be an opportunity to get more input from the general community
- j. Simultaneously there is a Behavioral Health and Addictions assessment going on that will feed into the Community Health Assessment
- k. Marcela advocated importance of inclusion of Latino community and that she has been promoting the Behavioral Health survey. She also emphasized that surveys are rarely enough to get input.

10. Trillium Newsletter

- a. Tabled until next meeting. Will be at beginning of agenda.

11. Next Steps

- a. **December meeting:** Tentatively scheduled for Monday December 17th
- b. The Executive Committee will meet to determine if we have agenda items.

12. Adjourn

1:30

Attachment: Governing Board Report from LM Reese


Trillium Board report for CAC on November 26, 2012

One thing that stuck in my mind that I learned is that Behavioral Health will be a larger if not the largest factor of the health budget.

I really hope we don't have to wait for the purpose date to get the dental care integrated into the CCOs.

I really like the format they used in the board retreat. They had an outside person come in and facilitate the morning. We broke into groups and than shared what we discussed in our groups. We than tried to set some priorities.

Respectfully submitted,

A handwritten signature in cursive script, appearing to read "LM Reese".

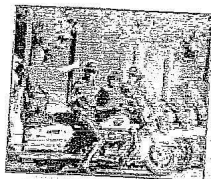
Attachment: MAPP Handout

Communities Form the Cornerstone of MAPP

Communities Drive the Process

Community ownership is a fundamental component of MAPP.

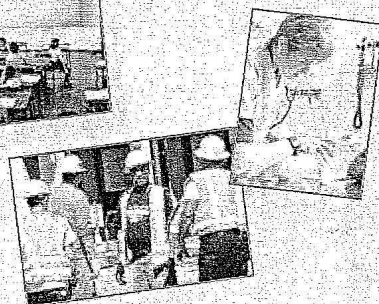
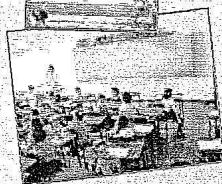
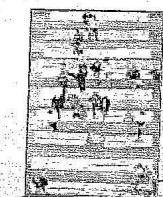
Because the community's strengths, needs, and desires drive the process, MAPP provides the framework for creating a truly community-driven initiative. Community participation leads to collective thinking and, ultimately, results in effective, sustainable solutions to complex problems.



Communities Strengthen Local Public Health Systems

Broad community participation is essential because a wide range of organizations and individuals contribute to the public's health. Public, private, and voluntary organizations

join community members and informal associations in the provision of local public health services. The MAPP process brings these diverse interests together to collaboratively determine the most effective way to conduct public health activities.



Using the MAPP Framework

Materials to Help Communities Implement MAPP:

The MAPP Web site – full guidance and access to all supplemental resources are available to users through NACCHO's Web site at www.naccho.org/mapp. Access to the Web site is free. The following resources are available through the Web site:

- MAPP Clearinghouse – allows current and new MAPP users to browse, adopt, and tailor tools and resources that other MAPP users have used to complete the different phases of MAPP.
- Technical Assistance Webcast Series – features experienced MAPP users who share their insights on MAPP implementation issues and answer participants' technical assistance questions.
- MAPP Peer Assistance Network (PAN) – enables new users to connect with experienced peers for one-to-one guidance and provides links to stories from the field.
- NACCHO's MAPP List Service – disseminates information about new MAPP-related resources and events, including MAPP Trainings and funding opportunities.
- MAPP Publications – the Field Guide provides an easy-to-read, 24-page overview of the MAPP process, and the MAPP User's Handbook is a condensed, portable version of the Web-based process with practical tip sheets and worksheets.

For more information about MAPP, please contact:

NACCHO
National Association of County & City Health Officials

1100 15th Street, NW, Second Floor, Washington, DC 20005

P (202) 783-5550

F (202) 783-1583

mapp@naccho.org

www.naccho.org/mapp

NACCHO is the national organization representing local health departments. NACCHO supports efforts to protect and improve the health of all people and all communities by promoting national policy, developing resources and programs, assuring health equity, and supporting effective local public health practice and systems.

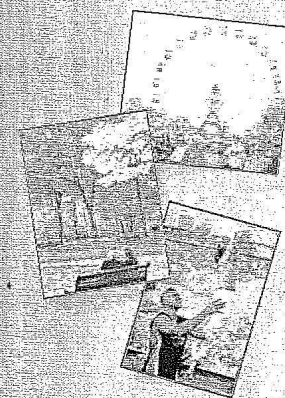


Public Health



A STRATEGIC APPROACH

to
COMMUNITY
HEALTH
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