

Community Advisory Council (CAC)

MINUTES draft 2

Date: Monday, May 14, 2018

Location: Willamette Health Center, Albany, Oregon

Council representatives and others at the table:

CAC Chair: Ellen Franklin; **Past Chair:** Larry Eby

Benton: Deborah Morera, Lisa Pierson, Michael Volpe;

Lincoln: Paul Virtue, Patricia Neal, Richard Sherlock;

Linn: Angelic Brower, Catherine Skiens, George Matland (Liaison), Judy Rinkin, Todd Noble;

Local Chairs: Dick Knowles (Linn) & Paul Virtue (Lincoln);

Presenters: **Kelley Kaiser**, IHN-CCO CEO; **Rebekah Fowler**, CAC Coordinator; **Joell Archibald**, OHA Innovator Agent; **Sherlyn Dahl**, Community Health Centers of Benton & Linn Counties Executive Director

Absent: Tyra Jansson, Amelia Wyckhuys

CALL TO ORDER

Ellen Franklin, CAC Chair, called the meeting to order at 1:05.

INTRODUCTIONS, ANNOUNCEMENTS, & APPROVAL OF AGENDA & MINUTES

- Meeting purpose & participation and Local Meeting invitation
 - Introductions & Welcome Angelic Brower
 - Chair & representative announcements
 - Deb Morera announced the Linn Benton Health Equity Summit is taking place Friday. Even though registration is closed, you can come please.
 - Coordinator announcements, none
 - **ACTIONS:** Council approve current *Agenda* and *Meeting Minutes* from previous meeting (**Attachment**) (Pat Neal & Judy Rinkin)
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PUBLIC COMMENTS

12 members of the public were present. No one asked to make a public comment.

IHN-CCO UPDATE

Kelley Kaiser, IHN-CCO CEO, provided an IHN-CCO update (**See IHN-CCO Operations report**)

Discussion Highlights:

For 2014/2015, the State has determined that they overpaid IHN-CCO by 1.2 million dollars that

IHN-CCO will need to pay back. Overall, the State overpaid CCOs 45 million. The CCOs haven't done anything wrong. The rates were calculated wrong by the State. IHN will have to use reserves to pay this back to the State. It won't impact members or services.

Ellen Franklin asked about the Transformation Quality Metrics payments. She wanted to know if providers receive an explanation of how the payments are determined. Kelley Kaiser said that they do send a that

Kelley Kaiser discussed why mental health on the expenditures pie chart is only at 5% is because with mental health integration, some of those services take place in the Patient Centered Primary Care homes and are counted under the physical health portion of the budget. Dick Knowles asked if there is a way to have the information presented differently.

Someone asked about the layoffs in Lincoln County for Co-occurring Disorders program. Kelley Kaiser said that Rebecca Austen and Barbara Turrill, of Lincoln County, are the ones who have more information about that situation.

Linn County had lay offs, also. Todd Noble said that there are no cuts in crisis, children's care, and very little in Severe and Persistent Mental Illness programs. There were 14 layoffs, so there will still be 114 mental health staff. Some of the layoffs were administrative and Information Tech positions. Linn had increased mental health staff by 41 people since 2014, so 14 of those have been laid off. Population decreased. OCHIN cost more than anticipated. Todd added 10 positions last year and last month realized that they over hired. No psychiatrists were laid off. And they just hired one psychiatrist who just completed medical school.

OREGON HEALTH AUTHORITY (OHA) UPDATE

Joell Archibald, OHA Innovator Agent, provided a state update **(See Innovator Agent report)**

Discussion highlights:

Richard Sherlock said that the Oregon Warm Line is so busy that they don't have enough operators or funding to answer the phones promptly. There are long waits on hold. Joell suggested that Richard to take that to his local advisory committee to see if this is an issue they could work on, perhaps and Issue Brief.

Lisa Pierson asked about Flex Funds requirements for how they be used. Joell said that Kelley may have something to say about this during her update. A white paper is being written at the state to recommend how Flex Funds should be used. There were contract changes already in place for IHN-CCO this year, causing IHN to be more restricted in how those funds can be used.

LOCAL COMMITTEE UPDATES

Lisa Pierson, Benton Local Advisory Committee: The BLAC had an Early Learning Hub presentation that was very good; they have an amazing website, she said. The committee is also

doing planning for the year.

Paul Virtue, Lincoln Local Advisory Committee: Rebecca Austen is on a leave of absence from the CAC while she is interim Health Administrator. She was hoping that would be 3-6 months but Lincoln County. Kelley Kaiser came earlier in the month and brought a report from Dr. Ogden regarding provider positions they have hired in the past 14 months, how many positions are open, and how they're trying to recruit. Early Learning Hub and CHANCE will present to the Lincoln committee in the next few months.

George Matland, Linn Local Advisory Committee: CHANCE presented, they had a presentation from the police department regarding a new ordinance and its potential enforcement. Legal Aid was present for that discussion. The group had a great discussion of CCO 2.0.

VICE CHAIR ELECTIONS

ACTION: The CAC voted to elect Tyra Jansson as CAC Vice-chair (1st & 2nd Virtue & Neal) Unanimously passed.

COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) PROGRESS REPORT

Rebekah Fowler, CAC Coordinator, presented the 2018 CHIP Progress Report for the CAC's feedback and adoption:

ACTION: Voted to accept 2018 CHIP Progress Report as received (Skiens & Volpe)

The discussion included suggested changes from CAC representatives for what they will want in the updated 2019 CHIP:

- Track the number of providers who have mental health appointments available.
- Better defined outcomes and indicators in behavioral health
- It is suggested we that the CAC needs track Mental Health First Aid re-certification numbers, now that people's certifications are 3 years old, they're asked to take an on-line refresher course.
- We need to have a better way to track homelessness numbers. Point in time numbers are insufficient/inaccurate. George Matland said that Foodshare tracks homelessness through those who come in to get a food box. This is reported to the feds. Perhaps the Regional Health Assessment team could contact Colleen Corvallis Foodshare through Corvallis Services Consortium.

Provider Directory feedback – Also during the discussion of the CHIP, it was discussed that the CAC would like to provide further feedback on the IHN-CCO Provider Directory. Rebekah has asked all the Local committees to spend some time putting together formal recommendations to bring to the CAC.

TRANSFORMATION UPDATE

Kelley Kaiser, for Jenna Bates, IHN-CCO Transformation Manager, provided an update on a Transformation pilot project recently reported on in local news.

Kelley shared a Democrat Herald newspaper article that had highlighted an IHN-CCO Pilot project. The article was called *Family Opens its Heart, Home to Kids in Need*, dated April 23, 2018. This is a good example of the “Collaborative Impact” of IHN-CCO and its community partners.

Kelley also shared an updated **Summary of Current Pilots document - May 2018**, which is available on the IHNtogether.org website.

SOCIAL DETERMINANTS OF HEALTH

Sherlyln Dahl, Community Health Centers of Benton & Linn Counties Executive Director, discussed the IHN’s collaborative work with community partners on the Social Determinants of Health.

Sherlyln has been collaborating with IHN since before it became a Coordinated Care organization. Sherlyln co-chairs the IHN-CCO Social Determinants of Health (SDoH) Workgroup.

The workgroup is focused on how primary care clinics can impact SDoH.

Sherlyln and her co-chair and the chairs of the Universal Care Coordination Workgroup and the Traditional Health Worker Workgroup to coordinate their work.

The SDoH workgroup will be assessing what IHN-CCO is already doing to address SDoH. The next step will be to assess gaps and come up with recommendations for addressing gaps. At Lisa Pierson’s request, Rebekah will ask IHN to add her to the SDoH email distribution list.

Sherlyln said that Health Navigators are key to creating the connections between the healthcare systems and addressing the social determinants of health.

NEXT CAC MEETING AGENDA ITEMS

Ellen Franklin requested agenda items for the future CAC meetings to be scheduled as time permits. Future presentations include:

- IHN-CCO Quality Metrics presentation in July
 - 2019 CHIP Workgroup update in July
 - IHN-CCO Quality Improvement Director presentation
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MEETING ADJOURNMENT

- Ellen Franklin adjourned the meeting at 4:00.
 - Next CAC: July 9, Sunset Building, 4077 SW Research Way, Corvallis
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Minutes approved by CAC July 9, 2018

Acronyms and Definitions

Acronyms

APM – Alternative Payment Methodology

BLAC – Benton Local Advisory Committee

CAC – Community Advisory Council

CCC – Communication Coordination Committee (subcommittee of the CAC)

CCO – Coordinated Care Organization (Medicaid services)

CEAP – Community Engagement Action Plan

CEO – Chief Executive Officer

CHA – Community Health Assessment

CHAC – Lincoln County Coordinated Healthcare Advisory Committee

CHIP – Community Health Improvement Plan

CMS – Center for Medicaid/Medicare Services (Federal)

DCO – Dental Care Organization

DST – Delivery System Transformation Steering Committee, IHN-CCO, tasked with overseeing the IHN-CCO Transformation Plan & pilot projects

FQHC – Federally Qualified Health Center

HIA – Health Impact Area (in the CHIP)

IHN-CCO – InterCommunity Health Network CCO

LLAC – Linn Local Advisory Committee

OHA – Oregon Health Authority (State of Oregon, oversees Medicaid)

OHP – Oregon Health Plan (Medicaid)

O&I – Outcomes & Indicators (in the CHIP Addendum)

PCPCH – Patient Centered Primary Care Home or a Medical Home

SDoH – Social Determinants of Health

SHS – Samaritan Health Services

Definitions

- **Addendum:** something added; *especially* a section added to the original document
- **Alternative Payment Models** are a form of payment based, at least in part, on achieving good outcomes rather than just being paid for providing a service (fee-for-service)
- **Determinants of health** are “the range of personal, social, economic, and environmental factors that influence health status.
- **Health disparities:** Differences in access to, or availability of, services is a health disparity. **Health status disparities** refer to the differences in rates of disease and disabilities between different groups of people, such as those living in poverty and those who are not.
- **Indicators:** measurements or data that provide evidence that a certain condition exists or certain results have or have not been achieved. They can be used to track progress.
- **Liaison:** a person who helps groups to work together and provide information to each other. CAC liaisons share information between the CAC and a local advisory committee.
- **Oregon Health Authority:** The state agency tasked with reforming healthcare. It holds contracts with the Coordinated Care Organizations and with Public Health Agencies.
- **Outcomes:** results or changes, including changes in knowledge, awareness, skills opinions, motivation, behavior, decision-making, condition, or status.
- **Social Determinants of Health:** the conditions in which people are born, grow, live, work, & age. Examples include availability of resources to meet daily needs (e.g., safe housing and local food markets; access to educational, economic, and job opportunities; healthcare services; quality of education and job training.) Some of these the CCO or its partners have the ability to impact.