

Community Advisory Council (CAC)

MINUTES

Monday, Nov 5, 2018; 2730 Pacific Blvd SE, Albany, Oregon

Council representatives and others at the table:

CAC Chair: Ellen Franklin; **Vice-chair:** Tyra Jansson; **Past Chair:** Larry Eby

Benton: Lisa Pierson, Tyra Jansson;

Lincoln: Patricia Neal, Paul Virtue, Rebecca Austen (Liaison);

Linn: Amelia Wyckhuys, George Matland (Liaison), Judy Rinkin, Todd Noble;

Local Chairs: Tyra Jansson (Benton), Dick Knowles (Linn), & Paul Virtue (Lincoln);

Absent: Angelic Brower & Deborah Morera

Presenters: Rebekah Fowler, CAC Coordinator;

- **Benton County:** Mitch Anderson, Health Director; Dannielle Brown, Behavioral Health Deputy Director
 - **Lincoln County:** Rebecca Austen, Health Director; Carolyn Fry, Behavioral Health Deputy Director
 - **Linn County:** Todd Noble, Health Administrator & Mental Health Director
 - **IHN-CCO:** Dr. Kevin Ewanchyna, Chief Medical Officer; Kim Whitley, Chief Operating Officer
 - **Samaritan Health Services:** Heidi May-Stoulil, Mental Health Operations Director
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INTRODUCTIONS, ANNOUNCEMENTS, & APPROVAL OF AGENDA & MINUTES

- Ellen Franklin, CAC Chair, called the meeting to order at 1:05
 - Chair & representative announcements: None
 - Coordinator announcements:
 - The Regional Planning Council Management Group is working on charter language to give the IHN-CCO Board of Directors that will include allowing extensions for CAC Representatives who have reached their 6 year term limit.
 - OHA 2019 CHIP Letter: Rebekah shared the letter from OHA.
<https://cac.ihntogether.org/-/media/cac/documents/oha-acceptance-letter-20181003.pdf>
 - CHIP update: The CHIP workgroup has completed its work and Rebekah is working on writing that up for the CAC's March 2019 vote.
 - **ACTIONS:** Council approved present *Agenda* and past *Meeting Minutes (Paul, Tyra)* (**Attachments**)
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PUBLIC COMMENTS

18 members of the public were present. No one signed up to make a comment. All were invited to attend a Local Advisory Committee meeting where there's greater opportunity for discussion.

IHN-CCO UPDATE

Kelley Kaiser, IHN-CCO CEO, provided an IHN-CCO update. **See Operations Report.**

There was some discussion about the Social Determinants of Health data that IHN-CCO has begun including in the Operations Report. Ellen will send Rebekah a list of the SDoH codes to share with the

CAC.

Kelley shared a DST Pilot Summary document summarizing the new approved 2019 pilot projects. See IHN-CCO DST Pilot Summary document. The council discussed the charts included in the IHN-CCO operations report.

LIAISON UPDATES

The CAC Liaisons reported on Local Advisory Committee activities since the previous CAC meeting.

Benton Local Advisory Committee (BLAC): Deborah Morera was elected the new CAC Liaison. The BLAC discussed IHN-CCO Provider Directory Feedback response and received summaries of the pilot projects. BLAC liked the response and forwarded this to Kelley through Rebekah.

Lincoln Local Advisory Committee: The committee had a very good conversation about dental health in their region. The dental care organization representatives were receptive to feedback.

Linn Local Advisory Committee: The committee voted to reelect their current Officers. Dick Knowles (Chair), George Matland (Liaison) and Catherine Skiens (Vice-chair). The committee is having an ongoing conversation about the Albany Enhanced Enforcement Area. They discussed the Provider Directory feedback response and pilot projects.

CAC CHAIR ELECTION

The CAC voted via paper ballot to unanimously elect a new Chair, Tyra Jansson, for the term of Jan 1, 2019 – Dec 31, 2021.

OUTGOING CAC CHAIR RECOGNITION

Rebekah Fowler lead a recognition of outgoing CAC Chair, Ellen Franklin.

- Ellen has served since the beginning, six years, since November 2012, first for 3 years as a Lincoln Representative and part of the that time as the Lincoln local advisory committee Chair, then for three years as the CAC Chair.
- Ellen served on every CAC workgroup and committee: Health Impact Area, 2014 CHIP, 2016 CHIP Addendum, Charter, Community Engagement Project, 2018 CHIP workgroup, The CCC, as well as on the IHN-CCO Board of Directors.
- Ellen always puts the needs of the members at the center of her CAC work. She strives to assume the best intentions of all who are working on healthcare transformation, and she will continue to work with the Lincoln advisory committee.
- The CAC presented Ellen with a clock engraved with a recognition for her service.

Rebekah also thanked Larry Eby for his three-year service as the CAC Past Chair and recalled that it had already been three years since the CAC recognized him for his service as the CAC Chair.

MENTAL HEALTH SYSTEMS OF CARE PANEL

Ellen Franklin facilitated a mental health systems of care panel discussion of County Health Department, IHN-CCO, and Samaritan Health Services leadership. See page one of these minutes for a list of the presenters. Each organization was allowed up to eight minutes to talk about their system of care or vision for the system of care.

Benton (~7,000 IHN-CCO members): Dannielle Brown and Mitch Anderson talked about their mental health programs (such as ACT, Outpatient, Crisis, Wrap to fidelity, etc.) and staff and the numbers of people they see each month, as well as some of the challenges they've experienced. The program continues to grow. They would like to expand and are limited by lack of funding. They have 8 Federally qualified Health Centers that do both primary care and mental health. One of the therapists left in June and they haven't been able to fill that position, which has increased wait list times.

Lincoln (~7,000 IHN-CCO members): Carolyn Fry is new to this position and is still learning. She talked about some of the services they provide. They are working on increasing integration of behavioral health and primary care. They're doing a lot of work to be out in the community. There are two Federally Qualified Health Center sites and they are working on behavioral health and primary care integration. They primarily see people with severe and persistent mental illness (SPMI). They have 4 school-based health centers who have mental health providers in the schools.

Linn (~40,000 IHN-CCO members): Todd Noble talked about their staff and the numbers of people they see each month, as well as some of their challenges. They serve 3 hospitals.

Samaritan: Talked about the number of clinics they have, including primary care intervention across the region for both adults and children. They're working with schools in Benton County. They have a patient advisory council to advise on all the systems of care, including mental health. They lost a child psychiatrist this summer and are adding locums.

IHN-CCO: In 2012, their goals began with ensuring that all IHN-CCO members have similar access to mental health and a similar quality of service. This is still their goal. They began contracting with the counties in 2012. Linn has more than twice as many members (40,000). Benton and Lincoln each have about 13,000 IHN-CCO members. So, Linn has more funding. The counties are the only organizations who provide WRAP (Wraparound is a voluntary team-based care planning process for youth with complex needs and multiple system involvement, who may have complex behavioral health needs.) and Assertive Community Treatment (ACT), for example. Other providers do not. IHN-CCO has tremendous challenge getting private providers to contract with them because the state doesn't pay well for Medicaid services. IHN is working on innovative ways to improve care, such as through telemedicine, for example. They've worked with Samaritan, Trillium, Olalla and others to creatively transform care (See pilot projects). IHN also talked about all the various community partner meetings that they facilitate to coordinate care, share best practices, monitor utilization. They've been actively exploring and implementing upstream methods of addressing behavioral health. They have workgroups such as one that's focused on increasing the psychiatric workforce. There are many workgroups that were mentioned, including a data workgroup.

DISCUSSION

Discusses how the region has more need than can be met. The CCO is working to address Social

Determinants of Health. They anticipate the need for mental health services will only increase. Integration, care coordination, and prevention is the focus for addressing the most need. CCOs are not getting more funding. They are getting less funding and being expected by the State to do more. The State is putting people out of the State hospital before they are ready and then the State doesn't necessarily notify community providers.

How do the providers triage managing need with a lack of resources?

- They have to prioritize Severe and Persistent Mental Illness (SPMI) and those in crisis. They prioritize child services. They provide pain management. They have to prioritize people who are at risk of being hospitalized.
- Because of the state's Safety Net requirements, caring for those with SPMI is the priority.
- Outpatient therapy, when there aren't enough funds, is the service that gets cut. Counties work with primary care to see what mental health care services they pick up, which is new to them, so they are learning.

There was a comment that because there aren't enough residential psychiatric beds in the local hospitals for psychiatric care, many people who would traditionally have been hospitalized, they are either sent home, or they are held at the Emergency Room for days, sometimes weeks. There was agreement that that this is a terrible situation that needs to be fixed, likely at the State level. Providers search and search for beds that don't exist, and so they end up also putting people in hotel rooms.

One county said that these problems existed before there were CCOs, the CCO model is the right path to working toward solutions. It brings providers together to work on solutions.

One CAC Rep said that many people experiencing homelessness have mental health issues problems that they may not recognize. How do we prevent their children from following the same path? IHN said that promoting resiliency is a priority. Pilot project funding has been prioritized for trauma informed care. Identifying and addressing risk is a priority

There was a discussion of the importance of good nutrition for supporting good behavioral health, not just physical health.

There was a discussion about wait times for assessments and wait times for initiation of treatment. There are long wait times, up to 2 months until initiation of treatment. Some counties may do assessments more quickly, but then the wait time for treatment is usually similar regardless of when the assessment takes place.

There was a discussion about the intake process, about mobile crisis, and about med management.

It's easier to be credentialed by Samaritan Health than it is for Medicaid. That is why it can take longer for credentialing a provider with IHN. The requirements are different.

Focus on the future quick go around the panel in under 3 minutes

Lincoln wants to focus on partnerships to do more with less. The way things have been done in the

past, is not how they can be done in the future. Focus on mental health care parity, defining it and finding how to achieve it.

IHN-CCO: The development of Behaviorists in primary care settings and warm handoffs has made a tremendous impact and that continues to be a focus.

IHN-CCO Moving further upstream is the future focus.

Samaritan: Integration continues to be the focus.

Benton: One of the biggest impacts the past four years has been the state's early release from the state hospital and its impact on community care. Addressing this will be a focus because no new funds are given for taking over this work for the State hospitals.

Linn: Wants to focus on prevention. They don't get paid for that. They will focus in partnership with perhaps alternative payment methodologies to allow to pay for this.

NEXT CAC MEETING AGENDA ITEMS

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

- Lesbian Gay Bisexual Queer (LGBTQ+) presentation

Next CAC: Jan. 14, 1:00-4:00, Benton-Corvallis Library Main meeting room, 645 NW Monroe Ave, Corvallis.

CAC approved January 14, 2019

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)

CEO – Chief Executive Officer

CHA – Community Health Assessment

CHAC – Lincoln 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)

PCPCH – Patient Centered Primary Care Home or a Medical Home

SDoH – Social Determinants of Health

SHS – Samaritan Health Services

Definitions

- **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.
- **Epidemiologist:** a person who studies the patterns, causes, and effects of health and disease conditions in defined populations. It is the cornerstone of public health, and shapes policy decisions and evidence-based practice by identifying risk factors for disease and targets for preventive healthcare.
- **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 and its community partners have the ability to impact.