



Community Advisory Council Minutes

April 21, 2015 at 12:00 p.m.
FamilyCare Health

Members Present: Laura Yanez, Zareck O'Neill, Chom Sou, Jan Tesch, Martha Spiers, Royal Harris, Jessica Coshatt, Duane Westfall.

Members Absent: Nicholas Ocon, Neal Rotman

Staff Present: Brett Hamilton, Marcia Kester, Cindy Becker

Guests/Other: Dustin Zimmerman, OHA; Jasmine Hernandez, Consumer Representative

Welcome/ Introduction: Chair Jan Tesch welcomed The Council members and Guests. Called the meeting to order at 12:08pm.

Approval of minutes:

Motion to approve minutes from March 17, 2015 by Royal Harris, seconded by Chom Sou.

ABSTAIN: 2

Motion carried.

Martha Spiers, Member of the Council and of Clackamas County, presented a 20 minute video "Be the One Program, Mental Health First Aid". The youth module was rolled out a few years ago.

Video Discussion: Clackamas County has a strong suicide prevention program. However, Washington County has made suicide prevention one of its Community Health Improvement Plan priorities. So they would be the best resource for info on suicide prevention.

Comment (Yanez): Seems like a triage program.

Spiers: This isn't a treatment program. This is a training on how to talk to someone who may be having an issue and how to identify if someone is having an issue. This is a recovery oriented program and the issue of trauma is interwoven.

Comment (Harris): I didn't see anyone in leadership of color.

Spiers: Mental health first aid has been presented nationally. If you know of anyone who would want to be a leader, it would be great.

Comment (Harris): It would be good to have foster and former foster kids in the program as well in training. Language barrier from different socio economic classes as well as educational differences.

Spiers: There is so much opportunity to train a huge mix of people.

Spiers told the Council that Clackamas County decided not to charge anything for the training and FamilyCare will be hosting a training. She also informed the Council that she had talked to Brett Hamilton about opening it up to the Council members.

Comment (Harris): Have you talked to the traditional mental health network about this?

Spiers: No, but that is the direction they are headed.

Council Member Recruitment: Brett Hamilton spoke to the group about wanting Council members to reach out into their communities to recruit applicants for the Council. He asked Council members to be an extension of the Council to bring new voices to the table.

Yanez suggested that the Council needed to look at someone who has been in foster care and who is moving to adulthood. Also look for someone who has been incarcerated.

Zareck O'Neil said do not assume that someone has experience with community advocacy so design the essay application for this council with that in mind. O'Neil felt the essay was difficult to answer because he didn't know what FamilyCare would think was relevant.

Harris told the group that he has had opportunities to be a part of advisory groups. But many African American men don't get that chance so FamilyCare needs to bring in people who might not know what goes on in here.

Jasmine Hernandez, Guest of Chom Sou, said it's much easier to come here with Chom. Said that she would never have shown up by herself.

Yanez suggested that FamilyCare might consider partnering with some agencies to bring in unique voices.

Harris said maybe even have a quarterly workshop to identify those who might be interested in learning more about being on the Council. Harris shared that the best way to reach an 18 to 21 year old is to have a 23 to 25 year old reach out to them. He said that they speak the same language.

Jessica Coshatt said that in her experience she has seen that the youth don't feel that the case managers get it. The youth do feel comfortable with her as a Mentor...she's been there and is closer to the same age.

Hamilton offered to meet with any potential applicants and/ or speak to any groups Council members identify.

Presentations:

Jeff Heatherington, President and CEO of FamilyCare, gave the Council a state of affairs of FamilyCare.

Heatherington told the Council that all coordinated care organizations did very well financially in 2014 and much better than anyone would have thought. He explained that one reason was the large number of new enrollees through Medicaid expansion. He further explained that although many signed up for coverage most didn't use it and 25 to 30 percent didn't even realize they had coverage.

The second reason for the high profits is that the population wasn't as sick as was anticipated so expenses weren't as high. He did say that there has been an uptick to members contacting their providers recently. He told the Council that he didn't anticipate that next year would be different as more and more recipients access their benefits.

Heatherington said that Council members might hear out in the public that FamilyCare made more money than any other CCO. He told the Council members FamilyCare is the only not-for-profit CCO with neither capitated entities nor shareholders. He said what that meant is that FamilyCare has very transparent bookkeeper and nothing has hidden from the public.

Heatherington shared that \$20 million of the profits were being set aside for community donation and community health improvement plan grants. He reported that investments were already being made. One is a \$2 million grant to assist in building a psychiatric hospital in Multnomah County and the other is \$250,000 for early childhood development.

Heatherington told the Council that FamilyCare was evolving from a health care insurance company to a health company. He continued that this means focusing on population health.

Heatherington explained that FamilyCare would begin by focusing on four groups: pregnant moms, transition age youth, early childhood (0-6 years old), and those with chronic disease.

Yanez asked Heatherington why those with behavioral health didn't make one of the top populations targeted. Heatherington responded that, in terms of our population health, all are being covered; physical, mental, and dental. In the TAY, the entire mental health bucket is going to be bigger than physical health.

Yanez then asked if FamilyCare is looking at the home mental health models or placing physical health providers in mental health clinics? Heatherington responded that Lifeworks and Cascadia Behavioral Health are currently talking about putting physical health providers in their clinics.

Duane Westfall asked Heatherington if FamilyCare ever thought about training Police Departments in health care services. Heatherington said that he thought it was an innovative idea and one barrier would be working with the police unions.

Next Meeting: May 19th, at FamilyCare Health office

Meeting Adjourned at 2:05pm

