Community Advisory Council Minutes

September 17, 2013 at 12:15 p.m.
825 NE Multnomah
Portland, OR 97232
2nd Floor Conference Room

Members Present: Jan Tesch, Duane Westfall, Deborah Westfall, Eric Owens, Laura O'Neill, Chris Murphy, Carmen Cordis & Alicia Atalla-Mei (Outside In), Beth Welty, Richard Jenkins & Ellene Smith (JOIN), Nick Ocon.

Members Absent: Chris Murphy, Barbara Lombard

Staff Present: Carol Burgdorf-Lackes, Mary Nolan, Brett Hamilton, Dayna Steringer

Guests/Other: Dustin Zimmerman (Oregon Health Authority), Melissa Henderson (Native American Youth and Family Center), Onofre Constreras (Cover Oregon), Candice Jimenez (Northwest Portland Area Indian Health Board), Katherine Walker.

Welcome/ Introduction: Jan Tesch recognized that there were guests at the meeting; therefore, she had everyone introduce themselves to the group.

Approval of minutes:
Minutes and agenda were approved. Tesch commented that she appreciated the minutes from the last meeting and that after reviewing the minutes she felt well prepared for today's meeting.

Healthy Columbia Willamette Collaborative Update and Discuss: Dr. Paul Lewis gave a brief introduction Healthy Columbia Willamette Collaborative. Lewis prepared several PowerPoint slides that explained the genesis, leadership and model of the Healthy Columbia Willamette Collaborative is operating under. He emphasized that a key is to have the work of Healthy Columbia Willamette Collaborative be measurable so that improvements could be tracked. He also reminded The Council that the Healthy Columbia Willamette Council is an advisory group, which doesn't have real power to act.

Lewis presented the MAPP model slide and explained that the past year has been spent on health assessments, capacity analysis, the ranking of community needs, and community listening sessions. The Collaborative is now at the stage to select the health needs to address in the first phase of the project as well as identifying and implementing strategies. He noted that this is the most difficult phase because the Collaborative is large and has three distinct groups (public health, hospitals, and

CCO's) that are trying to come to consensus.

Lewis reviewed where the Healthy Columbia Willamette Collaboration has landed on its priority areas and goals (Behavioral Health, Chronic Disease, and Access to Care to Affordable Health Care). He encouraged Council members to review the Social-Ecological-Model (SEM) for each priority. The SEM's were included in the meeting materials.

Brett Hamilton stated that he hoped that Council members could see that the priorities that they had raised were included in the priorities and goals of the Healthy Columbia Willamette Collaborative. He also hoped that the work resonates with them. But he also reminded the group that just because the Healthy Columbia Willamette Collaborative is headed in a direction it doesn't have to determine the direction of The Council takes in developing the FamilyCare's Community Health Improvement Plan.

Laura O'Neill expressed that she appreciated the work of the Healthy Columbia Willamette Collaborative but wanted to raise awareness of the deficiency in the data gathering and community listening sessions. O'Neill pointed out that there were no focus groups or outreach to youth with behavioral health issues, their families nor the providers of services. She asked rhetorically why they are being left out.

Deborah Westfall commented that she thought it was because many don't want to admit that they are or a family member has a substance abuse and/or a behavioral health problem. Westfall also said a lot of times community members don't want to relive their trauma, which often happens when someone establishes a relationship with any new provider; this often times becomes a barrier to entry.

O'Neill asked if it is possible to request that Healthy Columbia Willamette Collaborative do this additional analysis. Lewis he didn't think it would be possible for the first phase. Hamilton said that he would take the concern back to the Healthy Columbia Willamette Leadership meeting.

O'Neill would like an analysis of the barriers of getting community members into the physical and oral health system where they could receive screenings, physicals, and other preventive services.

O'Neill asked if it would be possible for FamilyCare to organize a forum/ town hall. Carmen Cordis said that a forum would work best if it was advertised as being a non-judgmental environment and it would be safe place to share. Nick Ocon stressed the importance of including the whole family in this type of outreach because the whole families' health is impacted. Ocon also stressed that physical and behavioral health is often spoken of separately but they are actually the same.

O'Neill feels that information on patients with behavioral health issues is not being shared with those in the physical health world. It is also very hard to motivate those with behavioral health issues to care about their physical health.

The question was asked what types of peer organizations exist to help to address this issue. Tesch requested FamilyCare staff to ferret out what information exists on its end in this area. It was mentioned that those in recovery make really good mentors

and peers to those still in treatment.

Duane Westfall expressed that his real concern is the transition for youth from the behavioral health care to physical wellness.

Beth Welty said that the Children Health Alliance was been doing some good work of wrapping services around the whole family unit. Cordis expressed interest in an educational campaign promoting that physical care is a helpful intervention for those with behavioral health issues.

Tesch mentioned that there is an innovative program in a school in Gladstone, which has a goal to do early development screenings. Tesch also mentioned that a tie to FamilyCare already exists with that school.

Alicia Atalla-Mei is supportive of including families in behavioral health interventions but also wanted to remind The Council that not everyone has a traditional family to lean on for support. Atalla-Mei suggested that in moving forward the definition of family should be defined and focused. Welty and O'Neill agreed that defining what is meant by "family" is very important.

Action Item: *O'Neill and Cordis agreed to set up a work group to develop a goal and strategies to address the issue of the lack of connection between behavioral health and physical/ dental health for those in the transitional age of 19-30 years old for the Community Advisory Council to consider in FamilyCare's Community Health Improvement Plan.*

Community Outreach Update and Discussion: Carol Burgdorf-Lackes provided a copy of the FamilyCare Community Engagement and Outreach Activities matrix for Council members to review. She requested that Council members review the matrix and provide feedback to either herself or Hamilton.

Cover Oregon: Ononfre Contreras from Cover Oregon gave a brief presentation on Oregon's health care exchange. Cover Oregon is Oregon's single portal to obtain health coverage. Contreras called Cover Oregon essentially a large scale IT project that allows the pubic to analysis, compare, and shop for health coverage at one place.

Cover Oregon was mostly built for the commercial market because the Medicaid system was already built. The Medicaid system was then integrated to create one portal. Contreras said that they found through market research that the public does not respond well to health coverage being called "welfare" or "Medicaid" therefore the term being used by Cover Oregon is "no cost".

On October 1st Cover Oregon, the exchange, will open for business. Contreras says the public should be prepared for glitches but that is to be expected with any new launch. Ideally the portal will allow a consumer to enter their information on the website and it will be able to process the eligibility of an individual or family and provide health coverage options.

Contreras was asked how Cover Oregon is promoting itself. Contreras explained that Cover Oregon wasn't given funding for marketing and outreach but the Oregon Health Authority is promoting Cover Oregon.

The Oregon Health Authority is spending $3.2 million in the promotion of Cover Oregon through advertising and granting community-based organizations funds to conduct outreach. Contreras said he would send Hamilton a list of all of those organizations that received funding for outreach. Melissa Henderson mentioned that NAYA is one of those organizations receiving funds.

Contreras also said that Federal Qualified Health Centers received $2.8 million to do promotion. Atalla-Mei acknowledged that OutsideIn received funding.

Henderson reminded The Council that the Cover Oregon portal isn't the only way to sign up for health coverage. Consumers can still apply using the DHS paper application. However, the online application process will expedite the consumer obtaining health coverage.

Medicaid Expansion/ Dental Integration: Dayna Steringer reported that the integration of dental into FamilyCare is going well. Over half of FamilyCare members are now receiving their dental coverage from FamilyCare.

Steringer shared a handout from the Integrated Client Services Date Warehouse, which describes how services to adults overlap across the major benefit areas. Steringer also passed out the estimated effect of the Affordable Care Act on Oregon Health Plan case load for 2014-2016. It is estimated that the estimated cumulative increase of consumers by 2016 will be 257, 600. It is forecasted that half will sign up the first year.

Steringer also told The Council that beginning October 1st the OHP Standard Plan will disappear. All those on OHP Standard will be bumped up to OHP Plus. O'Neill asked how FamilyCare was educating the public about this increased benefit. Steringer explained that the state is developing a message and will be sending it out to consumers.

Lewis asked how many Medicaid members FamilyCare currently had enrolled. Steringer informed The Council that the current number is 53,000. Lewis commented that by his brief analysis on the handouts FamilyCare could see near a doubling on its members. Steringer confirmed that is correct.

Lewis asked about the onboarding process that FamilyCare will implement. Steringer explained that FamilyCare is working on an onboarding plan. She also explained that the state will assign consumers that do not have coverage to a CCO. She said if a consumer has a primary doctor a good effort will be made by FamilyCare to assign them to a CCO that has that doctor to reduce disruption. The consumer has the choice of which CCO to pick. Dustin Zimmerman commented that those receiving SNAP will be enrolled automatically.

NAMI Presentation: Laura O'Neill gave a presentation on the background, the mission and the services of NAMI of Washington County provides.

Meeting Adjourned.