



Community Advisory Council Minutes

November 19, 2013 at 12:00 p.m.

825 NE Multnomah

Portland, OR 97232

2nd Floor Conference Room

Members Present: Jan Tesch, Duane Westfall, Laura O’Neill, Carmen Cordis, Nick Ocon, Ellene Smith, Alicia Atalla-Mei, Paul Lewis, Amber Fay, Candice Jimenz, Katherine Walker, Kyna Harris.

Members Absent: Richard Jenkins, Eric Owens, Chris Murphy, Deborah Westfall.

Staff Present: Carol Burgdorf-Lackes, Mary Nolan, Brett Hamilton, Karissa Catalano, Maureen Gaine.

Guests/Other: Dustin Zimmerman (Oregon Health Authority), Nancy Jackson (Multnomah County), Amy Penkin (Lifeworks NW), Cara Sams (Lifeworks NW).

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

Approval of minutes:

Alicia Atalla-Mei requested a further explanation of Dustin Zimmerman’s comments that, “he did caution about the large focus target population. His concern is that the age range might be too broad and different segments of the population might have unique needs (ex. 15-18; 19-26; 26-30 year-old).” Laura O’Neill, Carmen Cordis, and Melissa Henderson wanted to emphasis in the minutes that enrolling new members is not enough to improve health. Health outcomes will improve with the development of relationships between patient and provider and the support of engaging in their health.

Minutes and agenda were approved.

Community Advisory Council Appointment and Re-appointments

The re-appointment of seven and the appointment of four new Council members were confirmed. The Community Advisory Council now has eight consumers and three county representatives and two providers.

Presentation Lifeworks NW

Amy Penkin, Service Area Director of Child/Family/Young Adult Intensive Services for LifeWorks NW presented background on LifeWorks NW as well as an introduction of their current programs. LifeWorks NW provide services in all three counties that FamilyCare operates, although their services in Clackamas County are

limited. Lifeworks NW focuses on supporting families early before behavioral and mental health issues exasperate. The bulk of their clients are on Medicaid or do not have insurance.

Their approach, TAY (Transitional Aged Youth) Hub, is to make the health services they deliver less clinical and more causal, slower and more people-centered. Providers are grouped on teams and go out to visit clients where they are and orient themselves around personal triggers.

Duane Westfall and Ellene Smith both asked questions about this approach. Penkin shared that there is not a standard of how many clients a team member might see per day. The approach is introducing more community-based care; therefore, the encounters are based upon the time needed with each client and the distance to travel.

Behavioral Health Integration and Resources

The Council was introduced to two FamilyCare staff members who are available resources to developing the Community Health Improvement Plan as it relates to the transitional aged youth (15-26 years old). The two staff members are Marcia Hille, Addictions & Mental Health Manager and Karissa Catalona, Addictions & Mental Health Coordinator. Hille spoke about the importance of the integration of physical health and mental health. Catalona spoke about her expertise working with transitional aged youth.

FamilyCare Health Improvement Plan

The Council continues its focus on transitional age population. The Council wanted it to be clear that merely enrolling people of the transitional age population was not enough. A Community Health Improvement Plan would have to engage this population once they have enrolled. Carmen Cordis offered her perspective that she felt that a case worker model would be more effective at doing this rather than a clinical model. Laura O'Neill agreed and encouraged The Council to embrace more peer-to-peer approaches.

Maureen Gaines, Quality Coordinator, told the group about adolescent wellness child exams for 21-29 years old as one way to measure if the transitional age population is engaged in health services.

Duane Westfall wanted to reiterate a comment that he had made in the past, which is that educational materials are important but it is just as important that the materials be at a reading level so that the target audience can understand the information.

The workgroup set up a meeting time. The workgroup will report back to the full Council with a draft Community Health Improvement Plan work plan.

Meeting Adjourned.