



Community Advisory Council Minutes

December 17, 2013 at 12:00 p.m.
Doubletree by Hilton Hotel
Mount St. Helens Room (2nd Floor)
1000 N.E. Multnomah, Portland, OR, 97232

Members Present: Jan Tesch, Alicia Atalla-Mei, Duane Westfall, Laura O'Neill, Chris Murphy, Carmen Cordis, Richard Jenkins, Melissa Henderson, Candice Jimenez, Katherine Walker, Kyna Harris.

Members Absent: Paul Lewis, Deborah Westfall, Nick Ocon, Eric Owens, Amber Fay.

Board of Directors Present: Karen Carnahan, Michael Riley

Staff Present: Jeff Heatherington, Bill Murray, Daniel Roth, Carol Burgdorf-Lackes, Mary Nolan, Brett Hamilton, Maureen Gaine, Chamie Moua.

Guests/Other: Dustin Zimmerman (Oregon Health Authority), Chonitia Smith (NAYA).

Welcome/ Introduction: Chair Jan Tesch welcomed and thanked the public for attending the meeting.

Jan Tesch recognized that two Board of Director members attending the meeting. Tesch also acknowledged that several FamilyCare executives were in attendance including Jeff Heatherington the President/ CEO.

Tesch had each Council member introduce themselves and their affiliation.

Community Advisory Council Year-End Review: Tesch welcomed everyone to FamilyCare Community Advisory Committee's first public meeting. Tesch emphasized that the Council has been meeting throughout 2013 reviewing community health assessments and learning about the community needs from providers and community-based organizations. Tesch reported that The Council was beginning its focus on developing its community health improvement plan.

Tesch also commented on how proud she was to report on the constituted full Council, which includes eight consumers, three county representatives and two providers.

Finally, Tesch thanked The Council members for their commitment and passion of working to assist the Board of Directors to ensure that the health care needs of the consumers and the community were being addressed.

Public Comment: Several public members provided comments. Some of the highlights from the comments were:

- Raising awareness that there is an inability of men to engage in access to health care, especially if they have been incarcerated;
- The importance of the continuation of HIV screening;
- Emphasis of cultural competent care for all patients and to all patients;
- Need to improve culturally competent communications;
- And an increase in work force diversity.

Approval of minutes:

Minutes and agenda were approved.

Community Education Projects: Mary Nolan, Vice-President of Business and Community Development shared information about the Community Education Project FamilyCare developed with its 2013 Transformation Grant.

The project is a collaboration between FamilyCare and Outside In with the objective of improving access and utilization of appropriate levels of care for homeless youth in downtown Portland. FamilyCare will help fund on-site health incident triage, a health system navigator, care coordination, and care management.

FamilyCare Year-End Reflections: Nolan provided a year-end reflection as FamilyCare prepared for January 1st and the beginning of health care for thousands more Oregonians.

Nolan emphasized that FamilyCare was well prepared to serve fifty percent more members beginning in 2014. She noted that FamilyCare was already serving more than thirty percent more members since becoming a CCO only a year ago.

Nolan explained that FamilyCare has expanded its capacity by building relationships with more providers, opening more slots with existing providers, establishing relationships with dental groups, improving relationships with community organizations, building up robust financial reserves, and developing alternative payment methods to attract great providers.

Nolan also shared a list of innovative projects FamilyCare had launched the past year, which included a nutrition program, peer mentoring program, improving long-term care, and refocusing support services. Nolan also mentioned a project with the Asian Health and Service Center, which would include contracting with them to do culturally specific welcome calls and navigation.

Kyna Harris asked if there were plans to expand this type of culturally competent outreach to other communities. Harris liked the idea and wanted to know the plans to expand the scope of the project. Nolan explained that if the pilot project was successful discussion will take place to expand the scope.

Patient/ Provider Organized Resource Team: Dr. Daniel Roth provided an update on the Patient-Provider Organized Resource Team. This is an innovative service model that FamilyCare is developing to effectively coordinate care for all FamilyCare

members I would take this out but it's your call.

The goal of the team is to enhance the efficiency and personalized service to Network Providers so that they can provide the best care for their patients. Roth envisioned the team being a "one stop shop" that facilitates referral and authorization support, service coordination, provider service and navigation services. Roth reported that two of these teams were currently operating.

FamilyCare Community Health Improvement Plan: Tesch introduced the final agenda item, which was a presentation from the Community Health Improvement Plan work group. Tesch explained that a work group had taken the full council's past discussions and attempted to distill the information into an outline and work plan. Tesch further explained that the objective of the agenda item was to agree upon the focus of the work plan so that beginning in 2014 the Council could focus and develop a community health improvement plan.

Two representatives from the work group, Alicia Atalla-Mei and Carmen Cordis, shared the effort of the work group. The work group had drafted two projects to be considered for the Community Health Improvement Plan.

The first project: a community assessment of engagement of transition age youth in their health and healthcare would identify barriers that impact transition age youth engagement in their health and healthcare. It would also identify strategies for increased engagement and form strong relationships with community organizations that serve transition age youth.

The second project will focus on the use of traditional health workers to increase engagement of the transition age youth. The key objectives of this project are to increase engagement in health and healthcare through traditional health workers as well as increasing health literacy and knowledge about health and healthcare resources.

Both of these projects have a target population of 15-26 year olds. There would also be a focus on sub-populations within the larger transition age youth population including: youth of color, homeless youth, high-risk/high-need youth (i.e. those with mental health and/or substance use issues), "high-utilizer" TAY with histories of frequent high-acuity and high-cost care.

The full Council supported the projects and responded that the workgroup did a good job of assimilating the path the health assessment had led them.

Duane Westfall wanted to emphasize the importance of helping youth transition from being incarcerated back into society and engaged in their health and well-being. Westfall feels that population is often not given a second chance at life. Laura O'Neill also wanted to raise the importance of engaging pregnant teens in their health and health care.

Westfall expressed that he is frustrated that the target age group didn't include 27 to 30 year olds as it had in the beginning. The workgroup explained that the decision was made to focus the Community Health Improvement Plan and by definition the transition age youth group is 15-26 year olds. It was also explained that the

intervention strategies used for the 15-26 years old population are quite different than those for the 27-30 years old age population. The workgroup was not discounting the importance of engaging the 27-30 year old population in their health and healthcare rather suggesting that a focus be placed on the 15-26 years old population and then expanded to the 27-30 year old population.

A consensus on the work group draft was not reached. Atalla-Mei commented that she didn't have an expectation that the Council would vote to pass the projects. The outcome she desired was a discussion and input from Council members so that the workgroup has further direction in developing a draft community health improvement plan.

Jeff Heatherington, FamilyCare's President and CEO, spoke directly to the Council and told them not to limit the scope of the Council's work because of staff support or resources.

Meeting Adjourned