



Community Advisory Council Minutes

March 18, 2014 at 12:00 p.m.
FamilyCare Second Floor Conference Room
825 NE Multnomah
Portland, OR 97232

Members Present: Jan Tesch, Alicia Atalla-Mei, Duane Westfall, Laura O'Neill, Carmen Cordis, Candice Jimenez, Kyna Harris, Eric Owens, Paul Lewis, and Chris Murphy.

Members Absent: Deborah Westfall, Amber Fay, Nick Ocon, Katherine Walker.

Board of Directors Present: Karen Carnahan

Staff Present: Bill Murray, Carol Burgdorf-Lackes, Mary Nolan, Brett Hamilton, Maureen Gaine, Cassie Archer, Karissa Catalano

Guests/Other: Dustin Zimmerman (Oregon Health Authority)

Welcome/ Introduction: Chair Jan Tesch welcomed The Council members and asked each to introduce themselves and their affiliation since there had been some recent transitions in membership.

Jan Tesch recognized Chair of FamilyCare's Board of Directors, Karen Carnahan, who was in attendance.

Mary Nolan introduced Cassie Archer of FamilyCare. She is the Community Development Coordinator. Cassie will be supporting Brett and will be responsible for community work in early learning services.

Mary Nolan also wants to re-notify the council about the reimbursement policy for those individuals who don't have sponsorship from employers. Brett has the paperwork to issue a stipend for those community members. This policy supports attendance in council meetings as well as when you represent the council in the community. Laura O'Neill asked if smaller organizations/agencies such as NAMI might receive some sort of stipend. It was mentioned back in June. Brett will look into that. If anyone wants to have a dialogue about participation, please let us know.

Approval of minutes:

Laura O'Neal wants to discuss the minutes from last month with Brett Hamilton.

“Before the Board of Directors for FamilyCare Health Plans”:

Jan Tesch introduced the above titled document to the Committee as the document that will be presented to the Board of Directors this evening. This will be presented by Jan Tesch, Carmen Cordis, and Alicia Atalla-Mei.

Jan ran through the presentation regarding Transition Age Youth (TAY)

Alicia presented an overview of this issue.

Carmen presented the council’s recommendations: CHIP Community Health Improvement Plan.

Laura asked for TAY to be added to the document to be presented to the Board.

Alicia mentioned that if a conversation ensues at the Board Meeting, those items will be brought back to this Council.

Laura suggested more clarity on knowledge and behavioral portions.

Alicia Atalla-Mei has asked to facilitate a discussion relating to non-emergency transportation for which FamilyCare and Health Share have been collaborating. She had a meeting with the Program Manager of Health Share who is developing the RFP for the transportation with the CCOs. Health Share asked Alicia to get some feedback from this group on medical transportation.

Laura – 25 to 35% of NAMI clients use medical transportation

Alicia – Keep in mind that right now, there is no coverage for medical transportation except ambulance.

Are people waiting unnecessarily? Laura – at NAMI, yes. They had to open their center on several occasions to accommodate clients to keep them out of the heat or the cold.

Wait time for transportation has been up to 5 hours.

Duane mentioned that the length of time on the TriMet Para-Transit buses is quite long when they make multiple pick-ups. Consideration needs to be taken for the needs of the rider, i.e., restroom stops, etc.

Also clients are waiting up to an hour after their appointments. It can take a client all day for a 15 minute appointment.

Laura – the safety factor should be taken into consideration, i.e., waiting in the dark, in questionable neighborhoods, etc.

Maureen Gaine suggested asking a Dialysis clinic or even North Star what they use for transportation services.

Ride Connection is a good service.

What is one performance measure above all else?...Timeliness and Respect

Brett Hamilton: Transition Age Youth Data – Brett has made a request for the Healthy Columbia Willamette Collaboration to do some data mining on their TAY information. With that information, will be able to take a look at the FamilyCare members. Brett is working on pulling all that information together and will present at the next meeting. What are things in the environment that have come up that you all want to share in this group.

Upcoming Events:

NAMI Luncheon, April 8th, Doubletree Hotel
Please RSVP to Brett Hamilton. Table of 8 is available

CAC Conference in Eugene, May 29th and 30th.

Meaningful Care Conference, March 28th in Portland.

If interested in any of these items, please contact Brett Hamilton.

Jan Tesch: When last we met, there was a discussion about how to measure care. Please be thoughtful of those things and bring them back to the next meeting.

Paul Lewis: Primary care appointments shouldn't be the only measure of health. There are other things as well that should be taken into consideration.

It would be great to have the entire group measure in on the guideposts.

If you have thoughts on these items, please submit them to Brett Hamilton.

Mary Nolan: What are the things that we can measure that FamilyCare can actually influence or see changes over time as a result of improving cultural competency and TAY. This besides the PCP visit?

Carmen: In a meeting, it would be great to identify what things to look for in the future. If you could simply say to FamilyCare...Step it up [HERE](#).

Medicare has guidelines established that we can use with the Medicaid population to determine if the ER has been used appropriately or if issues can be better served by the PCP office.

Brett: We can get there, but there is a plan in front of us that we need to complete. What are the measures?

Paul: The 4 items on the plan are not going to come out of administrative data. These items are important.

ACORN would be something that would work for this...per Chris Murphy.

Laura: ACORN is for 18 and over.

Kyna: Access of Care...it is a challenge to find FamilyCare clinics. If you're coming off of a private insurance plan to FamilyCare, it can be a roadblock.

Jan: Really focus on the 4 Envision items:

- a. Increase of health literacy and wellness knowledge for 15 – 25 year-old FamilyCare members (knowledge gain),
- b. Increase engagement in health and health care of 15 – 25 year-old FamilyCare members (behavior change),
- c. Improved cultural competency of FamilyCare Health Systems for 15 – 25 year-old members
- d. Above improvement strategies will be guided by the voice of 15 – 25 year old members.

Meeting Adjourned

Motion to adjourn...by Duane at 1:34 Second by Paul