



# Community Advisory Council Minutes

April 15, 2014 at 12:00 p.m.  
FamilyCare Second Floor Conference Room  
825 NE Multnomah  
Portland, OR 97232

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

**Members Absent:** Deborah Westfall, Duane Westfall, Amber Fay, Candice Jimenez, Nick Ocon, Katherine Walker

**Board of Directors Present:** Karen Carnahan

**Staff Present:** Bill Murray, Carol Burgdorf-Lackes, Mary Nolan, Brett Hamilton, Cassie Archer

**Guests/Other:** Dustin Zimmerman (Oregon Health Authority)

**Welcome/ Introduction:** Chair Jan Tesch welcomed The Council members and called the meeting to order at 12:10pm

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

Laura O'Neill gave Alicia Atalla-Mei and Carmen Cordis flowers as a thank you for representing the Council at the FamilyCare Board of Directors meeting on March 18<sup>th</sup>.

**Approval of minutes:**

Motion to approve minutes from March 18<sup>th</sup> by Eric Owens, seconded by Laura O'Neill.

Motion to approve minutes from February 18<sup>th</sup> by Laura O'Neill, seconded by Eric Owens

**Update: Board of Director's Presentation**

Carmen Cordis, Alicia Atalla-Mei and Jan Tesch participated in the March 18<sup>th</sup> Board of Directors' meeting for FamilyCare Health Plans and presented the Community Health Improvement Plan (CHIP). All were pleased with the interest and comments from the Board. Karen Carnahan commented that all did a great job in presenting. Brett presented thank you gifts to both Carmen and Alicia for their work on this presentation.

**Transition Age Youth (TAY) Snapshot: Brett Hamilton** – Brett presented a snapshot of TAY. In June we will have 6 months' worth of data to assess; then every six months thereafter.

Age Group 15-25: 15,340 members  
Of this amount, 44% are age 15-18 with 49% female and 51% male  
56% are 19-25 with 59% female and 41% male

Brett presented member information:

Currently pregnant members  
ER visits this year  
Inpatient stays this year  
Prescribed Opiates  
Prescribed an Opiate Abatement

Dr. Paul Lewis commented that the number of members in this age group being prescribed Opiates is quite eye opening. Healthy Columbia Willamette as well as the CCO's in principle are looking at reducing the number of prescriptions written.

Per Bill Murray, FamilyCare is looking at the entire population for opiate use.

Per Dustin Zimmerman: Here are the statistics on 2 age groups that had received Opiates within 2014 --

Age: 15-18 was 10.6% of FamilyCare members in this age group

Age: 19-25 was 20.5% of FamilyCare members in this age group

Laura commented that it would be good to see how many of these members have encounters with organizations like OutsideIn, NARA, etc.

Brett will start the mining to differentiate mental health patients.

Primary Language Comparison

Race Description

\*\*Cover Oregon has not yet provided the race/ethnicity or primary language information of the new enrollees who applied through the paper application process.

Alicia suggested we use HealthShare's framework, etc.

Brett mentioned that this information will be assessed every 6 months.

Jan suggested that this information would be great to share with the Board as well.

Alicia suggested that in addition to the number of folks with ER visits, it would be helpful to see how many ER visits per individual have made. Carmen suggested it would be good to see how many of these individuals were mental health patients and

were of these mental health patients how many are linked to a provider, per Laura.

### **Selection of Measurable Objectives:**

Kyna Harris presented draft for discussion with 3 outcomes.

Alicia: These are complex concepts we are looking at. It would be up to this group (CAC) to determine what tools to use to gather information. We have to look at what we want positive engagement to look like. We need to be really thoughtful as to what we want that to be.

Dr. Lewis: If there are specific outcomes in this age group, would it be worth trying to figure out a way to get and keep them engaged in their healthcare?

Alicia feels that the council needs to see the tool that we are going to use to be measuring this data. It would be good to know what we are measuring.

Bill Murray: The objective here is that we are going to use the appropriate tool, but that hasn't been determined yet. The standard metric is the 10%. This is all new and this will be a continual feedback process.

Laura: 10% increase in cultural competency engagement is too low. Would like to see that number substantially increased. Would like to see 50% in the first year.

Keyna: Are we creating a systemic change in the organization? That's the marker! 50% of systemic change.

Brett: Has a tool from Health Share. We serve the same population but we need to determine if their tool will work for us. The tool that Health Share developed is called the *Organizational Assessment for Cultural Competence and Health Equity*.

Laura: We have to partner with FamilyCare and hold FamilyCare accountable.

Alicia: Would like more detail around the objective. What would the baseline be?

Laura: Would like to do a cultural competency assessment

Laura: #3 needs to say "Systematic"

Laura: Increase cultural competency by 50% in one year.

Brett: He and Carol have met with Tricia Tillman and discuss organizational cultural competency. Brett and Dustin will be meeting with Tillman again on May 13th and will ask what an appropriate level of improvement of measurement.

Chris: How organic of a document is this once we submit this?

Dustin, said you can make change requests, answer why, etc. It's new for everyone and will be fluid.

What we need to have in May is a plan that the Board will accept or not. Tools do not have to be decided by May...but by June.

Brett...what we need is the conceptual plan to present the Board. The full document doesn't need to be sent to the State until June.

Proposal: May CAC meeting to do another "dress rehearsal" as well as have a discussion about the tools.

Dr. Lewis: Try to pick something; a tool; that has been used by another respected organization.

Dustin: OEI has some standardized tools that can be used rather than reinventing the wheel.

**MOTION TO APPROVE MEASURABLE OBJECTIVES:** Laura O'Neill made a motion to use the measurable objectives proposed with two amendments. First, to substitute bullet points rather than a,b,c. in the table formats. Amend the measurable objective for cultural competency priority based upon the recommendation of the Office of Equity and Inclusion.....Chris second.

**Upcoming Events:**

Community Advisory Council Summit

May 29 – 30, 2014

Eugene, OR

Brett -- all 16 counsels around the state will be attending.

113 individuals have registered.

Brett and Dustin will work with OEI.

Nolan bid farewell and announced her resignation from FamilyCare.

**Meeting Adjourned**

Motion to adjourn...by Chris at 1:58

Second by Paul