

Regional Community Advisory Council (CAC)

MINUTES

Date: Monday, May 12, 2014

Location: Western Title Building; Newport, Oregon

Council Representatives:

CAC Chair: Lawrence Eby;

Benton: Hilary Harrison (phone), Joe Zaerr, Melissa Marshall, Michael Volpe, Richard McCain, Sr.;

Lincoln: Ellen Franklin, Richard Sherlock;

Linn: Catherine Skiens (phone), Frank Moore, Miao Zhao, Paul Virtue;

Others on the Agenda: Kelley Kaiser, IHN-CCO CEO (phone); Rebekah Fowler, CAC Coordinator; Bill Bouska, Oregon Health Authority Innovator Agent; Cheryl Connell, Lincoln County Health & Human Services Director; Jackie Stankey, CAC CHIP Workgroup member (Lincoln County)

Absent: Summer Vestal, Rocío Muñoz, Lance Kropf,

CALL TO ORDER

Chair Larry Eby called the meeting to order at 2:10

INTRODUCTIONS, ANNOUNCEMENTS, & APPROVAL OF AGENDA & MINUTES

- **Introductions:** Everyone at the table was introduced, including two new Representatives Miao Zhao (Linn County) & Paul Virtue (Linn County)
 - **Chair announcements** – Mike Powell resigned (Lincoln County)
 - **Cheryl Connell**, Lincoln County Director of Health and Human services said that she has been working to recruit new CAC Representatives. Pat Neal (Community) and Betsey Williams (IHN-CCO) were present and are interested in serving on the CAC. There are two more IHN-CCO members that Ms. Connell is in contact with who are potential members for the CAC. Ms. Connell's goal is to have four nominees for the four open seats submitted to the Board of Directors' June meeting.

ACTIONS: Council unanimously approved the agenda (Representatives Volpe first, Moore seconded) and the meeting minutes from March 3, 2014 (Representatives Skein first, McCain seconded).

PUBLIC COMMENT

- 9 members of the public present, no comments.
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IHN-CCO UPDATE

Kelley Kaiser, IHN-CCO CEO, provided a CCO and Board of Directors update (Attachment: Operational report included in Packet).

Number of enrollees was 48K when last we met and now is at 53K. All enrollees are

assigned a Primary Care Provider. That doesn't mean they have access but the CCO is working with providers to get everyone seen.

Tina Edlund just took over OHA. The Cover Oregon exchange has not been as successful as hoped and Oregon will now go over to using the Federal Exchange instead of using Cover Oregon.

Representative Sherlock asked if people have to reenroll. Ms. Kaiser said no enrollment redeterminations will begin in July. New enrollee financials haven't been thoroughly checked because the State wanted to get coverage, so financials will be checked at redetermination.

Update: The Early Learning Hub will be a three county Hub. The lead Agency is Linn-Benton Community College. IHN-CCO is assisting with the application process, which was sent in last week. The ELH is for assisting kids ages 0-6 to be the healthiest they can be when they begin school.

- Dr. Eby asked how the CAC will be involved. Ms. Kaiser said that as it is formed, the IHN-CCO will work collaboratively to identify disparities and see which groups of kids the CCO can reach out to and work with the CAC to collaborate.
- Representative Moore said it's a bit early to know what the collaboration would be.

Ms. Kaiser talked about Service Utilization and said that the CCO is hiring staff to make sure they have enough people to answer the phones and get people appointments.

- Representative Franklin asked about carving out chemical dependency from physical health.
- Representative Franklin asked about access to dental health, how is that going? Ms. Kaiser said that the CCO has been overseeing dental since October. IHN-CCO hasn't had any major complaints.

Cheryl Connell asked about the state's mistaken payment category assignment; how is that coming from the State perspective? Mr. Bouska said that many of the new enrollees were categorized wrong and therefore the State overpaid the CCOs; IHN has been saving that extra money aside to pay it back. This won't be done for a few months, but it doesn't impact services or budget.

Representative Volpe asked about the redetermination process. In the past, this was performed by the Senior and Disabilities Office annually. Will that process be the same? Ms. Kaiser said the expansion population will begin redetermination in July, most of which won't go through S&D, but the rest won't change. Bill Bouska said that letters will go out this summer. The organizations who determine eligibility determinations will be changed, but the process will remain the same. The CCO doesn't have anything to do with determining eligibility. They are kept purposely separate from that.

OREGON HEALTH AUTHORITY UPDATE

Bill Bouska, OHA Innovator Agent, provided a state update.

CCOs can earn back some of their money (\$3.17 million for IHN-CCO) as an incentive for their performance. The final progress report will be released in early July when there will be a big public presentation.

- Representative Zaerr asked what OHA will do with the other state metrics (aside from the 17 Incentive metrics). Mr. Bouska said those 16 state metrics will be reported to the federal government and it's how OHA will be evaluated on their success at healthcare system transformation.

The CAC Summit is coming up May 29, 30. Bill has the list. IHN-CCO is tied for first for the most people registered (16). Trillium is the other one, and they're in Eugene where the Summit is being held. Dr. Fowler encouraged people to participate and reminded them that expenses are paid for all local and regional CAC members.

OHA is doing a series of Town halls around the State to get information about behavioral health. The meetings start May 19 – June 16.

- Salem June 9 in the afternoon at Red Lion
- Roseburg June 11.

January and July 1 are dates when the CCO contract changes. Adult mental health residential will not be going into the CCOs in July. We don't have a date yet for when that will come in. There are more programs that will be brought into the CCOs over time.

Enrollment is an issue and that's happening fast. Mistakes have been made in enrollment and the state is working to clean that up, some zip codes and rate codes need to be reassigned and worked out.

Dr. Fowler asked if there's a chance that people who shouldn't be eligible were placed onto OHP. Is there any reason to think they will have to repay that back? No, but when they're in redetermination period, they may find they are no longer eligible but they won't have to pay anything back.

Representative Volpe thinks that the IHN-CCO has a good relationship with its community partners.

Mr. Bouska, IHN has a good relationship with its counties, and some CCOs did not.

COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) DISCUSSION

Chair Eby lead a CAC discussion, joined by Kelley Kaiser, Jackie Stankey, Cheryl Connell.

Dr. Eby talked about how quickly the year has gone since we started this and what a huge endeavor it has been. He is so amazed and proud of the work all contributed.

- Dr. Eby gave kudos and expressed appreciation to Kelley Kaiser and Rebekah Fowler for their hard work on the CHIP.
- Dr. Eby also thanked the Health Administrators, Mitch Anderson, Cheryl Connell, and Frank Moore who have been involved since the beginning and given much time.
- Dr. Eby thanked all of the CHIP workgroup who consisted of Mike Volpe, Joe Zaerr, Karen Stephenson, Jackie Stankey, Richard Sherlock, Bill Wiist, Frank Moore (and himself, who he didn't mention).
- Dr. Eby thanked the Chairs of the local committees who included Hilary Harrison, Tara Gaitaud, Joe Zaerr, Dick Knowles, Malinda Moore, Jackie Stankey, and Pat Neal.

Dr. Eby asked that each Council Representative share what they think of the CHIP.

- Representative Zaerr doesn't have any specific comments, but he sees this as a template for how we may or may not want to do this next time. He looks at this past year as a learning experience. With lessons learned, we can and will do even better next time.
 - Ms. Stankey said that as someone who worked on the CHIP Workgroup, it's easy to criticize but it's very difficult to write a document such as the CHIP when one is pulling information together from a variety of sources such as Rebekah Fowler did. She said that it's a professional looking document.
 - Representative Franklin thinks we're in a good place. She pointed out the Chronic Disease chart on page 15 and said that it indicates to her that the Health Impact Areas that were identified and the goals that were prioritized are on the right track.
 - Representative Virtue said that he's glad that he joined now after so much tremendous work was done. It seems exciting what will come with Chapter 3 in looking at the goals and strategies and activities. He sees this as an exciting time to be part of this group, and he appreciates all the hard work that has gone into this.
 - Representative Sherlock said it has been a lot of work. He didn't think he had done as much of it as others had, but he sees this as a work in progress and that will change over time.
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- Representative McCain says that nothing has happened. He keeps waiting for something to materialize. He said the groups are just talking and don't do anything but talk and write words on a page.
 - Representative Moore responded and talked about how the pilots, for example, are actions already being taken. The CAC is an advisory body. He said that, as Rep. McCain defines it, it seems nothing has been done. Representative Moore said that Rep. McCain is a hands on, do it yourself kind of guy; but the work we're doing as an advisory body, the actions take place elsewhere at the provider level, for example. The work is taking place; it may not be readily apparent to Representative McCain. The Charter of this group defines the CAC's purpose and that's advisory and not action. Representative McCain said that he doesn't mean to offend but that he wants to see action. "Get it done." He said some of those pilots are happening outside of Benton County. He's in Benton County, so he expressed that this wasn't helping the people of Benton County.
 - Representative Zhao said that she has been working with other pilot programs and some are successful, some aren't. Pilots have to start somewhere and then expand when successful or be dropped or altered if they are successful.
 - Mr. Bouska added the CAC should have a conversation about how do we measure success? How do we get ready for writing the evaluation next year?
 - Representative Virtue said that if the pilots are successful, they will roll out into other counties. Representative Moore talked about the criteria for a successful pilot and that every dollar spent on a pilot is a dollar that could have been spent on something else. Therefore, if we're testing something that we don't know if it will work or not, we have to be careful how big we make the project until we see success.
 - Representative Franklin said that a program or project may not look good after only a year but may look good over five years. We may need to give curtains things several years to succeed.
 - Ms. Stankey said that each pilot likely has it's own mechanisms for evaluation.
 - Representative Volpe said that we will need to evaluate the Health Impact Areas and the goals again. He thinks the CHIP document is well written. It's not complete. It's where we are now and it will be added to.
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- Representative Sherlock said we should look over the next two years, such as in Behavioral Health. We need to give things time.
 - Dr. Eby said this has all gone fast. The CCO hasn't been in operation even two years, yet. This involves bringing together a lot of different agencies and organizations. It takes work and vision and collaboration and time and patience.
 - Representative Harrison said that the section on Behavioral Health on youth and child sometimes just says child. Also, in Maternal and child health, a child 0-17 is a Youth in Transition. Young adult 14-24 Youth and Transition.
 - Ms. Connell said that adolescence goes through ages 0-24. Minors are 0-18, but in behavioral health issues, adolescence through transitional age youth is a key group who needs attention.
 - Dr. Fowler talked about the importance of this discussion and said that she had come up with definitions in the writing process that may not reflect what the CAC meant.
 - Representative Moore said that we should stick with what we have and we could add language to include **child and youth** without defining groups specifically. The group agreed with that, including Representative Harrison.
 - Representative Marshall said that she sees that a lot of work went into this and is looking forward to participating in the future.
 - Ms. Kaiser expressed that she is excited as we moved forward. This is a milestone.
 - Representative Skeins is fine with where we are and doesn't think we need to go back and rework it. She is very happy with where we are in this process.
 - Representative McCain asked if there is a way to amend the CHIP in 6 months. Representative Moore said that we won't change our recommendation to the Board once it is recommended, but next year we'll evaluate and report on it and make changes.

ACTION: Representative Moore motioned to adopt the CHIP and recommend it to the Board of Director with the Child and youth in behavioral health changes to be made, the demographic information updated, and editing for grammar, etc. Representative Sherlock seconded, and it was unanimously adopted.

Dr. Fowler will make the changes, the IHN-CCO Regional Planning Council will take a look at it before Dr. Eby presents it to the Board of Directors for their approval. It will

be published by July 1, 2014, all on schedule.

Mr. Bouska, from the State's perspective, they will be receiving one of these documents from all the CCOs. This will help the State to be informed on how every region is moving forward and transforming. There is value in this process and these documents at the State level.

Representative Moore talked about the CHIP workgroup and how much work went into that. There were 9 meetings and a lot of discussion and some uproar. It took a while to find their feet, but that means the CAC will do even better the next go around, when we'll once again need volunteers.

- Representative Moore handed out certificates to the CHIP workgroup.
- There was also a lot of hard work done at the county level. There was some discussion of all the hard work at the local level.

CHARTER & ISSUE BRIEF

Dr. Fowler summarized the April 14 CAC Training and led a follow-up discussion of some of the charter changes & next steps and went over the Issue Brief.

- Attendance requirements were altered, made stricter.
- Representative Zaerr pointed out that election of the Chair isn't scheduled. Dr. Eby was appointed to the Board of Directors. Representative Moore said that he and Dr. Eby could write some language and recommend an amendment.

Issue Brief (IB) Discussion:

Representative Zhou pointed out that the county Chairs' personal contact information is listed on the Issue Brief and maybe they don't want that made public. Dr. Fowler can be the conduit and provide her own information there.

Representative Zaerr: For example, if Benton (BLAC) wants to do community outreach and gather data, would that need to go in an Issue Brief format?

- Mr. Bouska has used Issue Briefs and says that another reason for an Issue Brief is to have an accountability stream so a group can track where it is and whether there is progress being made on the issue.
 - Ms. Connell said that what's key with an Issue Brief with the CCO being in its infancy and for us being a new advisory council is that there is a lot to learn. The IB is a way for us, or Bill Bouska, or the Health Equity Alliance or the legislature etc., to be brought in as partners, where appropriate. She compared it to an acorn taking root and growing into a mighty oak.
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- Representative Zhao sees the IB as a way of bringing issues to add into the CHIP over time. It's a way for each county to bring their own perspective or issue forward to the larger group.
 - Representative Virtue said that his Linn County group is very open to hearing ideas.
 - Dr. Eby thought that it should come through Dr. Fowler and determine the next step.
 - Representative Franklin thinks that all Issue Briefs should come to the CAC at first and pointed out that this is what the group decided at the April 14 training. If it becomes too much, then the CAC could evaluate. She also thinks that the answer to Representative Zaerr's question is yes, any data collected should be put into an issue brief and brought to the CAC.
 - Representative Moore said let's just try this process a few times and bring it to the CAC. He suggests that it be sent to Dr. Fowler first, not to say no to it, but to vet it to see that it's complete enough to send to the CAC.
 - Representative Franklin agreed and said that it must be brought to the local level first then to the CAC via Dr. Fowler.
 - The CAC agreed that IBs will be sent first to the local committee and then through Dr. Fowler to make sure they're filled in completely before passing them to the CAC.

CAC EDUCATION & TRAINING

Since the meeting was running late, Dr. Fowler asked that the Local Committee Chairs lead a discussion at the local meetings on the types of skills and information trainings they think would be helpful in the CAC's work over the next year or two.

AGENDA FOR NEXT COUNCIL MEETING

Celebration of the CHIP, Vice-Chair election, Planning for the future, and more TBD.

MEETING ADJOURNMENT

Dr. Eby adjourned the meeting at 5:04 p.m.

- Next CAC meeting is July 14, 2-5:00, Sunset Bldg, 4077 Research Way, Corvallis

Approved by CAC 7/14/14