

MINUTES

Lane County Public Health Community Advisory Council
Remote meeting via Zoom

March 22, 2021
12:00 p.m.

PRESENT: Awab Al-Rawk, Rhonda Busek, Teresa Coppola, Carrie Copeland, Wendee Crowfoot, Tara DaVee, Tannya Devorak, Rebecca Donell, Leah Edelman, Drake Ewbank, Debi Farr, Michelle Hanks, Caitlynn Hatteras, Val Haynes, Nat Jacobs, Dron Jones, Richard Kincade, Roxie Mayfield, Jacqueline McCall, Brandy McLaughlin, Silver Mogart, Jacqueline Moreno, Leslie Neugebauer, Chris Parra, Tina Potter, Char Reavis, Linda Mann, Michelle Thurston, Analuz Torres, Jocelyn Warren, Lucy Zammerali.

I. Introductions

Ms. Hatteras opened the Lane County Public Health Community Advisory Council (CAC) meeting at 12:04 p.m. Everyone present introduced themselves.

II. Committee Reports

a. Prevention Workgroup

Ms. Moreno said that at their last meeting they talked about the food security programs that would be funded. They would share more details on that at a future meeting. Their current focus was where to dedicate unspent 2020 funds. The committee agreed that youth mental health will be the focus.

b. Trillium CAP

Dr. Kincade reported that their CAP met on March 11, 2021 and looked at CCO quality metrics for 2021. They talked about the demographic information that would be collected by Federally Qualified Health Clinics (FQHC) around the State. The CAP also discussed challenges that faced behavioral health, what supports were needed, how to get more providers involved, and how to train the workforce.

c. PacificSource CAP

Ms. Busek reported that their CAP had a presentation on class standards. She mentioned that the 2021 priority for the Lane Community Health Council was behavioral health. PacificSource wanted to create a tool kit to help providers with tools to assist with patients experiencing behavioral health issues. .

III. CCO Reports

a. Trillium

Ms. Hatteras said that the Quality Finance report had been approved. They detailed the 2020 CCO performance metrics and looked at the 2021 forecast. There was Board approval for reallocation of funds. They also received a legislative update.

b. PacificSource/LCHC

Ms. Reavis said that their focus was on how housing agencies could work together. There were two behavioral health Committees, one for youth focused on early anxiety and depression and one focused on the adult SPMI population. . They also wanted to look at expanding crisis hotlines and response teams to rural areas.

IV. COVID-19 Update

Ms. Warren said that there had been a total of 10,588 cases of COVID-19 in Lane County. There were 10 new cases that day and 140 total deaths to date. They saw peaks in the virus in the middle of December

and in January. She said that numbers had declined since then, but they were expecting them to increase again after Spring Break. Also, since schools were re-opening for in-person learning risk would go up in those populations as well. Ms. Warren emphasized that school Districts were working hard on safety precautions.

Vaccines were being rolled out at a quicker rate. 11,000 doses had been given out over the weekend. There was a clinic set up in the Florence area and two set up in the McKenzie River area. Around 50,000 people (16% of the adult population) in Lane County had been fully vaccinated. Ms. Warren said one goal for the County was to vaccinate more marginalized groups.

Ms. Edelman wanted to hear more about eligibility groups. Ms. Warren said that the Governor released her schedule for ages 45 plus and the State website had more information. They might partition the Governor to let them enter other priority groups early. They had many empty appointments over the weekend which could be filled if they moved into new groups.

Mr. Mogart asked how people outside of the eligibility groups were getting vaccinated. Ms. Warren replied that one possibility was that people were lying about their qualifications when signing up for an appointment. They could not check everyone's qualifications, or the vaccinations would take too long. She said that when they had extra doses at the end of the day, they would give the vaccines to people outside of eligibility to make sure that the vaccines did not go to waste. Mr. Ewbank added that people might have a job or condition that others were not aware of that qualified them. Also, if someone lived with someone at risk then they were eligible. He thought that vaccinating the 18- to 28-year-old group would help eliminate the spread. Ms. Warren was glad to hear that young adults wanted to get the vaccine. Many were worried the 18- to 28-year-old group would not get vaccinated.

Mr. Jones asked if there was a ratio that was being used for number of cases versus the number of people not being tested. Ms. Warren said that there were only National studies that used that, and that the data was always changing. At their clinics they were just taking as many doses as they could.

Mr. Jones inquired into if they were hearing negative thoughts on the vaccine in rural areas. Ms. Warren replied that there was more hesitation in rural areas. They would be doing more outreach in those areas.

Ms. Potter shared some issues she had when trying to schedule a vaccine appointment. Ms. Warren said that the call center would be the place to go for any help with scheduling a vaccine appointment.

V. Transformation Center

Nat Jacobs shared that for their elder community a policy was released by ODHS in their aging and disabilities unit. It dealt with helping people get transportation to appointments. The appointment could last up to three hours.

Nat Jacobs reminded everyone that there would be a virtual conference in June. Information would be sent out to CAC members if they wanted to join. There was also a veteran training that would start at the end of March.

The Transformation Center was putting together a training for the CHIP process. They wanted to get everyone together so that they could train everyone at once. That training was on March 31, 2021.

Nat Jacobs provided information on legislative issues, mainly focused on marginalized groups.

Ms. Devorak asked if it was safe for someone who was pregnant to get vaccinated. Ms. Warren advised that they consult with their provider first, but there was no evidence that they should not. She added that pregnant and lactating women had gotten vaccinated at their clinics with no difficulty.

Ms. Devorak asked what the veteran training was related to. Nat Jacobs responded that it was regarding their peer support specialist.

VI. Oregon Health Authority Ombuds Program and Community Partner Outreach Program (CPOP)

Mr. Al-Rawk said that Ombuds translated to “here to help” and worked to help those enrolled in the Oregon Health Plan (OHP) in difficult circumstances. They served one in four Oregonians. When OHP members had an issue, they worked them find a solution. These concerns could be about billing, coverage, or what to do when out of State. After initial contact it usually took them one or two days to reach out again.

Mr. Al-Rawk mentioned that if they continued to see OHP members with similar issues they brought it up to OHP and made plans to fix the system that caused the issue.

Ms. Reavis asked if this was a route to take before or after connecting with their CCO’s customer service. Mr. Al-Rawk replied that it would be after all other options were taken. Ombuds was a kind of last stop.

Ms. McCall shared that CPOP worked with OHP. She and Ms. Torres covered the Lane County area. They had connections with the State and programs like Ombuds. They worked as liaisons between community partners and consumers.

Community Partners work for non-profits, clinics, hospitals, and other agencies with the consumers community. Partners helped Oregonians apply for OHP and provided navigation through the health system. They had access to community partner phone lines to help make the application process faster and provided referrals to other resources.

CPOP trained and certified Community Partners to help Oregonians apply for/enroll in/renew their health coverage, support those community partners with ongoing outreach, and hosted monthly collaborative meetings for Community Partners and other interested.

Ms. Torres said that the County Collaborative meetings were for community partners, agents, and other stakeholders. At the meetings they shared system and policy updates, networking, and collaboration, and helped partners troubleshoot issues. The meetings were held monthly and were held across Oregon. Spanish meetings were also available.

Ms. Devorak asked if there was an update on if Community Partners were meeting people in person or just on the phone. Ms. Torres believed that most were still just meeting through the phone, but it depended on the region. Ms. McCall added that they had different.

Ms. Coppola knew there was a program working with the Prevention Team that said people were showing up with CPOP without a CCO. She asked if they were backed up with assigning people to CCOs. Ms. McCall replied that there had been issues with assigning. When they first got CPOP they were unassigned for two weeks. After that period, if still not assigned, they should contact CPOP. Ms. Coppola asked if more people had signed up since COVID-19 started. Ms. Torres knew that numbers had gone up, but it

was not a drastic increase. She added that some issues with CPOP had been a result of them merging programs together.

Ms. DaVee noted that the One System was supposed to be better, but she continued to receive a bunch of paperwork every month. She was under the impression that no one was supposed to be kicked off OHP at that time, she asked if that was true. Ms. Torres responded that it could be an issue in the system. Reaching out to a community partner might help them stop it. Also, there could be a change in the consumers policy which required the information to be sent out.

Ms. Reavis noted that having long wait times for phone services ruled a lot of people out. They might have something else to do or have limited minutes on their phone, so they could not sit and wait on the phone. Mr. Al-Rawk asked which line she was specifically talking about. Ms. Reavis told him it was the eligibility line. People could call one line just to be told they needed to call a different department. She emphasized that this was a disparity and something they fixed.

VII. Information Share

Ms. Farr knew that the Bethel School District had done a lot with distributing vaccines and wanted to hear more information on that. Ms. Parra noted that they were a medium sized school district with a unique health center since they did not contract out. The County put a lot of trust in them to give out vaccines. They received a total of 3,000 vaccines and were able to get two doses in some of the vaccines. She shared that nurses from other 12 other districts helped distribute them. By April 8, 2021 they planned to be finished giving out vaccines to schools. They hoped to continue partnering with the County when youth became eligible.

Ms. Copeland said that FOOD for Lane County was hosting a community assessment. They wanted to know who was accessing their services and what barriers they faced. The assessment would be held online and PacificSource and Trillium would help spread it, and she hoped that the CAC would too. The assessment would be available throughout all of April.

VIII. Adjournment

Ms. Hatteras adjourned the meeting at 1:51 p.m.

(Minutes recorded by Lydia Dysart)