

CCOs Community Advisory Council Meeting

Remote Meeting via Zoom

July 26, 2021

Noon-2pm

PRESENT

CAC Members: Tara DaVee (Trillium OHP representative), Drake Ewbank (PacificSource OHP representative), Val Haynes (Head Start), Chris Hanson, DMD (Trillium CAP), Silver Mogart (Trillium OHP representative), Michelle Thurston (Trillium OHP representative), Michelle Hanks (ShelterCare), Roxie Mayfield (PacificSource OHP representative), Char Reavis (PacificSource OHP representative), Tannya Devorak (PacificSource OHP representative), Dr. Robin Virgin (PacificSource CAP), Jessica Hibler (Confederated Tribes of Siletz Indians)

Attendees: Kayla Watford (Lane County CCOs, Prevention), Buffy Hurtado (PacificSource, Tribal Liaison), Teresa Coppola (Lane County CCOs, Prevention), Jeanne Savage (Trillium Community Health Plan CCO), Leslie Neugebauer (PacificSource Community Solutions CCO), Jacqueline Moreno (Lane County CCOs, Prevention), Lucy Zammarelli (LaneCare), Rebecca Donell (Oregon Health Authority), Cindy Fisher (Capitol Dental Care), Shelly Hawkins (Lane Community Health Council), Courtney Johnston (Trillium Community Health Plan CCO), Rhonda Busek (Lane Community Health Council), Debi Farr (Trillium Community Health Plan CCO), Kelli DeVore (PacificSource Community Solutions CCO), Mark Buchholz (PacificSource Community Solutions), Robert Phillips (Trillium, Tribal Liaison), Marissa Lovell (Lane County CCOs, Prevention), Leah Edelman (Former CAC Coordinator), Carrie Copeland (FOOD For Lane County), Miguel Herrado (PacificSource Community Solutions CCO), Aleya Garcia Reavis (PacificSource Community Solutions CCO), Tina Potter (Trillium Community Health Plan CCO), Charlotte Carver (South Coast Regional Early Learning, Reedsport)

I. Welcome and Introductions

Char Reavis (CAC Co-Chair) opened the meeting. Everyone introduced themselves and responded to an ice breaker question in the chat box. Debi Farr provided a warm welcome to Chris Hanson, DMD, who is replacing Rick Kincade, MD on the CAC and as Chair of the Trillium Clinical Advisory Panel (CAP). Dr. Hanson is a compassionate dentist who strives to have a positive impact on everyone he meets. He loves being in the outdoors hiking and cycling, as well as supporting his children in sports. Welcome Dr. Hanson!

II. Process: Routine Minutes and other Approvals

****Note:** this will be a routine process moving forward.

- a. Approval of Minutes:** Michelle Thurston made a motion that the CAC approve the June minutes. Robin Virgin seconded the motion. The June minutes were unanimously approved.

- b. Approval of Charter:** Michelle Thurston made a motion that the updated CAC Charter be approved. Michelle Hanks seconded the motion. The CAC Charter was unanimously approved.

III. CCO Health Equity Plans

- a. Trillium Community Health Plan (HEP):** Tina Potter introduced the CCO Health Equity Plans by letting people know that it is an Oregon Health Authority (OHA) contractual requirement for all CCOs to have such plans. Each year, the CCOs have to submit a progress report from the previous year, as well submitting a plan moving forward. Tina asked the group to consider the following question: “Why do you feel this work is important to you?” Several people responded to this question with very thoughtful answers:

- Importance of diverse populations being able to share their unique experiences, be heard, and feel represented
- Being able to communicate about systemic barriers for access to mental health care with our partners and the community in general
- Importance of our non-profit organization to participate in this work to enable the children and families that we serve to have an opportunity to express their challenges, experiences and barriers- as well as positive feedback on program and services that are working well
- We must have action behind these words, so the CAC’s role is to keep us accountable

Tina then provided a recap of the 2021 Plan with slides (please see Appendix A).

- b. PacificSource Community Solutions:** Aleya Garcia Reavis shared that PacificSource has 52 goals across 8 focus areas. She went into more detail with slides (please see Appendix B). Aleya left the CAC with a question in preparation for a follow-up CLAS (Culturally and Linguistically Appropriate Services) presentation scheduled for September: “What are you interested in learning more about in September?” One person responded in the chat and others were encouraged to provide additional thoughts via email:

- There was interest in learning about more resources around behavioral health and CLAS that can be utilized to improve services, resources and train staff.

Several people expressed appreciation for all the health equity work that the CCOs are doing. Jeanne Savage encouraged the group to reach out to CCO Staff with any questions on this work.

CLAS Resources:

- Information on CLAS Standards: www.thinkculturalhealth.hhs.gov
- Information on CLAS for Behavioral Health Professionals: www.thinkculturalhealth.hhs.gov/education/behavioral-health

IV. Committee Reports

- a. **Quarterly Summaries:** Jacqueline Moreno introduced the first CAC quarterly summaries and reminded the group that this is a new process that will hopefully help everyone have a concise reminder of the work that the CAC and committees have done during a quarter. The CAC Qtr Summary for April-June 2021 includes the committee summaries. The Px Workgroup Qtr Summary for April-June 2021 includes a more in-depth overview of the programs that Prevention is implementing. Both summaries were sent out in the Agenda Packet – CAC Meeting email from Kayla Watford on July 22, 2021. **CAC members were asked to send any feedback on the summaries to Jacqueline and Kayla.**
- b. **Prevention Workgroup (Px Workgroup):** Tara DaVee said in the July meeting, both Jacqueline Moreno and Jennifer Webster presented an evaluation of the chronic disease prevention and mental health promotion programs in a detailed power point. Even with COVID, many goals were met or exceeded. As an example, the Nutrition & Physical Activity Self-Assessment in Child Care (NAP SACC) program had a goal of reaching 50% of all providers by 2020, but was able to reach 64% of providers by 2020.
- c. **Rural Advisory & Member Engagement Committees (RAC/MEC):** Both of these committees were on summer break in July, but there is work being done to gather the history of the RAC as a council over the years (see CAC quarterly summaries for additional updates).
- d. **Health Equity Committee (HEC):** Silver Mogart let people know that a planning committee had met on July 14th to discuss goals and purpose. The group used questions from the LC Health Equity Toolkit to brainstorm what skills and expertise might be needed on the committee. A second planning meeting will take place in August, with an intention of launching the first official committee meeting in September.
- e. **Trillium Clinical Advisory Panel (CAP):** Dr. Hanson had to leave before giving his report, but later on sent a summary to Kayla Watford by email. Discussion centered on a new Vice Chair; methods of reducing opioid prescriptions; and, an increase in syphilis cases in Oregon. Upcoming topics include: REALD (Race, Ethnicity, Language, and Disability) implementation; early learning monitoring of children scholastically and psychologically; and, behavioral health access issues.
- f. **PacificSource Clinical Advisory Panel (CAP):** Robin Virgin, MD said the PacificSource CAP discussed three areas of focus: 1) regroup to fight the increase in opioid use and deaths; 2) highlight the need for health providers to educate diabetic patients on the importance of dental care; and, 3) more education around the smoking cessation rules for surgeries. Dr. Virgin also mentioned the ability of dentists to now do a finger pic to test for A1C levels (one way to test for diabetes).

V. Updates

- a. **Oregon Health Authority:** Rebecca Donell provided an overview of some of the programs OHA is focusing on, as well as giving the group contact names and numbers of these programs. (Please see OHA CAC Update email sent on July 22nd for more details.)

- b. **FOOD for Lane County:** Carrie Copeland presented a power point on the Trillium Produce Plus program, in which excess fresh produce and other food items are distributed in the community at places such as DHS offices, medical clinics, schools, and other organizations. Some new distribution sites have been identified, including Transponder. They served 21 total sites pre-COVID. That dropped to 4 sites in 2020, although they were still able to serve a very large number of people through the Bethel Produce Plus site. Presently, they are back up to 7 sites. Jessica Hibler shared a few inspiring success stories with the program. Additional updates include funding a mobile pantry coordinator and truck, a meal kit program with pediatric providers, and a coaching program to lower the incidence of diabetes in kids (5210 program), and a new and exciting partnership between the Veggie Rx Program with Oregon Integrated Health. Part of the food security expansion is due to the grant provided by Trillium and the CAC Prevention Workgroup.
- c. **Measure 110 Funding:** Courtney Johnston gave an overview of Measure 110, which was passed in the November, 2020 election. The measure decriminalizes drug possession and funds treatment. OHA has an Oversight & Implementing Council that has awarded 10 million dollars so far for things like outreach, mentoring, harm reduction and more. A target date of January, 2022 is set for implementing Behavioral Health Networks in communities. These BH Networks will be open 24 hours a day, every day of the year, and will provide screening and referrals, not only for behavioral health, but also for things like housing, child care, and other vital needs. More information can be found at this link: [https://www.oregonlegislature.gov/lpro/Publications/Background-Brief-Measure-110-\(2020\).pdf](https://www.oregonlegislature.gov/lpro/Publications/Background-Brief-Measure-110-(2020).pdf)

VI. CAC Membership

- a. **Selection Committee Update:** A Selection Committee with equal representation from Lane County and the CCO governing boards will meet on August 26 to interview a slate of candidates for the open CAC positions: an education position; and, an oral health position. In addition, a Selection Committee with equal representation from Lane County and the Lane Community Health Council Board will interview candidates for one open PacificSource Community Solutions consumer position.
- b. **Resignations:** Dron Jones and Wendee Crofoot have resigned from the CAC.
- c. **Next steps:** Kayla is doing outreach to local community based organizations for member recommendations. **CAC members were asked to send any recommendations for potential CAC members to Kayla.**

VII. Live Healthy Lane Steering Committee Membership

- a. **Nominees:** Kayla Watford reminded the group that Michelle Thurston was nominated as the Trillium representative in June. Currently, Tannya Devorak and Drake Ewbank are running as representatives for the PacificSource CCO. Both Tannya and Drake provided eloquent and meaningful answers to the two questions of why they would like to serve and what unique experiences can they bring to the group. Drake then withdrew and

graciously gave his support to Tannya. CAC voting members were asked to provide an official vote for Tannya by email (deadline: July 30).

- b. Voting process: Kayla Watford reminded the group to email their vote for Tannya Devorak by the end of this week (July 30th).**

VIII. CAC Summer Survey

Kayla Watford encouraged everyone to participate in our CAC Summer Survey. We have created this survey in an effort to get to know each of you a bit better, and to make sure we are meeting your needs. We thought this might also be a way to get feedback on meeting preferences as we move forward, such as meeting in person, continuing to 'Zoom', or a hybrid of both. More than anything, we want to convey that ALL Questions are OPTIONAL. Please answer the questions you feel comfortable answering. At the end of the survey, you'll have a chance to provide feedback on the survey and this process as a whole. THANK YOU. **Deadline for participating is August 30th.**

[Lane County CCO CAC Member Survey](#)

Meeting Schedule

- **Next CAC Meeting is September 27, Noon to 2pm**
 - **August CAC Meeting is cancelled for Summer Break!!**

ACTION ITEMS:

- **CCOs will share slides and HEP plain language documents (Aleysa and Tina)**
- **CAC will send feedback on the CAC quarterly summaries to Jacqueline and Kayla**
- **CAC will send recommendations for potential CAC members to Kayla**
- **Voting CAC members will email their vote for Tannya Devorak as the PacificSource CCO representative for Live Healthy Lane's Steering Committee by July 30**

Appendix A.



2021 Southwest Health Equity Plan

Community Advisory Council Update

7/26/2021

PRESENTATION OVERVIEW



- Health Equity Plan Recap
- OHA Feedback
- Plan Goals
- Implementation Efforts
- Discussion
- Next Steps



Health Equity Plan Recap



- 2020 Health Equity Plan covered all service areas; submitted to OHA in December 2020
- 2021 HE Plans are separated by service area; Our Southwest plan will cover Lane, Linn and Douglas Counties
- Continuing to focus on the 8 Health Equity focus areas identified by OHA for all CCOs:
 1. Grievance & Appeals
 2. Demographic Data
 3. CLAS
 4. CLAS as an Organizational Framework
 5. Workforce
 6. Organizational Training & Education
 7. Language Access Reporting Mechanisms
 8. Member Education & Accessibility



OHA Feedback



2020 Plan Highlights

- Our **Mission** is to listen to, respect and empower our members, in partnership with the provider community, to achieve better health by addressing their unique needs and eliminating racism and health disparities through innovative solutions.
- Engagement and incorporation of community & stakeholder feedback
- Several projects aimed to address Member Education & Accessibility
- Extensive work to ensure provider race, ethnicity, language and cultural competency training are accurately reflected in our Provider Directory
- Comprehensive Language Access Plan

Health Equity Plan Goals



The overall goal of our Health Equity Plan is to be an organization that values and prioritizes health equity while addressing racial, cultural, socioeconomic, and regional disparities in health care that exist among the members we serve.

To achieve this, we have implemented:

1. Building health equity, diversity, and inclusion into our organizational culture, policies, procedures and operations
2. Building processes for reviewing and monitoring provider performance and accountability in the areas of health equity, diversity and inclusion throughout our network and partnerships; and,
3. Provide a foundation in racial justice and equity, engendering widespread discussion, leading to actions that improve health outcomes and reduce racial and health disparities in the communities we serve.

1. Internal Efforts



Strategy: Building health equity, diversity, and inclusion into our organizational culture, policies, procedures and operations

Activities

- ☐ Continued CCO Staff Training
- ☐ Implementation of our CLAS Program
- ☐ Utilization of REAL+D Data
- ☐ Diversifying internal workforce

2. Network-based Efforts



Strategy: Building processes for reviewing and monitoring provider performance and accountability in the areas of health equity, diversity and inclusion throughout our network and partnerships

Activities

- ☐ Provider Training & Education
- ☐ Diversifying the provider network

3. Community-based Efforts



Strategy: Provide a foundation in racial justice and equity, engendering widespread discussion, leading to actions that improve health outcomes and reduce racial and health disparities in the communities we serve.

Activities

- ☐ Focus on Racial justice & equity
- ☐ Healthcare Navigation

NEXT STEPS



Submit Plan to OHA by 8/10



Continue to monitor HE plan projects



Holding HE listening sessions throughout the remainder of the year

Discussion



Do you have any additional questions, feedback or recommendations to move this work forward?



Health Equity Plan Update

Today's Agenda

- Trillium HEP Progress
- PacificSource HEP Progress
- Discussion and Questions

PacificSource

Purpose

- Health Equity Plan Progress
 - CLAS Assessment
 - Language Access Update
 - Plain Language Update
 - New strategies
- Questions

PacificSource HEP Submission Updates

- The Oregon Health Authority (OHA) reviewed and provided feedback by March 2021
- OHA scored our HEP a total of 59 out of 62 points!
 - 52 goals across 8 focus areas
 - Regional feedback
- CCO system level improvements

HEP Focus Areas Progress

Work in Progress

1. Grievance & Appeals
2. Demographic Data
- 3. CLAS**
4. CLAS as an Organizational Framework
5. Workforce
6. Organizational Training & Education
- 7. Language Access**
- 8. Member Education & Accessibility**

Focus Area 7: Language Access

- Update on progress



Language Access

Summary: Improve access to interpretation services across healthcare settings.

Completion:

- ✓ Provider manual has been updated to capture having policies and procedures related to language access

In progress:

- ☐ Developing a data tool that includes type of vendor, claims and vendor reporting
- ☐ Ongoing member surveys
- ☐ Consultation and OHA approval in process to improve language around “TTY” to “we accept all forms of relay calls”

Focus Area 8: Member Education & Accessibility

- Update on progress



Focus Area 8: Member Education & Accessibility

Strategy: Increase the use of plain language across communications

Completion:

- ✓ Created a plain language reference for PacificSource internal teams

In progress:

- ☐ Member handbook will be updated for a plain language review
- ☐ Identifying key priority member materials to update

New Strategies

Focus Area 8: Member Education & Accessibility

- **Strategy:** Review quality of cultural translations for member documents to ensure words translated are understandable.
 - **Goal 1:** By March 2022, our member handbook will be reviewed for cultural considerations by a Latinx-serving community partner. Necessary edits will be completed by June 2022.
 - **Goal 2:** Collaborate with community partners to help us improve 5 member materials in 5 non-English languages

CLAS Assessment

Focus Area 3: CLAS

CLAS Standards: Quick Recap

A tool to advance health equity, improve quality, and help eliminate health care disparities.

Standard 1 Commit to high quality care and services by supporting diverse cultural beliefs and communication needs.

- Governance, Leadership, and Workforce
- Communication and Language Assistance
- Engagement, Continuous Improvement, and Accountability

Source: www.ThinkCulturalHealth.hhs.gov

CLAS Assessment Purpose

Key strategy in Focus Area 3 in our Health Equity Plan

- Establish a baseline on how PacificSource is aligned across the 15 CLAS Standards to inform the Health Equity Plan and strategies
- Establish a shared understanding through the organization of how we can advance CLAS across departments
- High level results
 - 13 areas of strength identified
 - 16 areas of exploration identified



Questions?