



*Lane Community Health Council is the governing board of PacificSource Community Solutions - Lane

**Lane County Coordinated Care Organization Joint (CCO) Community Advisory Council (CAC)
Hybrid Meeting via Zoom**

June 26, 2024
12 p.m. – 2 p.m.

CAC Members: Isis Barone (PacificSource OHP Representative), Lee Bliven II (Trillium OHP Representative), Tara DaVee (Trillium OHP Representative), Tannya Devorak (PacificSource OHP Representative), Drake Ewbank (PacificSource OHP Representative) Lana Gee-Gott (Lane Community Health Council Clinical Advisory Panel Liaison), Todd Hamilton (Springfield Public Schools), Chris Hanson (Trillium Clinical Advisory Panel Liaison), Caity Hatteras (Trillium OHP Representative), Jessica Hibler (Confederated Tribes of Siletz Indians Eugene Area Office), Silver Mogart (Trillium OHP Representative), Brian Johnson (Lane County Public Health), Carla Tazumal (Lane County DDS), Michelle Thurston (Trillium OHP Representative), Sheila Wegener (Oregon Department of Human Services), and Josephine Williams (PacificSource OHP Representative).

Attendees: Olatorera Adeniji (Lane County Public Health), Sadie Baratta (Lane County Public Health), Mindy Bentley (Advantage and Community Care Manager), Leilani Brewer (Lane County Health & Human Services), Mark Bucholz (PacificSource Associate Medical Director), Denise Bunnell, (Community Member), Charlotte Carver (South Coast Regional Early Learning Hub), Mark Cokenour (Oregon Health Authority), Kellie DeVore (PacificSource Community Solutions), Ailed Diaz (Trillium Community Health Plan), Samantha Duncan (Be Your Best Cottage Grove, Health Hub), Martha Edwards (Trillium Community Health Plan), Debi Farr (Trillium Community Health Plan), Stephanie Griffin (PacificSource), Nena Hayes (Lane County Public Health), Brian Johnson (Lane County Health & Human Services), Suzy Kropf (Lane Community Health Council), Eliza Loera (Lane County Public Health), Marissa Lovell (Lane County Public Health), Patrick Luedtke (Lane County Public Health), Lauriene Madrigal (Lane Community Health Council), Hunter Nelms, (Restored Connections), Kristinia Rogers (Trillium Community Health Plan) Genevieve Schaack (Willamette Farm and Food Coalition), Tiffany Sopher (Douglas County), Brit Taft (Trillium Community Health Plan), Megan Romero (PacificSource OHP Representative), Katharine Ryan (PacificSource Community Solutions), Jocelyn Warren (Lane County Health & Human Services), Kayla Watford (Lane County Public Health), Jessica Weber (Trillium Community Health Plan), Dustin Zimmerman (Oregon Health Authority).

Facilitator: Caity Hatteras (CAC Member/Board Member) **Support Person:** Nena Hayes

I. Welcome & Introductions – 12:00 to 12:15 PM

- a. Caity announced that this meeting will stay virtual only to support our breakout structure.
- b. Nena Hayes introduced herself as the support person and will serve to assist with technology issues, and more. You may reach her by phone/text (541-239-7254) or by private message during the meeting. Nena went over the Window of Tolerance resource, too.
- c. No public comment was made.

II. CCO Presentation & Feedback: Social Determinants of Health Screening & Referrals – 12:15 to 1:00 PM

- a. Ailed Diaz from Trillium CCO and Katharine Ryan from PacificSource CCO
 - i. The Oregon Health Authority (OHA) uses “quality measures” to show how well Coordinated Care Organizations (CCOs) improve care, and how they increase access to quality care. OHA created the Social Needs Screening & Referral Metric with a particular focus on food, housing, and transportation. If OHA doesn’t understand the social determinants of health, they can’t meet the needs of their community, so this is why it’s so important.
 - ii. In 2024, we are continuing to create the systems we need for this work to happen, and we want to hear from CAC members. Tracking of screening and referrals for CCO members will begin in 2025.
- b. Breakout Room – Organizational partners
 - i. An organizational partner believes there is more value with in-person surveys because you can ensure folks understand the questions in the way they’re intended.
 - ii. Another organizational partner said that follow-up is key.
- c. Breakout Room – PacificSource
 - 1. What is most important to you, to have a comfortable screening experience?

- i. Don't necessarily want to share this information with doctor/medical provider, depends on relationship you have with them.
- ii. Suggest having the provider, at the end of an appointment, ask if you want to talk to a Community Health Work (CHW) about your needs, have options at the end of an appointment for how to respond.
- iii. If you have a caseworker or person, you regularly work with at a CBO, have them ask if you want to respond or receive more information. Having the established relationship would be more comfortable.
- iv. Important to provide option to decline before starting screening. Make it as simple as possible, and longer stretch of time between asking questions, especially if someone's situation is mostly stable.
- v. Screener should be in direct contact with the member. The more complex/cumbersome it is, it will be difficult, especially if there's not some direct benefit on the other end.
- vi. People are spending their time to respond to screenings/surveys, what if they must take time off work for appointment or accessing services. Could there be some incentive or compensation for completing?

2. What are your thoughts on securely sharing your information with members of your care team, or community-based organizations that might be able to provide services to help meet your needs?

- i. Who is keeping track of what screenings are done? Is it happening every time you go to a doctor's office, or to get a food box or utility assistance? Depending on how often it is really happening incentivizing might be helpful.
- ii. Some places I don't want my information shared, but some places it could be helpful.

3. What are your thoughts about securely sharing your individual race, ethnicity, language, and disability (REALD) data with other members of your care team, or community-based organizations so that you might be matched with a provider who can meet your SDOH needs?

- i. When someone needs a translator, what does the screening look like? When applying for assistance, identify some identities, but concern about putting people into categories, shouldn't resources be available to everybody regardless of their identity? Asking what information people are disclosing.
- ii. Idea for an app where you can enter information, you're comfortable sharing, and would provide resources back to you based on what you shared, give provider reviews, apply for specific benefits, and a provider could look at your information there rather than having you fill out paperwork.
- iii. Asking about REALD specific requests for needs for anyone in the household, not just the person filling out/being asked questions, not making assumptions about what would be preferred/needed but asking specifically if they want to be connected to linguistically/culturally specific resources where available.

4. What things should the CCO think about when looking at REALD information about all CCO members to make decisions about SDOH screenings and referrals?

- i. Don't make assumptions about what people might want or need based on REALD characteristics. This may look different for each individual or household.

5. Other thoughts, feedback, considerations. How will this feedback be used? To ensure that this process is smoothly on the member side, not necessarily just for CCOs/providers/CBOs?

- i. Members are the ones going through the struggle, trying to meet their needs – people who are asking for information might not understand how difficult this is.

d. Breakout Room – Trillium

1. What is most important to you, to have a comfortable screening experience?

- i. The role of the person screening - CHW and peer support because it is exactly what they are trained for.
- ii. Michelle - don't like screening during appts because there isn't enough time, agree with CHW, but a lot of people don't know about CHWs, should be done at the least every quarter.
- iii. How the screening is done is most important.
- iv. The screening should be done every 2 months to every quarter.
- v. Screenings should be done often and focused on how previous screening was answered.

2. Information sharing

- Sharing with care team and/or CBO
 - i. How secure is this? What really is secure?
 - ii. How can you guarantee the security of this information?
 - iii. Don't want to have to answer the same questions with each organization receiving care from.

- REALD

- i. There are concerns that this might prevent people from answering the survey, can be scary for people to answer, should be optional.

3. Using REALD data to make decisions about screenings and referrals?

- i. people asking should be trained in TIC.
- ii. multiple ethnicities, someone who can relate to you.
safe, not associated with names? Is that possible? Medicaid ID #?

c. Breakout Room – Organizational Partners

1. What is the most important to you, to have a comfortable screening experience?

- i. I have a good relationship with my primary care provider so having a conversation with her feels more personal, comfortable, and I'm able to have a better conversation with her than I would with anyone else.

2. Would you advocate for a paper survey in addition to the 1:1 conversation?

- i. I believe so and being able to provide support to walk through the survey with someone.
- ii. I think it depends on how many questions the screening is asking and the types of questions. I think in-person, phone call, and conversations with primary care providers is great, but my concern is that not everyone goes to the doctor often so it might need to be screened more often than once a year, depending on how often they visit their PCP.

iii. generally it's going to be whichever format feels more comfortable with the person. Even if a person was able to complete a survey on their own, I think that having that human conversation would be best because these aren't typical questions to ensure folks understood the questions in the way they're intended. I think there's value in the way of providing the screening to people.

iv. that follow-up is key. There should be some mechanism to give the results to the person and who is getting screened, so they understand what the needs are.

v. It might work to have people review and comment if something has changed, not a full screening every time.

vi. making sure that we can give folks additional help and further connection if they're struggling – doing that will help build trust and just get people the help they need.

vii. I think the medical community needs to dig deep to see what impacts the care and how we can help our patients, community members do this in a way that makes it seem less easy.

3. What are your thoughts about securely sharing your individual race, ethnicity, language, and disability (REALD)

i. its unsure what people want to share about their identity, and it varies by setting I think it makes sense to pass on the information on how a person identifies because it may broaden their services and what they can have.

ii. once you know some of their needs are housing and food and if you were to bring it to as "if you identify as Alaskan native there are some resources you can take advantage of", to lay out the options for them and leave the ball in their court, per say.

4. What things should the CCO think about when looking at REALD information about all CCO members to make decisions about SDOH screenings and referrals?

- i. Informing trainings and community-based partners, it's important to understand there are different priorities within the communities. For instance, in the cottage grove community there is a large mam speaking community there so having adequate resources there for the need of that community is pertinent – one size doesn't fit all.
- ii. Our next steps are to take the feedback with us and see how we can implement the foundation of the policies, processes. On that subject, a CAC member asked if their late stipends could cover late fees, because they didn't receive their check on timer recently, and accrued late fees because of it. Trillium representative mentioned there was an issue with the person who does the check processing, and they're sorry this happened to them. Another CAC member added that for them, it's a security issue, because they had a data breach with their routing numbers and such.

III. Break – 1:00pm to 1:10 PM

IV. Member Approvals – 1:10 to 1:30 PM

- a. CAC Meeting Agreements
 - i. CAC Attendee is unsure how they feel about the first red line of the meeting agreements because in their opinion not everyone has great intentions.
 - ii. A CAC Member asked CAC Attendee to share more about their perspective and is curious if they come from a trauma informed lens.
 - iii. There was a hold put on approving CAC Meeting Agreements because of time constraint and needing more time.

Updates and Announcements – 1:30 to 2:00 PM

- b. Community invitation to Our Journey: An intertribal Quarterly Cultural Collective September 16, 2024, Time TBA
- c. Olatorera Adeniji from Lane County Public Health Community Partnerships shares that there are three community vision events

that the community design team is facilitating. The next community vision session is 06/27, in Cottage Grove, one online, and a mini session on 06/28 hosted by NAACP.

- d. Today is the last day to get CAC applications submitted; interviews will begin next week.
- e. Mark Cokenour (OHA) shared a document about what kind of financial information can be shared with the Community Health Centers of Lane County (CHC), like where money is going.
- f. Dustin Zimmerman (OHA) said that he is working with Kayla on setting up an OHA office hour so members can share their thoughts with the health evidence commission.
- g. Kayla Watford mentioned there is a need and interest across connections with CAC's statewide and would like to keep a long-term thread growing for CAC outreach events and connection opportunities because a group of members went recently, and it was great.
- h. CAC needs to set the summer schedule. Kayla hasn't rescheduled the office hour yet but is thinking about September or October for re-convening. Any comments for our next scheduled quarterly time with the innovator agents?
- i. CAC member said it would be good to do. If people want the whole month off maybe doing it on the month where we will have all people, there.