



Lane Community Health Council

Lane Community Health Council Board

February 9, 2021

7:00am-9:00am

Virtual Meeting

Minutes

Present: Dr. Steve Allan, Options Counseling and Family Services; Ms. Meredith Nelson, McKenzie Willamette Medical Center; Mr. Ken Provencher, PacificSource; Mr. Ron Hjelm, Community Health Centers; Mr. Tony Scurto, Lane Education Service District; Mr. Kevin Boie, Advantage Dental; Mr. Cliff Hendargo, PeaceHealth Medical Group; Ms. Karen Gaffney, Lane County Health and Human Services; Ms. Valerie Rapp, McKenzie River Clinic; Mr. John Johnston, Willamette Family Treatment Services; Dr. Pilar Bradshaw, Eugene Pediatrics; Dr. Karen Weiner, Oregon Medical Group; Mr. Paul Solomon, Sponsors; Ms. Cindy Williams, PacificSource Consumer Advisory Council.

Absent: Dr. Christine Kollmorgen, Oregon Surgical Wellness; Ms. Char Reavis, PacificSource Consumer Advisory Council.

Guests: Ms. Lindsey Hopper, PacificSource; Mr. Brian Laing, PacificSource; Dr. Mark Buchholz, PacificSource; Mr. Ryan Daven, PacificSource; Ms. Diana Bocking-Bird, PacificSource; Ms. Shana Mart, Lane County Health and Human Services.

Public: None.

1. Call to Order, Introductions and Welcome, Public Comment

Dr. Allan called the meeting to order at 7:05 a.m. Introductions were made. There was no public comment.

2. Consent Agenda

- **Approval of January 12, 2021 Minutes Lane Community Health Council Board Meeting**
Dr. Allan presented the minutes from the previous meeting for review and approval. **It was moved and seconded to approve the minutes as presented. The motion passed unanimously.**
- **Board member updates:**
 - a. Kevin Boie: Mr. Boie reported that he would be resigning from Advantage Dental effective March 31, 2021 to move to Montana. He will remain as a consultant with Advantage Dental until December 31, 2021. Mr. Boie offered to be available to the Health Council through December 2021.
 - b. Paul Solomon: Mr. Solomon requested a Leave of Absence of up to six months.
 - c. Ron Hjelm: Mr. Hjelm reported that he would be retiring June 30, 2021. He will be working with Ms. Gaffney on a transition plan.

The Board discussed the member updates. It was noted that there is not a current policy for leave of absence for Board members. The Board requested that each leave of absence be determined individually. Dr. Bradshaw requested that the Board consider not filling Mr. Solomon's position during his leave of absence. Ms. Nelson agreed with Dr. Pilar's request.

Dr. Allan requested that the Nominating Committee be convened to determine next steps to be recommended at the March Board meeting. Ms. Busek will schedule a meeting of the nominating committee prior to the March Board meeting.

3. Finance Committee Update

- A. **LCHC Financial Report:** Mr. Boie reported that the scheduling of the LCHC Finance Committee has changed from the first Monday to the fourth Monday. As a result of this change, the Finance Committee will not review the December 2020 Financial Reports until the next Finance Committee which is scheduled for February 22nd. In addition, financial statement preparation is waiting on late information related to QIM payments. Mr. Boie will report at the March meeting.
- B. **Community Impact Workgroup:** Ms. Nelson reported that the Workgroup met and began discussions regarding the Behavioral Health priority. The workgroup is scheduled to meet in February at which time they will discuss the Community Health Improvement Plan and CCO Contract Behavioral Health Requirements.

4. Behavioral Health Environmental Scan

In follow-up to the LCHC Board Retreat held January 5-7, Ms. Busek performed an environmental scan of Behavioral Health in Lane County. Organizations interviewed included:

- a. Laurel Hill.
- b. United Way.
- c. NAMI.
- d. Lane County Health and Human Services.
- e. Looking Glass.
- f. Center for Family Development.
- g. Options.
- h. Willamette Family Treatment Center.
- i. Oregon Community Programs.

From the interviews, the following themes emerged.

- a. Challenges in system navigation.
- b. Limited access to behavioral health services.
- c. Competition for workforce and limited access to trained workforce.
- d. Limited funding and lack of payment methodologies.
- e. Opportunity to address intersection of behavioral health, housing and criminal justice system.
- f. Suicide prevention should be part of behavioral health system conversation.
- g. Stronger system focus on behavioral health/physical health integration work is needed.
- h. Opportunity to rethink the current behavioral health system and how providers work together.
- i. Consider how to utilize traditional health workers such as peer support. Address lack of payment methodologies for these types of workers.
- j. Care gaps exist in residential services and intensive outpatient stays.
- k. There is a lack of collaboration between the CCOs leading to administrative burden among providers.

From discussions with PacificSource Behavioral Health Leadership, the following information emerged.

- a. PacificSource is employing several strategies to begin to address access to care:
 - o Implementing Access to Care Standards that are consistent with CMS, NCQA and are in accordance with OAR 390-019-1015.

- b. PacificSource is employing panel management strategies to begin to address workforce shortages and is focusing on functional payment models for peer support workers.
- c. PacificSource is enhancing care coordination of services for members and providers through both internal and external efforts.
- d. PacificSource has focus on behavioral health integration through participation on the Health Integration Collaborative and a focus on bi-directional integration.

From discussions with Lane County Behavioral Health, several efforts are being implemented related to:

- a. System of Care which is a CCO contractual requirement and an effort to reduce system barriers, improve efficiencies, and increase opportunities to improve services and supports and for a shared vision and values for children, youth and families.
- b. IMPACTS Grant which targets individuals at the intersection of behavioral health, homelessness, and public safety.
- c. Embedded Lane Care Behavioral Health staff to promote collaboration and connections of work.
- d. Significant restructure with LaneCare becoming part of Lane County Behavioral Health to form a single organization.

The Board discussed the information presented in light of the following considerations:

- a. Potential funding.
- b. PacificSource partnership with Unite Us.
- c. Existing convening groups.
- d. United Way 2021 Focus.
- e. PacificSource Lane County CCO 2021 Focus.
- f. Equity and social determinants of health lens acting as umbrella for work.
- g. Avoiding duplication of current structures and systems.
- h. Balance the challenge of planning strategically while building on lessons learned and highlighted needs of pandemic and natural disasters.

After discussion, the Board agreed that two ad hoc teams be identified with the expectation that the teams will identify a clear problem statement and strategy focus as well as options (policy and community oriented) to move forward in work. One team will focus on Youth and the other team will focus on the Severe and Persistent Mental Ill (SPMI) adult population. Ms. Busek will work with Board members to identify a team for each focus. PacificSource Behavioral Health leadership will support the work in each team. The two teams will report at the March Board meeting.

5. CCO Oversight

Ms. Busek presented draft 2021 Lane CCO Performance Metrics. The metrics included four domains:

- Quality and Provider and Member Experience.
- CCO 2.0 Requirements.
- Financial Stability.
- CCO Operations.

Ms. Busek noted that the metrics and domains identified were very similar to current reporting utilized by PacificSource Central Oregon CCO. PacificSource Marion Polk CCO is in the process of implementing similar metrics and domains. Ms. Busek also reported that the Provider Complaint metric was not included in Central Oregon CCO or Marion Polk CCO metrics. Ms. Busek would work closely with PacificSource on reporting these metrics. Mr. Provencher requested that Ms. Busek

work with PacificSource staff to ensure that this data will be available for Lane County CCO. Ms. Busek will work with Mr. Laing and Ms. Neugebauer. Mr. Laing and Ms. Busek will report back at the March meeting.

6. LCHC Communication Strategy

Ms. Busek reviewed current LCHC meeting structure included in the meeting packet. Ms. Busek presented several communication strategies for consideration. Mr. Boie noted that the Clinical Advisory Panel and Community Advisory Council should be closely informed of Behavioral Health Priority strategy work to allow alignment of work between workgroups and committees. Ms. Gaffney noted that bi-directional communication between the Board and committees and workgroups will be important in moving strategic work forward. Ms. Gaffney suggested that written updates from workgroups and committees be included in the packet that can be reviewed prior to the Board meeting for further discussion at the Board meeting. Ms. Busek will create a plan to move forward with the communication strategies as presented.

7. Clinical Advisory Panel

Mr. Johnston reported that the Clinical Advisory Panel (CAP) continues to address REAL D and Unite Us. The CAP will further discuss the priority work as guided by the Board. In addition, the CAP has received information about the current Community Health Improvement Plan (CHP) and how to align with the CHP work. Mr. Provencher asked about current provider perspective on submission of REAL D data. Ms. Busek noted that providers are concerned about administrative burden. Mr. Hjelm further added that the Community Health Centers are involved in the current implementation of REAL D. It is administratively complex due to different data stratification at the State level and at the Federal level. Providers agree with the concept of collecting data. The process is difficult in relation to the number of questions patients are asked. Mr. Provencher is concerned about administrative burden and will discuss further with Ms. Hopper to identify the potential role of the CCO in this work. The Board agreed there was a need to address the issue of REAL D and the reporting process should be reasonable.

8. Community Advisory Council

In Ms. Reavis's absence, Ms. Busek reported that the Lane County Joint Community Advisory Council (CAC) had a presentation on grievance and appeals at the January meeting. PacificSource Lane County CCO and Trillium Community Health Plan CCO coordinated the presentation. The next meeting is scheduled for February 22nd at which time both CCOs will coordinate a presentation on Culturally and Linguistically Appropriate Standards (CLAS). Mr. Provencher noted he attended the January CAC meeting.


9. Other Business

Mr. Provencher announced that Ms. Hopper has been promoted to Executive Vice President of all lines of business for PacificSource. Recruitment for Ms. Hopper's position as Vice-President of Medicaid will begin soon.

10. Adjournment

There being no further business, meeting was adjourned at 8:55 a.m.

Respectfully submitted



Rhonda J. Busek
Executive Director and Secretary