



*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**

April 22, 2024
12 p.m. – 2 p.m.

CAC Members: Isis Barone (PacificSource OHP Representative), Lana Gee-Gott (Lane Community Health Council Clinical Advisory Panel), Co-Chair Tara DaVee (Trillium OHP Representative), Tannya Devorak (PacificSource OHP Representative), Chris Hanson (Trillium Clinical Advisory Panel Liaison), Todd Hamilton (Springfield Public Schools), Caity Hatteras (Trillium OHP Representative), Brian Johnson (Lane County Public Health), Silver Mogart (Trillium OHP Representative), Carla Tazumal (Lane County DDS), Michelle Thurston (Trillium OHP Representative), Sheila Wegener (Oregon Department of Human Services), and Josephine Williams (PacificSource OHP Representative),

Attendees: Nena Hayes (Lane County public Health), Jacqueline Moreno (Lane County Public Health), Kayla Watford (Lane County Public Health), Sadie Barrata, Brit Taft, Leilani Brewer (Lane County Health & Human Services), Suzy Kropf (Lane Community Health Council), Debi Farr (Trillium Community Health Plan), Dustin Zimmerman (Oregon Health Authority), Kellie DeVore (PacificSource Community Solutions), Brian Johnson (Lane County Health & Human Services), Hunter Nelms, (Restored Connections) Ben Liley (TransPonder), Lauriene Madrigal (Lane Community Health Council), Samantha Duncan (Be Your Best Cottage Grove, Health Hub), Tiffany Sopher (Douglas County), Martha Edwards (Trillium Community Health Plan), Stephanie Griffin (PacificSource), Genevieve Schaack (Willamette Farm and Food Coalition), Denise Bunnel, (Community Member).

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

- I. **Welcome & Introductions – 12:00 to 12:15 PM** - Caity
 - a. Caity welcomed guests attending online and in-person.
 - b. Tannya Devorak led a breathing exercise and then passed it on to Nena
 - c. Nena Hayes shared she will serve as the support person.
 - d. Attendees took a moment to reflect on shared meeting agreements. Nena reminded CAC that they've made a commitment to create a positive, open, and respectful space for all to learn and feel heard.

She shared resources to support member participation. There was no public comment.

II. Member Approvals– 12:15 to 12:30 - Caity

a. March Minutes

- i. Caity presented the March minutes. Michelle Thurston motioned to approve; Tara DaVee seconded the motion, and the motion was passed unanimously.

b. CAC Quarterly Summary

- i. Carla Tazumal motioned to approve the CAC Quarterly summary. Sheila Wegener seconded the motion. There was no further discussion. The motion passed unanimously.

c. CAC Co-Chair Term Renewal

- i. Michelle made a motion to extend Tannya’s term through 2025. Chris Hanson seconded. There was no further discussion. The motion was passed unanimously.

III. CCO Community Benefit Initiatives (CBI) Discussion – 12:30 to 12:50 PM

a. Lauriene Madrigal and Debi Farr

- i. Debi and Lauriene summarized Health-Related Services – Flex Services and Community Benefit Initiatives (CBI). CBI looks at improving the health of everyone, not just OHP members. Examples include a 24-hour nurse line, trauma-informed training for school, parenting education, support for food bank programs, etc.

- ii. For the 2023 CBI funding, CAC OHP members reviewed proposals submitted by community organizations for both Trillium and LCHC.

- There was discussion about how CAC members can get involved in this process. Typically, Trillium and LCHC reach out to the CAC members and invite them to participate.

- iii. A survey was administered to voting members both online (via Zoom) and in-person. The survey will help determine priorities direct LCHC and Trillium’s funding and potential priorities, including CBI funding processes. The survey focused on the Community Health Improvement Plan (CHP) priorities.

IV. Break – 12:50 to 1:00pm

V. Updates and Announcements – 1:00 to 1:40pm

a. Clinical Advisory Panels (CAP)

i. Lane Community Health Council – Dr. Lana Gee-Gott

- Focusing on metrics that have not been met including immunizations, smoking cessation, and postpartum care. Dr. Gee-Gott shared that the CAP is considering implementing a program to prescribe park utilization. Dr. Luedtke from Lane County also shared about syphilis, which is increasing, as part of the Public Health update. The CAP is also exploring emergency room utilization. The LCHC CAP has also recently welcomed its first consumer representative, Kayl Bourgault, who participates on several CAC subcommittees.

ii. Trillium Community Health Plan – Dr. Chris Hanson

- Dr. Hanson shared the priorities that have been decided by Trillium CAP; working with provider leadership, supporting provider community and public health prevention, and using metrics; integrating oral, physical, and behavioral health into diverse care environments.

b. CAC Outreach and Recruitment Workgroup – Denise Bunnell and Kayla Watford

i. Updates and requests for help

- Workgroup used an equity lens to inform the plan. Notes from the discussion were included in the agenda packet.
- In April, volunteers are needed to be material/content reviewers. Tannya, Denise, and Tara volunteered. In May, are needed to update our CAC Charter and outreach.
- Tara asked for clarification about the time commitment. Kayla shared that the work would be done over email, and as needed to review campaign materials (i.e., social media posits, radio ads).

- Kayla shares the membership section of our Charter and our current CAC voting membership.
 - ii. CAC vacancies
 - Kayla shared membership section of Charter.
 - Kayla shared current CAC voting membership.
 - Zoom polls were administered to get feedback on membership priorities for this recruitment cycle, including the following:
 - What voices feel most important to prioritize during this recruitment cycle?
 - i. Rural OHP Members (West Lane, South Lane, and East Lane)
 - ii. Parents, guardians, and primary caregivers of individuals who are consumer members of Trillium or PacificSource
 - iii. Tribal representatives from each of the Tribes present in Lane County, chosen by the Tribe
 - iv. OHP members representing other community advisory groups and commissions
 - v. Other health and human services system partners (e.g., housing/homelessness, behavioral health, school-based/early childhood partners, etc.)
 - vi. Community leaders from outside the healthcare system
 - vii. Other voices
 - Tanya offered that we may want to consider incorporating families/caregivers of children with disabilities and ensuring our processes are inclusive of these families.
 - Tara shared that we need more younger people in general, outside of the Prevention Youth Council
 - Rural engagement emerged as a priority – Caity prompted the group to consider how we will reach rural participants.

- Denise shared that she has been recruiting by word-of-mouth.
 - i. Nena created a networking card for CAC members to use.
 - ii. Antonio said that many organizations already have strong connections in rural communities. The CAC would consider partnering with them.
 - iii. Antonio also mentioned some legislation about compensating board members, to promote engagement.
 - Sheila brought up the issues of compensation equity. For example, can the CAC provide transportation stipends to rural representatives?
- There was discussion about the importance of lived experience, and how to create a supportive environment for a diverse group.
- Kayla clarified that the CAC must be at least 51% OHP consumer members. For example, if we bring in additional community agency (non-OHP members) to the CAC, we will need to bring in additional consumer OHP members.
 - i. Drake asked for confirmation that the CAC makeup is currently at least 51% OHP members. There are many provider agencies represented, but not a lot of patient-facing staff (i.e., nurses). How can we enliven the participation by selecting members from populations who are engaged in policy and service provision?
 - Kayla confirmed that we are over 51% OHP members, but some of them are inactive. The CAC may

need to consider a leave-of-absence policy.

- Sheila asked how we can share with potential recruits what type of impact their voice can have on the community.
 - i. Kayla asked what types of information and resources could be helpful for agencies to have about the CAC to support recruitment.

c. CAC Co-Chair Outreach – Caity and Tannya

- i. Caity asked for members to send their feedback by the second week of May. This information will be helpful for new and returning members.

d. Zoom poll: Reschedule May CAC Meeting

- i. The May CAC meeting will need to be rescheduled since it currently falls on Memorial Day. Kayla will send out the options after the meeting to determine members' availability, but it'll be rescheduled to Monday, May 20th or Tuesday, May 28th.

VI. CAC Demographic Survey – 1:40 to 2:00pm

- a. The OHA requirement was shared, including how the information is used, and why it is important for the CAC.
 - i. One of our CAC requirements is to complete an annual demographic report where the information is collected using a survey and the report is submitted to OHA each June as part of the CCO's contract requirements.
 - ii. The purpose of the report is to allow OHA to understand how the CAC's membership is representative of the communities in the CCO's service area.
 - iii. It is important to note that race is a social construct that was created to systematically oppress different groups of people throughout history. Collecting better data and explicitly naming race can help us better understand and address historical wrongs created as a result.
 - iv. It was shared that all responses are anonymous and confidential. A summary of the CAC's demographics will be included in a report that is sent to OHA and published on their

website. The report may be redacted as needed to support anonymity.

- b. The rest of the meeting was reserved for members to complete the survey.