

Community Advisory Council (CAC) Meeting Attendance

Date: January 22, 2018

Location: [X] MCMC – MOB A
[] Providence

	Jan 22	Dec 18	Nov 27	Oct 23	Sep 25	Aug 28	Jul 24 w/ Board	Jun 26	May 22	Apr 24
VOTING MEMBERS										
Carol S. Olvera, Consumer				X	X	X	X	X	X	X
Connie Armour, Consumer			X					X		X
Heather Thompson, Consumer	X	X	X	X	X	X	X	X	X	X
Jack Miller, Consumer		X	X	X	X	X	X	X	X	X
Joel Pelayo, Consumer	X		X	X	X	X	X	X		X
Karen Polehn, Consumer			X				X	X	X	X
Luz Oropeza, Consumer	X				X	X	X	X		X
Mayra Ulloa, Consumer		X	X	X		X		X	X	X
Susan Lowe, Consumer		X	X	X	X	X	X	X	X	X
Barb Seatter, Mid-Columbia Center for Living	X	X	P		X		X		X	X
Christa Rude, Early Learning Hub	X						X			X
Ellen Larsen, Chair, HRC Health Department	X	X	X	X	X		X		X	X
Lori McCanna, DHS	X				X	X			X	X
LIAISONS										
Dustin Zimmerman, OHA	X		X	X	X	X	X	X	X	X
Trish Elliott, CAP liaison	X	X	X		X		X	X	X	X
Trudy Townsend, PacificSource	X	X	X	X		X	X		X	X
EXTENDED MEMBERS										
211Info, Lorena Herrera						X			X	X
Blue Zones, Leticia Valle	X									
CGHC, Coco Yackley	X	X	X	X	X	X	X	X	X	X
CGHC, Katy Williams	X	X	X	X	X	X	X	X	X	X
CGHC, Suzanne Cross	X	X	X	X	X	X	X	X	X	X
Community Impact Specialist, Paul Lindberg	X	X	X	X	X	X		X	X	X
Gorge Grown, Liz Oberhausen	X									
Gorge Grown, Sarah Sullivan										
Gorge Owned, Lindsay Miller					X			X		X
HAVEN, Becca Simmons	P		X	X		X	X	X		X
Helping Hands Oregon, Stephanie Irving		X		X	X					
HR Co. Prevention Dept., Belinda Ballah	X	X		X			X			X
HR Co. Prevention Dept., Ilea Bouse			X							X
HR Shelter Services, Andy Wade		X		X				X	X	X
Klickitat County, Megan Winn		X			X		X	X	X	
Klickitat Valley Health, Jeff Teal			X	X	X	X			X	

	Jan 22	Dec 18	Nov 27	Oct 23	Sep 25	Aug 28	Jul 24 w/ Board	Jun 26	May 22	Apr 24
MCCFL, Claire Ranit				X		X		X		X
MCEDD, Kathy Fitzpatrick	X	X		X	X					
MCMC, Celeste Hill-Thomas	X		X	X	X		X			
Mid-Columbia Action Council, Jim Slusher				X						
Mid-Columbia Housing Authority, Joel Madsen					X		X			X
Mid-Columbia Housing Authority, Karen Long	X	X				X		X	X	
NCPHD, Judy Bankman	X							X		
NCPHD, Shellie Campbell	X	X		X	X	X	X		X	
OCDC, Sandy Pulido				X						X
One Community Health, Kristine Mier		X	X	X	X	X	X			
Oregon State Extension, Lauren Kraemer								X	X	X
PacificSource, Elke Towey	X	X	X	X	X	X		X	X	X
Providence, Mark W. Thomas		X			X	X		X	X	X
Providence, Gladys Rivera	X	X	X	X	X	X		X	X	X
Providence, Anna Williams		X		X		X		X		
Revell Coy Insurance, Shanon Saldivar							X		X	
Reliance eHealth Collaborative, Dan Donoghue		X		X	X	X				
Sherman Co. Commissioner, Tom McCoy			X						X	
Skyline Hospital, Debi Budnick	X				X		X		X	X
The Next Door, April Abernethy							X	X		X
The Next Door, Janet Hamada							X		X	X
The Next Door, Martha Zapien	X									
United Way, Jarrod Holmes	X	X	X	X	X	X		X	X	
University of Washington, Laura Ferrara	X				X			X		
YouthThink, Debby Jones	X		X	X	X	X				

(P) Partial attendance

EMAIL DISTRIBUTION ONLY

Jessy Rose, AOC; Cara Kangas, 211Info; Ashley Danielson, Advantage Dental; Molly Johnson, Advantage Dental; Tina Castanares, Aging in the Gorge Alliance; Bonnie New, Aging in the Gorge Alliance; Becki Rawson, Aging in the Gorge Alliance; Aaron Patnode, Blue Zones Project Oregon; Dillon Melady, Blue Zones Project; Kim Bangerter, MBA, COIPA; Michael Krimmel, PhD, Columbia Gorge Community College; Kris Boler, GOBHI; Gale Arnold, Tara Koch, HAVEN; Laura Westmeyer, Hood River Cares; Jane Palmer, HR County Prevention Dept; Nubia Contreras, Hood River County Prevention Dept; Becca Sanders, PhD, Iteration Evaluation; Kevin Barry, Klickitat County Health Dept; Jim Daniel, Klickitat Valley Health; Leslie Hiebert, Klickitat Valley Health; Rita Pinchot, Klickitat County; Chelsea Ruder, Mid-Columbia Children's Council; Crystal Ross, MCCOG; Amanda Hoey, MCEDD; Dave Lapof, Mid-Columbia Fire & Rescue; Blanca Flores; MCMC; Alida Raynor, MCMC; Stephanie Buell, NCPHD; Jeremy Hawkins, NCPHD; Teri Thalhofer, NCPHD; Shannon-Marie O'Brien, OCH; Meagan Schorr, OCADSV; Kim Brown, OHSU; Melinda Davis, OHSU; Robyn Pham, OHSU; Kristine Mier, One Community Health; Brooke Nichols, One Community Health; Tracy Welker, One Community Health, Sarah Foster, Oregon Healthiest State; Emily Chirnside, ORPRN; Heather Simmons, MPH, PacificSource; Kate Wells, PacificSource; Lindsey Hopper, JD, PacificSource; Don O'Donoghue, Reliance HIE; Abby Rudder, Revell Coy Insurance; Elizabeth Vaivoda, Skyline; Yesenia Castro, The Next Door; Roelina Dempsey, Veggie Rx; Linda Casady, Youth Empowerment Shelter; Tyler Beane Kelly, Zion Lutheran Church

**Due to food sensitives, please remember no peanuts or peaches are allowed in the room. Other nuts can be in the room but should be clearly marked if they are for the group consumption.

Community Advisory Council (CAC) Meeting Minutes

Date: January 22, 2018

Location: MCMC - MOB A
 Providence

Agenda Item	Duration, Presenter and CAC Actions
Welcome & Introductions	Guests: None
Announcements	<p>Ellen announced that Coco has been nominated for the Providence Hearts of Gold Award. CGHC has agreed to purchase tickets for any CAC consumer member who wants to attend.</p> <p>Karen L shared that there was an appeal to rezoning Lot 700 in Hood River as low-income housing but that Land Use Board of Appeals (LUBA) upheld the decision to rezone the space.</p> <p>Liz O shared that the Gorge Food Security Coalition is this Thursday (1/25) 9-11:30 at Skyline Hospital in basement.</p>
Approve December CAC meeting minutes	On a motion made and seconded, the December CAC meeting minutes were approved.
Recent CGHC Board Meeting topics	December Board meeting had already been discussed during December CAC meeting so there was no need to repeat.
QIM Update	Elke Towey shared an explanation of the Quality Incentive Measures (QIM's) and suggested the group consider how the CAC might affect the future of the QIMs. She explained the "claims-based" QIMs. Documents about the specific QIM's were sent to the CAC in advance. She also reviewed measures that are "clinical-measures", related to consumer healthcare surveys and clinic designation of Patient-Centered Primary Care Home (PCPCH). The group asked questions and discussed some of the metrics individually.
Succession Discussion	<p>Ellen discussed the requirements and expectations of the CAC Chair. She explained the process for electing a new CAC Chair. CGHC staff will send out a list of questions regarding the CAC Chair position out to everyone (with additional questions of "when did you start attending CAC meetings" and "how often are you in attendance?"). Responses should be sent to Suzanne Cross by February 2nd. Responses should be a maximum of 2 pages total. All CAC members and extended members will have an opportunity to vote. Survey Monkey will be sent out the week of Feb 9th and responses will be tallied in hopes that a new CAC Chair can be elected at the February CAC. The future CAC Chair should plan on a commitment of at least 2 years.</p> <p>The CAC made recommendations of what they would like to see in the application document. Barb posed an additional question of "what do you see the role of the CAC is"? Dustin suggested adding an additional question about comfort level and experience with Community Health Assessments (CHA) and Community Health Improvement Plans (CHIP).</p>

	<p>As a related conversation, the topic of CCO membership and what defines a consumer member was discussed and Coco was asked whether there is financial support to be on the Board.</p> <ul style="list-style-type: none"> ★ Coco would follow up with the CAC on financial support for consumer members interested in CAC Chair position. OUTCOME: Following the CAC meeting, staff reviewed the bylaws. The bylaws specifically state that no Board member can be compensated for their time. Since the CAC Chair is a Board member, there is no compensation option. However, travel reimbursement per meeting, is available. ★ Trudy was asked to review the topic of Redetermination of Oregon Health Plan (OHP) at a future CAC.
<p>Community Health Improvement Plan (CHIP) 2017 Review</p>	<p>Coco shared that the Robert Wood Johnson Foundation (RWJF) Culture of Health Action Framework is the larger framework used by the CAC to identify the 3 top priority items called the Community Health Improvement Plan (CHIP). There was a group discussion on the definitions of Culture of Health Action Framework and Community Health Improvement Plan. We learned that there is some confusion amongst the group regarding the definitions. Paul Lindberg and Coco will convene the cohort to discuss further as a group.</p>
<p>Visioning Activity</p>	<p>Suzanne briefly reviewed the 2017 CAC accomplishments and congratulated the group on a lot of work accomplished (Community Grant Process, CHA, CHIP, listening sessions). She asked the CAC to meet in groups to discuss and then present ideas for the CAC in 2018.</p> <p>The workgroups provided the following ideas: (starred items were brought up multiple times):</p> <ul style="list-style-type: none"> • Topics to advance the thinking <ul style="list-style-type: none"> ○ Role of CHWs and what CHWs can do** ○ In-depth on prevention and behavioral health** ○ OHP application enrollment ○ QIMs prevention strategy and programs that are linked to each other ○ Member/client education methods- How to Increase health outcomes ○ What are the reporting requirements of the CCO (i.e. Transformation plan, TQS, etc.)? Would like a broader focus of the CCO's ○ Understanding CAHPS surveys ○ Wellness model and prevention model ○ Leadership development (boards, officers) ○ Understand childcare needs ○ Engaging parents around parenting supports • Addressing CAC Membership/ Makeup <ul style="list-style-type: none"> ○ Improve connection with education** invite Early education, public schools, college ○ Recruiting more Latino voice** ○ Recruiting more diversity and more consumers ○ Engagement – consumers across the community, include more parents ○ Surveying attendees: Why are people here at the CAC? What do you want to get out of the CAC? What do you feel you can contribute to the CAC? Hear from the attendees

	<ul style="list-style-type: none"> ● CAC Process Improvements <ul style="list-style-type: none"> ○ CAC & CAP work groups and Cross-link CAC & CAP** ○ Share across agencies and work happening in the community ** ○ Provide more time for program updates and how they tie into the CHIP and community intersections** ○ Simplify processes and decision making ** (too much process about the process) ○ Expand to an overall wellness/ wholeness model (out of a medical model) ** ○ Developed structure (and possible funding support) for how to be accountable to CHIP priorities** ○ Transparency of CCO funding (where it comes from, how often and definitions) ○ Workgroups for each CHIP area ○ Include CHWs in CHA ○ Is there a role for “community” at the CAC that can ultimately benefit members
<p>Next CAC Meetings</p>	<p>February 26, 2018 @ Providence Boardroom</p> <ul style="list-style-type: none"> ● Non-Emergency Medical Transportation (NEMT) ● Community Health Improvement Plan (CHIP) <ul style="list-style-type: none"> ○ Cross-referenced with projects funded ○ Overall evaluation ● Transformation and Quality Strategy (TQS) Report <p>March 9, 2018 @ MCMC MOB A</p> <ul style="list-style-type: none"> ● TBD

Acronyms

<p>A1C. Specific test for monitoring diabetes</p> <p>ACA. Affordable Care Act</p> <p>ACE. Adverse Childhood Experience</p> <p>ADHD. Attention Deficit Hyperactivity Disorder</p> <p>AGA, Aging in the Gorge Alliance</p> <p>AOC. Association of Oregon Counties</p> <p>APD. Adults & Peoples with Disabilities</p> <p>AWCV. Adolescent Well Child Visit</p> <p>BMI. Body Mass Index</p> <p>CAHPS. Consumer Assessment of Healthcare Providers and Systemsj</p> <p>CAT. Columbia Area Transit.</p> <p>CAWEM, Citizen Alien Waived Emergent Medical</p> <p>CCO. Coordinated Care Organization</p> <p>CGFM. Columbia Gorge Family Medicine</p> <p>CGHC. Columbia Gorge Health Council</p> <p>CHA. Community Health Assessment</p> <p>CHARA. Community Health Advocacy & Research Alliance</p> <p>CHIP. Children’s Health Insurance Programs</p> <p>CHIP. Community Health Improvement Plan</p> <p>CME. Continuing Medical Education</p> <p>CMS. Center of Medicaid Services</p> <p>COIPA. Central Oregon Independent Practice Assoc.</p>	<p>HRCPD. Hood River County Prevention Department</p> <p>HTN. Hypertension</p> <p>IIS. Immunization Information System</p> <p>IMMS. Immunizations</p> <p>LARC. Long-acting Reversible Contraceptive</p> <p>LUBA. Land Use Board of Appeals</p> <p>MA. Medical Assistant</p> <p>MARC. Mobilizing Action for Resilient Communities</p> <p>MCCFL. Mid-Columbia Center For Living</p> <p>MCCOG. Mid-Columbia Council of Governments</p> <p>MCEDD. Mid-Columbia Economic Development District</p> <p>MCHA. Mid-Columbia Housing Authority</p> <p>MLR. Medical Loss Ratio</p> <p>NCPHD. North Central Public Health District</p> <p>NEMT. Non-Emergency Medical Transportation</p> <p>NICH. Novel Interventions in Children’s Healthcare</p> <p>OCADSV. Oregon Coalition Against Domestic & Sexual Violence</p> <p>OCDC. Oregon Child Development Coalition</p> <p>OCH. One Community Health</p> <p>OHA. Oregon Health Authority</p> <p>OHP. Oregon Health Plan</p> <p>OHPB. Oregon Health Policy Board</p> <p>OHSU. Oregon Health and Science University</p> <p>OKQ. One Key Question</p>
---	--

CRAFFT. (Adolescent Screening Technique) Car, Relax, Alone, Forget, Friends, Trouble	ONE. Oregon Eligibility
CRC. Colorectal Cancer	ORPRN. Oregon Rural Practice-Based Research Network
DCO. Dental Care Organization	OSAA. Oregon School Activities Association
DHS. Department of Human Services	PCP. Primary Care Provider
DNR. Do Not Resuscitate	PCPCH. Patient-Centered Primary Care Home
DTAP. Vaccine for Diphtheria, Tetanus and Pertussis	PDMP. Prescription Drug Monitoring Program
eCQM. Electronic Clinical Quality Measure	POLST. Physician Orders for Life-Sustaining Treatment
ECHO. Extension for Community Healthcare Outcomes	POTA. Pain and Opiate Treatment Advisory
ECU. Effective Contraceptive Use	QHOC. Quality & Health Outcome Committee
ED. Emergency Department	QIM. Quality Incentive Measure
EHR. Electronic Health Record	RWJF. Robert Wood Johnson Foundation
EMR. Electronic Medical Record	SBHC. School-based Health Center
EOB. Explanation of Benefits	SBIRT. Screening, Brief Intervention and Referral for Treatment
FIT. Fecal Immunochemical Test	SBST. STarT Back Screening Tool
GGFN. Gorge Grown Food Network	SIT. Systems Integration Team
GOBHI. Greater Oregon Behavioral Health Inc.	SNAP. Supplemental Nutrition Assistance Program
HERC. Health Evidence Review Committee	SPMI. Serious and Persistent Mental Illness
HIE. Health Information Exchange	SUD. Substance Abuse Disorder
HIT. Health Information Technology	TANF. Temporary Assistance for Needy Families
HRCHD. Hood River County Health Department	TQS. Transformation and Quality Strategy