

MARION COUNTY HEALTH ADVISORY BOARD
Meeting Minutes
December 18, 2012
5:30 P.M. to 7:30 P.M.

Present: John Beare, Hanten Day, Tim Murphy, Patrick Vance, Mary Beth Thompson, Katherine Fleury, Mike Mann

Absent: Renee Stewart, Judy Scott, Sandy Stewart

Staff: Rod Calkins, Pam Heilman, Scott Richards

Guests: Mark Caillier, Sandra Echavarria, Melinda Veliz

Call to Order/Introductions/Approval of Minutes – Patrick Vance:

Meeting was called to order/Introductions followed. Sandra Echavarria (HAB applicant) is attending HAB for the second time. Melinda Veliz (HAB applicant) is attending her first HAB meeting. Patrick motioned to accept November 2012 meeting minutes, motion carried and minutes approved.

Announcements/Updates:

CCO – Willamette Valley Community Health (WVCH):

Rod reported the WVCH is maturing in positive directions. There is discord around the issue of what Salem hospital is getting paid and there is a lawsuit between Salem Hospital and the rest of the CCO about dispute of payment. They are currently talking about things that might make a difference in the community about care and the committees are also starting. Patrick and Pam are on the Community Advisory Committee (CAC). How the CCO responds to community needs is going to be formed through the CAC. Patrick reported that CAC did an exercise about priorities in the healthcare system and what a group of consumers would want to be emphasized to the board of directors and the clinical group which resulted in a statement that Patrick is going to carry to the board of directors, endorsing the non traditional healthcare worker proposal and funding for two positions that have been asked for, saying to the board that as consumers they highly recommend this, which will provide opinion and leadership.

A question was asked if CCO's are addressing that money in the budget is being taken, and this is no longer lifetime relationships with people. Patrick answered that the money will be directed differently so providers will have to change how they do business and how they apportion the available dollar. These are people who are not used to working together, and this will also legitimize other providers.

Pam reported that at the last CAC meeting they discussed targeting high emergency department visitors and working directly with the person to help cut costs. NW Seniors with Disabilities are already doing this per Mary-Beth. Pam reported that people go to the E.R. because they have no where else to go, it is more convenient or they have to work and can not leave, been fired from clinics or fired their doctor. WVP Health Authority, formerly MVIPA created the Liberty Street Clinic that treats people who do not have primary care physicians anywhere else.

Sandra Echavarria reported that a health promotora program in Washington has been very successful, they identify the patient, educate them, do home visits, assessments, and connect them with any resources needed and it costs less.

Patrick reported that this will build a support group throughout the county and will help lesson the need for E.R. visits, if they are in crisis they link them with someone for one on one. The promotora types are going to be paid a living wage, and the health plan is paying for all of it so it is a reallocation of funds.

Rod reported that there are a lot of people in the top four hundred person group who are really sick and who are going to have to go to the hospital, the E.R. should not be their path to the hospital and they should not have to go every time something happens. Silverton Hospital gave a presentation talking about if someone goes to the E.R. who is a patient of one of their physicians, and admission has not been prearranged at the hospital, there is a check back for quality control to find out why they came to the E.R., and there is also more communication after discharge to the treating providers that the person may be supported with in the community. The notion is support people doing good work, new ideas, new ways and figure out how to transition into it. Pam reported that Under OHP doctors will have to have extended hours. Patrick reported that they will come back to the most of the HAB meetings with an update on the CCO.

HAB terms expiring in January (responsibilities & Roles):

Hanten Day, Judy Scott and Tim Murphy's terms are expiring at end of January 2013. Judy and Tim are absent today. A recommendation from the HAB is needed to recommend them to the BOC for appointment to a new four year term. Rod would like to take action tonight on such a recommendation with instruction that we check to make sure they are willing to commit to another term. Hanten would like to offer to give the opportunity for the HAB to recruit for a new member for his position but continue to serve on the HAB until a new member is appointed. Rod responded that Hanten would then need to be appointed to another four year term and allowed to step down once a replacement is appointed or if the situation changes to where it is not possible for Hanten to get to the HAB meetings that would be a good time for him to let us know that it is not working for him. The Chair entertained the motion to have staff pull the other two members whose terms are expiring to see if they are interested in continuing, and those who are, be recommended to the BOC for reappointment and if one or the other does not wish to continue we will begin recruiting for that position. Members voted in favor, motion carried, recommendation were approved. Rod reported the BOC should be able to take action on the recommendation to appoint HAB members in February.

Rod asked Sandra Echavarria if she would be interested in joining the HAB. Sandra responded that she would like to participate. Chair entertained motion to recommend the BOC appoint Sandra to a four year term to the HAB, members voted, motion carried, recommendation was approved.

HAB members extended their second invitation to Melinda Veliz to attend the January HAB meeting.

**Review LPHA & LMHA Assessment of Healthcare access draft: ←--mis-titled
(Title Correction – Review Draft Description LPHA & LMHA responsibilities)**

A draft briefing paper was handed out. Rod reported that legal summarized why there is a HAB and why there is a health department and how that relates back to statutes. This briefing paper has evolved over time and statutes have been revised. Rod would like an overview of this document. The draft is timely with another process that is going on. When legislature was passed on CCO's , it was said that they would coordinate with local mental health (LMHA) and public health authorities (LPHA) about different things, will contract with local health departments for certain things with no guarantees about other things. LMHA and LPHA are suppose to tie into a plan for services that's based on community needs within the overarching framework of what the OHA puts forward. We have a CCO that is suppose to have a comprehensive plan for integrating healthcare services for Medicaid eligible folks in our community.

The briefing paper includes the following sections:

- Board of Commissioners (BOC)– Governing body of Marion County
- Board of Health – The authority for healthcare within the local community (BOC)
- LMHA – Is the BOC
- LPHA – Is the BOC
- Public Health Administrator – Rod

- Public Health Advisory Board (HAB) – BOC authorizes establishment of HAB, HAB advises BOC to matters of public health in the county. Twenty percent of membership of the HAB must be consumers and have familiarity with receiving services in a publicly funded system, or can have a family member who receive services or be an advocate.
- Mental Health Advisory Board - *Title Correction (Community Mental Health Advisory Committee)* – HAB serves as this board as a subcommittee.
- Public Health officer – Dr. Karen Landers, sets medical practice standards for public health services.

Pam asked members for their feedback on the briefing paper and asked that they email her with anything they come up with.

The following feedback/questions were discussed:

- Mental health board name needs to be changed
- Does LADPC need to be included in the document?
- Does the CCO CAC need to be included?
- How do all the relationships fit together?
- Possibly add role in emergency planning responsibilities.
- Do we need to add the Ambulance Service Area (ASA) Advisory Committee?

Rod suggested working on the briefing papers in sections and Pam suggested adding an Organizational Chart.

Rod asked that the two guests e-mail their feedback about what's helpful, what's too much or too little in the briefing document.

Pam discussed the assessment of healthcare access and reported that this is partly going to be an issue for the CCO to look at. At last months HAB meeting when Carrie O'Conner gave her draft presentation on health equities and disparities there were some potential health access issues. The CCO does surveys and has questions like, "How do you get care within a day?" When we did our community survey we asked that as well and there were some issues around access for certain care, we did not ask about mental health. Pam asked if this is something the HAB would like to be involved in helping to plan for further assessment whether it's another survey or focus groups. Rod added that the question is not entirely restricted to access to care even though it is a big part of it and they will have to report it to the CCO, but it has to do more broadly with a community wide assessment about healthcare services. Rod asked what would be helpful to HAB members to fulfill their responsibilities, and what would they like to review. Rod would like to talk about what kind of question would be asked, and rather than surveys should we have focus groups, Rod would like those kinds of guidance from the HAB and possibly participation at some point. Patrick asked how access is defined when a focus group is held. Pam responded that they try to cover that in their survey but whether the questions were adequate enough is unsure.

Melinda reported that it depends on what group is targeted. Silverton Health conducted surveys and the reality was they had no Latinos that would participate, and the demographics are 60% Latino so they decided to do focus groups which resulted in a great participation. With the mental health piece when she worked at Salem Health and did the breastfeeding survey for patient satisfaction, the mental health group ranked them the highest which resulted in people always questioning that data, was it reliable, why were they in the ninetieth percentile and in all other departments lacking?

More people in the Latino community may participate in a focus group rather than survey because they have been disenfranchised. If you look at voter registration with the Latino community they started about eighteen years ago to engage them and then a lot of non profits to get them to vote and now we are asking for their voice on healthcare when we have never asked before, language, cultural competency and with immigration reform, people don't feel safe filling out a form to give all of their information, these are all reasons that the focus groups were outstanding. Melinda presented this to her administration, and they

received the content they needed. They are on the road to giving them access because they saw a huge under indexing of healthcare services in the Latino community. They contracted out with a Hispanic marketing, small business owner who did all the work to reach out to the appropriate non profits and selected people for their focus groups for a fairly reasonable price. They held four focus groups in Spanish, English, all women's and bilingual. The Latino community is very diverse, they have a third and fourth generations who do not speak Spanish. They had eleven to fifteen participants in each focus group and was Woodburn specific. Silverton Health remained anonymous until the people completed their surveys for the focus groups.

A question was asked if there are any way to help sort through reports. Rod answered that he and Pam have been talking about the need for such a person, and that capacity would be a helpful source for our community. It may also be a CCO function.

Report on LADPC – Mark Caillier:

Mark reported they are trying to work through what they can find out about coordinated care. Silver Tsunami flyers should be complete by next HAB meeting, Mark will bring to next HAB meeting to pass out.

Future Agenda Planning:

Marshallese should be struck from future planning on the agenda per Pam, it was discussed during last months presentation.

Patrick reported that Commissioner Carlson looked over the HAB minutes and saw health services for persons re-entering on the agenda and thought we should schedule that soon. Commissioner Carlson has her re-entry meeting soon and they are doing a review of Todd Gould and Salem Free Clinic and some of the work that is going on there. Patrick can bring in Hank Harris to speak about the re-entry project they have going on. This effects about four hundred people in any given month about thirty come to Marion County and about a third of them have some form of mental illness.

HAB suggested the following future topics/deletions:

- Update on accreditation progress
- HAB recruitment needs – Mike suggested contacting Dr. Scott Hadden
- Strike Committee not HAB members recognized from site visit from agenda – Sherry Sullens from the OHA previously attended HAB
- Update on CCO
- Have the volunteer coordinator present a thirty minute mini orientation

Pam requested all members bring in their old HAB manuals if they have them because we are updating them.

The chair motioned to adjourn, members voted and approved.

HAB Meeting Adjourned.

Recorder: Lisa Duerksen,
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2013 Meeting Schedule:	
January 15, 2013	June 18, 2013
February 19, 2013	September 17, 2013
March 19, 2013	October 15, 2013
April 16, 2013	November 19, 2013
May 21, 2013	December 17, 2013