



COHC Community Advisory Council
Eagle Crest (Conference Room C)
1552 Cline Falls Road
Redmond, OR 97756
Agenda 9.13.18
Conference Line: NO DIAL IN

Time	Topic	Action
9:00–9:15	Welcome/Public Comment—Elaine Knobbs-Seasholtz	Discussion
9:15–9:55	Resident Engagement Survey Development—All <ul style="list-style-type: none">• Review possible questions• Brainstorm potential incentives	Discussion Input
9:55–10:15	Housing Workgroup Update – Elaine Knobbs-Seasholtz	
10:15–10:35	OHA Update—Cyndi Kallstrom	
10:35–10:45	RHA Focus Group Questions—Elaine Knobbs-Seasholtz	Discussion
10:45–11:00	Future Agenda Items—All <ul style="list-style-type: none">• Photo Voice	Discussion



COHC Community Advisory Council
High Desert ESD (Conference Room)
Redmond, Oregon
August 9, 2018

Present:

Linda McCoy, Chair, Consumer Representative
Larry Kogovsek, Consumer Representative
Elizabeth Schmitt, Consumer Representative
Jeffrey White, Consumer Representative
Ken Wilhelm, United Way of Deschutes County

Absent:

Bruce Abernethy, Bend-LaPine School District
Tom Kuhn, Deschutes County Health Services (Ex-Officio)
Mylum O'Shinn, Consumer Representative
Nicole Rodrigues, Community Representative
Vicky Ryan, Crook County Health Department (Ex-Officio)
Julie Rychard, Full Access High Desert
Elaine Knobbs-Seasholtz, Mosaic Medical
Emily Wegner, Jefferson County Health (Ex-Officio)
Cris Woodard, Consumer Representative

Others Present:

Keshia Bigler, PacificSource
Matt Guy, ReThink Health
Cyndi Kallstrom, Oregon Health Authority
Donna Mills, Central Oregon Health Council
Krishna Patel, ReThink Health
Kelsey Seymour, Central Oregon Health Council

Introductions

- Introductions were made and Linda McCoy welcomed all attendees.
- Linda welcomed public comment. No public comment was had.

Emergency Department Utilization Follow Up

- Keshia Bigler recommended the CAC conduct listening sessions in rural areas in an effort to better understand the circumstances of Emergency Room visits. Linda recollected that listening sessions have been poorly attended in the past, and suggested asking 3-5 consistent questions one-on-one, offering incentives, and collecting stories to share. Donna suggested partnering CAC members with OSU research students for conducting the one-on-one interviews. Linda emphasized the need for trust in these interviews. Donna suggested having a case worker or other connected source recommend the interviews to the patient first. Larry Kogovsek offered to connect with the homeless for interviews. Elizabeth Schmitt suggested working with Thrive and with low-income housing complexes.
- Linda explained the difficulties patients face with OHP coverage who are or have recently been incarcerated. She noted that being removed from OHP during incarceration creates chaos in the lives of individuals being released.
- Matt Guy shared that a team in Colorado visited the ED and interviewed folks who were in the waiting area, but avoided asking why they were there to avoid legal issues. He also cited the Adult Wellbeing Survey and offered to share it with the CAC as a template for their questions.
 - **ACTION:** Matt will share the Adult Wellbeing Survey with the CAC.
- Matt recalled the efforts of a group in California known as FACCT who drive released inmates to a local church where they receive clothing, food and transportation.
- Cyndi Kallstrom shared that the Klamath ED used to triage patients between Urgent Care and the ED. Linda noted that the Madras Hospital before it was owned by St. Charles had the option available for patients with two or less needs for their visit to classify their visit as Urgent Care.
- Keshia shared that she is most curious about the factors that lead up to the ED visit, and how by addressing SDOH the upstream efforts can prevent ED visits in the future. Donna suggested calculating the cost of keeping individuals from the crises that exasperate difficult circumstances into emergencies and come up with an estimate for flex funds.
- The CAC agreed to conduct one on one interviews, and asked that a survey be developed and incentives be obtained.
 - **ACTION:** A set of survey questions will be developed and provided to the CAC.
 - **ACTION:** Incentives will be obtained for interviews.
- Linda shared that her concern lies with the population whose income is just above the cutoff for OHP because their high insurance deductibles make it difficult for them to access healthcare.
 - **ACTION:** On a future agenda the CAC will discuss the barriers facing the population whose income marginally disqualifies them from OHP.

Point In Time (PIT) Count Data

- Molly Taroli shared the PIT count data for the whole region. She noted that the main cause of homelessness was financial circumstances, and the most commonly shared attribute of homeless persons was domestic abuse.
 - **ACTION:** Kelsey Seymour will share Molly's presentation via email with the CAC.

OHA Update

- Cyndi Kallstrom shared that OHA is developing policies around SDOH and that regional meetings have taken place regarding Coverall Kids.

Combined Meeting Preview

- Donna shared that at the September meeting next month the CAC will meet at Eagle Crest for a regular meeting in the morning and a combined meeting with the Board in the afternoon. She noted that during the combined meeting, Valerie Rekwart from Delicious Design will be facilitating discussions to a communications campaign for the COHC.
 - **ACTION:** Kelsey will send an invitation to the community for the open Board & CAC meetings taking place the morning of September 13th.

OHA Update
Central Oregon Community Advisory Council
September 2018

Submitted by Cyndi Kallstrom
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1. CCO 2.0 updates:
 - The Oregon Health Policy Board (OHPB) will meet next on September 11 from 8:30-12 in Portland or by phone. They will continue to discuss CCO 2.0, including feedback from a phone survey of OHP members that was conducted in late August. Agenda and materials can be found at:
<https://www.oregon.gov/oha/OHPB/Pages/OHPB-Meetings.aspx>
 - CCO 2.0 website: <https://www.oregon.gov/oha/OHPB/Pages/CCO-2-0.aspx>

2. The Oregon Consumer Advisory Council (OCAC) is seeking consumer members that are described as “a person who has received, or is receiving mental health or addiction services (or a parent or guardian of such a person). The OCAC advises the Director of the OHA on the provision of behavioral health services in Oregon. To apply, there is an application and letter of recommendation that is due October 3. Information on the council, the application, dates of meetings and stipends are available at:
<https://www.oregon.gov/oha/HSD/AMH/Pages/OCAC.aspx>

3. The Oregon Office of Rural Health has a 2018 update of the Oregon Areas of Unmet Care Need report available. It focuses on 9 variables that measure: Availability of care, affordability of care, and utilization of care in all the 130 primary care service areas of the state. Results are broken down not only by these areas, but also by rural, frontier, and urban regions. Variables are: travel time to nearest PCPCH, PCP capacity, Mental health providers per 100 population, dentists per 1000 population, percent of population between 138% and 200% of the Federal poverty level, ambulatory care sensitive conditions, inadequate prenatal care per 1000 births, ER non-traumatic dental visits per 1000 and ER mental health/substance abuse visits per 1000. Report found at: <https://www.ohsu.edu/xd/outreach/oregon-rural-health/about-rural-frontier/upload/2018-Area-of-Unmet-Health-Care-Need-Report.pdf>