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| Umatilla County – Pendleton October 18, 2019 12:30 – 2:30 PM, Pendleton Public Library | |
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| Number of Attendees | 31 |
| List of Invitees | <p>The Umatilla County Local Community Advisory distribution list and identified community partners were invited.</p> <p>Additional invites were distributed by LCAC members and community partners upon request by EOCCO.</p> |
| Summary of Outreach Efforts | <p>EOCCO staff and LCAC partners implemented strategic communications efforts specifically developed to share information and drive community engagement regarding the CCO 2.0 community presentation series.</p> <p>Regional Meeting: EOCCO held a preview presentation and discussion regarding the community meeting series at the Regional Community Advisory Council meeting in Baker City on September 25, 2019. Attendance at the RCAC was approximately 50 and included not only LCAC representation but also education partners including Early Learning Hubs and Head Start. Informational handouts in English and Spanish were distributed to attendees.</p> <p>Invitees:</p> <ul style="list-style-type: none">• Invitees and informational materials were sent to LCAC and community partner contacts. EOCCO sent digital copies of informational materials, including an invite flyer, a frequently asked questions document, and a poster.• Posters in English and Spanish with local-specific designs were placed in public sites in Umatilla County. <p>Website/Social Media:</p> <ul style="list-style-type: none">• A news article about the meeting — including an event registration link — was posted on www.eocco.com on |



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September 26, 2019.

- EOCCO website specialists developed meeting registration webpages for each meeting in the 12-county CCO service area. The link to this registration tool was included in outreach materials and was shared with invitees.
- An article and registration link were shared in the social media community, including Facebook pages representing EOCCO partners (including GOBHI). Other pages sharing the poster included Lifeways.
- This information was also circulated on the social media platform LinkedIn.

News media:

- EOCCO submitted news releases to outlets throughout the region. Locally, EOCCO submitted press releases to the East Oregonian, Hermiston Herald, Northeast Oregon Now, Elkhorn Media Group, and KOHU/KQFM radio. EOCCO also submitted a radio PSA to KOHU/KQFM.
- Northeast Oregon Now published an article as its lead online story on October 8, 2019:
<https://northeastoregonnow.com/eocco-to-see-input-from-public-on-future-of-local-health-care/>
- The East Oregonian/EO Media published notice of the Pendleton meeting in its October 17, 2019 edition. This information was published online and in print.





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Summary of Public Input

Presenters: Troy Soenen, Noah Pietz, Catie Brenaman, Kevin Campbell, Sean Jessup.

EOCCO representatives opened the floor for input and public discussion. The following questions and comments were covered:

An education administrator highlighted the impact of the CCO in partnership with local services.

Mark Mulvihill, Intermountain Education Service District (IMESD), stated the ESD serves much of the same geographic area as EOCCO. He stated: I encourage you to put down as a success your partnership with K-12 (Kindergarten to 12th grade education). This CCO is unique across Oregon in its relationships and investments, not just at the state level toward passing the Student Success Act, but also at the local level in millions of dollars aligned and braided with the education wraparound program. Given the uniqueness of this CCO among my peers across the state, I encourage you to add it to your successes. I feel like this is a pretty remarkable organization and it needs to be called out as we look at funding at the state level.

He stated that the CCO invests directly in staff in the community, including behavioral health and nurse staff in the school system.

LCAC projects:

Darrin Umbarger, Clearview Resource Center, said the local medical closet saved the community significant amounts in medical rental fees. This would not have happened without EOCCO, at least not at this scale, he said.

I know somebody who is going to lose their job in November. They lost EOCCO insurance. How can they reapply for EOCCO?



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Another attendee answered that she had just reapplied and described the process. Professionals who were present described other supports. Patient navigators or OHP assisters can help individuals with enrollment. There are several at the hospital who can expedite this process.

A former Lifeways employee noticed that EOCCO patients who want mental health services say they do not want to go to the community mental health provider.

She has worked hard to build relationships. She asked what option patients have.

Campbell said the first step is to have good relationships between primary care offices and community mental health. As of January 1, the CCO will have contracts with every PCPCH that has behavioral staff embedded in the clinic to provide basic behavioral health services. Already, the CCO provides the collaborative care model so professionals can consult. He feels health information technology information should transfer with you to a new clinic so you do not have to re-tell your story. The good news is EOCCO has lined up our payment methodologies so all clinics can benefit.

Catie Brenaman, RCAC Chair, shared a community concern about wait times for members. Campbell said that issue is monetized, making that a priority so it manifests as a warm handoff.

A community member spoke about her experiences in the healthcare system.

Paperwork is an issue. Physicians and other service providers can be dismissive of patients. Staff are overworked and things get lost. Who is taking care of the staff? The member ran into issues with EMT coding. Who do I talk to who knows why service was denied?

Campbell said the concern was spot on. He said we have to change the entire system. EOCCO covers about 25% of the people in Eastern Oregon; 200,000 people in a large area. Medicare doesn't pay for many things that Medicaid does.



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Medicaid is more flexible. Community Health Workers work every day in order to be available.

Brenaman said professionals take care of each other. The LCAC discusses what is and is not working. This kind of discussion takes place there.

The system is hard to navigate and many people give up instead of getting preventive care.

A patient involved in the CARE program was present. A professional accompanying him said the individual was assigned to the wrong plans and this became a time-consuming tangle. He worked hard to get to where he is. Campbell apologized for the pain and discomfort he endured, and commended him for attending. Connections were made between EOCCO staff and the individual.

Provide specifics about the January 1 integrations. Will that require certain education?

Campbell said certain doctor's offices (PCPCHs) need the capacity to provide behavioral services, similar to the FQHC Marisol. Protocols need to be changed for this connection.

Are there mediators at the CCO who can sit down between Lifeways and the person until everybody is happy?

Campbell said we have not done that in a formal way. The other piece is bringing the system together for care management; we're also bringing it together for quality assurance, etc. That will bring both the behavioral and physical sides together. In some cases, it could use mediation.

A peer support specialist expressed concern about uninsured people, transportation and availability of peer support.



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| | <p>Jessup explained the connections between Medicaid and Medicare. The CCO cannot do anything if the individual is only on Medicare.</p> <p>Umbarger is speaking with Sen. Ron Wyden about Medicare in D.C. Why don't they give the CCO money to do Medicare rides too?</p> <p>An attendee worked with a mother who went to jail and had a child who lost OHP coverage.</p> <p>Campbell said that the children's insurance should be independent. The mother would lose OHP in jail, which would be reinstated upon release. This should be looked into.</p> <p>With CCO 2.0, will vision be included?</p> <p>Jessup said it's hard to get vision access for children who are eligible. A takeaway from these community meetings has been to look into the vision issue and discuss it with providers.</p> |
| <p>Presentation changes to consider/improve</p> | |

Please submit the final meeting agenda with this document.