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Grant County October 15, 2019 12:00 – 1:30 PM, Grant County Regional Airport	
Number of Attendees	46
List of Invitees	<p>The Grant County Local Community Advisory distribution list and identified community partners were invited and attended and are included in the list below:</p> <p>Hospital/Clinic: Derek Daly, Marcy Wasiluk, Jenna Knowles, Silvia Ross, Cameron Marlowe, Jenna Hendriksen, Masie Taylor, Dani Jones, Chris Wall, Dr. Betza, Sheila Comer</p> <p>Public Health Department: Kathy Cancilla, Jessica Winegar, Kristin Lubel, Russ Comer, Nancy Jimenez, Brandi Fountain, Jenni Workman</p> <p>Mental Health: YaoHui Huang, Lisa Weigum, Chris Olwine, Brent Labhart, Thad Labhart</p> <p>Oral Health: Mary Ann Wren</p> <p>Department of Human Services: Debi Hueckman, Julie Powell, Angela Uptmore, Maria Vargas</p> <p>Early Childhood Providers: Teresa Aasness, , Patti Wright, Rhiannon Bauman Charissa Moulton, Katrina Randleas, Megan Brandsma, Megan Cameron, Jennifer Hughes</p> <p>County School Administration: Bret Uptmor, Robert Waltenburg, Darby Dennison</p> <p>County/City Government & Staff: Judge Scott Myers, Commissioners, Sam Palmer & Jim Hamsher, Nick Green, Beth Simonson, Haley Walker</p> <p>Law Enforcement: Scott Moore, Mike McManus</p> <p>Church Leadership: Pastor Randy Johnson</p> <p>CASA & Domestic Violence: Shelly Whale-Murphy, Cindy Kalin Hannah Hinman,</p> <p>Veterans: Steven Baldwin</p> <p>Older Adult Service: Veanne Weddle</p> <p>OSU Extension: Didgette McCracken</p> <p>Community Members: Carolyn Stout, Kim Randles, Chris Yriarte, Chris Labhart, Katy Nelson, Autumn Holland, Alicia McLane,</p> <p>Chamber of Commerce/local business: Tammy Clark, Greg</p>



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	<p>Armstrong Tilli Bjornberg Ethan Haney, Robert Quinton, Tammy Bremner</p> <p>EOCCO Consumers & Staff: Simmie Waddle, Ashley Armendarez, Linda Watson, Tracey Blood, Patrick Mulvihill, Susan Montgomery, Kevin Campbell, Summer Prantl, Kayla Jones, Troy Soenen</p> <p>OHA: Estela Gomez</p> <p>Additional invites were invited by LCAC members and community partners upon request by EOCCO.</p>
<p>Summary of Outreach Efforts</p>	<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:</p> <p>EOCCO held a preview presentation and discussion regarding the community meeting series at the Region 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>Invites:</p> <ul style="list-style-type: none">• Invites 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 were placed in public sites in Grant 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 September 26, 2019.• EOCCO website specialists developed meeting registration webpages for each meeting in the 12-county CCO service



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	<p>area. The link to this registration tool was included in outreach materials and was shared with invitees.</p> <ul style="list-style-type: none">• An article and registration link were shared in the social media community, including Facebook pages representing EOCCO partners (including GOBHI). This information was also circulated on the social media platform LinkedIn. <p>News media:</p> <ul style="list-style-type: none">• EOCCO submitted a press release to the newspaper of record of Grant County, the Blue Mountain Eagle. Notice was printed in the Wednesday, October 9, 2019 edition: https://www.bluemountaineagle.com/news/eastern-oregon-coordinated-care-organization-to-hold-community-meetings/article_8c1cac14-e9ee-11e9-976a-630f845f8c86.html• A press release and radio PSA were submitted to the local radio station, Elkhorn Media Group.
<p>Summary of Public Input</p>	<p>Presenters: Linda Watson, Kathy Cancilla, Kevin Campbell, Summer Prantl.</p> <p>Following the presentation, EOCCO representatives opened the floor for input and public discussion. The following questions and comments were covered:</p> <p>What will Intensive Care Coordination (ICC) look like through the CCO?</p> <ul style="list-style-type: none">• Summer Prantl, EOCCO, explained that a requirement of CCO 2.0 is to improve this service beyond the standard of CCO 1.0. GOBHI and Moda are leading administration as EOCCO. The CCO is moving all ICC into one combined platform. Previously, physical health case management and mental health management were separate. Now, it



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can all be joined in one integrated, coordinated system in order to focus on whole-person care.

Will ICC involve a local person?

- The participant who brought up this topic works in wraparound social services and sees many clients who require services. She asked whether the ICC approach will involve a local person of contact.
- Prantl explained the CCO has plans in place for there to be ICC coordinators as “boots on the ground.” Case management proposals are being considered. Prantl stressed the importance that the representative is in the community, not sitting at a desk in Portland. The CCO has learned over the last seven years why this approach would be more effective.

Service navigation will be an important area, in order to help individuals navigate systems in crisis.

- Kevin Campbell, EOCCO, explained that the CCO has a local population that can best be served locally. To meaningfully serve youth in the school system, there must be integration with education and law enforcement.
- There is an ecosystem of health factors outside of the medical world, sometimes outside of the government itself. A significant portion of the population has wariness about the government.
- The main focus of ICC is getting together and discussing target populations and working together to solve our problems. Care must no longer be placed in silos.
- A small percentage of the population expends many resources. If we are going to succeed in containing costs of



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healthcare, Grant County is a perfect incubator for doing things differently.

- There are still challenges and prohibitions to information sharing, such as HIPAA and CFR 42 Part 2.
- People are frequently shuffled and must navigate multiple systems. There needs to be a local person with lived experiences who is working together with individuals. If we don't break down barriers, none of us succeed.

Marcy Wasiluk, Strawberry Wilderness Community Clinic, pointed to local successes with community health workers.

- We are starting to see that in the last year in Grant County, good work is being done. Because of grant funds, we had an investment in community health workers who built strong relationships with community partners. Referral processes are complex. It takes all of us bonding. I can see community health workers working a lot with ICC, but we are finding it so rewarding immediately to see what is happening with families, but also building relationships — going into homes side by side, serving the patient. We are excited about where this is going: integration as one and reaching out, helping our neighbors.

A member discussed her perspective with lived experiences frequently navigating the healthcare system.

- It's hard work to keep up with kids' needs. I would recommend for providers and the ICC to educate the community about services and Social Determinants of Health. Some people have no clue you're supposed to go to the dentist to get your teeth cleaned. There is general information people were not taught. Earn some trust and learn what they do know. The 2019 edition of the Grant



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County Healthy Living Resource Guide was brought to this meeting and is available online.

- At our local LCAC, we really have a great system in place that works for our community, but we struggle with EOCCO membership involvement. If you know someone who might be interested in being more involved in their healthcare, it would be great to refer them to us. Anyone on the LCAC can give them a rundown and see what they are interested in. There are many acronyms. There needs to be more member involvement. From the statewide meetings I have attended for OHP, they cannot believe that there are as many community partners at meetings as we have. We get a lot of work done. We get 20-25 people per meeting. In Grant County, a lot of people take time out of their day and get work done so we can make the county a better place, so we don't have to travel out.
- Tracey Blood, LCAC member, reported that a subcommittee has recently been formed to focus on member engagement. The engagement committee has started working toward solutions in the member representation gap.
- Prantl repeatedly hears, "How do you get DHS to work with you? How do you get Law Enforcement?" Both fields were among those present at the Grant County community meeting. This representation is unique to Eastern Oregon and this county as well, Prantl noted. We have buy-in from the community to help the community. Members of our team participate in the Regional Health Equity Coalition. EOCCO is developing age-banded flyers in plain language. OHA is reviewing them for approval. A website and handouts will be available and dispersed.



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A community member experienced issues in care management.

- The system is rough to learn. There are unexpected developments. Rather than seeking solutions, a provider argued with her about coverage for her son's services.

A lot of people in the community are not well-informed about healthcare services.

- Focus must be placed on education. ICC sounds like a good first step. We live in a community where systems are not trusted, let alone those in Portland. We should be spending a lot of time doing outreach in our community. People who have lived here and are trusted can go out and engage people.
- Wraparound gives supports to people. They are already feeling stressed to make a phone call. If someone doesn't have a person in their corner, a burden falls on the consumer.
- DHS sees the dynamic where housing or a job are needed first. Navigation and wrapping around people also means meeting people where they are.
- Campbell stated: When Gov. Kitzhaber formed Early Learning Hubs and CCOs, there was a comparison to watershed councils solving seemingly impossible problems. That was his vision: How do we bring communities to come together and talk to each other rather than about each other from afar? We know it's about relationships, but money doesn't hurt. Part of the LCAC's role is to help us guide our money. For every dollar we put into community over the last 5-6 years, we know we leveraged probably \$5-10 on top of that. People really work hard if they aim toward a common solution. Break down barriers to care. For example, someone is depressed can use an app on their phone. Individuals shouldn't be



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	<p>told go to mental health. They should be able to access care without stigma, working with those who have lived experiences. Technology and communications are important. In outreach and member representation, the member voice is important. You need a barrier buster who knows how things work in Grant County and acts as a “fixer” rather than arguing about coverage.</p> <p>Derek Daly, Blue Mountain Hospital, spoke about the importance of EOCCO in the context of local achievements.</p> <ul style="list-style-type: none">• We’ve got a really good CCO. What was not mentioned in the presentation was that, during the CCO 2.0 contract selection process, several CCOs were kicked out. Some CCOs were not awarded 5-year contracts. There were CCOs that did not receive maximum quality payments. Our group has done all of those things. While not everything is perfect and there are challenges, we are functioning with a pretty good CCO partner compared to the rest of the state.
<p>Presentation changes to consider/improve</p>	<ul style="list-style-type: none">• A correction: The Trauma-Informed task force was used to form the Community Health Improvement Coalition (CHIC). It brought trainings to the community for professionals and students (professional development).• It should be noted the tool MyStrength is available and how EOCCO staff can make that connection.

Please submit the final meeting agenda with this document.



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