

Summary of Minutes November 2016 Tillamook County Community Advisory Council

The Chair opened the meeting and welcomed everyone.

The committee approved the agenda and the October minutes.

Nancy provided a Regional CAC/Board update, and a written Board summary is attached. The Regional Board reviewed info given, then voted on potential investments. There was a discussion about the process of approving new efforts. The CCO currently has four investments, two of which are more clinical, and the other two are more around community. There had also been discussion about decision making around investments, the application process, and stakeholder considerations, as well as our expectations as a CCO. This will be in the attachment with these minutes.

Heather provided an Incentive Funds update. The Incentive Funds Committee met directly before the CAC meeting and chose six areas of focus. At the meeting, members were given dots to further narrow the field, and the group chose the following four areas:

- Adolescent Well-Care
- Alcohol/Substance Misuse
- Cigarette Smoking Prevalence
- Adverse Childhood Experiences

The group reviewed the Innovator Agent update, and Joell was asked about the latest on the waiver. She said it is looking good so far. It has been submitted, and they are negotiating specifics with the federal government at this time. Joell clarified that in the first bullet point, there are 6040 Tillamook OHP members, rather than Clatsop.

Romy provided a Community Education update. The committee met on the 4th, and discussed the upcoming Trauma workshops that are taking place in December. There was some brainstorming around the coming year and potential series and efforts. There is also the Homeless Connect coming up on January 25, as well as the Early Childhood Screenings (formerly preschool multimodular exams) April 19-21, both opportunities to table and partner to outreach.

It was brought up the length of the meeting, and observed that we often run over, and spend time on administrative issues that don't leave time for deeper conversation on pertinent topics. Some of the suggestions were lengthening the meeting but making it permissible for people to leave early when necessary, being more structured and/or having a time keeper, and making more time to share and listen to one another. It was mentioned that it's important to bring people who are not in the healthcare industry into healthcare. We need to use the time efficiently, and everything is important. It was recommended that we not use meeting time to review documents, such as updates and minutes, that were sent out in advance. It was suggested that we continue the conversation later, and perhaps do a survey to gather ideas about what may best work.

It was announced that the Great American Smoke Out this month.

At this point the meeting was turned over to Elicia Miller from the Medical Director's office, who presented the current alcohol/substance abuse reduction, screening, and referral strategy. The strategy was formed with consideration of the Community Health Improvement Plan, the Clinical Advisory Panel High Risk Task Force, and the PIP and Incentive Metric. She then shared the Model of Care, which was designed to incorporate a wide cross section of the community, including Health Care Providers, Public Health, Addictions Treatment, Community, Alternative

Treatments, Pharmacy, and Behavioral Health. She reviewed each area with the group and sought input at to any gaps, feedback on the model itself and who else might be involved, and how we would envision our own involvement with the campaign.

The next steps will be to obtain the feedback from each CAC, compile the input and adjust the model based on feedback. Then discuss it with the Clinical Advisory Panel, and begin program planning and implementation. In the spring at the opioid summit, it may be presented.

Some of the suggested feedback from our group included the importance of creating a culture of health while dealing with the challenges of alcohol; create pathways for childcare for people to engage in treatment; resource development, including transportation. Making sure the effort is sustainable and patient centered, as well as trauma informed rather than shaming/blaming. Getting access to people in need, through ER, EMS/First Responders, pre-natal home visiting programs, other home visiting programs, WIC, DV Advocates, community health workers, peer mentors.

Potential additions to the model included law enforcement, drug court, school system involvement, faith community, corrections, jail, parental involvement and outreach. The emphasis would be on increasing a team approach and in particular, creating pathways to integrate systems to work together more effectively.

The meeting adjourned at 5:05pm.

The next meeting is January 11, 2017, 4:00-5:00pm at Tillamook Bay Community College. We encourage all members, in lieu of a December meeting, to attend one of the Trauma Healing Sessions. One will be on Saturday, December 10th from 10-2:30 at TBCC. The other will be on Thursday, December 15th from 4-8:30 at Pine Grove Community House in Manzanita. Both events are free and refreshments will be served.