



Minutes

Clinical Advisory Panel Members					
Yutonah Bowes	Northwest Human Services	P	Annie Willems	Pacific Northwest Doulas	P
Dr. Julie Broyhill	Legacy Medical Group, Woodburn	P	Staff		
Dr. Noelle Carroll	Polk County Health Services	P	Justin Hopkins	Willamette Health Council	E
Dr. Manu Chaudhry	Capitol Dental Care	P	Stephanie Jensen	Willamette Health Council	P
Dr. Tony Germann	Yakima Valley Farm Workers Clinic	P	Rachel Lakey	Willamette Health Council	P
Lavinia Goto	Northwest Senior & Disability Services	P	Josie Silverman-Méndez	PacificSource	E
Neda Grant	Liberty House	P	Elaine Lozier	PacificSource	E
Dr. Matthew Hatler	Salem Pediatric Clinic	P			
Dr. Mark Helm	Childhood Health Associates of Salem	A	Justin Huff	Legacy	P
Russ Huffman	Salem Health Medical Group	A	Christine House	PacificSource	P
Jacob Johnston	Northwest Human Services – West Salem Clinic	A	Samantha Baker	PacificSource	P
Cydney Nestor	Marion County Health & Human Services	A	Diane Bocking-Byrd	PacificSource	P
Dr. Jason Phillips	Kaiser Permanente Northwest, Lancaster	P	Aleysa Garcia Rivas	PacificSource	P
Dr. Bhavesh Rajani	PacificSource	P			
Katrina Rothenberger	Marion County Health & Human Services	A			
Dr. Bruce Sellers	Neighborhood Dentistry for Kids	P			
Jacqui Umstead	Polk County Health Services	P			

P – present; E – excused; A - absent

Agenda Item	Discussion	Follow-up
Welcome/ Introductions	Dr. Carroll, Co-Chair, called the meeting to order and welcomed everyone. Participants indicated their attendance in the chat.	
Comprehensive Behavioral Health Plan	<p>The Comprehensive Behavioral Health Plan (CBHP) includes alignment with community partners and the Community Health Improvement Plan (CHP) to build out a project management plans.</p> <p>Questions within the project management plans include</p> <ul style="list-style-type: none"> • Current state: access, availability, existing services? • What capacity needs to be built? • What are the existing strategies to support enhancements of access, capacity, adequacy, or existing services? <p>Community-owned payor blind group was helped established to work towards CHP projects within the community and help guide the CBHP.</p> <p>Highlighted efforts include behavioral health workforce development, behavioral health access to care, housing, system of care.</p> <p>The goal is for people with behavioral health needs to access core services in</p>	

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	<p>their community.</p> <p>The CBHP will be integrated into the CHP and is no longer required to align with ORS 430.630.</p>	
Health Equity Plan	<p>Culturally Linguistically Appropriate Services (CLAS) portion of the CCO Health Equity Plan included doing a CCO-wide CLAS assessment including 72 questions.</p> <p>What is needed to provide meaningful language assistance services?</p> <ul style="list-style-type: none"> • Clinics and other providers understanding what services are available and how to access the different services. • Bridging the gap/understanding how to best help patients leaving clear voicemails. Helping patients navigate the system. • Developing trainings for providers and staff around language access. <p>How can we assure that quality improvement systematically identifies and addresses health disparities?</p> <ul style="list-style-type: none"> • A larger question to PacificSource- How do systems, clinics, CCO gather and query data? How is this evaluated, and the gaps being determined? How is the data being broken down? <p>How can we support the integration of cultural humility (responsivity) when developing performance/developmental objectives?</p> <ul style="list-style-type: none"> • Due to timing unable to answer 	
Adjourn meeting		