

Central Region Regional Health Council Meeting Minutes

Monday, January 25, 2021

Council Members	Voting Member Present = P Absent = A
Jamezetta Bedford, Chair	P
Bob Crayton, Vice Chair	P
Karen Bentley, Secretary Interim	P
Adrian Daye	A
Jeannie King	P
Benita Purcell	A
Emila Sutton	P
Debbie Cunningham	A
Layton Long	A
Deborah Gilgor	A
Lisa Gilbert	P
Lara Kehle	P
Staff	Non- Voting
King Jones, Director Member Engagement, Community Ops.	P
Elliot Clark, Director Regional Affairs, Community Ops.	A
Melissa Marshburn, Manager Regional Affairs, Community Ops.	P
Bronwyn Dolan, Director Business Operations, Community Ops.	P
Guests	Non-Voting
Stacey Harward, DHHS	P

1. Call to Order

King Jones called the meeting to order at 12:12 p.m.

2. Opening Remarks

- a. King made the suggestions that the group reconvene in about two weeks around 11:00 am – 1:00 pm. King will send out a meeting request get a general consensus on specific dates and times will work for the majority of the group.
- b. Karen began the discussion with explaining that Elliot Clark will be the new Cardinal Board member in Ric's place.
- c. Karen also discussed the work that has been done over the last couple of weeks with the RHC plan. Today we will share the results of the plan. We have three main sources of data that we need to track and discuss. We would like to have a subgroup that can help pull the data together and use the next couple of weeks to do some of the initial work that needs to be done to get the work done and submitted.

- d. Jamezetta would be willing to get needed data from Orange county. She stressed that as far as data that may be needed from other entity, she will not be able to assist with that data. King suggested that we reach out to the health departments within our catchment to see if they have any data that may be needed for the RHIP.
- e. Emila - Orange county housing has data that they are willing to share along with any needed data regarding Orange county. She will send information to King.

3. Public Comments

No public comments.

4. Meeting Attendance

The minutes from the October 26, 2021 meeting were reviewed.

Bob Crayton motioned to approve the minutes as presented with changes that Bob Crayton and Lara Kehle were present; and for Ric Bruton to be listed as a voting member. Jeannie King seconded the motion.

Roll call vote taken. All in favor. Motion carried.

5. 2021 – Committee Refresh and Level Set

- a. Renewed terms. Initially, terms were selected of either one year or two years and the Board has reviewed and approved – King will send list to group for them to review their term listing.
- b. This group is tasked with driving the regional health plan for the central region. We will discuss the process made and the framework that we all agree to move forward.
- c. We will discuss our Regional Health Improvement Plan (RHIP) efforts to date.
- d. Introduce “Opportunity Statement” plan framework; refine or discuss alternatives
- e. Determine next steps. Assign actions as appropriate.

6. Regional Health Improvement Plan Key Themes were listed and reviewed

King outlined the process and stressed that another meeting would need to be scheduled in February with the subset groups if initiatives are not finalized so that the CAC can begin work on these in March. CACs to submit tactics to RHC in April; RHC decides initiatives and tactics for RFP in April; RFP posted in May; Present compilation of RFP responses in June and RHC vote for initiatives to be funded in June.

Over-arching opportunity statement – Health Disparity:

An individual with Medicaid or limited/no insurance is likely also facing other risk factors, including health disparities, that made it more difficult for them to overcome mental health, IDD, substance use disorder challenges. Additionally, the COVID-19 Pandemic has exacerbated these disparities increasing the demand for services and requiring additional collaboration and creativity to address.

- Access to Care
- Social Determinants of Health (SDoH)
- Integrated Health
- Behavioral Health Services (Mental Health, IDD, Substance Use)

7. Opportunity Statements Discussion around the 2021 Plan Summary

Each of the seven opportunity statements were reviewed in detail and members were asked to give input.

- **People who live in disparate locations, including rural or off-main transport lines cannot easily or consistently access services.**
 - Increase the availability of public transportation options and improve internet access for telehealth, especially in rural areas.
 - Also add “can include promoting current transportation/internet access services”.
 - Add new bullet – “Increasing communication about accessing services (where to go, who to contact, etc.) and crisis response.”

Member Discussion/Comments

- a. In housing department, it was suggested/asked if we could provide flexible funding for non-public provided transportation such as Uber or Lyft which would allow for organizations to purchase gift cards for these transportation services.
 - b. Address internet access especially around tele-health. To have more hotspot access and increase broadband in general.
 - c. Can Cardinal give out cell phones for members to stay in touch with their providers.
 - d. State Partnership for Children provide tablets and hotspots to families to get access to therapy, etc., could Cardinal do something along these lines.
 - e. Maybe a staff member that could travel with these tablets to members houses to get needed accesses.
- **The RHC has specifically identified acute gaps for individuals living with an IDD or SPMI diagnosis without access to housing vouchers and/or flexible housing supports and case management in order to maintain stability in housing. (Central Specific): Cardinal Innovations Members are in need of increased capacity and access to affordable, equitable, and supportive housing, as well as education around how to access and sustain these resources and support services to provide for long term stability in housing.**
 - Increase capacity and/or add shelters
 - Add 811 Housing (Central Only)
 - Provide individuals with risk of housing insecurity, tactical education that fosters stability (e.g. financial literacy & property/tenant upkeep)

Member Discussions/Comments

- a. Increase permanent supportive housing, increase funding to efforts to end homelessness to include the Orange County Partnership to End Homelessness' identifies homelessness systems

gaps. (This may be too specific but would tie to existing framework, plans, and efforts) increase availability of housing vouchers and flexible housing assistance to include rent assistance, funds for security deposits to access affordable housing, and emergency housing assistance to prevent homelessness and eviction.

- b. Increase access and funding for rent and homeowner rehabilitation to keep people stable in their homes and to avoid institutionalization.
- c. Support for undocumented citizens or others that would otherwise not qualify for federal assistance.
- d. King will capture the bullets points to this specific opportunity.
- e. For Orange County increase housing first methodology. Adding shelters does not support housing first.

- **Substance abuse is prevalent in all our communities. Prevent efforts overall must be improved, with aggressive efforts toward opioid abuse and crisis services.**

Member Discussions/Comments

- a. We just need to address and prevent as early as possible. We need to look at children as well as adults. Having ACEs helps out tremendously.

- **Physical health issues, such as chronic disease and obesity, can contribute to and/or exacerbate behavioral health diagnoses. Integrated health centers and increased collaboration between agencies will be required to reduce negative health outcomes. (Central Specific): Cardinal Innovations members in the Central Region are in need of an enhanced bridge for integrated services in their home community from more restrictive environments or higher levels of care that includes culturally competent services addressing trauma, racial and financial inequities, and complex medical conditions.**

- Improve health outcomes to prevent and reduce chronic health problems such as diabetes, heart disease, chronic stress, etc. through programs that address:
 - Physical Activity
 - Improve overall health through promotion and availability of physical activity programs, including training on special populations to instructors/providers.
- Overweight and Obesity

Member Discussions/Comments

- a. ACEs services will help to contribute to the physical as well in this area.

- **There is a shortage of IDD caregivers due to higher levels of turnover, driven by worker fatigue and low wages, resulting in families without sufficient back-up staff support for their loved ones.**

Member Discussions/Comments

- a. State CFACs are advocating for increased wages for our direct support professionals.
- b. Orange County has a task force that help with diversion from criminal justice system, education on success of diversions and increase CIT training.

- **Crisis mental health services are needed, especially for complex individuals (i.e., dual diagnosed, children in foster care, complex trauma, etc.) and to prevent death by suicide.**

Member Discussions/Comments

- a. This is particular important due to COVID, with children not in school or employees not reporting to the workplace.
- b. This is an issue across the board for placing kids that are dually diagnosed.
- c. We have our Child Welfare resources as a source as well, King will send this data to the group. A staff member will be located at our catchment DSS offices going forward.
- d. Include school based and facility based mental health locations (through mobile services) to this as well.
- e. Increase utilizing peer support specialists.
- f. ACEs does help with this group as well.

- **(Central and Southern Specific) Not every citizen has adequate insurance coverage to meet the physical and/or mental health needs.**

Member Discussions/Comments

- a. No comments.

8. Other presentations or agenda items/follow-up items

- a. Ask providers what they would like to focus on, and we will add input from our local Provider Partners Council. We will include George Ingram from our Network department to help with the provider piece.
- b. How to get Covid vaccines to our members.
- c. Subset to meet to address the remaining 5, 6, 7 opportunity statements – request to be sent regarding date for the second week of February.
- d. A high-level review will be given at the next board meeting, we will work on the structure as to who will report at the next meeting.
- e. Copy of the PowerPoint presentation will be sent to the group for review.

9. Adjournment

Jamezetta Bedford motioned to adjourn, Emila Sutton seconded the motion.

Roll call vote taken with exiting.

All in favor. Motion carried.

Meeting was adjourned at 2:02 p.m.

Submitted By: Darlene Russell, Business Operations Administrator