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| 10:50 pm  | Meeting open for sign-on | Fellowship | All |
| **Attendees:** ASAC: Dave Daley, Bill Richard, Anne Lindsay, Betty Cox, Scott Moore, Leslie Houston DSAC: Barb.Rainish. Staff: Jessica Gushulak, Cheri Becerra, Erin Grahek, Steven Esser, Jacob Mestman, Irma Jimenez, Joanne O’Connell, Antonio Villarreal. Ruth Solagi (SAGE), Susan Mader (Guest), Jeremy Koehler (Health Share).  |
| 11:00 (5 min) | Zoom review and accessibility (slides) | Meeting access and shared understanding | Erin Grahek |
| 11:05 (5 min) | Land acknowledgment | Honoring community and addressing ongoing systems of oppression | Erin Grahek  |
| 11:10(10 min) | Opening Connections: * Please share your name and pronouns
 | Reflection, Community, and relationship building | Scott Moore |

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| 11:20(5 mins) | Agenda review * Call for public comment - put your name in the chat
 | Agree on how to spend this time together | Scott |
| **Next Steps and Action Items** |

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| 11:25(15 min) | Member updates and public comment* What is happening from your seat?
* Transportation Advocacy Committee - Dave
 | Connection and Community building | ASAC and community members (Scott) |
| **Next Steps and Action Items*** Scott - New Behavioral Funding Grant - Be on the lookout for more information.
* Dave - The transportation committee met last week. DSAC folks asked questions and discussed the letter. DSAC will get back to us.
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| 11:40(20 mins) | Health Share: Non-Emergent Medical Transportation update | Information and Shared understanding | Jeremey  |
| **Next Steps and Action Items*** NEMT - Non-Emergency Medical Transportation.
* A slide show was presented.
* Who is Health Share: Primary CCO (coordinate care organization) in tri-county region. They administer the OHP (OR Health Plan) benefit. Board driven.
* They have a choice from five health plans. CARE OR is a little different - they also do dental, transportation, and behavioral health.
* NEMT - can take many forms, reimbursement, ambulance, cab, etc, transit.
* Over 40,000 calls came into the call center last month. COVID has cut rides by about half. In September, they did 60,000 trips. Dedicated phone option for complaints.
* Big transition in 2019. Previously subcontracted to Gridworks. Gridworks closed - we had to switch gears.
* New software and tablets in a lot of transportation vehicles. There are now two call centers. Updated our website. We issued new provider contracts and integrated health services trips into our system.
* COVID has really changed how we do our work - PPE (personal protective equipment) is just one example of that.
* March 2020 saw a huge dropoff because of COVID. Even though utilization dropped, we were able to use COVID relief money to help our providers.
* We have challenges, but it is much more stable than it has been in a long time.
* Dave asked what is the plan not to use broadway cab since there are issues? Jeremey said - overall we are interested in capacity expansion to help with this.
* Barb. said Broadway cab sucks. It is more about their driving and cleanliness. Why do you use ambulances? Also where do you go easily on the website to tell them you were not picked up. Jeremey - I will pass the Broadway cab info on and also I will look at the website and see what I kind find to easily access if not picked up. We usually use ambulances due to when people get discharged from hospital
* Anne thanks for this info. Do you know how the demand for rides impacts your ability? We do not decline anyone that needs to schedule a ride. Jeremey - Since about March 2020 we have been very good with this.
* Barb - what percent of health share members are using ride to care? Jeremey - Typically 9-12% a year.
* Dave - about the taxi issue - is it worth kicking out the bad taxi companies and giving the rides to other companies?
* Link <http://ridetocare.com/>
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| 12:00 | Break | Rest and Refresh | All |

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| 12:05(20 min)  | Budget Preview: Program Offers  | Information Sharing and Accountability | Jacob Mestman |
| **Next Steps and Action Items*** Link [Budget Info](https://www.multco.us/budget/fy-2022-program-offers)
* Talked a bit about the phases of the budget.
* July to June is our budget year. Our budget is a bit over 100 million per year.
* We look over the program summary, the communities and people we serve, and who is being left out - how do we make sure we serve all.
* Irma added that there are 17 different offers. Leadership would like to see these offers be more readable and understandable. We may be asking for help from our ASAC/DSAC with this.
* Dave - most confusing is the breakdown of all the funds. Also when there is a match requirement that is also very confusing.
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| 12:25(20 mins) | Adult Care Home Program Overview | Information Sharing and Shared Understanding | Steven Esser  |
| **Next Steps and Action Items*** Steven is the interim program manager for the Adult Care Home Program (ACHP).
* These homes are residential homes in Multnomah county. They house up to five adults who are not related to the operator. Providers are compensated for housing and services. This is a home-like setting.
* We have 610 of these homes in Multnomah county. There are different types of homes and different criteria for the differing types.
* ACHP does inspection and monitoring visits. New home inspections, the application process, background checks, budget and staffing plans, and home inspections about the physical building. We do renewal and drop-in inspections. As well as monitoring visits (health and safety, resident interviews, resident records, and any other concerns)
* Violations are noted on inspection and depending on severity are handled accordingly. No more than 30 days are given to make corrections.
* We have an ACHP provider rules committee. They are currently doing a review. We are trying to align our rules with the state. We hope by the spring of 2022 we will be ready for the public to review these rules.
* Scott - how do placements happen - especially for LGBTQ elders? There has been a large report of abuse of this population. How do we know they are safe? Steven - representation and case management assistance and family members. You can also look up these homes and see what records show for their background.
* We will be adding a data analyst to our team - we are hoping we can update our website and dig deeper into our populations and who these homes are serving.
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| 12:45(10 min)  | ADVSD updates* Service Equity Plan
* Nutrition Services Advisory
 | Information Sharing | ADVSD  |
| **Next Steps and Action Items*** Service Equity - We will be drafting a plan and providing it to the state for feedback. It will include a workgroup that will invite ASAC and DSAC members.
* Nutrition Council - ADVSD will be developing a sub-committee of ASAC and DSAC centered around nutrition services. More information will be coming to ASAC and DSAC soon.
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| 12:55 | Next meeting proposal (slide) | Agree on next steps and process | Erin |
| **Next Steps and Action Items*** December Celebration - ASAC/DSAC joint meeting and Celebration tentatively Dec 21st 11-1 PM.
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| 12:57-ish(10 mins) | Closing and check out* Something that worked well or could improve; or
* 1-2 words describing how they’re feeling leaving the meeting
* (No slides)
 | Sharing and improvement | Scott  |
| **Next Steps and Action Items*** Betty - great meeting and info
* Dave - great info on our presentation.
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| 1:00 pm  | Adjourn! |  | All |

**Upcoming Meetings:**

* December 21, 2021 - joint meeting with DSAC TBD

**Common acronyms used in ASAC Meetings** - While we strive to avoid acronyms and jargon here are some you may hear in ASAC meetings

* ADVSD - *Aging, Disability and Veterans Services Division* - a division of Multnomah County Department of Human Services
* APD - *Aging and People with Disabilities* - a work unit of the Oregon Department of Human Services
* BIPOC - *Black, Indigenous, and other People of Color*
* DCHS - *Department of County Human Services*
* DSAC - *Disability Services Advisory Council*
* LTSS - *Long Term Services and Supports*
* O4AD - *Oregon Association of Area Agencies on Aging and Disabilities*
* ODHS *- Oregon Department of Human Services (also called DHS)*