Welcome – Rick Treleaven
12:30 – 12:35  Introductions
12:35 – 12:40  Public Comment
12:40 – 1:00  Celebrate Tammy – Rick Treleaven/All
1:00 – 1:05  Approve Consent Agenda…………………….. vote
1:05 – 1:10  Patient Story – Patti Adair…………………… information
1:10 – 2:10  Governance Committee – Linda Johnson…………… information
          Attachments
2:10 – 2:20  Finance Committee – Megan Haase……………… vote
              Attachment: Motion
2:20 – 2:40  CCO 2020 Metrics – Leslie Neugebauer………. discussion
              Attachment: Proposed Metrics
2:40 – 3:10  Vote on Final Board Fund Distribution –
              Rick Treleaven…………………………………… vote
              Separate cover: Proposals/presentations
3:10 – 3:30  2020-2023 RHIP Release – Rebeckah Berry …….. information

Consent Agenda
• December 2019 Board Minutes
• November 2019 COHC Financials
• CCO Dashboard

Written Reports
• Executive Director Update
• December 2019 CAC Minutes
• Funded Grant Reports
MINUTES OF A MEETING OF
THE BOARD OF DIRECTORS OF
CENTRAL OREGON HEALTH COUNCIL
HELD AT HIGH DESERT ESD
2804 SW 6TH STREET, REDMOND

December 12, 2019

A meeting of the Board of Directors (the “Board”) of Central Oregon Health Council, an Oregon public benefit corporation (the “Corporation”), was held at 12:30 p.m. Pacific Standard Time on December 12, 2019, at the High Desert Education Service District, in Redmond, Oregon. Notice of the meeting had been sent to all members of the Board in accordance with the Corporation’s bylaws.

Directors Present:  
Tammy Baney, Chair
Patti Adair
Eric Alexander
Paul Andrews, Ed.D
Linda Johnson
Linda McCoy
Ellie Naderi
Divya Sharma, MD
Kelly Simmelink
Justin Sivill
Ms. Baney served as Chair of the meeting and Ms. Seymour served as Secretary of the meeting. Ms. Baney called the meeting to order and announced that a quorum of directors was present and the meeting, having been duly convened in accordance with the Corporation’s bylaws, was ready to proceed with business.

**WELCOME**

Ms. Baney welcomed all attendees to the meeting; introductions were made around the room and on the phone.

**PUBLIC COMMENT**

Ms. Baney welcomed public comment. Ms. Mills announced that the Finance Committee has asked CAP Steering to fulfill the Board’s request regarding input on the CCO Dashboard.
CONSENT AGENDA
The consent agenda included the November minutes, the CCO Dashboard, and COHC Financials for October.

MOTION TO APPROVE: Mr. Stevens motioned to approve the consent agenda; Ms. Johnson seconded. The motion was approved.

PATIENT STORY
Mr. Stevens shared the initial results of public equity forums PacificSource has conducted over the last several months. He quoted several patients regarding interpretation services. He invited the Board to participate in a listening session next week.

ACTION: Ms. Seymour will send the listening session event information to the Board.

GOVERNANCE COMMITTEE
Ms. Johnson reminded the Board that at the previous meeting not many members were able to participate in the final discussion regarding the scope of the COHC. She invited Mr. Stevens to share an update on Senate Bill 889 with the Board on behalf of Ms. Welander who wrote it and who sits on the implementation committee. Mr. Stevens explained that SB 889 is the State’s mechanism for curbing rising costs of health care across all lines of business.

Ms. Kaufmann introduced herself, noting she was invited to facilitate today’s discussion regarding the future state of the COHC. She led the Board through a discussion about the positive and negative aspects of expanding the focus of the COHC.

After much discussion Ms. Kaufmann concluded that the COHC Board members need to build explicit agreements with one another, starting with values and agreements on direction. She agreed to summarize her notes for future reflection.

ACTION: Ms. Kaufmann will send Ms. Mills her notes from this discussion.

COHC BOARD OFFICERS
Ms. Baney announced that she is excited to support the next phase of leadership as she moves out of her elected seat as Chair. She thanked them for the opportunity to serve for the past ten years.
Ms. Johnson announced that the nominations for 2020 Board officers are Mr. Treleaven as Chair and Ms. Johnson as Vice Chair. She confirmed that the Governance Committee supports these choices.

MOTION TO APPROVE: Mr. Sivill motioned to confirm Mr. Treleaven as Chair; Ms. Naderi seconded. All were in favor, the motion passed unanimously.

MOTION TO APPROVE: Mr. Sivill motioned to confirm Ms. Johnson as Vice Chair; Mr. Treleaven seconded. All were in favor, the motion passed unanimously.

**Regional Housing Needs Assessment (RHNA)**

Mr. Aycock shared the results of the RHNA, completed in May of 2019. He noted that no baseline data tool for tracking the homeless population exists. He added that housing vouchers are in short supply, and only one-third of those awarded are able to be used within the 90-day window.

**CCO 2019 Metric Report Out**

Ms. Neugebauer shared that 2019 QIM performance will likely yield a 70% payout again. She noted that PacificSource is on track with the 2020 projects. She noted that PacificSource has hired 50-60 people in the last few months in preparation for their expansion into Marion/Polk and Lane Counties.

**Traces Proposal**

Ms. McClure proposed a $1.3M investment from the COHC Board of Directors to fund two additional years of the TRACES movement. She reviewed the roots of trauma and the financial impact it has on a community. She outlined the value that TRACES has already added to the Central Oregon community and explained the need for the full 10-year plan to be executed.

Ms. Baney reminded the Board that they will be voting to distribute their remaining funds at the January meeting between the TRACES proposal and the two others from the last two months.

**Adjournment**

There being no further business to come before the Board, the meeting was adjourned at 3:28 pm Pacific Standard Time.

Respectfully submitted,

__________________________
Kelsey Seymour, Secretary
### Central Oregon Health Council
#### Statement of Financial Position
**YTD 11.30.19**

### ASSETS

<table>
<thead>
<tr>
<th>Fund</th>
<th>General Fund</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Checking/Savings</td>
<td>$ 19,963,269</td>
</tr>
<tr>
<td>COPA - Security Deposit</td>
<td>$ 1,997</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td><strong>$ 19,965,266</strong></td>
</tr>
</tbody>
</table>

### LIABILITIES & EQUITY

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts Payable</td>
<td>$ 55,985</td>
</tr>
<tr>
<td>Payroll Payable (PTO Accrual)</td>
<td>$ 29,193</td>
</tr>
<tr>
<td></td>
<td>$ 85,178</td>
</tr>
<tr>
<td>Grants Payable</td>
<td>$ 3,537,518</td>
</tr>
<tr>
<td></td>
<td>$ 3,622,696</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES &amp; EQUITY</strong></td>
<td><strong>$ 19,965,266</strong></td>
</tr>
</tbody>
</table>

### Revenue

<table>
<thead>
<tr>
<th></th>
<th>Actual</th>
<th>Budget</th>
<th>% Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$ 813,682</td>
<td>$ 779,167</td>
<td>4%</td>
</tr>
<tr>
<td>Community Impact Funds</td>
<td>2,376,973</td>
<td>2,291,667</td>
<td>4%</td>
</tr>
<tr>
<td>Grants</td>
<td>184,344</td>
<td>289,309</td>
<td>-32%</td>
</tr>
<tr>
<td>2018 Shared Savings (old JMA)</td>
<td>7,535,282</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Interest income</td>
<td>203,652</td>
<td>137,500</td>
<td>48%</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>11,113,933</td>
<td>3,477,643</td>
<td>220%</td>
</tr>
</tbody>
</table>

### Expenses

<table>
<thead>
<tr>
<th></th>
<th>Actual</th>
<th>Budget</th>
<th>% Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Expense</td>
<td>999,979</td>
<td>1,089,361</td>
<td>6%</td>
</tr>
<tr>
<td>Community Impact Funds*</td>
<td>5,610,878</td>
<td>2,291,667</td>
<td>-354%</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>6,610,857</td>
<td>3,361,028</td>
<td>-103%</td>
</tr>
</tbody>
</table>

**Net Income**

|                          | $ 4,303,076| $ 116,615| 3,590%     |

---

* Community Impact Funds - Top 4 funded 2019

<table>
<thead>
<tr>
<th>Fund</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Culture of Care</td>
<td>$1,476,620</td>
</tr>
<tr>
<td>Perinatal Care Continuum</td>
<td>899,400</td>
</tr>
<tr>
<td>NICH</td>
<td>350,000</td>
</tr>
<tr>
<td>Developmental Pathways</td>
<td>299,646</td>
</tr>
<tr>
<td>All other</td>
<td>2,786,212</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$ 5,610,878</td>
</tr>
</tbody>
</table>

**Variance is due to timing of Community Impact Funds revenue and distribution of funds through Grants in different years.**

---

*** *** The Finance Committee found no material budget variances on the PSCS November 30, 2019 Financials******
Central OR CCO
Coordinated Care Organization (Medicaid) 1/3/2020

MEMBER COUNTS

<table>
<thead>
<tr>
<th>MEMBER COUNTS</th>
<th>DEC 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>49,054</td>
<td>20,272</td>
</tr>
<tr>
<td>28,782</td>
<td>49,054</td>
</tr>
</tbody>
</table>

COST OF CARE

<table>
<thead>
<tr>
<th>COST OF CARE</th>
<th>12/18</th>
<th>Excl. Cap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>$131.47</td>
<td>($13.76)</td>
</tr>
<tr>
<td>Dental</td>
<td>$25.85</td>
<td>($0.99)</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>$64.15</td>
<td>$4.66</td>
</tr>
<tr>
<td>Capitated</td>
<td>$167.56</td>
<td>($0.48)</td>
</tr>
<tr>
<td>TOTAL EXPENSES</td>
<td>$403.13</td>
<td>($12.94)</td>
</tr>
</tbody>
</table>

Expenses & Claims Over Revenue (YTD)

100%
95%

97.0%

ACCESS & UTILIZATION

(1/2017 to 12/2019, paid thru 12/2019; no completion factor applied)

<table>
<thead>
<tr>
<th>ACCESS &amp; UTILIZATION</th>
<th>2017</th>
<th>2018</th>
<th>2019 YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Health (BH)</td>
<td>18%</td>
<td>21%</td>
<td>22%</td>
</tr>
<tr>
<td>Dental</td>
<td>1.1</td>
<td>1.1</td>
<td>1.0</td>
</tr>
<tr>
<td>Primary Care (PCP)</td>
<td>2.5</td>
<td>2.4</td>
<td>2.3</td>
</tr>
<tr>
<td>Behavioral Health (BH)</td>
<td>18%</td>
<td>21%</td>
<td>22%</td>
</tr>
<tr>
<td>Dental</td>
<td>35%</td>
<td>37%</td>
<td>34%</td>
</tr>
<tr>
<td>Primary Care (PCP)</td>
<td>59%</td>
<td>61%</td>
<td>58%</td>
</tr>
<tr>
<td>Any Claim</td>
<td>79%</td>
<td>82%</td>
<td>79%</td>
</tr>
</tbody>
</table>

MEMBERSHIP

Average Membership by Rate Group

<table>
<thead>
<tr>
<th>MEMBERSHIP</th>
<th>4037</th>
<th>4110</th>
<th>4213</th>
<th>4734</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABAD/OAA w/ &amp; w/o Medicare</td>
<td>(8.0%)</td>
<td>(8.7%)</td>
<td>(8.8%)</td>
<td>(9.7%)</td>
</tr>
<tr>
<td>ACA Adults</td>
<td>20645</td>
<td>18109</td>
<td>18118</td>
<td>18196</td>
</tr>
<tr>
<td>(41.0%)</td>
<td>(38.3%)</td>
<td>(38.0%)</td>
<td>(37.5%)</td>
<td></td>
</tr>
<tr>
<td>CAF Children</td>
<td>675</td>
<td>752</td>
<td>776</td>
<td>771</td>
</tr>
<tr>
<td>(1.3%)</td>
<td>(1.6%)</td>
<td>(1.6%)</td>
<td>(1.6%)</td>
<td></td>
</tr>
<tr>
<td>PLM, TANF, and CHIP Children 0 - 18</td>
<td>20572</td>
<td>20111</td>
<td>20158</td>
<td>20144</td>
</tr>
<tr>
<td>(40.9%)</td>
<td>(42.5%)</td>
<td>(42.3%)</td>
<td>(43.5%)</td>
<td></td>
</tr>
<tr>
<td>Poverty Level Medical Adults</td>
<td>739</td>
<td>594</td>
<td>529</td>
<td>463</td>
</tr>
<tr>
<td>(1.5%)</td>
<td>(1.3%)</td>
<td>(1.1%)</td>
<td>(1.0%)</td>
<td></td>
</tr>
<tr>
<td>Special Needs Rate Group / BCCP* (in 2017)</td>
<td>31</td>
<td>20</td>
<td>16</td>
<td>17</td>
</tr>
<tr>
<td>(0.1%)</td>
<td>(0.0%)</td>
<td>(0.0%)</td>
<td>(0.0%)</td>
<td></td>
</tr>
<tr>
<td>Temporary Assistance to Needy Families (Adults Only)</td>
<td>3594</td>
<td>3637</td>
<td>3810</td>
<td>4254</td>
</tr>
<tr>
<td>(7.1%)</td>
<td>(7.7%)</td>
<td>(8.0%)</td>
<td>(8.8%)</td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>2017</td>
<td>2018</td>
<td>2019</td>
<td></td>
</tr>
</tbody>
</table>

FOCUS POPULATION: SPMI

Members with Severe & Persistent Mental Illness

Snapshot of Currently Enrolled Members with SPMI*

Top Co-Morbidities

% Depression | 54%
% Substance Abuse | 20%
% Diabetes | 6%
% Hypertension | 5%
% Pre-Diabetes | 4%
% Asthma | 4%
% Obesity | 4%
% Hepatitis C | 2%
% COPD | 2%
% Chronic Liver Disease | 1%

*This analysis does not include major depression as a qualifying SMI diagnosis.
### Definitions

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avg</td>
<td>Average</td>
</tr>
<tr>
<td>BH</td>
<td>Behavioral Health (mental health, substance abuse and addictions)</td>
</tr>
<tr>
<td>Cap</td>
<td>Capitation</td>
</tr>
<tr>
<td>Den</td>
<td>Dental Services</td>
</tr>
<tr>
<td>Detox</td>
<td>Detoxification services. When expressed with Substance Use Disorder Residential (SUD RES) these are detoxification services provided in the residential setting.</td>
</tr>
<tr>
<td>General Administrative Expense (G&amp;A)</td>
<td>Expenses related to the administration of the plan including, but not limited to, staff salary and benefits, telephone, depreciation, software licenses, utilities, compliance, etc.</td>
</tr>
<tr>
<td>Hosp</td>
<td>Hospital (when listed under “Capitated” label, only includes capitated inpatient services)</td>
</tr>
<tr>
<td>Medical Claims Expense</td>
<td>Claims-related expenses, including capitation, pharmacy, disease management and network fees, pharmacy rebates (if applicable), health services expenses and IBNR (incurred but not received).</td>
</tr>
<tr>
<td>Mem</td>
<td>Members</td>
</tr>
<tr>
<td>MH/CD</td>
<td>Mental Health / Chemical Dependency</td>
</tr>
<tr>
<td>Misc</td>
<td>Miscellaneous Services not otherwise categorized.</td>
</tr>
<tr>
<td>MM</td>
<td>Member Months. One member month = one person enrolled for a whole month. If a person is enrolled for an entire year, that is equivalent to 12 member months. If a person is enrolled for 2 out of 4 weeks in the month, that is 0.5 member months.</td>
</tr>
<tr>
<td>NEMT</td>
<td>Non-Emergent Medical Transport</td>
</tr>
<tr>
<td>Net Income</td>
<td>Underwriting income combined with results of activities not directly related to continuing operations, on an after tax basis.</td>
</tr>
<tr>
<td>PCP</td>
<td>Primary Care Provider</td>
</tr>
<tr>
<td>PMPM</td>
<td>Per member per month</td>
</tr>
<tr>
<td>Premium Taxes &amp; OMIP</td>
<td>State mandated taxes collected on a per member per month (PMPM) or % of premium basis.</td>
</tr>
<tr>
<td>QIM</td>
<td>Quality Incentive Measure program by Oregon Health Authority for Coordinated Care Organizations.</td>
</tr>
<tr>
<td>Rx</td>
<td>Prescription</td>
</tr>
<tr>
<td>SPMI</td>
<td>Severe and persistent mental illness. Members of all ages are included if diagnosed at any time with a condition outlined by OHA and USDOJ as SPMI. This includes certain depression diagnoses. Identification of members based on Medicaid CCO claims.</td>
</tr>
<tr>
<td>SUD</td>
<td>Substance Use Disorder</td>
</tr>
<tr>
<td>SUD RES</td>
<td>Substance Use Disorder Residential Treatment</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>Premiums collected for insurance, net of HRA costs. Premiums for Oregon Health Plan recipients are received from the state of Oregon</td>
</tr>
<tr>
<td>Underwriting Income</td>
<td>Income after Operations and other activities not directly related to continuing operations.</td>
</tr>
<tr>
<td>Utilization</td>
<td>Use of a good or service</td>
</tr>
<tr>
<td>YTD</td>
<td>Year to date. For this dashboard, Financial YTD is based on the calendar year beginning January 1st.</td>
</tr>
</tbody>
</table>

#### Note

- **BCCP & SPECIAL NEEDS RATE GROUP NOTE:** As of 2017, Special Needs Rate Group (Rate Group X) is no longer a grouping by OHA. Starting in 2017, OHA used Rate Group X to classify Breast Cancer and Cervical Cancer Program members (BCCP).

- **NOTE:** As of 4/2017, all financial PMPMs and cost bucketing comes from the Finance Department and no longer uses Actuarial bucketing. This means that costs, revenues and expenses are all presented on an **paid date** basis, regardless of what year they were incurred.
Governance Committee Agenda Item:

Please find our course of action as outlined by the Governance Committee below:

Linda J.

- Review Cathy’s notes from December Board Meeting and confirm/deny that thoughts/discussions were captured accurately
- Confirm that the Mission and Vision are solid per the last Board meeting:
  - Mission: *To serve as a highly effective community governance board for the region’s Coordinated Care Organization (CCO); and align and influence agencies, caregivers, residents, and policy makers.*
  - Vision: *Creating a Healthier Central Oregon*

COHC Staff

- Facilitated discussion reviewing and defining current Values/Core Intentions to determine core set of values.

Linda J.

- Present Governance Committee proposed timeline for retreat and working towards COHC Ends and Future State development.

Questions, coming in February, to keep in mind as we move through this exercise:

- What do we provide?
- To whom?
- At what cost?
Background

- The Board has been discussing the future mission and role of COHC over the past few months.
  - There are arguments for expanding the mission to focus on transforming health care delivery and population health for all people in the region, not just the Medicaid population.
- In the March Board retreat, Board members expressed an interest in an expanded focus.
  - However, some Board members were not present for that discussion and new members have come on since that retreat.
- The Governance Committee decided to bring this discussion back to the Board in order to provide a “level setting” for new members, as well as to come to agreements about next steps.

Discussion

- Board members were asked to weigh in on the reasons for wanting an expanded focus, as well as their concerns.

  - Members identified the following reasons for broadening COHC’s focus:
    - It’s important to keep pushing and to be aspirational
    - If not COHC, then who? COHC is the only organization in the region that could play this role
    - The Board has the expertise and representation to be able to support a broader purpose
    - People move on and off Medicaid all the time. It makes sense to support transformation of the other payers they touch.
    - COHC should try to spread successes to date beyond Medicaid for benefit of the region.
    - The original CCO vision always included some component of population health that is not limited to just Medicaid. Some of COHC’s existing program does serve a broader population already.

  - Board members then identified reasons why COHC’s mission should not be expanded beyond Medicaid.
    - Some members have concerns about the economic model for Medicaid and do not believe this model can be pushed to other payers at this stage.
In general, Board members agreed there is still a significant amount of work to do with Medicaid and COHC is not ready to focus efforts beyond Medicaid at this stage.

There was also agreement that the existing mission statement is sufficient.

In addition, Board members noted:

- COHC needs increased clarity around its purpose, regardless of whether or not the mission is broadened.
- There is fragmentation between COHC governance and the CCO contract.
- COHC struggles with hard conversations around payment and financing.
- Board members expressed the need for the board to make concrete agreements and stick to them. The discussion of COHC’s mission has continued over a number of months and needs to come to resolution.
- There is a lack of clarity over how COHC conducts its work – is it an operational board, focused on oversight of the CCO contract, or is it a strategic board?
- Board members identified three levers for COHC’s work:
  1. **Contracts**: CCO Contract and contracts with providers
  2. **QIMS**
  3. **RHA/RHIP (and other project funds)**

Agreements

- Board members want to keep COHC’s current mission and purpose but increase the focus and effectiveness of their efforts.
- The Board is interested in exploring ways to better leverage the QIMS and the RHA/RHIP more effectively with the contracts.

Next Steps

- The Tenfold team will work with the Governance Committee to develop next steps.
JMA Model

Accomplishes the Goals:
1. Aid in COHC strategic priority - sustain population health investment
2. Transparent framework for risk/reward sharing across sectors
3. Encourage collaboration and investments across care domains

BEFORE

OHA

CCO

COHC
.325% for Operating Costs

Contracts

Behavioral Health
Physical Health
Oral Health
ETC

CCO: 2%

REMAINING FUNDS: to COHC

2.5M to RHIP Workgroups

Balance of money for Board Vital Conditions

AFTER

OHA

CCO

COHC
.325% for Operating Costs
1% of global budget for RHIP Workgroups

Contracts

Behavioral Health
Physical Health
Oral Health
ETC

CCO: 2%

REMAINING FUNDS: to COHC

50% reinvested in Behavioral Health

50% Split among CCO, COHC, and Provider/Care Domains

% per sector TBD

Behavioral Health was selected as a strategy because it improves community conditions, enhances wellbeing, social, behavioral and physical health.

Decision points:
1. Amend current JMA
2. Proposed length: 2-year experiment
3. Years of experiment: 18/19
Finance Committee

Motion:
“Subject to PacificSource adjusting the budget to achieve the contractual requirements of the JMA, we motion to approve the CCO 2020 budget as presented, contingent that the Board ask for the establishment of a working committee to evaluate understand and manage the cost curve on behalf of the COHC during 2020.”
Central Oregon Health Council
Executive Director’s Update
January 9, 2020

- Facilitate PEP meeting
- Facilitate Finance meeting
- Multiple stakeholder/community meetings
- Steering committee for TRACES work (United Way)
- EL Hub as ex-officio member
- El Hub Investment Steering Committee
- Central Oregon Suicide Prevention Alliance Leadership
- COHIE Board Member – HIE & Social Services platform
- System of Care Executive Team member
- Grant software management
- RHA to RHIP work 2020-2023
- Managing PDO, OHA and OCR grant funds
- Managing OABHI contract
- CCO 2.0 alignment and support and training
- Managing QIM Adolescent Well Check sub-group
- Managing QIM ED sub-group
- Grant applications revision
- Board Governance Committee support
- Assisting new Health Councils
- Project plan for Board Governance work (ENDS)
- Website redesign
- Childcare Accelerator steering committee
- Strategic plan work with staff for 2020 RHIP launch
- PTO 12.23.19 – 12.31.19
- SB 648 review (holding until long session)

Coming up:
- Launch new RHIP workgroups
Present:
Linda McCoy, Chair, Consumer Representative
Larry Kogosvek, Vice Chair, Consumer Representative
Michael Baker, Jefferson County Health (Ex-Officio)
Linda Johnson, Community Representative
Elaine Knobbs-Seasholtz, Mosaic Medical
Ken Wilhelm, United Way of Deschutes County
Cris Woodard, Consumer Representative

Absent:
Jolene Greene, Consumer Representative
Tom Kuhn, Deschutes County Health Services (Ex-Officio)
Brad Porterfield, Consumer Representative
Vicky Ryan, Crook County Health Department (Ex-Officio)
Elizabeth Schmitt, Consumer Representative

Others Present:
MaCayla Arsenault, Central Oregon Health Council
Patti Gaskins, Bend Treatment Center
Miguel Herrada
Donna Mills, Central Oregon Health Council
Leslie Neugebauer, PacificSource
Kelsey Seymour, Central Oregon Health Council
Molly Taroli, PacificSource
Maria Waters, Oregon Health Authority
Wendi Worthington, COCC

Introductions
- Introductions were made and Linda McCoy welcomed all attendees.

Public Comment
- Linda McCoy welcomed public comment. No public comment was made
Announcements

- Linda McCoy shared that Bruce Abernethy is resigning from the CAC. She announced that Cyndi Kallstrom will be retiring in January, and the new Innovator Agent for Central Oregon, Dustin Zimmerman, currently works with PacificSource in the Gorge.

Approval of the Minutes

- Linda McCoy asked for approval of the draft minutes. Ken Wilhelm motioned for approval, and Linda Johnson seconded. All were in favor; the minutes were approved unanimously.

Community Lens: Assistor Sharing

- Patti Gaskins explained that Bend Treatment Center (BTC) is a Medication Assisted Treatment (MAT) center focused on opioid use disorder. She shared that clients come in regularly for a dose of suboxone or methadone, requiring them to make frequent appearances at the clinic depending on how far along they are in their treatment.
- Patti shared that the largest issue for clients is regarding transportation availability, especially for the homeless. She noted that some drivers rush clients out of their appointments by calling them while they’re in counseling and insisting they leave. She added that some client’s rides are being cancelled but the client isn’t notified until the day of.
- Patti noted that switching between CCOs is a long time for clients in need of immediate services. Maria Waters shared that OHA is aware of this issue and they are working on it.
- Molly Taroli invited Patti to participate in the Non-Emergent Medical Transportation (NEMT) meetings.

PacificSource: Healthy Equity

- Miguel Herrada shared OHA’s definition of Health Equity. He noted that listening sessions have been conducted around the region, and a plan for health equity should be submitted in March.
- Miguel asked what CAC members would change to improve equitable access to CCO services. Suggestions included eligibility regardless of documentation, eligibility for higher income levels, better interpreter access for specialists, better coordination between Medicaid and Medicare.

Health Workforce Development

- Wendi Worthington discussed the workforce development opportunities at COCC for health care, including certificates and associates degrees. She noted that enrollment in these programs is low despite the workforce shortage.
- Cris Woodard and Larry Kogosvek attested to the quality of COCC’s programs through their personal experiences.
• The group discussed the greater need for these programs in Redmond, Prineville and Madras and the openings for practicum in the more rural clinics.

Community Benefit Initiative & CAC’s Responsibility
• MaCayla shared that the CAC will receive approximately $250,000 annually to allocate toward Social Determinants of Health (SDOH). She clarified the restrictions on the funds, and explained that these monies are separate from the RHIP workgroups, however, the money is being extracted from what would normally have been allocated to them. She noted the CAC will be taken through an A3 process to determine where to invest the money.

CCO Updates
• Non-Emergent Medical Transportation (NEMT)
  o Molly shared that Gridworks will not receive the contract from PacificSource, and that the current contract with the Cascades East Ride Center (CERC) will be extended through March 31st until another vendor can be contracted.

• Transformation Quality Strategy (TQS)
  o Molly shared that MaCayla will be included in the TQS Steering Committee quarterly along with a member of the CAC.

Regional Health Improvement Plan Update
• MaCayla announced that the 2020-2023 RHIP has been completed and is being developed at the designer. She noted it will be released at the next meeting.