Creating a healthier Central Oregon.

Council

- Rick Treleaven, Chair, LCSW
  Executive Director
  BestCare Treatment Services, Inc.
- Linda Johnson, Vice Chair, Community Representative
- Patti Adair, Commissioner, Deschutes County
- Eric Alexander, CEO
  Partners in Care
- Paul Andrews, Ed.D
  Superintendent
  High Desert ESD
- Tammy Baney, Executive Director, Central Oregon Intergovernmental Council
- Seth Crawford
  Commissioner,
  Crook County
- Megan Haase, FNP
  CEO, Mosaic Medical
- Linda McCoy
  Community Representative
- Ellie Naderi
  President, Advantage Dental
- Divya Sharma, MD
  Central Oregon IPA Representative
- Kelly Simmelink
  Commissioner,
  Jefferson County
- Justin Sivill
  Executive Director,
  Summit BMC
- Dan Stevens
  Executive VP,
  PacificSource
- Jenn Welander (Interim)
  CFO, St. Charles Health System

Advantage Dental, Training Room
442 SW Umatilla Ave, Redmond
February 13, 2020

Dial In – See calendar invite for Zoom details to join from a computer
Phones: 1(669) 900-6833, Code: 542240567#

Welcome – Rick Treleaven
12:30 – 12:35 Introductions

12:35 – 12:40 Public Comment

12:40 – 12:45 Action Items & Approve Consent Agenda…........vote

12:45 – 12:50 Patient Story – Paul Andrews......................information

Long-Term Systemic Change
12:50 – 1:50 Governance Committee – Linda Johnson...............information

Governance
1:50 – 2:00 CCO 2020 Budget – Leslie Neugebauer...............vote

2:00 – 2:15 CCO 2019 Q4 Metrics – Leslie Neugebauer...........information
  Attachment: 2019 Q4 CCO Metrics

2:15 – 2:30 Workforce Development – Gretchen Horton-Dunbar.information
  Attachment: CCO 2.0 .ppt

RHA/RHIP
2:30 – 3:30 Strategic Planning – COHC Staff ..................discussion
  Attachment: Environmental Scan/Current State

Consent Agenda
- January 2020 Board Minutes
- December 2019 COHC Financials
- Auditor Selection/Finance Recommendation

Written Reports
- Executive Director Update
- January 2020 CAC Minutes

The Central Oregon Health Council Board of Directors reserves the right to transition into an executive session at any point during the Board meeting.
MINUTES OF A MEETING OF
THE BOARD OF DIRECTORS OF
CENTRAL OREGON HEALTH COUNCIL
HELD AT THE ENVIRONMENTAL CENTER
16 NW KANSAS AVENUE, BEND
January 9, 2020

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 January 9, 2020, at the Environmental Center, in Bend, Oregon. Notice of the meeting had been sent to all members of the Board in accordance with the Corporation’s bylaws.

Directors Present: Rick Treleaven, Chair
                        Patti Adair
                        Paul Andrews, Ed.D (dial-in)
                        Tammy Baney
                        Seth Crawford
                        Megan Haase, FNP
                        Linda Johnson
                        Linda McCoy
                        Ellie Naderi
                        Divya Sharma, MD
Mr. Treleaven served as Chair of the meeting and Ms. Seymour served as Secretary of the meeting. Mr. Treleaven 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**
Mr. Treleaven welcomed all attendees to the meeting; introductions were made around the room and on the phone.

**PUBLIC COMMENT**
Mr. Treleaven welcomed public comment. No public comment was given.

**CELEBRATE MS. BANEY**
The Board thanked Ms. Baney for her leadership of the Central Oregon Health Council for the last decade.

**CONSENT AGENDA**

The consent agenda included the December minutes, the CCO Dashboard, and COHC Financials for November.

MOTION TO APPROVE: Commissioner Simmelink motioned to approve the consent agenda; Ms. McCoy seconded. The motion was approved.

**PATIENT STORY**

Commissioner Adair shared that Deschutes County Behavioral Health has a new candidate in mind to fill their open position for a psychiatrist. She added that a Deschutes County employee recently gave birth to twins, and one of them has a rare form of cancer that has placed him on a waiting list to be treated at St. Jude’s.

**LONG-TERM SYSTEMIC CHANGE**

Ms. Johnson reminded the Board that they determined at last month’s meeting that the Oregon Health Plan (OHP) consumer population is their primary focus. She invited Ms. Jones, Ms. Berry and Ms. Arsenault of the Central Oregon Health Council staff to lead the Board through a consensus workshop defining core values.

**FINANCE COMMITTEE**

Ms. Haase shared that the Finance Committee reviewed the CCO budget for 2020 and noted concern at the profit projection falling short of the CCO’s 2% profit cap. She impressed the Committee’s sense of urgency regarding identifying cost drivers. Mr. Treleaven explained that the Finance Committee is proposing the Board designate a group to focus on understanding the increased spend in order to recommend specific changes. The Board agreed, and tasked the Finance Committee with designating the group. Additionally, they stipulated that in the event the Finance Committee does not designate themselves as the responsible group, more than 50% of all Finance Committee members must participate on the group they designate. Mr. Treleaven requested that after the Finance Committee designates a group, the Health Council staff draft a charter with a member composition component to be brought to the Board.
Ms. Hopper asked that the wording of the Finance Committee’s motion be changed to correct the notion that the 2% profit cap is a contractual requirement. The Board discussed the details of the motion and ultimately divided into the following two motions:

MOTION TO APPROVE: Ms. Welander motioned to approve the 2020 CCO budget, contingent upon changes that reflect a 2% minimum profit margin. Ms. Baney seconded. Mr. Stevens abstained. All were in favor, the motion passed unanimously.

MOTION TO APPROVE: Ms. Welander motioned to establish or assign a working committee, in which a majority of COHC Finance Committee members must participate, to evaluate and understand the root causes of increasing health care spend, and propose initiatives to the COHC Board of Directors for managing the cost curve. Ms. Haase seconded. All were in favor, the motion passed unanimously.

ACTION: The COHC staff will draft a charter with a member composition component for the group the Finance Committee designates to investigate cost drivers, and bring it to the Board for review.

CCO 2020 METRICS
Ms. Neugebauer shared that progress on value-based payment metrics will be monitored quarterly.

MOTION TO APPROVE: Ms. Baney motioned to approve the CCO 2.0 Metrics; Ms. Johnson seconded. All were in favor, the motion passed unanimously.

VOTE ON FINAL BOARD FUND DISTRIBUTION
Mr. Treleaven asked the Board to vote on which proposals were eligible to fund, regardless of amounts.

MOTION TO APPROVE: The Board motioned to fund Thrive Central Oregon’s proposal. Mr. Sivill abstained. The motion passed.

MOTION TO APPROVE: The Board motioned to fund the Crisis Stabilization Center proposal. The motion passed.

MOTION TO APPROVE: The Board motioned to fund TRACES’ proposal. Mr. Sivill abstained. The motion passed.
Mr. Treleaven asked for a motion detailing how much to allocate to each organization. The Board discussed the various proposals.

MOTION TO APPROVE: Ms. Naderi motioned to award $700,000 to TRACES, $500,000 to the Crisis Stabilization Center, and the remaining funds (~$106,000) to Thrive Central Oregon. Dr. Sharma seconded. The motion carried.

Ms. Mills announced that as of now, the Central Oregon Health Council has awarded over $20M in grants since 2016.

2020-2023 RHIP RELEASE
Ms. Berry shared the 2020-2023 Regional Health Improvement Plan with the Board of Directors. Ms. Baney emphasized the importance of incorporating the RHIP into organizational strategic plans.

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
## Statement of Financial Position

**YTD 12.31.19**

### ASSETS

<table>
<thead>
<tr>
<th></th>
<th>General Fund</th>
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<tbody>
<tr>
<td>Total Checking/Savings</td>
<td>$ 19,725,383</td>
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<tr>
<td>COPA - Security Deposit</td>
<td>$ 1,997</td>
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<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td><strong>$ 19,727,380</strong></td>
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### LIABILITIES & EQUITY

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<tr>
<td>Accounts Payable</td>
<td>$ 68,145</td>
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<tr>
<td>Payroll Payable (PTO Accrual)</td>
<td>$ 29,193</td>
<td>$ 97,338</td>
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<tr>
<td>Grants Payable</td>
<td>$ 3,537,518</td>
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<tr>
<td><strong>TOTAL LIABILITIES &amp; EQUITY</strong></td>
<td><strong>$ 19,727,380</strong></td>
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### Revenue

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<thead>
<tr>
<th></th>
<th>Actual</th>
<th>Budget</th>
<th>% Variance</th>
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<tbody>
<tr>
<td>Operating Revenue</td>
<td>$ 849,416</td>
<td>$ 850,000</td>
<td>0%</td>
</tr>
<tr>
<td>Community Impact Funds</td>
<td>2,611,943</td>
<td>2,500,000</td>
<td>4%</td>
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<tr>
<td>Grants</td>
<td>327,980</td>
<td>283,792</td>
<td>12%</td>
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<tr>
<td>2018 Shared Savings (old JMA)</td>
<td>7,535,282</td>
<td>-</td>
<td>36%</td>
</tr>
<tr>
<td>Interest income</td>
<td>203,667</td>
<td>150,000</td>
<td>36%</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>11,528,287</td>
<td>3,793,792</td>
<td>204%</td>
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### Expenses

<table>
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<th></th>
<th>Actual</th>
<th>Budget</th>
<th>% Variance</th>
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<tbody>
<tr>
<td>Operating Expense</td>
<td>1,063,416</td>
<td>1,166,576</td>
<td>6%</td>
</tr>
<tr>
<td>Community Impact Funds*</td>
<td>6,381,841</td>
<td>2,500,000</td>
<td>-55%</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>7,475,257</td>
<td>3,666,576</td>
<td>-104%</td>
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### Net Income

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<th></th>
<th>Actual</th>
<th>Budget</th>
<th>% Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Net Income</strong></td>
<td>$ 4,053,030</td>
<td>$ 127,216</td>
<td>3086%</td>
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* Community Impact Funds - Top 4 funded 2019

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<tr>
<th>Program</th>
<th>Funding</th>
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<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>Tertiary Pain Program</td>
<td>300,000</td>
</tr>
<tr>
<td>All other</td>
<td>3,355,821</td>
</tr>
</tbody>
</table>

|                      |          |          |
|----------------------|----------|
| **Total**            | $ 6,381,841 |

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

***** ***** The Finance Committee is not in receipt of PSCS December 31, 2019 Financials as yet*****
February 6, 2020

COHC 2019 Financial Auditors

As we prepare for the 2019 COHC audit, we were advised that Mathew Hamlin, who has managed our audit over the last two years, has separated from Jones & Roth to start his own CPA firm.

I reached out to Mr. Hamlin, as well as, Mr. Newton of Jones & Roth, for an updated quote to complete a full audit of COHC Financials for tax year 2019.

Proposals:
Jones & Roth $16,180
Hamlin CPA $12,730

Mr. Hamlin has intimate knowledge of the COHC business model and has provided a quality product over the past two years. It is my recommendation to the Finance committee to recommend Hamlin CPA to the COHC Board for engagement.

_The Finance Committee is recommending the COHC Board approve engagement with Hamlin CPA for the 2019 financial audit of COHC._
### Quality & Member Experience

<table>
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<tr>
<th>Metric</th>
<th>Performance</th>
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<tbody>
<tr>
<td>Quality Incentive Measures (QIMs)</td>
<td>Achieve at least 100% return on QIM measures (earned in 2019, paid in 2020) <strong>Achieved 70% return on QIM measures for 2018 performance. Projecting 80% return for 2019 performance.</strong></td>
</tr>
<tr>
<td>OHA Performance Improvement Plans (PIPs)</td>
<td>All projects meet OHA deliverables <strong>On track, Q4 reports were submitted to the OHA timely</strong></td>
</tr>
<tr>
<td>Transformation and Quality Strategy (TQS) Plan</td>
<td>All projects meet OHA deliverables <strong>On track, 2020 projects have been solidified; plan due March 15, 2020</strong></td>
</tr>
</tbody>
</table>

### Financial Stability

<table>
<thead>
<tr>
<th>Metric</th>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintain a stable CCO financial position and achieve cost of care targets</td>
<td>ED utilization rate/1000 (2019 target: &lt;43.6) <strong>As of 12/31/19 the rate is 43.6</strong></td>
</tr>
<tr>
<td>30 day all cause readmission rate (2019 target: &lt;11.9%)</td>
<td><strong>As of 12/31/19 the rate is 13.9%</strong></td>
</tr>
<tr>
<td>CCO MLR (2019 target: &lt;88.2%)</td>
<td>MLR is running at 86.8% for claims through October 2019 and paid through December 2019.</td>
</tr>
</tbody>
</table>

### CCO 2.0 Requirements

<table>
<thead>
<tr>
<th>Metric</th>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCO 2.0 requirements for specialty services</td>
<td>In 2019, evaluate and agree to implement at least one VBP (value based payment) for physical health specialty service <strong>We will develop VBPs in hospital + behavioral health (SageView) and maternity care in 2020 to implement January 1, 2021.</strong></td>
</tr>
<tr>
<td>CCO VBP roadmap and feedback on existing arrangements</td>
<td>Monitor regional progress towards 70% of payments in a VBP arrangement (benchmark for 2024; report with CCO-specific targets) <strong>We estimate that 65% of our current payments are in a VBP arrangement.</strong></td>
</tr>
<tr>
<td>Increased tribal engagement in community decision making</td>
<td>CAC and RHA/RHIP development groups will have tribal representation <strong>There is tribal representation both on the CAC and on the RHA/RHIP steering committee.</strong></td>
</tr>
<tr>
<td>CCO 2.0 health equity plan</td>
<td>Adopt and execute health equity plan, including staff and provider training opportunities <strong>The health equity plan was discussed with the Board in October 2019 and a follow up discussion will occur at the April 2020 Board meeting.</strong></td>
</tr>
</tbody>
</table>

### CCO Operations

<table>
<thead>
<tr>
<th>Metric</th>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCO call center performance</td>
<td>80% of calls answered within 30 seconds <strong>Q4 service level was 84%</strong></td>
</tr>
<tr>
<td>CCO timely and accurate claims payment</td>
<td>100% of clean claims paid within 9 days of receipt <strong>The Q1 &amp; Q2 average was 8.6 days</strong></td>
</tr>
<tr>
<td>Performance against OHA compliance standards</td>
<td>Pass External Quality Review (EQR) audit with the OHA <strong>The review scope for the CY2019 EQR audit included a review of all unresolved findings from past EQR audits to determine resolution. We received the final draft of the report in January 2020 which stated that no new findings were identified and of the 25 total historical findings only three remain.</strong></td>
</tr>
</tbody>
</table>
Shared Learning

CCO 2.0

Workforce Development

February 12, 2020
Meeting Goal

Brainstorm collaborative opportunities to build a more diverse provider workforce in Central Oregon to better meet member needs
Shared Learning Agenda

Central Oregon

- Overview of CCO 2.0 workforce development requirements
- Workforce assessment and proposed strategies review
- Workforce strategy discussion
- Next steps
Workforce Development Requirements

Develop and implement strategies based on an assessment of contracted provider demographics including language and race/ethnicity to meet known and anticipated member needs for oral, behavioral, and physical health care for each CCO 2.0 award region.

Strategies must include but are not limited to:

- Developing and investing in Traditional Health Workers/THWs
- Training providers in culturally and linguistically appropriate care, trauma-informed care, implicit bias, and other CLAS-oriented standards to improve quality of care for members with limited English proficiency and diverse cultural and ethnic backgrounds
- Promoting CLAS-focused service delivery
- Building workforce development strategies and plans in collaboration with local communities and local and State educational resources
- Developing the healthcare workforce pipeline by participating in and facilitating the current and future training for the health professional workforce. This includes encouraging local talent to return to their home areas to practice and supporting health professionals following their initial training

Submit workforce development assessment and plan with baselines, milestones, and timeline to the OHA annually by TBD
Workforce Development Approach: 2019-2020


- PointB Consultant Hire
- Provider Network & Member Assessment per CCO Region
- Assessment Socialization
  - Internal Stakeholders
- Strategy Development & Alignment
  - Internal Stakeholders
- Plan Development
- Strategy Development & Alignment
  - External Stakeholders
- Plan Finalization
- Submit Assessment & Plan to OHA

Feedback and Adjustments – Internal & External Stakeholders
## Provider Workforce Assessment and Strategies

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Strategies</th>
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</table>
| Limited knowledge of provider competition of trainings that are required  | • Assess provider training status  
| by CCO 2.0: Implicit bias, trauma-informed care, CLAS Standards, etc.     | • Develop and launch Implicit Bias training program + CEUs  
| • Develop and launch other provider training program                       | • Scarce use of THW by PS providers indicates need to educate providers about benefits of THW and incent them to hire THW to improve member health |
| Scarce use of THW by PS providers indicates need to educate providers     | • Add information about THW services, benefits and reimbursement rates to provider fall workshops, manual, etc.  
| about benefits of THW and incent them to hire THW to improve member health | • Solicit grant CHE grant applications that integrate THWs to meet priority member needs including SUDs |
| Limited distribution of registered THWs indicates need to advance THW     | • Provide 1-on-1 technical support to THWs interested in registering with OHA THW registry  
| training and support in prioritized communities based on member health   | • Facilitate the education and training of THW supervisors in targeted provider groups  
| needs                                                                      | • Partner with community-based organizations serving priority populations to recruit natural community leaders into THW trainings and offer free or low-cost access to trainings |
|                                                                           | • Assist CBOs in affiliating with provider groups to allow ability to bill for reimbursable services  
|                                                                           | • Work with the OHA THW Commission on developing and advancing best practices on THWs including:  
|                                                                           |   • Payment models and fee schedules  
|                                                                           |   • THW scope and care models  
|                                                                           | • Fund and/or host ongoing THW professional development  
|                                                                           | • Assess feasibility of facilitating development of a THW billing hub per region |
Provider Workforce Assessment and Strategies *cont.*

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Strategies</th>
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</table>
| Member and provider demographic data limitations limit ability to prioritize where and how to focus workforce development work | • Add provider demographic data questions including race/ethnicity, language, areas of focus, through existing channels: credentialing, provider verification letters, site visits, etc.  
• Increase efforts to systematically collect REAL+D member data |
| Behavioral health network gaps based on member needs are a top priority                       | • Assess increasing BH provider reimbursement rates to retain and expand BH provider pool  
• Develop and test provider travel reimbursement program  
• Collaborate with community partners to identify opportunities to expand BH providers and increase retention |
| • Limited use of TeleDoc, including in rural communities  
• Limited TeleDoc specialty types  
• Limited tele-dentistry services                                                              | • Educate providers on TeleDoc services and reimbursement  
• Explore BH-focused app options  
• Expand tele-dentistry services in targeted communities |
| • In-person translation services are scarce  
• Limited phone/video contracted vendors  
• Questions about video/phone translation quality                                               | • Assess in-person services and member preference through Medicaid Member Access survey  
• Increase contracted vendor options for members  
• Assess vendor translation services; propose improvements |
| • Lack of knowledge about established pipeline initiatives  
• Need to collaborate externally to build provider pipeline development projects with Health Councils, education systems, and community-based organizations | • Meet with Health Councils, education systems and CBOs to develop and advance targeted provider pipeline projects  
• Support or facilitate formation of collaborations and projects |
Discussion
Workforce Strategy Questions

1. What THW strategies might be used that could align with the Regional Health Assessment and Regional Health Improvement Plan?

2. Do you have suggestions for specific quality measures for BH and THW integration efforts?

3. What are the current regional efforts to diversify and expand the provider workforce?
   a) Do any include encouraging providers to return to their local regions to practice?
   b) How can PacificSource support or facilitate such work?
   c) Is there an opportunity to add a workforce development workgroup?

4. Other feedback?
Next Steps

1. Incorporate feedback from Health Plan into workplan

2. Align with and/or develop collaborations to advance workforce development strategies

3. Submit and launch workforce development plan per region

4. Collaborate with and provide workforce development updates to community partners
<table>
<thead>
<tr>
<th>DATA</th>
<th>ACCOMPLISHMENTS</th>
<th>CHALLENGES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senate Bill 648</td>
<td>Increased communication, trust, and data sharing</td>
<td>We don’t know who we are or what we want to become</td>
</tr>
<tr>
<td>Board of Directors regional CCO Governance (Medicaid)</td>
<td>RHA and RHIP advances with each iteration/cycle</td>
<td>Only one payer at the table (PacificSource)</td>
</tr>
<tr>
<td>Regional Health Assessment (RHA) (Whole Population)</td>
<td>Most diverse Board of Directors to date offering varied health perspectives</td>
<td>Struggle to understand health in all areas (including education, housing, transportation, and others)</td>
</tr>
<tr>
<td>Regional Health Improvement Plan (RHIP) (Whole Population)</td>
<td>Over $20M invested back into the region via the 2016-2019 RHIP</td>
<td>Gaps in data for communities, populations, or topics of interest</td>
</tr>
<tr>
<td>Joint Management Agreement (JMA) in place</td>
<td>Over 90 projects funded via the 2016-2019 RHIP</td>
<td>Barriers to measuring cost savings</td>
</tr>
<tr>
<td>Community partnerships collaborating around regional health</td>
<td>Over 200 volunteers consistently engaged</td>
<td>Reconciling a COHC Board position with professional organization role (competition to collaboration)</td>
</tr>
<tr>
<td>Crook, Deschutes, Jefferson, Northern Klamath counties and the Confederated Tribes of Warm Springs</td>
<td>Clinics continue to improve rates around QIMs</td>
<td>Board is focusing on too many areas</td>
</tr>
<tr>
<td>Diverse and varied communities</td>
<td>Dipped our toes into cross-sectoral collaboration</td>
<td>Impacting the Triple Aim</td>
</tr>
<tr>
<td>CCO 2.0 Requirements</td>
<td>Refined the model: we’re a resource for others</td>
<td>Real-time Data</td>
</tr>
<tr>
<td>QIM Requirements</td>
<td>Brand recognition is growing</td>
<td>Decreasing CCO budget</td>
</tr>
<tr>
<td>Legislative agreement about Board membership</td>
<td>Breaking down health silos</td>
<td>Understanding boundaries of who we serve and how we fund</td>
</tr>
<tr>
<td>RHA &amp; RHIP meets other organization’s reporting requirements</td>
<td>Hub for health info</td>
<td>Managing roles and tension in a trustful way</td>
</tr>
<tr>
<td>Structured to deliver the RHIP</td>
<td>Expanding beyond clinical health care</td>
<td>Explaining what we do to level-set</td>
</tr>
<tr>
<td>Board, Committees, and RHIP Workgroups</td>
<td>Setting realistic parameters</td>
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<tr>
<td>TRENDS</td>
<td>BENEFITS / STRENGTHS / ADVANTAGES</td>
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Central Oregon Health Council
Executive Director’s Update
February 13, 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
- Fiscal agent for Social Services Steering 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
- Project plan for Board Governance work (ENDS)
- Website redesign – launch late February
- Childcare Accelerator steering committee
- Strategic plan work with staff for 2020 RHIP launch
- Launch new RHIP workgroups
- Strategic plan work with staff/Board for 2020-2025 – Board Retreat
- Acclimating to a new Executive Team
- On-boarding new staff member (project manager)

Coming up:
- Standing up Budget Task Force/scrubbing Committee Structure
- Co-presenting CCO 2.0 Moving On Together conference
- Professional training
- Board Retreat
Present:
Linda McCoy, Chair, Consumer Representative
Larry Kogosvek, Vice Chair, Consumer Representative
Michael Baker, Jefferson County Health (Ex-Officio)
Jolene Greene, Consumer Representative
Linda Johnson, Community Representative
Elaine Knobbs-Seasholtz, Mosaic Medical
Tom Kuhn, Deschutes County Health Services (Ex-Officio)
Brad Porterfield, Consumer Representative
Vicky Ryan, Crook County Health Department (Ex-Officio) (call-in)
Elizabeth Schmitt, Consumer Representative
Ken Wilhelm, United Way of Deschutes County
Cris Woodard, Consumer Representative

Others Present:
MaCayla Arsenault, Central Oregon Health Council
Rebeckah Berry, Central Oregon Health Council
Gwen Jones, Central Oregon Health Council
Cyndi Kallstrom, Oregon Health Authority
Donna Mills, Central Oregon Health Council
Tanya Nason, PacificSource (call-in)
Leslie Neugebauer, PacificSource
Kelsey Seymour, Central Oregon Health Council
Molly Taroli, PacificSource
Kristen Robbel-Tobias, St. Charles Health System
Maria Waters, Oregon Health Authority
Renee Wirth, Central Oregon Health Council
Wendi Worthington, COCC
Dustin Zimmerman, Oregon Health Authority

Introductions
• Introductions were made and Linda McCoy welcomed all attendees.
Approval of the Minutes
- Jolene Greene noted that her name is misspelled on the front of the agenda. A typo was noted in the third paragraph under “Assistor Sharing”. Kelsey Seymour agreed to make both changes.
- 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.

Public Comment
- Linda McCoy welcomed public comment. Elizabeth Schmitt shared that there is a service dog organization that survives only on donations through the Disability Support Network.

Community Lens: Assistor Sharing
- Kristen Robbel-Tobias shared that she does OHP enrollment at Bethlehem Inn twice a week, and that most individuals she helps are homeless or unstably housed. She noted access to mental health prescribers, vision coverage, specialty care, and residential substance use treatment are all issues that affect her clients.
- Donna Mills asked Kristen if she’s familiar with OPAL-A, a phone service connecting behavioral health prescribers with primary care physicians. Kristen indicated she was not familiar with OPAL-A; Donna offered to forward that information to the assistors network.
  - **ACTION:** Donna will send OPAL-A information to assistors.
- Kristen shared that members are struggling to access Durable Medical Equipment (DME) items, such as compression socks and eyeglasses.

Community Benefit Initiative Planning
- MaCayla explained that Community Benefit Initiative dollars will be available for the CAC to direct soon. Gwen Jones reviewed health equity and discussed obstacles local residents have to getting equitable care. MaCayla showed a video demonstrating the various social determinants of health, and guided the group through a brainstorm of prevalent local equity issues.

CCO Updates
- Molly Taroli shared the enrollment numbers and Flex Funds balances for each of PacificSource’s CCOs. Linda Johnson asked for a report on how Flex Funds were spent in 2019. Molly agreed to send that report to the next CAC meeting.
  - **ACTION:** Molly will send the report for 2019 Flex Fund spending to MaCayla for the next CAC meeting.
- Molly announced this will be her last CAC meeting as she is moving into a new position within PacificSource.
OHA Update
  • Cyndi Kallstrom announced this will be her last CAC meeting also, as she is retiring, and Dustin Zimmerman will be taking over for her. She gave the OHA update and reminded the group of the CCO 2.0 CAC Webinars.

Regional Health Improvement Plan Release
  • Rebeckah Berry shared the 2020-2023 Regional Health Improvement Plan with the CAC.