The Central Oregon Health Council encourages persons with disabilities to participate in all programs and activities. This event/location is accessible to people with disabilities. If you need accommodations to make participation possible please call (541) 306-3523 or email macayla.arsenault@cohealthcouncil.org

Council

- Linda McCoy, Chair, Consumer Representative
- Larry Kogovsek, Vice Chair, Consumer Representative
- Joleen Greene, Consumer Representative
- Linda Johnson, Community Representative
- Elaine Knobbs-Seasholtz, Mosaic Medical
- Brad Porterfield, Consumer Representative, Latino Community Association
- Elizabeth Schmitt, Consumer Representative
- Ken Wilhelm, United Way
- Cris Woodard, Consumer Representative

Ex-officio Members

- Michael Baker, Jefferson County Health Department
- Tom Kuhn, Deschutes County
- Vicky Ryan, Crook County Health Department

The Environmental Center
Audobon Room
16 NW Kansas Ave.
Bend, OR
January 9, 2020

Conference Line: 1.669.900.6833
Meeting ID: 852.966.546#

9:30 – 9:40 Welcome—Linda McCoy
- Public Comment
- Announcements
- Approval of Meeting Minutes

9:40 – 10:00 Community Lense: Assister Sharing—Kristen Robbel-Tobias

10:00 – 10:55 Community Benefit Initiative Planning—Macayla Arsenault & Gwen Jones

10:55 – 11:05 CCO Updates—Molly Taroli

11:05 – 11:15 OHA Update—Cyndi Kallstrom

11:15 – 11:30 2020-2023 Regional Health Improvement Plan Sneak Peak—Rebeckah Berry

Five Finger Voting:
0: No go! Serious concerns
1: Serious reservations and prefer to resolve concerns before supporting it
2: Some concerns, but will go along with it
3: Support the idea
4: Strong support, but will not champion it
5: Absolutely, best idea ever, willing to champion it

“The overarching purpose of the CAC is to ensure the COHC remains responsive to consumer and community health needs.”—COHC CAC Charter
REPORTS and NEWS:

1. Transformation in Action newsletter: behavioral health project stories. The recently released newsletter includes stories from three CCOs (Columbia Pacific, Trillium, Eastern Oregon) about work they’re doing to support members’ behavioral health. The strategies highlighted include: Medicated-assisted treatment (MAT); Street outreach connecting to services and housing; Social and emotional development during the first five years. The issue can be found at: https://content.govdelivery.com/accounts/ORDHS/bulletins/27266cc

2. The Health Evidence Review Commission (HERC) posted the final version of its Multisector Intervention Report: Community Health Workers (CHWs) for Patients with Chronic Disease, as approved by the commission on 11/14/19. This 28-page report discusses evidence that supports that CHWs serving as part of an integrated care team appear to improve outcomes, and where there is limited evidence to support improved outcomes using CHWs. Find the report at: https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx

3. Reminder: Webinars for CACs: CCO 2.0 Contract and Rule Changes Impacting CACs. This webinar was previously scheduled for December but has been pushed back due to changes in rules and contract language timelines. The same webinar will be hosted twice:

- 1/21/20 noon-1 https://attendee.gotowebinar.com/register/5264962353023129357
- 1/22/20 10-11 a.m. https://attendee.gotowebinar.com/register/373954201652385805
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 was 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 associate 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 and Equity (SDOH-E). 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 shared it will be released at the next meeting.
COMMUNITY BENEFIT INITIATIVE

CCO 2.0 CAC REQUIREMENTS

WHAT IS THE COMMUNITY BENEFIT INITIATIVE (CBI)

- Community-level interventions focused on improving population health and health care quality.
- Interventions include but are not necessarily limited to Medicaid/OHP members;
- Promote the efficient use of resources and address social determinants of health to improve health outcomes, alleviate health disparities, and improve overall community well-being; and
- Promote alignment with the current Regional Health Improvement Plan
- Reduce health disparities among specific populations
- Promote and increase wellness and health activities
WHAT IS THE CAC’S RESPONSIBILITY

・CAC will be provided with ~$250,000 annually to invest in Social Determinants of Health and Equity community-based projects
・Direct, track, and review Community-Benefit Initiatives
・Determine where investments are made, and what amount should be invested in Community-Benefit Initiatives.

WHAT IS SOCIAL DETERMINANTS OF HEALTH AND EQUITY (SDHO-E)?

・SDOH- The complex circumstances in which individuals are born and live that impact their health. They include intangible factors such as political, socioeconomic, and cultural constructs, as well as place-based conditions including accessible healthcare and education systems, safe environmental conditions, well-designed neighborhoods, and availability of healthful food. ~NEJM
・Equity- Everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences. ~RWJ
WHAT CANNOT BE FUNDED

• Medicaid covered services or benefits
• Health related services that can be billed or allocated by a provider for care delivery or reimbursed (anything with a billing code.)
• Housing (brick and mortar) and rent
• Projects benefiting a single individual (Flexible Services are used for that)
• Projects not focused on Social Determinants of Health and Equity

WHAT IS THE PROCESS

• CAC will participate in the development of an A3 around SDOH-E
• CAC will be provided with ~$250,000 annually to invest in SDOH-E community-based projects
• Determine where investments are made, and what amount should be invested in Community-Benefit Initiatives.
• Direct, track, and review Community-Benefit Initiatives
QUESTIONS?