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

- Brad Porterfield, Chair, Consumer Representative
  Latino Community Association
- Larry Kogovsek, Vice Chair, Community Representative
- Mayra Benitez, Consumer Representative
- Natalie Chavez, Jefferson County Health Department
- Jolene Greene, Consumer Representative
- Linda Johnson, Community Representative
- Elaine Knobbs-Seasholtz, Mosaic Medical
- Lauren Kustudick, Consumer Representative
- Tom Kuhn, Deschutes County
- Jennifer Little, Klamath County
- Theresa Olander, Consumer Representative
- Elizabeth Schmitt, Consumer Representative
- Mandee Seeley, Consumer Representative
- Ken Wilhelm, United Way
- Cris Woodard, Community Representative
- Regina Sanchez, Crook County Health Department

Central Oregon Health Council

April 15, 2021
VIRTUAL
Video Conference Link In Calendar Invite
Conference Line: 1.669.900.6833
Meeting ID: 861.0355.0703#
Passcode: 492445#

12:00 – 12:15 Welcome—Brad Porterfield
  • Public Comment
  • Approval of Meeting Minutes

12:15 – 12:20 Highlights from COHC Board Meeting—Brad Porterfield

12:20 – 1:15 Community Health Projects Process Development—MaCayla Arsenault & Gwen Jones

1:15 – 1:30 Health Related Services Overview
  • Case Management Services—Molly Taroli
  • Flexible Services—Kristen Tobias

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
COMMUNITY HEALTH PROJECTS

(Community Benefit Initiative)

Community-level projects focused on improving population health and health care quality

• Focused on addressing Social Determinants of Health and Equity
WHAT DO COMMUNITY HEALTH PROJECTS DO?

• Address Social Determinants of Health
• Improve health outcomes
• Reduce health disparities
• Promote the efficient use of resources
• Support the current Regional Health Improvement Plan
• Promote and increase wellness and health activities
• Improve overall community well-being

REFLECTION ON 2020'S PROCESS
2020 COMMUNITY HEALTH PROJECTS
BUDGET REFLECTION

• About $250,000 per year to invest
• Additional $700,00 funds to invest.

• 2020 Funds to invest: ~$950,000

• *Funds must be spent by by December 31 of each year.*

COMMUNITY HEALTH PROJECTS

• 2020 Timeline Reflection
  • **July:** Request for Proposals (RFP) was sent out
    • Award ranges from $5,000 to $50,000
  • **August:** Finalize proposal scorecard
  • **September:** Proposal results and initial decisions
  • **October:** Final funding decision
REFLECTION: 2020 PROPOSALS

- 42 Proposals submitted
- Totaling amount of asks $1,669,956.31
- Total amount of available funding ~$950,000
<table>
<thead>
<tr>
<th>Organization Name</th>
<th>Project Name</th>
<th>Award Amount</th>
<th>Funding Total</th>
<th>Race within Revenue Group</th>
<th>Opioids</th>
<th>Domestic Violence</th>
<th>Economic Stability</th>
<th>Social and Community Health</th>
<th>Health and Health Care</th>
<th>Neighborhood and Built Environment</th>
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</thead>
<tbody>
<tr>
<td>Warm Springs Community Action Team</td>
<td>Economic Resilience and Healthy Families in Warm Springs</td>
<td>$95,000.00</td>
<td>$95,000.00</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Jefferson County Public Health Department</td>
<td>Jefferson County Syringe Exchange Program</td>
<td>$100,000.00</td>
<td>$100,000.00</td>
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<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Thrive Central Oregon</td>
<td>Thrive Central Oregon – COVID support</td>
<td>$74,017.00</td>
<td>$74,017.00</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Shepherd’s House Ministries</td>
<td>2020-21 Redmond Winter Shelter (“RWS”) at Shepherd’s House Ministries</td>
<td>$150,000.00</td>
<td>$150,000.00</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Habitat for Humanity LaPine Summer</td>
<td>Critical Home Repairs and Health and Housing Data Analysis</td>
<td>$239,000.00</td>
<td>$239,000.00</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Family Access Network</td>
<td>PAN Advocacy Services in Central Oregon</td>
<td>$35,000.00</td>
<td>$35,000.00</td>
<td>X</td>
<td>X</td>
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<td>X</td>
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<tr>
<td>The Child Center</td>
<td>Expanded Access for Mental and Behavioral Health Services for Youth and Children</td>
<td>$25,000.00</td>
<td>$25,000.00</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>DAVNE House</td>
<td>Transitions Program</td>
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<tr>
<td>Heartlands Medicine Family Care</td>
<td>Deschutes County Mobile Immunization, Education, and Health Access</td>
<td>$50,000.00</td>
<td>$50,000.00</td>
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<td>X</td>
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<tr>
<td>REACH</td>
<td>Outreach Support</td>
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<tr>
<td>Pfeifer &amp; Associates</td>
<td>Equity Housing Project</td>
<td>$45,000.00</td>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>BendNEXT</td>
<td>Central Oregon Childcare Accelerator</td>
<td>$50,000.00</td>
<td>$50,000.00</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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</tr>
<tr>
<td>Koa Community Land Trust</td>
<td>Advancing Koa OUI Efforts in support of Affordable, Sustainable, and Equitable Homeownership</td>
<td>$5,755.00</td>
<td>$5,755.00</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

Total to spend: $321,584.69
Total remaining after green section funded: $55,567.69

LET’S MAKE DECISIONS ON 2021 COMMUNITY HEALTH PROJECTS PROCESS
2021 BUDGET

- 2021 Budget is $370,000
- Funds must be spent by December 31, 2021

NARROWED FOCUS CONSIDERATIONS

- Geographic Area
- Prioritized Population
- Regional Health Improvement Plan Focus Area
- Other Considerations?
### PROCESS FOR APPLICATION REVIEW

- Full group review and score all applications?
- Two rounds of small group review score of applications?
- Other options?

<table>
<thead>
<tr>
<th>ONLY Request For Proposal (RFP)</th>
<th>Letter Of Interest (LOI) &amp; RFP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What</strong></td>
<td>CAC releases a Request for Proposal (RFP) to solicit applications for grants that address specific strategic directions and future state measures.</td>
</tr>
</tbody>
</table>
| **Pros** | • RFP to funding is ~3 months  
• Application is very detailed | • Short application  
• Less initial burden on applicant  
• Less for the workgroup to review  
• CAC only solicits applications from a few they are serious about  
• Scan of community needs/assets  
• Questions from LOI are prepopulated into full application |
| **Cons** | • Long application  
• More burdensome to applicant, especially if they are not funded  
• More for the workgroup to review | • LOI to funding is 4-5 months  
• Initial decisions are made based only on high level project overview |
AWARD RANGE?

• 2020 award range was $5,000-$50,000
• Pro’s & Con’s
Goal
Create social and physical environments that promote good health for all.

Overview
Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health. Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be.

Healthy People 2020 highlights the importance of addressing the social determinants of health by including “Create social and physical environments that promote good health for all” as one of the four overarching goals for the decade. This emphasis is shared by the World Health Organization, whose Commission on Social Determinants of Health in 2008 published the report, Closing the gap in a generation: Health equity through action on the social determinants of health. The emphasis is also shared by other U.S. health initiatives such as the National Partnership for Action to End Health Disparities and the National Prevention and Health Promotion Strategy.

The Social Determinants of Health topic area within Healthy People 2020 is designed to identify ways to create social and physical environments that promote good health for all. All Americans deserve an equal opportunity to make the choices that lead to good health. But to ensure that all Americans have that opportunity, advances are needed not only in health care but also in fields such as education, childcare, housing, business, law, media, community planning, transportation, and agriculture. Making these advances involves working together to:

- Explore how programs, practices, and policies in these areas affect the health of individuals, families, and communities.
- Establish common goals, complementary roles, and ongoing constructive relationships between the health sector and these areas.
- Maximize opportunities for collaboration among Federal-, state-, and local-level partners related to social determinants of health.

Understanding Social Determinants of Health

Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as “place.” In addition to the more material attributes of “place,” the patterns of social engagement and sense of security and well-being are also affected by where people live. Resources that enhance quality of life can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins.

Understanding the relationship between how population groups experience “place” and the impact of “place” on health is fundamental to the social determinants of health—including both social and physical determinants.

Examples of social determinants include:

Learn More
CDC Social Determinants of Health
Secretary’s Advisory Committee on Social Determinants of Health
Report
Examples of physical determinants include:

- Natural environment, such as green space (e.g., trees and grass) or weather (e.g., climate change)
- Built environment, such as buildings, sidewalks, bike lanes, and roads
- Worksites, schools, and recreational settings
- Housing and community design
- Exposure to toxic substances and other physical hazards
- Physical barriers, especially for people with disabilities
- Aesthetic elements (e.g., good lighting, trees, and benches)

By working to establish policies that positively influence social and economic conditions and those that support changes in individual behavior, we can improve health for large numbers of people in ways that can be sustained over time. Improving the conditions in which we live, learn, work, and play and the quality of our relationships will create a healthier population, society, and workforce.
Each of these five determinant areas reflects a number of key issues that make up the underlying factors in the arena of SDOH.

- **Economic Stability**
  - Employment
  - Food Insecurity
  - Housing Instability
  - Poverty

- **Education**
  - Early Childhood Education and Development
  - Enrollment in Higher Education
  - High School Graduation
  - Language and Literacy

- **Social and Community Context**
  - Civic Participation
  - Discrimination
  - Incarceration
  - Social Cohesion

- **Health and Health Care**
  - Access to Health Care
  - Access to Primary Care
  - Health Literacy

- **Neighborhood and Built Environment**
  - Access to Foods that Support Healthy Eating Patterns
  - Crime and Violence
  - Environmental Conditions
  - Quality of Housing

This organizing framework has been used to establish an initial set of objectives for the topic area as well as to identify existing Healthy People objectives (i.e., in other topic areas) that are complementary and highly relevant to social determinants. It is anticipated that additional objectives will continue to be developed throughout the decade.

In addition, the organizing framework has been used to identify an initial set of evidence-based resources and other examples of how a social determinants approach is or may be implemented at a state and local level.
Emerging Strategies To Address Social Determinants of Health

A number of tools and strategies are emerging to address the social determinants of health, including:

- Use of Health Impact Assessments to review needed, proposed, and existing social policies for their likely impact on health.
- Application of a “health in all policies” strategy, which introduces improved health for all and the closing of health gaps as goals to be shared across all areas of government.

References


What is Health Equity?

May 1, 2017  |  Publisher: Robert Wood Johnson Foundation
Author(s): Braveman P, Arkin E, Orleans T, Proctor D, and Plough A

While the term health equity is used widely, a common understanding of what it means is lacking.

What is health equity?

In a report designed to increase consensus around meaning of health equity, the Robert Wood Johnson Foundation (RWJF) provides the following definition: “Health equity means that 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, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”

The definitional concepts presented in the report are based on widely recognized ethical and human rights principles and supported by knowledge from health sciences.

Consensus around definitions for an issue such as health equity can help bridge divides and foster productive dialogue among diverse stakeholder groups. Conversely, a lack of clarity can lead to detours, and pose a barrier to effective engagement and action.

Also included in the report are examples of specific terms related to health equity that often arise in discussions around the concept.

Key Findings

Health equity surrounds and underpins RWJF’s vision of a society in which everyone has an equal opportunity to live the healthiest life possible. The authors, including RWJF staff members, put forth these four key steps to achieve health equity:

- **Identify important health disparities.** Many disparities in health are rooted in inequities in the opportunities and resources needed to be as healthy as possible. The determinants of health include living and working conditions, education, income, neighborhood characteristic, social
inclusion, and medical care. An increase in opportunities to be healthier will benefit everyone but more focus should be placed on groups that have been excluded or marginalized in the past.

- **Change and implement policies, laws, systems, environments, and practices to reduce inequities in the opportunities and resources needed to be as healthy as possible.** Eliminate the unfair individual and institutional social conditions that give rise to the inequities.

- **Evaluate and monitor efforts using short- and long-term measures** as it may take decades or generations to reduce some health disparities. In order not to underestimate the size of the gap between advantaged and disadvantaged, disadvantaged groups should not be compared to the general population but to advantaged groups.

- **Reassess strategies in light of process and outcomes and plan next steps.** Actively engage those most affected by disparities in the identification, design, implementation, and evaluation of promising solutions.

The authors note that equity is not the same as equality. To equalize opportunities, those with worse health and fewer resources need more efforts expended to improve their health.

**SHARE**

---

**Improving the health and well-being of all in America.**

Case Management
Member Support Specialists
Health Related Services/Flex Funds

Member Support Specialists

Member Support Specialists (MSS) connect members with the care and resources they need by removing barriers.

- **Housing** – Connect members with ways to pay rent, mortgage, or other housing related costs.
- **Food** – Arrange for meal delivery services to keep members from going hungry.
- **Transportation** – Help members get rides to and from appointments.
- **Utilities** – Help members get clean water, electricity, or heat.
Member Support Specialists

- **Finding a provider** – Help members find the right provider for their healthcare needs.
- **Appointments** – Work with providers to schedule appointments and provide helpful reminders.
- **Follow-through** – Arrange home care, prescriptions, and treatment plans.
- **Equipment** – Help getting the things you need to help with your medical care.

Contact Information

Member Support Specialist Team
Hours: Monday – Friday 8:00am – 5:00pm

**Phone:** 541-330-2507

**E-mail:** MedicaidMSS@pacificsource.com
Health Related Services Funds
Flex Funds

Health Related Services are used to pay for things that help improve member’s health, but are not paid for by OHP.

What have Health Related Services paid for in the past?

- Weighted blankets
- Baby monitors
- Car seats
- Club and camp fees for children
- Gym memberships and fitness classes
- Emergency shelter
- Exercise equipment and fitness trackers
2021 Health Related Services Requests

- Health Promotion Items, 67
- Gym Memberships, 12
- Health Activities, 6
- Exercise Equipment, 11
- Education, 5
- Transportation, 4
- Shelter/Housing, 56
- Other, 4

Who Can Make a Request for Health Related Services?

Healthcare providers and community partners can help members fill out the request form.

Examples:

- Primary Care Providers
- Surgeons
- Dental Providers
- Community Health Workers
- Specialty Providers
- Behavioral Health Providers
- Hospital Discharge Planners
Timeline for Health Related Services Requests

• Most request decisions are made in 1-3 weeks. In some cases, it may take up to 120 days.
• Urgent requests will have a decision within 1-3 business days.

Contact Information

Member Support Specialist Team
Hours: Monday – Friday 8:00am – 5:00pm

Phone: 541-284-7964
E-mail: healthrelatedservices@pacificsource.com
Questions?
Member Support Specialists

Connecting you with the care you deserve

When it comes to great service, our Member Support Specialists go above and beyond to give you the care you deserve. They work hard to remove roadblocks, and help members through the often-complicated world of healthcare.

Here’s a sample of some of the ways Member Support Specialists help PacificSource members with their needs:

Basic needs

- **Housing**—Help connecting you with ways to pay rent, mortgage, or other housing-related costs.
- **Food**—Help arranging meal delivery services to keep members from going hungry.
- **Transportation**—Help getting rides to and from doctor’s appointments.
- **Utilities**—Help getting clean water, electricity, or heat by connecting you with aid for utility bills, firewood, and more.

Medical help

- **Finding a doctor**—Help finding the right doctor for your medical needs.
- **Appointments**—Working with your doctors to help you schedule appointments and provide helpful reminders.

More extraordinary help

- **Follow-through**—Arranging home care, prescriptions, and treatment plans.
- **Equipment**—Help getting all the things you need to help with your medical care, from crutches to wheelchairs to CPAP machines to blood glucose monitors.

Free and confidential

Choosing to work with a Member Support Specialist is completely up to you. There is no obligation or cost to participate. And your interaction will remain confidential. No need is deemed too great or small.

Find out more

If you have questions or want to sign up, please call a Member Support Specialist Monday-Friday, 8:00 a.m. - 5:00 p.m. at:

- **Phone**
  - **Toll-free**
    - Medicare members call: 888-862-9725
    - All other members call: 888-691-8209
    - **TTY** (800) 735-2900
  - **24-Hour NurseLine**
    - **Toll-free**
      - (855) 834-6150
      - **TTY** (844) 514-3774

PacificSource.com

Coverage provided by PacificSource Health Plans or PacificSource Community Health Plans.
Especialistas de Apoyo a Miembros

Ayuda para obtener los cuidados que usted se merece

Cuando se trata de ofrecer un excelente servicio, nuestros Especialistas de Apoyo a Miembros se esfuerzan por brindarle los cuidados que usted se merece. Ellos trabajan arduamente para eliminar los obstáculos y ayudan a los miembros a resolver las cuestiones relacionadas con el cuidado de la salud.

Estas son algunas maneras en las que los Especialistas de Apoyo a Miembros ayudan a los miembros de PacificSource con sus necesidades:

Necesidades básicas

Vivienda—Ayuda para encontrar recursos relacionados con el pago de la renta, la hipoteca u otros gastos relacionados con la vivienda.

Alimentos—Ayuda para coordinar los servicios de reparto de comida a fin de evitar que los miembros pasen hambre.

Transporte—Ayuda para transportarse a las consultas con el médico y de regreso a casa.

Servicios Públicos—Ayuda para obtener agua limpia, electricidad o calefacción y recursos para pagar las facturas de los servicios públicos, conseguir leña y más.

Ayuda médica

Encuentre a un Médico—Ayuda para encontrar al doctor adecuado dependiendo de sus necesidades médicas.

Consultas—Los especialistas trabajan con los médicos para programar sus citas y le proporcionan útiles recordatorios.

Seguimiento—Ayuda para organizar los cuidados en el hogar, las prescripciones y los planes de tratamiento.

Equipo—Ayuda para obtener el equipo que usted necesita para sus cuidados médicos, incluyendo muletas, sillas de ruedas, máquinas CPAP y monitores de glucosa en sangre.

Más ayuda extraordinaria

• Rampas para sillas de ruedas
• Limpieza de patios y jardines
• Perros de servicio
• Traductores
• Ayuda con los copagos
• Grupos de apoyo
• Suministros para la incontinencia
• Ayuda con el seguro de discapacidad del Seguro Social
• Ayuda para comprender sus beneficios del seguro
• Más información sobre sus padecimientos médicos.

Gratuito y confidencial

Usted decide si desea trabajar con un Especialista de Apoyo a Miembros. Su participación no es obligatoria ni tiene costo alguno. Todas sus interacciones con los especialistas serán confidenciales. Ninguna necesidad es demasiado grande o pequeña.

Obtenga más información

Si usted tiene alguna duda o si desea inscribirse, por favor comuníquese con un Especialista de Apoyo a Miembros de lunes a viernes de 8:00 a.m. a 5:00 p.m.:

Teléfono

Sin costo

Los miembros de Medicare deben llamar al: (888) 862-9725
 Todos los demás miembros deben llamar al: (888) 691-8209
 TTY (800) 735-2900

Línea de Enfermería las 24 Horas del Día

Sin costo

(855) 834-6150
TTY (844) 514-3774

PacificSource.com
Present:
Brad Porterfield, Chair, Consumer Representative
Linda Johnson, Community Representative
Jolene Greene, Consumer Representative
Larry Kogosvek, Vice Chair, Consumer Representative
Lauren Kustudick, Consumer Representative
Theresa Olander, Consumer Representative
Regina Sanchez, Crook County Health Department
Elizabeth Schmitt, Consumer Representative
Mandee Seeley, Consumer Representative
Cris Woodard, Consumer Representative
Ken Wilhelm, United Way of Central Oregon

Absent:
Mayra Benitez, Consumer Representative
Natalie Chavez, Jefferson County Health
Elaine Knobbs-Seasholtz, Mosaic Medical
Tom Kuhn, Deschutes County Health Services
Jennifer Little, Klamath County Public Health

Others Present:
MaCayla Arsenault, Central Oregon Health Council
Tania Curiel, Oregon Health Authority
Rebecca Donell, Oregon Health Authority
Miguel Herrada, PacificSource
Gwen Jones, Central Oregon Health Council
Donna Mills, Central Oregon Health Council
Leslie Neugebauer, PacificSource
Kelsey Seymour, Central Oregon Health Council
Kristen Tobias, PacificSource
Renee Wirth, Central Oregon Health Council

Introductions
• Introductions were made and Brad Porterfield welcomed all attendees.

Public Comment
• Brad welcomed public comment. Leslie Neugebauer shared that Jennifer Little from Klamath County Public Health recently reached out to find out if Central Oregon could help promote a COVID-19 vaccination pop-up clinic in Crescent, Oregon. She shared that PacificSource called 137 people in one day, and that appointments filled up within 2 and a half days. She noted the story made the news, and that she was invited to promote the event on Crescent’s local radio station.

Approval of the Minutes
• Linda Johnson motioned to approve the minutes; Ken Wilhelm seconded. All were in favor, the motion passed unanimously.

Approval of the Consent Agenda
• Linda shared the Board is finalizing their policy book, which will include the roles and responsibilities of the Board’s Chair and Vice Chair, and that she will be reviewing both to ensure consistency.
• Lauren Kustudick motioned to approve the consent agenda; Larry Kogosvek seconded. All were in favor, the motion passed unanimously.

Emailed Material and Announcement Questions
• MaCayla shared the requested changes have been added to the CAC’s Chair & Vice Chair Roles and Responsibilities document.
• MaCayla noted the survey respondents indicated they’d prefer to meet in small groups outside of the main meeting and keep the main meeting to just 90 minutes. She added that consumer members voted mostly in favor of using PEX cards instead of receiving paper checks.
• MaCayla shared that the social determinant of health the CAC indicated they’re most interested in funding this year is Economic Stability.

CLAS Standards
• Miguel Herrada reviewed the Culturally and Linguistically Appropriate Services (CLAS) Standards and asked the CAC how these could be used to evaluate equity. He explained the standards promote respecting and incorporating diverse cultural beliefs and communication needs, and that they are about much more than language access. A discussion of the logistics of the use of interpreters ensued.

Process Development: How CAC Manages Emerging Issues
• Gwen invited the CAC to join small groups to discuss ideas for addressing emerging issues.
• When the group returned, they agreed the first emerging issues they address should be dental access for Oregon Health Plan (OHP) recipients, and also drug and alcohol detox access.