### Central Oregon Health Council

**Board of Directors Meeting**

**DATE**
Thursday, February 9, 2023

**LUNCH**
12:30–12:40

**MEETING**
12:30–2:30 pm

**EXECUTIVE SESSION**
2:40–3:00

**LOCATION**
COC Redmond Technology Education Center, Room 209

**AGENDA**

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Presenter</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:30–12:40</td>
<td>Welcome and Public Comment</td>
<td>Tammy Baney</td>
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<tr>
<td>12:40–12:45</td>
<td>Consent Agenda</td>
<td>Tammy Baney</td>
<td>Vote</td>
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<tr>
<td>12:45–1:00</td>
<td>Q4 2022 CCO Performance Metrics</td>
<td>Tricia Wilder</td>
<td>Info</td>
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<tr>
<td>1:00–1:20</td>
<td>2023 Draft CCO Performance Metrics</td>
<td>Tricia Wilder</td>
<td>Info &amp; discussion</td>
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<tr>
<td>1:20–1:40</td>
<td>Behavioral Health Surplus Proposal</td>
<td>Carmen Madrid</td>
<td>Info &amp; discussion</td>
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<tr>
<td>1:40–2:10</td>
<td>Legislative Update</td>
<td>Richard Blackwell</td>
<td>Info &amp; discussion</td>
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<tr>
<td>2:10–2:30</td>
<td>2023 CCO Budget Approval</td>
<td>Justin Samudio</td>
<td>Discussion Vote</td>
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<tr>
<td>2:30</td>
<td>Adjourn</td>
<td>Tammy Baney</td>
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<tr>
<td>2:40</td>
<td>Executive Session</td>
<td>Board of Directors</td>
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**Consent Agenda**
- December 2022 Board Minutes
- January 2023 Board Minutes

**Written Reports**
- Board Minutes Addendum: CHESI Grant
- 2023 Draft CCO Performance Metrics
- Behavioral Health Surplus Proposal
- St Charles PEDAL Funding Request
- January 2023 Legislative Update
- Executive Director’s Report February 2023
- CCO Director Report February 2023
MINUTES OF A MEETING OF
THE BOARD OF DIRECTORS OF THE
CENTRAL OREGON HEALTH COUNCIL
Held virtually via Zoom
December 8, 2022

A meeting of the Board of Directors (the “Board”) of Central Oregon Health Council, an Oregon public benefit corporation (the “Corporation”), was held via Zoom on December 8, 2022 at 12:30 pm Pacific Time. Notice of the meeting was sent to all members of the Board in accordance with the Corporation’s bylaws.

Directors Present
Tammy Baney, Chair
Linda Johnson, Vice Chair
Patti Adair
Gary Allen, DMD
Paul Andrews, EdD
Megan Haase, FNP
Brad Porterfield
Iman Simmons
Justin Sivill
Rick Treleaven

Directors Absent
Seth Crawford
Divya Sharma, MD
Kelly Simmelink
Dan Stevens

Guests Present
Kelley Adams, Central Oregon Health Council
MaCayla Arsenault, Central Oregon Health Council
Megan Boyle, COPA
Jeff Davis, PacificSource
Miguel Herrada, Central Oregon Health Council
Laurie Hill, COPA
Gwen Jones, Central Oregon Health Council
Erik Kropp, Deschutes County
Carmen Madrid, Central Oregon Health Council
Zaira Flores Marin, PacificSource
Kat Mastrangelo, Volunteers in Medicine
Leslie Neugebauer, PacificSource
Katie Plumb, Crook County Health Department
Justin Samudio, PacificSource
Elizabeth Schmitt, CAC
Ms. Baney served as Chair of the meeting and Ms. Smith served as Secretary. 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 and facilitated introductions.

**PUBLIC COMMENT**
Ms. Baney invited public comment. No public comment was offered.

**CONSENT AGENDA**
The consent agenda consisted of the November meeting minutes, COHC’s August and September financials, and its 2023 draft budget.

**MOTION TO APPROVE**: Dr. Allen moved to approve the consent agenda, excepting the 2023 draft budget; Ms. Johnson seconded. All were in favor and the motion passed unanimously.

**ACTION ITEMS**
An action item remains open: The Executive Director will create a proposal to add two community representatives to the Board—on hold pending Strategic Plan work at the next Board retreat.

**BOARD OFFICERS ELECTION**
Ms. Madrid called for an official vote to ratify the Board officers’ election conducted via email. The candidates were Tammy Baney, Chair, and Linda Johnson, Vice Chair, for a continuation of their terms in 2023.

**MOTION TO APPROVE**: Commissioner Adair moved to ratify the election; Dr. Allen seconded. All were in favor and the motion passed unanimously.

**REDETERMINATION UPDATE**
Ms. Wilder gave a brief update on redetermination, noting that the Public Health Emergency had been extended till January 11, 2023. As the federal government had not given 60 days’ notice to the states, as promised, the assumption was that the PHE would be extended another 90 days to April 2023 and there would be no meaningful impact on membership until October. This had a significant impact on the CCO’s projected 2023 budget, which would be presented to the Finance Committee on December 19 and to the Board in January.
**FINANCE FOLLOW-UP: OPERATING REVENUE DIFFERENTIAL**

Mr. Samudio had been asked to explain to the Board what was driving the $21 million positive variance in operating income in the CCO financials through September. There were three main drivers, the first being prior year adjustments from 2021 (or before) totaling $13.6 million, which included IBNR claims of about $3.2 million and withholds and incentives related to provider risk arrangements of about $8.5 million. The other two pieces were related to claims. Pharmacy claims showed a $5.6 million positive variance based on lower than budgeted costs for prescriptions and lower utilization per member. Provider and hospital claims together had about a $3 million positive variance, related to actual realized trends coming in lower than budgeted. Ms. Wilder added that she and Ms. Madrid would schedule Peter McGarry to talk about value-based payments in 2023.

**COHC 2023 DRAFT BUDGET**

Ms. Madrid presented COHC’s draft budget and assumptions for 2023. She explained that there weren’t many changes in expenses aside from some savings in operations. She had allocated $1 million for cross-sector projects and program initiatives and $4 million for community impact funds. COHC had spent $7 million of the $12 million earmarked for this RHIP cycle and was expecting to spend $4 million next year. Ms. Baney asked whether there were any questions and welcomed a motion to approve the COHC budget.

**MOTION TO APPROVE:** Dr. Allen moved to approve COHC’s 2023 draft budget, Mr. Andrews seconded, and the motion carried.

**ANNOUNCEMENTS**

Mr. Sivill gave an update on Summit Health, which was in the closing stages of creating the country’s largest value-based organization. He would share further details once the deal was concluded.

Mr. Porterfield noted that Measure 111 had passed, adding health care as a right to the Oregon state constitution. Dr. Allen observed that it would be helpful to have an expert opinion on its implications at a future meeting.

Ms. Madrid gave a reminder that the Board–CAC combined meeting would take place in January at the LCA community room. The Board would conduct its regular business in the first hour, followed by their ongoing work with the CAC.

Ms. Baney offered congratulations to Commissioner Adair on her successful re-election.

**ADJOURNMENT**

There being no further business to come before the Board, the meeting was adjourned at 1:15 pm Pacific Standard Time.

Respectfully submitted,

________________________
Camille Smith, Secretary
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 pm Pacific Time January 12, 2023, at Latino Community Association in Bend. Notice of the meeting was sent to all members of the Board in accordance with the Corporation’s bylaws.

Directors Present
Tammy Baney, Chair  
Linda Johnson, Vice Chair  
Patti Adair  
Gary Allen, DMD  
Paul Andrews, EdD  
Megan Haase, FNP  
Brad Porterfield  
Divya Sharma, MD  
Iman Simmons  
Justin Sivill  
Rick Treleaven

Directors Absent  
Seth Crawford  
Kelly Simmelink  
Dan Stevens

Guests Present  
Kelley Adams, Central Oregon Health Council  
MaCayla Arsenault, Central Oregon Health Council  
Jeff Davis, MD, PacificSource  
Miguel Herrada, Central Oregon Health Council  
Gwen Jones, Central Oregon Health Council  
Elaine Knobbs-Seasholtz, Mosaic Medical & CAC  
Tom Kuhn, Deschutes County Health Services & CAC  
Hilda Leon, Latino Community Association  
Carmen Madrid, Central Oregon Health Council
Ms. Baney served as Chair of the meeting and Ms. Smith served as Secretary. 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 and facilitated introductions.

**Public Comment**
Ms. Baney invited public comment. Mr. Sivill announced that Summit Health & VillageMD had merged to become the largest value-based care company with the highest quality scores in the country. He explained that their mission remains unchanged, there would be no changes to the Bend clinics, and the local leadership will remain the same. He recommended a Business Wire article for further information: [businesswire.com/news/home/20230105005381/en/VillageMD-Finalizes-Acquisition-of-Summit-Health-CityMD-Creating-One-of-the-Largest-Independent-Provider-Groups-in-the-U.S.](http://businesswire.com)

**2023 CCO Budget & Assumptions**
Mr. Samudio presented the CCO 2023 draft budget and assumptions for the Board’s approval. He noted that the full impact of redetermination likely wouldn’t be seen until the end of 2024. There were questions on the Healthier Oregon Plan and the new legislation on covering all Oregonians, which will not go live this year as far as they know. He explained that total revenue was up, with an increase in behavioral health, while membership was going down. Everything else on the revenue side was staying flat. There were changes to the rates. The expectation was that all the increased revenue was paid out on the claims side.

There were a number of questions, beginning with the actual changes in the rates. What was the CCO stipulating as the bottom-line income? It was based on net income, which then leads to JMA savings for the next year. Why the higher net income? They don’t budget for prior year adjustments. What was the lowest number they’d had in the last three years, as well as the average revenue over the past three years? Mr. Samudio replied that he could get
answers. There was discussion around how much money should be in reserve in the Health Council and defining what was overflowing to the Health Council—what is left that isn’t the JMA (beyond the 2 percent margin for the CCO)? What are we paying for with the surplus money? How can we fund programs sustainably and provide savings to the global budget? Ms. Haase suggested more education for the Board on how the budget works. It was proposed that Mr. Sivill join the Finance Committee and there should be further discussion there before bringing it back to the Board.

**GOVERNANCE UPDATE**

Ms. Madrid gave a refresher on the structure of the Health Council and the purpose of the Governance Committee. She provided details on the status of Governance duties and the cadence of when those items are reviewed. She explained that the Board must approve the Governance workplan, which needs to be refreshed. It was noted that the Executive Committee needs to be reflected in the organizational structure, and there was an ask for a visual callout connecting the Health Council to the CCO. There is concern with the CAC being a function of the Health Council staff, which was not aligned with legislative expectation; the preference was that it should be linked to the Board. Ms. Madrid clarified that this was how it is reflected in the bylaws but she would look into it. The Board requested the inclusion of Board education to develop and improve and an accompanying plan to accomplish that.

Ms. Madrid also announced that she planned to begin producing an annual report and asked the Board to save the date for a Board retreat Thursday and Friday, June 8–9.

**CHESI GRANT**

Ms. Madrid presented information about a National Institutes of Health (NIH) community-based organizationally led grant, in partnership with researchers, called the Community-Led, Health Equity Structural Intervention (CHESI) Initiative. A letter of intent was submitted in November 2022 and COHC was invited to apply for the full application on December 19. The deadline for the full application was January 30, which was extended to February 3. Ms. Baney provided context on how the Board could reach approval to apply for the grant.

The Board had several questions regarding the grant, and an addendum to the minutes is attached herewith to provide answers to those questions.

Mr. Andrews, pointing to the fact that there is a one- to two-year planning phase, stated that he would support it. Mr. Treleaven also noted that a full commitment to a grant is not established until a contract is signed between the lead agency and the funding agency. Ms. Madrid explained that there would also be MOUs established between the lead agency and the subrecipients. Ms. Madrid confirmed that COHC would be the lead agency.

**MOTION TO APPROVE:** Mr. Andrews moved to support the application; Mr. Treleaven seconded. The motion passed, with clarity on the questions raised provided in an addendum to the minutes.
Ms. Baney asked for a vote to move forward, with the proviso that the Board will need answers to the questions that were discussed. They could reconsider if we wish to pull out of the application at the February meeting. The Board gave unanimous approval to support the application for the grant and provision of a letter of support, with the caveat that we can pull out at any time without financial risk.

**ADJOURN**

There being no further business to come before the Board, the meeting was adjourned at 2:30 pm Pacific Time.

Respectfully submitted,

____________________
Camille Smith, Secretary
In late October, OSU and OHSU researchers invited COHC to collaboratively submit a Letter of Intent (LOI) for a $12M potential grant from the NIH for the CHESI (Community-Led Health Equity Structural Interventions) Initiative. Our Letter of Intent was submitted in November.

On December 19, we received an invitation to apply for the full application.

As guided by our strategic plan to seek other sources of funding, this opportunity was presented to COHC's Board of Directors on January 12 for direction and support of the application.

Grant Background

The purpose of this Research Opportunity Announcement (ROA) is to solicit applications from community organizations to develop, implement, assess, and disseminate co-created community-led, health equity structural interventions, in partnership with research organizations, that intervene upon structural factors that produce and perpetuate health disparities. This goal will be accomplished in three (3) phases: 1) the intervention planning and development phase; 2) the intervention implementation phase; and 3) the intervention assessment, dissemination, and sustainability phase. During Phase I, community organizations will establish multisectoral partnerships, determine multiple health outcomes of interest, and solidify the structural factors to target, all of which will culminate with the development of a draft structural intervention strategy. Phase II will involve implementing the structural intervention and Phase III will involve assessing and disseminating structural intervention results and implementing research capacity and structural intervention sustainability plans.

A unanimous vote to proceed with the application was supported by the Board with a request to answer several questions.

1. **What is the scope of work for the Health Council and the research partners?**

   The CHESI grant in comparison to other research grants is designed to be facilitated, managed, and have the lead agency be a nonprofit organization that has the capacity to partner and have subrecipient research partners. COHC, OHSU, and OSU have clear agreement that the lead agency is COHC, who will hold the funding and manage the project with their support.

2. **Who is the grantor and what is the nature of competitiveness?**

   The grantor is the National Institutes of Health (NIH).
3. **What is our likelihood of success with this ten-year project?**

   As mentioned in the LOI, our current framework with our Regional Health Improvement Plan (RHIP) aligns with what they are seeking in the grant. We are already doing the work. This grant has the magnitude to leverage our existing work and broaden our reach to enhance structural interventions throughout the region.

4. **What research questions are being presented?**

   The research questions have not been formed. See Grant Background above. There will be a two-year planning phase to work with multisector stakeholders and community members to design the implementation of this grant. The focus is to have a community-led research and implementation plan that is co-created.

5. **Is this a new project or is it adding to our existing framework?**

   It is both. Our current RHIP already has multisector participation across the region with the opportunity to enhance the following from this grant:
   
   a. Enhance diverse community participation.
   b. The research component will allow us to measure our existing system and do a post-evaluation of the five-year cycle that can inform our next RHIP cycle.

6. **Would there be a role for the CAC?**

   Yes. Because this is a community-focused grant.

7. **Central Oregon is missing a regional Health Equity Coalition funded by OHA. Could this grant support this work?**

   The grant can potentially align with the Health Equity Coalition.

8. **Researcher work is transactional—how can this work be community-led?**

   The focus of this grant is community-led. As we continue to strengthen our diversity, equity, inclusion, and justice (DEIJ) and community engagement strategies, this will align with the execution of this grant.

9. **Who is the lead for this grant?**

   Central Oregon Health Council is the lead agency managing, structuring the project plan, the recipient of funds, and the lead decision-maker in partnership with the researchers.

10. **Role clarification for each of the organizations is requested.**

    OHSU and OSU are research partners as outlined above in the ROA (Request Opportunity Announcement). Central Oregon Health Council is the lead agency. See #9 above.
11. Can we decide to get out of the grant at any time?

Currently most research grants are led by university institutions. Community-based organizations are often subrecipients of the grants with no meaningful engagement in the strategy, design, and implementation of research models. Because research agencies have historically been the lead agency, this introduces risk for community subrecipients committed to partner with the research grant with little to no decision-making as a subrecipient.

The intent of this grant is to have a strong nonprofit organization such as COHC participate as a lead agency and the research partners to be subrecipients of this grant. This grant application recognizes the need for community-led participation. Health organizations are also not eligible to apply, which poses no conflict with our existing health system partners.

We enter into this application as committed partners with our research partners allowing two years of planning, six years of implementation, and two years for evaluation in the process. COHC is positioned with the relationships in our health ecosystem to succeed with this grant and leverage our existing framework.

The process of grant initiation is as follows:

Phase 1: Letter of Intent (LOI). This brief summary expresses an interest to apply for a grant and reviewed by funders.

Phase 2: Invitation to apply for a full application. After the review of the LOI, funders will invite the organization to apply.

Phase 3: Organizations are invited to apply and submit a full application to the funders.

Phase 4: Organizations are notified if they are awarded from their application submission.

Phase 5: A full contract is signed by the organization and if there are partner organizations involved as subrecipients, ideally there are agreements in place with those agencies before a full execution of the grant begins.

Attachments
: Letter of Intent (LOI)

Questions: Please contact Carmen Madrid at carmen.madrid@cohealthcouncil.org
November 18, 2022

Re: LOI for OTA-22-007 Community-Led Health Equity Structural Intervention Initiative

Dear Dr. Owens Ferguson,

The Central Oregon Health Council (COHC) submits this Letter of Intent for the OTA-22-007 “Community Partnerships to Advance Science for Society (ComPASS) Program’s Community-Led, Health Equity Structural Intervention Initiative.” Our LOI demonstrates the capacity to meet grant requirements and our strength in community-led approaches.

**Descriptive Information**

**Mission statement:** The Central Oregon Health Council (COHC) is a non-profit organization that exists to build an equitable, integrated health ecosystem to improve the health of Central Oregonians through collaborative work and community partnerships, utilizing data-driven decisions, to achieve quality improvements, lowered costs, and empowered providers.

**Research & programmatic experience using community-engaged approaches:**

For nearly 12 years, COHC has worked with organizational partners and community members to create and fund initiatives to mitigate social determinants of health, transform health care delivery and improve health outcomes in Central Oregon. COHC has a strong base of over 200 volunteers participating in community engagement through multi-sector community organizations and a Community Advisory Council (CAC), a co-created and community-led conduit for residents, that convenes monthly to assess health care programs and services, and advocates to improve health and reduce inequities. COHC volunteers include community leaders in health care, community and faith-based organizations, public health agencies, small businesses, education, housing agencies, elected officials, transportation, and health plans. COHC also leads the development of a Regional Health Assessment (RHA) and Regional Health Improvement Plan (RHIP), governs the global budget for Medicaid in Central Oregon, and is a neutral party to convene partnerships and foster trust among community members.

Additionally, COHC works with community members and the CAC to regularly publish a Regional Health Assessment (RHA).¹ The RHA serves as a snapshot of our region’s health and drives health improvement efforts. Following the creation of the RHA, COHC facilitates the creation of a Regional Health Improvement Plan (RHIP),² convening organizational partners and community members across Central Oregon. The RHIP is a guide for community-engaged partnerships to improve health outcomes and mitigate health inequities. To execute the RHIP, COHC hosts monthly community workgroups, collects and reviews quantitative and qualitative data (through community listening sessions and surveys) and holds workshops and seminars to raise awareness on key issues in our communities. COHC is also currently designing a community organizing program that will provide training in civic engagement, coalition building, collaboration, and advocacy.

**Established community partnerships that will support the structural intervention:** Through its current framework, COHC has well-established community partnerships to assess and implement meaningful structural changes. For this grant, we would lean on community-based organizations, community and traditional health workers, local health departments, county commissioners and other government representatives, our primary and behavioral health care providers, and partners in the K-12 education sector. Below are a few of our active partnerships:
<table>
<thead>
<tr>
<th>Organization and Partnership Date</th>
<th>Sector</th>
<th>Description</th>
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<tbody>
<tr>
<td>Crook County Deschutes County Jefferson County 2009</td>
<td>County Public Health</td>
<td>County Public Health Departments work together to address population-level physical and behavioral health.</td>
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<tr>
<td>Habitat for Humanity 2017</td>
<td>Housing</td>
<td>Housing organizations committed to increasing affordable, safe housing.</td>
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<tr>
<td>Homeless Leadership Coalition 2017</td>
<td>Housing</td>
<td></td>
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<tr>
<td>FUSE Central Oregon 2020</td>
<td>Housing</td>
<td></td>
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<tr>
<td>Housing Works 2018</td>
<td>Housing</td>
<td></td>
</tr>
<tr>
<td>Latino Community Association 2017</td>
<td>Community Based Organization</td>
<td>Focuses on the Latino population and partners on select initiatives.</td>
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<tr>
<td>Mosaic Medical 2014</td>
<td>Primary Care Provider</td>
<td>Healthcare provider integration providing direct services and investing in solutions to expand health care access.</td>
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<tr>
<td>St. Charles Hospital 2009</td>
<td>Hospital System</td>
<td></td>
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<tr>
<td>Best Care Treatment 2014</td>
<td>Behavioral Health</td>
<td></td>
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<tr>
<td>Dawn’s House 2019</td>
<td>Addiction Provider</td>
<td></td>
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<tr>
<td>Crook, Deschutes and Jefferson County Commissioners 2011</td>
<td>Local Government</td>
<td>Coordinating efforts to open the region’s first Crisis Stabilization Center and increasing housing.</td>
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<tr>
<td>City of Redmond 2018</td>
<td>Local Government</td>
<td></td>
</tr>
<tr>
<td>High Desert Education Services District 2016</td>
<td>Education</td>
<td>K-12 partners working across districts and sectors to support behavioral health, family health and educators.</td>
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**Projects and initiatives to address health disparities with community partners:** COHC hosts workgroups made up of community leaders who advise on funding priorities and contribute to community partnerships that address health disparities. These collaborative efforts include:

- **TRACEs (Trauma, Resilience, and Adverse Childhood Experiences):** Partnership of 170 multi-sector community organizations to build awareness of Adverse Childhood Experiences and provide trauma-informed practices training, with the goal of reducing disparities in health outcomes related to childhood trauma and promoting resilience.

- **Culture of Care/Better Together:** Partnership with six school districts, early learning providers, higher education, and TRACEs to train 3,000+ educators in trauma-informed care and practices, with strong partnerships in the Hispanic/Latino community.

COHC has also collaborated on efforts to reduce disparities in food security and access to affordable housing for rural and Hispanic/Latino individuals. These include collaborations with the La Pine Community Kitchen Satellite Food Pantry, the only food pantry available in a rural area of Klamath County; an after-school program “Creciendo Girasoles” that promotes physical activity and nutrition for Latino youth; a program with the Homeless Leadership Coalition to ease transitions to long-term housing; and a project with Central Oregon FUSE supporting housing and ongoing support for individuals with disabilities.

**Project Information**

**Descriptive title & Principal Investigator:** Our proposed community-led, health equity structural intervention (CHESI) is entitled (COACH-UP) “Central Oregon Achieving Community Health for Underserved Populations.” The principal investigator is Carmen Madrid, the Executive Director of COHC. We anticipate building organizational and policy-level structures to improve mental health infrastructure for underserved historically marginalized populations in Central Oregon. We will utilize a multi-prong approach, including (1) a university-level collaborative to specifically train providers for these
communities, (2) a mental health shortage designation program, and/or (3) investment to create new school or neighborhood-based mental health centers. This will be supported by a community leadership institute that will provide training and support to residents and organizations on community organizing, advocacy, and local governance structures. We will use intervention mapping to develop our CHESI, supported by our local Health Equity Research Assembly (HERA). Recognizing a history of underinvestment and exclusion in Oregon, we will build on existing relationships with partners in the Hispanic/Latino community and rural areas to co-create this intervention.

**Focus population experiencing health disparities:** Our CHESI will focus on the Latino community in rural geographic regions of Central Oregon. This historically marginalized community faces unique health challenges, due in part to the compounding effects of rural-urban health disparities, as well as inequities experienced by Hispanic/Latino individuals. Rural risk factors for health disparities include geographic isolation, lower socioeconomic status, higher rates of health risk behaviors and limited access to health care. Consequently, rural communities frequently experience excess morbidity and mortality associated with serious mental illness and unintentional injury. Within rural communities, racial and ethnic minorities experience disparities in health-related quality of life, access to health services and utilization, and are more likely to engage in harmful health behaviors compared to their white counterparts. Despite these challenges, rural communities also have deep assets that we will build on in our CHESI. For example, rural areas report higher levels of social cohesion, which is positively associated with a variety of health outcomes. Our CHESI will (1) build on the existing strengths of these communities and (2) capitalize on existing relationships to both address the identified social determinants and to mitigate health disparities.

**Geographic focus:** Our CHESI will be in Central Oregon in the tri-county region of Crook, Deschutes, and Jefferson, a mostly rural region with a population of 260,000. This region is shaped by migration patterns with a demand for seasonal work, and is under-resourced in terms of employment and health care. Central Oregon has a substantial Hispanic/Latino population (9.8%), many of whom live in rural/frontier areas.

**Health outcomes impacted by proposed structural intervention:** Our CHESI will directly impact various mental health outcomes, including depression, anxiety, post-traumatic stress disorder, substance use, and suicide. We also anticipate that our intervention will have an impact on health care access and utilization and incidence of chronic disease, as substance use and mental health are inherently connected to physical wellbeing. More broadly, our CHESI will aim to create a culture of belonging. Belonging is a fundamental human need and is tied to numerous health and wellbeing outcomes. The Othering and Belonging Institute defines belonging as “having a meaningful voice and the opportunity to participate in the design of political, social, and cultural structures that shape one’s life.” Numerous studies have demonstrated that social stigma, racism, and lack of social support – all threats to belonging – have a robust relationship with various mental health outcomes, including depression, anxiety, substance use disorder, and higher mortality. This relationship is cyclical: poor health is often a barrier to participation in various settings. As such, health equity and belonging should be addressed in tandem. Our proposed CHESI will promote belonging through shifting power dynamics in mental health care provision, ensuring care is culturally responsive and building community capacity for organizing and policy change.

**Structural factors for potential intervention:** Our CHESI will intervene upon political and economic structures, social factors, and geographic barriers which influence and constrain health outcomes. Political and economic factors include institutional and structural racism, poverty, unemployment, limited educational opportunities, poor funding for mental health services (leading to a lack of culturally
responsive providers and lack of community trust) and the high cost of healthcare. Social factors include stigma surrounding mental health care and discrimination and oppression experienced by community members. Finally, geographic barriers are potent in Central Oregon, as the shortage of providers in rural areas and lack of transportation options constrain access to care. Our CHESI will address these factors by increasing accessibility and funding for mental health services for populations experiencing health disparities, in addition to making strides to reduce the stigma of mental health care.

**Supporting Research Organizations and Investigators:** The proposed CHESI is supported by researchers at Oregon State University-Cascades (OSU-C), and Oregon Health & Science University’s Community Research Hub (The Hub). As Oregon’s land grant university, OSU is committed to serving the State through the sharing and application of knowledge. OSU-C is the branch campus located in Central Oregon, and the College of Public Health and Human Sciences faculty are focused on collaborative and community-engaged research to improve lifelong health and wellbeing. The Hub is in Central Oregon and serves to connect and support academic researchers and community partners to facilitate, grow, and strengthen community-engaged and community-led research throughout the state. The Hub and OSU-C have longstanding partnerships with COHC and numerous community organizations in the region. The specific investigators that have committed to supporting and participating in the full application are listed below:
<table>
<thead>
<tr>
<th>Researcher Name and Title</th>
<th>Institution</th>
<th>Phone &amp; Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Brianne Kothari, PhD</strong>&lt;br&gt;Associate Professor, Human Development and Family Sciences</td>
<td>Oregon State University - Cascades</td>
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</tr>
</tbody>
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**Fiscal Management Information**

*Organizational capacity and fiscal experience:* Annually, COHC manages $2M in grant funding with operational capacity of $1M. The Executive Director has over 20 years of fiscal and program management experience in payor health systems and nonprofits, having managed contract portfolios up to $30M and experience in grant management of over $27M. COHC also has a Finance Committee for fiscal governance which meets monthly to review financial statements.

Thank you for considering our LOI for submission. We look forward to hearing from you.

Sincerely,

Carmen Madrid<br>Executive Director – Central Oregon Health Council

**REFERENCES**

# 2023 CCO Performance Metrics

**Purpose:** Support the Central Oregon Health Council Board of Directors in monitoring key performance standards for the Central Oregon CCO.

<table>
<thead>
<tr>
<th>Quality &amp; Member Experience</th>
<th>Financial Stability</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective:</strong> CCO improves care, makes quality care accessible, and eliminates health disparities for members.</td>
<td><strong>Objective:</strong> CCO ends the year in a positive financial position.</td>
</tr>
<tr>
<td><strong>Metric:</strong> Meet at least 11 of 15 Quality Incentive Measure targets to achieve 100% payout.</td>
<td><strong>Metric:</strong> Achieve positive net income.</td>
</tr>
<tr>
<td><strong>Metric:</strong> Percent of members with a mental health service need who received a mental health service.</td>
<td><strong>Metric:</strong> Outpatient Emergency Department utilization is within the well-managed utilization range as defined by Milliman benchmark data source.</td>
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<thead>
<tr>
<th>CCO 2.0 Requirements</th>
<th>Operations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective:</strong> CCO meets all CCO 2.0 contract requirements.</td>
<td><strong>Objective:</strong> CCO monitors and evaluates operations to ensure optimal performance.</td>
</tr>
<tr>
<td><strong>Metric:</strong> At least 60% of provider contracts are in a Value Based Payment arrangement meeting the LAN Framework category of 2C or higher and 20% of provider contracts meet the LAN Framework category of 3B or higher.</td>
<td><strong>Metric:</strong> Average number of complaints related to NEMT services are less than 22% of total complaint volume.</td>
</tr>
<tr>
<td><strong>Metric:</strong> Population reach of unique members seen in Integrated Behavioral Health Care settings (Benchmark: 10%).</td>
<td><strong>Metric:</strong> Receive ≤ .7 complaints/1000 members related to oral health services.</td>
</tr>
</tbody>
</table>

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1. JMA, section 3.1.11
2. Mental Health Service Access Monitoring Performance Improvement Project metric.
3. Patient-Centered Primary Care Home metric.
4. Transformation and Quality Strategy metric.
Shared Savings Surplus Distribution Proposal for Behavioral Health

The Shared Savings Surplus distribution as indicated in our JMA (Joint Management Agreement) provides 50% to providers and the other 50% to behavioral health. In 2022, for the 2021 contract year there is $4,899,093.85 available for distribution. Exhibit 3 of our JMA outlines percentages distributed to our clinical provider partners. Fifty percent of the surplus dollars is attributed to behavioral health. This year, we have $2,449,546.93 to invest into mental health services.

History:

• In 2021, a surplus of $4,167,579 available for Behavioral Health.
• Committee formed
  o Donna Mills asked us to get together
  o Janice Garceau – DCHS
  o Rick Treleaven -- BestCare
  o Mike Franz – PacificSource
• Surplus from 2019 JMA Settlement
• COHC agreed 50% of surplus to BH

REQUIREMENTS:
• Needs to be region wide
• Prohibited:
  o OHP covered benefits
  o Building housing
• Must be “spent” by May 15, 2021

PROPOSED GUIDELINES:
• Focus on areas of need that represent underinsured/uninsured & health equity lens
• Spread expenditure over 3 years to maximize impact
• Address need across the lifespan
• Spending large sums quickly is challenging for small organizations – needs infrastructure
• Align with BH and SUD RHIP workgroup
2019 PROPOSED INVESTMENTS:

COSPA
- Need for more suicide prevention and postvention in schools – engage BH system
- #1 cause of death in 12-24 year olds
- Will approach COSPA and schools with approval
- Prioritize BIPOC youth

VOLUNTEERS IN MEDICINE
- Build integrated and/or outpatient BH services
- Prioritize Latin-X community with services in Spanish

OLDER ADULT BH SERVICES: Deschutes County Health Services and Best Care
- Develop more MH and SUD outpatient services for older adults
- Include case management
- Offer services to the uninsured and underinsured (Medicare very limited)

CENTRAL OREGON VETERANS OUTREACH (COVO)
- Develop BH outpatient services for homeless and un/underinsured
- Leverage new “Veteran’s Village” site
- Outreach programs for homeless and unengaged

Each organization upon Board approval received $1,041,894.90.

A recent review of the prior investments indicates that only 25% of the spending has been used for programs due to workforce shortage in the investment of funds, program development and the funding distributed was to support a 2-3 year program. There is an opportunity in our region with the growing needs of behavioral health affecting other sectors such as housing and substance abuse.
Shared Savings Surplus dollars became available late October 2022 for the 2021 contract year. At this time, the following proposal is open for discussion and approval. We have received approval from Pacific Source Community Solutions to extend the distribution date to June 30, 2023 to allow sufficient time for a transparent and equitable distribution process.

Current funding available: $2,449,546.93
Dedicate 1M to Pedal Clinic as a region wide collective need: $1,000,000.00
See attached Pedal Clinic proposal*

**Available for distribution:** $1,449,546.93

Opportunities for discussion:
- The RHIP behavioral workgroup can recommend an investment that would meet our future state metrics as well as identifying the most pressing needs surrounding behavioral health.
- There is an opportunity for multisector workgroups to collaborate and identify a broad regional initiative.
- There can be a call for application for grants throughout the Central OR region.

Recommendation:
- Model similar guidelines for funding as 2021.
- Receive a recommendation from the Behavioral Health workgroup guided by COHC Board of Directors, Health Services in Deschutes County, BestCare and Pacific Source BH representative by March 30, 2023 for the dollars available for distribution.
- Implement strategy and project(s) funded by June 30, 2023.
St Charles PEDAL Funding Request

January 26, 2023

The Programs of Evaluation, Development and Learning (PEDAL) is a service that offers care to children with special health needs. The clinic consists of five Psychologists and Neuro-Psychologists as well as one Developmental Pediatrician. The team specializes in diagnosis, assessment and intervention related to disorders affecting a child’s development.

As is widely known, hospitals and health systems across the country are having financial difficulty and SCHS is not immune from this problem. To that end, SCHS is evaluating all proformas and the financial performance of the PEDAL service is unsustainable. The program is estimated to require an $850,000 investment from SCHS in 2022 to maintain. A major contributor to this loss is the high Medicaid payer mix (~60%), and the low reimbursement received for those services.

In an effort to not lose this as a service in the Central Oregon community, SCHS began talks with others in the community and eventually formed a steering committee made up of leaders from SCHS, Mosaic, Central Oregon Pediatric Associates (COPA) and Pacificsource. This group has been meeting regularly and evaluating whether the program would be more financially sustainable in another entity outside of SCHS or whether a partnership exists that could work for all.

The committee is working through this problem, but the financial modeling and operational jigsaw puzzle take time to figure out with a diverse group of stakeholders. However, SCHS does not have time on its side and if funding is not found soon, will have to take action to significantly reduce this loss. St Charles requested funding from the 2023 CCO global budget, however negotiations continue and this option doesn’t appear likely. The next best option would be to find a source of “bridge” funding to help the program survive 2023 and give the committee time to create an ideal future stat.

Should SCHS receive bridge funding for PEDAL in 2023 and the committee decides the program should move to another entity we would transfer a prorated portion of the funding to that new hosting entity.
Legislative Update
January 2023
Today’s Presentation

- Opening Days
- Governor’s Recommended Budget
- CCO Bills of Interest
- Behavioral Health
Opening Days
Significant Changes...and some similarities

• Changes:
  • New Governor + Staff
  • New Members
  • Fewer Committees
  • Fewer Resources
  • One hallway

• Similarities
  • 1,800+ bills; 274 tracked (so far)
Budget Picture

• 2023-2025 Tentative Budget Memo
  • Projected gap between resources and expenditures = $559.2 million

• Governor's Recommended Budget released January 31

Priorities:
  • Housing/Homelessness
  • Mental Health & Recovery
  • Education & Child Care

• Agency budget bills (or any budget bills) have been introduced

• Agency substantive bill limbo
Budget Picture

**Governor’s Emergency Housing Package:**

- $33.6 million to prevent 8,750 households from becoming homeless by funding rent assistance and other eviction prevention services.
- $23.8 million to add 600 low-barrier shelter beds statewide and hire more housing navigators to ensure unsheltered Oregonians can get connected to the shelter and services they need.
- $54.4 million to rehouse at least 1,200 unsheltered households by funding prepaid rental assistance, block leasing at least 600 vacant homes, landlord guarantees and incentives, and other re-housing services.
- $5 million to support emergency response directly to the nine sovereign tribes in the State of Oregon.
- $5 million to increase capacity for culturally responsive organizations to support equitable outcomes of the homelessness state of emergency.
- $2 million to support local communities for sanitation services.
- $1.8 million to support the emergency response being coordinated by the Office of Emergency Management and Oregon Housing and Community Services.

= $130 million
Governor’s Recommended Budget Highlights

DHS: $17 billion total funds; $5 billion GF, 11,111 positions
• 440 positions for Oregon Health Plan eligibility; redeterminations; 1115 demonstration waiver implementation, and ONE system maintenance/improvements.
Governor’s Recommended Budget Highlights

OHA: $34 billion total funds, $5.4 billion GF; 5,829 positions

• $1.2 billion for improving behavioral health services
• Around $50 million for OSH stabilization
• $18.6 million for 988 crisis services, and a $0.40 tax on phone lines
• $100 million in bonding authority for local acute psychiatric facilities; $15 million for substance use disorder facilities
• Medicaid waiver: $128 million GF, $847 million federal funds
Governor’s Recommended Budget Highlights

OHA (continued)

• $500 million for HOP
• $3 million for BHP implementation
• $50 million for public health
• $5 million for UoHV
• $12 million for REAL-D/SOGI
• $2.1 million for a state-based exchange
Governor’s Recommended Budget Highlights

OHCS: $3.7 billion total funds, $677 million GF.

• $377 million for homeless emergency response efforts
• $900 million Article XI-Q bonds [Local Innovation and Fast Track (LIFT)] for affordable housing construction.
  • Article XI-Q bonds are for financing real property owned by the state.
CCO Bills of Interest
CCO Bills of Interest – Senate

• SB 191 – OHA to study fee-for-service health care in rural areas
• SB 216 – REAL-D/SOGI data follow-up bill
• SB 470 – Denial of Medical Assistance for Youth in Custody
• SB 486 – CCOs pay per diem for member unable to be discharged from hospital
• SB 492 – HERC Changes – quality of life years; other changes
• SB 497 – Oregon Health Plan coverage of CT coronary calcium score scans
CCO Bills of Interest – Senate

- SB 564 – $12 million GF for RHECs
- SB 584 – health care interpreter portal; demonstration project; private right of action
- SB 690 – CCO Restricted Reserves
- SB 695 – Direct Medicaid reimbursement for crisis response services
- SB 704 – Universal Health Plan Governance Board
CCO Bills of Interest – House of Reps.

- HB 2085 – Cost of Growth Target changes
- HB 2440 – CIE disclosure bill
- HB 2445 – Peer support specialist certification
- HB 2446 – Extension of current CCO contracts to December 31, 2026
- HB 2455 – Restrictions on CCO audits of behavioral health providers
- HB 2499 – Changes to P&T and HERC
- HB 2537 – CCOs pay per diem for member unable to be discharged from hospital
- HB 2541 – Study need for secure residential treatment facilities
- HB 2558 – Universal Health Plan Governance Board
CCO Bills of Interest – House of Reps.

- HB 2589 – DHS capacity for PACE programs
- HB 2741 – CCO procurement changes
- HB 2742 – Cost of growth target exemptions
- HB 2878 – Global budget pilot program
- HB 2990 – local resilience hubs
- HB 2993 – community education workers
- HB 3007 – Oral health committee; Office of Oral Health
- HB 3081 – OHA to study viral hepatitis
Behavioral Health Bills of Interest
Behavioral Health Bills of Interest - Senate

• SB 319 – Limitation of liability for CMHPs accepting OSH patients
• SB 620 – Admin Burden Workgroups
• SB 624 – certified community behavioral health center program
• SB 689 – CJC grant program for nonpolice response systems to minor instances of crime
Behavioral Health Bills of Interest - House

• HB 2176 – expanding bed capacity of Oregon State Hospital
• HB 2462 – certified community behavioral health center program
• HB 2485 – PSU educate more public mental health and addiction treatment providers
• HB 2463 – Admin burden workgroups
• HB 2540 – Child behavioral health specialist licensing
• HB 2542 – OHA to establish SUD accreditation program
• HB 2543 – OHA to study of funding of CMHPs every 4 years
• HB 2544 – GF Appropriation for licensed SUD treatment facilities
Behavioral Health Bills of Interest - House

• HB 2545 – Reimbursement for master's level behavioral health students
• HB 2599 – waives fees for employees/volunteers of respite providers
• HB 2651 – appropriation for behavioral health workforce (Wash. Co.)
• HB 2670 – counties may form co-located drug/alcohol abuse treatment services/navigation services
• HB 2757 – 9-8-8 funding
• HB 3126 - Establishes Emergency Behavioral Health Services for Children
Questions
Executive Director’s Report
February 9, 2023

January was a month of pacing the growth of the Central Oregon Health Council. Three highlights we focused on for the month were:

1. Strategic Plan Alignment and Clarity
2. Grant Update
3. Behavioral Health Surplus

Strategic Plan: Strategic Visions Clarity

Within the past month, the COHC staff have been reviewing the existing strategic plan to realign our workplan for 2023. There are some broad categories that we are organizing to ensure that we continue to implement the strategies and clearly align roles and responsibilities. A high-level attachment of the strategic plan is included for your review as we refresh our discussion midway through the five-year strategic plan cycle.

Grant Update: COACH-UP CHESI Application to NIH

A grant for COACH-UP (Central Oregon Achieving Community Health—Underserved Populations) from the NIH CHESI (Community-Led Health Equity Structural Intervention) Initiative was discussed at the January 12 Board of Directors meeting. As guided by our strategic plan to seek other sources of funding, this opportunity was presented. Several inquiries were made prior to a unanimous vote to proceed. Please see the attached addendum to the January meeting minutes, which address the questions. The full application along with our subrecipients, OHSU and OSU researchers, will be submitted February 3 with letters of support from the Board and three community partners: the Latino Community Association, Volunteers in Medicine, and High Desert ESD.

2021 Shared Savings Surplus

The Shared Savings Surplus from 2021 is $4,899,093.85. Distribution is designated in our JMA agreement with 50 percent to our healthcare partners across the region and fifty percent allocated to behavioral health. The fifty percent for our healthcare partners will be distributed before the end of February 2023. For the behavioral health distribution, a proposal will be presented at the Board of Directors meeting on February 9, 2023. We have received approval from our CCO partners for an extension to June 30, 2023 for the behavioral health surplus distribution. Please see the attached summary and proposal.
Operations

- A status report of our existing strategic plan will be given in March 2023.
- A two-day Board staff retreat is tentatively scheduled for June 8 and 9.
- An online newsletter will be published in February 2023.
- The Operations Council will be reforming with new members from operations directors across our healthcare system, who will collaborate to solve and implement project initiatives, emerging issues, and integration work.
- The Quality Incentive Measures (QIMs) have been achieved for 2022 and the new Quality Payment Pool (QPP) incentives will be implemented, with reporting to be presented at the February Board meeting.
- A procurement policy is being developed for internal COHC projects over $25,000.
- Our annual audit process will begin in April 2023, with an extension to file our 990 by October as has been done previously. We are finalizing an agreement for a new auditor, Jones & Roth. Jones & Roth has provided auditing services to COHC in the past and is familiar with our organization.

Staff

- Staff is doing work in strategic planning alignment to develop our workplan in 2023.
- Staff development plans are to be designed and launched during annual performance reviews.
- The budget has the potential to hire two more FTEs.

Questions: Please contact Carmen Madrid at carmen.madrid@cohealthcouncil.org
The Central Oregon Health Council strategic plan was approved by the Board of Directors to move forward with broad strategic directions and the aims identified to achieve within each strategic direction. The staff, Operations Council, Provider Engagement Panel (PEP), Community Advisory Council (CAC), and our CCO partner will work alongside the Board of Directors to achieve these strategic directions.

### Strategic Directions

**Creating Aligned Partnerships for Innovation between Payers, Delivery Systems, and Patients**

**AIMS**

1. Collaborate with two community provider organizations to launch a pilot Community Information Exchange (CIE)

2. Research APM promising practices and models

3. Transition CIE project from COHC to PCS

4. COHC staff conducts grant research

5. Discuss pros and cons of each APM at Operations Council, PEP, Finance, and CUSC

6. Pursue exploratory discussions with PCS on shared benefits/advantages and possible barriers to expanding collaboration to additional revenue streams, e.g., Medicare and commercial lines

7. Prepare to apply for a grant in year 3, with COHC as the recipient

8. The Central Oregon CIE is widely utilized throughout the region
Demonstrating Effective Governance

AIMS

1. COHC staff gather and share tools and strategies to explore opportunities for workgroups to implement and fund multisector projects

2. Create, finalize, and vote on the purpose (ends) statement to guide work alongside the approved COHC mission and vision

3. Form subgroups to investigate potential cost drivers

4. Include expectations in the COHC Board policy book of Board member organizations incorporating COHC’s strategic plan and RHIP priorities

5. Develop simple and concise multilevel external communications plan for Board member and partner use

6. The COHC Board can name the key cost drivers in the CCO that are creating decreased margins

7. Develop a process and tools for annual COHC Board self-evaluation

8. COHC RHIP workgroups begin funding multisector projects

9. Board self-evaluation will be conducted for the first time
Engaging Regulators for Informed Decision-Making

AIMS

1. Build an internal advocacy/lobbying process

2. The COHC Board, committees, and workgroups will receive advocacy training and education

3. COHC staff will engage key PacificSource staff in strategic discussions on bidirectional communication

4. The COHC Board will develop a regular process to collaborate with PacificSource to identify critical policy goals in the operation and funding of the CCO model in Oregon

5. COHC staff will engage key PacificSource staff to map out various bidirectional communications streams that exist between the CCO and OHA across all relevant programs or departments

6. Build consensus between COHC and the CCO to define bidirectional communication with OHA

7. Assess legislative relationships and opportunities of individual Board members

8. Invite Board members to bring legislative priorities forward that align with the RHIP to discuss advocacy opportunities

9. Invite RHIP workgroup members to bring legislative priorities forward that align with the RHIP to discuss advocacy opportunities
Investing in and Developing Data Infrastructure to Support Continuous Performance Improvement

AIMS

1. Establish data subcommittee with clear objectives—Cost and Utilization Steering Committee (CUSC).

2. The CUSC will identify data points that are representative of drivers that contribute to increased healthcare costs.

3. The subcommittees of CUSC will be supported to identify concrete actions that organizations can take by December 2021.

4. Obtain three pilot participants/data contributors.
Identifying and Addressing Inequities

AIMS

1. The Governance Committee will review the Board’s bylaws to ensure equity goals are met.

2. Develop and implement tools to support regular consideration and use of equity in all COHC committees and workgroups (to better respond to the needs of rural and marginalized communities).

3. Develop and begin collecting three COHC organizational DEI metrics.

4. Talk with a Warm Springs representative (leadership) to find out if there is value for them in COHC Board participation.

5. Survey current COHC Board members via REAL-D and current Board representative makeup.

6. Define what rural and marginalized communities are and how we will measure this.

7. Define what promote and ensure equity in roles will contain.

8. Bolster community engagement to ensure diversity of voices during decision-making.

9. Develop a meaningful relationship between the Board and the CAC.
Incentivizing Better Outcomes

AIMS

1. Include outcomes-based incentives regarding social determinants in RHIP workgroup investments that demonstrate cost avoidance

2. Develop qualifications/criteria that outcomes-based incentivizing may work

3. Design a protocol with the CCO to determine minimum standards to be considered for the global budget


5. Develop ways to incentivize outcomes through at least one RHIP investment

6. Internally develop standards of demonstrated cost savings that qualify recommending a project for inclusion in contracting/the global budget
CCO Director Report
Date: February 2022
To: The Central Oregon Health Council (COHC) Board of Directors
Prepared by: Tricia Wilder, Director, Central Oregon CCO

PACIFICSOURCE COMMUNITY SOLUTIONS (PCS) CENTRAL OREGON CCO UPDATES:

Quality Incentive Metrics (QIMs)
As of December data, the CCO is on track to earn a 100% payout, plus additional funds for meeting challenge pool metrics. This accomplishment is only possible because of the dedication, hard work, and perseverance of our amazing provider partners. Thank you for working together to make quality health care a priority in Central Oregon!

Medicaid Redeterminations
In early January, CMS announced that Congress took action to amend the law tying redeterminations to the end of the federal public health emergency (PHE). This amendment uncouples redeterminations and the PHE, which means that Oregon will begin processing eligibility renewals in April. CCO members will have 90 days to respond to OHA requests, and coverage losses could begin as early as this summer. PCS is working internally to prepare to help members at all stages of this process. Below is some helpful information from the OHA regarding how the agency plans to stage various populations throughout the redetermination process.

CCO-F Plan Type/DCO Transition
Effective January 1, 2023, OHA has moved Open Card OHP members to CCOs for dental services and NEMT services. Additionally, Compact of Free Association (COFA) citizens and veterans are now eligible for OHP dental services, as well as NEMT services for dental appointments only. To apply, individuals must apply for OHP. CCOs will manage dental and NEMT benefits for these populations. Additional information about these programs can be found here: https://www.oregon.gov/oha/HSD/OHP/Pages/Dental-Programs.aspx
PACIFICSOURCE COMPANY WIDE UPDATES:

PacificSource Health Plans Announces John Espinola M.D. As President And CEO

PacificSource is pleased to announce Dr. John “Espi” Espinola as the organization’s new president and CEO, effective April 3, 2023. In this role, Espinola will provide leadership, strategic guidance, and direction for PacificSource’s overall operations and will hold primary responsibility for profit and loss and fulfilling the organization’s commitment to its mission, vision and values.

Espinola comes to PacificSource with more than 20 years of leadership experience in healthcare. He most recently served in a dual role as executive vice president, chief strategy and product officer with Premera Blue Cross and as CEO of Kinwell Physician Network, a wholly owned subsidiary of Premera. Prior to his 12 years spent with Premera, he served as the national medical director for Essence Healthcare and before that as executive director and medical director of Evercare, a division of UnitedHealth Group.

“It is with great pleasure that we welcome Espi to the PacificSource family,” said PacificSource Board Chair Jack Friedman. “His extraordinary leadership experience and lifelong dedication to improving health outcomes is a perfect fit for PacificSource’s ongoing mission to be a lifelong trusted partner of our members and communities, now and well into the future.”

“PacificSource was founded by a small group of physicians 90 years ago and as a doctor, it is a great honor to carry on their legacy,” said Dr. Espinola. “I look forward to working with the outstanding group of people that make up PacificSource and being a part of their incredible teamwork and dedication to helping others.”

Espinola received his bachelor’s degree from the College of the Holy Cross (Worcester, MA), his Doctor of Medicine degree and Master of Public Health from Tufts University School of Medicine (Boston, MA), and his Master of Business Administration from the University of Washington (Seattle).

Espinola will replace Ken Provencher, who has served as PacificSource’s president and CEO for 21 years. Provencher announced his retirement in late 2022 after a total of 28 years dedicated to PacificSource. During his tenure, he was consistently recognized for providing exemplary leadership and greatly expanded the health plan’s membership to more than 600,000 members in four states. He will continue to serve as president and CEO until March 31, 2023.