

### Council Members

- Brad Porterfield, Chair  
Consumer Representative,  
Latino Community Association
- Elizabeth Schmitt, Vice-Chair  
Consumer Representative
- Mayra Benitez  
Consumer Representative
- Conor Carlsen  
Consumer Representative
- Miranda Hill  
Klamath County  
Representative
- Linda Johnson  
Community Representative
- Elaine Knobbs-Seasholtz  
Mosaic Medical
- Tom Kuhn  
Deschutes County Health  
Services
- Mandee Seeley  
Consumer Representative
- Stacy Shaw  
Consumer Representative,  
Crook County Health Strategist



### COMMUNITY ADVISORY COUNCIL

**August 17, 2023**

**VIRTUAL**

*Video Conference Link In Calendar Invite*

**Conference Line: 1.669.900.6833**

**Meeting ID: 852 966 546#**

**Passcode: 400494#**

12:00-12:20	<b>Welcome – Brad Porterfield (CAC)</b> <ul style="list-style-type: none"><li>• Land Acknowledgement</li><li>• Meeting Practices</li><li>• Introductions</li><li>• Public Comment / Patient Story</li><li>• Approval of Meeting Notes – June</li><li>• Announcements</li></ul>
12:20-12:30	<b>CAC Members Small Group Breakout Session</b>
12:30-12:35	<b>Update on Healthier Oregon – Tricia Wilder (PacificSource)</b>
12:35-12:55	<b>Introduction to Strategic Plan / Community Engagement – Carmen Madrid / Miguel Herrada (COHC)</b>
12:55-1:05	<b>Community Health Projects Review Process – MaCayla Arsenault (COHC)</b>
1:05-1:10	<b>Health Related Services (HRS) Funding Guidelines – Kristen Tobias / Tricia Wilder (PacificSource)</b>
1:10-1:30	<b>SHARE Initiative Spending Proposal Guidelines – Kristen Tobias (PacificSource)</b>

*"The overarching purpose of the CAC is to ensure the COHC remains responsive to consumer and community health needs."—COHC CAC Charter*

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](mailto:macayla.arsenault@cohealthcouncil.org)

## **Land Acknowledgement**

We recognize and acknowledge the indigenous land on which we live, work, learn, play, and grow. This is the land of the Warm Springs, Wasco, Northern Paiute, Tenino, Klamath, Molalla, and Yahooskin. We acknowledge them as the past, present, and future caretakers of this land. It is on their traditional land where we partner to improve the health and well-being of Central Oregonians. We aspire to be good guests honoring the concept in the Warm Springs culture: "This land is for you to know and live upon and pass on to the children."



## **Community Advisory Council (CAC) Meeting Changes: What to Expect**

We want the CAC to be a warm and welcoming place for all. We want to ensure all CAC members feel comfortable to fully participate and contribute. To do this we are making some adjustments to how our CAC meetings are run. These changes are:

- Making the meetings less institutional and formal to create a warmer and more welcoming atmosphere. Examples are using more plain language, having more conversations and less presentations, and simpler voting instead of motioning.
- Renaming each attendee in Zoom with their role; either a CAC Member, Support Staff, or Guest. This will help easily identify who's who in the virtual space especially for guests and those members who are new.
- Asking all supporting staff from COHC, PacificSource, and the OHA to share why they are attending and what their role is in supporting the Community Advisory Council.
- Inviting all CAC members in attendance to share input during discussions and before decisions are made. We want to prioritizing Consumer Representatives and make sure all voices are heard. Guests in attendance are invited to contribute to the conversation when requested by the CAC Chair or Vice Chair.
- Building relationships between CAC members. We will be setting aside time at each meeting for CAC members to go into a virtual break out room, answer icebreaker questions or chat about anything they'd like.



**COHC Community Advisory Council**  
**Held virtually via Zoom**  
**June 15, 2023**

**CAC Members Present:**

Brad Porterfield, Chair, Consumer Representative  
Elizabeth Schmitt, Vice Chair, Consumer Representative  
Conor Carlsen, Consumer Representative  
Elaine Knobbs-Seasholtz, Mosaic Community Health  
Linda Johnson, Community Representative  
Mandee Seeley, Consumer Representative  
Mayra Benitez, Consumer Representative  
Miranda Hill, Klamath County Public Health  
Stacy Shaw, Consumer Representative, Crook County Health Strategist  
Tom Kuhn, Deschutes County Health Services

**CAC Members Absent:**

**COHC Staff Present:**

MaCayla Arsenault, Central Oregon Health Council  
Gwen Jones, Central Oregon Health Council  
Kelley Adams, Central Oregon Health Council  
Miguel Herrada, Central Oregon Health Council  
Carmen Madrid, Central Oregon Health Council

**Support & Guests Present:**

Kristen Tobias, PacificSource  
Tricia Wilder, PacificSource  
Martha Edwards, PacificSource  
Dustin Zimmerman, Oregon Health Authority  
Carolyn Black, Oregon Health Insurance Marketplace  
Katie Ortgies, Oregon Health Insurance Marketplace  
Ana Mesina, Volunteers in Medicine  
Lindsay Atagi, PacificSource  
Lourdes Reyes, Latino Community Association  
Jazlyn Lepez, Latino Community Association  
Patti, guest of Elizabeth Schmitt

## **Introductions**

- Brad Porterfield welcomed all attendees. To save time at the meetings, only CAC members and those who are new, changed roles, or guests will verbally introduce themselves. Everyone else will use the Chat to enter their name and role.
- Carolyn Black from Oregon Health Insurance Marketplace will be leaving her role with the CAC and will be replaced by Katie Ortgies. Welcome Katie!

## **Land Acknowledgement**

- Mandee Seeley read the Land Acknowledgement (see June packet for statement).

## **Meeting Practices**

- Brad Porterfield reviewed the Meeting Practices and how the CAC meetings are meant to be welcoming for all (see June packet).

## **Public Comment/Patient Story**

- Brad welcomed public comment.
- Jazlyn Lepez, OHP Navigator from Latino Community Association (LCA) has a client who is having a hard time scheduling a dentist appoint for their children in Redmond with her current Dental Care Organization (DCO). They called PacificSource and were switched to another DCO and were able to get appointments scheduled in a good timeframe. Jazlyn has had good experiences when calling PacificSource for help.
- Stacy Shaw shared a friends experience with navigating OHP for services with their dermatologist. Certain medications are not covered by OHP or the price of the medication was too high. Kristen Tobias suggested to submit an appeal to PacificSource. Tricia Wilder asked that the member contact Kristen directly.

## **Announcements**

- Focus Group for the 2024 Regional Health Assessment – July 20, 2023, 12:00-1:30pm – High Desert ESD in Redmond
- Regional Health Improvement Plan Progress Report (see your June packet).
- 2023 COHC Opportunity Grant – spread the word to organizations that would benefit from this opportunity
- Warm Springs Mental Health Fair – June 21, 2023 – join COHC at their table or come to visit
- CAC / Board Social Event – please fill out the poll to choose the date

## **Approval of May Meeting Notes**

- Brad Porterfield asked the CAC members in attendance to vote on approving the notes from May. There were no objections to the meeting notes, so they are approved.

## **Update on Community Engagement**

- Miguel Herrada thanked the CAC members who submitted their feedback on community engagement. A summary of the feedback was shared to the June Board of Directors meeting/retreat.

- The next steps will be a draft of the Community Engagement Plan to the Board of Directors in August. And then the CAC will review and provide feedback during the combined Board-CAC meeting in September.

### **Community Health Projects**

- MaCayla Arsenault reviewed the 2023 Community Health Projects process proposal. This meeting focused on the Scoring Matrix form and how the CAC will prioritize projects when deciding on funding decisions. The categories and results of discussion include:
  - New applicants --> Previously funded; *up to 5 points*
  - Project description/overview; *up to 10 points*
  - Equity; *up to 10 points*
  - Rural communities; *up to 10 points*
  - Community-based projects; *up to 10 points*
  - Basic needs; *up to 10 points*
  - \*Added: Budget; *up to 10 points*
- MaCayla reviewed the funding distributions for each county. Total funds to be distributed: \$2,305,614
  - Option A – based on poverty rates
  - Option B – 50% poverty rate, 50% distributed evenly
  - Option C – even split
- After much discussion the final decision voted by the CAC members: Option A – distribution based on poverty rates for each region

### **Social Determinants of Health (SDOH) Screening Policy**

- Lindsay Atagi, Community Quality Coordinator from PacificSource asked the CAC for their feedback on the new Quality Incentive Measure (QIM) for the Social Determinants of Health (SDOH) Screening. This QIM focuses on:
  - Screening for unmet social needs (focus on food, housing, transportation)
  - Referrals to available community resources
  - Sharing members' information and data to improve care and services
- Below are the questions and feedback.
  - For the clinics/providers who are doing the screening with a member, what is important for that person to be aware?
    - Trauma-informed – provider being trained
    - Culturally sensitive – speaking the language of patient – language access
    - Explain why a provider is asking the questions
    - Shorter screening process/less questions
    - Online screening ahead of time
  - How would you prefer to be screened for social needs (food, housing, transportation needs)? Paper, telephone, In-person, digitally, other ideas?
    - Text
    - No more snail mail
    - In-person or on tablet while waiting
    - Option on MyChart

- Test to speech
  - Spoken support
  - PacificSource App – InTouch or PacificSource Community Solutions App
- Knowing that these needs can change, how often should a person be screened for food, housing, and transportation needs?
  - Annual
  - OHP renewal
  - Every 3 months
- Who should be the one screening for food, housing, and transportation needs? CCO Staff, Community-Based Organizations, Primary Care Providers, All, Others?
  - Providers
  - Community-Based Organizations (Thrive Central Oregon, NeighborImpact, Latino Community Association, etc.)
  - Annual Coordinated Care Organization (CCO) mailing/survey
- PacificSource will be back in a couple of months to share how this feedback was used.

## **HEALTHIER OREGON UPDATE**

Effective July 1, 2023, HOP expanded eligibility to include all adults. This expansion allows more adults who meet qualifications for the Oregon Health Plan (OHP) except for immigration status to gain full OHP benefits. Under the first iteration of HOP, only adults aged 19-25 and 55+ were eligible. More than 12,000 enrolled in HOP during the first year, and under this expansion, approximately 43,000 adults will automatically transition from CWM to OHP. About 11,000 of these members will be enrolled across all PacificSource CCO regions. PCS is working on updating informational documents around HOP and will distribute these once available.



# COHC Community Engagement Strategy

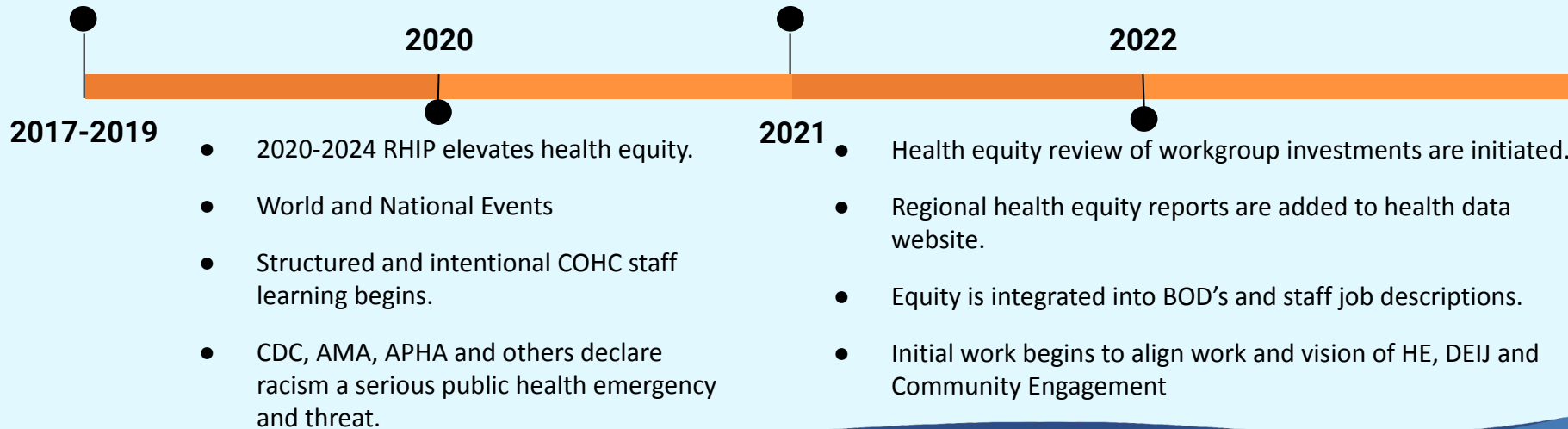
## COHC Strategic Direction number Five: Identifying and Addressing Inequities

“Bolster community engagement to ensure diversity of voices during decision-making process”



- The Oregon Health Policy Board develops the Health Equity Committee.
- Central Oregon Cares is formed, but not able to sustain.
- OHA releases TQS elevating conversation and response to address HE and DEI within health care.
- Central Oregon Diversity, Equity and Inclusion (CODEI) is formed.

- COHC DEIJ statement is adopted.
- DEIJ assessment and learning opportunities are initiated.
- Health-equity-related questions are added to investment (grant) design, application, review and decision making.
- Collection and reporting of REALD and SOGI is institutionalized.



# COHC Community Engagement Plan



## Our goal

The COHC will create the conditions and opportunities for a more *significant interaction* between the Committees/Workgroups/Board, the CBO's and Members of underrepresented communities. (Community representatives)



# Strategic Directions:

## S.1 Develop the idea to build a strategy

Diversity, Equity, Inclusion and Justice will be a priority that is widely understood, acknowledged, and properly resourced to allow all the actors to participate in the COHC decisions.

## S.2 Build capacity

Develop the appropriate operational conditions needed for this style of work to function. Actors: BOD, Workgroups, Committees, Staff, Communities, Tribes, (RHEC)

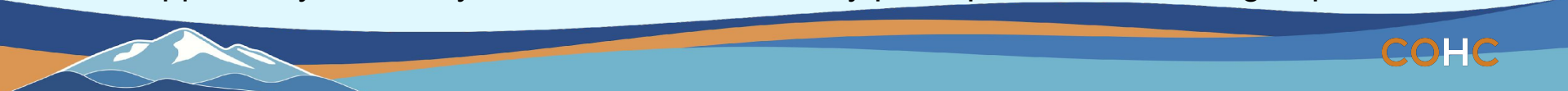
## S.3 Empower communities for a meaningful engagement

The community members and their leadership need to be empowered to work collaboratively with the COHC workgroups and committees.



## **Board of Directors comments (Collected on the 06.08.23 and the 08.10.23 meetings)**

- In general the Board of Directors is supportive but there was some discussion about the fact that its advancement will require long-term investment and about the difficulty of changing system from inside.
- There was a discussion around whether we need it as a specific part of the Strategic Plan or if we make it part of the mission of COHC or do both.
- Some Board members think that the COHC should continue to be a convener to advance the DEIJ agenda in the region and others expressed the challenge of investing on this work to see visible impact.
- Some shared the need to build a common understanding around DEIJ to eventually become a more inclusive organization while recognizing that there is a challenge because our workgroups education and diversity.
- Comments were made about the need to go back to in person collaboration and to be careful about using language that approaches diverse communities instead of dividing them.
- Opportunity to identify and measure community participation in our workgroups



## We need your support as this transformative work begins to develop!

Community Engagement will be adopted and resourced as one of the main strategies by the COHC.

- Community engagement will be a goal in the COHC agenda.
- COHC will develop a plan to integrate the topics of HE, DEIJ and Community engagement in the work plan and operations of the COHC.
- Ongoing transformative work...



# Thanks!



August 17, 2023

# COMMUNITY HEALTH PROJECTS UPDATE



# UPDATE

*AS OF AUGUST 11TH*

## Deschutes County

- 2 Submitted
- 8 in Draft

## Crook County

- 1 Submitted
- 2 in Draft

## Jefferson County

- 0 Submitted
- 3 in Draft

## Northern Klamath County

- 0 Submitted
- 0 in Draft

## UPDATE

Applications will be batched and reviewed per county.

- Would you like access to all 4 batches at once or sent as you complete them?
- Who needed paper copies?

3-4 weeks to review and score 4 batches.

- Is this reasonable?

\$45 stipends are provided to consumer representatives per batch. \$20 gift cards per batch for community representatives.

## TIMELINE

- Community Health Projects close August 25<sup>th</sup>
- Begin review September 1<sup>st</sup>
- Decide on funding during October 19<sup>th</sup> CAC meeting



# Community Health Projects Investment Guidelines

# What are Health-Related Services?

Health-related services (HRS) are non-covered services that supplement covered Oregon Health Plan benefits to improve care delivery and overall member and community health and well-being.

The two types of HRS include Flexible Services and Community Benefit Initiatives.



# Services Covered by OHP

## What are the services?



Medical Care



Dental Care



Behavioral Health



### **Nurse Case Management and Member Support Services**

Members needing extra help have somewhere to turn



Prescriptions  
(including mail order)



Non-emergency  
Medical Transportation



### **Flexible Services**

- Emergency housing supports
- Health-related personal items
- Gym memberships

# Health-Related Services: Flexible Services

Flexible Services are items or non-covered services delivered to an individual OHP member to improve the individual's health and well-being.

Examples include:

- Weighted blanket
- Gym membership
- Emergency housing assistance
- Utility assistance
- Non-covered medical supplies and durable medical equipment
- Fitness trackers
- Clothing

# Health-Related Services: Community Benefit Initiatives

Community benefit initiatives (CBI) are projects focused on improving population health and healthcare quality. Projects must include – but are not limited to – OHP members.

Examples include:

- Funding active transportation infrastructure improvements (for example, safe routes to school or expanding safe bicycle lane infrastructure) and public transit improvements.
- Preschools and kindergarten readiness programs.
- Community diabetes education programs providing culturally and linguistically appropriate resources.
- Food pantry programs that provide fresh, healthy food to rural communities.
- Projects to improve or develop community parks and playgrounds to increase physical activity.
- Shower and laundry trucks.
- Free menstrual and hygiene products available in schools and public restrooms.



## **To Qualify, HRS Investments must:**

1. Be designed to improve health quality.
2. Increase the likelihood of desired health outcomes.
3. Be directed toward OHP members and provide health improvements to the larger community without additional costs for non-members.
4. Be grounded in evidence-based medicine or widely accepted best clinical practice.
5. Implement, promote, and increase wellness and health activities.
6. Align with the priorities identified by the Regional Health Improvement Plan.

# Regional Health Improvement Alignment

The Central Oregon Health Council has six RHIP Workgroups focused on our Priority Areas:

1. Address Poverty and Enhance Self-Sufficiency
2. Behavioral Health: Increase Access and Coordination
3. Promote Enhanced Physical Health Across Communities
4. Stable Housing and Supports
5. Substance and Alcohol Misuse: Prevention and Treatment
6. Upstream Prevention: Promotion of Individual Well-Being

# Community Benefit Initiative HRS Exclusions

1. Projects that are primarily designed to control or contain costs.
2. Activities that can be billed as clinical services.
3. Provider workforce and certification training, including provider credentialing.
4. Broad assessments or research that does not directly improve community health.
5. Advocacy work that does not directly improve community health or healthcare quality.
6. Building new buildings and capital investments in facilities designed to provide billable health services.
7. Member incentives and items and services that could be covered by Flexible Services.
8. Administrative activities to support the delivery of covered services.
9. Projects that are inherently religious.



Questions?

Kristen Tobias

Senior Community Health Coordinator,  
Central Oregon CCO

[Kristen.tobias@pacificsource.com](mailto:Kristen.tobias@pacificsource.com)





# Funding Community Projects: SHARE Initiative vs. Community Health Projects



# SHARE Initiative vs. Community Health Projects

Supporting Health for All  
through REinvestment

- Requires PacificSource to spend part of their profits in their communities to address health inequities and the Social Determinants of Health and Equity (SDOH-E)

Community Health  
Projects

- PacificSource provides funding for community-level projects that focus on improving population health and healthcare quality

# SHARE Initiative vs. Community Health Projects

SHARE Initiative	Community Health Projects
Projects must focus on RHIP priorities AND one of four areas determined by OHA: economic stability, neighborhood and built environment, education, and social and community health	Projects must focus on one of six Regional Health Improvement Plan (RHIP) priorities determined by community partners
Health Related Service rules <u>DO NOT</u> apply to projects	Health Related Service rules <u>DO</u> apply to projects
Can pay for direct housing supports and services	Cannot pay for direct housing supports and services

# SHARE Initiative vs. Community Health Projects

SHARE Initiative	Community Health Projects
Dollars to Invest	
\$920,000	~ \$2,400,000
Time to Complete Work	
5 months	12 months



# SHARE Initiative vs. Community Health Projects

SHARE Initiative	Community Health Projects
Administrative Responsibility	
PacificSource Community Solutions	CAC & Central Oregon Health Council
CAC's Role	
<ul style="list-style-type: none"><li>• Review project proposals</li><li>• Ask questions, provide feedback and recommendations</li><li>• Receive periodic updates on the project</li><li>• Provide ideas for future investments</li></ul>	<ul style="list-style-type: none"><li>• Draft Request for Proposal (RFP)</li><li>• Review and score RFPs</li><li>• Decide which projects to fund</li><li>• Announce awards</li><li>• Letters of Agreement in place</li><li>• COHC distributes funds to community partners</li></ul>

# Questions?

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