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 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 Community Health
- Tom Kuhn
  Deschutes County Health Services
- Mandee Seeley
  Consumer Representative
- Stacy Shaw
  Consumer Representative,
  Crook County Health Strategist

COMMUNITY ADVISORY COUNCIL

September 21, 2023
VIRTUAL
Video Conference Link In Calendar Invite
Conference Line: 1.669.900.6833
Meeting ID: 852 966 546#
Passcode: 400494#

12:00-12:30 Welcome – Brad Porterfield (CAC)
  - Land Acknowledgement
  - Meeting Practices
  - Introductions
  - Public Comment / Patient Story
  - Approval of Meeting Notes – August

12:30-12:40 CAC Members Small Group Breakout Session

12:40-12:50 Debrief of Combined Meeting – Brad Porterfield (CAC)

12:50-1:30 Community Health Projects Application Reviews – MaCayla Arsenault (COHC)

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

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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.
CAC Members Present:
Brad Porterfield, Chair, Consumer Representative
Elizabeth Schmitt, Vice Chair, Consumer Representative
Linda Johnson, Community Representative
Mandee Seeley, Consumer Representative
Miranda Hill, Klamath County Public Health
Stacy Shaw, Consumer Representative, Crook County Health Strategist

CAC Members Absent:
Conor Carlsen, Consumer Representative
Elaine Knobbs-Seasholtz, Mosaic Community Health
Mayra Benitez, Consumer Representative
Tom Kuhn, Deschutes County Health Services

COHC Staff Present:
MaCayla Arsenault, Central Oregon Health Council
Gwen Jones, Central Oregon Health Council
Kelley Adams, Central Oregon Health Council
Camille Smith, Central Oregon Health Council
Carol Martin, 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
Dustin Zimmerman, Oregon Health Authority
Tania Curiel, Oregon Health Authority
Katie Ortgies, Oregon Health Insurance Marketplace
Ana Mesina, Volunteers in Medicine
Colleen Sinsky, Central Oregon FUSE
Stacey Witte, REACH
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.

Land Acknowledgement
• Linda Johnson read the Land Acknowledgement (see the meeting packet for statement).

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

Public Comment/Patient Story
• Brad welcomed public comment.
• Brad Porterfield celebrated the fact that every eligible Oregonian is now covered by Oregon Health Plan.
• Elizabeth Schmitt shared that her neighbor received furniture from Furnish Hope and that it was a great help to them.
• Linda Johnson brought up the St. Charles announcement that they are considering not accepting Medicare Advantage insurance.
  o Kristen Tobias would be happy to bring someone from PacificSource to a future CAC meeting to explain/clarify any questions.

Announcements
• CAC / Board Social Event – August 29 at SCP Redmond Hotel – 4:00-6:00pm
• Combined CAC / Board meeting – September 14 at High Desert ESD – 12:00-2:30pm – Lunch will be served – Let Kelley know if you need transportation.
• Warm Springs Back to School BBQ – August 31 at Warm Springs K-8 Academy – 4:00-6:00pm – Let Kelley know if you would like to help at the event.

CAC Member Small Group Breakout Session
• The topic for the August meeting was: Staycation or road trip?

Approval of May Meeting Notes
• Brad Porterfield asked the CAC members in attendance to vote on approving the notes from June. There were no objections to the meeting notes, so they are approved.

Update on Healthier Oregon
• Tricia Wilder from PacificSource updated the CAC that Healthier Oregon is now offered to all ages for those that qualify which is estimated about 43,000 people across Oregon. Central Oregon numbers should be available in the next 3 months. PacificSource will be analyzing utilization trends (Healthier Oregon members who are using services) and comparing to other Medicaid members.
• Tania Curiel clarified that the same application will be used for Healthier Oregon as Oregon Health Plan and that the same benefits will be offered. Also, immigration status is no longer a factor when applying.

Introduction to Strategic Plan / Community Engagement
• Carmen Madrid gave a high-level overview of Central Oregon Health Council’s strategic plan. The purpose of a strategic plan is to align an organization’s resources, activities, and initiatives in a way that maximizes its chances of success and competitive advantage in a dynamic and ever-changing environment. The COHC 5-year plan is 80% complete and was reviewed and discussed at the June 2023 Board of Directors retreat. The strategic initiative that addresses community engagement is “Identifying and Addressing Inequities”.
• Miguel Herrada explained more about the Community Engagement strategy stating that it will “bolster community engagement to ensure diversity of voices during decision-making process”. He is collecting the comments and feedback of the Board of Directors and CAC to help continue to form the community engagement plan. The goal is to create the conditions and opportunities for a more significant interaction between the committees, workgroups, Board of Directors, community-based organizations, and member of underrepresented communities. Community engagement will be adopted and resourced as one of the main strategies by COHC. We need your support as this transformative work begins to develop!

Community Health Projects Review Process
• MaCayla Arsenault updated the CAC with the Community Health Projects applications that have been submitted and in draft and they are due August 25. Northern Klamath did not have any applications submitted or in draft so MaCayla asked if the CAC would like to extend the due date by 2 weeks. After much discussion, the CAC voted to extend the application due date for all counties by 1 week (due September 1).
  o **ACTION ITEM**: Kelley Adams will send out an announcement of the extended due date.
• MaCayla asked the CAC if they would like to receive applications in batches or all at once. The members voted to receive all applications at once.

Health Related Services (HRS) Funding Guidelines
• Kristen Tobias requested that the CAC review the slides that were included in the meeting packet on the funding guidelines. Please forward any questions to Kristen or COHC staff. More discussion will be added to the September agenda.

SHARE Initiative Spending Proposal Guideline
• Kristen Tobias introduced Colleen Sinsky from Central Oregon FUSE and Stacey Witte from REACH who will be speaking about their programs. The SHARE Initiative dollars will be invested in these programs.
• Colleen Sinsky from Central Oregon FUSE explained that is working on addressing chronic homelessness by partnering with the community to develop permanent supportive housing. This includes on site supports for case management, behavioral
health, and physical health for those exiting chronic homelessness. Colleen is very excited about the regional housing Barrier Busting Fund. The Barrier Busting Fund exists to pay for expenses that bar access to housing. The expenses can include security deposits, application fees, replacement ID, ADA accessibility modifications, criminal record expungement, transportation assistance, and more. Please contact Colleen for more information at csinsky@centraloregonfuse.org

- Stacey Witte from REACH explained that REACH provides mobile case management for the most vulnerable community members. This is a mobile program so they are on the street, in camps, at motels, and through housing programs. They also run a safe parking program and are hoping to add an additional 3 sites. There is a cleanup project in the central district where unhoused community members work 2 hours shifts to do cleanup. REACH provides numerous services and essential needs to help build self-sufficiency and independence. They also help with accessing documents (ID, birth certificates, etc.) to help with the transition into housing. An upcoming program is focused on the children in the camps, motels, and vehicles where they will provide a birthday kit and summer enrichment kit each year. This program will partner with FAN advocates. Please contact Stacey for more information at reachoutcentraloregon@gmail.com
### WHAT WORKED WELL?
- CAC identified the issue and brought in broader partners – Dental Care Organization (DCO)
- Issue was constantly on CAC agenda
- CAC gained understanding of the issue and the medical system
- Identified some of the root causes
- Talked to the people in the business (DCO’s)
- The patient story continued into action – at CAC
- Individuals and CAC felt heard by DCO’s
- There was a sense of working together with each group

### WHAT DID NOT WORK WELL?
- Outcome was not changed
- Success or desired outcome was not defined.
- Board of Directors did not know what to do or what they could do
- Tools for action may be limited
- Limited updates from CAC to BOD
- Haven’t talked about our tools and how we can use them
- Unknown prioritization of issue – CAC issue with BOD agenda
- Process might have inhibited action
- Unknown method to hear community voices – one pathway only?

### STRENGTHS (INDIVIDUAL, CAC, BOD)
- Influence
- Perseverance
- Ability to allocate resources and focus
- Ability to convene people
- Creative/Collective Problem Solving
- Data & Experience Input
- Patient Access Experience
- Skills to provide measurable outcomes
- Voice of Customer
- Ability to Resolve Issues
- Connector
- Organizer
- Local Decision Makers
- Relational & Collaborative
- Advocacy
- Ability to see disparity
- Candor
- Power & Decision Making
- Compelling stories allowing trend identification

### HOW CAN WE USE OUR STRENGTHS?
- Data & analytics structured problem solving – pull in people with right skills
  - Question Status Quo
- A fix-it team convenes to propose a solution
  - Our organization offers support (data analysts, outside facilitators)
- Create a system for CAC to move a problem forward
- Align budget with data – issue/story data – options – action – expectations
- Continue strengthening CAC / BOD alignment – regular meetings together – shared agenda
- Use LEAN principles & clarify: (1) problem/current state, (2) desired future state, (3) GAPs, (4) actions/timing, and (5) outcomes
**SO WHAT ARE WE GOING TO DO?**

- One test of change for BOD/CAC
- Relationship building
- Spot lights of roles of individuals
- Create a system to operationalize concerns & grievances
- CAC has a process for prioritizing concerns
- BOD creates a budget (sizeable) to resolve CAC priority issue
- Use a system (e.g., LEAN) to decide on a strategy and use budget to try it
- Solve people’s problems and they will participate
- Agenda: CAC/BOD report out intentionality
- Identify current state & strategize solutions (shared project)
- Develop process for problem solving emerging issue (inclusive of data, problem definition, getting to the root of the issue)

**ACTION PLAN**

COHC Board of Directors and Community Advisory Council are willing to develop and refine a test process. They will jointly vote on something every quarter to work on (which may be a continuation from the previous month).