### CENTRAL OREGON HEALTH COUNCIL

**Board of Directors Meeting Agenda**

**DATE**  
Thursday, September 14, 2023

**LUNCH**  
12:00 pm

**MEETING**  
12:30–3:15 pm
- 12:30–2:15 Board & CAC Combined Meeting
- 2:15–3:15 Board Meeting

**LOCATION**  
High Desert ESD | 2804 SW 6th Street, Redmond

To join via Zoom, register here for the meeting link:  
https://us02web.zoom.us/meeting/register/tZwsdu6trTMiH9zQlsWdA3zRR7flvihN34lg

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<tr>
<td>12:30–2:15</td>
<td>Board &amp; CAC Combined Meeting</td>
<td>Tammy Baney, Brad Porterfield</td>
<td>See attached agenda</td>
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<tr>
<td>2:15–3:15</td>
<td>Board Meeting</td>
<td>Tammy Baney</td>
<td>Info &amp; discussion</td>
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<td>2:15–2:25</td>
<td>Welcome &amp; Consent Agenda</td>
<td>Tammy Baney</td>
<td>Vote</td>
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<td>2:25–2:50</td>
<td>Governor’s Request</td>
<td>Carmen Madrid</td>
<td>Info &amp; discussion Vote</td>
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<td>2:50–3:15</td>
<td>2022 Behavioral Health Draft Shared Savings Proposal</td>
<td>Rick Treleaven, Carmen Madrid</td>
<td>Discussion Next Steps</td>
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<td>3:15</td>
<td>Adjourn</td>
<td>Tammy Baney</td>
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**Consent Agenda**
- August 2023 Board Minutes

**Written Reports**
- Statewide Expansion of Behavioral Health Youth Services
- Governor’s Orders: Behavioral Health Investment
- Behavioral Health Shared Savings Meeting Minutes August 2023
- Request for Aggregate CCO Investment in Behavioral Health
- Executive Director’s Report September 2023
- CCO Director Report September 2023
- CAC Minutes August 2023
COHC Purpose  We exist to build an equitable and integrated health ecosystem that improves the health of Central Oregonians through collaborative work and community partnerships, utilizing data-driven decisions, to achieve quality improvements, lowered costs, and empowered providers. Our value to the region will exceed the cost of our efforts.

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<tr>
<td>12:30–12:40</td>
<td>Welcome and Introductions</td>
<td>Tammy Baney</td>
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<td>Brad Porterfield</td>
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<td>12:40–12:50</td>
<td>Context Setting Agenda Review</td>
<td>Tammy Baney</td>
<td>Info &amp; discussion</td>
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<td>Brad Porterfield</td>
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<td>12:50–1:00</td>
<td>Overview of Community Engagement Strategy: Increasing Consumer Engagement</td>
<td>Brad Porterfield</td>
<td>Info &amp; discussion</td>
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<td>Miguel Herrada</td>
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<td>1:00–2:00</td>
<td>Emerging Issues: Board and CAC Partnership</td>
<td>MaCayla Arsenault</td>
<td>Activity</td>
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<td>Gwen Jones</td>
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<td>2:00–2:15</td>
<td>Board and CAC Shared Agreements and Next Steps</td>
<td>Tammy Baney</td>
<td>Discussion</td>
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<td>Brad Porterfield</td>
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A meeting of the Board of Directors (the “Board”) of Central Oregon Health Council, an Oregon public benefit corporation (the “Corporation”), was held as a hybrid meeting at 12:30 pm Pacific Time on Thursday, August 10, 2023, at St Charles in Prineville and online via Zoom. Notice of the meeting was sent to all members of the Board in accordance with the Corporation’s bylaws.

DIRECTORS
- Tammy Baney, Chair, COIC
- Linda Johnson, Vice Chair, Community Representative
- Patti Adair, Deschutes County Commissioner
- Gary Allen, DMD, Advantage Dental
- Paul Andrews, EdD, High Desert ESD
- Seth Crawford, Crook County Commissioner
- Megan Haase, FNP, Mosaic
- Brad Porterfield, CAC Chair
- Emily Salmon, St. Charles
- Divya Sharma, MD, COIPA
- Kelly Simmelink, Jefferson County Commissioner
- Justin Sivill, Summit Health
- Dan Stevens, PacificSource
- Rick Treleaven, BestCare Treatment

GUESTS
- Kelley Adams, COHC
- MaCayla Arsenault, COHC
- Lindsay Atagi, PacificSource
- Michael Baker, Jefferson County
- Donna Barnes, Crook County on the Move
- Carol Benkosky, Crook County on the Move
- Richard Blackwell, PacificSource
- Annette Deering, COHC
- Janice Garceau, DCHS
- Miguel Herrada, COHC
- Kristi Hiassen, Crook County on the Move
- Laurie Hill, COPA
- Gwen Jones, COHC
- Heather Kaisner, DCHS
- Jinnell Lewis, St Charles
- Carmen Madrid, COHC
- Carol Martin, COHC
- Kat Mastrangelo, Volunteers in Medicine
- Leslie Neugebauer, PacificSource
- Katie Plumb, Crook County
- Rob Ross, St Charles
- Elizabeth Schmitt, CAC
- Camille Smith, COHC
- Kristen Tobias, PacificSource
- Jeremy Vandehey, PacificSource
- Tricia Wilder, PacificSource
- Mary Ann Wren, Advantage Dental
- Dustin Zimmerman, OHA

Tammy Baney served as Chair of the meeting and Camille Smith served as Secretary. 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**
Baney welcomed all attendees to the meeting and facilitated introductions.

**PUBLIC COMMENT**
Baney invited public comment. There was no public comment.

**ANNOUNCEMENTS**
Brad Porterfield hailed OHA’s expansion of Healthier Oregon and its impact on the lives of undocumented immigrants, low-income families, and others who generally do not access care.

The Board was invited to a social event with the CAC on August 29 at the SCP Hotel in Redmond.

**CONSENT AGENDA**
The consent agenda consisted of the May and June meeting minutes and the COHC financials (preaudit) from December 2022 through March 2023.

**MOTION TO APPROVE:** Patti Adair moved to approve the consent agenda; Rick Treleaven seconded. All were in favor and the motion passed unanimously.

**COMMUNITY UPDATE: CROOK COUNTY ON THE MOVE**
Donna Barnes, Kristi Hiassen, and Carol Benkosky shared information on the innovative Crook County on the Move program, which promotes activity, nutrition, and improved mental health. Their programs and events include the annual Community Garden Party, highlighting nutrition, gardening, and composting; Share the Bounty, a community exchange of gardeners’ excess produce; and HDFFA Fresh Harvest Kit distribution. They’ve worked with medical professionals to create walking programs for all levels, including people with mobility issues, and had 60 benches installed on paths and trails. Their programs not only contribute to increased activity and fitness but foster a sense of community belonging as well. They are reaching out to the Latino community and translating materials into Spanish.

**SHARED SAVINGS OUTCOMES: VOLUNTEERS IN MEDICINE**
Kat Mastrangelo presented on the work Volunteers in Medicine has been doing with diabetic patients, including counseling, nutrition, and dental care, with an RN care coordinator for a multidisciplinary team consisting of staff and volunteers. She emphasized the importance of care coordination, behavioral health support, education, and bilingual and bicultural staff. Some VIM patients have become eligible for OHP through Healthier Oregon.

**PSYCHIATRIC RESIDENCY PROGRAM AND RURAL TRAINING PROGRAM**
Rob Ross spoke about the coming St. Charles–OHSU Psychiatric Residency Program. OHSU will act as the educational sponsor and St. Charles will be the program host. Ross explained the ways in which residency programs benefit communities, including increasing the supply of medical providers and addressing equitable care. Projections show a shortage of 220 PCPs in Central Oregon by 2025–2030.

Jinnell Lewis gave a presentation on the Rural Training Program in Madras. Residents will begin in Portland in July 2024 and spend their second and third years in Central Oregon. They are applying for ACGME accreditation to receive federal funding and expect to interview around 48 students in September for 3 spots. The residents will primarily be based at St. Charles Madras and will be assigned to St. Charles, Mosaic, and Warm Springs IHS clinics, with potential rotations in Prineville in the future. Lewis stressed that ED training is critical for remote areas, as is gynecology training. Lewis has met with city planners, realtors, and property management companies to explore resident housing.
COMMUNITY ENGAGEMENT STRATEGY
Miguel Herrada and Gwen Jones presented the community engagement strategy the Health Council has been developing as part of our strategic plan to address inequities. Herrada explained that only 5 percent of our workgroups are community members; the majority represent organizations. The goal of the plan is to create opportunities for more significant interaction among COHC’s committees and workgroups, CBOs, and underrepresented communities. They asked the Board for its support.

Concern was expressed about OHP plans that rely on CBOs that do not exist in Central Oregon and the need to build capacity in rural communities. The state is carving out money for CBOs only, which will exclude organizations in the region that we think of as CBOs. Feedback gathered during the Board discussion will be incorporated into the community engagement strategy.

LEGISLATIVE UPDATE
Rick Blackwell provided an update on the legislative session. Although the legislature was inactive for a while, a number of bills passed at the end. The Health Council had signed on to HB 2446 on CCO contract extension, the relevant clause of which moved into HB 3396. The bill passed, extending the contracts to December 31, 2026.

HB 2002 stipulated that commercial health insurance standards for gender-affirming care will also apply to OHP. SB 966 set downstream metrics for 2024 that the Health Council and the CCO will need to look at and requires OHA to set up a workgroup to study the quality incentive program. HB 5525 provided for a 43% increase in OHA’s budget. Healthier Oregon was fully funded with $576 million. Oregon has a temporary 1115 waiver while redetermination is happening. The governor had also recently signed a couple of behavioral health bills, funding the 988 crisis line and providing Measure 110 accountability and oversight. There had been quite a bit of legislation on expanding opioid reversal and medication.

HOUSE BILL 3396
Carmen Madrid shared that our current JMA expires December 31, 2024. Since the CCO’s contract with the state will be extended through 2026, she would like to align our JMA with the same extension. She promised more to come next month.

ACTION ITEM: Follow-up is needed regarding alignment with PacificSource on contract extension.

2022 BEHAVIORAL HEALTH SHARED SAVINGS RECOMMENDATION REQUEST
There was a request for modification to the automatic 50 percent allocation of shared savings dollars to behavioral health to broaden the scope of investments to address emerging needs. Sizable investments around behavioral health will require help from the Health Council.

Treleaven and Janice Garceau raised concerns about changes to the behavioral health shared savings distribution.

- Behavioral health is currently facing two big crises impacted by the housing crisis. The state hospital system is in a state of crisis, with very limited access and public safety issues due to untreated people and transients on the streets.
- Fentanyl has hit the region hard. Overdoses have skyrocketed and there have been more patient deaths in the last year than in the ten years prior.
- The lack of investment in community-based resources has contributed to these crises.
- The workgroup process was too slow and Treleaven recommended that some of the shared savings funds be used to address behavioral health crises now.
• Behavioral health dollars cannot be used for covered services. A portion of the funds could be used for outreach and engagement and wraparound supports for housing.

Leslie Neugebauer shared that Governor Kotek is looking at housing SPMI (severe and persistent mentally ill) individuals and had asked to see investments in behavioral health and health equity. Baney noted that we haven’t thought of housing as a behavioral health need and addressing homelessness would impact on behavioral health. Finding funds to address urgent crises is something the Board needs to consider. After some discussion, the Board decided to continue investing 50 percent of shared savings in behavioral health, as behavioral health services and treatment are still a major need in the region.

ACTION ITEM: The Health Council will convene a group to devise a process for distributing the shared savings behavioral health funds going forward.

ST. CHARLES AND MEDICARE ADVANTAGE
Baney raised an emerging issue regarding St. Charles, who had given notice that they were considering canceling their Medicare Advantage plan with regional payers. The CCO was working to connect with St. Charles for clarity on the issues—whether it was a business strategy, whether it was only PacificSource (it wasn’t—they had included Humana, HealthNet, and WellCare too). This would cause huge disruption in the region, affecting 26,000 seniors in Central Oregon, 15,000 of them covered by the CCO.

Linda Johnson read out COHC’s purpose: We exist to build an equitable and integrated health ecosystem that improves the health of Central Oregonians through collaborative work and community partnerships, utilizing data-driven decisions, to achieve quality improvements, lowered costs, and empowered providers. Our value to the region will exceed the cost of our efforts. She asked:

1. How does the proposed action improve the health of the ecosystem?
2. How does it improve the lives of the people who will be impacted by this decision?
3. How does it demonstrate collaboration with the other health partners in the region?
4. What is the role of COHC and the Board in this situation?

Baney had reached out to St. Charles CEO Steve Gordon. She stated that the Health Council’s concern is for the patient and asked the Board to consider our role in the situation. She wished to ask St. Charles to discuss the potential impacts and the benefit for the community in making these changes.

ACTION ITEM: The Health Council will compile questions and send a letter to St. Charles to address Board and operational concerns.

CCO HEALTH-RELATED SERVICES AND CCO PERFORMANCE METRICS Q2 2023
Due to time constraints, these agenda items were pushed to a later date.

ADJOURN
With no further business to come before the Board, the meeting adjourned at 2:40 pm Pacific Time.

Respectfully submitted,

______________________
Camille Smith, Secretary
Summary of Statewide Expansion of Behavioral Health Youth Services
September 14, 2023

**August 18: 2023:** Meeting with PacificSource, Erin Fair Taylor, Vice President of Medicaid, Tricia Wilder CO CCO Director and Carmen Madrid, COHC Executive Director under the direction of Governor orders requesting collective funding for $25M from CCO’s from Shared Savings to invest in youth behavioral health services in Oregon.

- Central Oregon ask is $1,442,040, allocated from membership.
- Behavioral Health Shared Savings from 2022 would be source of funding
- Our 2022 Shared Savings is now estimated to be a $12.4M payout by the end of September, allocating $6.2M for behavioral health. Our $1.4M contribution would be 23% of the 6.2M still leaving the council to invest $4,757,960 within community investments.
- Next Steps: Meet with scheduled Behavioral Health team already reviewing Shared Savings process development for funding distribution.

**August 21, 2023:** Meeting with Behavioral Health Shared Savings leadership team as scheduled:

1) Develop a process for Shared Savings investment distribution
   Follow up from August Board meeting

2) Appended agenda item of Governor’s Ask
   Governor’s request discussed and approved.

**September 1, 2023:** Investments decided across the state.

The Investments

A. Community Counseling Solutions Project: ($2,000,000) Located in Eastern Oregon the additional funds would close a funding gap and result in the development of 12 new youth psychiatric residential treatment (PRTS) beds.

B. Looking Glass Project: ($2,300,000) Located in Lane County the additional funds would allow Looking Glass to increase their available youth PRTS by four (4) beds.

C. Trillium Family Services Project – Parry Center Project: ($13,164,456) Located in the Portland Metro area, these funds would result in 12 additional youth PRTS beds. The population of focus would be exclusively youth. An additional $1,900,000 of state funds will reach full budget for this project.

D. Adapt Project: ($7,535,544) Located in Douglas County, these funds would support the new campus being built by providing an assortment of new beds listed below. An additional $5,000,000 of state funds will also build 64 beds of Permanent Supported Housing with outpatient treatment.
RE: Governor’s Orders: Behavioral Health investment

Erin reached out to health council Executive Director’s under the direction of Governor’s orders requesting collective funding for $25M from CCO’s from Shared Savings to invest in youth behavioral health services in Oregon.

- Urgency is to respond with a financial commitment with 3 weeks
- Resource availability for youth BH services
  - Current landscape has little to no services available for youth behavioral health services
  - A shortage in youth residential facilities
- Trillium stood up a proposal during the 2023 legislation to build a facility in Corvallis to address the need which did not pass
- There is currently advocacy seeking another location east of the Cascades.

- Ask is $25M across all CCO’s to contribute to this project

- Allocation is based on membership and PCS Central Oregon holds 5.8% of the enrollment with an ask of $1,442,040.00

- Our 2022 Shared Savings is now estimated to be a $12.4M payout by the end of September, allocating $6.2M for behavioral health. Our $1.4M contribution would be 23% of the 6.2M still leaving the council to invest $4,757,960 within community investments.

- Clarified that the $1.4M would not have to meet HRS guidelines.

- Other Eastern Oregon connections are also seeking potentially a match to the $25M that may open an opportunity for a facility to be placed potentially east of the Cascades.
• Board Approval to allocate the $1.4M to this effort as part of our Shared Savings BH dollars.

• This will be presented to the small group working on the BH proposal August 21.
The purpose of the meeting was to discuss a process for distributing the 2023 behavioral health shared savings dollars.

**The Governor's Request: $1.4M**

Following the related discussion at the August 10 Board meeting, an urgent request came from Governor Kotek through the CCO to discuss a portion of the funding being put toward a collective $25 million contribution from all Oregon CCOs to invest in youth behavioral health services in the state. The request was also discussed at this meeting due to its urgency.

- There was urgency to respond with a financial commitment by Wednesday, August 30. (NB: This deadline was extended.)
- The funds would be used to increase resource availability for youth behavioral health services.
- Trillium submitted a proposal during the 2023 legislative session to build a facility in Corvallis to address the need, which did not pass.
- There were also advocates seeking another location east of the Cascades.
- The ask was $25M across all CCOs, with contributions based on membership. PacificSource in Central Oregon has 5.8 percent of the enrollment, which would equate to $1,442,040.
- The 2022 shared savings is estimated to be a $12.4M payout by the end of September, with $6.2M allocated for behavioral health. A $1.4M contribution would be 23 percent of the $6.2M, leaving the Health Council with $4,757,960 for community investments.
- The CCO clarified that the $1.4M would not have to meet HRS guidelines.
- Other eastern Oregon connections were seeking a match to the $25M, which could potentially open an opportunity for a facility to be placed east of the Cascades.
- COHC Board approval would be required for the $1.4M allocation from the BH shared savings dollars.
The group questioned why the contribution had to come from the BH funds. Behavioral health involves shared risk across all service types.

The recommendation across all CCOs is to take money from shared savings. We can’t touch the 50 percent of shared savings that goes to providers, so the only discretionary funds would be the BH 50 percent. Other CCOs don’t have Health Councils and PacificSource doesn’t make those kinds of investments, the Health Council does.

Was there no other place in the CCO to find dollars, or was it an administrative decision of the CCO leadership to only look at the shared savings dollars?

It was the governor’s direction to look at shared savings.

That means sending dollars from our region over the mountains, where all the resources currently live. Can we say the money needs to be spent on our region?

The decision-making table is all CCOs. PacificSource only has one seat at the table. Erin Fair Taylor has emphasized Bend/Redmond in talks. The CCO is advocating for eastern Oregon but wants to manage expectations.

Will the money go to Trillium?

Although they are not specifically identified as the recipient, Trillium is the only resource in the state with the organizational infrastructure to handle it. Trillium is doing a good job running DCHS day treatment.

There were previous discussions for a youth services treatment plan and residential facility involving St. Charles, who was going to donate land. Trillium would run it if we built the facility. The plan fell apart because of the $35M price tag. Would it be possible to revive the hospital proposal? Or another east of the Cascades?

The group would like to reach out to partner organizations, the hospital, and the state. Shannon was working with Molly Darling on the project last year. We need to talk to Molly again. Phil Chang was also broached as a path to the governor and for his connections over the mountains.

If the potential matching grant is raised, we would definitely be looking at eastern Oregon. Should we set up an east Cascades proposal workgroup?

We already have the previous proposal—there was a clinical model and the space was right. We don’t need to reinvent the wheel.

Given that the ask came from the governor, the group agreed to send the request to the Board for approval, with the hope that there will be an opportunity to put together a proposal for our region.

**Behavioral Health Shared Savings Process Discussion**

A process for distributing the remaining $4.8M remained to be designed, which would be recommended to the Board. We had previously decided to employ a more equitable and transparent decision-making process around investing these funds and to invite more people to the table. This ensures we are operating fairly and transparently and avoids the appearance of conflicts of interest. We also discussed not investing in organizations but in initiatives. This was approved by the Board in June.

Who should be involved in escalating issues in this space?

There’s nobody in this community that doesn’t have an interest in the funds. We need to base it on data about current crises.
We need to identify behavioral health leadership to identify emerging topics supported by data. Who should be invited to join the group?

Public health often knows critical issues affecting the community. BestCare is the biggest substance abuse clinic in the region. Also Molly Darling, behavioral health director at St. Charles, and someone from the ED; Dannielle and/or other CCO representation; a representative from Mosaic; and Holly Harris, the CMHP director.

We can look at wraparound services for behavioral health, substance misuse, and housing. Who makes the decision on the top three?

It’s homelessness and housing, the fentanyl crisis, and access for the most acute in the state hospital. The group had never seen the state of crisis that we currently face. Social factors have overwhelmed resources.

We need to decide on length of time for funding. Without at least a two-year minimum, it’s not particularly helpful.

The CCO financials for 2023 are less optimistic. The $4 million might be the last profit we’ll see for a while due to redetermination.

The HRS restrictions mean we cannot pay for covered services, CHWs and THWs, the people doing the work. Most of what’s needed (facilities, staffing, services) is outside normal Medicaid funding.

The guidance from OHA is to focus on the service provided, not who is providing it. Lindsay Hopper gave the governor feedback: if you want to put these dollars out for best effect, ease up on the restrictions.

Once we’ve established the members of the group, can we identify initiatives?

Design something targeted and streamlined for a quicker turnaround on dollars. The best thing is to put money into peers, treatment, and housing—e.g., wraparound services, peer support organizations, substance use organizations. Where can we place safe parking and managed camps? We need intensive engagement and more actual treatment.

Process Recommendation
- Identify behavioral health leadership.
- Identify emerging topics and initiatives supported by data.
- Identify initiatives, not organizations.
- Provide two-year funding.
- Investments must meet HRS guidelines.
- Reporting must follow in line with our current grant reporting process.

Action Items
- Schedule a follow-up meeting to finalize the investment process and recommendation.
- Take the discussion and recommendation to the Board for approval of the behavioral health shared savings investment process moving forward.
September 1, 2023: Updates of Investments
Email received from Erin Fair Taylor

PCS $ Commitment
The contribution amount was calculated on a proportion of CCO enrollment basis.

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<td>17,981</td>
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<td>PCS - L</td>
<td>92,688</td>
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<td>150,420</td>
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There will be a LH-PS IDS* contribution toward HSO’s commitment as well, but the methodology for how that will be calculated is still TBD. We estimate that our IDS contribution will be between $350k and $400k.

*Note: Legacy Health-PacificSource Integrated Delivery System, a subcontract with Health Share of Oregon (HSO).

The Investments
A. **Community Counseling Solutions Project**: ($2,000,000) Located in Eastern Oregon the additional funds would close a funding gap and result in the development of 12 new youth psychiatric residential treatment (PRTS) beds.
B. **Looking Glass Project**: ($2,300,000) Located in Lane County the additional funds would allow Looking Glass to increase their available youth PRTS by four (4) beds.
C. **Trillium Family Services Project – Parry Center Project**: ($13,164,456) Located in the Portland Metro area, these funds would result in 12 additional youth PRTS beds. The population of focus would be exclusively youth. An additional $1,900,000 of state funds will reach full budget for this project.
D. **Adapt Project**: ($7,535,544) Located in Douglas County, these funds would support the new campus being built by providing an assortment of new beds listed below. An additional $5,000,000 of state funds will also build 64 beds of Permanent Supported Housing with outpatient treatment.

This was the result of a lot of advocacy, negotiation, and compromise. Identifying projects that are shovel-ready, offer statewide access, and focused on youth services were our primary priorities. CCS and Looking Glass were not controversial, but there was significant debate between CCOs about investing in Trillium Family Services versus a project proposed by Adapt. We negotiated a compromise so that those that wanted to focus only on youth programs could do so, and those CCOs that wanted to invest in the adult SUD and supportive housing portions of the Adapt proposal could do that. **PCS’ investments were restricted to youth programs across all four projects, including Adapt.**

Many details are TBD about how we will need to:

- Ensure visibility and approval by Health Councils;
- Treat these investments (CBI, medical spend, etc.) and what will be allowable by CMS/OHA;
- Contract for and otherwise cut the checks for these projects.
The Honorable Governor Tina Kotek  
900 Court Street, Suite 254  
Salem, Oregon 97301  

September 1, 2023  

Re: Request for Aggregate CCO Investment in Behavioral Health  

Dear Governor Kotek:  

Thank you for inviting Oregon’s Coordinated Care Organizations (CCOs) to invest in improving access to Behavioral Health services in Oregon. In response to your request to collectively invest $25 million, all CCOs have come together in agreement with the prioritized list of projects described below. In selecting these, our goals were to be equitable in building access for some of the most under-resourced services, to benefit Oregon residents by building capacity focused on the youth system, and to provide the state with an opportunity to demonstrate broader public/private partnerships.  

Throughout the last three weeks, CCO leaders met regularly to assess opportunities that would truly benefit from a shared investment across the state, recognizing that these funds alone are not enough to solve our state’s challenged behavioral health capacity. We were reminded both of our aligned priorities in meeting member needs and of the challenge in responding to a unique request for one-time investments. The decision to prioritize certain populations and services was quite difficult for us, as we are deeply aware of gaps in our statewide behavioral health system that remain unaddressed.  

Your leadership will be instrumental in larger policy solutions for our state and we want to continue to be part of that solution. In that vein, we encourage you to convene a statewide conversation about the workforce and capacity needs of the behavioral health system and to leverage multi-stakeholder strategies to build a more robust, equitable, responsive system that meets Oregonians’ needs. Further, we hope other public funds, matching dollars from private insurers or other sources are identified to optimize this specific investment by expanding our state children’s hospital services and building additional services at two of our recommended programs.  

This letter defines our recommendation on projects to fund. You will also find our criteria for evaluating investment options, our methodology for allocating our collective $25 million across CCOs, and descriptions of recommended projects outlined in the attached addenda. We look forward to working with you and OHA staff on ways to make these investments that allow us to efficiently contract for services across all CCOs, provide flexibility to us in how we account for these dollars on our financial statements, and ensure quick turnaround so that ultimately CCO members who need these services can access them as quickly as possible.
We came to agreement on funding the four (4) projects listed below. We believe these projects are viable, much needed, and geographically diverse. Our recommended projects for a collective $25 million investment are:

A. **Community Counseling Solutions Project: ($2,000,000)** Located in Eastern Oregon the additional funds would close a funding gap and result in the development of 12 new psychiatric residential treatment (PRTS) beds.

B. **Looking Glass Project: ($2,300,000)** Located in Lane County the additional funds would allow Looking Glass to increase their available PRTS by four (4) beds.

C. **Trillium Family Services Project – Parry Center Project: ($13,164,456)** Located in the Portland Metro area, these funds would result in 12 additional PRTS beds. The population of focus would be exclusively youth. An additional $1,900,000 of state funds will reach full budget.

D. **Adapt Project: ($7,535,544)** Located in Douglas County, these funds would support the new campus being built by providing an assortment of new beds listed below. An additional $5,000,000 of state funds will also build 64 beds of Permanent Supported Housing with outpatient treatment.

While we are collectively committed to investing in the recommended projects, you should be aware that there were reservations among some stakeholders and CCO Board members about committing dollars in this way. Engaging local providers, members, and the broader community in innovative ways to reduce disparities, improve outcomes, increase access, and bend the cost curve is what makes CCOs a national model. Accountability to the local community and broad-based engagement from diverse stakeholders takes time and is critical for building trust, for solving complex local challenges, and for ensuring ongoing engagement into the future. Our OHP membership is best served by building local systems of care with the state supporting those resources that are shared statewide.

As community convening and community led organizations, CCOs can be a great asset to your strategy to bring sustainable and responsive improvements in the behavioral health system. We can bring the perspective of our communities, reflecting the challenges and opportunities in our health systems, and leveraging investments in our local and regional systems of care, while being an essential partner in a statewide conversation.

Lastly, we want to bring to your attention ways in which the state can help support your goal of increasing access to behavioral health services:

- Invest state resources to build SCIP and SAIP services. These are currently managed and paid for by the state but do not have adequate capacity to meet the needs of our kids. Funding for these services could be included in the CCO capitation rates in the future, which would allow us to better invest in building capacity in this part of our system.
- Identify and leverage matching funds to increase the impact of the $25 million pledged by the CCOs and fully fund the proposed projects.
• Engage CCOs and providers in discussion to ensure allocation of the 2023 legislative funding fills the most critical opportunities.

• This $25m investment and other investments to expand capacity should be included medical expense as part of the future rate setting process. This is the best possible path forward in creating stable funding for current programs, building a foundation for organizations to expand services, and preventing the ever-present wage rate compression in this valued workforce.

• In addition, for this investment and in the future, the CCOs should have increased latitude to include parts of these investments, which serve more than just Medicaid members, as Community Benefit Initiatives (HRS-CBI). There are flexibilities embedded in the CFRs for these kind of investments to be counted as CBI. The OHA should adopt standards that reflect these independent judgement calls to allow for some, if not all, of these investments to count as CBI in financial reporting. Doing this would allow these investments to count towards the Minimum Medical Loss Ratio (MLR).

• Implement the recommendations from the State System of Care Executive Committee on the regulatory changes needed to ensure safety for staff and clients in residential settings and ensure that the Office of Training, Investigations and Safety (OTIS) is fully resourced, so that any allegations of abuse at youth BH facilities are investigated and addressed quickly.

• Examine any educational, credentialing, or licensure restrictions that are unnecessarily limiting expansion of Oregon workforce and work with schools of Social Work and other needed professions to expand incoming class sizes.

• Prioritize the implementation of the Tackling Administrative Burden recommendations for Behavioral Health.

We look forward to working with you to begin funding these prioritized projects and implementing recommendations. We would like to engage you or OHA directly in messaging our recommendations and in determining how best to operationalize these new projects, so that we stay aligned when working with the service providers to execute agreements.

Best,
The CCOs included below
**Addenda:**

1. Decision criteria created by CEOs for this project
2. Funding allocation across CCOs
3. Project Description(s)

**Addendum 1: Decision criteria created by CEOs for this investment**

Criteria created by all CEOs and used for identifying projects in response to Governor’s request on August 10, 2023.

1. **Project will increase capacity of high-level services for youth in mental health and/or substance use. Justification:**
   - 2021, 2022 and 2023 legislative investments almost solely focused on capacity building in the adult MH system, in addition to workforce and rates across all parts of the system.
   - We have only lost PRTS capacity in the last 3 years.
   - Youth are waiting 3-6 months to access SAIP or SCIP, and sometimes PRTS.
   - Some are going out of state, into hotels, etc.
   - We need a strategy that is already developed, is a statewide resource, sustainable under current payment/rates and solves an access problem.

2. **Increases access.**
   - Net add to existing beds
   - Prove the access is increasing throughput or decreasing bottleneck for kids
   - Change experience on the ground for our kids

3. **Is able to be staffed.**

4. **Provides a state-wide resource with referral paths for all CCOs and/or multiple sites.**
   - Program must have equitable referral pathway
   - Prefer to have at least 2 projects with one at least outside the metro. If it is just one site, need very compelling logic

5. **Is “shovel ready” or quick turnaround from funds to impact.**
   - Identified provider,
   - preliminary budget,
   - implementation timeline and
   - sustainability plan

6. **Services built are sustainable by existing rates / payment.**

7. **Scalable beyond Medicaid membership if additional matching funds identified.**
Addendum 2: Funding allocation across CCOs

<table>
<thead>
<tr>
<th>CCO</th>
<th>Membership 7/23</th>
<th>% of CCO Enrollment</th>
<th>Share of $25M</th>
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<td><strong>TOTAL</strong></td>
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<td><strong>TOTAL CCO</strong></td>
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<td>$ 25,000,000</td>
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</table>
Addendum 3: Project Description(s)

Community Counseling Solutions, located in Boardman
- $2,000,000 supports capital funding for a 14 bed mixed use sub-acute/psychiatric residential treatment services (PRTS) facility that will serve children from across the State of Oregon who are 12 and under.
- *Project Readiness & Timeline* CCS has purchased the property and has been working with Pinnacle Architecture on the design and Kirby Nagelhout Construction.

Looking Glass, located in Eugene
- $2,336,004 supports staffing for 4 (four) sub-acute level psychiatric residential beds. The units are already built and part of the existing Looking Glass building and are ready for occupancy. This workforce investment includes supporting start-up and direct care/services.
- This investment supports hiring; onboarding/training; and ongoing costs for program supervisor, manager, therapists, nurse, psychiatrist, and residential staff.
- *Project Readiness & Timeline*: Payment on September 15th, 2023 would open beds by November 15th 2023; Payment on October 1st 2023 would open beds by December 1st, 2023.

Trillium Family Services, located in Portland
- $15,000,000 supports redevelopment and expansion of the Portland Parry campus with a 12bed building serving youth from across the State of Oregon. This program would reflect a mix of Subacute & Psychiatric Residential treatment levels of care which can flex over time based on community need.
- *Project Readiness & Timeline*: $2,000,000 still required to close fundraising goal

Adapt, located in Roseburg
- $7,535,544 supports development of residential cottages and adolescent withdrawal management beds. It provides a net increase of 77 usable SUD treatment and detox beds.
- Beds to be included in this project are:
  - Adolescent Residential (ICOD): 16 beds
  - Adolescent Detox (ASAM 3.2 and 3.7): 6 beds
  - Parent and Small Child Residential: 16 beds
  - Adult SUD Residential (Male & Female units): 17 new beds (32 total)
  - Adult Co-occurring Residential: 16 beds
  - Adult Detox (ASAM 3.7): 11 new beds (16 total)
  - Adult Short Term Mental Health Residential: 16 beds
- *Project Readiness & Timeline*: $6,000,000 competes fundraising for the treatment cottages with groundbreaking planned to start this fall. Additional funds will allow for development of permanent supportive housing on same campus.
Executive Director’s Report  
September 14, 2023

Highlights

• Governor’s Ask: Shared Savings Investment for Youth Behavioral Health Services
• Shared Savings Behavioral Health Investment Process
• Grant Distributions  
  a. Community Based Initiative Grants  
  b. Opportunity Grants
• St. Charles and Medicare Advantage
• Regional Health Assessment (RHA) Update

Governor’s Ask: Shared Savings Investment for Youth Behavioral Health Services

August 18: Met with PacificSource

• Central Oregon ask from the Governor is $1,442,040, allocated from membership.
• Behavioral Health Shared Savings from 2022 would be source of funding
• Our 2022 Shared Savings is now estimated to be a $12.4M payout by the end of September, allocating $6.2M for behavioral health. Our $1.4M contribution would be 23% of the 6.2M still leaving the council to invest $4,757,960 within community investments.

August 23, 2023: Met with Behavioral Health Shared Savings leadership team

• Discussed and approved investment

September 1, 2023: CCO Investments decided across the state. *

The Investments

A. Community Counseling Solutions Project: ($2,000,000)
B. Looking Glass Project: ($2,300,000)
C. Trillium Family Services Project – Parry Center Project: ($13,164,456)
D. Adapt Project:

Details of this project distributed at the September 14, 2023 COHC Board Meeting.
See attached documents.

*Note that there has not been feedback or potential adaptations from the Governor yet on the CCO recommendations.
Shared Savings Behavioral Health Investment Process

As a follow-up action item from the August Board meeting, Rick Treleaven recommended convening Behavioral Health leadership to begin drafting a decision process on how shared savings behavioral health investments are made when funding is available. Per the JMA, 50% of shared savings is dedicated to behavioral health, as COHC decides. We are refining how this decision is being made. A group started an initial discussion and a high level recommendation is made and details to follow at our next meeting. It was a successful retreat to see board members engaging, celebrating accomplishments as well as identifying opportunities for further discussion.

Process Recommendation
• Identify behavioral health leadership.
• Identify emerging topics and initiatives supported by data.
• Identify initiatives, not organizations.
• A minimum investment available for a two-year program.
• Investments must meet HRS guidelines.
• Reporting must follow in line with current grant reporting process.

Action Item
• Follow-up meeting to finalize investment process and details for approval by the Board.

Grant Programs

Community Benefit Grants

The annual Community Benefit Grant launched in July has now received 63 applications from 52 organizations with a total ask of $9,755,516.63. CAC (Community Advisory Council) is designated to develop community investments throughout the region. This year, CAC decided to focus on grants focused on the poverty levels within each county along with the tribes. CAC also decided to award fewer grants with larger amounts.

Our final available funding distribution will be: $2,342,827.00

Opportunity Grants

The Opportunity Grant launched in June and to date we have received 130 applications with a total ask of $6,861,414.00. This grant was in response to the lack of sustainability of funding for organizations to sustain its programs. It is designed to match existing grants that have been awarded in the past year allowing a grants to be matched up to $200,000 per organization.

Total funding distribution is still being determined based on available funding.

With all our grants, they go through eligibility requirements and a final regulatory review with our PCS (PacificSource) partners. All grants are also tracked through COHC’s Foundant grant platform with required reporting.
St. Charles and Medicare Advantage

As a follow up action item from our August 10, 2023 Board Meeting, a letter was sent to St. Charles with compiled questions. All Board members were sent the letter and questions. In the meantime, COHC will be providing general information on our website of frequently asked questions on Medicare Advantage enrollment to support seniors. We will also be including enrollment news on Redetermination as it progresses in October.

Regional Health Assessment (RHA) Update

The Regional Health Assessment continues to move forward with Whitney and Miguel’s leadership and in partnership with the Core Committee and Steering Committee representing organizational leadership across the region.

Goals and deliverables are still on track and a few highlights:

- Have gathered over 3,000 community survey results across the region to enhance findings to support local data indicators.
- 20 focus groups have been conducted across the region from doing photovoice interviews with youth, to meeting at a horse barn in Prineville.
- Local data indicators are also currently in review.

Operations

- Annual financial audit is underway with Jones & Roth as our new auditor for this year. Final audit presentations will be presented at the September Finance Committee meeting and presented to the Board in October.
- Accurate Bookkeeping is still pending financial statements which have been delayed due to their consistent staffing turnover.
- Ongoing build of SmartSheet continues to centralize work documents and build dashboards for instant reporting availability.

Staff

- New staff postings for two project managers will be posted this month. One will replace an existing employee and another one to support expanding work for COHC.
- Whitney Schumacher’s last day with COHC will be Friday, September 22 2023.
- Staff is going through procedure documents for stronger workflows and clear accountabilities.
- Carol Martin is our temporary administrative staff supporting RHA and other operational

Questions: Please contact Carmen Madrid at carmen.madrid@cohealthcouncil.org
PACIFICSOURCE COMMUNITY SOLUTIONS (PCS) UPDATES:

### 2022 incentive measure performance overview

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<th>Measure</th>
<th>AllCare CCO</th>
<th>AlCan CCO</th>
<th>Cascade Health Alliance</th>
<th>Columbia Pacific</th>
<th>Eastern Oregon CCO</th>
<th>Health Share of Oregon</th>
<th>InterCommunity Health Network</th>
<th>JacksonCare Connect</th>
<th>PacificSource—Central</th>
<th>PacificSource—Gorge</th>
<th>PacificSource—Marin Park</th>
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PCS CCOs performed well individually and in comparison, to other Oregon CCOs. Well done!
PACIFICSOURCE COMPANY WIDE UPDATES:

OHSU and Legacy Health
OHSU recently announced its intent for Legacy Health to become part of OHSU. While this is a notable change for PacificSource, we are confident this action will serve to make each of those entities even stronger and better able to serve the healthcare needs of the community at large. It’s important to note that OHSU did not purchase PacificSource.

All PacificSource members should be aware that Legacy Health will remain in network for the foreseeable future, and they can still receive the care they need from their providers. Members should keep all appointments as planned for the foreseeable future.

While PacificSource will no longer have Legacy Health as a hospital partner, the assets of our relationship remain in good standing and will eventually move to an independent, local, not-for-profit foundation. The foundation will have partial ownership and retain the assets on our behalf, while directly serving our mission and values as a local community health plan.

These types of transactions can take a significant amount of time to complete, and we anticipate a 12–18-month process for the process to become final. In the days ahead, we look forward to our continued collaboration with OHSU and Legacy Health, as we all work together to serve our respective members and offer the best healthcare possible. Additionally, PacificSource will continue to provide access to a broad range of local providers in the community so our members can get the care they need.
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.
  □ 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