CENTRAL OREGON HEALTH COUNCIL
Board of Directors Meeting Agenda

DATE Thursday, October 12, 2023
LUNCH 12:00 pm
MEETING 12:30–3:30 pm
LOCATION Jefferson County Public Health | 500 NE A Street, Suite 102, Madras

To join via Zoom, register here for the meeting link:
https://us02web.zoom.us/meeting/register/tZwsdu6trTMiH9xQJsWdA3zRR7fivhN34lg

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<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Presenter</th>
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<tr>
<td>12:30–12:40</td>
<td>Welcome, Public Comment, and Announcements</td>
<td>Tammy Baney</td>
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<tr>
<td>12:40–12:45</td>
<td>Consent Agenda</td>
<td>Tammy Baney</td>
<td>Vote</td>
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<td>12:45–1:00</td>
<td>CASA Presentation</td>
<td>Heather Dion</td>
<td>Info</td>
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<td>1:00–1:10</td>
<td>OHA Updates</td>
<td>Dustin Zimmerman</td>
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<td>1:10–1:25</td>
<td>COHC 2022 Financial Audit</td>
<td>Megan Haase</td>
<td>Info &amp; discussion</td>
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<td>Brian Newton &amp; Shelley Ombrebowski</td>
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<td>1:25–1:40</td>
<td>CCO Health-Related Services Investment Guidelines</td>
<td>Kristen Tobias</td>
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<td>1:40–1:55</td>
<td>COHC History and Foundations</td>
<td>Tammy Baney, Dan Stevens, Rick Treleaven &amp; Megan Haase</td>
<td>Info</td>
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<td>1:55–2:15</td>
<td>Board Evaluation Results</td>
<td>Paul Andrews, Carmen Madrid</td>
<td>Info &amp; discussion</td>
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<td>2:15–2:40</td>
<td>Board Retreat Summary</td>
<td>Tammy Baney, Carmen Madrid</td>
<td>Info &amp; discussion</td>
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<td>2:40–2:45</td>
<td>Board Officers’ Nominations</td>
<td>Linda Johnson</td>
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<td>2:45</td>
<td>Adjourn</td>
<td>Tammy Baney</td>
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<td>2:50</td>
<td>Executive Session</td>
<td>Board of Directors</td>
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Consent Agenda
August & September Board Minutes

Written Reports
CASA Report
OHA Update
COHC 2022 Financial Statements
Health-Related Services Guidelines
Board Self-Evaluation Summary
Board Retreat Summary
Executive Director’s Report October 2023
CCO Director Report October 2023
CCO Dashboard
September 2023 CAC Minutes

The COHC Board of Directors reserves the right to transition into executive session at any point during the Board meeting.
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, September 14, 2023, at High Desert ESD in Redmond 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
- Megan Boyle, COPA
- Jeff Davis, PacificSource
- Tony DeBone, Deschutes County
- Miguel Herrada, COHC
- Gwen Jones, COHC
- Heather Kaisner, DCHS
- Carmen Madrid, COHC
- Carol Martin, COHC
- Kat Mastrangelo, Volunteers in Medicine
- Leslie Neugebauer, PacificSource
- Katie Plumb, Crook County
- Elizabeth Schmitt, CAC
- Stacy Shaw, Crook County
- Mike Shirtcliff, Redmond Dental Group
- Camille Smith, COHC
- Erin Fair Taylor, PacificSource
- Tricia Wilder, PacificSource
- 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.

CONSENT AGENDA
Approval of the consent agenda, which consisted of the August meeting minutes, was deferred.

GOVERNOR’S REQUEST
Carmen Madrid shared a request from Governor Kotek to all Oregon CCOs for contributions to youth behavioral health services. The contributions were based on membership, with $1.4 million requested from our CCO region, to be drawn from our behavioral health shared savings funds. The governor’s request was discussed at a meeting of behavioral health leadership, who had gathered to map out a process for future distribution of the shared savings funds. They agreed to the investment and passed it on to the Board for approval. The CCOs collectively responded to the governor but had not yet heard back on their proposal.

Further details were added in the discussion that followed. The governor wanted shovel-ready projects for youth behavioral health to quickly increase the availability of beds statewide. Although no expenditures would be made directly in Central Oregon, $2 million would be spent on the Community Counseling Solutions Project in eastern Oregon, which would add 12 psychiatric residential treatment beds. The other funds would be directed to Lane County, Douglas County, and the Portland metro area. The investments do not have to meet HRS guidelines.

MOTION TO APPROVE: Baney asked for a show of hands to approve the contribution of $1.4 million from COHC’s behavioral health shared savings funds. All were in favor, and the motion passed unanimously.

SHARED SAVINGS
Madrid presented a follow-up item from the August board meeting: convening a group to design a process for distributing the shared savings behavioral health funds going forward. A group of behavioral health leaders met, as noted above, and discussed a process for investing the 2023 shared savings dollars and future allocations.

The 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.

The group will finalize the process details before recommending it to the Board for approval. The Board discussed who else should be invited to join the behavioral health decision-making group, and seats for a member from the Behavioral Health workgroup, the Operations Council, and the CAC were suggested. Molly Wells-Darling from St. Charles was recommended. Other thoughts included a regional epidemiologist and a representative from education.
AGENDA ADDENDUM: GOVERNANCE COMMITTEE REPORT

Emerging Issues
Linda Johnson shared that the Governance Committee had discussed COHC’s role in addressing the recent Medicare Advantage event and was comfortable with the Health Council providing accurate, truthful information as an unbiased, impartial resource. The Governance Committee also discussed a process for handling and escalating emerging issues.

Challenging Issues
As part of the committee’s review of topics that came up in Board self-evaluations and the retreat, they recommended that the Board engage in quarterly discussions of challenging issues. Johnson asked Board members to send any requests for topics to Baney, Madrid, or herself to add to a calendar for future agendas.

AGENDA ADDENDUM: CCO UPDATE
Before closing, Dan Stevens gave an update on the OHSU and Legacy merger, which would mean organizational changes for PacificSource. OHSU will be the surviving entity when the transaction has been completed, and Legacy assets will go into a not-for-profit foundation for health improvement. Legacy’s 50 percent interest in PacificSource will not transfer to OHSU but go into the same foundation. Since the other 50 percent is held by Pacific Health Associates, a nonprofit lifted by PacificSource for the purpose of stewardship, Stevens expressed his excitement over the future possibilities under nonprofit governance. He invited anyone with questions to reach out.

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

Respectfully submitted,

______________________
Camille Smith, Secretary
A meeting of the Board of Directors (the “Board”) of Central Oregon Health Council, an Oregon public benefit corporation (the “Corporation”), was held 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 changing 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 to PacificSource that they were considering canceling their Medicare Advantage plan. The CCO was working to connect with St. Charles for clarity on the issues. 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 request a conversation with St. Charles CEO Steve Gordon, as well as former Board member Iman Simmons and new Board member Emily Salmon (who was unable to attend the August meeting). She stated that our concern is for the patient and asked the Board to consider the role of the Health Council in the situation. She concluded that we needed to gather more information and we had come up with a good list of questions to ask St. Charles to provide insights into the potential impacts and benefits for the community in this significant change.

**ACTION ITEM:** The Health Council will compile questions and the Chair will 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
A Great and Growing Need
Heather Dion
Executive Director
CASA of Central Oregon
Children in foster care: 439
CASA Volunteers: 170
Children with a CASA: 365
Children Served: 83%
Youth need us
Community close-up
Jefferson County

9 children without an advocate
5 advocates sought in Jefferson County
1. The number of CASAs a child in foster care will have

2. Children in foster care are likely to be in the system for two years

3. Children in foster care are likely to live in three different foster homes

4. Children in foster care are likely to have four different case workers from the Oregon Department of Human Services
Because of TRACES

- Retained Family Find Program in Central Oregon
- Increased the percentage of children served a CASA
- More CASA volunteers serving children
Children with a CASA...

- Move into a safe, permanent home more quickly
- Are more likely to succeed in school
- Are less likely to re-enter foster care
- Are more likely to receive support to heal and thrive
Our vision

“All children have the inherent right to be safe, to be treated with dignity and respect, and to learn and grow in the safe embrace of a loving family.”
A CASA is an ordinary person who does extraordinary things for children in foster care.
Leadership Updates

1. OHA staffing changes
   a. OHA’s Medicaid Director, Dana Hittle, is leaving to join ODHS’s leadership team. Vivian Levy, current deputy Medicaid Director will be interim Director until another is hired.
   b. OHA’s Public Health Director, Rachael Banks, is returning to Multnomah County. The current deputy Director, Cara Biddlecom, will be interim director until another is hired.
   c. Searches are continuing for OHA’s Director and OHA’s Dental Director. The position for the Health Policy and Analytics division (HPA) Director has recently been posted.

2. The Oregon Health Policy Board’s Health Equity Committee is now open for recruitment of new members. Recruitment is open until 5pm on Monday, October 23. A link to the Qualtrics survey for member applications can be found below, and a Spanish PDF version of the application is attached. Please share these materials with your networks. Link to OHPB Health Equity Committee application survey: https://dhsohahpa.qualtrics.com/jfe/form/SV_a4qyuWXzqzITqOq
   All questions and Spanish applications can be directed to OHPBHealthEquityCommittee@oha.oregon.gov.

3. The Oregon Health Authority (OHA) is submitting State Plan Amendments to the Centers for Medicare & Medicaid Services (CMS) to cover non-routine adult vaccines as determined by age, health condition, occupation, and travel effective October 1, 2023.

   This change will add coverage for vaccines generally used for travel to Oregon’s Medicaid State Plan, Children's Health Insurance Program (CHIP) State Plan and Alternate Benefit Plan (ABP). Oregon’s ABP establishes Oregon Health Plan coverage for adults who qualify through the Affordable Care Act Medicaid expansion. To learn more, read the public notice from OHA.

   OHA welcomes public review and input. Please send written comments by 5 p.m. Friday, October 13, 2023, to jesse.anderson@oha.oregon.gov.

4. Clarification of coverage for routine vision exams and corrective lenses

   The OHP Plus (BMM, BMH, BMD) and CWM Plus (CWX) benefit packages cover routine eye exams (CPT codes 92002-92014, with primary diagnosis Z01.00) for any eye condition as follows:
- Once every 24 months for adults age 21 or older with the OHP Plus (BMM, BMH, and BMD) benefit package.
- When clinically appropriate for OHP Plus members under age 21 and CWM plus (CWX) members. Corrective lenses are only covered if the member is under age 21, pregnant, or has a condition related to aphakia or keratoconus:
  - Keratoconus, unspecified
  - Keratoconus, stable condition
  - Keratoconus, acute hydrops
  - Aphakia
  - Congenital Aphakia (congenital absence of lens)
  - Absence of eye lens(es), such as following cataract extraction

CPT codes for routine vision

- 92002 New patient exam
- 92004 New patient exam with follow-up visit(s)
- 92012 Exam for established patient
- 92014 Comprehensive exam for established patient

If you have questions, please reach out to Napua Rich at napuaann.k.rich@oha.oregon.gov.

5. OHA COVID-19 communications resources

Updated COVID-19 vaccines are arriving in Oregon. Here are some communications tools to help with the rollout:

OHA Updated COVID-19 vaccine FAQs (more languages to come).

- English
- Spanish

OHA Press

- OHA media availability 9/21/23
- OHA press release 9/21/23

6. Board of Sign Language Interpreters membership opportunity and more info

During the 2023 Legislature Session, House Bill 2696 (2023) was enacted, establishing the Board of Sign Language Interpreters under the Health Licensing Office (HLO). The Board is responsible for determining minimum qualifications for six specific license types, supervision requirements for individuals obtaining training and practice standards. For more information about the Board on the following topics visit the HLO website:

- Board membership opportunities
Future Community Engagement Events & link to questionnaire
How to get the latest information about the Board

Seeking applicants

HLO is seeking applicants to serve on the seven-member Board of Sign Language Interpreters. Five of the positions require a sign language interpreter license issued by HLO. Each member must be a resident of Oregon and be proficient in American Sign Language (ASL). The board members positions include:

- Two (2) members who are deaf, deafblind, or hard of hearing and represent an association that promotes and protects the rights of persons who are deaf and hard of hearing.
- One (1) member of a state organization for sign language interpreters and who qualify to obtain a sign language interpreter license issued by HLO by January 31, 2024.
- One (1) member who represents a post-secondary sign language interpreter education program and who qualify to obtain a sign language interpreter license issued by HLO by January 31, 2024.
- Two (2) members who are hearing interpreters certified by or registered with a national organization for sign language interpreters and who qualify to obtain a sign language interpreter license issued by HLO by January 31, 2024.
- One (1) member who is a deaf interpreter certified by or registered with a national organization and who qualify to obtain a sign language interpreter license issued by HLO by January 31, 2024.

Learn more about applying for a position. For questions, please contact Samie Patnode at 503-373-1917 or Samie.Patnode@oha.oregon.gov

Metrics Updates

7. Social needs screening and referral metric FAQ updates

Contact: Rachel Burdon (Rachel.E.Burdon@oha.oregon.gov) or Claire Londagin (londagin@ohsu.edu)

Request: Please share with CCO staff and partners working on the social needs screening and referral incentive metric.

The social needs screening and referral metric FAQ has been updated: https://www.oregon.gov/oha/HPA/dsi-tc/Documents/SDOH-Screening-Metric-FAQ.pdf

New questions include the following:

- To meet must pass element 1, should a CCO incorporate member voice in the policies and processes established by CCOs must-pass elements 2, 5, 8, and 10 as well as data sharing and data collection processes?
• Regarding meeting must-pass element 3, what are examples of social services OHA would suggest being in contact with?

• How will 1115 Waiver language be supportive and not restrictive of what is required of the metric?

• For the purpose of must-pass element 12, what are the definitions of community-based organization, social service agency and "other social determinants of health and equity partner"?

• **TA:** The Transformation Center is contracting with OHSU-ORPRN (Oregon Rural Practice-based Research Network) for the next two years to facilitate technical assistance (TA) and support for implementation of the this metric. We have scheduled sessions for this next year with the first session on November 6 - See full details and registration here: [https://www.oregon.gov/oha/HPA/dsi-tc/Documents/Social-Emotional-Health-Metric-TA-Flier.pdf](https://www.oregon.gov/oha/HPA/dsi-tc/Documents/Social-Emotional-Health-Metric-TA-Flier.pdf).

• Please check the Transformation Center webpage for updated information about this metric. We will be posting TA session materials at this webpage: [https://www.oregon.gov/oha/HPA/dsi-tc/Pages/Social-Emotional-Health-Metric.aspx](https://www.oregon.gov/oha/HPA/dsi-tc/Pages/Social-Emotional-Health-Metric.aspx)

8. **New Organization of OHA Quality Metrics Webpages**

OHA has recently reorganized the webpages related to quality metrics. There is a new top-level program webpage that links out to key information relevant to CCO metrics. The three sub-pages linked from this new program webpage are:

• **Program Resources:** This is the page you’re already familiar with. It houses measure specifications, guidance documents, and other key resources.

• **Committees & Workgroups:** Meetings schedules and materials for the Metrics & Scoring Committee, CCO Metrics TAG, and other committees and workgroups are available on this page.

• **Dashboards & Reports:** This page contains the annual interactive CCO Performance Metrics Dashboard and historical reports.

**SHARE, HRS, ILOS, oh my!**

9. **SHARE, HRS and ILOS comparison update**

**Contact:** Transformation.Center@odhsoha.oregon.gov

The SHARE, HRS and ILOS Comparison is a resource that compares coordinated care organization (CCO) spending initiatives aimed at more fully addressing members’ and communities’ needs. The programs include Supporting Health for All through REinvestment (SHARE), health-related services (HRS) and in lieu of services (ILOS). The document includes background, initiative definitions, comparison and examples.

Exhibit L Financial Reporting Template Guidance

The updated SHARE, HRS and ILOS Comparison, HRS FAQ and Exhibit L Financial Reporting Template Guidance are now available on the OHA HRS webpage.

Technical assistance and support schedule

10. Updated HRS FAQ, Exhibit L reporting guide, HRS policy requirements

Contact: Anona Gund (Anona.E.Gund@oha.oregon.gov)

Request: Please share with CCO staff working on health-related services.

The following health-related services (HRS) guidance documents have been updated and posted to the HRS webpage (https://www.oregon.gov/oha/HPA/dsi-tc/Pages/Health-Related-Services.aspx):

• HRS FAQ (September 2023): https://www.oregon.gov/oha/HPA/dsi-tc/Documents/Health-Related-Services-FAQ.pdf

11. HRS/SHPARE/ILOS event materials

Contact: Transformation.Center@odhsoha.oregon.gov

Request: Please share with CCO staff working on health-related services, the SHARE Initiative or in lieu of services.

The 2023 CCO Annual Convening – Moving Upstream: Investing in the Social Determinants of Health and Equity through HRS, SHARE and ILOS – was held on September 13. Recordings and slide decks from the convening are available on the OHA Transformation Center webpage: https://www.oregon.gov/oha/HPA/dsi-tc/Pages/2023-HRS-SHARE-ILOS-Convening.aspx.

12. In lieu of services (ILOS) technical assistance Webinar October 12

Contact: ILOS.info@oha.oregon.gov

An ILOS billing guide, 101 webinar, office hours and individualized CCO technical assistance are now available.
ILOS Billing Guide

This resource is intended for CCOs and outlines the process of billing through ILOS, including:

• Answers to frequently asked billing questions
• Details on a reduced dataset for ILOS providers
• List of OHA-recommended procedure codes and modifiers
• Guidance on ILOS provider requirements
• Review of ILOS reporting requirements

ILOS 101 webinar – Learn about the background and basic criteria of ILOS. CCO Operations Director Dave Inbody will present highlights of ILOS guidance updates, share upcoming opportunities and answer questions. Anyone interested in learning about ILOS is welcome to attend.

• Thursday, October 12, 2023
• 1–2 p.m. Pacific Time
• Register in advance for this meeting (required):
  https://us02web.zoom.us/meeting/register/tZctdu-oqDgiGt3f5v1nPu0OoAGTghXPJkC After registering, you will receive a confirmation email from Zoom containing information about joining the meeting.

ILOS billing office hours – An overview of billing guidance released in the ILOS Billing Guide and time to talk through specific ILOS billing questions with Mary Durrant (OHA Claims and Encounter Data Services Unit) and Dave Inbody (OHA Health Systems Division). This session will be most helpful for CCO staff working on ILOS.

• Monday, October 30, 2023
• 1–2 p.m. Pacific Time
• Register in advance (required): https://us02web.zoom.us/meeting/register/tZcvcu-pqzkuG9Gp3QYkKoc3WgpVdAhHa9VG After registering, you will receive a confirmation email from Zoom containing information about joining the meeting.

CCO ILOS technical assistance – Individualized technical assistance is available to CCOs interested in implementing ILOS. Please reach out to Bethany Linscott-Lowe (lowbe@ohsu.edu) and Hannah Bryan (bryanh@ohsu.edu) with any questions or to set up a meeting.

Recent Reports

13. Below are links to the most recent OHA Climate and Health reports:
• Climate and Health in Oregon 2021-2022 report
• Climate Change and Youth Mental Health report
Climate Change and Youth Mental Health infographics: [English](#) and [Spanish](#)

14. Senate Bill 1554 requires an independent, third-party study of Oregon’s public health system response to the COVID-19 pandemic. OHA contracted with the Rede Group to conduct the study, the results of which have been shared over the course of three reports delivered to the Legislature in November 2022, April 2023, and September 2023. The final report is now available, and you may review the report and its appendices: [https://www.oregon.gov/oha/erd/pages/covid-19-news.aspx](https://www.oregon.gov/oha/erd/pages/covid-19-news.aspx).

The final report is a summary of the findings and recommendations from the previous two reports as well as some additional data analysis. The topics covered in this report include:

- Resources
- Health Equity
- Emergency Management and Coordination
- Enforcement of Public Health Mandates
- COVID-19 Health Outcomes
- Public Health Response in Schools
- Non-Governmental and Community Partners
- Tribal Nations and Tribal Organizations
- Migrant and Seasonal Farmworker Supports in Response to COVID-19
- Hospitals and Long-Term Care Facilities
- Public Health Workforce Challenges

The final summary report outlines some of the things the system did well and should be celebrated as well as areas we can learn from as we prepare for future emergencies. Please keep in mind that this is a study of the system’s response and is not a commentary or evaluation of any individual’s work, effort, or commitment.

**Training/Webinar opportunities**

15. Trauma focused CBT training

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is an evidence-based treatment to help children and adolescents recover after trauma. Research shows that TF-CBT successfully resolves emotional and behavioral difficulties associated with single, multiple and complex trauma experiences. This is a structured, short-term treatment model that effectively improves a range of trauma-related outcomes in eight to 25 sessions with the child/youth and caregiver.

Dr. Alicia Meyer, a national trainer in TF-CBT and a global trainer in Parent-Child Interaction Therapy, is offering a two-day online for clinicians to become certified. The training is free for people sponsored by OHA; for others it is $500. OHA sponsored participants can sign up under the OHA Registration section of the [website](#) (scroll to the last section of page). To qualify as an
OHA sponsored participant you must work in Oregon and hold a license or certification (e.g. QMHP, LCSW, LPC, LPC-A, etc.).

Upcoming training date:

- Oct. 26-27, 8 a.m. to 4 p.m. both days

For more information, including prerequisites and required reading materials, visit Dr. Meyer’s website. The prerequisite TF-CBT course costs $35, offers 11 continuing education units and must be completed prior to the two-day training.

If you have any questions about the training, please contact tfcbt@aliciasplace.org.

16. OHP coverage and payment for National Diabetes Prevention Program (DPP) – webinars October 24 and Nov 7. See attachment for information.
Health-Related Services 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.
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 communities.
• Projects to improve or develop community parks and playgrounds to increase physical activity.
• Shower and laundry trucks serving unhoused community members.
• 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. Medicaid-covered services.
3. Administrative activities to support the delivery of Medicaid-covered services.
4. CCO or clinic staff costs.
5. Provider workforce and certification training, including provider credentialing, incentives, and bonuses.
6. Broad assessments or research that does not directly improve community health.
7. Advocacy work that does not directly improve community health or healthcare quality.
8. Building new buildings and capital investments in facilities that provide Medicaid-covered services.
9. Member incentives and items and services that Flexible Services could cover.
10. Projects that are inherently religious.

* Please see the Oregon Health Authority’s HRS Frequently Asked Questions to learn more.
Questions?
2023 Board Self-Evaluation Summary

This year as guided by the Governance Committee, the annual board of directors self-evaluation was conducted and the following is a summary of the results.

Background:

- Board self-evaluation questions were formed based on four areas as recommended and approved by the board. We will be using the same questions next year to measure improvement in these areas.
- There were 12 questions with 3 questions for each area for the quantitative evaluation. There were 2 questions for the focus area.

**DUTIES & RESPONSIBILITIES**
This section asks questions regarding clearly understanding COHC’s mission, true north principles, the Board Policy Manual, as well as duties and responsibilities as a Board member.

**STRATEGIC PLAN**
This section asks questions regarding clearly understanding the strategic plan, its goals, and meeting outcomes.

**FIDUCIARY OVERSIGHT**
This section asks questions that focus on financial stewardship, a clear understanding of financial statements, and a conceptual understanding of the financial components of the JMA.

**ENGAGEMENT & CONDUCT**
This section asks questions as to the nature of involvement through attendance, committee, workgroup, community involvement, and stakeholder introductions.

**FOCUS AREA:** Agreed upon focus area for the upcoming year to center on strengthening the COHC Board.
SURVEY RESULTS & FINDINGS

PARTICIPATION

- (12/14) 86% of unique board members participated in the survey
- Two board members did not participate in the survey
- *Anomaly: of the 12 participants, one participant answered the quantitative questions twice demonstrating the denominator for the quantitative questions of 13 responses. We are not able to identify the participant.

QUANTITATIVE FINDINGS

- 88% of responses strongly agreed and agree that they are in alignment with COHC within all the four areas.
- 8% of responses were neutral.
- There is room for improvement with the 4% of responses who disagreed or strongly disagreed noting that this may only be one survey participant.
- The last row represents the percentage of answers by category. The denominator of 156= (13 responses X 12 questions).

<table>
<thead>
<tr>
<th>SURVEY QUESTION</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither Agree or Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Total</th>
</tr>
</thead>
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<tr>
<td>DUTIES &amp; RESPONSIBILITIES RATING</td>
<td>15/39 38%</td>
<td>20/39 51%</td>
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<td>1/39 3%</td>
<td>2/39 5%</td>
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<tr>
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<td>7/39 18%</td>
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<td>0/39 0%</td>
<td>39/39 100%</td>
</tr>
<tr>
<td>FIDUCIARY OVERSIGHT RATING</td>
<td>12/39 31%</td>
<td>20/39 51%</td>
<td>5/39 13%</td>
<td>0/39 0%</td>
<td>2/39 5%</td>
<td>39/39 100%</td>
</tr>
<tr>
<td>ENGAGEMENT &amp; CONDUCT RATING</td>
<td>18/39 46%</td>
<td>17/39 44%</td>
<td>3/39 8%</td>
<td>1/39 3%</td>
<td>0/39 0%</td>
<td>39/39 100%</td>
</tr>
<tr>
<td>TOTAL CATEGORIES</td>
<td>52/156 33%</td>
<td>86/156 55%</td>
<td>12/156 8%</td>
<td>2/156 1%</td>
<td>4/156 3%</td>
<td>156/156 100%</td>
</tr>
</tbody>
</table>
QUALITATIVE FINDINGS

Background:

- There were two questions asked in the qualitative portion of the survey:
  
  a) Q15 Our five-year strategic plan is now in its fourth year. At our Board retreat on June 8, we will have a status update and an opportunity to ensure we are progressing as envisioned. Are there any other topics you would like to raise for consideration?
  
  b) Q16 For the coming year, are there any topics or issues you would like the Board to focus on and why?

- Comments are anonymous.
- There were 9 comments for question 15 and 8 comments for question 16.

- For both questions, many comments were aligned with the June 8, 2023 board retreat outcomes and themes such as having critical discussions, strategic plan clarity and affecting change with COHC board leadership.

  “How/when are we actually going to have the hard honest conversation regarding total cost of care in our region and why do we feel like subsidizing one of the most costly health systems in the state through a medicaid contract is justifiable.”

  “Finding a process to identify structural or policy barriers to implementing solutions to have a greater impact on funding for social determinants of health and on our ability to shift the system model significantly.”

- Emergent topics raised included:
  
  - Substance use and obesity which are already addressed in our current RHIP (Regional Health Improvement Plan).
  - Seniors were also mentioned.

  “Seniors-this has not been a strong part of our strategies over the years and it is an area of need in our community. Could Central Oregon or one of our communities within be a place to pilot the minimum basic income other communities are currently piloting?”

- See Attachment B for full comments.
SURVEY CONSIDERATIONS AND NEXT STEPS:

1. There was no baseline for comparative analysis for this survey.

2. Survey results can be considered in addressing critical discussions.

3. Strongly Agreed and Agreed: While 88% of participants strongly agree and agree across all categories there is room for strengthening the 55% who only Agreed to the topic areas.

4. Neutral: 8% of those that were neutral weighted scores around fiduciary oversight.

5. Disagreed and Strongly Disagreed: These two areas scored the lowest on duties and responsibilities and fiduciary oversight were areas identified for areas of improvement.

6. Based on the quantitative and qualitative comments, there is an ongoing theme of addressing board training and addressing critical discussions, also identified from the 2023 board retreat outcomes. A suggestion to move forward with action items on board training and addressing critical discussions in 2024.
## ATTACHMENT A: QUANTITATIVE SURVEY RESULTS

<table>
<thead>
<tr>
<th>SURVEY QUESTION</th>
<th>Strongly Agree</th>
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<th>Neither Agree or Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Total</th>
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<tbody>
<tr>
<td><strong>DUTIES &amp; RESPONSIBILITIES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I understand Central Oregon Health Council’s mission and vision</td>
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<td>5</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>13</td>
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<td>I understand the Board Policy Manual</td>
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<td>8</td>
<td>1</td>
<td>1</td>
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<td>12</td>
</tr>
<tr>
<td>I understand my state-designated role as a Board member for the Central Oregon Health Council.</td>
<td>5</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>13</td>
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<tr>
<td><strong>STRATEGIC PLAN</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>I understand the basics of COHC’s 2020-2024 strategic plan.</td>
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<tr>
<td>I understand the goals and what we are trying to achieve with COHC’s strategic plan.</td>
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<td>9</td>
<td>2</td>
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<td>13</td>
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<tr>
<td>I am currently active in supporting the strategic plan of COHC.</td>
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<td>8</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>13</td>
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<td>0/39</td>
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## FIDUCIARY OVERSIGHT

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<tr>
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<th>1</th>
<th>3</th>
<th>9</th>
<th>13</th>
</tr>
</thead>
<tbody>
<tr>
<td>I understand our JMA and the financial structure of the agreement.</td>
<td>3</td>
<td>9</td>
<td>1</td>
<td>0</td>
<td>13</td>
</tr>
<tr>
<td>I understand COHC’s financial statements.</td>
<td>4</td>
<td>5</td>
<td>3</td>
<td>0</td>
<td>13</td>
</tr>
<tr>
<td>I understand my financial stewardship responsibilities as a Board member.</td>
<td>5</td>
<td>6</td>
<td>1</td>
<td>0</td>
<td>13</td>
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**FIDUCIARY OVERSIGHT RATING**

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<th>2/39</th>
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<th>39/39</th>
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## ENGAGEMENT and CONDUCT

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<tr>
<th>Statement</th>
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<th>1</th>
<th>3</th>
<th>7</th>
<th>13</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am involved and engaged with COHC by attending Board meetings regularly.</td>
<td>8</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>I am involved in at least one committee and one workgroup.</td>
<td>7</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>I have actively introduced stakeholders in our community to support COHC’s work.</td>
<td>3</td>
<td>10</td>
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<td>0</td>
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**ENGAGEMENT & CONDUCT RATING**

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<th>46%</th>
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<th>39/39</th>
<th>100%</th>
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</table>

## TOTAL CATEGORIES

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<tr>
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<th>33%</th>
<th>86/156</th>
<th>55%</th>
<th>12/156</th>
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<th>2/156</th>
<th>1%</th>
<th>4/156</th>
<th>3%</th>
<th>156/156</th>
<th>100%</th>
</tr>
</thead>
</table>
ATTACHMENT B: QUALITATIVE COMMENTS

Question 15 Q15 Our five-year strategic plan is now in its fourth year. At our Board retreat on June 8, we will have a status update and an opportunity to ensure we are progressing as envisioned. Are there any other topics you would like to raise for consideration?

RESPONSES

What do we mean by total cost of care? What metrics do we track in this space and how do we hold the entities that are the drivers of this cost accountable if we are to serve a key part of our mission of lowering cost in our region.

I think we have the retreat topics well outlined

The bigger question of universal healthcare needs to be broached at some point. I am very curious to know what the different members think - pros and cons. Also, provider participation rates re: who serves OHP members.

The drug crisis The obesity crisis

I would like to raise the idea of a discussion of how we keep the SP updated. The document we currently have was developed during a pandemic - regardless though, it makes sense for it to be refreshed/updated/revisited annually. Taking into account emerging issues- changes in region etc.

Do we want to consider a highlighted focus on Jefferson County after the last COHC meeting and discussion.

A lot of momentum was lost with COVID so would like to see a focus on reassessing the strategic plan to determine if it's still valid and appropriate for the current state. Is it too broad and ambitious?

Setting a timeline and schedule for the creation of the new strategic plan for the next five years.
Q16 For the coming year, are there any topics or issues you would like the Board to focus on and why?

<table>
<thead>
<tr>
<th>RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>How/when are we actually going to have the hard honest conversation regarding total cost of care in our region and why do we feel like subsidizing one of the most costly health systems in the state through a medicaid contract is justifiable.</td>
</tr>
<tr>
<td>Board engagement and attendance has been waning. This feels like something we need to evaluate and address. How we structure and facilitate agenda topics, to accomplish the goal for each topic and tactfully defer unrelated dialogue to an “open discussion” or to a future agenda.</td>
</tr>
<tr>
<td>The CAC’s role and how we can work together with the board to advance COHC’s goals and/or the goals of the RHIP.</td>
</tr>
<tr>
<td>The drug crisis...it is only rapidly getting worse... The obesity crisis. healthy food in all our schools</td>
</tr>
<tr>
<td>See above.</td>
</tr>
<tr>
<td>Seniors-this has not been a strong part of our strategies over the years and it is an area of need in our community. Could Central Oregon or one of our communities within be a place to pilot the minimum basic income other communities are currently piloting?</td>
</tr>
<tr>
<td>Finding a process to identify structural or policy barriers to implementing solutions to have a greater impact on funding for social determinants of health and on our ability to shift the system model significantly.</td>
</tr>
</tbody>
</table>
The Central Oregon Board of Directors convened for their annual all day Board Retreat. With the dynamic pace of health care, new leadership, and the growth of the organization, it was time to take a close look at the Strategic Plan in its fourth year of its 5-year strategic plan. Spearheaded by the Executive Committee, there were four objectives for the retreat:

1. Clarity for the Board, Executive Director and Staff on the status of the current strategic plan (2020-2024).
2. Highlighting and celebrating accomplishments.
3. Reviewing our aims within the strategic directions to review its relevance.
4. Begin to look toward our vision for the future.

As a result of the Board Retreat, there were five themes to summarize our time together:

**Leaders of Influence**

A common theme recognized during the board retreat is that our board structure, delegated to have leaders across the health system and our community has the influence to impact the health eco system significantly. While we represent our organizations, it’s important to recognize that we come together to affect change collectively where we can be influential leaders as we move through issues with a collective mindset. There is also opportunity in clearly defining our role as advocates, developing our board with ongoing education as well as deepening relationships across board members, workgroups, and committees.
**Critical Discussions**

As we began to review our current strategic plan and strategic initiatives, there were topics which emerged as critical discussions requiring further clarity needed as we move towards the future. We also recognized that the Governance Committee has accomplished tasks that will begin to add more clarity on roles and responsibilities. We identified that critical decisions seem to arise when organizational representation dominates the conversation. We noted that critical discussions may have discomfort in the moment, however important to be in alignment to focus on issues which affect our most vulnerable populations.

**Measurements & Outcomes**

As investments are coming to fruition, it was mentioned frequently that we need to measure and track outcomes of investments to demonstrate our success and recognizing our gaps for improvement. We all recognized that success in measuring outcomes will rely on a strong data infrastructure and methods developed to measure our outcomes. We need more reporting and information to make informed decisions.

**Strategic Plan Clarity**

As a result of the board retreat there was an opportunity to provide clarity as we reviewed our strategic plan. The outcome of guiding the clarity for the board and staff leads us to a more concrete pathway in implementation. We are now able to identify areas which are no longer relevant, areas that we have accomplished and topics that we will continue to discuss. The Action Items document as a result of this retreat identifies the areas to follow up on and complete.

**Continuous Improvement**

The board recognized that our current strategic plan was built as Co-Vid emerged March of 2020. The theme most highlighted in continuous improvement is around education, reviewing other system models that work and how transformation plays a role in our environment and still operating within contract and legislative requirements. We all collectively agreed that this is an opportunity for the board and staff to continuously improve all areas of our work together.

**Accomplishments**

Accomplishments were celebrated amidst the onset of the pandemic; significant investments have been made in the community along with advancing the work of COHC across the region.
• $7.1M has been invested into our Regional Health Improvement Plan (RHIP)
• Initiatives across the region continue to be developed including the St. Charles/OHSU Psychiatry Residency Program, East Cascade Works Behavioral Health Consortium, STI/HIV Prevention in Public Health, Behavioral Health Screening Across Providers and Sustainability of Central Oregon Peer Services in Substance & Alcohol Misuse Settings.
• Central Oregon Diversity, Equity and Inclusion Committee has steadily progressed in centering equity in its committees and workgroups.
• The 2024 Regional Health Assessment (RHA) has been redesigned to enhance the data by including primary data, which now includes an approachable community survey along with focus groups led by a Core Committee and a Steering Committee.
• More program development is flourishing as workgroups are evolving in the work and investments they are implementing. Most recent integrations and collaborations include:
  o Behavioral health, substance use and housing workgroups are collaborating to create investments driven by agreed upon initiatives and not organizationally focused where most of our funding streams have been directed.
  o Dental and pediatrics have made strides in incorporating fluoride varnishes and assessment in the pediatric office.
  o Operations Council has been redesigned to bring together a space to address and elevate pressing issues in our community. A structure has been built to introduce the issue, review, and create a pathway to solving them with operational leaders and a collective plan to address the issue.
BOARD RETREAT ACTION ITEMS

June 8, 2023

This section maps the broad themes of the Board Retreat summary on how they are aligned with our current strategic initiatives from our strategic plan. We also provided a status of where the existing action items are. These Action Items can provide next steps where board and staff can focus the completion or transition of action items into the next strategic plan. Leaders of Influence and Difficult Decisions appear to be the theme areas for the board and the remaining themes for staff implementation.

**Leaders of Influence**

<table>
<thead>
<tr>
<th>Action Item</th>
<th>Strategic Initiative</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review delegation of legislatively required seats</td>
<td>Effective Governance</td>
<td>In Progress</td>
</tr>
<tr>
<td>Discuss additional community member seat at Board of Directors</td>
<td>Effective Governance</td>
<td>To Do</td>
</tr>
<tr>
<td>Tribal engagement leadership with COHC leadership</td>
<td>Addressing Inequities</td>
<td>To Do</td>
</tr>
</tbody>
</table>

**Critical Discussions**

<table>
<thead>
<tr>
<th>Action Item</th>
<th>Strategic Initiative</th>
<th>Status</th>
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<tbody>
<tr>
<td>High-Level protocol for global budget standards</td>
<td>Incentivizing Outcomes</td>
<td>Completed: To reinforce</td>
</tr>
<tr>
<td>Develop clarity and role of CCO Budget approval</td>
<td>Incentivizing Outcomes</td>
<td>To Do</td>
</tr>
<tr>
<td>Additional revenue streams for COHC</td>
<td>Aligned Partnerships</td>
<td>To Do</td>
</tr>
<tr>
<td>Committees and workgroups more inclusive and promoting leadership</td>
<td>Addressing Inequities</td>
<td>To Do</td>
</tr>
<tr>
<td>Design a framework for advocacy and design relevant steps in alignment within the scope of COHC</td>
<td>Engaging Regulators</td>
<td>To Do</td>
</tr>
</tbody>
</table>
## Measurements & Objectives

<table>
<thead>
<tr>
<th>Action Item</th>
<th>Strategic Initiative</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Create process and interactive tools to monitor strategic plan progress</td>
<td>Effective Governance</td>
<td>In progress</td>
</tr>
<tr>
<td>Develop criteria and evaluation measures for outcomes-based incentives for RHIP workgroup investments demonstrating cost avoidance and savings</td>
<td>Incentivizing Outcomes</td>
<td>To Do</td>
</tr>
<tr>
<td>Identify key performance indicators (KPIs) in next RHIP planning process</td>
<td>Data Infrastructure</td>
<td>To Do</td>
</tr>
</tbody>
</table>

## Strategic Plan Clarity

<table>
<thead>
<tr>
<th>Action Item</th>
<th>Strategic Initiative</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Officially sunset of the CUSC Committee</td>
<td>Data Infrastructure</td>
<td>Completed</td>
</tr>
<tr>
<td>Opportunity to develop workgroup to review global utilization and cost savings</td>
<td>Data Infrastructure</td>
<td>To Do</td>
</tr>
<tr>
<td>Determine Board role in data infrastructure to support performance improvement – Remove from Strategic Plan – Ongoing</td>
<td>Data Infrastructure</td>
<td>To Do</td>
</tr>
</tbody>
</table>

## Continuous Improvement

<table>
<thead>
<tr>
<th>Action Item</th>
<th>Strategic Initiative</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Create Board Book accessible document</td>
<td>Governance</td>
<td>Completed</td>
</tr>
<tr>
<td>Provide education for Board and Staff on healthcare cost drivers</td>
<td>Data Infrastructure</td>
<td>To Do</td>
</tr>
<tr>
<td>Education on APMs and LAN framework from Peter McGarry to be scheduled</td>
<td>Aligned Partnerships</td>
<td>Scheduled for October Board meeting</td>
</tr>
<tr>
<td>Schedule for the Board and Staff to explore and learn about other incentive payment models</td>
<td>Aligned Partnerships</td>
<td>To Do</td>
</tr>
<tr>
<td>Explore RHEC in Jefferson County to determine funding opportunities for forming a new coalition</td>
<td>Addressing Inequities</td>
<td>To Do</td>
</tr>
<tr>
<td>Training on advocacy within the scope of nonprofits</td>
<td>Engaging Regulators</td>
<td>To Do</td>
</tr>
</tbody>
</table>
Visioning for the Future

The last portion of the Board Retreat was a beginning exercise on visioning for the future and potentially what topics come at the top of mind as we move into the future. There were further broad themes that were mentioned during this section. This beginning exercise will move into a more formal strategic planning session to occur in 2024 for our new five-year cycle beginning in 2025. There was also feedback that it would be important to involve the other workgroups, committees, and other stakeholders into the process to have a broader lens informing the strategic plan.

See Attachment A
Attachment A: Board Retreat Notes

HIGH-LEVEL NOTES: VISIONING FOR THE FUTURE

A beginning brainstorm of current and emerging issues in the Central Oregon community with an workgroup exercise on gathering thoughts from the Board of Directors.

Cost savings
• Addressing the five chronic disease cost drivers
• How to include cost saving programs into the budget
• Re-invigorating process improvement

Aging Population
• Aging population
• SDOH
• Mental Health
• Social isolation

Gun violence
• Gun violence in schools

What the RHA says
• Do what the RHA points us to
Measuring outcomes
- Measuring outcomes
- Measuring and improving health outcomes (along with the cost)

Data Systems
- Creating Data systems for important but hard to measure topics

Healthcare Shortage
- Healthcare workforce burnout/shortage

COHC “Role” & Workgroup & Committee alignment
- Strategic Plan informed by workgroups, committees and community
- Workgroups committee alignment
- Strengthen COHC financial capacity – workplans, reporting outcomes, timelines and qualifications ROI
- Get Board back to the right conversations
- Understanding that COHC can’t solve all social health problems – prioritize
- Keeping the community engaged as COHC “matures”
- Value based funding with investments (shared savings)
- Connection between
  - Long term targets
  - RHIP
  - COHC strategy plan
  - Board agendas

Healthcare Payment Reform
- Reliance on insurance as solution isn’t working
- Payment reform & landscape

Healthcare delivery/integration
- TRUE healthcare integration
- The future health care delivery outside of traditional systems/sites
- System integration
  - Medical
Mental Health (Behavioral Health)
- Mental Health Services
- Access!
  - Primary Care
  - Behavioral Health
  - Dental
- Mental health crisis/suicidal
- Expanding community system of care – behavioral health
- Mental and behavioral health – youth
- Substance use & mental health resources

Program sustainability
- Program sustainability
- Life after grants

Workforce/Public health
- Upstream, upstream, upstream!
- Public health involvement in COHC
- Diverse healthcare staff
- Emerging topics
  - Strengthen the state/local capacity of public health – assessment, pandemic/environmental response, evaluation, public health messaging

Community Engagement
- Consumer involvement

Substance abuse
- Addiction/substance abuse crisis/Fentanyl crisis
- Fentanyl crisis
- Addition crosses/touches multiple populations of health disciplines
• Expanding access to substance use tx

Dental Access
• Periodontist providers
• Availability for dentists in the region

CBO Network
• Supporting development of CBO Network
• Pandemic Hangover
• Collaboration in the health community

Housing and Homeless
• Homeless health needs
• Housing as a health indicator

Impact climate crisis
• Climate crisis as it impacts Central Oregon (Drought, Fires)

Nutrition
• Obesity

Basic Income
• Explore universal basic income pilots (the basic income levels)
• Cost of healthcare

Early Childhood support
• Early childhood supports

Political /Economic Health
• Behavioral Health – child/adolescent COVID impact

Rural as Disenfranchised
• Political polarity vis a vis health
• Recognition of rural communities and populations as disenfranchised
- Targeted marginalized population focus
- Compassionate effective care for vulnerable marginalized rural communities Marginalized/Rural
- Equity adequate funding for marginalized populations

**Equity**
- Advancing and embedding equity

**Miscellaneous**
- Ongoing clinical & CBO integration
- Financial stewardship
- Transitions of care
- Community initiatives
- Emerging older adults population
- Organization structure
Executive Director’s Report
October 12, 2023

Highlights

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

Shared Savings Behavioral Health Investment

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

The Governor’s ask to support behavioral health youth services across the region was presented at the September board meeting. The board approved $1.4M at the September board meeting to allocate from our behavioral health shared savings distributed in 2023 from 2022 measures. COHC is waiting to hear from PacificSource, our CCO partner, on next steps on the governor’s response of the CCO proposal that was presented.

Shared Savings Behavioral Health Investment Process

Presented at the September board meeting were broad next steps for our behavioral health investment process:

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 Items: Proceed to a follow-up meeting with suggestions to include leadership from other workgroups and committees to participate in the discussion. Final proposal to be presented at the December board meeting.

Note: Shared savings dollars have not been distributed to the Health Council as noted in the JMA to be received by the end of September 30.
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 grants to be matched up to $200,000 per organization.

Due to the overwhelming grant applications, COHC will match awards up to $150,000, however will be able to award all participants eligible for the grant. Kelley Adams with COHC was able to design a seamless review process with support from our PCS (PacificSource) partners to expedite the grant review process.

All grants are processed to meet eligibility requirements and a final regulatory review with our PCS partners. All grants are also tracked through COHC’s Foundant grant platform with required reporting.

St. Charles and Medicare Advantage

Our PCS partners have reached agreement with St. Charles Health System for a Medicare Advantage contract through the end of 2024.

Regional Health Assessment (RHA) Update

The Regional Health Assessment continues to move forward with Miguel Herrada and Gwen Jones’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:

- We 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 under review.
The next phase will be community gathering sessions, which have not ever been conducted in our region, to review RHA findings and lift pressing issues from the feedback. Community feedback includes the COHC Board, committees, and workgroups, along with our community and health partners across the region.

Below is a high-level timeline of the Regional Health Assessment.

![RHA Work Plan Timeline](image-url)

**Operations**
- Final financial audit with Jones & Roth presented at the September Finance Committee and presented this month at Board of Directors meeting. Overall positive review and recommendations to expand expense categories and FDIC insure a sweep account not previously in place. Having a new auditor this year allowed for a thorough and updated review of all COHC financial matters.
- Accurate Bookkeeping is still pending financial statements, which have been delayed due to their consistent staffing turnover and training of new employees.
- The News section in COHC’s website will be refreshed with current local healthcare news.

**Staff**
- New staff postings for two program managers have been posted. One will replace an existing employee and another one to support expanding work for COHC.
- Staff Employee Manual completed with recent compliance updates and including recent state paid leave language as provided from BBSI, our human resources partners.

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

2023 Quality Incentive Measures (QIM)

As we begin Quarter 4, efforts around QIMs are currently directing additional focus to close gaps for the Oral Evaluation for Adults with Diabetes measure. Initiatives addressing this measure include PCS hosting the Capitol Dental mobile van to offer services to members who have yet to receive them, as well as working to deploy letters in collaboration with Primary Care Providers to members with Diabetes to encourage engagement with their dental provider.

Redeterminations

October marks the first large group of Medicaid closures due to procedural reasons. PCS has worked diligently to reach out to members who are at-risk for losing coverage. Member who loses coverage will have a 90-day reconsideration period, meaning they can still respond to renewal requests during this time, and their eligibility will be redetermined. After 90 days, members will need to submit a new application. In August, about 19,000 OHP members received approval notices instead of termination notices. These members will receive a new Request for Information and will keep their medical benefits through the end of the year. OHA has contracted with a call center to reach out to affected members and explain what happened along with what information is needed to keep their coverage.

Healthier Oregon Program (HOP)

On July 1, 2023, HOP expanded eligibility to include all individuals. Under the first iteration of HOP, only adults aged 19-25 and 55+ were eligible. Now, everyone who meets qualifications for OHP, but were previously ineligible due to immigration status, can apply for full benefits. In August, about 11,000 Citizen Waived Medical (CWM) program members transitioned automatically to full OHP benefits across the PCS CCO regions.

OHA indicated that very few members did not successfully transition initially due to something in their case needing to be updated. As of mid-August, most members had been successfully transitioned from CWM to OHP. Additionally, 560 members did not move to HOP because they went through the renewal process and were deemed no longer eligible. According to OHA, a process has been created to ensure members receive full OHP benefits during their 60-day adverse action period.

OHA is also working on a simplified letter for CWM members who were automatically moved to OHP. PCS is also working on an outreach plan for new members and are encouraging community partners to engage with these members and let them know that they can contact their CCO with questions about their benefits. PCS also has informational flyers available on HOP, and how to help CCO members...
navigate their benefits. PCS is working on a simplified document to help communicate this transition to new HOP members.

New PCS QIM Program Manager

PCS is excited to announce that Hannah Tacke has joined the Quality team as the QIM Program Manager, effective July 30. Hannah is based in the Portland, Oregon office. Hannah’s continued years of experience at PacificSource, including her former work with QIMs in Quality, along with her knowledge of community organization partnerships and services, project management, and building consensus around program activities for successful collaboration makes her a perfect fit for this role. Hannah is skilled in her ability to build strong relationships and drive process improvement. She also has a background in public health. Hannah is devoted to connecting work with purpose, aligning processes for better outcomes, and facilitating change. She looks forward to working with your CCO region to further the health of PCS CCO members.

PACIFICSOURCE COMPANY WIDE UPDATES:

PCS Allocates OHA’s Quality Performance Payouts Back To Care Providers

PCS, part of the PacificSource family of companies that provides Medicaid services, will pay out more than $72 million dollars to care providers in Central Oregon, the Columbia Gorge, Lane County, Marion County and Polk County. The payouts will support quality initiatives strategically aimed at improving the health of individuals within each region’s respective Coordinated Care Organizations (CCO). The funds were initially received by PacificSource Community Solutions in late 2023 as Quality Pool payments made by the Oregon Health Authority (OHA) to recognize the CCOs’ care providers’ quality performance during 2022.

Each respective region’s payouts will be as follows:

- Central Oregon – $20,232,932
- Columbia Gorge –$4,643,492
- Lane –$18,507,765
- Marion and Polk –$28,988,982

Quality measures are used by the OHA to determine how successful CCOs and their provider networks have been at improving care, making quality care accessible, eliminating health disparities, and curbing the rising cost of healthcare for the populations they serve. PacificSource works with Health Councils in each region to determine the distribution of these funds.

“We are pleased to reinvest in our regional partners who consistently deliver high-quality care year-over-year,” said PacificSource Vice President of Medicaid Erin Fair Taylor. “Their tireless and ongoing efforts to improve the health and wellbeing of underserved communities deserves recognition and gratitude.”
Medicaid, which is government-funded health insurance for low-income individuals and families, currently covers approximately one in four residents in the four counties.

The OHA has published a Performance Report that includes all of Oregon’s CCOs. It can be found online at https://shorturl.at/fjqsF
Central Oregon Coordinated Care Organization

**AVERAGE MEMBERS**
- **74,875** children
- **49,223** adults

**COST OF CARE**

- **Actual PMPM**
  - **12/22**: $368.13
  - **07/23**: $380.22

- **Difference from Budget**
  - **12/22**: $2.15
  - **07/23**: $3.38

**2022**
- **Dental**
  - **12/22**: $25.08
  - **07/23**: $26.04

- **Pharmacy**
  - **12/22**: $60.99
  - **07/23**: $59.54

**2023**
- **TOTAL EXPENSES**
  - **07/23**: $458.33

**Focus on: Interpreter Services**

**2023 Q2**
- **Visits w/ Interpreter Needed**: 4,105
- **Visit w/ Int Svc Documented**: 523 (12.7%)
- **Visits w/ Qual/Cert Interpreter**: 189 (4.6%)

**Interpretation Service Utilization by Care Setting**

- **Behavioral Health**
  - **2021**: 11,329
  - **2022**: 18.2%
  - **2023**: 6.9%

- **Dental**
  - **2021**: 2,018
  - **2022**: 1.0%
  - **2023**: 0.1%

- **Primary Care**
  - **2021**: 3,798
  - **2022**: 3.7%
  - **2023**: 1.2%

**Access & Utilization**

(01/2021 to 07/2023, paid thru 07/2023; no completion factor applied)

<table>
<thead>
<tr>
<th>Setting</th>
<th>Visits PMPY*</th>
<th>% Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Health</td>
<td>4,119</td>
<td>24%</td>
</tr>
<tr>
<td>Dental</td>
<td>777</td>
<td>30%</td>
</tr>
<tr>
<td>Primary Care</td>
<td>1,725</td>
<td>52%</td>
</tr>
<tr>
<td>Specialist Office</td>
<td>604</td>
<td>20%</td>
</tr>
<tr>
<td>Emergency Dept</td>
<td>420</td>
<td>20%</td>
</tr>
<tr>
<td>Inpatient Admits</td>
<td>65</td>
<td>5%</td>
</tr>
</tbody>
</table>

*Visits Per 1,000 Members per Year

**Average Members (Finance YTD)**
- **76,134** ACTUAL
- **74,702** BUDGET

**Focus on: Interpreter Services**

**2023 Q2**
- **Interpretation Service Benefit Awareness**
  - **24%** of CCO members surveyed were not aware of free interpreter services
## General Definitions and Acronyms

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition &amp; Data Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Health Visit</td>
<td>The member has had a behavioral health visit (mental health or substance use/addiction treatment) in the last 12 months according to PacificSource claims algorithms.</td>
</tr>
<tr>
<td>BH</td>
<td>Behavioral Health (mental health, substance abuse and addictions)</td>
</tr>
<tr>
<td>HCI</td>
<td>Health Care Interpreter</td>
</tr>
<tr>
<td>Interpreter Needed</td>
<td>Member indicated on their REALD form that they need either a spoken or sign interpreter during the time of Medicaid enrollment or renewal.</td>
</tr>
<tr>
<td>ED</td>
<td>Emergency Department</td>
</tr>
<tr>
<td>Medical Claims Expense</td>
<td>Claims-related expenses, including capitation, pharmacy, disease management and network fees, pharmacy rebates (if applicable), health services expenses and IBNR (incurred but not received).</td>
</tr>
<tr>
<td>NEMT</td>
<td>Non-Emergent Medical Transport</td>
</tr>
<tr>
<td>OHA</td>
<td>Oregon Health Authority</td>
</tr>
<tr>
<td>PCP</td>
<td>Primary Care Provider</td>
</tr>
<tr>
<td>Primary Care Visit</td>
<td>The member has had a primary care visit in the last 12 months according to the MiPi member profile.</td>
</tr>
<tr>
<td>PTMPY</td>
<td>Per thousand members per year</td>
</tr>
<tr>
<td>Qualified or Certified</td>
<td>Interpreter has met the requirements for OHA certification or qualification and is included in the OHA interpreter registry.</td>
</tr>
<tr>
<td>REALD</td>
<td>Race, ethnicity, language and disability (REALD) data. This data is optional for members to provide, is collected by OHA and sent to CCOs in member eligibility data files.</td>
</tr>
<tr>
<td>Specialist Visit</td>
<td>The member has had a specialist visit in the last 12 months according to PacificSource claims algorithms.</td>
</tr>
<tr>
<td>Utilization</td>
<td>Use of a good or service</td>
</tr>
<tr>
<td>Visits w/Interpreter Needed</td>
<td>The total member dates of service (visits) for members who self-reported an interpreter need as part of their Medicaid enrollment or renewal in REALD data.</td>
</tr>
<tr>
<td>YTD</td>
<td>Year to date. For this dashboard, Financial YTD is based on the calendar year beginning January 1st.</td>
</tr>
</tbody>
</table>

Note: Financial PMPM costs, revenues and expenses are presented on a paid date basis, regardless of which year they were incurred.

Note: There are provider groups who may be providing interpreter services, but who do not document services in a way that is reportable by the CCO.

Documented interpreter services include all claims with T1013 and D990 codes as well as interpreter vendor invoices. Many provider groups have bilingual staff who are providing interpretation but are not billing T1013/D9990 codes or have not pursued proficiency testing through OHA to meet metric requirements.

This means that gaps could reflect gaps in documentation, reporting, and billing processes as well as actual gaps where CCO members did not receive interpreter services.
CAC Members Present:
Brad Porterfield, Chair, Consumer Representative
Elizabeth Schmitt, Vice Chair, Consumer Representative
Conor Carlsen, Consumer Representative
Elaine Knobbs-Seasholtz, Mosaic Community Health
Larissa Charlton, Consumer Representative, Jefferson County Public Health
Linda Johnson, Community Representative
Mandee Seeley, 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:
Mayra Benitez, Consumer Representative

COHC Staff Present:
MaCayla Arsenault, Central Oregon Health Council
Gwen Jones, Central Oregon Health Council
Kelley Adams, 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
Ashley Morris, PacificSource
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
- Tom Kuhn 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.
- Stacy Shaw shared the experience of a friend who was denied coverage of their diabetes blood sugar monitor. They had taken out a loan to purchase the first device but believes a new one should be covered under OHP. The suggestion of filing an appeal was brought forward and Kristen Tobias offered to connect this person to a care navigator.

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

CAC Member Small Group Breakout Session
- The topic for the September meeting was: What are your initial thoughts/feelings about the social event and combined meeting?

CAC – Board Combined Meeting Debrief
- CAC members provided feedback on the August social event and combined meeting with the Board of Directors. Overall, the CAC members enjoyed the social event and thought that it was a great way to continue to build relationships with the Board of Directors members. There were mixed feelings about the combined meeting. Some CAC members felt that there was a dominant presence that may have quieted others during the conversation and there were missed opportunities for more discussion. Other CAC members thought that it was the most productive combined meeting so far.
- The action plan that came out of the meeting was:
  - Adding time to the Board of Directors monthly meeting for a CAC report out.
  - CAC and Board to identify one issue to work on.
  - Build a process around the issue.
  - Make a process plan and timeline.

Community Health Projects – Northern Klamath application review and decision
- Macayla Arsenault led the discussion on which Northern Klamath applications would be funded. After reviewing the scores and additional discussion, out of the 5 applications there were 2 projects that were selected to receive funding.