

Council Members

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



February 15, 2024

VIRTUAL

Video Conference Link In Calendar Invite

Conference Line: 1.669.900.6833

Meeting ID: 864 9263 5310#

Passcode: 933436#

- | | |
|--------------------|--|
| 12:00-12:20 | Welcome – Brad Porterfield (CAC) <ul style="list-style-type: none">• Land Acknowledgement• Meeting Practices• Introductions• Public Comment / Patient Story• Announcements• Approval of Meeting Notes – December |
| 12:20-12:30 | 2024 Members Small Group Breakout Session |
| 12:30-12:45 | 2024 CAC Priorities & Strategies – Brad Porterfield (CAC) & MaCayla Arsenault (COHC) |
| 12:45-1:00 | Recruitment – MaCayla Arsenault & Avery Grace (COHC) |
| 1:00-1:15 | Charter Revision – Brad Porterfield (CAC) & MaCayla Arsenault (COHC) |
| 1:15-1:30 | Health Related Social Needs Community Capacity Building Fund – Leslie Neugebauer (PacificSource) |

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

The Central Oregon Health Council encourages persons with disabilities to participate in all programs and activities. This event/location is accessible to people with disabilities. If you need accommodations to make participation possible please call (541) 306-3523 or email macayla.arsenault@cohealthcouncil.org

Land Acknowledgement

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



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

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

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



COMMUNITY ADVISORY COUNCIL

January 18, 2024

Held virtually via Zoom.

CAC Members Present:

Brad Porterfield, Chair, Consumer Representative
Elizabeth Schmitt, Vice Chair, Consumer Representative
Conor Carlsen, Consumer Representative
Elaine Knobbs-Seasholtz, Mosaic Community Health
Mandee Seeley, Consumer Representative
Miranda Hill, Klamath County Public Health

CAC Members Absent:

Stacy Shaw, Consumer Representative, Crook County Health Strategist
Tom Kuhn, Deschutes County Health Services
Mayra Benitez, Consumer Representative
Linda Johnson, Community Representative

COHC Staff Present:

Kelley Adams, Central Oregon Health Council
MaCayla Arsenault, Central Oregon Health Council
Miguel Herrada, Central Oregon Health Council
Camille Smith, Central Oregon Health Council
Donna Mills, Central Oregon Health Council
Avery Grace, Central Oregon Health Council
Mary Burns, Central Oregon Health Council

Support & Guests Present:

Martha Edwards, PacificSource
Kristen Tobias, PacificSource
Dustin Zimmerman, Oregon Health Authority
Katie Ortgies, Oregon Health Insurance Marketplace
Miriam Reyes, Mosaic Community Health
Sonia Luna, Mosaic Community Health

Introductions

- Brad Porterfield welcomed all attendees. Due to presence of new attendees, everyone in attendance verbally introduced themselves.

Land Acknowledgement

- Conor Carlsen 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.
- Miriam Reyes shared experience related to turn arounds with applications with PacificSource flex funds. These can be funds for items like gym memberships, pool memberships, and rental assistance. Turn arounds can be 30 days initial processing, followed by 6–8-week reviews.
- Sonia Luna added lack of clarity on timeframes. Patients after the initial timeframes being approved, could then experience an additional 3-5 weeks waiting for payment. Mailed payments are not being tracked in a way that they can relay information to the patient.
- Kristen Tobias clarified PacificSource flex fund and accounts payable have been experiencing issues with staffing and large number of requests. Applications that have all required information, can significantly reduce processing times.

Announcements

- MaCayla Arsenault announced the combined CAC/Board meeting is postponed to a later date TBD.

Approval of December Meeting Notes

- Brad Porterfield asked the CAC members in attendance to vote on approving the notes from December. Notes had some references of virtual only pieces; December meeting was in person only. There were no other objections to the meeting notes, so they are approved.
- Kristen Tobias addressed the issue of prenatal vitamins. PacificSource does offer seven different formularies at with a 90-day supply. The 90-day supply can be mailed directly to the member's home.

CAC Member Small Group Breakout Session

- The topic for the January meeting was an icebreaker: Snow Day! How do you make the most of your snow day?

Updates on RHA and RHIP

- MaCayla Arsenault provided a high-level overview of the RHA/RHIP process. (Presentation Included in packet)
 - RHA: Regional Health Assessment
 - RHIP Regional Health Improvement Plan
 - Prioritization process
- MaCayla Arsenault discussed required content for the RHA: Regional Health Assessment. Data for required content is sourced from:
 - Secondary data (Demographics, health disparities, indicators and behaviors)
 - Primary data from the community health survey
 - Primary data from listening sessions
 - A descriptive analysis is then compiled by an outside epidemiologist.
- MaCayla Arsenault presented a timeline comparison of the previous RHA process to current. Currently COHC is in the process of data triangulation and descriptive analysis compilation stage. The next stage will be publication of the RHA: Regional Health Assessment, projected for March or April of this year.
- Highlighted success of the previous RHA Regional Health Assessment process to the current include:
 - One Community Health Survey with 3,800 respondents for the current process, compared to 800 respondents from three separate surveys in previous process.
 - Focus groups conducted by trained community partner organizations for the current process, focus groups were hosted by COHC staff in the previous process.
 - Data Triangulation and Descriptive Analysis included includes secondary data, focus group findings and community health survey findings, compared to the previous process containing only secondary data.
- Miguel Herrada presented community health centric values and how they are integrated into the work:
 - Inclusion of BIPOC, LGBTQIA+, immigrant, migrant communities, tribal organizations and governance for collaboration
 - Connect with community champions who advocate on behalf of their community.
 - Engage with subject matter experts.
 - Connected partners, Community organizations, local public health, and partners with access to data or populations experiencing inequity.
- Infrastructure and framework
 - RHA: Regional Health Assessment Core Group
 - RHA: Regional Health Assessment Steering Committee
- Community Engagement Invest
 - Meeting the community members where they are, with events to inform on the data collected.
 - Feedback sessions were conducted in Redmond, Bend, Crescent, Prineville, La Pine, and Madras 350 estimated attendees, assisted by more than 50 volunteers.
 - Local news coverage of community participation

- RHIP Timeline Comparison
 - With focus areas selected, we can develop the RHIP.
 - Have more time to develop the RHIP and input from community and experts.

2024 Planning

- Check to see if meeting date and time is still good with everyone. Gather feedback if we would like to do more in person, if so, how often?
- Goals for CAC 2024 broken down into four major categories:
 - Consumer Engagement/Recruitment/Stories Have more time to develop the RHIP and input from community and experts.
 - Increase CAC visibility.
 - Make a difference in dental access.
 - Feedback/report back loop from grantees and trips to projects
- Conor Carlsen discussed collaboration with the board as a theme outside of specifics, dental being an example.
- Discussing CAC recruitment, what would an ideal makeup of the CAC look like?
 - MaCayla Arsenault addressed an ideal CAC would ideally contain a similar makeup to community representation.
 - No limit on number of CAC members, but consumer representation needs to be balanced, one requirement including a representative from each county.
- Mande Seeley spoke of the possibility of having in person community events to educate local communities about the CAC.
- Brad Porterfield addressed the lack of tribal representation.
- Review data from PacificSource OHP survey data including grievance, appeals data and other customer service data to increase voice.
- Kristen Tobias offered to bring flex fund data and grievance data.
- Provider partner outreach to gather information on OHP members with other providers
- Recruitment engagement campaign
 - Offer an in person, no commitment orientation event come in once a quarter to learn.

2024 CAC Planning

February 15, 2024

What goals should the CAC have for 2024

Individual responses:

- Goals for recruitment
- Having a stronger focus on prevention
- Continued engagement with COHC Board
- Having more in-person meetings
- Impactful action on dental access for OHP members and include more providers
- Include more stories from the community
- Feedback on community projects
- Increased engagement with consumer representatives
- Increase public awareness and visibility of CAC and COHC
- Field trips and meetings around the region
- Operationalize OHP consumer feedback reports for CAC review and consideration
- Raise consumer voices
- Identify gaps in transportations, reproductive care, coordination of services

What are the themes?

Consumer engagement/recruitment & increasing consumer voice

- Assess our representation.
- Work on Tribal involvement
- Review community survey data (OHP), grievance and appeals data, customer service data, 2023 flex funds data, any data that could tell us what members are saying and build into meetings 2-3 times per year.
- Recruitment engagement campaign
- Have an orientation event. Come once a quarter and learn. No commitment. Record an orientation and have materials prepped.
- Social media posts

Increase CAC visibility

- Have an event in each of the communities
- Participate in other community events. (have one COHC staff member and one CAC member)
- Flyers
- Provider partner outreach (FAN, Shepherd's House, Family Resource Center, COPA, Mosaic, Summit, Connect Central Oregon etc.)

Make a difference in emerging issues

- Fully address dental access
- More collaboration with the Board
- Gain clarity on what the board looks to the CAC for in terms of advice

Improved feedback/report back loop from grantees

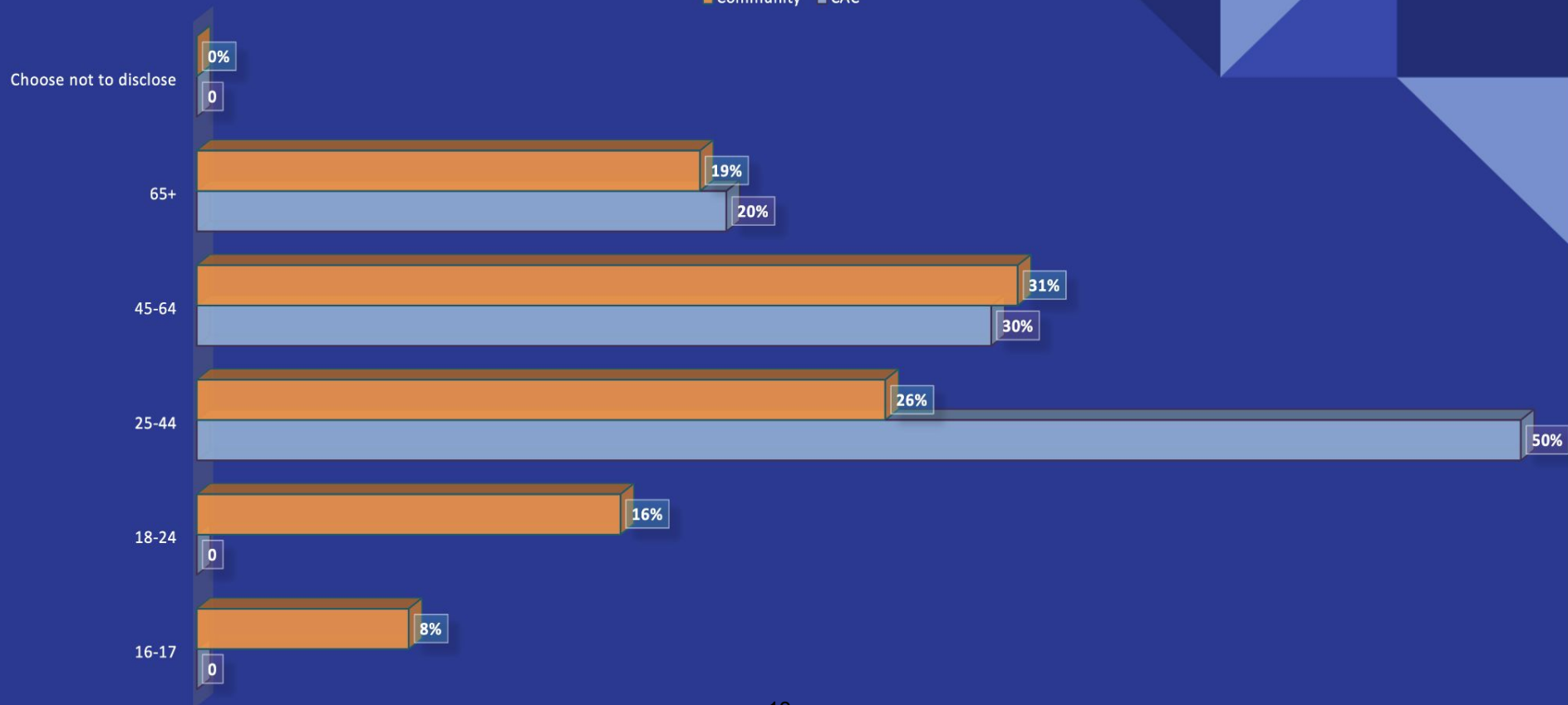
- Planned trips to see the project in action

2024 Meeting Time & Place

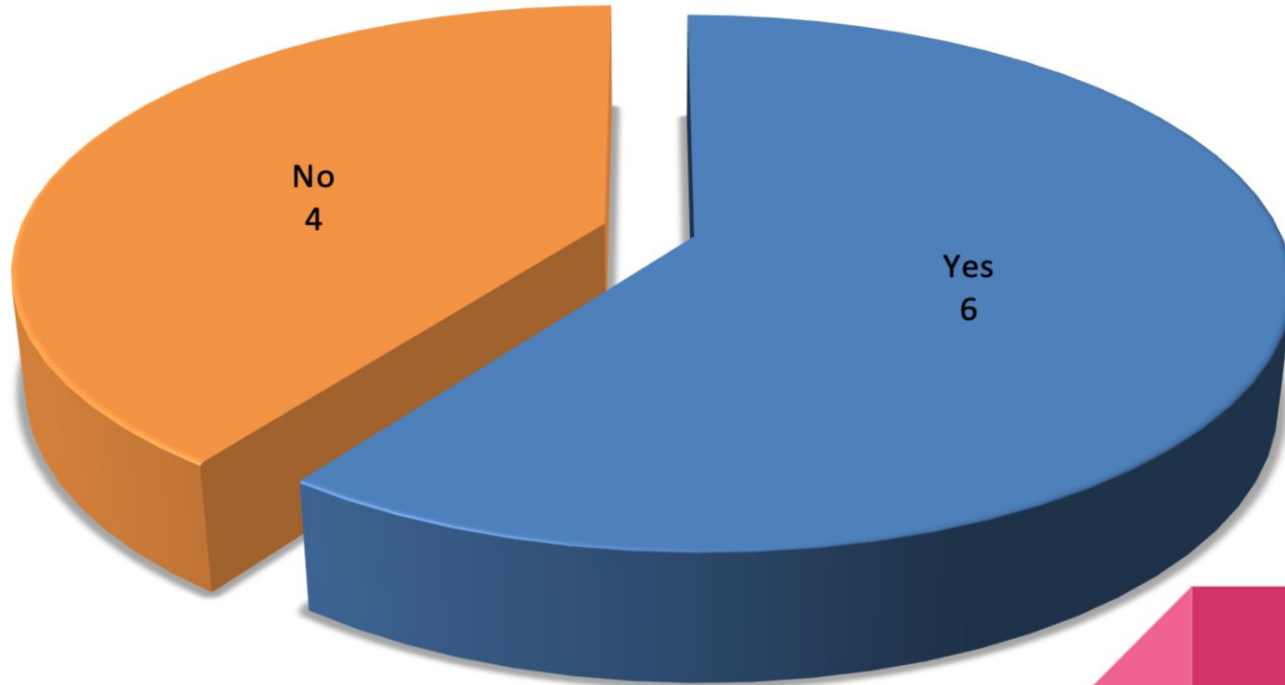
Recruitment

2024 AGE GROUPS

Community CAC

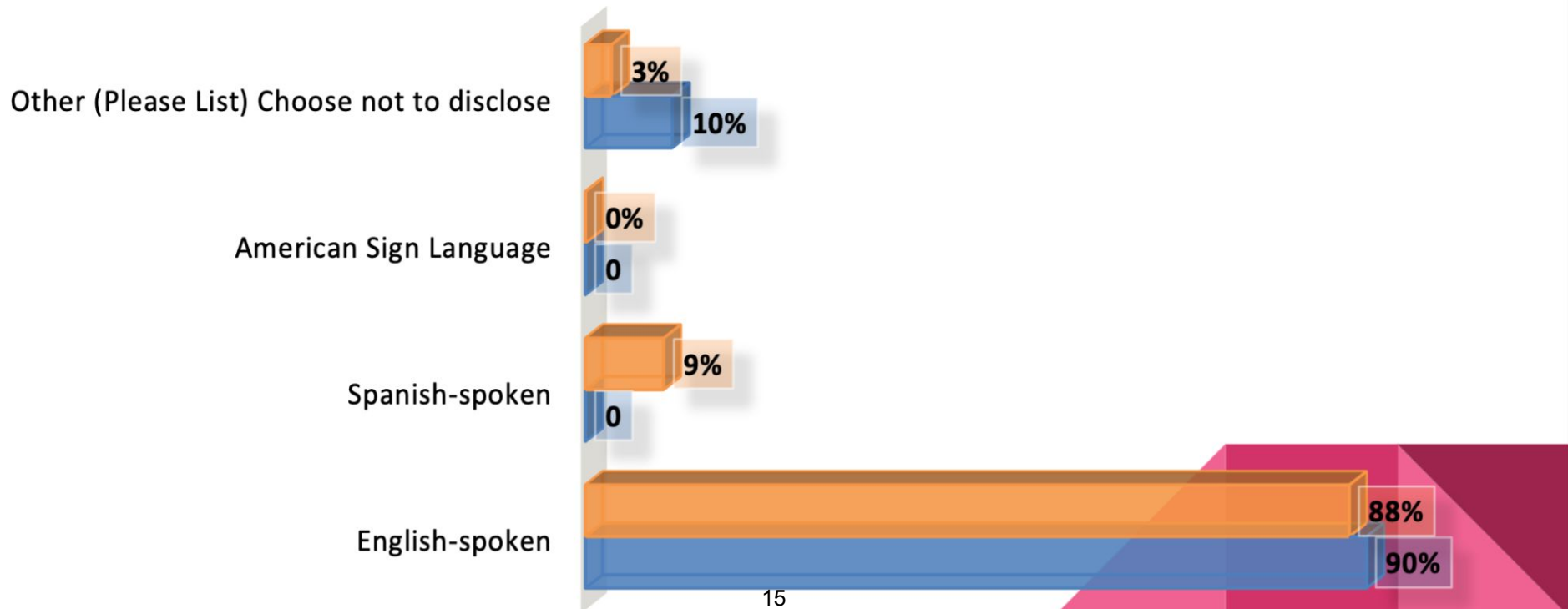


2024 CAC OHP Members



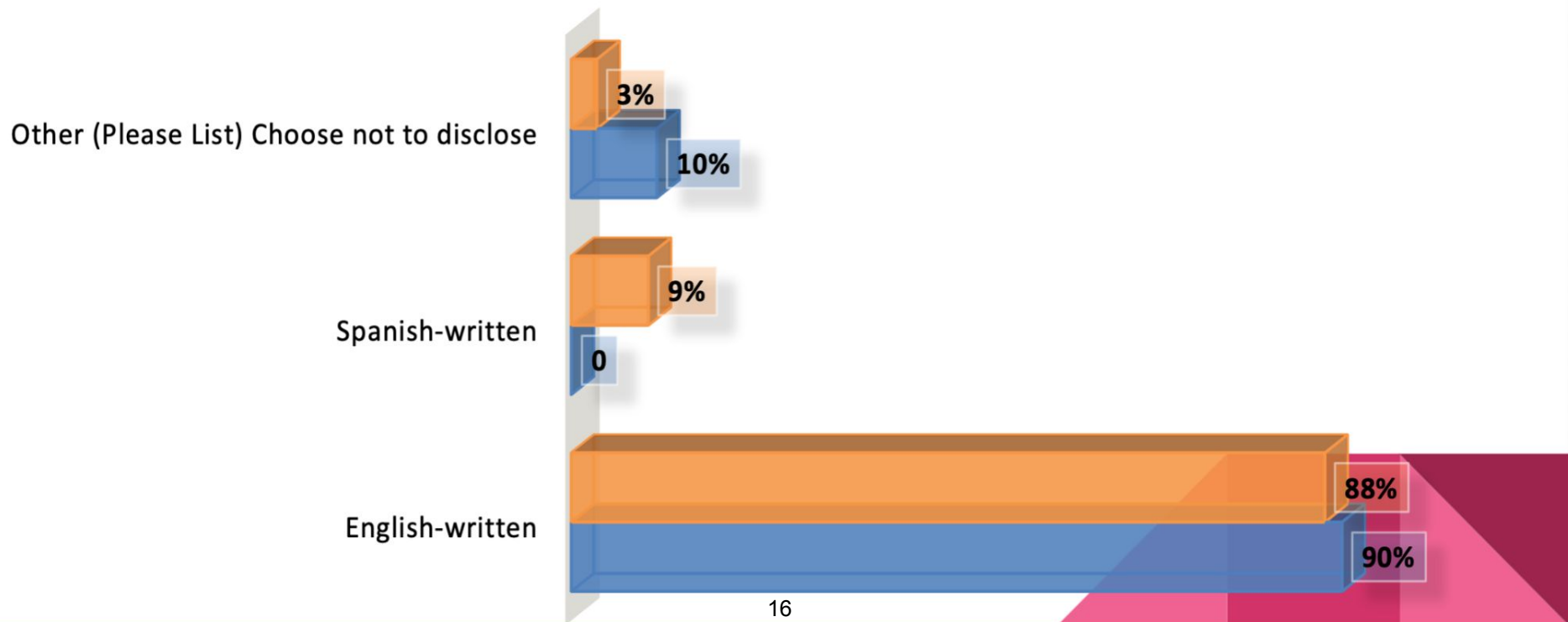
2024 PREFERRED LANGUAGE SPOKEN

Community CAC

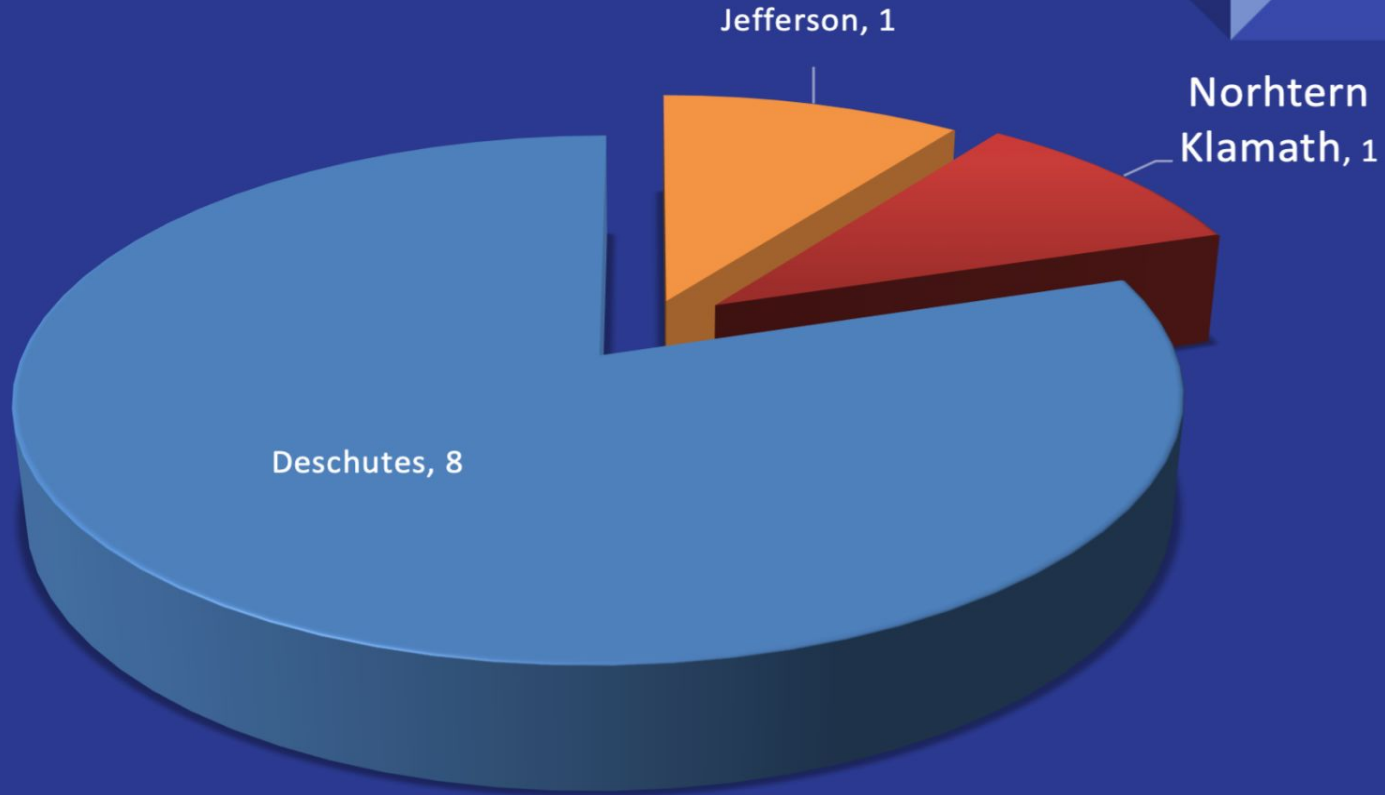


2024 PREFERRED LANGUAGE WRITTEN

Community CAC

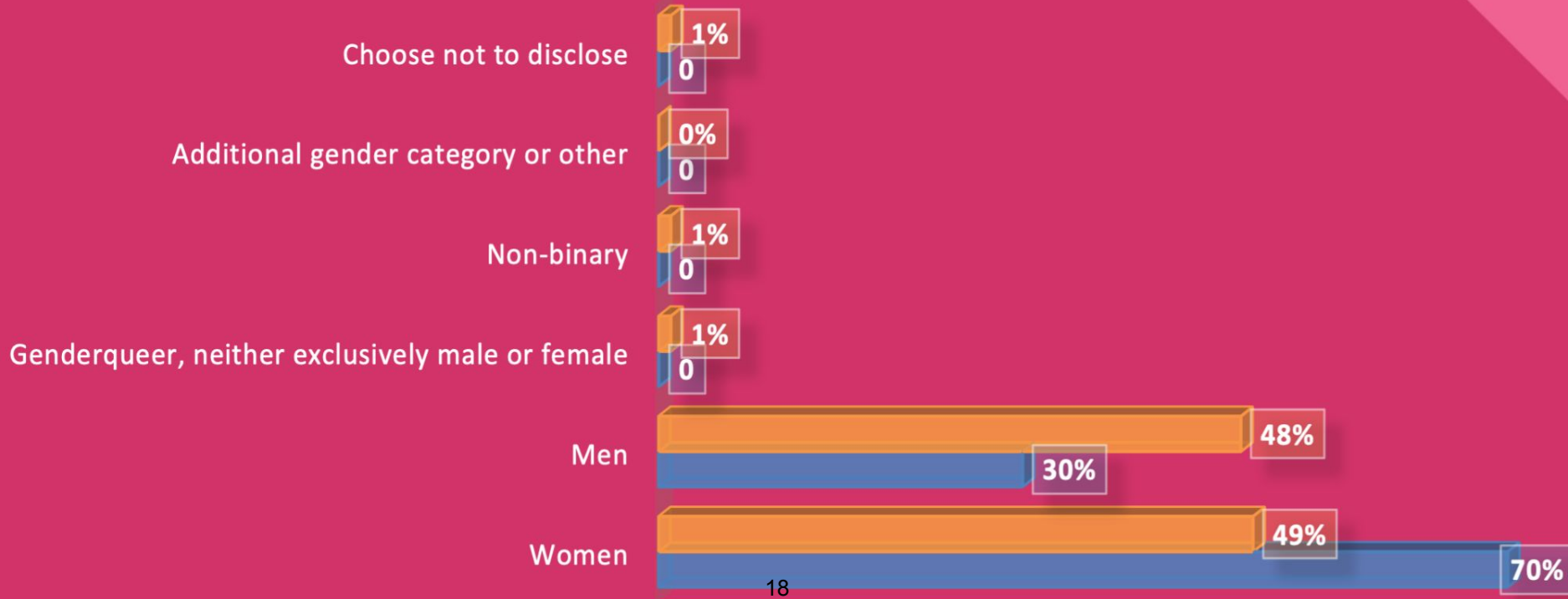


CAC Membership by County



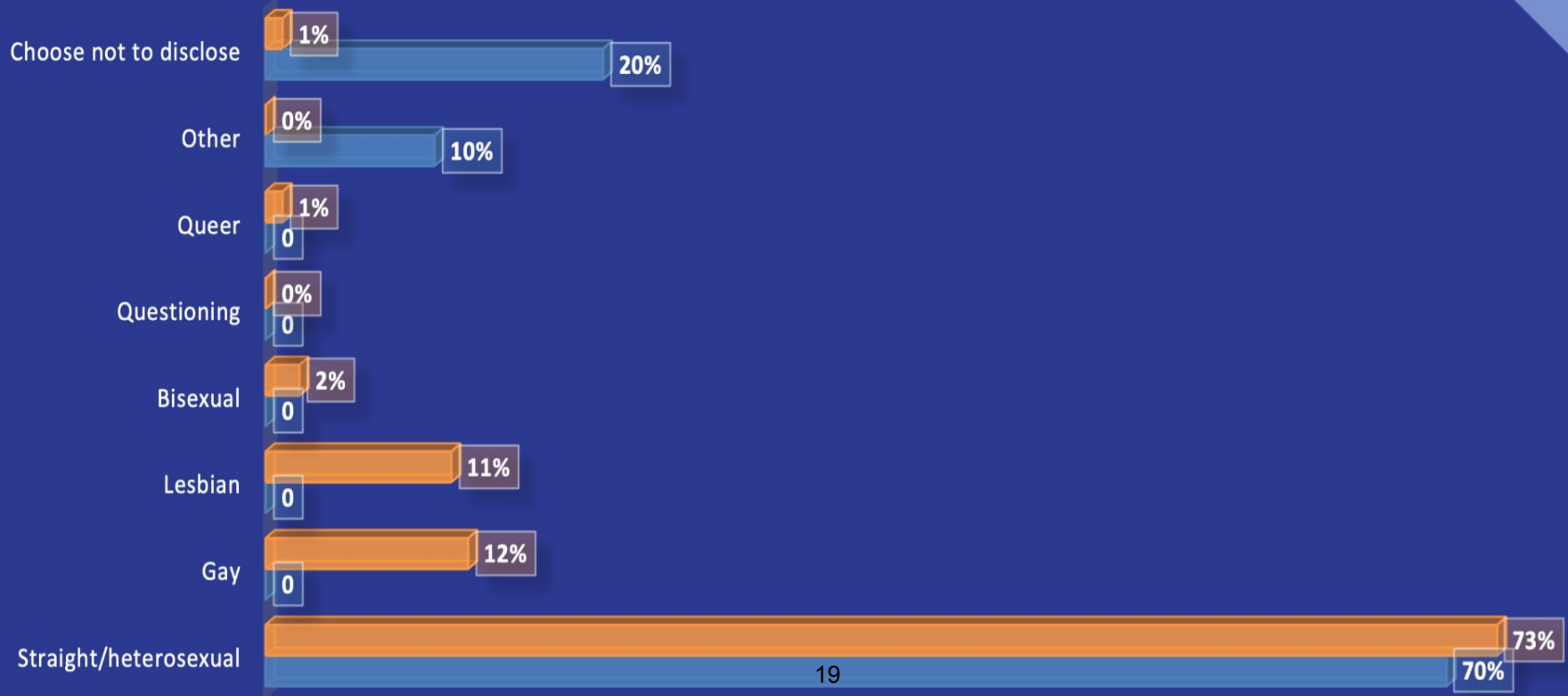
2024 GENDER IDENTITY

Community CAC



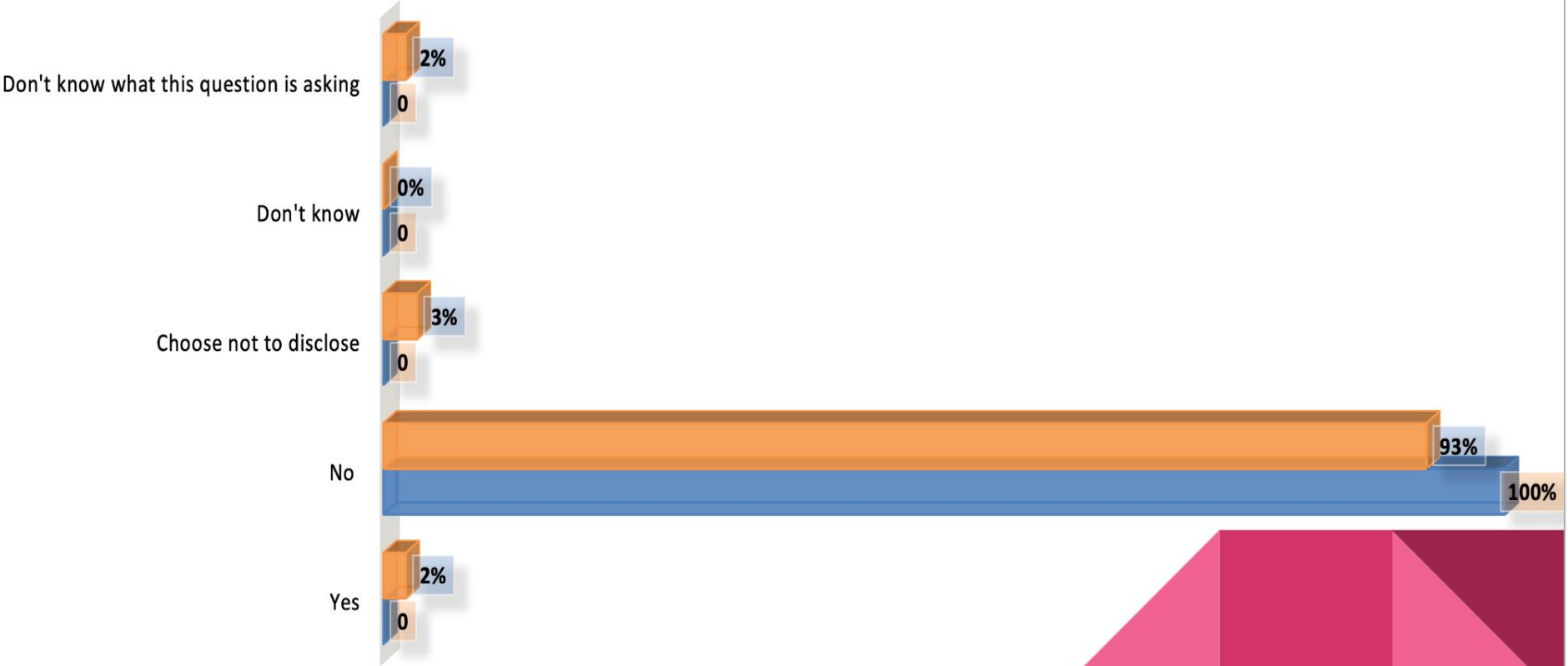
2024 SEXUAL ORIENTATION

Community CAC

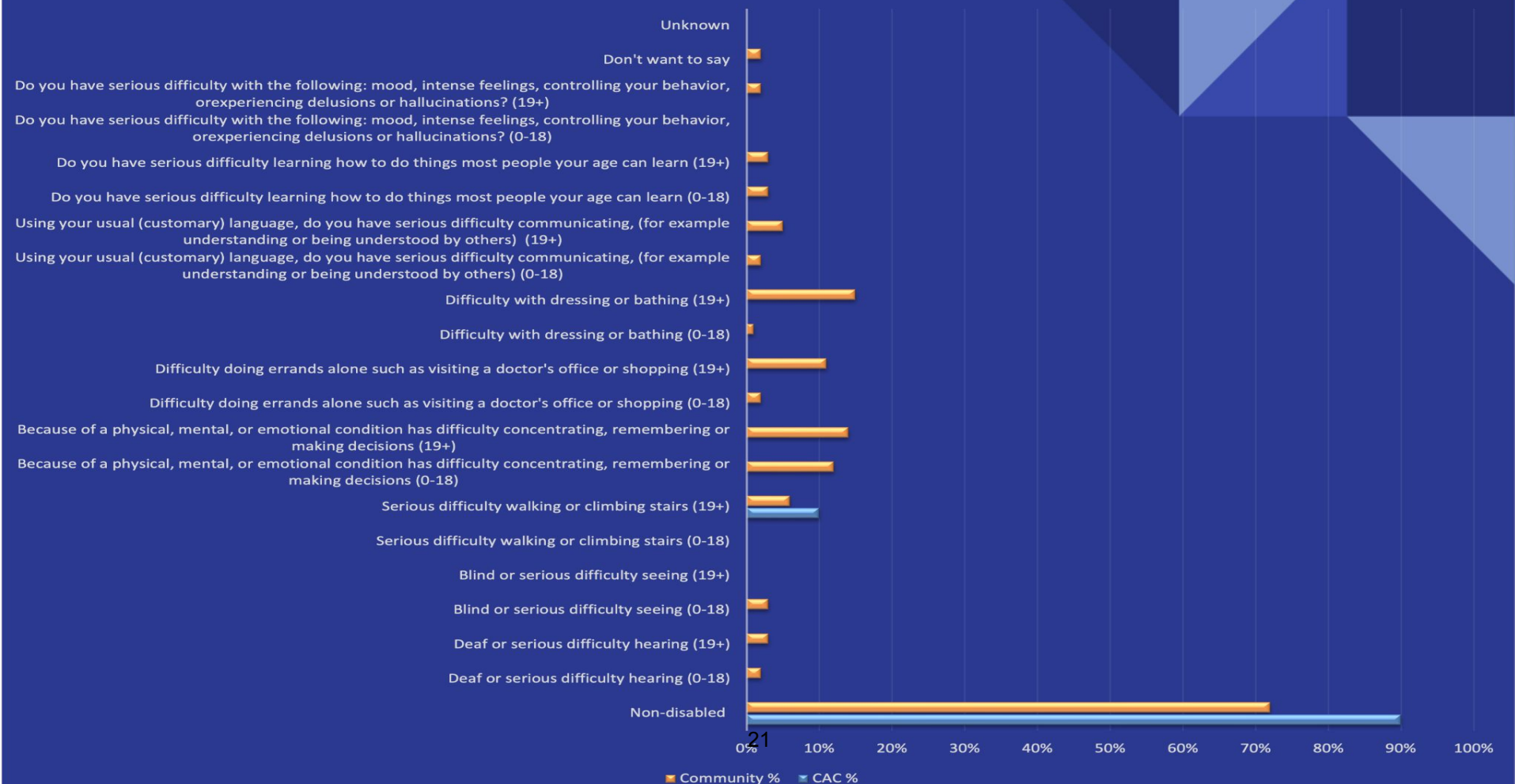


2024 TRANSGENDER POPULATION

Community CAC



2024 Disability



Goal 1	Strategy	Task	Task	Task	Task	Actions/Target Dates	Success Measures
Increase CAC membership and improve representation	Assess Current Status	Identify gaps	Define our priority candidates	Set timeline targets	Develop/refine how the CAC/COHC staff engages with interested candidates	Maybe create a separate Action / Timeline document or calendar??	(3) new members join CAC who represent our priority groups/locations. Annual target achieved.
Purpose: to ensure the CAC includes members who represent a diversity of interests/experiences	Utilize COHC Regional Health Assessment (RHA) Survey to Reach out to Interested Members	Develop invitation	Send invitations (social, text, call, mail?)	Meet with interested members. Review applications.	Establish/refine onboarding process		Annual #/representation achieved and successfully onboarded.
Goal 2	Strategy	Task	Task	Task	Task		Success Measures
Increase CAC visibility / member awareness	PS Collaboration	OHP Mailer invite x 2/yr	Tabling with PS	Fliers for PS to share	Manage inquiries		# invitations sent
Purpose: to make the CAC's work known to the people we speak for (general public too) and to increase member participation/knowledge.	Fliers posted with community partners	Develop flier	Distribute fliers	Manage inquiries			# fliers distributed
	Social Media posts (invites)	Develop post(s)	Schedule posts	Manage inquiries			# social posts / reach
	CAC Info event in each community	Plan events (high level). Set goals	Coordinate events (details)	Manage inquiries			# events / participants
	Press coverage	Plan a press conference	Develop messaging	Coordinate details	Evaluate final product / impact		# articles / Impact
Goal 3	Strategy	Task	Task	Task	Task		Success Measures
Increase consumer voice in CAC/COHC work	Operationalize regular PacificSource reporting to CAC; CAC to Board	Build calendar for PS reporting to CAC	(March/September) Grievance & Appeals; (April/October) Customer Service call topics; Flex Fund Utilization	(April) Mosaic; (May) COPA; (May) Summit; (June) Advantage Dental			
Purpose: to maximize the diversity of member voices that inform CAC priorities and decisions.	COHC Survey response data (OHP member specific)	Analyze for possible priority issues					
Goal 4	Strategy	Task	Task	Task	Task		Success Measures
Impact an OHP member-identified priority issue	Collaborate with the COHC Board	Combined meetings quarterly					
Purpose: to utilize our talents and experience to improve member access and health.	Frame Dental Access issue	CAC and COHC board collaboration	Invite members to share their experiences and ideas for improvement.	Invite issue "experts" to help frame the issue and suggest actions.			
Health insurance isn't health care. People who need care should be able to access care without barriers. Prevention should be a funded priority.	Develop/Refine Issue Action process and TAKE ACTION	ID info gaps	Gather data / stories	Consider Alternatives	Decide which action(s), if any to pursue.		
	Develop system for evaluating the impact of the action(s) taken.						
Goal 5	Strategy	Task	Task	Task	Task		Success Measures
Increase interaction with grantee organizations	Invite grantees to present to CAC	Create grantee presentation calendar					
Purpose: to be accountable and more aware of the difference funding is making for members/communities.	Consider visiting grantee projects	Create grantee visits calendar					
	Promote funded projects for greater awareness	Invite the press to report on projects.	Make projects more visible on the COHC website.	Make projects more visible on social media.			
Goal 6	Strategy	Task	Task	Task	Task		Success Measures
Distribute Community Health Project funds equitably for greatest impact	Reduce grantee #s? or Get proposal evaluation support?	Develop/refine proposal criteria, process	Develop and release RFP	Screen proposals	Evaluate proposals		
Purpose: to channel available funds to communities/projects that address the needs and aspirations of our most vulnerable people.	Check with Oregon foundations to ID orgs they could not fund						
Goal 7	Strategy	Task	Task	Task	Task		Success Measures
Regional Health Assessment	Review Survey data analysis specific to OHP Members						
Purpose:							
Goal 8	Strategy	Task	Task	Task	Task		Success Measures
Regional Health Improvement Plan	Engage OHP members in plan development process						
Purpose:							

Become a Community Advisory Council Member. Your voice matters.



Are you an Oregon Health Plan member who wants to have a voice in your community's health? If so, your local community advisory council wants to hear from you!



You can get this document in other languages, large print, braille or a format you prefer. Contact the Central Oregon Health Council at 541-306-3523 or email MaCayla.Arsenault@cohealthcouncil.org. We accept all relay calls, or you can dial 711.

Who:

Central Oregonians who care about the health of the community and want to share their voice.

- Must be a PacificSource Community Solutions Oregon Health Plan (OHP) Recipient or Guardian
- Live in Deschutes, Jefferson, Crook or Northern Klamath County

What:

The Community Advisory Council (CAC) recommends ways to improve health and health care in the community.

- Talk about accessing care — finding a provider, getting an appointment or
- Make recommendations to your local Oregon Health Plan about how to improve health care quality and service.
- Join the conversation and bring solutions to the table.

When:

Every third Thursday of the month from 12:00 PM to 1:30 PM

Where:

Where: Meetings are online with occasional in-person gatherings

Information:

If you have OHP, all travel and childcare costs will be reimbursed, and you will receive a \$45 stipend for each meeting you attend.



CHARTER: Central Oregon Health Council Community Advisory Council

The Community Advisory Council (CAC) is chartered by the Central Oregon Health Council (COHC) Board of Directors to advise and make recommendations to it on the strategic direction of the organization. The overarching purpose of the CAC is to ensure the COHC remains responsive to consumer and community health needs. The CAC is intended to enable consumers, which will comprise a majority of the CAC, to take an active role in improving their own health and that of their family and community members.

The CAC will provide guidance and feedback to the COHC in the following areas:

1. COHC Work Plan
2. Regional Health Improvement Plan
3. Regional Health Assessment
4. Development, implementation and evaluation of innovative initiatives, programs, services and activities

The CAC will assist the COHC through the following roles and activities:

1. Serve as a conduit for residents of each geographic area in the region to ask questions and raise concerns
2. Identify opportunities to improve population health in the Central Oregon region
3. Advocate for COHC preventive care practices
4. Maximize engagement of those enrolled in the Oregon Health Plan ("OHP")
5. Provide advice to help COHC link the community's medical and non-medical services to overcome barriers to health
6. Provide a link back to community constituents to aid in achieving the COHC Vision and Guiding Principles

Members of the CAC will be recruited to represent the diversity of the Central Oregon community and may include race/ethnicity, age, gender identity, sexual orientation, disability, and geographic location as a criteria for selection. CAC members should possess a collaborative working style, and provide expertise and insight in the areas of social services, public safety and community resources. Individuals with a broad community perspective on health matters will be preferred.



CENTRAL OREGON HEALTH COUNCIL

Community Advisory Council Charter

AUTHORITY

The Community Advisory Council is a committee of the Central Oregon Health Council Board of Directors established under the authority of Section 2.9 of the Board Policy Manual.

PURPOSE

The Community Advisory Council (CAC) is chartered by the Central Oregon Health Council (COHC) Board of Directors to advise and make recommendations on the strategic direction of the organization. The CAC exists to ensure that the Coordinated Care Organization (CCO) remains responsive to the healthcare needs of Medicaid beneficiaries and the community at large, consistent with ORS 414.575. The CAC provides an essential community link to improve the health and well-being of all Central Oregonians.

ROLES & RESPONSIBILITIES

The CAC will assist COHC through the following roles and activities:

- Serve as a conduit for residents of each geographic area in the region to ask questions and raise concerns
- Identify opportunities to improve population health in the Central Oregon region
- Identify and advocate for preventive care practices to be utilized by the CCO
- Maximize engagement of those enrolled in the Oregon Health Plan (OHP)
- Provide guidance on the Regional Health Assessment (RHA) and adopt the Regional Health Improvement Plan (RHIP)
- Give direction on spending on social determinants of health and equity (SDOH-E), including through the Supporting Health for All through Reinvestment (SHARE) Initiative and Community Benefit Initiative

- Provide advice to help COHC link the community's medical and nonmedical services to overcome barriers to health
- Provide a link back to community constituents to aid in achieving COHC's vision and guiding principles
- Offer guidance and feedback on COHC's workplan
- Offer guidance and feedback on COHC and CCO initiatives, programs, services, and activities

MEMBERSHIP

CAC membership must include representatives of the community and of each county government served by the CCO, but consumer representatives must constitute a majority of the membership, which should be representative of the diversity of communities within the CCO service area, with a specific emphasis on persons who are representative of communities that experience health disparities.

CAC members must be selected by a committee composed of equal numbers of county representatives from each county served by the Central Oregon CCO and members of the COHC Board of Directors.

Definition: A consumer representative is a person serving on the CAC who is, or was within the previous six months, a recipient of medical assistance on the Oregon Health Plan and is at least 16 years of age, or a parent, guardian, or primary caregiver of an individual who is, or was within the previous six months, a recipient of medical assistance.

REPORTS TO THE BOARD

The CAC will provide a report to the COHC Board of Directors when requested but no less than annually. Metrics to track the CAC's performance include the following:

- Complete the Oregon Health Authority's CAC Demographic Report and meet membership requirements
- Direct all SDOH-E spending by the end of each calendar year
- Identify at least one health disparity and advocate with the COHC Board of Directors to resolve it

MEETINGS

CAC meetings will be scheduled on a monthly basis, and the CAC will meet no less than quarterly. Meetings will be conducted in a hybrid meeting style or videoconference to increase access across the region. Special meetings may be called if issues arise that require immediate

attention. Meeting agendas and supporting materials will be sent to CAC members prior to meetings. Documentation of CAC actions will be kept for each meeting. All CAC meeting records will be posted on the COHC website.

INTEGRITY AND ETHICS

CAC members are expected to act with the highest standards of integrity and ethics and to intentionally create and maintain a safe, welcoming, and affirming environment for the CAC's work.

CHARTER APPROVAL AND REVISION

This charter and any revisions must be approved by the COHC Board of Directors to become active.

Date approved by the CAC:

Date approved by the Board of Directors:
