Council Members

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

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COMMUNITY ADVISORY COUNCIL

March 21, 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)
  • 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

12:30-12:50 Health Related Social Needs – Community Capacity Building Funds – Leslie Neugebauer & Elliot Sky (PacificSource)

12:50-1:10 Health Equity Plan Update – Martha Edwards (PacificSource)

1:10-1:45 CAC Recruitment & Visibility – MaCayla Arsenault & Avery Grace (COHC)
  • 2024 Members Small Group Breakout – Recruitment Strategies

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

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

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

- Making the meetings less institutional and formal to create a warmer and more welcoming atmosphere. Examples are using more plain language, having more conversations and less presentations, and simpler voting instead of motioning.

- Renaming each attendee in Zoom with their role; either a CAC Member, Support Staff, or Guest. This will help easily identify who’s who in the virtual space especially for guests and those members who are new.

- Asking all supporting staff from COHC, PacificSource, and the OHA to share why they are attending and what their role is in supporting the Community Advisory Council.

- Inviting all CAC members in attendance to share input during discussions and before decisions are made. We want to prioritizing Consumer Representatives and make sure all voices are heard. Guests in attendance are invited to contribute to the conversation when requested by the CAC Chair or Vice Chair.

- Building relationships between CAC members. We will be setting aside time at each meeting for CAC members to go into a virtual break out room, answer icebreaker questions or chat about anything they’d like.
CAC Members Present:
Brad Porterfield, Chair, Consumer Representative
Elizabeth Schmitt, Vice Chair, Consumer Representative
Conor Carlsen, Consumer Representative
Linda Johnson, Community Representative
Mandee Seeley, Consumer Representative
Miranda Hill, Klamath County Public Health
Tom Kuhn, Deschutes County Health Services

CAC Members Absent:
Elaine Knobbs-Seasholtz, Mosaic Community Health
Stacy Shaw, Consumer Representative, Crook County Health Strategist
Mayra Benitez, Consumer Representative

COHC Staff Present:
Kelley Adams, Central Oregon Health Council
MaCayla Arsenault, Central Oregon Health Council
Gwen Jones, 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
Bradley Garner, Central Oregon Health Council
Miguel Herrada, Central Oregon Health Council

Support & Guests Present:
Martha Edwards, PacificSource
Kristen Tobias, PacificSource
Leslie Neugebauer, PacificSource
Dustin Zimmerman, Oregon Health Authority
Elliot Sky, PacificSource
Katie Ortgies, Oregon Health Insurance Marketplace
Ana Mesina, Volunteers in Medicine
Tricia Wilder, Pacific Source
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 (Page two in meeting packet).

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

Public Comment/Patient Story
• Brad Porterfield welcomed public comment and shared his story on the OHP Welcome Letter, does not feel welcoming. Multiple OHP Welcome Letters were also needlessly sent.
  o After being told Brad’s son wouldn’t be covered on OHP come September, the sign-up process lacked communication and took about three months. Then after submitting all the necessary income documentation, OHA never responded. Going through DHS to assist with the signup process was much easier.
  o Regarding points of contact, Kristen Tobias explained that once enrolled, people should go through PacificSource.

Announcements
• MaCayla Arsenault announced CAC consumer representatives need to fill out W9s, return them to COHC, and be mindful how reported income can affect Medicaid eligibility.
• Grant summary reports to be provided with the link to the Google sheet along with the packet each month.
• Meeting time survey had 5 responses indicating the current meeting days and time is still preferred. As the CAC grows, we will continue to check in and revisit as needed.
• February is Black History Month, we want to invite people to a month-long journey of reflection, empowerment, and celebration as we honor the incredible legacy of the black community.

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

CAC Member Small Group Breakout Session
• The topic for the February meeting icebreaker: What person(s) historical or current has inspired you? Which accomplishments, failures, or character traits inspire or motivate you?
2024 CAC Priorities & Strategies

- Brad Porterfield shared the four major themes for CAC priorities and strategies going into 2024. These themes are:
  
  o Consumer engagement, recruitment, and increasing consumer voice.
  o Increase CAC visibility.
  o Make a difference in emerging issues.
  o Improve the feedback and report back loop from grantees.

- Linda Johnson acknowledged the importance with the amount of taxpayer funds flowing for programs, creates a need to showcase the positive impact to people in the general population, policy makers, and community leaders.

- No objections from CAC members in moving forward with the presented 2024 CAC priorities and strategies (Detailed table available in packet page 22).

Recruitment

- MaCayla Arsenault presented details for heading into CAC recruitment.
  
  o CAC membership requires representatives of the community from each county government served by the CCO.
  o Majority of the CAC should be comprised of consumer representatives. Consumer representatives are people on the Oregon Health Plan and enrolled with PacificSource Community Solutions
  o Members must be at least 16 years old.
  o Someone can be considered a consumer representative if they are considered the primary caretaker or guardian of someone on the Oregon Health Plan enrolled with the CCO.

- Membership intended to be representative of the community that the CCO serves, with emphasis on communities the experience health disparities.

- Tribal Advisory Councils of tribes within the CCO service area can choose to appoint a tribal representative to sit on the CAC.

- CAC demographic survey data visual comparisons to 2023 community demographic data obtained from PacificSource. (Pages 13-21 in meeting packet).

- Avery Grace highlighted the importance of us in recognizing and defining our principles we want to put into action to diversify; to have the CAC emphasize being just, equitability, and inclusive.
  
  o CAC members are invited to offer suggestions for principles, and ideas regarding improving representation and inclusivity.
  o Equity seeks to achieve fairness in outcomes.
  o Proportional representation can be utilized as a beginning with an aim towards equity, inclusion, justice, access, and diversity.
  o Mandee Seeley asked about if and how we distinguish rural and urban representation on the CAC. Avery Grace addressed pieces of that distinction in the RHA, but that it is complex.

- Avery Grace emphasized the groups and populations with the lowest representation in our present CAC as prioritized focuses for recruitment.
Charter Revision
- MaCayla Arsenault presented a draft form of a new charter for the CAC that fulfills the request of the governance committee including CAC responsibilities and measures of success (Pages 25-27 in meeting packet).
- CAC members are encouraged to review the draft to recommend edits, pieces to add, or remove.
- Email MaCayla Arsenault with recommendations at: MaCayla.Arsenault@cohealthcouncil.org

Health Related Social Needs Community Capacity Building Fund
- Time called prior to presentation, will try to reschedule in future meeting.
Welcome and Purpose

Share information and updates about new Medicaid benefits entitled Health-Related Social Needs (HRSN)*

*Information included in this slide deck reflects our best knowledge to date and is subject to change.
Brief Background

Each state has their own Medicaid plan that must follow a standard set of rules determined by the federal government.

States can ask the federal government for permission to change their Medicaid rules via a 1115 Demonstration Waiver.

Waivers are an opportunity for states to test and implement new innovations using Medicaid funding.

States must renew their Medicaid waivers with the Centers for Medicare and Medicaid Services (CMS) every five years.

Oregon’s current five-year waiver is poised to integrate different strategies to promote access to care and advance health equity.

The HRSN benefit is part of Oregon’s current waiver that CMS approved in October 2022 through September 2027.
CCO Covered Benefits
HRSN Services and Supports

**Climate Supports**
- Medically necessary devices:
  - Air conditioners
  - Heaters
  - Air filtration devices
  - Portable Power Supplies
  - Mini refrigeration units

**Housing Supports**
- Rent/temporary housing assistance for up to 6 months
- Utility assistance for up to 6 months
- Pre-tenancy and housing navigation support
- Tenancy sustaining services
- One-time transition and moving costs and deposits
- Medically necessary home accessibility modifications

**Food Supports**
- Nutrition counseling and education
- Medically-tailored meals for up to 6 months
- Meals or pantry stocking for up to 6 months
- Fruit and vegetable prescriptions for up to 6 months
HRSN Benefit Timeline

- **3/1/2024**: Climate benefit launches for all eligible populations
- **1/1/2025**: Food benefit launches for all eligible populations
- **11/1/2024**: Housing benefit launches for individuals who are “at risk” of becoming homeless
- **TBD**: Housing benefit launches for remaining eligible populations
HRSN Benefit Eligibility

**Covered Population:**
- Child welfare involvement, including youth leaving foster care
- Homelessness or at risk for homelessness
- Released from custody or residential behavioral health settings
- Transitioning from Medicaid-only to both Medicaid and Medicare coverage
- Youth with Special Health Care Needs (starting 1/1/25)

**Clinical health need** (e.g., chronic health condition)

**Social health need** (climate, housing, food)

Some benefits will have narrower eligibility criteria
Outreach & Engagement

CCOs and/or HRSN Service Providers are required to identify potential HRSN eligible members and outreach to those individuals. Prioritization for outreach will include:

- Priority Populations (e.g., communities of color, tribal members, persons with disabilities, LGBTQIA2S+)
- Members with multiple clinical risk factors
- Individuals at the extremes of age
HRSN Referral Workflow

- **Member Identification**
  - Encounters, claims; HRSN Service Providers, self-referrals; other entities

- **Referral**
  - Member contact info; service need description; member consent

- **Eligibility & Authorization**
  - Qualifying clinical need; social risk factor; specify HRSN service(s)

- **Fulfill Referral**
  - Closed loop referral; HRSN Service Provider invoice to CCO
Health-Related Services
(Flexible Services/Flex Funds)

- Non-covered services offered as a supplement to OHP covered benefits to improve individual member well-being
- CCO requirement, not a covered benefit, and is not subject to denial and appeal rights
- Reactive approach

Health-Related Social Needs

- OHP covered benefit for climate, housing, and nutrition/food supports for eligible members to maintain health and well-being.
- Subject to denial and appeal rights
- Proactive outreach and engagement required
HRSN Referral Pathways

• Submit a request via Connect Oregon (preferred)
• Submit a request via fillable PDF form (coming soon to PacificSource’s website)
• Call or email the Health-Related Services team: 541-284-7964 or HealthRelatedServices@pacificsource.com
• Oregon has been approved to spend up to $119 million statewide over the next few years to support partners to build capacity to provide HRSN services.

• The overall purpose is to support organizations that will become HRSN Service Providers to develop what they need to meet the required service provider criteria.
CCBF Eligibility

Eligible Entity Types:
- Tribal Governments and Providers
- Community-based organizations (CBOs)
- Social-services agencies
- Housing agencies and providers
- Food and nutrition service providers
- Case management providers
- Traditional health workers
- Child welfare providers
- City, county, and local governmental agencies
- Outreach and engagement providers
- Providers of climate devices and services

The Entity Must:
- Provide housing, food, climate, and/or outreach and engagement services
- Intend to serve eligible populations
- Have strong community relationships
- Able to or interested in building the capacity to meet HRSN Service Provider requirements
CCBF Categories and Examples

Technology
- Software purchases
- Data platform modifications or integrations
- Staff training on technology

Business Practices
- Policy & procedure development
- Training for staff on HRSN roles
- Administrative supports

Workforce
- Staff positions for up to 18 months
- Recruiting, certification or training costs for staff

Outreach, Education, and Convening
- Outreach events
- Learning collaboratives
- Community engagement activities
CCBF Application Process

• CCOs will manage the majority of CCBF funding; OHA pass through.

• Organizations interested and eligible for CCBF will apply directly to the CCO(s) operating in the counties they intend to provide HRSN services within.

• Organizations can apply to more than one CCO, if the funding requests are different.

Applications open: March 1 – May 31

Notices to awardees: July - September

Funding disbursement: August - October

More funding available in 2025
HRSN Service Provider Requirements

- Have strong community relationships
- Able to provide culturally and linguistically responsive and trauma-informed services
- Have appropriate business licensing or accreditation that meets state and industry standards
- Be able to receive referrals and report on the outcome
- Be able to invoice for services
- Demonstrate a history of responsible financial practices
- Comply with all reporting, oversight, and business registration requirements
References

• OHA HRSN Overview
• OHA CCBF Frequently Asked Questions
• OHA CCBF Scoring Rubric
• Oregon Health Authority : Oregon Health Plan (OHP) Climate Supports : Oregon Health Plan : State of Oregon
• Non-medical support services | PacificSource
Questions

Leslie.Neugebauer@pacificsource.com
Elliot.Sky@pacificsource.com
Central Oregon
Community Advisory Council
2024 Health Equity Plan Update
Health Equity

Equality  

Equity

OHA's ten-year goal
Eliminate health inequities
Health Equity Plan

• Year 5
• Community-informed
• Reported to the Oregon Health Authority and updated each year
• Based on National Culturally and Linguistically Appropriate Services Standards (CLAS)
  • Guidance for healthcare organizations in developing practices that center health equity
Health Equity Data Dashboard*

- The Health Equity dashboard is a visual, data-based tool to track progress on health equity across Oregon.

- The data comes from the annual CCO Health Equity Plan reports.

- Not all health equity goals are created equally. Some goals may take longer to complete than others.

- However, all progress is important towards eliminating health inequities by 2030.

*still under construction
Cross-departmental Collaboration
Subject matter expertise + equity lens

Appeals & Grievances
Community Health
Customer Service
Data Analytics & IT
Health Services
Marketing and Communications
Medicaid Administration
Population Health
Provider Network
Training & Facilitation
2023-24 HEP Focus Areas

REALD & SOGI data collection & analysis

CLAS Standards: communication, continuous improvement, governance, language assistance, & workforce

Priority populations: people with disabilities and people who are LGBTQIA2S+

Community Engagement

Organizational Health Equity Infrastructure
2023 Key Projects

REALD & SOGI data collection & analysis
- Data collection & reporting best practices

CLAS Standards
- Quality Translation Project

Priority populations
- Key informant interviews with community organizations

Community Engagement
- Community conversations (in Spanish) about OHP/HOP benefits

Organizational Health Equity Infrastructure
- Cross-departmental health equity consultation and support
2024 Key Projects

REALD & SOGI data collection & analysis

Develop informational materials on the collection & use of REALD / SOGI

CLAS Standards

Quality Translation Project, Year 3

Priority populations

Provider & staff trainings

Community Engagement

Tracking community engagements to improve how/where we show up

Organizational Health Equity Infrastructure

Flex Funds process improvements
Discussion Questions

What are some of the strengths or protective factors in this community that help people thrive?

Are there any new or pressing health equity issues in our community that you’d like to highlight for us?

Are there specific community meetings or events that you would like us to attend to hear feedback or questions?
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
DRAFT CAC 2024 Work Plan

Google sheet link
Membership
CAC Membership Requirements

CAC membership must include:

- Representatives of the community and of each county government served by the CCO
- Consumer representatives must make up the majority of the membership
- The membership 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

Tribal Advisory Councils of tribes within the CCO service area can choose to appoint a tribal representative to sit on the CAC

Consumer representative is a person serving on the CAC who is a recipient of medical assistance through the Oregon Health Plan (OHP) and is at least 16 years of age, or a parent, guardian, or primary caregiver of an individual who is a recipient of medical assistance through OHP.
2024 AGE GROUPS

Choose not to disclose

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Community</th>
<th>CAC</th>
</tr>
</thead>
<tbody>
<tr>
<td>65+</td>
<td>19%</td>
<td>20%</td>
</tr>
<tr>
<td>45-64</td>
<td>26%</td>
<td>30%</td>
</tr>
<tr>
<td>25-44</td>
<td>16%</td>
<td>50%</td>
</tr>
<tr>
<td>18-24</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>16-17</td>
<td>8%</td>
<td>0%</td>
</tr>
</tbody>
</table>
2024 PREFERRED LANGUAGE SPOKEN

- English-spoken: 88% (Community), 90% (CAC)
- Spanish-spoken: 9% (Community), 0% (CAC)
- American Sign Language: 0% (Community), 0% (CAC)
- Other (Please List) Choose not to disclose: 3% (Community), 10% (CAC)
2024 PREFERRED LANGUAGE WRITTEN

- **Other (Please List) Choose not to disclose**: Community: 3%, CAC: 10%
- **Spanish-written**: Community: 0, CAC: 9%
- **English-written**: Community: 88%, CAC: 90%

Total respondents: 44
2024 GENDER IDENTITY

Choose not to disclose: 1% Community, 0% CAC
Additional gender category or other: 0% Community, 0% CAC
Non-binary: 1% Community, 0% CAC
Genderqueer, neither exclusively male or female: 1% Community, 0% CAC

Men: 30% Community, 48% CAC
Women: 49% Community, 70% CAC
2024 SEXUAL ORIENTATION

- Choose not to disclose: Community 1%, CAC 20%
- Other: Community 0%, CAC 10%
- Queer: Community 1%, CAC 0%
- Questioning: Community 0%, CAC 0%
- Bisexual: Community 2%, CAC 0%
- Lesbian: Community 11%, CAC 0%
- Gay: Community 12%, CAC 0%
- Straight/heterosexual: Community 73%, CAC 70%
2024 TRANSGENDER POPULATION

Don't know what this question is asking
- Community: 2%
- CAC: 0%

Don't know
- Community: 0%
- CAC: 0%

Choose not to disclose
- Community: 3%
- CAC: 0%

No
- Community: 93%
- CAC: 100%

Yes
- Community: 2%
- CAC: 0%
2024 Disability

- Unknown
- Don't want to say
- Do you have serious difficulty with the following: mood, intense feelings, controlling your behavior, or experiencing delusions or hallucinations? (19+)
- Do you have serious difficulty with the following: mood, intense feelings, controlling your behavior, or experiencing delusions or hallucinations? (0-18)
- Do you have serious difficulty learning how to do things most people your age can learn (19+)?
- Do you have serious difficulty learning how to do things most people your age can learn (0-18)?
- Using your usual (customary) language, do you have serious difficulty communicating, (for example understanding or being understood by others) (19+)?
- Using your usual (customary) language, do you have serious difficulty communicating, (for example understanding or being understood by others) (0-18)?
- Difficulty with dressing or bathing (19+)
- Difficulty with dressing or bathing (0-18)
- Difficulty doing errands alone such as visiting a doctor's office or shopping (19+)?
- Difficulty doing errands alone such as visiting a doctor's office or shopping (0-18)?
- Because of a physical, mental, or emotional condition has difficulty concentrating, remembering or making decisions (19+)
- Because of a physical, mental, or emotional condition has difficulty concentrating, remembering or making decisions (0-18)
- Serious difficulty walking or climbing stairs (19+)?
- Serious difficulty walking or climbing stairs (0-18)
- Blind or serious difficulty seeing (19+)?
- Blind or serious difficulty seeing (0-18)
- Deaf or serious difficulty hearing (19+)?
- Deaf or serious difficulty hearing (0-18)

Non-disabled

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
Recruitment
Recruitment Materials

- Long-form flier with draft CAC Charter - Link to current DRAFT
- CAC’s member recruitment priorities - where to start?
  - What are our principles? Others?
    - Equity
    - Inclusion
    - Access
    - Diversity
    - Justice
    - Safety
Member Recruitment

○ Equity - what does this mean for who is in CAC? What does “equitable representation” mean?

○ Considers specific needs or circumstances of person/group to provide the resources & opportunities needed for them to be successful

○ Equity seeks to achieve fairness in OUTCOMES

● Benefits of equity “stacking” for community health and healing
  ■ Better overall community health
  ■ More connection/trust between communities
EQUALITY  EQUITY  REALITY
CAC Member Recruitment Priorities

- Start with proportional representation as a beginning, not an end point
- **Aim towards equity**, inclusion, justice, access, diversity
- **REMINDER**: the CAC can be as large or small as it needs to be, in order to best represent Central Oregon communities and OHP members’ experiences
  - Suggestions for diversifying the CAC through recruitment does not mean replacing members already participating
By the numbers - Recruitment to reflect demographics

- **AGE** - at least 1 new member aged 16-24, and/or caregiver/guardian

- **LANGUAGE** - at least 1 new member whose primary language is not English
  - At least 1 member who uses ASL or experiences other communication disabilities

- **INSURED STATUS** - at least 1 member who has lived experience with or can appropriately represent the uninsured of folx who struggle maintaining OHP

- **GENDER** - at least 1 member who is trans/non-binary, and 1 additionally member that identifies as a cisgendered man
CAC Member Recruitment Priorities

- **Sexual Orientation and/or relational/family styles** - at least 1-2 members who identify as lesbian, gay, bisexual, and/or queer, etc

- **ABILITY** (developmental, mobility, cognitive, sensory, etc) - 30% of CAC members ideally have some experience with 1 or more of these disabilities

- **RACE & ETHNICITY** - at least 1 black member, 1-2 Latin-x members, 1 Asian member

- **VETERANS** - at least 1 member

- **FOREIGN-BORN** - as least 1 member
CAC Member Recruitment Priorities

● GEOGRAPHY
  ■ Deschutes County should make up 60% of members (currently it is disproportionately at 80%)
  ■ Crook County - need as least 1 member
  ■ Jefferson County - at least 1 or more
  ■ N. Klamath County - at least 1 member

● TRIBAL SEATS: Confederated Tribes of Warm Springs, Cow Creek Band of Umpqua Tribe of Indians, Klamath Tribes

● Any geographical spaces/experiences “in between”
Breakout Session - CAC Member Recruitment

- Consider members from outside Deschutes County

- What are 1-2 strategies by which CAC can outreach to the following demographics for new members?
  
  - **RACE & ETHNICITY** - at least: 1 black member, 1-2 Latin-x members, 1 Asian member
  
  - **AGE** - at least 1 new member aged 16-24, and/or caregiver/guardian
  
  - **GENDER & SEXUAL ORIENTATION** - at least 1-2 members who identify as lesbian, gay, bisexual, queer, transgender, Two Spirit, etc
  
  - **LANGUAGE** - at least 1 new member whose primary language is not English
    - At least 1 member who uses ASL or experiences other communication disabilities