

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



March 21, 2024

VIRTUAL

Video Conference Link In Calendar Invite

Conference Line: 1.669.900.6833

Meeting ID: 864 9263 5310#

Passcode: 933436#

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|--------------------|--|
| 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 |
| 12:30-12:50 | 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) <ul style="list-style-type: none">• 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

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

February 15, 2024

Held virtually via Zoom.

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.
 - 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.
 - 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:
 - Consumer engagement, recruitment, and increasing consumer voice.
 - Increase CAC visibility.
 - Make a difference in emerging issues.
 - 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.
 - CAC membership requires representatives of the community from each county government served by the CCO.
 - 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
 - Members must be at least 16 years old.
 - 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.
 - CAC members are invited to offer suggestions for principles, and ideas regarding improving representation and inclusivity.
 - Equity seeks to achieve fairness in outcomes.
 - Proportional representation can be utilized as a beginning with an aim towards equity, inclusion, justice, access, and diversity.
 - Mande Seeley asked about if and how we distinguish rural and urban representation on the CAC. Avery Grace addressed pieces of that distinguishment 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.



Health-Related Social Needs Benefit | Overview

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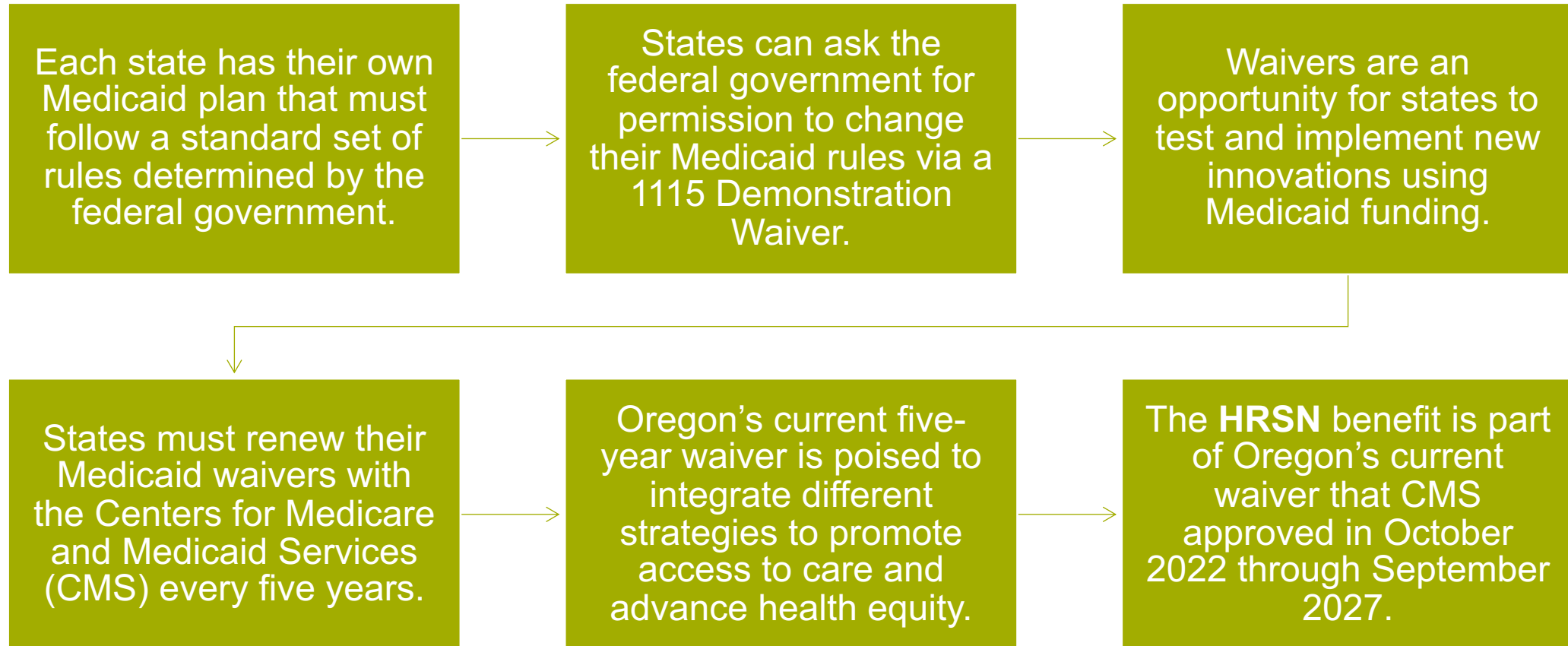
Welcome and Purpose

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

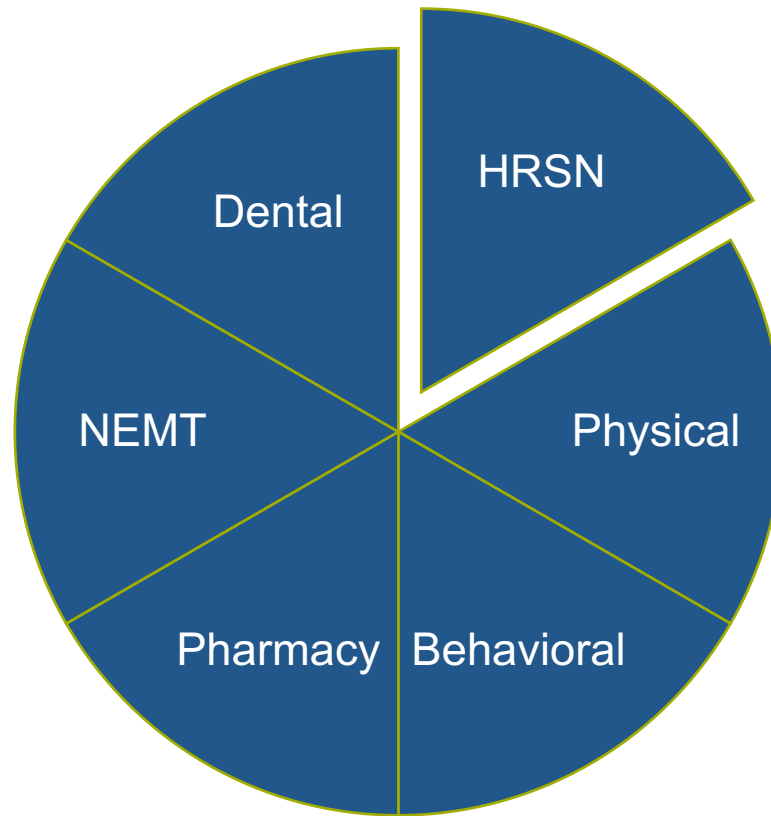


*Information included in this slide deck reflects our best knowledge to date and is subject to change.

Brief Background



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



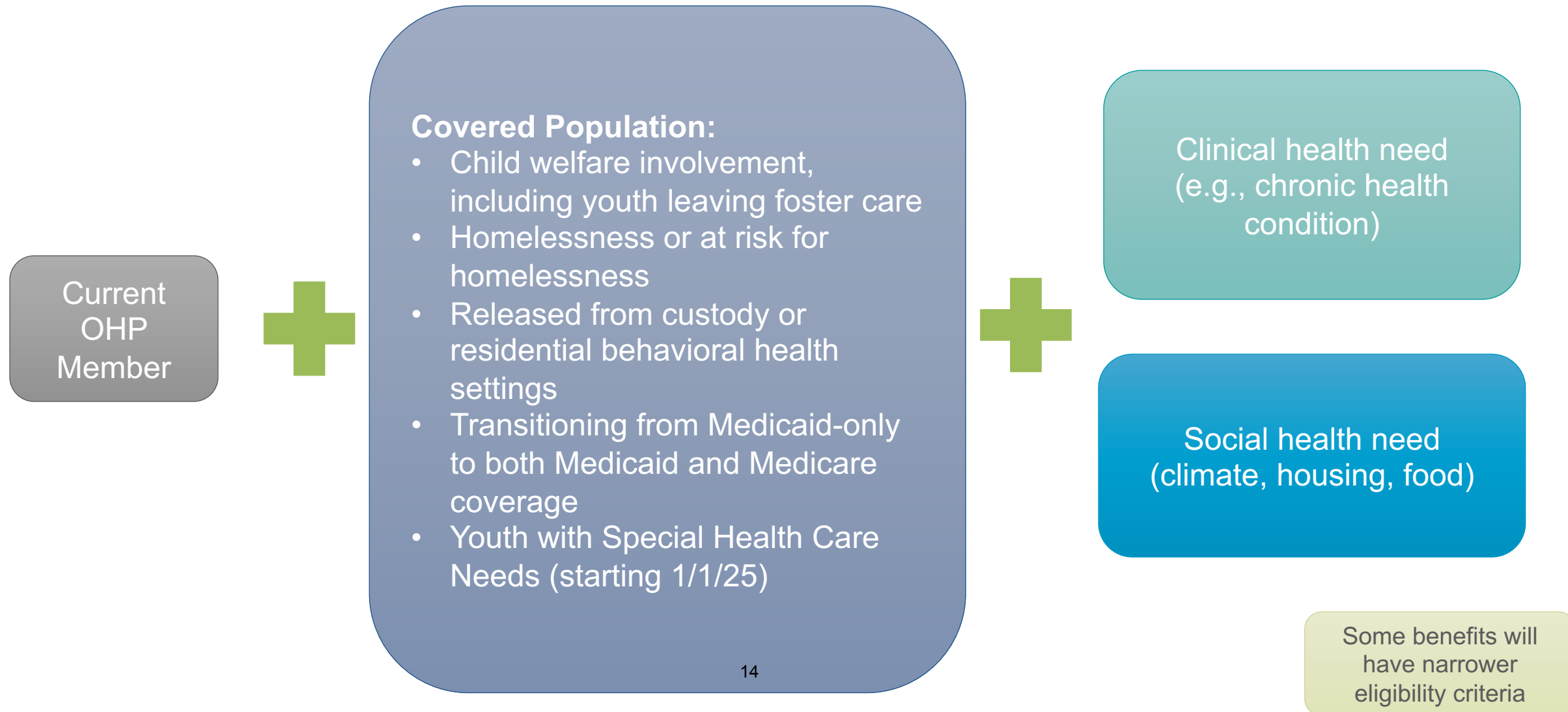
Food Supports

- 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



HRSN Benefit Eligibility



Outreach & Engagement

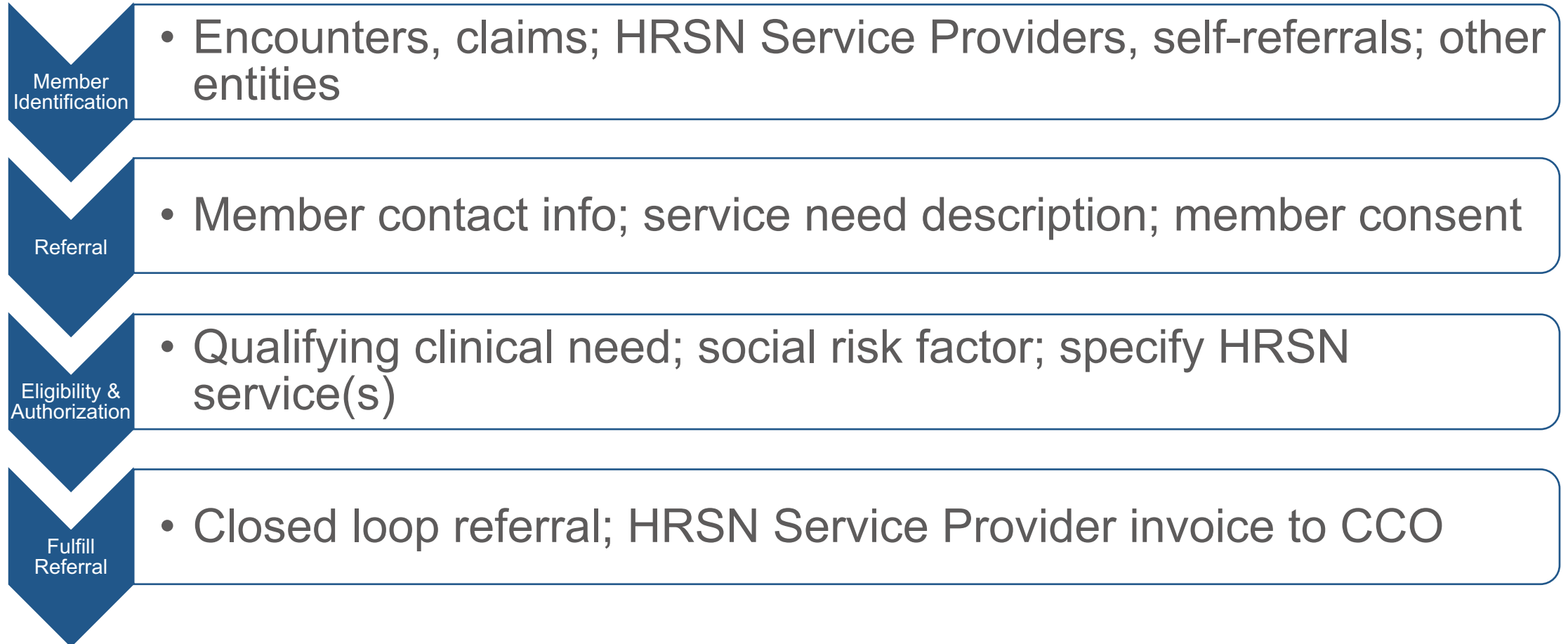
CCOs and/or HRSN Service Providers are required to identify potential HRSN eligible members and outreach to those individuals. Prioritization for outreach will include:

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



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

Community Capacity Building Funding (CCBF)

- 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.

2024



Applications open: **March 1 – May 31**



Notices to awardees: **July - September**



Funding disbursement: **August - October**

2025



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

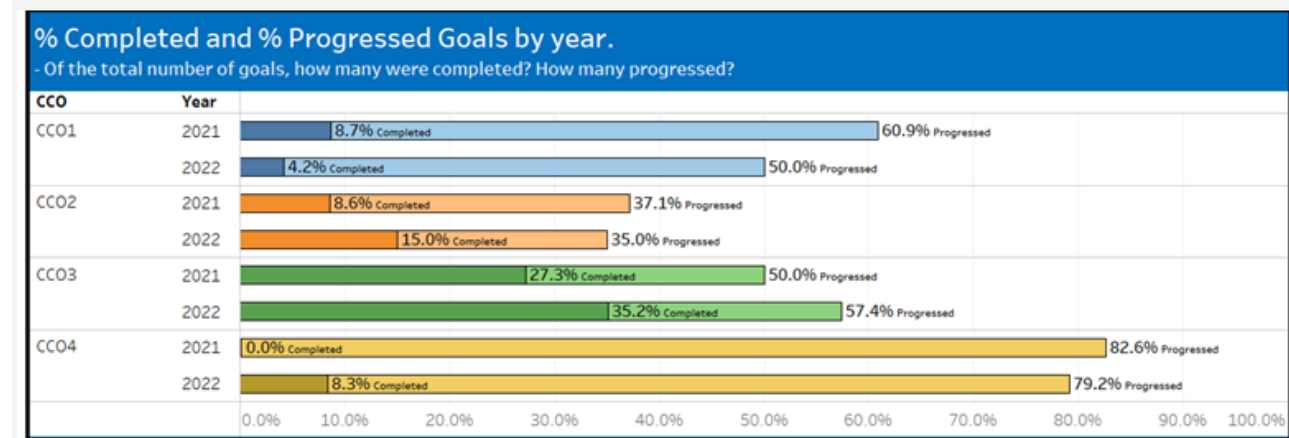
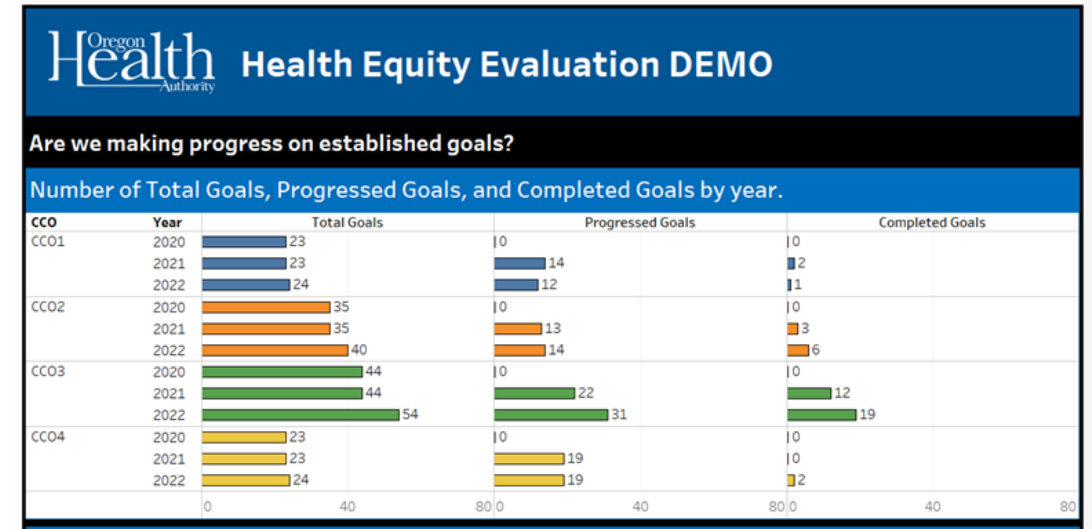


Health Equity Plan

- 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.**



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



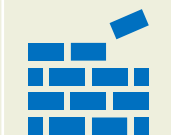
CLAS Standards: *communication, continuous improvement, governance, language assistance, & workforce*



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:

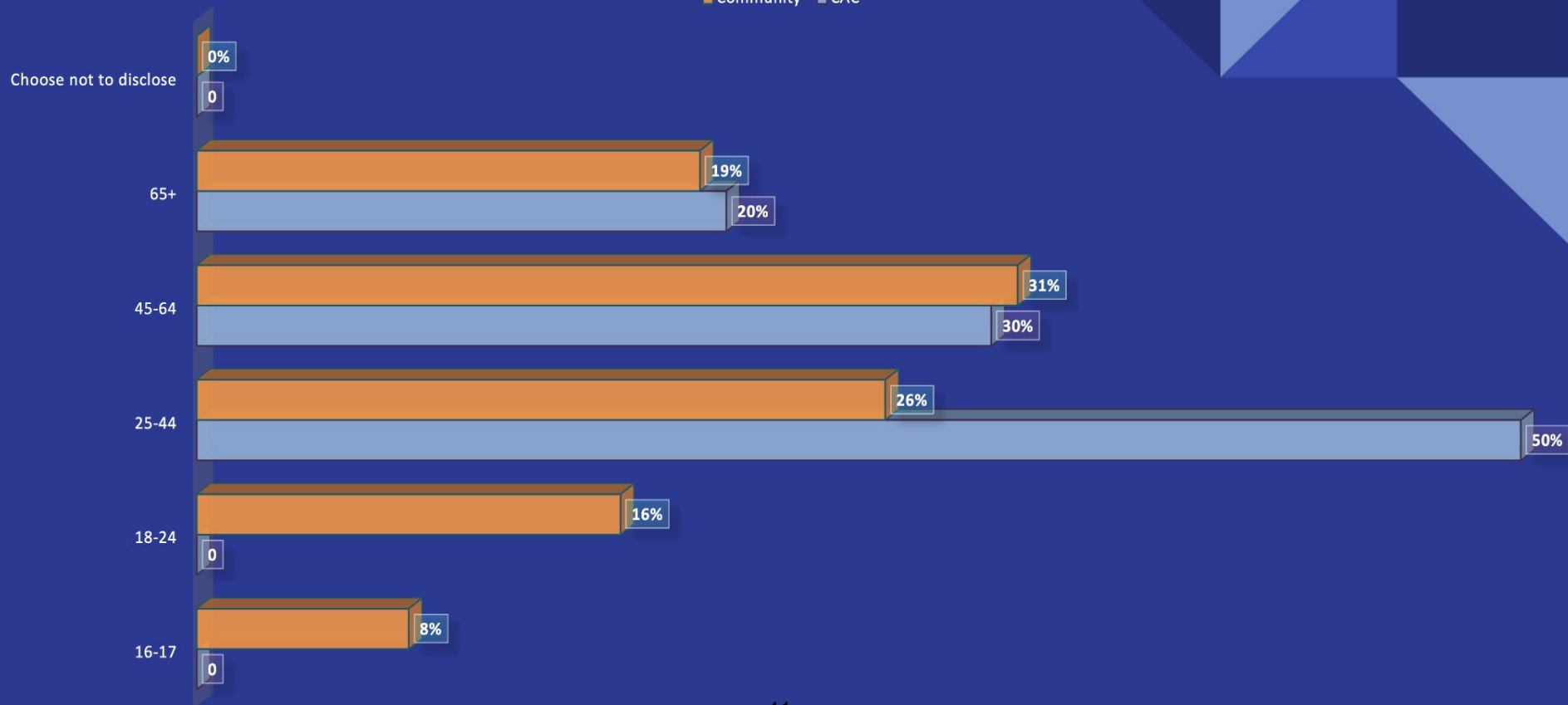
- Representatives of the community and of each county government served by the CCO
- Consumer representatives must make up the majority of the membership
- The membership should be representative of the diversity of communities within the CCO service area, **with a specific emphasis on persons who are 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

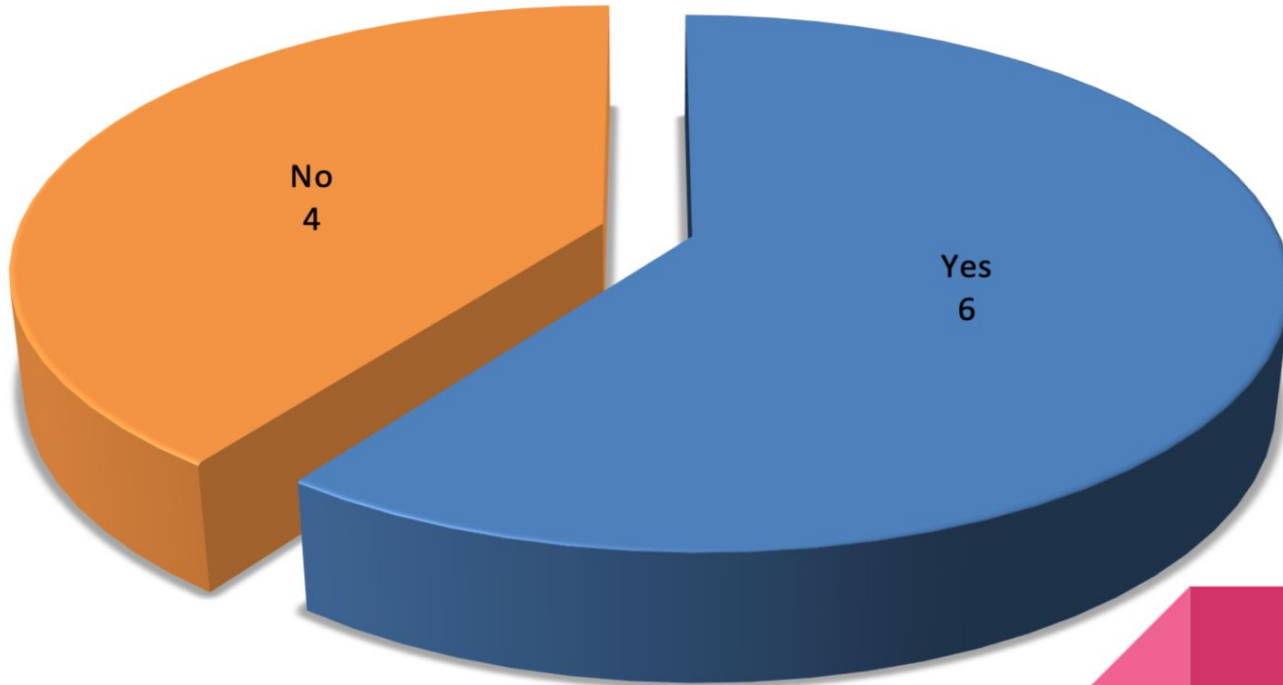
Consumer representative is a person serving on the CAC who is a recipient of medical assistance through the Oregon Health Plan (OHP) and is at least 16 years of age, or a parent, guardian, or primary caregiver of an individual who is a recipient of medical assistance through OHP.

2024 AGE GROUPS

Community CAC

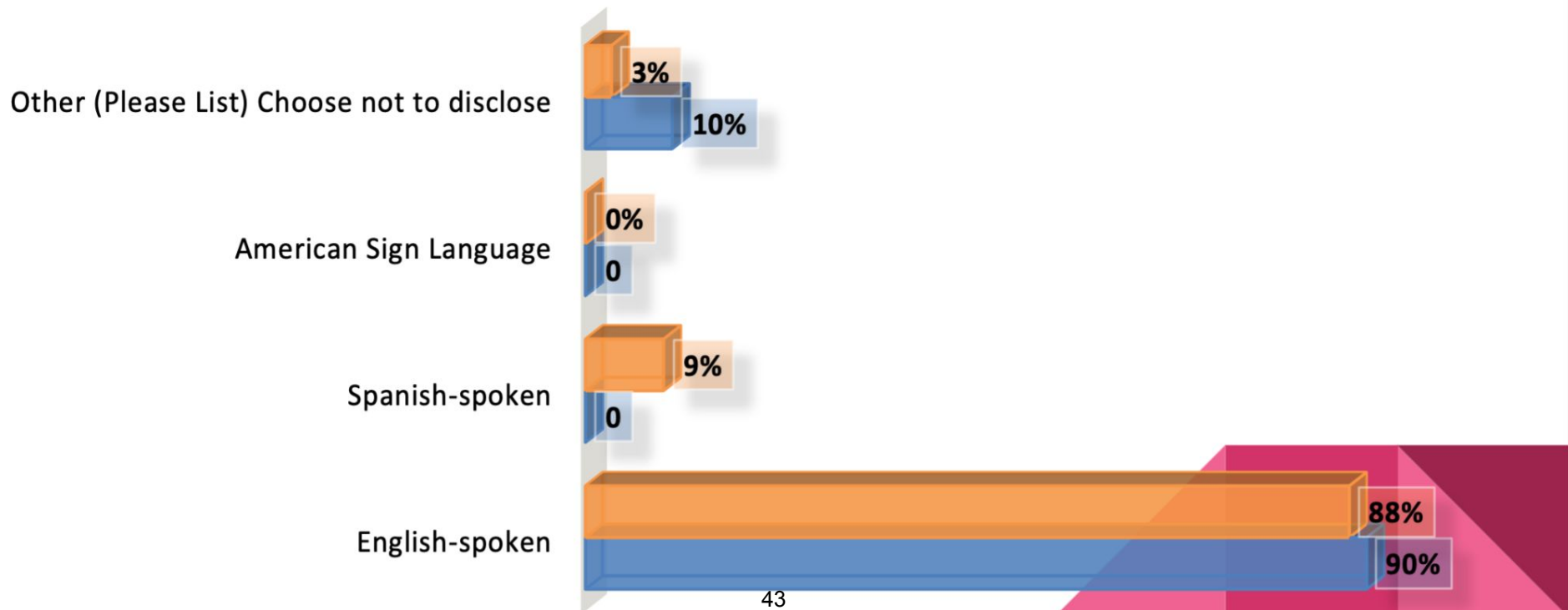


2024 CAC OHP Members



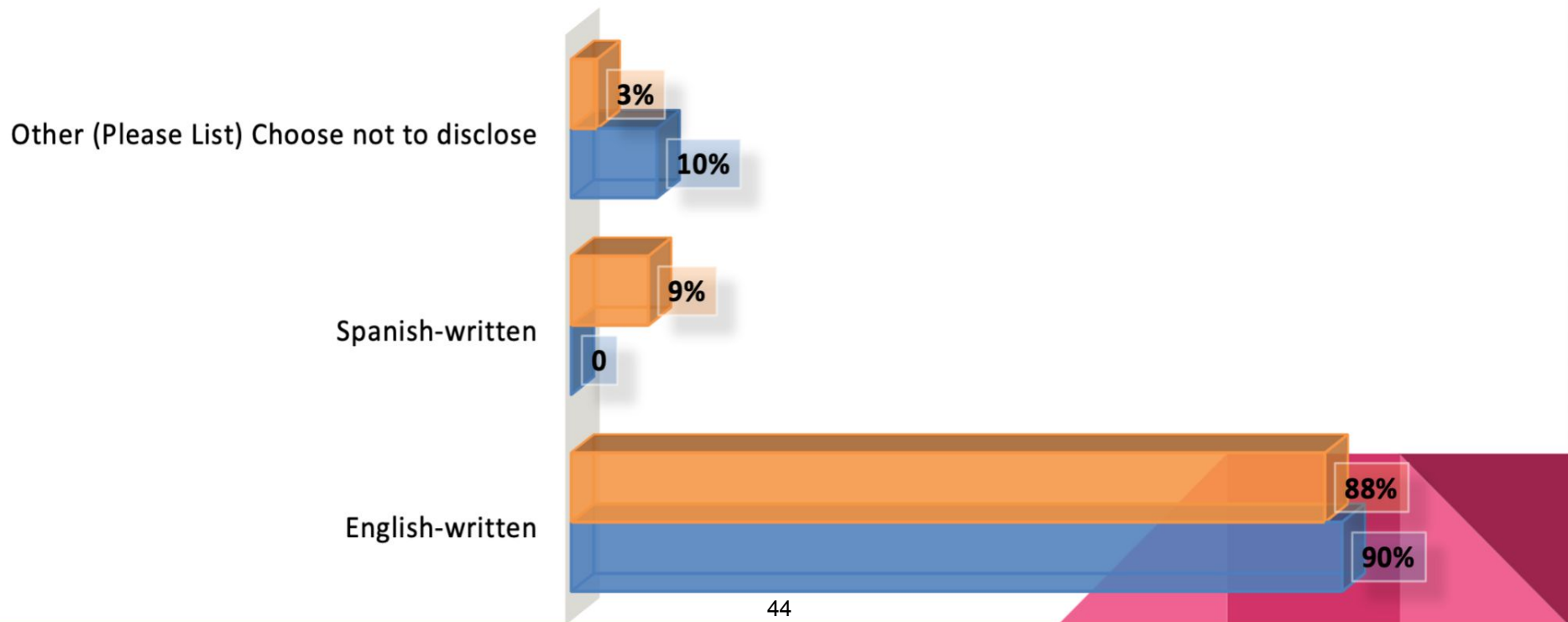
2024 PREFERRED LANGUAGE SPOKEN

Community CAC

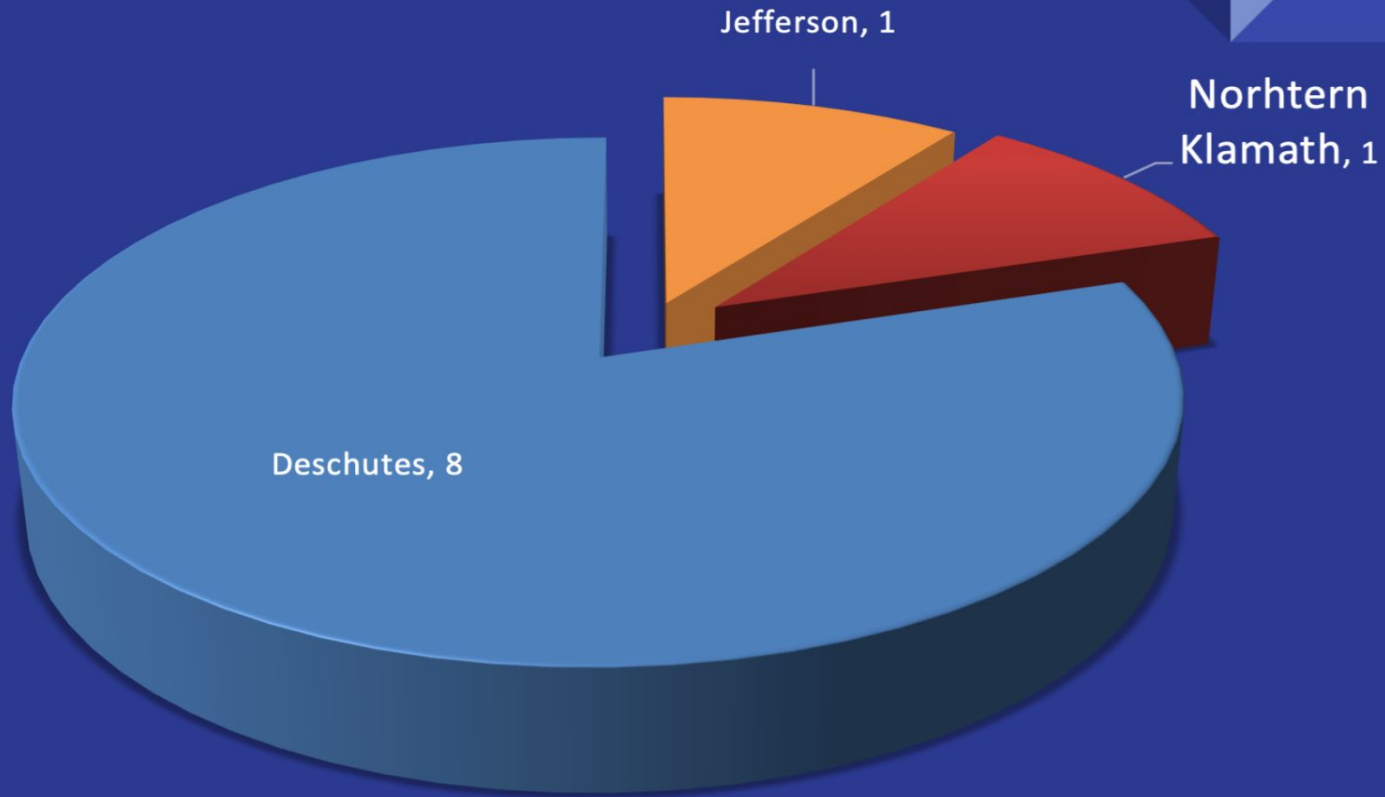


2024 PREFERRED LANGUAGE WRITTEN

Community CAC

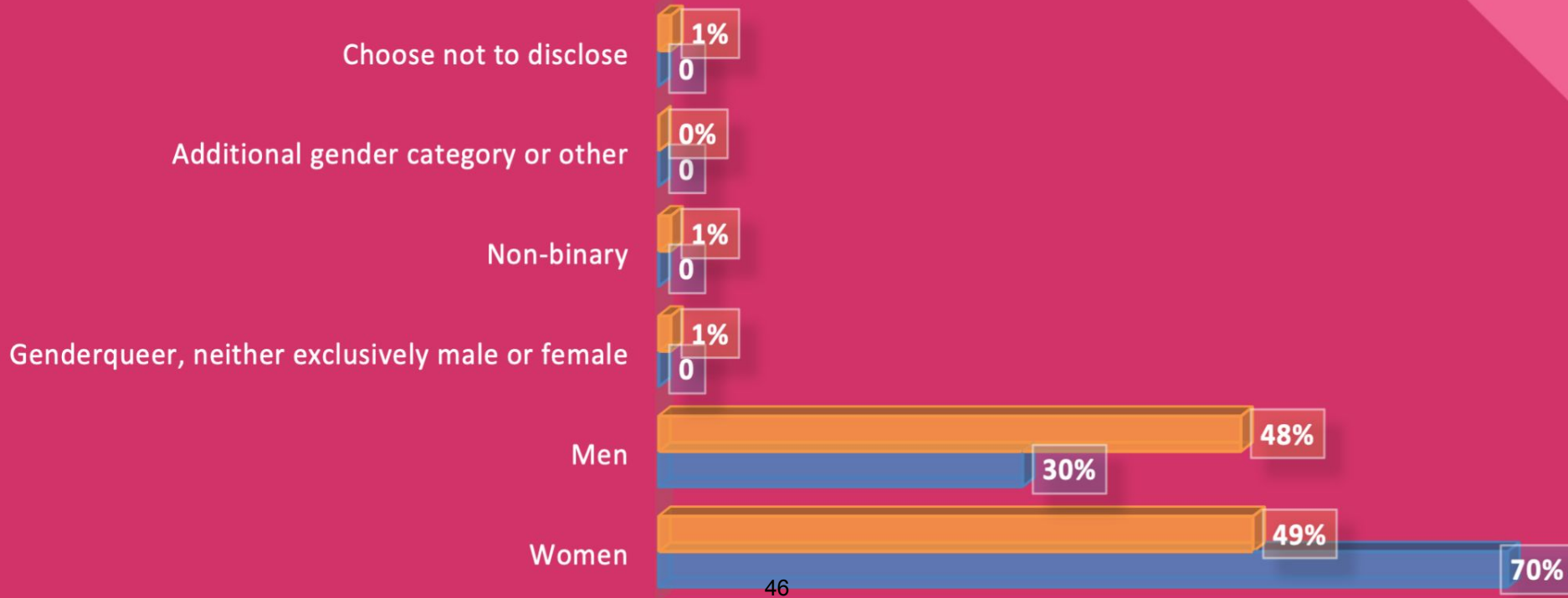


CAC Membership by County



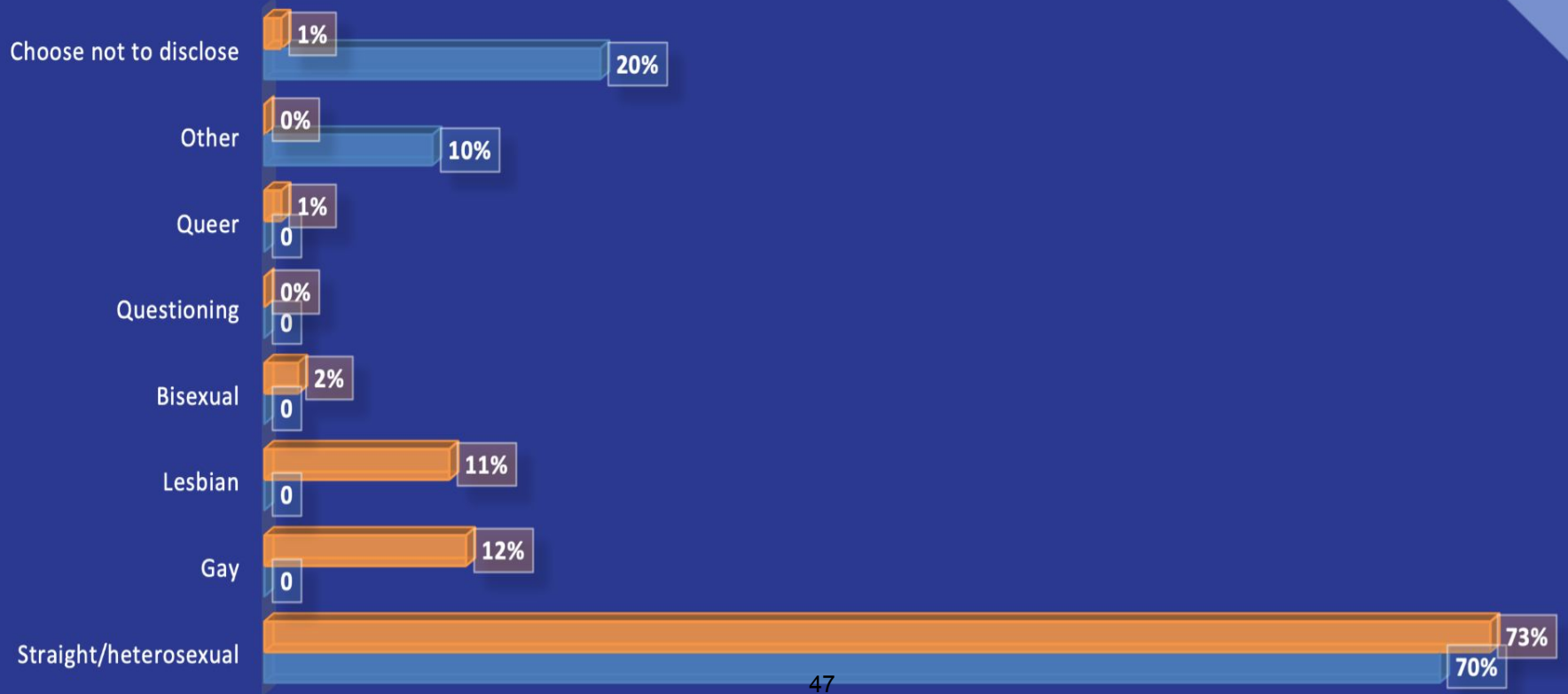
2024 GENDER IDENTITY

Community CAC



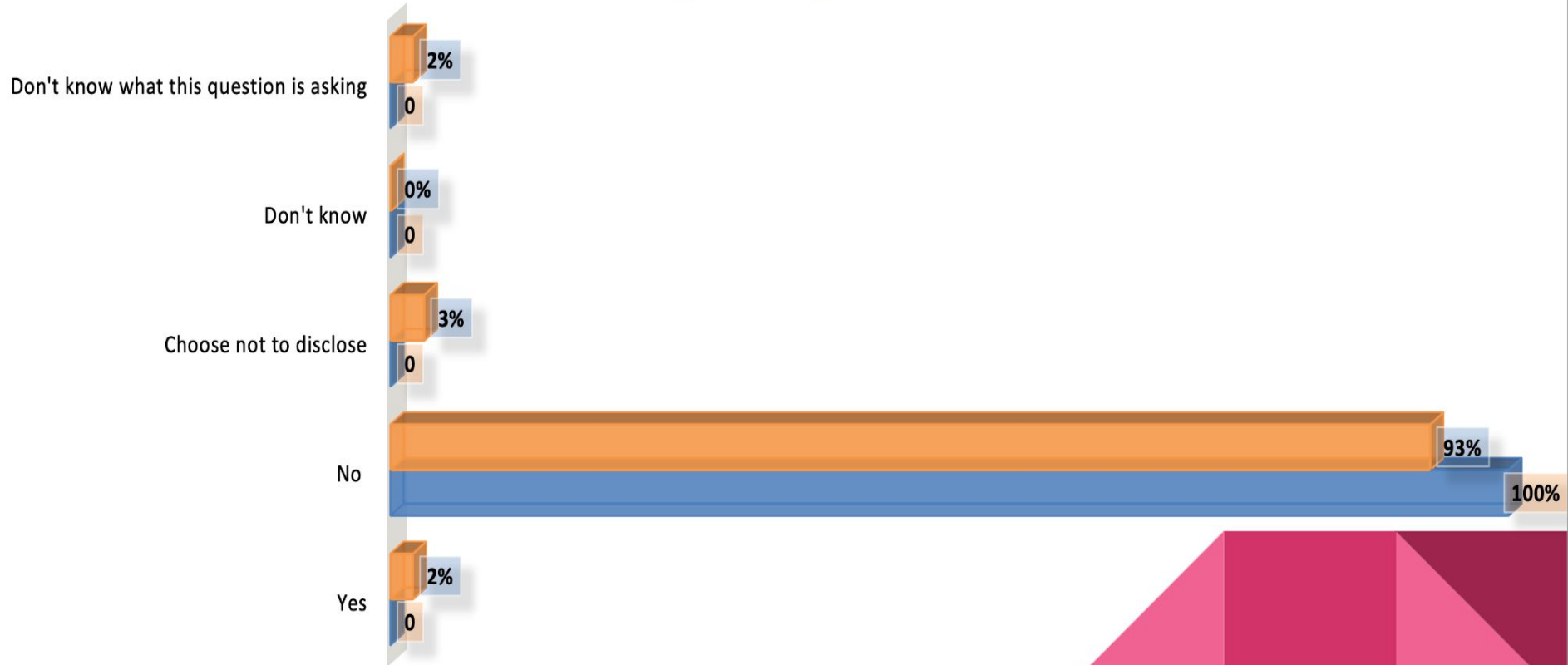
2024 SEXUAL ORIENTATION

Community CAC



2024 TRANSGENDER POPULATION

Community CAC



2024 Disability



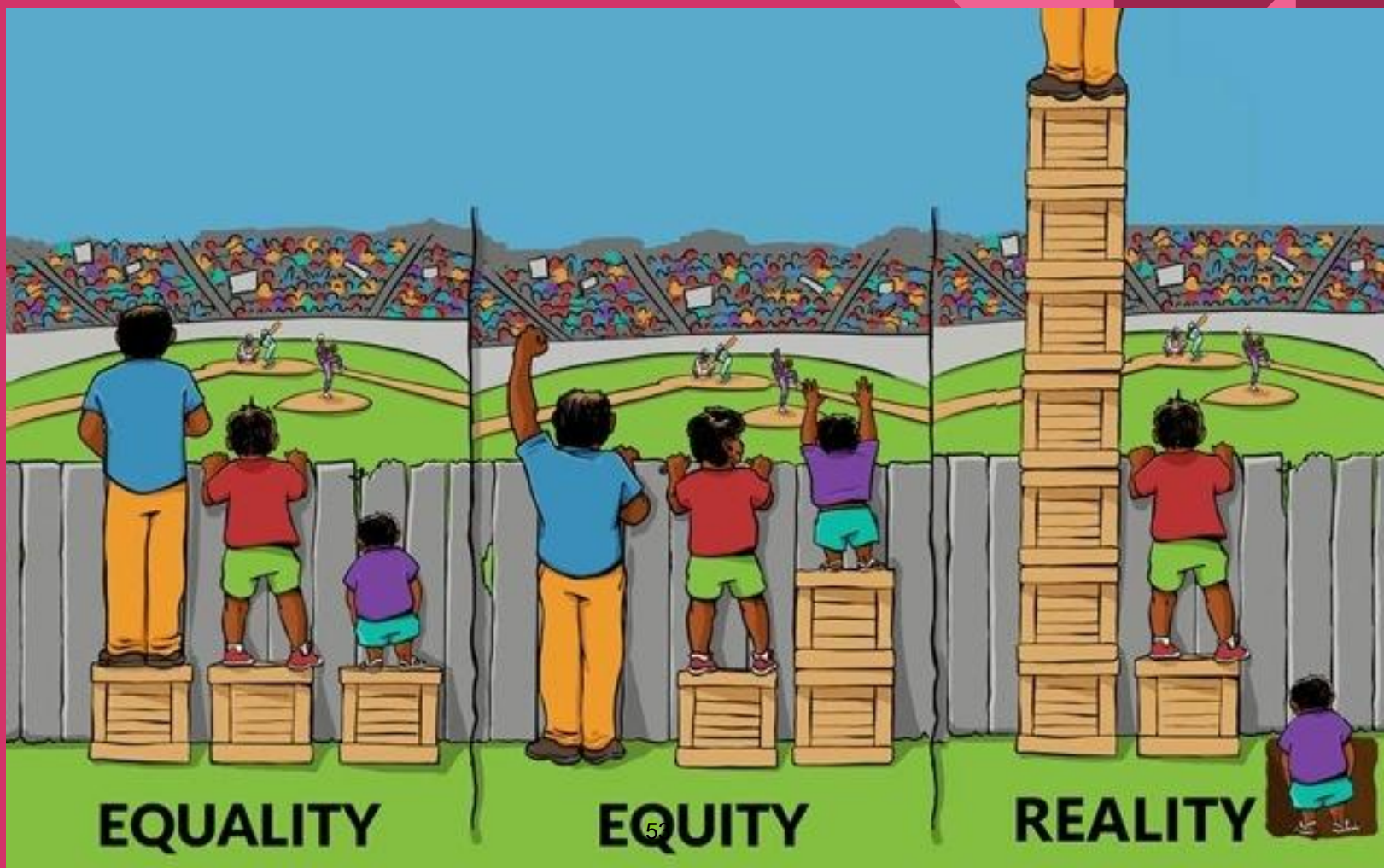
Recruitment

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



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** - a 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 disproportionally 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