



Operations Council

July 25, 2024
11:30 am to 1:00 pm

Virtual Meeting

<https://us02web.zoom.us/j/82062544065pwd=ZHJvd2JuZUJyQ0wvQTNHaHczaVpYZz09>

1.669.900.6833

Meeting ID: 820 6254

4065 Passcode: 787646

11:30 - 11:45

Welcome, Introductions, Announcements

12:00 – 1:30

Developing a Work Plan

- Consensus on Focus Areas
- Group Work in Focus Areas
 - Defining a shared aim & action items

Land Acknowledgment

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 that 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."

COHC Operations Council

Virtual Meeting

Operations Council

Guiding Principles

Shared Focus

We come together to improve the health and well-being of individuals living in various and diverse communities throughout Central Oregon region. We develop agreed-upon actions to solve the issues and keep the needs of our communities as the main focus.

Shared Metrics

We measure progress, process, and outcomes through a shared lens. Success is defined by the issue, those most impacted, and those closest to the work.

Partner with Priority Populations

The individuals living in our diverse Central Oregon communities are the center of our work. We make every effort to include people from every part of the region in our discussions, processes, and decisions.

Collaborate to Solve Complex Issues

Inviting diverse perspectives from throughout the Central Oregon region deepens our shared understanding of complex issues and propels us toward better progress and outcomes. We practice frequent, structured, open communication to build trust, assure shared objectives, and create common motivation. We respect the privacy and sensitivity of information partners share.

Coordinate Collective Efforts

We are made up of diverse partner organizations and individuals with unique strengths, skills, and resources. We coordinate our efforts and use our unique strengths and skills to meet our shared goals.

Learn and Adapt Together

We embrace shared learning and a growth mindset. We create a space that allows for mistakes, failures, second chances, and a celebration of brave attempts. We adjust and apply our learnings to the complex and changing landscape of health and well-being in Central Oregon.



CHARTER: Central Oregon Health Council Operations Council

The Central Oregon Health Council (COHC) was created to improve the well-being of all residents across Central Oregon.

The Operations Council serves as a place to coordinate collective efforts among the Central Oregon Health Council's community partners, committees, workgroups, community members and the Board of Directors.

The Operations Council will address and actively support:

- regional efforts advancing the shared mission and vision of the Central Oregon Health Council
- regional issues escalated from the committees, workgroups, and community partners
- broad, cross-sectoral, regional initiatives

Partners include:

- Organizational leaders who have delegated authority to make operational decisions
- Impacted community members and leaders who have influence to impact change

Partners Roles and Responsibilities:

- Communicate information within their organization, partner organizations and communities
- Provide individual, community and organizational support of agreed upon initiatives and workplans

Definitions:

Partner, Community Partner, Partner Organization. Terms may be interchanged.

Individuals and organizations who purposefully work together within the Central Oregon Health Council (COHC) structure to share information, resources, services and other types of support to understand and address the regional priorities identified by communities throughout the Central Oregon region.

Community can be defined by describing the social and political networks that link individuals, community organizations, and leaders. Some communities fall within geographically mapped physical



COHC Operations Council

Held Virtually via Zoom

June 27, 2024 • 11:30 am–1:00 pm

Members Present

Andrea Ketelhut, BestCare Treatment Center
Colleen Sinsky, FUSE
Gary Allen, Advantage Dental
Kat Mastrangelo, Volunteers in Medicine
Kathy Sabatier, Community Representative
Kecia Kubota, Camp Fire Central Oregon
Lindsay Atagi, PacificSource
Maggie O'Connor, St Charles Health System
Mandee Wyrick, Community Representative
Manu Chaudhry, Capitol Dental Care
Marie Manes, La Pine Community Health Center
Marissa Bourdage, COPA
Mary Ann Wren, Advantage Dental
Michael Baker, Jefferson County Public Health
Missy King, ODS Community Dental
Sarah Mahnke, Thrive Central Oregon

Guests & COHC Staff

Bradley Garner, COHC Administrative Assistant
Carol Martin, COHC Administrative Assistant
Chelsea Miller, COPA
Christine Lynch, PacificSource
Gwen Jones, COHC Project Manager
MaCayla Arsenault, COHC Project Manager
Mary Burns, COHC Project Manager
Melissa Valadez, Infinite Healing Solutions
Molly Olheiser, St Charles Health System
Theresa Nguyen, Jefferson County Public Health

Welcome, Introductions, Announcements

Mary Burns welcomed the group and facilitated introductions. One RHIP workgroups are currently accepting grant applications. The Stable Housing and Supports workgroup are accepting applications for two opportunities. To create a one-to-two-year media campaign to reduce stigma on people with unmet housing needs. The second is supporting organizations that are creating an increase in housing resources and opportunities. Selection for health topics was completed on June 13th, more coming soon for updates and next steps.

Focused Conversation: Developing a Workplan

Operations Council a unique place to coordinate efforts among the Central Oregon Health Council's community. Members include community partners, committees, workgroups, community members and the Board of Directors. We are supporting and advancing the mission and vision of COHC by collaborating across sectors to address broad regional issues impacting health and well-being.

Social Determinants of Health Screening & Closed-Loop Referrals

Christine Lynch presented on Social Determinants of Health (SDOH) Quality Incentive Measure (QIM), Social Needs Screenings and Referrals. SDOH are the non-medical factors that influence health outcomes. Examples: food, housing, education, income, access to health care, transportation.) – In 2023, the OHA began the Social Determinants of Health Screening QIM which focuses on:

1. Screening for unmet social needs (focus on food, housing and transportation)
2. Referrals to available community resources
3. Sharing members' information and data to improve care and services.

SDOH is important because nearly half of the Medicaid population in Oregon has one or more social needs, and communities of color are disproportionately affected. Component one, the structural measure and component two the hybrid measure. PacificSource has been working on building asset maps and tracking needs. Each CCO will report to OHA an OHA selected sample of 1,067 CCO members. Requirements for this audit include:

- Report on at least 90% of the requested 1,067 CCO member sample.
- Demonstrate that members were screened on all three elements using an OHA-approved screening tool.
- Validate those positive screens resulted in a referral within 15 days.

PacificSource has been working on building asset maps and tracking needs. Data collection will be via Connect Oregon and through alternate methods TBD. Members can also contact Christine Lynch directly by email at Christine.Lynch@pacificsource.com or COHC staff for further input. The group discussion noted the 1,067-member sample for each CCO to report to OHA may skew representation.

What is working well for the SDOH screening and referrals process?

- Years of effort to align among providers in coordinated entry system for housing. Different agencies diving in for collaborative work within housing sector.
- The CBOs are doing well at connecting with each other, once we get folks there. They have many systems in place already.
- Care Management at PacificSource is making internal process improvements based upon this work.

- EX: Infinite Healing Solutions providing childcare while family members receive services. Also offer water/food etc and provide mobile services.
- Less resistance than expected in rolling this out. OHA, CCOs, and other professions have provided great background information. There is readiness and knowledge.
- CCO is open to exploring all avenues to make this complex work successful.
- THW workforce is incredible asset to this work- key to operationalizing this.
- We can learn from existing groups doing this collective impact work (ex: Better Together)

What is not working well for the SDOH screening and referrals process?

- No dental codes that Dentists can provide when screening or referring for SDOH.
- Dental practice management not integrating with Connect Oregon- can't participate in closed loop referral system.
- No compensation for providing things like mobile services, childcare- burden especially for small CBO.
- Continued struggle of siloed work: funding, scholarship, communication. Tie into orgs/groups working in education space, often not connected with more specifically "health" related issues & work- despite the connection.
- Workforce challenges are pervasive (ex: oral health workforce- disparity between % of Medicaid members and providers who accept)
- Administrative burden- the workforce is already challenged, who is going to own the additional burden to ensure this is carried through.
- Lack of availability of housing and wait times. Potential to cause more trauma by setting unrealistic expectations.
- Systems not talking to each other...EX: HMIS (Homeless Management Information System) & Coordinated Entry System.
- Folks not seeing their providers annually- how can we get these screens done?
- This work is SO big- no centralized database of available resources for professionals to reference for referrals.

A proposal to consider develop a work plan as to how we collectively can strengthen what is going well and improve what is not going well. Workplan goals will require collaboration of CBOs, clinical partners, and community leaders with a recommend a two-year timeline. Developing and incorporating specific goals in different domains:

- Service Coordination
- Program Sustainability
- Public Awareness/Education
- Advocacy

Using fist to five voting, the group has approved moving forward with the outlined workplan and agreed to meeting in July.