

Minutes

Board Members			PacificSource Staff		
Dr. Matt Boles	Salem Health	P	Lindsey Hopper	PacificSource	E
Sarah Brewer, Treasurer	Legacy Health	P	Elaine Lozier	PacificSource	A
Dr. Noelle Carroll	Polk County Health Services	E	Kari Patterson	PacificSource	P
Peter Davidson	PacificSource	P	Dr. Bhavesh Rajani	PacificSource	P
Dave Fender	Salem-Keizer Public Schools	E	Josie Silverman-Méndez	PacificSource	P
Tina Foss	Yakima Valley Farm Workers Clinic	P	Guests		
Josh Graves	Catholic Community Services	P	Aleysa Garcia Rivas	PacificSource	P
Jackie Haddon	Valley Mental Health	P	Adria Godon-Bynum	PacificSource	P
Dr. Mark Helm, Chair	Childhood Health Associates of Salem	P	Ryan Hart	PacificSource	P
Dr. Leslee Huggins	SmileKeepers / Gentle Dental	P	Janice Hazel	WFMC Health	P
Lisa Lillico	Peer Advocate	P	Miguel Angel Herrada	PacificSource	P
Paul Logan	Northwest Human Services	P	Gretchen Horton-Dunbar	PacificSource	P
Clay Peterson	Project ABLE	P	Justin Huff	Legacy Silverton	P
Beth Spinning, Vice-Chair	Kaiser Permanente	P	Christian Moller-Anderson	A Smile for Kids	P
Dr. Nap Steele	WFMC Health	P	Todd Santiago	PacificSource	P
Commissioner Colm Willis *	Marion County	E	Lisa Trauericht *	Marion County Board of Commissioners	P
			<i>Proxy for Commissioner Willis</i>		
Willamette Health Council Staff			Kate Wells	PacificSource	P
Andrea Dabler	Willamette Health Council	P	Dustin Zimmerman	Oregon Health Authority	A
Justin Hopkins	Willamette Health Council	P			
Rachel Lakey	Willamette Health Council	E			

P – present; E – excused; A – absent

Agenda Item	Discussion	Action / Follow-up
Welcome/ Introductions	Dr. Helm, Board Chair, called the meeting to order at 2:00 PM. Ms. Dabler took roll call for everyone present online. This was not an in-person meeting.	
Public Comment	Dr. Helm allowed for public comment; there was none.	

Agenda Item	Discussion	Action / Follow-up
<p>Consent Agenda:</p> <ul style="list-style-type: none"> • Approval of December 2, 2020 board meeting minutes • Executive Director's report-WHC Operations Plan • CCO Data Dashboard – December 2020 • CCO monthly finance report 	<p>All consent agenda items were sent in advance of this meeting. Dr. Helm called for a motion to approve the meeting minutes and WHC operations plan.</p> <p>MOTION: <i>Mr. Graves made a motion to approve the December 2, 2020 board meeting minutes; Dr. Huggins seconded the motion. The motion passed unanimously.</i></p> <p>Ms. Brewer affirmed that the WHC operations plan was vetted prior to this meeting and is supported by the board executive team. She expressed confidence in Mr. Hopkins' leadership in standing up the WHC organization and the contents of the plan are necessary for an organization start-up.</p> <p>MOTION: <i>Ms. Spinning made a motion to approve the WHC Operations Plan as prepared by Mr. Hopkins; Mr. Davidson seconded the motion. Ms. Trauernicht abstained. The motion passed unanimously.</i></p>	
<p>Traditional Health Worker (THW) presentation</p>	<p>Ms. Horton-Dunbar, Provider Network Manager and Mr. Santiago, Marion-Polk CCO THW Liaison for PacificSource provided a presentation on THW that highlighted the following:</p> <ul style="list-style-type: none"> • THW types <ul style="list-style-type: none"> ➢ Birth doulas ➢ Community health workers (CHW) ➢ Personal health navigators (PHNs) ➢ Peer wellness/support specialists (PSSs & PWSs) <ul style="list-style-type: none"> ○ Family support specialist ○ Youth support specialist • Role of the THW liaison <ul style="list-style-type: none"> ➢ THW-level support <ul style="list-style-type: none"> ○ Training ○ Technical assistance ○ Resource sharing ○ Help navigate the health system ○ Coaching and best practice ➢ Member-level support <ul style="list-style-type: none"> ○ Increase awareness through resources ○ Member Support Specialists (MSSs) and PHNs ○ THW liaison call line: 541-640-8742 ➢ Provider-level support <ul style="list-style-type: none"> ○ Education of the benefits of THWs to are team ○ Technical assistance for billing Medicaid, enrolling, and credentialing ○ Provider awareness efforts ○ Data reporting support • Current state of THWs <ul style="list-style-type: none"> ➢ Opportunities & barriers ➢ Billing pathways under Oregon Health Plan (OHP) ➢ 2020 payment methodologies ➢ 2021 THW integration & utilization plan <ul style="list-style-type: none"> ○ Integration strategies ○ Reducing barriers ○ Communication plans 	

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	<ul style="list-style-type: none"> ○ Increasing member utilization ○ Measuring baseline utilization & performance ● Resources 	
Peer Run Organizations (PROs)	<p>Mr. Peterson, Executive Director for Project ABLE shared a video “An Introduction to Consumer Run Organizations (CROs) in the Salem Area” produced in partnership by Salem’s CROs:</p> <ul style="list-style-type: none"> ● Dual Diagnosis Anonymous (DDA) ● Oregon Family Support Network (OFSN) ● Recovery Outreach Community Center (ROCC) ● Project ABLE ● Youth ERA <p>https://www.dropbox.com/s/vntuec3r2vluibb/CRO_Showcase_Cut2-2.mp4?dl=0</p> <p>Mr. Peterson provided a description of what Project ABLE offers and its benefit to the community and affiliation with other organizations.</p> <ul style="list-style-type: none"> ● One-on-one peer support ● Groups & activities for members and peers ● Peer support specialist trainings and continuing education units (CEUs) ● Connection to Vocation Rehabilitation ● Veteran-specific support ● Promotion of community involvement – giving back to the community you belong ● Relationship with Peer-Assisted Crisis House in Yamhill County (Project ABLE offers peer support 7 days/week; 10 hours days and night shifts as needed). ● Project ABLE believes and models that recovery is possible based on the “10 Components of Recovery” and 8 dimensions of wellness. ● Project ABLE is: <ul style="list-style-type: none"> ➤ Non-clinical ➤ Self-directed ➤ Trauma informed ➤ Offers opportunities to be involved <p>A PRO (formerly known as CRO) is <i>(as defined by SAMHSA)</i>:</p> <ul style="list-style-type: none"> ● Independent – administratively controlled and operated by mental health consumers ● Autonomous – all policies controlled by peers: governance, fiscal, personnel, etc. ● Accountable – responsibility is on the organization ● Consumer controlled – 51% of board and organizational leadership made up of peers ● Peer workers – staff and management <p>Mr. Peterson presented PRO survey results and data.</p> <ul style="list-style-type: none"> ● Peer usage ● Meaningfully improved quality of life ● Reduced reliance on clinical mental health or addiction services ● Suicidality (thought less about and made fewer attempts) ● Decrease in utilization of emergency/crisis services ● Social recovery measures ● Cost and people served (cost to CCO billing DMAP rate of 	

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	<p>members served billing peer support services vs cost and members served using peer run organizations)</p> <ul style="list-style-type: none"> • Summary: 3 reasons to fund PROs <ol style="list-style-type: none"> 1. Peer delivered services are evidence based and shown to be incredibly effective in promoting recovery. 2. Survey data show that people in our community experience major improvements to their lives on a multitude of different metrics after connecting to PROs. 3. All peer delivered services save money. <p>Mr. Peterson indicated that PROs had been funded by the Mid-Valley Behavioral Care Network (MVBCN) for more than 15 years until they closed at the end of 2019 (end of Willamette Valley Community Health – WVCH, former CCO contract).</p> <ul style="list-style-type: none"> • PacificSource established bridge funding for the PROs for 6 months (January 2020 – June 30, 2021). • Funding for PROs is scheduled to end July 1, 2021. <p>Mr. Hopkins thanked Ms. Horton-Dunbar, Mr. Santiago, and Mr. Peterson for their presentations. The group discussed the value and role of THWs and PROs.</p>	<p>For more information on PROs and/or Project ABLE, contact Clay Peterson cpeterson@projectable.org www.projectable.org</p>
<p>Culturally and Linguistically Appropriate Services (CLAS) Standards</p>	<p>The PacificSource team, Ms. Wells, Ms. Garcia Rivas, and Mr. Herrada gave an overview of CLAS standards.</p> <p>Adoption of CLAS standards as an organizational framework:</p> <ul style="list-style-type: none"> • CCO 2.0 contractual obligation <ul style="list-style-type: none"> ➢ Oregon Health Authority (OHA) expectations <ul style="list-style-type: none"> ○ CCO governing bodies adopt CLAS as an organizational framework ➢ Five-year plan <ul style="list-style-type: none"> ○ The PacificSource is already using this framework ➢ Where is CLAS already present? <ul style="list-style-type: none"> ○ Transformation and Quality Strategy (TQS) ○ Quality Incentive Measures (QIM) ○ State Health Improvement Plan (SHIP) workgroups ➢ Today’s learning opportunity <ul style="list-style-type: none"> ○ How to use CLAS as a tool to improve health equity in our system. • There are 15 national CLAS standards that are <i>“intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations.”</i> (document was provided in the meeting packet) • The group discussed governance, leadership, and workforce (2, 3, and 4). <ul style="list-style-type: none"> ➢ Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources. ➢ Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area. 	

Agenda Item	Discussion	Action / Follow-up
	<ul style="list-style-type: none"> ➤ Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis. • Mr. Hopkins proposed incorporating the CLAS standards into WHC board policies and be a part of new board member onboarding and used for refresher training. <p>MOTION: <i>Ms. Haddon made a motion to adopt and incorporate the CLAS standards into WHC board policy; Mr. Fender seconded the motion. The motion passes unanimously.</i></p>	
2021 CCO budget	<p>Ms. Brewer complimented the PacificSource finance team on their work in developing the 2021 CCO budget. The budget was brought to the December 17th WHC finance committee where it was reviewed by the committee and recommended to present to the WHC board.</p> <p>Before moving into the 2021 CCO budget, Ms. Silverman-Méndez invited Mr. Davidson to update the group on the 2020 recapture waiver.</p> <ul style="list-style-type: none"> • Mr. Davidson provided background of the Joint Management Agreement (JMA) between PacificSource and the WHC. The JMA calls for monthly funding from PacificSource to the WHC for its operating expenses. • Mr. Davidson talked about 2020 and the unprecedented events impacting the CCO. • PacificSource intends to waive any recapture amounts from 2020 calendar year losses. PacificSource will waive any recapture amount from the WHC. • Mr. Davidson said this will allow WHC to begin 2021 with a “clean slate” and confirmed that a formal recapture waiver has been submitted. • The board thanked Mr. Davidson for the waiver. <p>Ms. Silverman-Méndez opened the 2021 CCO budget presentation and said OHA has paused Oregon Health Plan (OHP) membership redetermination due to COVID. It is unknown when redetermination will begin.</p> <ul style="list-style-type: none"> • Ms. Patterson said the CCO’s 2021 budget assumes that membership will gradually increase due to the pause in redetermination and that members will not be dis-enrolled. • Ms. Patterson confirmed that the 2021 budget revenue is based on membership assumptions and walked the committee through the budget. <ul style="list-style-type: none"> ➤ Total budgeted revenue is \$600,285,056 ➤ Total budget claims expense is \$542,612,172 ➤ Underwriting income is \$5,430,532 ➤ Net income is \$4,018,594 <p>MOTION: <i>Ms. Brewer made a motion to adopt the 2021 CCO budget as presented; Dr. Helm seconded the motion. Ms. Trauernicht abstained. The motion passed unanimously.</i></p>	
Adjourn meeting	Dr. Helm adjourned the meeting at 4:03 PM.	

Minutes were prepared by Andrea Dabler and approved by the Willamette Health Council Board of Directors on February 3, 2021.