



# Board of Directors Meeting

August 3, 2022

2:00 - 4:00 PM

Zoom Video/Conf. Call

## Minutes

Board Members			PacificSource Staff		
Lara Barnes	Option Counseling & Family Health	P	Josie Silverman-Méndez	PacificSource	P
Dr. Matt Boles, Chair	Salem Health	P	Leslie Neugebauer	PacificSource	E
Commissioner Kevin Cameron	Marion County Board of Commissioners	A	Dr. Bhavesh Rajani	PacificSource	P
Dr. Noelle Carroll	Polk County Health Services	E	Erin Fair Taylor	PacificSource	A
Peter Davidson	PacificSource	P	<b>Guests</b>		
Tina Foss	Yakima Valley Farm Workers	E	Dr. Olivia Galvez	WFMC Health	P
Josh Graves	Catholic Community Services	E	Janice Hazel	WFMC Health	P
Dr. Mark Helm	Small Town Pediatrics	P	Justin Huff	Legacy Silverton	P
Maggie Hudson	Santiam Hospital	E	Andrea Ketelhut	PacificSource	P
Dr. Leslee Huggins, Vice-chair	Gentle Dental / SmileKeepers	P	Melissa Lindley	Willamette Vital Health	P
Paul Logan	Northwest Human Services	E	Bree McLeod	Peer Wellness	P
Beth Spinning	Kaiser Permanente	P	Dustin Zimmerman	Oregon Health Authority	P
Dr. Robert (Nap) Steele		P	<b>Willamette Health Council Staff</b>		
			Andrea Dabler	Willamette Health Council	P
			Justin Hopkins	Willamette Health Council	P
			Heather Pascoe	Willamette Health Council	P
			Lisa Parks	Willamette Health Council	P
			Sarah Smith	Willamette Health Council	P
			Sarah Taylor	Willamette Health Council	P

P – present; A – absent; E - excused

Agenda Item	Discussion
Welcome/introductions	Dr. Boles called the meeting to order at 2:06 PM and welcomed everyone present. Dr. Boles mentioned that there would be a social hour following the first part of the meeting and reiterated the goal of continuing to build relationships between one another. Ms. Taylor conducted roll call for everyone present by video and in person.
Public Comment	Dr. Boles allowed for public comment; Dr. Olivia Galvez introduced herself to the group as the acting CEO and Medical Director for WFMC Health. She expressed her eagerness to learn more about the board and contribute in the future.
<u>Consent Agenda:</u> <ul style="list-style-type: none"> <li>Approval of June 1, 2022, board meeting minutes</li> <li>Monthly CCO financials</li> <li>Monthly WHC financials</li> </ul>	<p>All consent agenda items were sent in advance of this meeting.</p> <p><b>MOTION:</b> <i>Mr. Davidson made a motion to approve the consent agenda items as presented; Dr. Huggins seconded the motion. The motion passed unanimously.</i></p>

<ul style="list-style-type: none"> <li>• PacificSource Director’s Report <ul style="list-style-type: none"> <li>➤ Care Coordination report</li> </ul> </li> </ul>	
<p>WHC Director’s Report</p>	<p>Mr. Hopkins shared updates on the WHC Partners space, staff recruitment, and 3 grants awarded in May.</p> <ul style="list-style-type: none"> <li>• Furniture for the WHC Partners space finally arrived. <ul style="list-style-type: none"> <li>○ Furniture has arrived!</li> <li>○ Salem Health, WVP, Mano a Mano, and Trillium Family Services remain interested in using the space.</li> <li>○ Sublease agreements are in process.</li> </ul> </li> </ul> <p>Mr. Hopkins introduced new staff to the group.</p> <ul style="list-style-type: none"> <li>• Sarah Taylor – Executive Assistant/Office Coordinator</li> <li>• Sarah Smith – Community Advisory Council (CAC) Program Manager</li> <li>• Heather Pascoe – System of Care (SOC) Program Manager</li> <li>• Josie Silverman-Méndez – Deputy Director <ul style="list-style-type: none"> <li>○ The position will focus on community investments, committee work, and communications.</li> <li>○ Josie’s anticipated start date is Sept 1.</li> </ul> </li> </ul> <p>Ms. Silverman-Méndez expressed her excitement for her transition to WHC and to be able to continue with her passion of community-based work as well as support the success of PacificSource.</p> <p>Mr. Hopkins announced Andrea Dabler’s upcoming retirement and acknowledged her hard work establishing the organization’s infrastructure.</p> <ul style="list-style-type: none"> <li>• Her last day is Thursday, August 4<sup>th</sup>, 2022.</li> <li>• She has agreed to continue to help WHC establish the Partner space next door.</li> </ul> <p>Mr. Hopkins updated the group on grant awards.</p> <ul style="list-style-type: none"> <li>• Mini grants are continuing to be awarded on a rolling monthly basis. A full description is included in the monthly financials.</li> </ul>

Agenda Item	Discussion
<p>New Board Members - Approve</p>	<p>Dr. Boles invited Melissa Lindley and Bree McLeod to introduce themselves to the group before voting to approve their membership.</p> <ul style="list-style-type: none"> <li>• Ms. Lindley and Ms. McLeod have been elected as the new CAC co-chairs.</li> <li>• The WHC bylaws include a provision that the CAC co-chairs join the WHC Board.</li> </ul> <p>Ms. Lindley and Ms. McLeod each shared information about their backgrounds and expressed their excitement to participate as board members.</p> <p><b>MOTION:</b> <i>Dr. Helm made a motion to approve Melissa Lindley and Bree McLeod as board members; Dr. Huggins seconded the motion. The motion passed unanimously.</i></p>
<p>Quality Pool Distribution model</p>	<p>Mr. Hopkins mentioned to the group that there is a vacancy for both Treasurer and Co-chair for the WHC Finance Committee.</p> <p>Mr. Hopkins introduced the Quality Pool “Calculator” Mockup and invited Ms. Silverman-Mendez to help with data and modeling, and Ms. Ketelhut who works closely with the quality incentive measures to answer questions or concerns.</p> <ul style="list-style-type: none"> <li>• A similar calculator was recently developed and approved by a Central Oregon Health Council workgroup.</li> <li>• The Columbia Gorge Health Council and the Lane County Health Council use a similar model, with a few key differences.</li> <li>• WHC calculator mockup includes:</li> </ul>

- Actual 2021 Quality Incentive Measures (QIMs) and total Quality Pool earned based on CCO performance.
  - CCO uses 50% of Quality Pool funds to include in their value-based payment arrangements with their provider network.
- Of the 50% of the 2021 Quality Pool funds going to the WHC for distribution:
  - 40% allocation for distribution to health care providers (including public health) to reward for QIM performance, and reinvestment to ensure the measures are met again in the future.
  - 10% allocation for distribution to SDOH-E partners\*.

*\*In addition to health care providers, distributions must be made to public health and SDOH-E partners, per CCO contract requirements.*

Mr. Hopkins reviewed the data showing the Total Quality Pool Amount available for 2021 (paid in 2022). Going over the metrics, Mr. Hopkins explained that based on the total amount available, the total amount was split by the number of metrics so that each metric was valued the same.

- Metrics that are met are eligible for 100% of that value, metrics that are not met in the community are eligible for 50% payout of that model.
  - 2021 QIM performance: 13.5 points earned
  - Each measure met - \$969,389
  - Each measure not met - \$484,695
- Health Care Provider Sectors Eligible for a Payout (“Eligible Provider Sectors”)
  - Primary Care (PCP) – 62%
  - Specialists (OB/GYN) – 8%
  - Public Health – 4%
  - Dental Care Organizations (DCO) – 16%
  - Hospitals – 2%
  - Behavioral Health (BH) – 7%
- Percentages Per Eligible Provider Sector
  - Based on provider sector contribution to meeting the metric.
- The one metric that failed to earn 100% value was the Assessments for Children in ODHS Custody.
  - Ms. Ketelhut noted that it was due to a drop in dental and mental health visits during an uptick of covid cases in the fall of 2021.

Mr. Hopkins reminded the group that the original proposal for the QP Distribution model to re-examine the 50/50 split with PCS was not feasible for this year’s distribution.

- WHC and PCS quickly pivoted to introduce a distribution model to the Finance Committee for review and approval.
- The proposed distribution model is included in the Board packet.
- This model rewards/invests 90% of the WHC’s Quality Pool revenue into providers who directly contribute to the achievement of the metrics.
- Provider sectors included in the 90% are Primary Care, OBGYN, DCOs, Hospitals, and Behavioral Health.
- 5% of the funds will be reserved for specific Public Health initiatives that help our community achieve the Quality Pool.
- 5% of the funds will be reserved for initiatives related to Social Determinants of Health and Health Equity (SDOH E).
- WHC and Finance Committee recommend using the Community Benefit Initiative procurement as an intentional way to invest these funds into the community as we

did in 2020 and 2021.

- Review workbook for details on distribution model.
  - Total Quality Pool Amount - \$29,676,186
  - Less 2% MCO Tax - \$593,523.71
  - Net Quality Pool Amount - \$29,082,661.91
  - WHC 50% of Quality Pool Amount - \$14,541,330.95
  - Amount for Health Care Providers (90%) - \$13,087,197.86
    - Primary Care - \$8,719,951.46
    - OB GYN - \$1,027,587.39
    - DCO - \$2,069,716.11
    - Hospitals - \$261,743.96
    - Behavioral Health - \$1,008,198.95
  - Amount for Public Health (5%) - \$727,066.55
  - Amount for SDOH-E Partners (5%) - \$727,066.55

Ms. Hazel commented that the Finance Committee liked the template and thought it was a great tool because of its flexibility around being able to make adjustments going forward.

Mr. Hopkins mentioned discussion in the last Finance Committee meeting regarding passing funds through the IPA (WVP) for their contracted provider network.

- The decision was yes – WVP will get a check to distribute down to their provider network.

Mr. Hopkins noted there was also discussion around how to capture the behavioral health portion.

- The decision was to use the same methodology for the total funds available that was used last year, looking at a combination of a threshold for encounters along with a threshold for a minimum payment.

The group discussed why metrics that weren't being met were still being paid. Mr. Hopkins mentioned that it was still acknowledge work that was done and make sure there was still an investment to build on that work in the future.

- Mr. Hopkins noted that one option would be to reserve a portion of the QP funds and have counties propose specific initiatives that would tie directly to QP performance, as a way to meet the public health investment requirement, and to come up with a more meaningful project.
- The group agreed to find ways to support the counties in their role as the public health department, take a more population health approach and fill in the gaps where they exist.

**MOTION:** *Dr. Huggins made a motion to approve the proposed QP Distribution model; Ms. Barnes seconded the motion. Dr. Helm abstained. The motion passed.*

Mr. Davidson called out the excellent results of the community on the quality incentive metrics, and the work of the Finance Committee on the QP Distribution model.

Community Benefit Initiative (CBI) timeline

- Ms. Smith gave the group a brief history of the Community Benefit Initiative.
- Health Related Services (HRS) are part of the OHA/CCO contract and is broken down into three components: Flex Funds, In Lue of Services, and Community Benefit Initiatives.
  - PacificSource delegates the CBI functions and funds to the Willamette Health Council.
  - One of the primary goals of the Community Benefit Initiative is to fund projects/initiatives that address the priority areas identified in the CHIP. The Community Benefit Initiative is also intended to fund projects that improve the social determinants of health and health equity of our community members.
  - WHC, PacificSource, Marion and Polk counties, in collaboration with several health system and community-based partners, completed a Community Health Assessment (CHA) to determine priority areas in need of attention and improvement.
  - The community came together again with the Community Advisory Council to identify aims and strategies to improve health outcomes related to the priority areas. These aims and strategies are outlined in the 2021-2025 Marion-Polk Community Health Improvement Plan (CHIP).
  - The Community Advisory Council has led this effort. They have reviewed the information packet, timeline, application, and strategies and have given approval to move forward for Board review and approval.
  - Total proposed funding \$1,342,000 with two sources
    - \$615,000 CBI funds allocated through PacificSource
    - \$727,000 SDOH-E quality pool allocation
  - Grants to focus on CHIP priority areas. The CAC identified 3 strategies from the CHIP for each priority area.
  - Encourage applicant to be creative while meeting the OHA and contractual requirements and guidance.

**2022-2023 Timeline:**

**August 5, 2022:** NOFA (Notice of Funding Availability): CBI application period begins. WHC goes live with application on Council website, sends announcement to community partners, and conducts targeted outreach to providers and community-based organizations.

**August 29, 2022:** CBI application period closes.

Week of August 29, 2022: WHC staff conducts initial completeness review of CBI applications.

Week of September 5: CBI applications sent to WHC Community Advisory Council for individual review and scoring before the September meeting.

**September 22, 2022:** WHC Community Advisory Council discusses application scores as a group and recommends finalists to the Board of Directors for final approval.

**October 5, 2022:** Review recommended awards with WHC Board of Directors for approval.

**Week of October 10, 2022:** Notice of awards to selected organizations. Request for Tax ID information and Letter of Agreement.

**November 2022:** CBI funds released by the Willamette Health Council.

**April 30, 2023:** First progress report due for 2022 grantees.

**August 31, 2023:** Second progress report due for 2022 grantees.

**December 31, 2023:** Final report due for 2022 grantees.

Priority Areas:

- Substance Use
  - Strategy 1: Provide culturally specific substance use prevention education in schools that includes the consequences of alcohol and drug use and corrects misperceptions.
  - Strategy 2: In rural areas, advocate for new substance use treatment facilities and/or transportation options to urban treatment centers.
  - Strategy 3: Provide alternative or alcohol-free activities in the community.
- Behavioral Health
  - Strategy 1: Improve community partnerships between the health and education systems to collaboratively improve mental health supports in schools, such as Social Emotional Learning evidence-based programs, and school-based health centers.
  - Strategy 2: Implement resilience-informed practices.
  - Strategy 3: Increase the number of free or low-cost behavioral health services in the community.
- Housing
  - Strategy 1: Strengthen collaboration between the health system and street medical outreach teams providing health assessments, vaccinations, TB testing, mental health assistances, and referrals.
  - Strategy 2: Enforce current health and safety requirements for farmworker housing, and/or advocate for better standards.
  - Strategy 3: Support advocacy efforts to keep people housed (during and after the COVID-19 pandemic).

Adding some context, Mr. Hopkins noted that this is the third year in a row for our CBI procurement. We're largely using the same process that was used the last two years. The big difference is that in previous years, it was only required that proposals were broadly related to the three priority areas. With the Community Health Improvement Plan (CHIP) that was developed last year, there were specific strategies attached to each one of the priority areas. This year, in an effort to be more intentional with these investments to align with the CHIP, the strategies were selected by our Community Advisory Council (CAC). They were selected because there is a lack of other community efforts going on in this space, and they felt it would be a good way to address those gaps.

Ms. Smith reminded the group that the application packet that will be put out on August 5<sup>th</sup>, 2022, will provide guidance and information on how specifically CBI funds can be used, and encouraged members to reach out with any questions or concerns.

**MOTION:** *Dr. Helm made a motion to approve the CBI timeline and process; Dr. Steele seconded the motion. The motion passed unanimously.*

Mr. Hopkins asked for volunteers to provide a member story at the next board meeting.

- Andrea Dabler suggested Beth Spinning.

Mr. Hopkins mentioned anticipated board applications from:

- WFMC Health
- Legacy Health
- Willamette Valley Professionals

Mr. Hopkins made one last request for a Board Treasurer and Finance Committee Co-chair.

Dr. Boles invited the group to provide any last comments or concerns. There were none.

Agenda Item	Discussion
Adjourned	Dr. Boles adjourned the meeting at 3:19 PM.

*Minutes were prepared by Sarah Taylor.*

