



Board of Directors Meeting

November 2, 2022

2:00 - 4:00 PM

Zoom Video/Conf. Call

Minutes

Board Members			PacificSource Staff		
Lara Barnes	Option Counseling & Family Health	P	Lindsey Hopper	PacificSource	P
Dr. Matt Boles, Chair	Salem Health	P	Elaine Lozier	PacificSource	P
Commissioner Kevin Cameron	Marion County Board of Commissioners	P	Leslie Neugebauer	PacificSource	P
Dr. Noelle Carroll	Polk County Health Services	P	Dr. Bhavesh Rajani	PacificSource	P
Peter Davidson	PacificSource	P	Erin Fair Taylor	PacificSource	P
Tina Foss	Yakima Valley Farm Workers	A	Guests		
Dr. Olivia Galvez	WFMC Health	p	Janice Hazel	WFMC Health	P
Josh Graves	Catholic Community Services	p	Kim Parker-Llerenas	WWP	P
Dr. Mark Helm	Small Town Pediatrics	p	Jeanine Stice	WWP	P
Maggie Hudson	Santiam Hospital	P	Dustin Zimmerman	Oregon Health Authority	P
Justin Huff	Legacy Health	P			
Dr. Leslee Huggins, Vice-chair	Capitol Dental Care/Gentle Dental	P			
Melissa Lindley	Willamette Vital Health	E			
Paul Logan	Northwest Human Services	P	Willamette Health Council Staff		
Bree McLeod	Peer/Advocate	P	Justin Hopkins	Willamette Health Council	P
Manny Rivera	WVP	E	Heather Pascoe	Willamette Health Council	P
Beth Spinning	Kaiser Permanente	P	Lisa Parks	Willamette Health Council	P
Dr. Robert (Nap) Steele		P	Josie Silverman-Méndez	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 2:02 PM and welcomed everyone present. Ms. Taylor conducted roll call for everyone present by video and in person.
<u>Consent Agenda:</u> <ul style="list-style-type: none"> Approval of October 5, 2022 board meeting minutes WHC Grant Awards (through October) 	<p>All consent agenda items were sent in advance of this meeting.</p> <p>MOTION: <i>Mr. Graves made a motion to approve the consent agenda items as presented; Ms. Spinning seconded the motion. The motion passed unanimously.</i></p>

<ul style="list-style-type: none"> • PCS Director’s Report • 2021 990 Tax Filing 	
Public Comment	Dr. Boles allowed for public comment; there was none.
2022 Q3 CCO Performance Report	<p>Ms. Neugebauer provided an update on Q3 performance metrics and where the region stands at the end of September.</p> <ul style="list-style-type: none"> • There are four main topic areas: <ul style="list-style-type: none"> ○ Quality and Member Experience <ul style="list-style-type: none"> ▪ Objective: CCO improves care, makes quality care accessible, and eliminates health disparities for its members. ▪ Metric: Meet at least 11 of 14 Quality Incentive Measure targets to achieve 100% payout. <ul style="list-style-type: none"> ➤ Based on YTD data through September, a number of metrics remain at risk, however, many of the claims based metrics are suspected to continue to progress and ultimately be met by year end. A number of the External Clinical Quality Metrics are at risk, but data is reflective of performance through August and are suspected to be met gradually. Close monitoring continues. The last deployment of well child visit postcards went out the last week in October. The QIM Collaborative and provider meetings continue to draw supportive crowds. ▪ Metric: A gap analysis pertaining to the availability of mental health services will be completed and used to strategize solutions for identified access issues. <ul style="list-style-type: none"> ➤ The Mental Health (MH) access rate is 50.3% (12-month rolling data). The Clinical Quality, Health Equity, and Traditional Healthcare Worker Liaison teams are working together to identify opportunities to improve awareness and reduce stigma about MH benefits among Latino/a/x individuals. PCS has made several improvements to the internal MH service access dashboards, which now include filters to see access by spoken language, interpreter needs, and access by PCP group. MH access gap reports are in development using the MH Performance Improvement Project metric specifications. Once complete, PCS share the gap reports with provider partners. The MH access gap reports will allow providers to see which patients have a MH diagnosis and have not received a qualifying service. By sharing this information with providers who provide integrated behavioral health services, providers could use the reports to identify members who might benefit from warm handoffs or need a referral. ○ CCO 2.0 Requirements <ul style="list-style-type: none"> ▪ Objective: CCO meets all CCO 2.0 contract requirements. ▪ Metric: At least 50% of provider contracts are in a Value Based Payment arrangement (LAN Framework category of 2C or higher). <ul style="list-style-type: none"> ➤ The 2021 All Payers All Claims Payment Arrangement files were submitted on 9/30/2022. The OHA requirement for 2021 is that 35% of payments to providers must be LAN Category 2C or higher. Preliminary 2021 numbers for the CCO indicate an estimated range of 63.4% to 64.3% of payments are category 2C or higher. ▪ Metric: In partnership with the Oregon Health Care Interpreter Association train <i>and certify</i> up to 60 culturally and linguistically

responsive Health Care Interpreters across PCS-contracted medical interpreter vendors.

- Fall term is still in process, but as of October: 1 participant enrolled and passed summer training, 2 registered for fall in person training, and 18 registered for fall online training. To date, 8 of the PCS funded participants have been certified and appear on the registry. PCS has learned from the training vendor that there can be a wait of 11 months to have certified health care interpreters added to the registry, a reminder that OHA-level system level challenges remain.

- Financial Stability

- Objective: CCO ends the year with a positive financial position.
- Metric: Achieve positive net income.
 - The August financials report a year-to-date operating gain of \$27.4M, ahead of a budgeted gain of \$8.5M. The financials include \$12.1M of positive adjustments related to 2021. Through August 2022, the CCO has incurred approximately \$10.4M of COVID-19 related expenses for treatment and testing, of which \$5.6M is in hospital expense.
- Metric: Achieve at least a 100% Quality Pool payout (earned in 2022, paid in 2023).
 - Based on a YTD month evaluation, optimistic of year end performance.

- Operations

- Objective: CCO monitors and evaluates operations to ensure optimal performance.
- Metric: Closely monitor annual External Quality Review activities and address any Health Services Advisory Group/OHA inquiries according to compliance standards.
 - PCS has responded to any/all of Health Services Advisory Group's requests for additional information regarding this year's external audits. PCS is awaiting the draft report for the Compliance Monitoring Review, which will confirm whether the findings identified in 2021 can be considered closed and/or if there are new findings based on their 2022 review. PCS is also awaiting final reports and/or findings from any of the other audits performed. All audits are on track.
- Metric: Meet resolution time of 30 days or less for 100% of appeals and grievances received.
 - Data represents the Q2 2022 look back period. The data set for Q3 2022 is not yet available due to delegate submission deadlines occurring after this data request.
 - Appeals: 1.2% of appeals in Q2 2022 were responded to untimely.
 - Grievances: 1.0% of grievances in Q2 2022 were responded to untimely.
 - Overall: 97.8% of appeals and grievances were timely. Rebound expected with additional staff being hired.

Ms. Silverman-Méndez asked for a status update on the in-house health care interpreter training program.

- Ms. Fair Taylor noted that the program is being launched in December and could

	<p>provide more information to group if anyone was interested in participating.</p> <p>Dr. Helm informed the group of the upcoming change from OHA requiring providers to offer medical chaperones. He expressed concern regarding the additional cost that providers would have to take on due to the training and certification requirements for becoming a chaperone.</p> <ul style="list-style-type: none"> • Dr. Rajani mentioned there is a 2-hour virtual training that PacificSource could put on their online programming. • Mr. Hopkins noted that WHC could potentially help with training & certification costs. <p>Ms. Neugebauer let the group know that her team met to review the first draft of the 2023 performance metrics and hopes to be back in January to review them with the Board. She also mentioned that the position for the Marion-Polk CCO Director is being offered to an individual in the coming week and hopes that they will be able to join the next meeting.</p>
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Agenda Item	Discussion
<p>Willamette Workforce Partnership Presentation</p>	<p>Ms. Parker-Llerenas introduced herself to the group as the Executive Director of Willamette Workforce Partnership, as well as Ms. Stice who is their Health Care Sector Contractor.</p> <p>Ms. Parker-Llerenas presented a PowerPoint to the group, giving them an overview of Willamette Workforce Partnership (WWP).</p> <ul style="list-style-type: none"> • Overview of the Public Workforce System <ul style="list-style-type: none"> ➤ Workforce Innovation and Opportunity Act ➤ Workforce Development Board Composition ➤ Role of Local Elected Officials • WWP role: <ul style="list-style-type: none"> ➤ Convene ➤ Broker services ➤ Leverage local providers, stakeholders and resources ➤ Lead employer engagement to promote economy • Funding: <ul style="list-style-type: none"> ➤ Federal 'formula' and other grants ➤ State General Fund ➤ Grants/funding for specific activities ➤ Foundation grants <ul style="list-style-type: none"> ❖ What does the formula funding pay for? <ul style="list-style-type: none"> • Funding to provide job seeker training/services and support businesses with a focus on economic drivers of the local economy through the implementation of sector strategies. • Willamette Workforce Partnership Mission: <ul style="list-style-type: none"> ➤ Through collaboration, training and outreach, Willamette Workforce Partnership efficiently drives results that lead to a skilled workforce, successful employers, and thriving communities. • Willamette Workforce Partnership Vision: <ul style="list-style-type: none"> ➤ The Willamette Valley has a vibrant economy and prosperous communities through a dynamic, engaged, and innovative workforce. <ul style="list-style-type: none"> ○ How do we do we accomplish this mission and vision? <ul style="list-style-type: none"> ➤ Services to Business:

- Incumbent worker training grants
- Employee recruitment and training
- On the Job Training (OJT)
- Services to job seekers:
 - Job seeking support (resume writing, interviewing, etc.)
 - Scholarships, or Individual Training Accounts
 - On the Job Training (OJT) opportunities
 - Transitional Jobs
 - Supportive services
 - Youth services – out of school
- Health Oregon Workforce Training Opportunity (HOWTO Grant)
 - Goals:
 - The HOWTO Grant Program is intended to expand health professional training within the state to address current and future shortages in the health care workforce in rural and medically underserved areas of Oregon.
 - The program supports **innovative, transformative, community-based training initiatives** that will address identified local health care workforce shortages and expand the diversity of the health professional workforce.
- HOWTO and Willamette Workforce Partnership
 - WWP received a three-year grant in the amount of \$300,000 to address the behavioral health care workforce crisis.
 - The situation:
 - There has been a 10 – 30% workforce reduction. Filling those positions takes six months (OCBH 2021)
 - Positions with highest turnover include QMHA, QMHP, CADC, Peer Support Specialists
 - Lack of diversity in the workforce
 - 21% leaving the profession (OHA)
- What we're going to do to support behavioral health care employers:
 - Establish Mid-Valley Behavioral Health Consortium
 - Provide consortium members stipends to support their involvement.
 - Consortium objectives:
 - Expand business access to essential supports (ex. reimbursement for employee training)
 - Examine causes for poor compensation and employee burnout in order to enhance job quality
 - Increase training availability for the emerging workforce
 - Explore the possibility of investing WIOA funds to enhance access to existing and new training
 - Understand the systems that create a disadvantage for BIPOC communities to enter the workforce and adjust for more inclusivity
- November 2022 progress update
 - Health Care Sector Contractor hired (9/1/2022)
 - Conversations with 30 stakeholders (10/2022)
 - Health Care workforce survey (10/28 – 11/18)
 - Ms. Silverman-Méndez mentioned that she would circulate the survey after the meeting, and members should route it to their

	<p style="text-align: center;">organization’s HR department to complete.</p> <ul style="list-style-type: none"> ○ Update for stakeholders (11/30 via Zoom) <p>Ms. Parker-Llerenas concluded with a note that during the last legislative session, the legislature passed a \$200 million Future Ready Workforce package.</p> <ul style="list-style-type: none"> ● \$90 million will be contracted out through an RFP from the Higher Education Coordination Commission (HECC). \$9 million of which have been granted out already. ● The rest is Federal American Rescue Plan Act (ARPA) funds. ● The focus will be on serving barriered communities; women, POC, people living rural communities, people coming out of the criminal justice system, etc. in three different industries: <ul style="list-style-type: none"> ▪ Health care ▪ Manufacturing ▪ IT ● A subgroup has been meeting to discuss potentially applying for a grant to focus on serving BIPOC communities in the region. <p>The group expressed interest in having regular Willamette Workforce Partnership updates in future meetings.</p> <p>Kim L. - WHC board presentation Nov 2022</p>
2023 Board Officers	<p>Mr. Hopkins reminded the group that the WHC Bylaws indicate that officers should be elected annually and invited the group to discuss open elections if anyone was interested. The current officers agreed to stay in their positions for another year if the Board agrees to have them.</p> <p>MOTION: <i>Mr. Huff made a motion to keep the current Board officers for one more year; Mr. Logan seconded the motion. The motion passed unanimously.</i></p>
WHC Annual Meeting	<p>Mr. Hopkins mentioned it is in the WHC Bylaws as well as the CCO contract to have an annual meeting where the Community Advisory Council (CAC) meets with the Board.</p> <ul style="list-style-type: none"> ● The WHC staff propose to have a combined meeting in January where members of each committee would be invited to attend in person or via Zoom. This would include: <ul style="list-style-type: none"> ○ The Board ○ Finance Committee ○ Community Impact Committee (CIC) ○ Clinical Advisory Panel (CAP) ○ Community Advisory Council (CAC) ○ System of Care Executive Council ● The meeting would cover highlights of the WHC work accomplished in 2022 as well as share committee goals for 2023. ● This will also be a great opportunity for Board members to meet some of the dedicated committee members who help the WHC with our community facing work.

Mr. Zimmerman gave the group an update and provided some information on the Medicaid Waiver.

- Primary Waiver Focus: *Advance Health Equity*
 - The main goals:
 - Ensuring people can maintain their health coverage.
 - Improving health outcomes by addressing social needs that impact health.
 - Ensuring smart, flexible spending for health equity.
 - Creating a more equitable, culturally, and linguistically responsive health care system.
 - What's Changing – Enrollment
 - Kids stay enrolled until their 6th birthday.
 - People ages 6+ stay automatically enrolled for two years instead of one. *
 - *Continuous enrollment for Oregon Health Plan adults depends on required funding approval.
 - What this means for OHP members
 - Stay covered longer.
 - Re-enroll less often.
 - Less likely to lose coverage because of short-term changes in eligibility.
 - What's Changing – Social Needs
 - Oregon will provide benefits –like housing and nutrition services - to people who are going through transitions in their lives. This includes:
 - Youth with special health care needs ages 19 -26.
 - Youth who are child welfare involved, including leaving foster care at age 18.
 - People who are experiencing homelessness or at risk of homelessness.
 - Older adults who have both Medicaid and Medicare health insurance.
 - People being released from custody.
 - People at risk of extreme weather events due to climate change.
 - These benefits are called health-related social needs in the waiver. Benefits begin in 2024.
 - What this means for OHP members
 - Under the new waiver, OHP members will get increased care and social supports in more situations. Some of these situations include:
 - Leaving Oregon State Hospital, other psychiatric residential facilities, jails, juvenile corrections, or prison.
 - People who experience extreme weather events will have supports.
 - Youth in foster care or who are transitioning out of foster care.
 - Youth with Special Health Care Needs will get social supports as well as increased vision & dental services.
 - Housing supports for people experiencing homelessness.
 - Rental assistance or temporary housing for up to 6 months (such as rent payments and rent deposits).
 - Utility assistance for up to 6 months.
 - Home modifications (such as ramps or handrails).
 - Pre-tenancy and tenancy support services (such as support

	<p>with rental applications or moving).</p> <ul style="list-style-type: none"> • Housing-focused navigation and/or case manager. • Community-based food resources (such as application support for SNAP and WIC). • Nutrition and cooking education. • Fruit and vegetable prescriptions (such as VeggieRx) for up to 6 months, and healthy food boxes/meals. • Medically tailored meal delivery. • Payment for devices that maintain healthy temperatures and clean air, including air conditioners, heaters, air filters. • Generators to operate medical devices like ventilators when power outages happen. <ul style="list-style-type: none"> ▪ Right now, limited supports for housing, food and climate are provided by CCOs to their CCO members only through flexible services under a program called “health-related services.” ▪ Under the new waiver, these social supports will be a covered benefit in OHP. That means everyone who qualifies for that benefit is entitled to receive it. ▪ OHP members who are facing certain life challenges will have social supports available to them to stay healthy at times in their lives when they are experiencing a greater need. <ul style="list-style-type: none"> • Next Steps and Opportunities <ul style="list-style-type: none"> ○ Continued work with the Centers for Medicare & Medicaid Services (CMS). <ul style="list-style-type: none"> ▪ These were not approved in September, but we are still talking to Center for Medicare and Medicaid Services about these topics: <ul style="list-style-type: none"> • Community Investment Collaboratives to fund local health equity efforts. • Tribal related requests. • OHP coverage before people leave custody (such as the jail or state hospital). <p>Mr. Zimmerman encouraged members to reach out to him if they had any additional questions.</p>
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Agenda Item	Discussion
Next Meeting/Parking Lot	<ul style="list-style-type: none"> ➤ CBI Awards – Round 2 ➤ 2023 WHC Budget
Adjourned	Dr. Boles adjourned the meeting at 3:33 PM.

Minutes were prepared by Sarah Taylor and approved by the Willamette Health Council Board of Directors on December 7, 2022.