



Board of Directors Meeting

September 6, 2023

2:00 - 4:00 PM

Hybrid in person/Zoom

Minutes

Board Members					
Comm. Danielle Bethell*	Marion County Board of Commissioners	E	Justin Huff	Legacy Health	P
Dr. Matt Boles, Chair	Salem Health	P	Melissa Lindley	Willamette Vital Health, CAC Member	P
Dr. Noelle Carroll	Polk County Health Services	P	Paul Logan	Northwest Human Services	P
Peter Davidson	PacificSource	P	Linda Mann	Capitol Dental	P
Dr. Olivia Galvez	WFMC Health	P	Breanna (Bree) McLeod	Peer Advocate, CAC Member	P
Josh Graves	Catholic Community Services	P	Manny Rivera	WVP Health Authority	P
Dr. Mark Helm	Small Town Pediatrics	P	Beth Spinning	Kaiser Permanente	P
Maggie Hudson, Treasurer	Santiam Hospital	P	Dr. Robert (Nap) Steele	Community Member	P

PacificSource Staff			Guests		
Erin Fair Taylor	PacificSource	P	Alvin Klausen *Comm. Danielle Bethell Proxy	Marion County Board of Commissioners	P
Zaira Flores Marin	PacificSource	P	Dustin Zimmerman	Oregon Health Authority	P
Leslie Neugebauer	PacificSource	P			
Dr. Bhavesh Rajani	PacificSource	P			

P – present; A – absent; E – excused

Agenda Item	Discussion
Welcome/Introductions	<p>Dr. Boles, Board Chair, called the meeting to order at 2:01 pm. He welcomed everyone and expressed his gratitude for all present at today’s meeting.</p> <ul style="list-style-type: none"> Ms. Bennett conducted roll call for the Directors on the Board.
<p>*Consent Agenda:</p> <ul style="list-style-type: none"> Approval of July 26, 2023, Board mtg minutes PCS Financials WHC Financials WHC 990 & CT-12 CCO Director’s Report CCO QIM Performance HOP REALD Data CCO REALD Data <p>WHC Program Dashboards</p> <p><i>*All consent agenda items were sent in advance of this meeting</i></p>	<p>Dr. Boles asked if there was a motion to approve the consent agenda.</p> <p>MOTION: Ms. Breanna McLeod made a motion to approve the consent agenda items as presented.</p> <p>SECONDED: Mr. Josh Graves seconded the motion. Dr. Boles asked if there was any further discussion. No comments were made. Dr. Boles asked for all in favor to say, “Aye” or raise their hand. Dr. Boles asked if any were opposed. No one was opposed.</p> <p>MOTION APPROVED</p>

Agenda Item	Discussion
Public Comment	Dr. Boles allowed public comment.
WHC Committee Reports <ul style="list-style-type: none"> • WHC Program Dashboards • WHC Partners Update 	WHC Program Presentations: <ul style="list-style-type: none"> • Community Health Assessment (CHA)/Community Health Improvement Plan (CHIP)-Presented by Ms. Trisha Kumar • System of Care (SOC)- Presented by Ms. Heather Pascoe • Community Advisory Council (CAC)-Presented by Ms. Melissa Lindley & Ms. Sarah Smith. • Clinical Advisory Panel (CAP) – Presented by Ms. Lisa Parks • Finance Committee – Presented by Mr. Justin Hopkins • Community Impact Committee – Presented by Ms. Josie Silverman-Méndez
Quality Pool Update	Presented by Mr. Justin Hopkins The Finance Committee is working on fund distribution. <ul style="list-style-type: none"> • The distribution plan will be presented to the Board in October for approval for how the funds will be dispersed in October. • 2022 Framework Overview on how Quality Pool revenue was divided. • Office Hours Sessions were held to discuss QIMs. A similar framework and distribution for 2023 is anticipated. • The Finance Committee has discussed the Bonus Pool for primary care and potential changes related to value-based payments for the next year.
Shared Savings Update	Presented by Mr. Justin Hopkins Background <ul style="list-style-type: none"> • PacificSource's Shared Savings funding source contributes to the Health Council's community reinvestment. <ul style="list-style-type: none"> ○ Any profits exceeding a 2% margin annually are earmarked for this purpose, as outlined in the Joint Management Agreement/contract. ○ There is a projected \$14 million return to the Health Council as of June. Medical Loss Ratio (MLR) <ul style="list-style-type: none"> • PacificSource conducted an audit in collaboration with OHA and CMS, leading to a reevaluation of their medical loss ratio (MLR) requirements. <ul style="list-style-type: none"> ○ They proposed that the Health Councils adopt a policy mandating 75% of Shared Savings to be reinvested into the community without adversely affecting the MLR. ○ Health Councils sought additional guidance on what investments could impact the MLR and received some clarity, but more questions will be asked. ○ Additionally, 25% of Shared Savings can be invested in the community with greater flexibility. Next Steps <ul style="list-style-type: none"> • August-October: Each committee to formulate funding recommendations for the WHC Board. • September-October: WHC Office Hours with Board and all committees to discuss specific project ideas. • November 1: Presentation of committee funding recommendations to the WHC Board (presented by co-chairs).

Agenda Item	Discussion
<p>Current Grant Update</p> <ul style="list-style-type: none"> • Summary of Community Impact Grants-LOI • WHC Community Impact Donations through July 2023 	<p>Presented by Ms. Josie Silverman-Méndez</p> <p>Grant Update:</p> <ul style="list-style-type: none"> • We received many more requests for funding than we had budgeted dollars. • A detailed list of the 50 LOI's that were received are listed in the handout. <ul style="list-style-type: none"> ○ 36 qualified for the Community Impact Fund ○ 8 qualified for CBI (those applicants will present to CAC) ○ 6 were a good fit for Shared Initiative investments. <p>WHC Community Impact Donations</p> <ul style="list-style-type: none"> • A list detailing the donations distributed through July 2023 is available in the handouts.
<p>Funding Request (from WHC & PCS)</p>	<p>Presented by Mr. Justin Hopkins</p> <p>Background on Bridgeway Recovery Center</p> <ul style="list-style-type: none"> • Is one of two providers in the region providing substance abuse treatment. • Bridgeway offers residential services, outpatient substance use treatment services, outpatient mental health services as well as primary care services. <p>Situation:</p> <ul style="list-style-type: none"> • Since Crossing Bridges closed their doors 18 months ago, there had not been a dedicated behavioral health program in the canyon. <ul style="list-style-type: none"> ○ They had provided behavioral health services to 350 PacificSource members, and it is likely that those members are not receiving services now. • There hasn't been a dedicated substance use provider in the canyon. • Bridgeway is interested in pursuing the property used by Crossing Bridges, to open up a clinic in the canyon. <p>Request:</p> <ul style="list-style-type: none"> • Bridgeway has requested startup funds to cover the first three months' operating expenses, totaling \$180,000. • PacificSource reached out to WHC to request splitting the cost of the startup; 90k per organization. <p>Discussion</p> <ul style="list-style-type: none"> • Ms. Maggie Hudson stated appreciation for the recognition that the canyon is lacking these services. • Ms. Noelle Carrol asked if it was known what service level Bridgeway proposed to bring to the canyon, beyond the known 350 members who were potentially lacking services. <ul style="list-style-type: none"> ○ Mr. Hopkins confirmed that in addition to SUD services, Bridgeway would also offer outpatient services, growing the program as the needs are demonstrated. <p>MOTION: Mr. Josh Graves made the motion to allocate \$90,000 from the Health Council funds to assist in providing start-up costs to Bridgeway</p> <p>SECONDED: Mr. Justin Huff seconded the motion. Dr. Boles asked if there was any further discussion. No comments were made. Dr. Boles asked for all in favor to say, "Aye" or raise their hand. Dr. Boles asked if any were opposed. No one was opposed.</p> <p>MOTION PASSED</p>

Agenda Item	Discussion
<p>Governor’s Directive for BH Funding</p>	<p>Presented by Ms. Erin Fair Taylor and Mr. Justin Hopkins</p> <p>Funding Directive from Governor Kotek:</p> <ul style="list-style-type: none"> • Governor Kotek directed all 16 CCO contractors to join together to make a 25-million-dollar investment in creating statewide behavioral health access to services. • The 16 CCOs had to collectively pool 25-million-dollars and then choose where to invest those dollars. • The governor gave the CCO’s until the end of August (three weeks) to make the commitment for the funding and the investment recommendations. • Governor Kotek identified her priorities as: <ul style="list-style-type: none"> ○ Expanding access to youth behavioral health services ○ Expanding access to SUD services • The CCOs determined that each CCO’s requisite share of the 25 million would be determined by dividing the CCO enrollment by CCO region and then dividing up to 25 million on a kind of pro rata share. • Looking at the pro rata share based on membership of this region that's 2.8 million across all of the regions where Pacific source operates, coming to a little over 6 million. • Given the focus on youth, behavioral health, and SUD, the CCOs chose to expand the capacity of the youth residential behavioral health system. <ul style="list-style-type: none"> ○ Over the course of the pandemic, there was a net loss in beds available for youth because we have had a net loss in beds available for youth on behavioral health over the course of the pandemic. • Plan to increase beds for the residential services and expand the geographic distribution. There will be an increase in the Portland Metro area, but also <ul style="list-style-type: none"> ○ to expand use of PRTS (psychiatric residential treatment services in the Portland Metro, Eastern Oregon, with Looking Glass in the Valley and a Southern Oregon SUD <p>Discussion:</p> <ul style="list-style-type: none"> • Mr. Josh Graves raised concerns about the lack of PRTS services in our counties, potentially forcing children to seek services outside the region despite our substantial funding. He inquired about the possibility of developing such services locally. Dr. Davidson responded that the governor didn't grant the authority to allocate funds to the community. • Mr. Peter Davidson acknowledged our unique profit reinvestment model, emphasizing its efficiency and sustainable impact. He expressed concerns about the governor's approach, which he felt didn't adequately consider the distinctiveness of each of the 16 Coordinated Care Organizations (CCOs). He strongly supported the need for residential behavioral health services and underscored the importance of addressing substance use disorder as well. • Dr. Mark Helm expresses strong dissatisfaction with resource allocation decisions. He questions the choice to invest heavily in a resource-intensive area for a narrow population, deeming it counterproductive. He advocates for a shift towards upstream early interventions, opposes the current approach, and suggests reallocating \$2.8 million to address the shortage of child therapists locally. His core concern is redirecting resources towards community-based preventive solutions for substance use disorders.

Agenda Item	Discussion
	<ul style="list-style-type: none"> • Ms. Breanna McLeod, a former Yamhill County resident with Cerebral Palsy, highlighted the challenges of accessing services outside her county. She expressed concern about the allocation of funding and requested a board member to communicate with the governor. Her requests include prioritizing local services, improving accessibility, leveraging technology, proactive planning, and showcasing the Health Council model's community-driven approach. <ul style="list-style-type: none"> ○ Mr. Hopkins mentioned discussions about setting up a meeting with the governor's office to emphasize the local impact of investment decisions and the effectiveness of the Health Council model. • Erin Fair Taylor noted that CCOs are reluctant to fund services outside their communities, which is expected in most regions. Youth residential service capacity has declined over the years, causing children to stay in emergency departments for extended periods, inappropriate hotel accommodations, and the need to seek resources outside Oregon, including Utah, California, and Washington, creating a heavier burden. • Dr. Helm acknowledged a history of patient needs for essential resources that were often unavailable. He questioned the wisdom of allocating all funds to the most expensive services and suggested a better plan would be to use half of the collected money for initiatives like video-linked crisis counseling, online counseling, and school-based mental health services. He emphasized the potential for community projects with these funds, expressing doubts that \$2.8 million could instantly expand psychiatric residential treatment capacity. Mr. Helm concluded that diverting \$3 million from community initiatives will harm the region. <p>Plan:</p> <ul style="list-style-type: none"> • The 2.8 million dollars will be taken out of the PacificSource budget prior to the Shared Savings distribution in 2024.
OHA Updates	<p>Presented by Mr. Dustin Zimmerman</p> <p>1115 Waiver Update:</p> <ul style="list-style-type: none"> • A potential shift in the launch and eligibility for health-related social needs and housing benefits, affecting around 125,000 OHP members. • Postponement of the housing benefit launch to no earlier than November 1, 2024. • Implementation dates for services in 2024, including climate change services on January 1, housing benefits on November 1, and nutrition benefits on January 1. • Ongoing redeterminations to address incorrect notifications for around 19,000 people. • Upcoming initiatives, such as value-based payments for Oregon providers and payors starting on September 25th, and technical assistance for social need screening referral metrics in September. • HITOC's strategic plan for 2024-2028 and its interest in stakeholder input.
Adjourned	Mr. Hopkins adjourned the meeting at 4:05 PM.

Minutes were prepared by Julie Bennett and approved by the Willamette Health Council Board of Directors on October 4, 2023.