



## **Board Application Approval**

The Board application for Ms. Kelli McKnight was presented for approval.

- The Board's previous Behavioral Health representative, Laura Barnes, vacated the position and per statute and OHA contract, the position must be filled.
- Ms. McKnight is the CEO at Options Counseling.
- Ms. McKnight currently serves on WHC's Financial Committee and is very familiar with the Health Council's operations, finances, and oversight role.

**Motion:** Mr. Logan moved to place Ms. McKnight on the Board.

**Seconded:** Ms. McLeod seconded the motion.

- Dr. Boles asked if there was any further discussion. No comments were made. Dr. Boles asked all in favor to say, "Aye" or raise their hand. Dr. Boles asked if any were opposed. No one was opposed.

**Motion approved.**

## **Shared Saving Recommended Investment Strategy**

Presented by Justin Hopkins

### **Background**

- The Joint Management Agreement between the Willamette Health Council (WHC) and PacificSource Community Solutions (PCS) dictates that any profit earned by PacificSource in a given contract year, exceeding a 2% margin, will be passed to the WHC Shared Savings.
- The WHC is responsible for identifying meaningful opportunities to reinvest Shared Savings back into the Marion-Polk community to improve our health and social care systems.
- This is PCS's first time exceeding the 2% profit margin, therefore providing the Health Council the opportunity to reinvest into the community.
- WHC will receive 12.7 million to reinvest into Marion-Polk communities.

### **Process**

- At the direction of the WHC board of directors the WHC admin team worked with the following committees to develop the recommended Shared Savings investment strategy:
  - Community Advisory Council
  - Clinical Advisory Panel
  - Community Impact Committee
  - System of Care
  - Finance Committee
- The WHC admin team also hosted four office-hour sessions to gain additional community input.

### **Overview**

The recommended Shared Savings Investments:

- Fall into three categories:
  1. WHC Investments
  2. Activities That Improve Health Care Quality
  3. Other
- Include a mix of identified projects as well as "set aside" funding for projects yet to be identified.
- Include a mix of proposed competitive grant opportunities and directed payments.

## 1. **WHC Investments (\$3,950,000)**

- Monthly Donations Program (2023-2024) - \$350,000
  - Formerly known as our “Mini-Grant Program”
  - This program was created in 2022 for WHC to spend down excess Admin dollars (saved up during the pandemic).
  - In 2023, we moved this to a monthly donation program, averaging \$30,000/month in donations.
  - Recommendation: Set aside Shared Savings funds to continue to support the community with these smaller monthly donations.

### Discussion:

- Mr. Josh Graves voiced concern, stating competitive funding versus directed funding is a bit of a slippery slope. It begs the question, “If we’re just receiving a list of directed funding, who is it being directed by and who is approving that direction?” Mr. Graves continued on to say that he believed there was value in specific committees having listening sessions to hear from constituents, partners, and people in our community about where funds could be directed, but at the same time, he felt it could still be a slippery slope. “Competitive funding feels as if it puts everyone on a level playing field.” Though Mr. Graves was in favor of moving forward with the Shared Savings funds recommendation, he proposed “being more mindful in future years about what is considered competitive, what is considered directed, and if it is directed, directed by whom and under what strategic initiative?”
  - Ms. Breanna McLeod stated that since 2020 she has been involved as a member of the community and has seen the same people applying for the grants. She would like to see other people, maybe smaller organizations, have the opportunity to apply. She believes they often don’t have the infrastructure available to do so.
- Community Event Sponsorships (2024) - \$100,000
  - Community Impact Grants (2023 & 2024) - \$3,000,000
  - Strategic Initiatives & Emerging Community Needs (2024) \$500,000

## 2. **Activities that Improve Healthcare Quality (\$5,900,000)**

### *Community Resources (Services & Coordination of Care)*

- Planning Grant – Community Resource Center (Salem Health) \$100,000
  - Consultation, planning the feasibility, program design, etc.
- Falls City Community Resource Center (Start-up & Staffing) \$700,000
  - Goal to establish a community resource center where health care is provided.
  - Ms. Amy Houghtaling, City Council Member, School District employee, and community health committee member shared the barriers the community has had over the years and expressed gratefulness for the time and effort the Health Council has put in for their community.
- Crisis & Information Hotline (Northwest Human Services) \$200,000
  - Intense spike in crisis-hotline calls, totaling over 30,000 calls/year. The crisis intervention hotline services are non-billable.
  - NWHS lost a 30-year financial partnership they had with Marion County.
  - With the increase in calls, NWHS have had to double their staff to handle the influx of requests for emergency financial assistance for housing and/or food boxes.
- Santiam Canyon Community Health Initiative (TBD) \$500,000
  - Funds will be held until the project is identified.
  - The plan will be presented to the Board for review and approval.

### *Health and Wellness (Health-Related Social Needs)*

- Health & Housing Initiatives (Mid-Willamette Valley Homeless Alliance) \$1,000,000
  - Bridging the gap between the Health Care and Housing sectors
  - Discussion on putting together a small group to discuss the parameters to tie to the funds that will go downstream to community partners for accountability and intentionality.
- Health-Related Social Needs Flexible Vouchers/Funding \$1,000,000
  - This will not be a replacement for the health-related flex funds that PacificSource administers.
  - These funds will have more flexibility and won't necessarily be tied to a medical condition.
  - Three to five organization service integration teams will be identified to issue the funds.
  - A flow chart would be made available.
  - Mr. Justin Huff questioned the use of Service Integration Teams (SITs) to distribute the funds, as some communities had "SITs" that didn't operate under the SIT rules and were no longer considered a SIT (e.g., Woodburn). Mr. Huff was concerned that some communities would be unable to access the funds.
  - Mr. Hopkins assured the Health Council would work to get the funds to the right players at each community level.
- Culturally Specific Food Assistance Pilot \$200,000
  - COFA (Compacts of Free Association) citizens (citizens of the Marshall Islands, Micronesia, and Palau) do not have access to affordable, culturally specific foods.
- Sexual Health Education Pilot (Willamette Education Service District) \$150,000
  - Across Marion/Polk (and Yamhill) Counties, a study from Atlanta University revealed that area teachers did not feel adequately prepared to teach sexual health to their students.
  - WESD will provide staff and infrastructure to work alongside educators and principals, as well as engage the community to help teach curriculum that's either developed by their home district or by the Oregon Department of Education.
- Regional Fentanyl Prevention Campaign \$50,000

### **3. Other-Additional Investments**

- **CAP Directed Investments for Activities that Improve Healthcare Quality (\$2,000,000)**

While keeping the Medical Loss Ratio (MLR) requirements in mind, The Clinical Advisory Panel has been working to identify initiatives in the area of:

  - Clinical services and access
  - Healthcare
  - Workforce development
  - Prevention, Education & Outreach
    - Safe Sleep (Sudden infant death syndrome)
    - Mental health awareness month-Gervais School District
    - Hepatitis C Screening
    - Nutrition
    - Obesity awareness
    - Wellness campaigns
  - Childcare/Childhood healthcare access

Health Information Technology is an allowable expense with some parameters under the MLR Guidelines

- **Community Health Assessment Support (2024) (\$400,000)**

Current expectation is for health care leaders and CCOs to engage with communities in a more meaningful way through:

- Surveys
- Assessments
- Community Events

These funds would be used to incentivize:

- Participation in Surveys
- Conduct Listening Sessions.
- Conduct Community Engagement
- Event

- **Investment with Tribal Nations (\$1,500,000)**

Develop meaningful partnerships with the tribal nations that are in the CCO.

- Confederated Tribes of the Warm Springs
- Confederated Tribes of Grand Ronde

Work with PacificSource and the tribal liaison to:

- Identify outreach and engagement activities that will improve healthcare within the tribes' regions.

- **Behavioral Health Crisis System (\$250,000)**

Funds set aside to help support project(s) in the community that improve the behavioral health crisis system.

- The WHC is hosting a Sequential Intercept Mapping Process to identify gaps and opportunities that exist at the intersection between law enforcement and behavioral health crisis services.
- The funds will help address identified gaps.

- **Support for Primary Care Workforce (\$250,000)**

Funds would be distributed to small and mid-sized primary care settings to help stabilize their workforce.

- Funding would specifically target hiring/retention bonuses for office and paraprofessional staff.
- It was noted that much more funding was needed for workforce stabilization, but any amount of assistance was helpful.
- Dr. Rajani noted the primary clinics had difficulty retaining staff once staff had been trained in their clinics and were then offered a slightly higher wage from specialty care.

- **Psychiatric Day Treatment Services-Program Expansion (\$275,000)**

The Marion-Polk community does not have a Psychiatric Day Treatment Services Program

- Youth are bussed to Portland and/or Corvallis for this service.

Salem-Keizer is partnering with Trillium Family Services to open a program in the Brooks/Gervais area in early 2025.

- Most of the funds have been raised for this program through private donations.
- The WHC funds would allow the program to open additional classrooms to expand access to more youth.

- **Regional Fentanyl Prevention Campaign (\$50,000)**

These funds will support the development and deployment of a series of videos to raise awareness about the increasing dangers of Fentanyl across the community.

## Summary

- Total Available Shared Savings \$12,741,511.15
- Total Recommended Investments \$12,525,000.00
- Remaining Fund Balance \$ 216,511.15

\*Based on feedback gleaned from the office hours, it is noted that a specific project involving oral health was not identified.

- WHC could work with the DCO's to identify a specific oral health initiative with the remaining fund balance.
- WHC would ensure that a potential DCO investment would count positively toward the CCO's MLR.

## Shared Saving Recommended Investment Strategy Approval

Dr. Boles proposed that a motion be made to move forward with the Shared Saving Recommended Investment Strategy with the following caveats:

- Canyon project plans will be presented to the Board for review and approval before the funds are released.
- There will be transparency and more detail regarding the flexible voucher funding.
- Some more details & clarification regarding how the funds will flow through the Mid-Willamette Valley Homeless Alliance lines.

**Motion:** Mr. Peter Davidson moved to adopt the motion and support the summary as detailed.

**Seconded:** Ms. Beth Spinning seconded the motion.

- Dr. Boles asked if there was any further discussion.
  - Mr. Paul Logan asked if he should declare a conflict of interest (NWHS) and questioned if he should vote.
  - Dr. Boles agreed that there were many potential conflicts of interest for those at the table (including himself-Salem Health)
  - Dr. Boles stated that each voting member could state their potential conflict-of-interest, and still vote. All agreed to move forward.
- Dr. Boles asked if there was any other discussion, no further comments were made. Dr. Boles asked all in favor to say, "Aye" or raise their hand. Dr. Boles asked if any were opposed. No one was opposed.

**Motion approved.**

## Community Benefit Initiative Funding Recommendation

Presented by Breanna McLeod

The Community Advisory Council (CAC) voted to fund 6 (out of 8) projects.

- The project had to receive a score of 75% or higher using the CAC's review process.
- The CAC proposes to fund the projects with:
  - The budgeted \$525,000 in CBI dollars
  - \$25,000 from Shared Savings
- Recipients:

○ C-Suite Consulting Services	\$ 72,000
○ Flux Consulting, LLC	\$ 98,000
○ WiseMind Educational Services	\$100,000
○ Family YMCA of Marion & Polk Counties	\$100,000
○ Polk County Family & Community Outreach	\$100,000
○ <u>AC Portland</u>	<u>\$ 80,000</u>
Total	\$550,000

### **CBI Funding Recommendation Approval**

Mr. Hopkins proposed that a motion be made to move forward with the Community Benefit Initiative funding recommendation.

**Motion:** Ms. Melissa Lindley made a motion to approve the CBI funding recommendation as presented.

**Seconded:** Mr. Paul Logan seconded the motion.

- Mr. Hopkins asked if there was any further discussion. Mr. Hopkins asked all in favor to say, "Aye" or raise their hand. He asked if any were opposed. No one was opposed. He asked if there were any abstentions. There were no abstentions.

**Motion approved.**

### **Adjournment**

Mr. Hopkins adjourned the meeting at 4:16 pm.

*Minutes were prepared by Julie Bennett and approved by the Willamette Health Council Board of Directors on December 6, 2023*