Board of Directors Meeting Minutes

Date: September 2, 2026 **Time:** 2:00PM – 4:00PM

Board of Directors		
Justin Huff, Chair	Legacy Health	E
Kim Leathley, Vice Chair	Northwest Human Services	P
Josh Graves, Treasurer	Catholic Community Services	P
Dr. Olivia Galvez	WFMC Health	P
Dr. Mark Helm	Small Town Pediatrics	A
Dr. Matt Boles	Salem Health Hospitals & Clinics	P
Jessy Powell	CAC Co-Chair	P
Anne Giffin	CAC Co-Chair	P
Maggie Hudson	Santiam Hospital & Clinics	P
Linda Mann	Capitol Dental Care	E
Krista Lovaas	WVP Health Authority	P
Troy Gregg	Marion County	P
Jeremey Gordon	Polk County	A
Brian Fellner	PacificSource	P

P – Present; E – Excused; Absence – A

Agenda Item	Summary
Welcome and Roll Call	Kim Leathley called the meeting to order at 2:01 pm. A quorum was present.
Land Acknowledgement Statement	Josh Graves read the WHC Land Acknowledgement Statement.
WHC Mission, Vision, Values	Krista Lovaas read the WHC Mission, Vision, Values.
Consent Agenda	The consent agenda was presented by Kim Leathley. It included the following documents:

Consent Agenda, continued	• August 2026 Meeting Minutes • WHC Financials (May & June) • CCO Finance Report (April, May & June) • WHC Directors Report • CCO Directors Report • QIM Performance Report • CCO REALD Membership Dashboard Josh Graves made a motion to approve the consent agenda as presented. Dr. Olivia Galvez seconded the motion. Motion passed unanimously.
Conflict of Interest Refresher	Josie Silverman-Méndez reviewed the following with the Board: Conflict of Interest Policy: Josie shared that the policy has been distributed to all Board and committee members as part of the annual compliance process, and that annual assurance forms have been received from all but one Board member. Follow-up is underway to obtain the outstanding attestation. Josie reviewed the purpose of the policy, which is to protect the interests of the Health Council when considering transactions or arrangements that may benefit the private interests of a Board or committee member or result in a potential excess benefit transaction. The policy applies to all Board and committee members and supplements applicable state and federal laws governing conflicts of interest in nonprofit organizations. The Board was reminded that actual or potential conflicts of interest may arise when a member's personal interests, or those of an immediate family member, conflict with or appear to conflict with the interests of the Health Council. Members are required to disclose any actual or potential conflicts of interest, particularly in matters involving community investments, quality pool distributions, or other decisions in which a financial interest may exist. Josie reviewed the procedures for addressing conflicts of interest, noting that any member with an actual conflict must recuse themselves from discussion, deliberation, and voting on the matter giving rise to the conflict. The Board was further advised that if a member is believed to have failed to disclose an actual or potential conflict, the member will be given an opportunity to respond, and corrective or disciplinary action may be taken if warranted. Josie also reminded members that disclosed conflicts of interest, and any related recusals must be documented in the official meeting minutes. Board members were encouraged to review meeting minutes carefully to ensure such disclosures are accurately recorded. Josie

Conflict of Interest Refresher, continued	noted that questions regarding the policy may be directed to Health Council leadership and that additional conflict-of-interest training can be arranged as needed.
Public Comment	There was no public comment
CAC Corner	Anne Giffin, CAC Co-Chair, Jessy Powell, CAC Co-Chair, and Lisa Parks, CAC Manager shared the following: Grievances and Appeals: Jessy provided an update on the Grievance and Appeal Workgroup and its efforts to advance a Community Health Improvement Plan (CHIP) objective focused on launching a member education campaign regarding grievance rights and processes. Jessy reported that the workgroup's August meeting featured a presentation on grievance patterns and demographic data. The workgroup reviewed trends and demographic information to help identify potential gaps in member education and outreach. Jessy noted that the presentation generated substantial member engagement and robust discussion. Jessy further reported that the September CAC meeting will include a Regional Grievance Training presentation from the Oregon Health Authority. The training is intended to provide members with additional education regarding grievance rights, processes, and available resources. CHIP Workgroup Update April – August: Anne provided an update on CHIP Workgroup activities conducted between April and August. During this period, the workgroup supported culturally and linguistically responsive services initiatives, including funding for the **S**alem for Refugees Home Visiting Program. The workgroup also reviewed a funding request for OYEN to support a culturally specific Behavioral Health Supervision Program, with consideration given to how the program would address community-identified needs and reduce barriers to services. Anne further reported that, between April and August, certified Oregon Health Plan (OHP) assister organizations were selected to receive Community Benefit Initiative (CBI) funding to support OHP members in navigating OHP eligibility changes and related system updates. Organizations receiving support include Interface Network, Mano a Mano, Northwest Human Services, and the Micronesian Islander Community, among others. The workgroup's efforts focused on improving access to services and providing culturally responsive support to community members. Lisa provided additional context regarding the updates shared by Anne and Jessy, emphasizing that the initiatives underway are aligned

CAC Corner, continued	with efforts to improve access to culturally and linguistically responsive services through the CAC's partnership with PacificSource. Lisa acknowledged the presentations referenced by Jessy and recognized the ongoing contributions of staff supporting community members. She noted that the upcoming Oregon Health Authority training on grievances reflects the CAC's continued focus on strengthening grievance and appeals processes in Marion and Polk counties. Lisa further highlighted the connection between these efforts and the CHIP's community-driven strategies, including support for organizations such as Salem for Refugees and other community-based partners. She reported that ten organizations have been selected to support community members in navigating OHP eligibility-related changes and emphasized that the CAC has worked diligently with community partners and PacificSource to advance these initiatives and improve access to services across the region.
Finance Update/Monitoring	Josh Graves reported that the Finance Committee met on August 6 with PacificSource's Finance and Actuarial Team for its second financial strategy work session. Josh described the meeting as productive and provided updates on several previously identified action items. Completed items included reporting CCO claims expenses by service type and providing CCO risk corridor information, both of which will now be incorporated into PacificSource's monthly financial reports to the Finance Committee. Progress was also reported on revisiting rolling 12-month and CCO membership mix reports. Additional ongoing efforts include tracking prior-year and current-year material adjustments, reviewing year-end CCO financial results, and reviewing the CCO Exhibit L report. Josh noted that PacificSource has agreed to review underlying assumptions for the 2027 CCO budget development process with the Finance Committee and collaborate on monitoring membership projections as part of budget planning. Josh expressed the Finance Committee's appreciation for Brian Fellner and the PacificSource team, noting that their participation has improved the committee's understanding of the CCO's financial position, strategic priorities, and partnership opportunities. Josh also provided an update on the recently completed federal Program Audit related to the WHC's Future Ready Oregon grant that funded the THW Alliance over the past three years. He reported that the audit identified three procedural and process-related deficiencies requiring corrective action but noted that the findings were relatively minor and did not involve fraud, misuse of funds, or unallowable expenditures. The audit, in addition to a corrective action plan for each

Finance Update/Monitoring, continued	finding, must be submitted to federal authorities by September 30. Because of the compressed timeline for submission, Josh requested Board authorization for the Finance Committee to review and approve submission of the audit and corrective action plans on the Board's behalf rather than convening a special Board meeting. Josie Silverman-Mendez noted that the Health Council's CPA firm is scheduled to present the audit findings at the September Finance Committee meeting and again at the October Board meeting, ensuring Board members will have an opportunity to review the audit and ask questions. Board members discussed the request and the urgency of meeting federal submission requirements. Kim Leathley presented the motion to delegate authority to the Finance Committee to review and approve submission of the audit and corrective action plans prior to the federal deadline. Troy Gregg moved to approve the motion. Krista Lovaas seconded the motion. Motion passed unanimously.
PCS Business	The Board heard updates from PacificSource on the following: Brian Fellner thanked the Board for its ongoing partnership, engagement, and welcoming approach, noting his appreciation for the opportunity to learn more about community needs and local service delivery. He emphasized PacificSource's commitment to collaboration and shared responsibility in supporting community health outcomes. Becky Alvarado provided an overview of the 2027 CCO budget development process and affirmed PacificSource's commitment to a collaborative approach with the Health Council. She reviewed the budget timeline, noting that actuarial forecasting and budget development efforts are underway, with a draft budget anticipated in November and Board review expected in December. Becky highlighted several key assumptions and areas of focus for budget planning, including enrollment projections, the impacts of OHP eligibility policy changes, rate adequacy, Joint Management Agreement (JMA) planning, and quality incentive opportunities. She reported that current projections assume approximately a 10% enrollment decline in 2027, with additional impacts anticipated in 2028, and invited members to share local insights regarding potential community impacts. Becky also reviewed the recently released CCO rate information, including a 6% year-over-year rate increase for the Marion-Polk region. She noted that a portion of the increase is tied to acuity assumptions that may be subject to future adjustment by the Oregon Health Authority. Additionally, she identified opportunities to improve

PCS Business, continued	quality incentive revenue through enhanced performance on quality measures and expressed PacificSource's interest in collaborating on JMA discussions and population health initiatives. The Board discussed the potential impacts of enrollment declines on safety-net providers, particularly organizations that will continue serving community members who may lose Oregon Health Plan coverage. PacificSource representatives acknowledged these concerns and emphasized their ongoing advocacy efforts and commitment to monitoring policy developments and supporting members through anticipated changes. The Board also discussed opportunities to improve quality performance, strengthen population health outcomes, enhance data sharing among partners, and identify efficiencies that could maximize available resources. PacificSource confirmed its intention to continue working closely with the Health Council, provider partners, and community stakeholders throughout the budget development process. During the discussion, PacificSource confirmed that its Board had approved continuation of all three Oregon CCO contracts. The presentation concluded with mutual acknowledgment of the value of continued collaboration, information sharing, and strategic planning to support the long-term health and sustainability of the region's healthcare system.

WHC Business	Josie Silverman-Méndez reviewed the following with the Board:
	
	2025 Quality Pool Funds – Dental Care Organization Distribution Issue Brief: The Board previously approved the 2025 Quality Pool distribution methodology for 2026 payments, with the exception of distributions to Dental Care Organizations (DCOs). This followed public comment from Dr. Manu Chaudhry (Capitol Dental Care), who raised concerns about the proposed DCO allocation methodology and its impact on funding for Capitol Dental Care's school-based oral health program.
	
	Summary of Background & Considerations:
	
	• Through public comment, Capitol Dental Care requested:
	  ○ Reallocation of funds from the Oral Evaluation for Adults with Diabetes measure to the Preventive Dental measure.
	  ○ Allocation of 65% of Preventive Dental measure funds to Capitol Dental Care.
	• DCO quality pool funding has historically been distributed among three DCOs based on CCO membership share, a practice in place since 2021.
	• Total available quality pool funds declined significantly due to:
	  ○ OHA reducing the quality pool from 4.25% to 3% of CCO capitation.

WHC Business, continued	○ Regional performance decreasing from a 90% to 70% payout rate. • Total regional quality pool funds decreased from approximately $35 million to $21 million, with DCO funding declining by more than 60%. **Additional Context:** • Capitol Dental Care is the sole provider of school-based preventive oral health services across Marion and Polk counties, serving members from all three DCOs. • Capitol Dental Care has historically used Health Council quality pool funds to subsidize its school-based program, which serves approximately 220 schools. • Other DCOs contract with Capitol for school-based services but have recently reduced reimbursement rates, including one reported reduction of 67%. • Capitol estimates a 2025 funding shortfall of approximately $671,000 for its school-based program. • PacificSource has expressed willingness to provide one-time financial support in partnership with the Health Council. • The Health Council also has approximately $2 million in reserved quality pool funds from 2024 that could potentially be used to address the shortfall. **Options Presented to the Board:** 1. **Approve Capitol Dental Care's Requested Changes** ○ Reallocate Adult Diabetes Oral Evaluation funds to the Preventive Dental measure. ○ Allocate 65% of Preventive Dental funds to Capitol. ○ Estimated increase to Capitol: approximately $550,000. ○ Estimated remaining funding gap: approximately $121,000. ○ Concerns include lack of provider-level performance data, no consultation with other DCOs, and inconsistency with community and Finance Committee feedback. 2. **Maintain Current Calculator and Provide One-Time Financial Support** ○ Leave the distribution methodology unchanged. ○ Use PacificSource contributions and/or WHC reserved quality pool funds to partially or fully address Capitol's shortfall. ○ Supports the school-based program but may be perceived as inequitable and is not sustainable long term. 3. **Distribute the Reserved $2 Million Through the Existing Calculator** ○ Allocate remaining WHC 2024 reserved quality pool funds through the established community-driven methodology.

WHC Business, continued	○ Estimated increase to Capitol: approximately $150,000. ○ Estimated remaining funding gap: approximately $521,000. ○ Benefits all participating providers but may not adequately address Capitol's funding concerns. 4. **No Changes** ○ Maintain current methodology and reserve funds. ○ Preserves established distribution principles and equity among DCOs. ○ Leaves Capitol's estimated $671,000 funding gap unaddressed and may jeopardize continuation of the school-based oral health program. Josie reviewed the background, funding impacts, and four potential options for addressing Capitol Dental Care's funding concerns while balancing the Health Council's guiding principles for equitable, community-driven quality pool distributions. Board members discussed both the immediate funding concerns facing Capitol Dental Care's school-based oral health program and broader considerations regarding fairness, sustainability, and process. Krista Lovaas questioned why Capitol Dental Care could not offset some of its funding shortfall by billing commercial insurers for services provided to commercially insured children in schools. Staff indicated their understanding was that commercial insurers do not reimburse for these services in the school setting, though Ms. Lovaas noted that the services themselves are covered benefits under her commercial plan and expressed interest in learning more about the reimbursement barriers. Dr. Olivia Galvez voiced concern about moving forward with Option 1, or any change that would redistribute funds among DCOs, without consulting the other two DCO partners (Advantage Dental and ODS). She questioned whether doing so could lead to future concerns or public comment from partners who felt excluded from the decision-making process. Staff acknowledged the concern and explained that both PacificSource and the Health Council have historically attempted to engage the other DCOs, but participation from those organizations has been limited. Kim Leathley asked for additional clarity regarding PacificSource's potential financial contribution if the board pursued a one-time funding solution to support Capitol Dental Care. She noted that understanding the scale of PacificSource's commitment could influence the board's decision-making. Brian Fellner (PacificSource) responded that PacificSource recognizes the value of the school-based dental program and the potential negative impact if services were disrupted. He noted that

WHC Business, continued	PacificSource had reviewed the issue through multiple analyses and concluded that the available data did not improve Capitol Dental Care's funding outlook. Given the unique circumstances and timing, PacificSource was willing to partner with the Health Council on a one-time basis, proposing a 50/50 cost-sharing approach, under which PacificSource would match whatever amount the board chose to contribute. Mr. Fellner emphasized caution about establishing a precedent for future funding shortfalls that other providers may experience. Kim Leathley acknowledged PacificSource's willingness to partner and noted that many providers across the region are facing financial challenges due to reduced quality pool funding, underscoring the difficulty of balancing support for one provider against broader community needs. Looking beyond the current year, Josie shared a concept discussed by the Executive Committee for future consideration. Similar to the way quality pool funding is currently carved out for public health distributions, the Health Council could potentially establish a dedicated allocation for safety-net programs before running remaining funds through the standard distribution calculator. She emphasized that this would require community engagement and board discussion in future years but could provide a more sustainable approach to supporting critical community services. Following discussion, the board transitioned to consideration of motions and potential action regarding the DCO quality pool distribution methodology and funding options presented. **Jessy Powell put forward a motion for option 2: Make no changes to WHC's 2026 Quality Pool Calculator. Fully/partially fund Capitol Dental Care's projected revenue shortfall by leveraging the contribution from PacificSource and pulling from WHC's remaining 2024 Quality Pool funds.** **No second was received, and Kim Leathley, acting as Chair, moved forward with further discussion.** Dr. Olivia Galvez requested clarification on the financial implications of Option 2, noting that the board had not yet defined the specific dollar amount that would be contributed to address Capitol Dental Care's projected shortfall. Josie clarified that the board could choose to either fully or partially fund Capitol Dental Care's estimated $671,000 funding shortfall. She explained that any funding decision could leverage PacificSource's proposed 50/50 cost-sharing partnership, with PacificSource matching the Health Council's contribution. **Jessy Powell amended his motion to support Option 2 and proposed**

WHC Business, continued	**fully funding Capitol Dental Care's estimated shortfall.** Staff was asked to clarify the WHC-PacificSource proposed funding arrangement: • Approximately 50% of the funding would come from the Health Council's reserved 2024 quality pool funds. • The remaining 50% would be contributed by PacificSource through its proposed matching partnership. Board leadership restated the amended motion to confirm understanding: the proposal was to pursue Option 2 and fully address the projected funding gap through a 50/50 funding partnership between the Health Council and PacificSource, using reserved 2024 quality pool funds for the Health Council's share. Following the amended motion to fully fund Capitol Dental Care's projected shortfall through a 50/50 partnership between the Health Council and PacificSource, board members discussed concerns about equity, precedent, and alternative approaches. Troy Gregg expressed concern about fully funding Capitol Dental Care's estimated $671,000 shortfall when many providers across the system are experiencing significant funding reductions. He noted that the original estimate discussed at the prior meeting had been closer to $400,000 and questioned whether there should be a balance between fully funding Capitol's losses and recognizing that other providers are also absorbing cuts due to reduced quality pool funding. Krista Lovaas agreed, emphasizing that all participating providers have experienced substantial reductions in funding. While acknowledging the value of Capitol Dental Care's school-based program, she expressed concern that fully funding one provider's shortfall would not be equitable when others are facing similar challenges. She suggested that Option 3, which would distribute the Health Council's remaining $2 million in reserved quality pool funds through the established calculator, represented a fairer approach because it would benefit all participating providers according to the existing community-driven methodology. **Kim Leathley, acting as Chair, clarified that the amended motion to fully fund Capitol's shortfall had not received a second and therefore would not move forward. She then invited a new motion for consideration.** **Krista Lovaas moved Option 3, proposing that the remaining reserved 2024 quality pool funds be distributed through the 2026 quality pool calculator.** **Josh Graves seconded the motion, noting that he wanted to allow further discussion of the proposal.**

WHC Business, continued	During discussion of Option 3, Josh Graves asked staff to elaborate on the stated concern that the option could jeopardize continuation of Capitol Dental Care's school-based preventive health services. Josie explained that Option 3 would increase Capitol Dental Care's allocation by an estimated $150,000, but would still leave an estimated $521,000 funding gap, based on Capitol's projections. She indicated that such a remaining shortfall could threaten the sustainability of the school-based oral health program. Kim Leathley asked whether the estimated $521,000 funding gap assumed any contribution from PacificSource. Staff clarified that it did not. The figures associated with Option 3 reflected only distribution of the Health Council's reserved funds through the calculator and did not include any additional matching support from PacificSource. Kim further asked whether PacificSource would consider matching the approximately $150,000 that Capital Dental Care would receive under Option 3. Brian Fellner responded that PacificSource would likely be willing to provide a corresponding match under its proposed 50/50 partnership, resulting in approximately $300,000 in combined support for Capitol Dental Care. However, he questioned whether that amount would be sufficient to ensure continuation of the school-based program. Brian provided broader perspective , noting that there was no perfect solution. He suggested the board consider two larger policy questions: 1. Whether it is more important to distribute the reserved $2 million immediately to providers who are currently experiencing financial strain, or 2. Whether it is preferable to retain reserve funds as a contingency for future provider funding challenges. He also proposed consideration of a middle-ground approach. Rather than fully funding the shortfall, the board could provide a partial one-time subsidy, such as funding approximately 75% of the identified gap through a Health Council and PacificSource partnership. He noted this could demonstrate responsiveness to Capitol Dental Care's needs while preserving some reserve funds for future contingencies and encouraging exploration of other revenue sources. He concluded by emphasizing that PacificSource viewed the issue as a unique circumstance warranting support, while also recognizing the need to avoid establishing an unsustainable precedent. He stated that he would abstain from voting and deferred to the board's judgment regarding the needs of the community and provider network. Brian Fellner's potential amendment from the chat: take 75% of ~$675K = ~$500K. Split the ~$500K between CCO and PacificSource.

WHC Business, continued	Keep the $1.8M remainder for CCO for needs in the future. Make sure capital dental agrees to continue for next year. Troy Gregg agreed with comments previously made by Brian Fellner and expressed strong concern about depleting reserve funds. He emphasized the importance of maintaining contingency resources to address future unforeseen challenges, emergencies, or provider funding crises. While acknowledging the value of Capitol Dental Care's program, he questioned whether fully covering the organization's shortfall was appropriate when many providers are facing financial pressures. He indicated support for a partial funding approach rather than either fully funding the request or distributing the entire $2 million reserve. Anne Giffin spoke from lived experience regarding the importance of access to dental care, noting challenges individuals face obtaining covered dental services and the broader importance of oral health. While she recognized the financial challenges affecting all organizations, she expressed concern about preserving dental services for community members and children. At the same time, she agreed that distributing the entire $2 million reserve fund did not appear to be the best approach. She also acknowledged Jessy Powell's efforts to find a solution to support the program. Dr. Olivia Galvez echoed concerns about establishing a precedent by fully subsidizing one provider's funding shortfall, particularly at a time when many healthcare organizations and primary care providers are similarly experiencing financial losses. She also asked whether the reserved $2 million had been earmarked for any specific future purpose. Josie clarified that the board had previously directed staff to reserve the funds and the board had not identified a specific use for them. Jessy Powell reiterated his support for using reserved quality pool funds to help address Capitol Dental Care's shortfall. He emphasized that the proposal would not exhaust the entire $2 million reserve, since the Health Council's contribution under the proposed 50/50 partnership with PacificSource would be approximately half of the projected shortfall, leaving substantial reserves intact. He noted that no alternative use for the reserved funds had been identified and argued that supporting the school-based dental program aligns with the Health Council's mission and community partnership values. Jessy also highlighted the significant impact of school-based dental services on children and families, drawing on his own experiences with limited access to dental care. He characterized the proposed contribution as a relatively modest investment given the size of the reserve fund and expressed support for fully addressing the funding gap through the Health Council and PacificSource partnership.

WHC Business, continued	**Following discussion Josh Graves proposed amending Option 3 to: Distribute $1.5 million of the reserved quality pool funds through the established calculator methodology; and retain $500,000 as a reserve fund for future needs.** **The amended motion was seconded by Krista Lovaas.** WHC Staff noted at this time they believed quorum had been lost and were confirming. The remaining Board members discussed the amendment, noting that: • Retaining a reserve would address concerns about maintaining contingency resources. • Distributing less than the full $2 million would result in a smaller increase for Capitol Dental Care than originally estimated under Option 3. • If PacificSource provided a matching contribution consistent with earlier discussions, Capitol Dental Care's total benefit would increase but remain below the level contemplated under a direct funding approach. Additional clarification was provided by Josie that the Health Council maintains a healthy mix of other reserve funds, but the reserve being discussed was specific to 2024 quality pool funds. **Vote on Amended Option 3** **The board proceeded to vote on the amended Option 3 motion to distribute $1.5 million while reserving $500,000.** **The motion did not pass. 3 Aye/3 Nay/1 Abstain** **Subsequent Motion** Following the failed vote, Troy Gregg introduced a new motion based on a modified version of Option 2, proposing: • A one-time payment equal to approximately 75% of Capitol Dental Care's estimated shortfall (approximately $500,000 total); • Funding to be split equally between the Health Council and PacificSource; and • Retention of approximately $1.8 million of the reserved quality pool funds for future contingencies and potential future distributions. **Jessy Powell seconded the motion.** Discussion highlighted that this approach could help sustain Capitol Dental Care's program while preserving reserve funds and flexibility for future board decisions. Before a vote could be completed, staff confirmed that the board did

WHC Business, continued	not have quorum. After reviewing parliamentary guidance, the board concluded that it could not take further official action on the motion. As a result: • No final action was taken on the quality pool distribution issue during the meeting. • Staff were directed to work with board leadership and the Executive Committee to conduct an electronic vote (e-vote) on the matter. • Board members were encouraged to respond promptly to the forthcoming e-vote to ensure sufficient participation. Josie also indicated that the e-vote process would include: • Proposed next steps for updating the Health Council's mission, vision, and values, based on discussions from the board retreat. • Board consideration of the proposed process for upcoming JMA negotiations involving PacificSource and WHC. Kim Leathley thanked staff for the thorough issue brief and facilitation of the discussion, noting that the board's deliberations reflected thoughtful consideration of both community needs and long-term stewardship of Health Council resources.
	Kim Leathley adjourned the meeting at 4:05 P.M. due to loss of quorum.
E-Vote	Vice Chair Kim Leathley initiated an e-vote on Thursday September 3, 2026 on the following items: <u>Vote 1: Finalize WHC 2026 QP Payout and Capitol Dental Distribution</u> **Motion for vote:** Make no changes to WHC's 2026 Quality Pool Calculator. Partially fund Capitol Dental Care's projected 2025 shortfall at 75%, an estimated $500k, split 50/50 between PCS and WHC. For WHC's portion, pull from the remaining 2024 Quality Pool funds. Keep the remaining estimated $1.8 million 2024 Quality Pool Funds in reserve. Contingent on Capitol Dental agreeing to continue their school-based program next year. Per WHC's bylaws, e-votes must have 100% participation from all board members; one board member did not vote, and so the e-vote failed. The Executive Committee subsequently called a Special Board Meeting on September 24th, 2026 at 3:30 pm to discuss the matter and make a decision. <u>Vote 2: Recommended Process to Revise WHC Mission, Vision, Values</u> **Recommendation:** Building on feedback received at the Board retreat, from now thru early October, solicit input from WHC staff, community partners and other key stakeholders, and Board members (especially those not present at the retreat). Use both a survey and 1:1 meetings to collect feedback. Bring a revised Mission Vision Values to the Board

E-Vote, continued	at the October 14th meeting. All Board members voted. Recommendation passed 13 Yea; 1 Abstain (Maggie Hudson) <u>Vote 3: Process for Negotiating new JMA with PCS</u> **Recommendation:** • The WHC Executive Director and a member of the Executive Committee to lead the negotiations. • Develop a six-member JMA Advisory Workgroup to be appointed by the Executive Committee. The workgroup will meet monthly (September 2026-January 2027) to help guide negotiations and track developments and will provide updates to the Board. • Pending agreement from PacificSource, hire a neutral facilitator. (PacificSource has since agreed to this and a proposal from Cathy Kaufman is currently under review.) • Execute the new JMA by January 31, 2027. (There is commitment to address the financial model early in the process to support both WHC's and PacificSource's FY2027 budget development.) **Board action:** Pending any additional proposed changes, vote to approve the process for WHC to move forward with JMA negotiations with PacificSource. All Board members voted. Recommendation and Action passed 12 Yea; 2 Abstain (Maggie Hudson, Brian Fellner)

Minutes were prepared by Olivia Houck/ Approved October 14, 2026