



Board of Directors
October 7, 2020
2:00PM-4:00PM
GoToMeeting Video/Conf. Call

Minutes

Board Members			Willamette Health Council Staff		
Dr. Matt Boles	Salem Health	P	Andrea Dabler	Willamette Health Council	P
Sarah Brewer, Treasurer	Legacy Health	P	Justin Hopkins	Willamette Health Council	P
Noelle Carroll	Polk County Health Services	P	PacificSource Staff		
Peter Davidson	PacificSource	P	Lindsey Hopper	PacificSource	E
Dave Fender	Salem-Keizer Public Schools	P	Elaine Lozier	PacificSource	P
Tina Foss	Yakima Valley Farm Workers Clinic	A	Kari Patterson	PacificSource	P
Josh Graves	Catholic Community Services	P	Dr. Bhavesh Rajani	PacificSource	P
Jackie Haddon	Valley Mental Health	P	Josie Silverman-Méndez	PacificSource	P
Dr. Mark Helm, Chair	Childhood Health Associates of Salem	P	Trudy Townsend	PacificSource	P
Dr. Leslee Huggins	SmileKeepers / Gentle Dental	P	Guests		
Lisa Lillico	Consumer Advocate/Peer	P	Janice Hazel * <i>Proxy of Dr. Nap Steele</i>	WFMC Health	P
Paul Logan	Northwest Human Services	P	Justin Huff	Legacy Silverton	A
Clay Peterson	Project ABLE	P	Dustin Zimmerman	Oregon Health Authority	P
Beth Spinning, Vice-Chair	Kaiser Permanente	P	Lisa Trauericht * <i>Proxy for Commissioner Willis</i>	Marion County Board of Commissioners	P
Dr. Nap Steele *	WFMC Health	E			
Commissioner Colm Willis *	Marion County	E			

P – present; E – excused; A - absent

Agenda Item	Discussion	Action / Follow-up
Welcome/ Introductions	Dr. Helm, Board Chair, called the meeting to order at 2:01 PM. Ms. Dabler took roll call for everyone present online. This was not an in-person meeting.	
Public Comment	Dr. Helm allowed for public comment; there was none.	
Consent Agenda: Approval of September 2, 2020 board meeting minutes CCO Data Dashboard September 2020	<p>Dr. Helm presented the consent agenda items.</p> <p>The draft minutes from the September 2, 2020 board meeting and the September 2020 CCO data dashboard were distributed in advance. Ms. Trauericht noted a correction to the minutes to reflect that Commissioner Willis was not present at the September 2nd meeting.</p> <p>MOTION: Ms. Hazel made a motion to approve the consent agenda items and correction to minutes as noted; Mr. Davidson seconded the motion. The motion passed unanimously.</p>	

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CCO Member Story	Ms. Silverman-Méndez shared a story from a PacificSource CCO member of her family’s escape from their home being destroyed by the wildfire in the Gates/Mill City area. This story was in the member’s own words, documented by a member support specialist.	Ms. Spinning offered to share a CCO member story at the November meeting.
PacificSource Shared Learning Training Requirements	<p>Ms. Townsend, PacificSource Training and Facilitation Program Manager provided a PowerPoint presentation on CCO 2.0 training requirements that included the following:</p> <ul style="list-style-type: none"> • Leveraging our model to support growth & change through training <ul style="list-style-type: none"> ➤ Areas of Willamette Health Council (WHC) vs PacificSource’s role and responsibilities <ul style="list-style-type: none"> ✓ Potential opportunities to use training as a strategy for WHC and PacificSource <ul style="list-style-type: none"> ○ Partnering for success <ol style="list-style-type: none"> 1. Assessing training needs 2. Data collection & sharing 3. Participate in required training • Review CCO 2.0 training requirements <ul style="list-style-type: none"> ➤ Oregon Health Authority (OHA) CCO 2.0 priorities <ul style="list-style-type: none"> ✓ Behavioral Health and health integration efforts ✓ Social determinants of health and equity (SDOH-E) ✓ Value-based provider payments ✓ Health information technology & information exchange ✓ Meaningful community engagement with CCO members, healthcare providers, and stakeholders • Health equity training for the Willamette Health Council (WHC) <ul style="list-style-type: none"> ➤ CCOs must train <ul style="list-style-type: none"> ✓ Governing board (i.e., health councils) ✓ PacificSource leadership ✓ PacificSource staff ➤ CCOs must require provider network, provider network staff & subcontractors to access cultural responsiveness and implicit bias training that comply with OHA requirements <ol style="list-style-type: none"> 1. Implicit bias 2. Cultural responsiveness 3. Language access 4. Use of culturally and linguistically appropriate services (CLAS) standards 5. Adverse childhood experiences/trauma-informed practices 6. Race, ethnicity, language, & disability (REAL-D) data 7. Universal access and accessibility 8. Health literacy ➤ CCOs must submit a behavioral health report by October 30, 2020 and annually thereafter on March 	

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	<p>31st that includes the following:</p> <ul style="list-style-type: none"> ✓ Behavioral health integration ✓ Access to behavioral health services ✓ Services for members with severe & persistent mental illness (SPMI) ✓ Provider and staff training in recovery principles, motivation interviewing, integration, and foundations of trauma <ul style="list-style-type: none"> • OHA reporting requirements • Training and facilitation program <ul style="list-style-type: none"> ➢ Building infrastructure → Moving the dial of SDOH-E & health equity → Moving the dial on behavioral health • Health equity training for governing boards <ul style="list-style-type: none"> ➢ CCO 2.0 requirement to train CCO governing board, leadership and staff on cultural responsiveness & implicit bias <ul style="list-style-type: none"> ✓ Training to be completed by November 10, 2020 or let Ms. Townsend know if you've already completed cultural responsiveness & implicit bias training. Please include: <ol style="list-style-type: none"> 1. Name of training 2. Date you attended 3. Was the training approved by OHA? 4. Attach a training certification if available • Ms. Townsend provided the Quality Interactions flyer for instructions and information to start your training. <ul style="list-style-type: none"> ➢ Ms. Townsend walked the committee through how to complete the trainings. There are two trainings to complete: <ol style="list-style-type: none"> 1. Implicit bias (this training was emphasized as priority) 2. Culturally responsiveness ➢ Go to Quality Interactions – How to Start your Training ➢ Ms. Townsend will track board member training completeness and report to Ms. Silverman-Méndez. 	<p>Please let Ms. Townsend know if you've completed training or if you have questions.</p> <p>Trudy.townsend@pacificsource.com</p>
CCO Updates	<p>Ms. Silverman-Méndez walked the committee through CCO updates.</p> <ul style="list-style-type: none"> • Wildfire Response <ul style="list-style-type: none"> ➢ \$15K donation to United Way of the Mid-Willamette Valley for wildfire relief funds ➢ Support for impacted members <ul style="list-style-type: none"> ✓ Outreach to those who are high-risk ✓ Care management team working overtime and weekends ✓ Connections to resources to address basic needs <ol style="list-style-type: none"> 1. Flexible services (currently underspent) 2. Community resources 3. Additional admin funding ➢ Regional care management and community benefit meeting (PacificSource, Legacy Health, Kaiser Permanente, Salem Health, and Santiam Hospital). 	

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	<ul style="list-style-type: none"> • Community Conversations <ul style="list-style-type: none"> ➤ Public presentations to provide an update on what’s happening with the CCO, including an overview of COVID-19 and wildfire response efforts. <ul style="list-style-type: none"> ✓ Polk County session occurred on September 10th; approximately 20 attendees identified as community partners. ✓ Marion County session rescheduled for November 18th 6:00 – 7:00 pm. Mr. Hopkins will co-present/facilitate ✓ Session are open to members, providers, community partners, and stakeholders ✓ Considering hosting member-focused events (English & Spanish), in partnership with the WHC Community Advisory Council (CAC) • Quality Incentive Measures (QIMs) – 2021 Improvement Targets <ul style="list-style-type: none"> ➤ The Metrics & Scoring Committee met on September 25th; they did not decide on a 2021 improvement target. ➤ Proposals, public testimony and the OHA were given. ➤ PacificSource provided public testimony advocating to use 2020 performance, not 2019. ➤ The committee is scheduled to meet again on October 16th where a decision on the 2021 improvement target is expected to be announced. • QIM Collaborative <ul style="list-style-type: none"> ➤ Dr. Rajani, Mr. Hopkins, and Ms. Silverman-Méndez have been coordinating with the WHC Clinical Advisory Panel (CAP) to form a new subcommittee – the QIM Collaborative. ➤ The committee’s goal is to provide opportunity for providers to collaborate on the QIMs, monitor overall CCO and individual clinic performance, share best practices, troubleshoot and test new/innovative approaches. ➤ It will serve as a regional quality committee with representation from primary care, behavioral health, and dental. It will be staffed by PacificSource Population Health Team and Mr. Hopkins. • 2021 Rate Setting <ul style="list-style-type: none"> ➤ The rate setting process has commenced as part of the 2021 CCO contracting with the OHA. ➤ More information will be shared as it is available. 	
WHC Executive Director’s Report	<p>Mr. Hopkins presented his Executive Director’s report.</p> <ul style="list-style-type: none"> • The WHC has appointed Rachel Lakey to the CAC Program Manager position. She will start on October 19th. • The current CAP roster was provided. The CAC & CAP selection committee is scheduled to meet on October 13th to review new applications received for both 	

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	<p>committees. An updated roster will be provided following the selection committee’s review.</p> <ul style="list-style-type: none"> • Mr. Hopkins brought forward excerpts from the WHC bylaws as it relates to appointing the chair and co-chair for the CAP. • The bylaws state the co-chairs of the CAP are practicing healthcare professionals and members of the board. • The committee discussed options and opened up for volunteers. • Ms. Carroll, Director for Polk County is a board member and CAP member. She offered to be a co-chair, but allowed room for others to volunteer if interested. • Dr. Rajani expressed the importance of having a board member representative on the CAP to provide a link back to the board. • Dr. Rajani offered to be a support to the CAP. • Mr. Hopkins said he intends to hire a CAP Coordinator/ Program Manager in the near future who will be responsible for the clinical quality responsibilities. • The committee proposed amending the bylaws to meet the operational and practical needs of the CAP and its link back to the board. <p>MOTION: <i>Mr. Logan made a motion that the CAP chair and co-chair be WHC board members and appointed at the discretion of the WHC board. The chair and co-chairs will be voted on by the CAP. The WHC bylaws will be amended to reflect this change. Ms. Spinning seconded the motion. The motion passed unanimously.</i></p> <ul style="list-style-type: none"> • Mr. Hopkins called out two new committees partnering PacificSource and the CAP: <ol style="list-style-type: none"> 1. Integration Collaborative 2. QIM Collaborative • The draft CAP charter is still under review to be approved by the CAP at their October meeting. • Mr. Hopkins is waiting to hear back from Ms. Liz Schrader, Chief Development Officer, Mid-Willamette Valley United Way for a WHC volunteer opportunity to support wildfire relief efforts. • Ms. Brewer advocated that the WHC seek additional volunteer opportunities (i.e., Santiam Service Integration Team - SIT) and other worthy endeavors. • Mr. Hopkins provided a WHC financial update, including profit & loss statement through September 15, 2020. • According to the bylaws, the WHC board officer elections are to be held annually. A brief discussion on how and when to elect new officers ensued. Election of officers is deferred to the December meeting. • Mr. Hopkins is moving forward with Diana Bianco, Artemis Consulting on planning for two 2-hour session board retreats in November. Dates to be determined. 	

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Community Advisory Council (CAC) update	<p>Mr. Peterson gave a brief CAC update.</p> <ul style="list-style-type: none"> • The CAC got to meet Rachel Lakey, CAC Program manager at the September 24th CAC meeting where she attended as a guest. • Five out of ten CAC members responded to the Transformation and Quality Strategy (TQS) survey. The top three areas of interest are: <ol style="list-style-type: none"> 1. SDOH-E = 100% 2. Access to care = 80% 3. Behavioral health integration = 60% • The CAC is also interested in appeals and grievances as a fourth topic area. • Mr. Peterson said the CAC is still actively recruiting for additional CCO members and working toward improving their recruitment flyer. • Dr. Rajani said the CAC's top three areas of interest matched the CAP's top three. 	
Finance update	<p>Ms. Patterson supplied the board with the Marion-Polk CCO year to date financial report.</p> <ul style="list-style-type: none"> • The PacificSource 2020 was budgeted based on best-guess assumptions using the best information available at the start of the new CCO. • In the beginning of 2020, membership was budgeted at 95,000 members. By the end of July, membership was at 111,000 and as of the end of September, membership was up to 114,000. • Ms. Patterson oriented the committee to the five-page financial report. <ol style="list-style-type: none"> 1. Page 1 – year to date summary page that shows revenues, claims expense, underwriting income, and net income. <ul style="list-style-type: none"> ➤ Bottom of page 1 shows year-to-date break of claims expense for paid/accrued and incurred but not reported (IBNR) for both medical provider and medical hospital fee-for-service (FFS) and capitation. Pharmacy claims is also included. 2. Page 2 – similar to page 1 summary, but broken out by month 3. Page 3 – Withholds 4. Page 4 – Financial Performance, similar to page 1 summary, broken out on a per member, per month (PMPM) basis 5. Page 5 – Membership by county = 111,470 broken out by membership mix by rate category: <ul style="list-style-type: none"> ➤ Marion = 94,947 ➤ Polk = 16,242 ➤ Other – 281 <p>Ms. Brewer updated the committee on WHC 2021 budget preparations.</p> <ul style="list-style-type: none"> • She and Mr. Hopkins met initially to discuss 2021 WHC 	

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	budget. <ul style="list-style-type: none"> • They will bring draft 2021 budget to the December board meeting. 	
Community Impact Committee (CIC) update	Ms. Haddon shared CIC update. <ul style="list-style-type: none"> • The CIC has approved \$130,000 in donations and grants. • The committee identified a need to review and refine their process as the Community Benefit Initiative (CBI) workgroup gets established. • As of this meeting, the CIC agreed to press pause and suspend further CIC donation and/or grant donations. • Ms. Haddon said the CIC would like to expand their membership, including adding a CAC representative and board members. • Ms. Lillico expressed interest in participating on the CIC. Ms. Lillico is the CAC co-chair. • The CIC will continue their work beyond COVID-19 and wildfire relief. 	Please let Jackie Haddon or Justin Hopkins know if you'd like to join the CIC. jhaddon@valleymental.com jhopkins@willamettehealthcouncil.org
Adjourn meeting	Dr. Helm adjourned the meeting at 3:55 PM.	

Minutes were prepared by Andrea Dabler.