

Welcome and Introductions

Luci started the meeting with a welcome to the group and a review of the meeting agenda. The committee then started a round-robin of introductions.

Topic 1: Community Engagement Operations

November 13 meeting notes

The November meeting notes were not presented at the meeting.

Stipend reminder

Those who are eligible to submit a stipend request, please do so.

Call for 2025 agenda topics

We are always open to creating opportunities for you to access and learn more about what ways you can be learning and influencing what our work is so please continue to let me know what you are interesting hearing and learning do I can make sure that get prioritized for our time together.

Sponsorship 2025 launch; 2024 Report at January meeting

Community Engagement Updates: We will begin receiving applications for 2025 sponsorships later this month in preparation for events that take place early next year. We encourage all applicants to apply early. Please let us know if you have an organization in mind that you are referring to our sponsorship so we can be on the lookout for their application.

Events/Tabling/Presentations: We are actively presenting Health Share 101 sessions for CBOs and partners that would like to get to know our processes and learn how they leverage all of our member's benefits. As always, we want to share our form that captures all tabling and presentation requests. You can find that by following this link:

https://forms.office.com/pages/responsepage.aspx?id=yU_qruVTsEyERrLaP_OatH6f2oFFww9LkogFpOac_tWBUN1FVM1M2S1ZDR0gwOVY2RE5NRkc0S1dJTS4u

Some of our sponsorship anticipation: We're doing some work to get ready to open up our sponsorship of community events. Efforts that we help support coordinate to help assure that the community events sponsorships that are prioritized Black, Indigenous people of color, people serving the Oregon Health Plan focused in Multnomah, Washington and Clackamas Counties. We have a great opportunity to help support that effort and we'll be doing some promotion of that and we want to make sure that we are alerting entities that are very interested in accessing those small little bits of money to help support those efforts are aware.

Community: We have community opportunity to show up and be present and learn from and understand how we can better meet our mission and our obligation to be supporting and serving communities. We see it as an opportunity to provide some support and access, as well as a way we are able to show up, learn and understand better how we can improve. We also can learn and understand how we can inform our community health improvement plan and shape our CCBF funding.

General announcements (included in meeting packet)

Located in the email that went out.

Topic 2: Behavioral Health changes

Jeremy Koehler and PhyuSin Myint joined the CAC meeting to present on a significant change that CareOregon is making in its Behavioral Health network. Starting July 31st of next year, they will stop paying for services provided by unlicensed and uncontracted providers. This change aims to improve quality and reduce fraud, waste, and abuse.

Here are the key points:

- **Background:** In 2020, CareOregon opened up payments to any Medicaid-registered provider due to the COVID-19 crisis. This led to a significant increase in out-of-network services.
- **Current Issue:** Out-of-network providers lack quality oversight, credentialing, and care coordination. Many are also unlicensed.
- **Upcoming Change:** Payments to unlicensed and uncontracted providers will stop on July 31st of next year. Providers have time to transition clients.
- **Impact:** This change will affect unlicensed, out-of-network providers, potentially reducing their client base. CareOregon hopes some will join the network or get licensed.
- **Network Openness:** Despite the change, CareOregon's network remains more open than many other Coordinated Care Organizations (CCOs) in the state.
- **Outreach:** CareOregon is making efforts to onboard new providers, especially those offering culturally specific and responsive services.

CareOregon is also working with local mental health providers to help with the transition and ensure culturally specific services are available. This change aligns with practices across other CCOs in the state.

Discussion

Luci Longoria expressed gratitude for the information shared and emphasized the importance of understanding its relevance to the Community Advisory Council (CAC) members. She encouraged members to think about questions and bring them back to their communities and organizations.

Jamie Zentner raised concerns about the potential loss of behavioral health providers and asked why some therapists might be hesitant to join the network.

Jeremy Koehler explained that the credentialing process, while not arduous, requires work and peer review. He emphasized the importance of having high-quality providers and aligning resources towards those serving individuals with severe mental health conditions. He also mentioned that the network is large and covers various specialties, with some areas having better access than others. The out-of-network, unlicensed population is draining resources needed for high-intensity services. Koehler highlighted the importance of due diligence in network management and the challenges faced by unlicensed providers working independently.

Luci Longoria acknowledged the familiar tensions between the need for behavioral health services and the quality of providers. She appreciated the examples provided and encouraged CAC members to consider the impacts on their communities. She also asked about considerations for tribal communities and other population groups.

Jeremy Koehler assured that CareOregon is making efforts to ensure no large providers are left out and emphasized the importance of proactive outreach. He mentioned that CareOregon would take responsibility for care coordination for individuals unable to transition.

Dr. Joy Mutare asked for examples of unlicensed providers and Jeremy Koehler explained that unlicensed providers fall into two categories: those registered with the board but still obtaining their master's degree, and those who have earned their degree but not yet received their license. He clarified that the changes only apply to mental health providers, not substance use disorder providers, and that unlicensed individuals are more appropriately placed within larger agencies.

Topic 3: Community Health Improvement Plan (CHIP)

Christine Kan provided an update on the Community Health Improvement Plan (CHIP) submission process and a preview of future conversations regarding its implementation.

- **Submission Timeline:** The CHIP for the next five years is nearly complete, with a goal to submit it to the Oregon Health Authority (OHA) within the next week to avoid holiday delays.
- **Current Status:** The design of the CHIP is 97% complete, with only minor adjustments needed, such as correcting spelling errors and ensuring the document flows well.
- **Celebration:** The team aims to celebrate the completion of the 2019-2024 CHIP and share the final product with stakeholders upon submission.
- **Progress Report:** The progress report for the last five years has been submitted to OHA, and the team is awaiting approval or feedback.

- Implementation Planning: Christine is beginning to plan the implementation of the new CHIP, focusing on identifying the right voices and representatives to guide and hold the team accountable to the plan.

Christine emphasized the importance of timely submission, celebrating past achievements, and ensuring a smooth transition into the new CHIP's implementation phase.



Topic 4: CLAS Policy Update

Mariotta Gary-Smith provided an update on the CLAS policy and the training and education plan for next year (2025).

- Alignment: Efforts have been made to align training and education with the Community Health Improvement Plan (CHIP), Health Equity Plan (HEP), and other strategic documents.
- Coordination: Collaboration with the Cultural Humility and Health Equity Work Group to ensure support and consistency in training.
- Focus Areas: Highlighted the new focus areas required by the Oregon Health Authority (OHA) and the importance of integrating these into the training plan.
- Indicators: Emphasis on specific indicators for alignment to support greater coordination and integration.
- Collaboration: Importance of a collaborative process with internal and community partners, inviting Community Advisory Council (CAC) members to share their experiences and wisdom.

Mariotta emphasized the need for cohesive training that reflects the organization's goals and the importance of community input in developing and implementing these trainings.

CHEW/T&E Alignment



Advance Equity

Equity centralized in organizations mission, strategic goals, and overall operations

Leading with Race

Honor commitments with deliberate action and transparency



DEI Policy

Adoption and use as guideline for collaborative org decision-making that addresses the needs of various communities who have been harmed by institutional practices of discrimination, erasure and poor health outcomes.



Operational Accountability

Utilize DEI policies, practices and decision-making tools that reflect a racial equity lens.



Quality Practice and Workforce Development

Use continuous improvements to outreach and engage communities of color and underserved populations at all levels of operations.

Create an environment where employees from marginalized communities can thrive.

Here are four key touchstones we aimed to consider in structuring the alignment:

Advancing Equity: Equity should be central to the organization's mission, strategic goals, and overall operations. Health Share's leadership has emphasized leading with race, which influences decision-making and implementation across the organization.

Commitment to Equity: The organization is dedicated to advancing equity through deliberate action and transparency, values closely associated with the Community Advisory Council (CAC).

DEI Policy: The recently updated and approved Diversity, Equity, and Inclusion (DEI) policy underscores the organization's commitment to these principles.

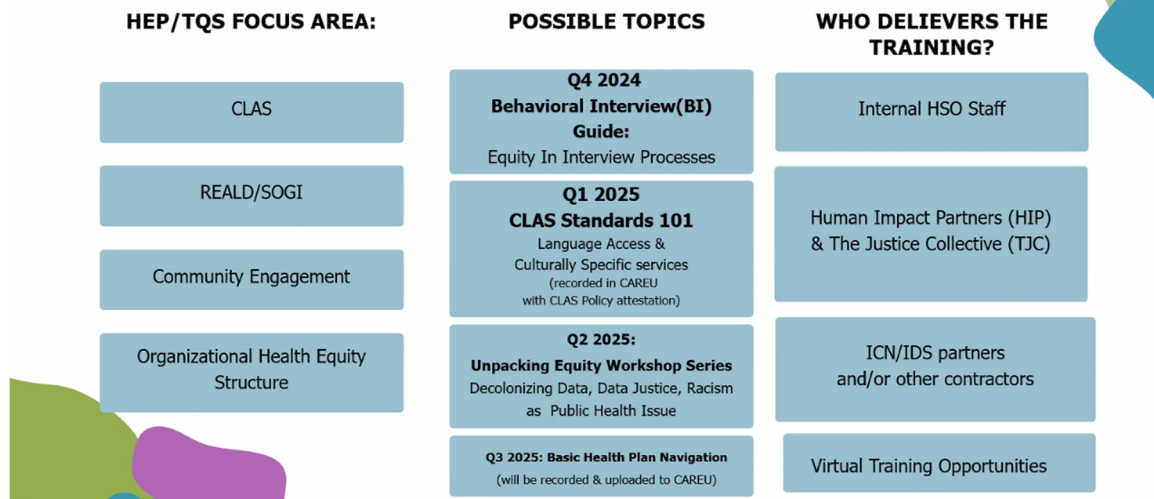
Operational Accountability: This involves enforcing policies and utilizing decision-making processes that apply a racial equity lens. It supports continuous improvements in outreach and engagement with BIPOC and other historically impacted communities. Additionally, it focuses on workforce development to ensure that individuals see themselves represented when seeking care.



This visual representation illustrates how we gathered information from various sources within the organization. We considered our CCO contract and internal operations, aligning with multiple documents. We supported Christine Kan's work with the CHIP, focusing on information sessions and engaging with the Oregon Health Equity Alliance (OHEA), which is the regional health equity coalition (REC). We also collaborated with the Oregon Black, Brown, and Indigenous Advocates Coalition (OBBIAC), which advocates for improved behavioral health care access for these communities.

We engaged with these organizations to gather more information, looking across our plan partners and governance. Additionally, we worked with the Justice Collective, which conducted focus groups internally at Health Share. We utilized insights from these focus groups, along with feedback from Health Share staff through an organizational survey. Specific teams helped us compile the data in a relatable and transferable manner.

2024-2025 TRAINING & EDUCATION PLAN



Here is the current training and education plan. This is an iterative process. We aim to address basic training needs while remaining flexible to respond to emerging needs identified by staff or our HEET team.

Primary Focus Areas:

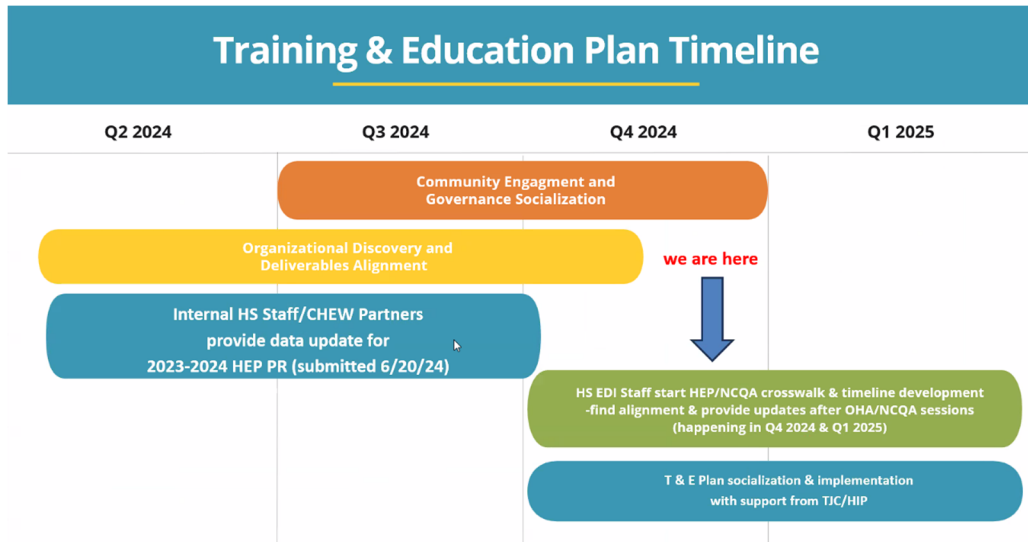
- CLASS, REALD/SOGI: Focusing on data specific to historically impacted communities.
- Community Engagement: Understanding how to engage with the community, receive their feedback, and integrate it into our processes and operations.
- Organizational Health Equity Structure: We recently launched the behavioral interview guide to support equitable interview processes, ensuring appropriate questions and sufficient engagement time for candidates.

Upcoming Initiatives:

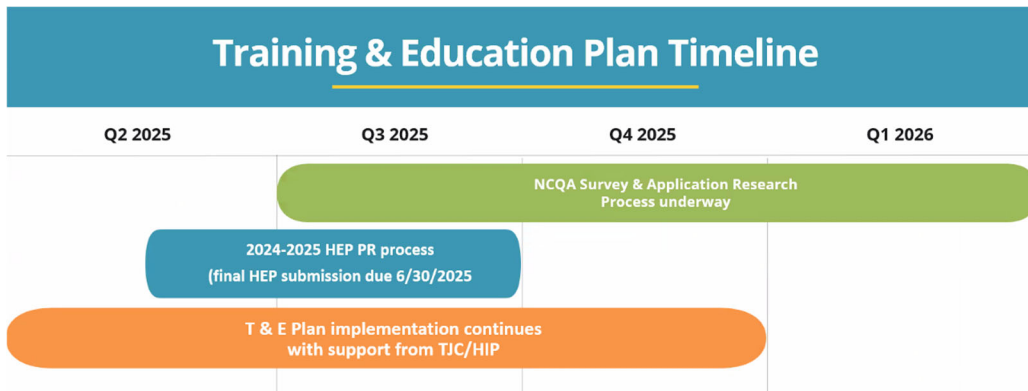
- CLASS Standards Training: To be recorded and available in the CareU virtual system. All new Health Share employees will be required to take this training to understand language access and culturally specific services.
- Unpacking Equity Workshop Series: Revamping and restarting in the third quarter of 2025.
- Basic Health Plan Navigation Training: Ensuring staff understand Health Share's operations and how community members navigate health plans to access care.

Training Delivery:

- Training will be delivered by internal staff, partners like Human Impact Partners and the Justice Collective, plan partners (ICN and IDS partners), and other contractors. We also plan to utilize virtual training opportunities.



This timeline illustrates our current progress. We have completed the discovery and deliverable alignment to ensure consistency with various documents. We conducted an internal review and collaborated with two partners to gather data for the recent HEP submission this past summer. Currently, Mariotta and Mariam are working on the NCQA crosswalk.



We plan to return to this council at a later date to share more details. As for the next steps, we'll provide updates as they come. We are eager to hear your feedback on the changes we're navigating. Currently, we're sharing information with key stakeholders and receiving support for implementation from our partners at the Justice Collective and HIP.

Looking ahead to next year, we will continue with the implementation phase. The final HEP submission is due next summer, and we will begin the NCQA survey and application research for 2026.

The CLAS policy has been officially approved and signed. One of our primary goals for next year is to update the implementation policy for CLAS, focusing specifically on culturally specific services. We may also develop a glossary to support our existing policies. We would greatly appreciate the wisdom and support of the CAC in these efforts.

Discussion

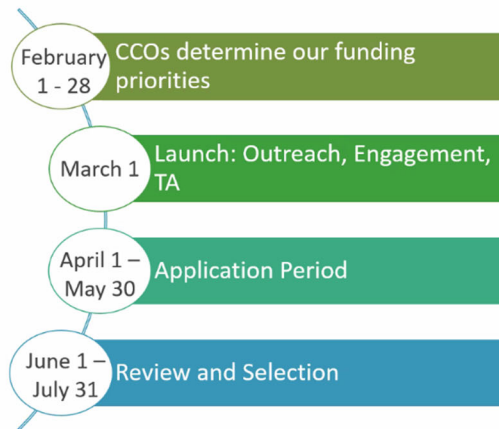
The council had a brief discussion regarding Health Share sharing the trainings if they are recorded. Mariotta Gary-Smith stated that Health Share could invite the full membership to attend any of the trainings and that it could be extend to colleagues. Mariotta stated that they would share the information for upcoming training with Luci Longoria so that they are able to sign up and register for the trainings when they are available.

Topic 4: CCBF in 2025

Ophelia Vidal presented the Community Capacity Building Funding (CCBF) for 2025. The CCBF is the opportunity for which organizations can apply for funding to build their capacity to eventually become health-related social needs (HRSN) service providers. What Ophelia stated that what she was presenting was not yet finalized but it’s part of what is being proposed by the OHA. Since this work moves fast she wanted to share what is being proposed so that in the new year the information is gets shared at a fast pace is information that the CAC has been grounded a little bit in. Below is a proposed 2025 timeline.

What We Know

- 2025 will be the last round of CCBF
- OHA released a proposed 2025 timeline
- Health Share’s total amount is unknown
- Health Share is beginning to organize around our 2025 strategy



Health Share’s total awarded amount is still unknown as we’re not going to find that out until January, most likely. This is information for the CAC to know that that’s part of why the funding priorities is happening in the February timeframe as we are still awaiting a final amount and the final document from OHA around this funding opportunity. Ophelia mentioned this earlier that things are moving at a fast rate in HRSN.

On November 1st, 2024 the launch of the housing benefits were launched and what we want to do in determining our funding priorities is also to help understand those funding priorities in the context of where the need it. We want the opportunity to pull data for as long as we can and we’ll be doing that from the November 1st date through the last possible date in January so that we can get the most robust data that’s possible, knowing that it’s a two-month period. It’s not going to be much, but it’s going to be as much as we can. It’s hard to say that Health Share is beginning to organize around our 2025 strategy including understanding and identifying what information we really want and will need in order to make determinations and then ultimately share out our funding priorities. Any questions.

Discussion

Jamie Zentner asked why this was the last year of CCBF. Ophelia Vidal responded that it is what OHA has announce but if she reads more into it, she believes the Medicaid 1115 waiver, being a demonstration

waiver, is believed that there’s a likely need or a priority to allow things to stabilize a little bit. The Medicaid 1115 waiver will go through 2027.

Wrap-up

Identify follow up action and future agenda items

- January agenda items include:
 - Call for 2025 CAC agenda topics (continued)
 - CCBF Update
 - CHP Implementation planning (continued)
 - Plan for CAC Charter review

Meeting Adjourn

Meeting Schedule:

Next meeting is scheduled for an **in-person** meeting on **January 8th** from 1:30p – 3:30pm.

Upcoming monthly CAC meetings are scheduled for:

February 12, 2025	1:30pm – 3:30pm	Virtual
March 12, 2024	1:30pm - 3:30pm	In person

Participation		
Organization	Representative	Present
Clackamas County Council Representative	Jaime Zentner	x
Community Council Members	Candice Jimenez	x
Community Council Members	Lung Wah Lazum	x
Community Council Members	Yamungu Seraya	x
Consumer Council Members	Francisco Elias	x
Consumer Council Members	Hilary Flaming	x
Consumer Council Members	Joy Mutare	x
Consumer Council Members	Lauren Riddle	
Consumer Council Members	Rachel Schutz	
Health Share of Oregon	Abraham Rodriguez Guillen	x
Health Share of Oregon	Christine Kan	x
Health Share of Oregon	Love Richardson	
Health Share of Oregon	Luci Longoria	x
Health Share of Oregon	Maria Tafolla	
Health Share of Oregon	Mariam Ukbazghi	x
Health Share of Oregon	Mariotta Gary-Smith	x

Health Share of Oregon	Marissa Sliwka (<i>recorder</i>)	x
Health Share of Oregon	Ophelia Vidal	x
Health Share of Oregon	Phyusin Myint	
Multnomah County Council Representative	Natasha Davy	
Oregon Health Authority	Rebecca Donell	
Washington County Council Representative	Laura Daily	
Siletz Tribal Representative	Forrest Pearson	x
Washington County Council Representative	Laura Daily	x