

## Meeting Recap

August 14, 2024

### Welcome and Introductions

Luci Longoria welcomed the group and reviewed the agenda with the team.

### Topic 1: Community Engagement operations

Luci went over community engagement operation updates:

- CAC meeting notes  
July 2024 meeting minutes were approved.
- Update on community connections  
Abraham Rodriguez Guillen is the Community Engagement Specialist on the Health Equity & Engagement Team. He has been attending community events and has started to have requests for Health Share be at event. Abraham has been to some of the community events like Portland Rosewood Clinic, Yakima Farm Workers, and others. He expressed that if CAC members think that Health Share should have a presence at a community event, they can fill out the “Health Share of Oregon Community Events and Presentation Request form.” This link can be shared with other community members to fill out if they would like Health Share’s presence at an event. Ideally, we would like to have 2 weeks in advance prior to the event but please send it in with as much advancement as possible. We meet bi-weekly with our events team to discuss events. During the conversation there was a request to edit the form with the timeline and translation.
- Upcoming community events
  - ↳ Run for Hope
  - ↳ Soul2Soul Stroll
- CAC membership and recruitment updates  
This is still in process. There is still interest in the three members who previously applied. Love Richardson is working on Tribal representation.
- CAC Stipend Reminder  
Just a reminder to complete stipend forms as soon as possible.

### Topic 2: Community Capacity Building Funding (CCBF) and SHARE

Ophelia Vidal & Maria Tafolla presented the updated information on the Community Capacity Building (CCBF) and SHARE.

#### CCBF Background

- Health Share had **10.77M** to award for 2024.
- This funding **must support the development of a provider network** for HRSN housing and food benefits.
- Health Share developed and publicly shared funding priorities for 2024 and stated investments would be made in specific categories.

- 99 applications received over \$51 million in request.

#### CCBF Funding Recommendations

	Housing	Nutrition	Network Support/Hub
<b>Number organizations recommending for funding</b>	26 *includes 3 orgs that will provide <u>housing and food</u> benefits	11 *includes 3 orgs that will provide <u>housing and food</u> benefits	4
<b>Total allocation for domain</b>	\$5.7M	\$979K	\$4M

- 38 applications recommended for full or partially funded
  - 46% of housing awardees are culturally specific organizations
  - 72% of nutrition awardees are culturally specific organizations
- 26 organizations will be new partners (no prior contracting relationship)
- Counties will serve in Hub/network support roles for housing

#### HRSN Network Support/Hub Awards

Awardee	CCBF Award
211info	\$750,000
Clackamas County	\$1,344,306
Multnomah County	\$935,702
Washington County (Dept. Housing Services)	\$1,010,165

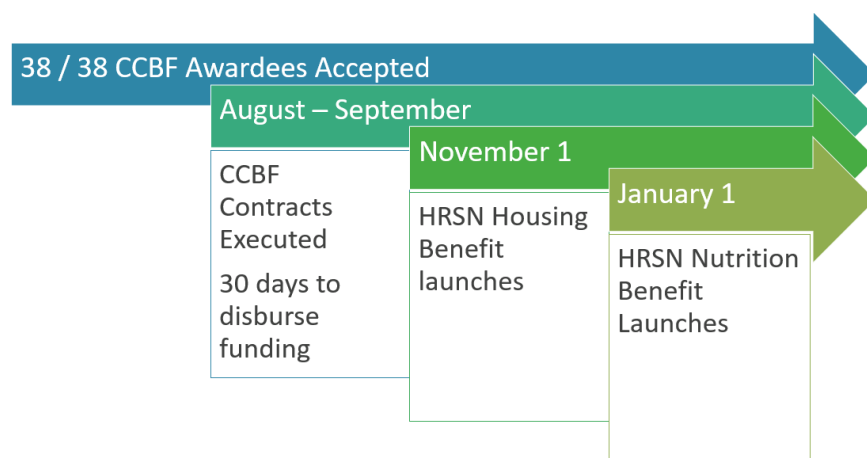
#### HRSN Housing Awards

HRSN Category	Awardee	CCBF Award
Housing	Bienestar	\$245,450
Housing	Bridge-Pamoja	\$50,000
Housing	Cascade AIDS Project	\$214,208
Housing	Central City Concern, Inc	\$170,499
Housing	Clackamas Women's Services	\$323,000
Housing	Community Action Organization	\$199,977
Housing	Community Development Corp. of Oregon (Rockwood)	\$75,000
Housing	Greater New Hope Family Services LLC	\$50,000
Housing	Home Forward	\$1,054,079
Housing	Latino Network	\$243,685
Housing	Neighborhood House Inc	\$100,000
Housing	New Narrative	\$150,000
Housing	Northwest Family Services	\$482,533
Housing	Oregon and SW Washington African Community Development Center	\$100,000
Housing	Oregon Chinese Coalition	\$50,000
Housing	Oregon Human Development Corporation	\$100,000
Housing	Portland Homeless Family Solutions (Path Home)	\$180,018
Housing	Portland Opportunities Industrialization Center, Inc.	\$100,000
Housing	Project Access NOW	\$750,000
Housing	Project Quest	\$165,000
Housing	Red Lodge Transition Services	\$50,000
Housing	Sequoia Mental Health Inc.	\$211,506
Housing	United Way of the Columbia-Willamette	\$200,000
Housing & Nutrition	Centro Cultural del Condado de Washington	\$50,000
Housing & Nutrition	Native American Rehabilitation Association of the Northwest, Inc.	\$252,041
Housing & Nutrition	The Immigrant & Refugee Community Organization	\$190,000

### HRSN Nutrition Awards

HRSN Category	Awardee	CCBF Award
Housing & Nutrition	Centro Cultural del Condado de Washington	\$50,000
Housing & Nutrition	Native American Rehabilitation Association of the Northwest, Inc.	\$252,041
Housing & Nutrition	The Immigrant & Refugee Community Organization	\$190,000
Nutrition	Adelante <u>Mujeres</u>	\$164,636
Nutrition	Asian Health Service Center	\$86,400
Nutrition	Ecumenical Ministries of Oregon	\$168,062
Nutrition	Familias en Accion	\$100,000
Nutrition	Feed em Freedom	\$100,000
Nutrition	Feed the Mass	\$100,000
Nutrition	Friends of Zenger Farm	\$50,000
Nutrition	Meals on Wheels People, Inc	\$210,000

### CCBF Next Steps



### Discussion

There was a Shout Out to all the work that Ophelia has done to support in this process. It was also stated that we will be partnering with 26 agencies that we have not partnered with before. The following question was supposed for the team to think about: as we engage with these community partners, what updates and information would you like to have reported back to this team.

### 2024 SHARE Spending Plan

### 2024 SHARE Background

**Consultation**  
April-May 2024

4/10 – Joint CIMAC/CAC (constraints and Strategy Options)  
4/24 – CIC 2024 SHARE Approach (feedback from CIMAC/CAC)  
5/15- Joint Board/CAC meeting (CIMAC/CAC/CIC feedback presented and investment approaches)  
5/31 – CCBF Applications closed

Guidance:

- Priority on CCBF Capital investments
- Support on current SHARE investment in connection to HRSN capacity building

The primary goals of the SHARE Initiative are to:

- Safeguard public dollars by requiring that a portion of CCOs' profits are reinvested in their communities; and
- Improve CCO member and community health by requiring reinvestments go toward **upstream nonhealthcare factors that impact health** (for example, housing, food, transportation, educational attainment or civic engagement).

**Decisions/Recommendations**  
July- August 2024

- 07/08 – CI MAC
- 07/10 – CAC
- 07/15 – OHA CCBF Approval
- 07/16 – CCBF Office Hour
- 07/24 – CIC
- 07/29 – CI MAC SHARE Follow-Up
- 08/12 – CI MAC
- 08/14 – CAC
- 08/21 – Board approval

### Proposed Recommendations

- Support CBO capacity building for Health-Related Social Needs network, particularly capital investments
- Align investments with priorities identified in 2023 SHARE process
- **Support an evaluation project of Health Share's CCBF investments**

### Community Impact MAC Recommendation

On August 12, the Community Impact MAC supported the 2024 SHARE Spending Plan recommendations with the following edits:

- Allocate \$500K to ORCHWA for CHW Training and Hub Network to Support HRSN Delivery (in all areas not just a Nutrition focus)
- Allocate \$1.1M to OPHI for TA Support and Capacity Building for Nutrition-Serving Organizations
- NEW! \$250K to support of Evaluation of Community Capacity Building Fund investments; evaluator to be determined

### 2024 SHARE Spending Plan Recommendations

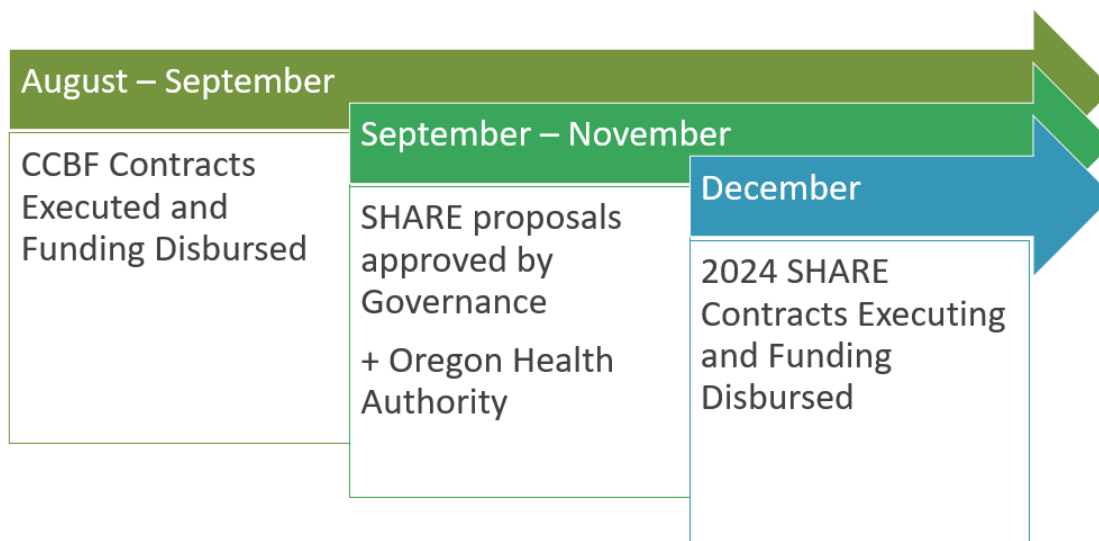
Organization	Award	SHARE Investment Criteria
Adelante Mujeres	\$35,364	CHW-Led Latine Nutrition Programming & Equipment
Community Development Corp. Of Oregon	\$39,168	Housing Tenancy Services
Ecumenical Ministries of Oregon	\$30,800	Tri-County Prepared Meal Programming & Equipment
Feed'em Freedom	\$100,000	Black & African Nutrition Programming & Equipment
Feed the Mass	\$150,000	Medically-Tailored Meal Programming & Equipment
Meals on Wheels People, Inc.	\$388,772	Refrigerated Van & Other Equipment for Tri-County Nutrition Outreach
Native American Rehabilitation Association of the Northwest, Inc.	\$103,690	Native-Centered Tri-County Housing Tenancy & Nutrition Services
Oregon Community Food Systems Network	\$150,000	Veggie and Fruit Rx Community of Practice
Oregon Community Health Worker Association	\$500,000	CHW Training and Hub Network to Support HRSN Delivery
Oregon Public Health Institute	\$1,100,000	TA Support and Capacity Building for Nutrition-Serving Orgs
To Be Determined	\$250,000	CCBF Evaluation Project

Please Note: The first seven organizations (Adelante Mujeres through Native American Rehabilitation Association of the Northwest, Inc.) received both CCBF and SHARE funds.

### Request for Approval

Is the CAC in agreement to move forward with the 2024 SHARE Recommendations? The following individuals were in agreement to move forward with the 2024 SHARE recommendation: Candice Jimenez, Magdalena Ramirez, Hilary Flaming, Lung Wah Lazum, Natasha Davy, and Jamie Zentner. It was determined that it would move forward to the Community Impact Committee.

### SHARE Next Steps



### Discussion

It was stated that it's so great for an addition to evaluate. Dr. Joy Mutare stated that "I would just be so curious to see what the answer would be to a question like "what specifically did your org accomplish which you would have otherwise not been able to had you not received this funding.""

### **Topic 3: Community Health Improvement Plan (CHP)**

Luci Longoria presented the Community Health Improvement Plan update. Luci reminded everyone that the CAC CHP Workgroup will be on August 20, 2024 from 11am to 1pm. This is a hybrid meeting. We encourage you to come in person to the Health Share office to meet in the Juniper conference room; however, if you need to you can participate virtually.

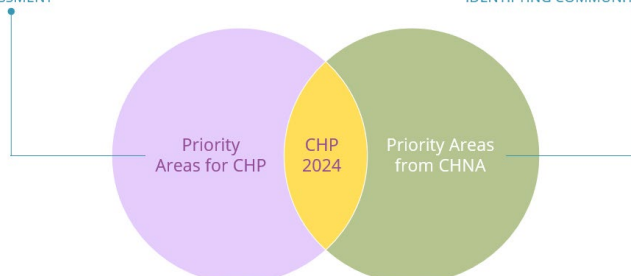
### CHP ENGAGEMENT AND IMPACT

#### 2024 CHP PRIORITY AREAS

- ↳ Access to Care
- ↳ Prevention
- ↳ Social Health Needs

CHP ENGAGEMENT WILL BE TO VALIDATE AND SUBSTANTIATE DATA FROM 2022 COMMUNITY HEALTH NEEDS ASSESSMENT

CHNA IS OUR PRIMARY OPPORTUNITY FOR ELEVATING COMMUNITY VOICE IN IDENTIFYING COMMUNITY HEALTH NEEDS



Asked the group to answer these questions

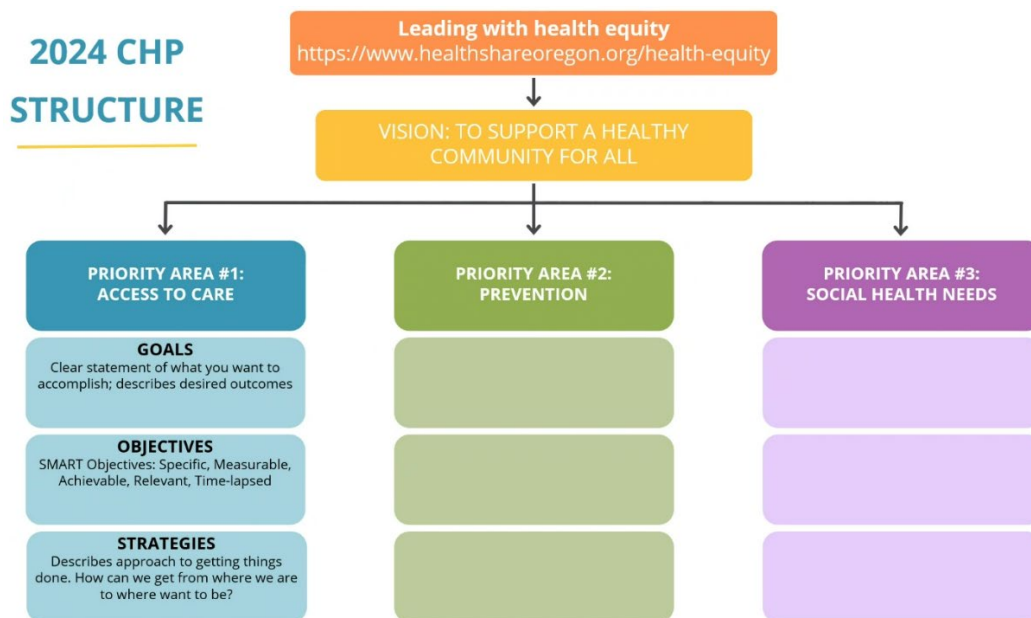
1. What do you expect from CCOs and what do you hope your CCO can accomplish in the next ~5 years?
2. As you consider Access to Care, Prevention and Social Health Needs: What gaps/barriers are you aware of that your service population/community experiences?

Community Input Themes

- Language Access (Dialect + Education): more culturally/linguistically accessible services + resources.
- Make grant applications + process more accessible for community.
- Need more education around how to navigate benefits and health system.
- Flex funds need to be more equitable.
- Increase networks for sharing information and resources.
- Daycare/childcare resources are fundamentally limited.
- Disaggregate Data.
- Behavioral Health: Remove stigma culturally sensitive way and provide more benefits education.
- SUD: Education on alternative drugs/weaning process; Provide Free Narcan.
- Desire for more in-person meetings to learn about CCO work in community health.

Celia Harris – Contractor

- Partnering with Christine to provide support and additional capacity towards completion of Community Health Plan.
- Brings expertise on data analysis and storyboarding.
- Will help to analyze data and support strategy + narrative development, utilizing knowledge of existing/developing work at Health Share and desired outcomes for in the priority areas of CHP.



2024 CHP GOALS

## PRIORITY AREA #1: ACCESS TO CARE

- Members (and the workforce that supports them) are able to access the health care system, connect to care easily and locally, and get their health needs met.

## PRIORITY AREA #2: PREVENTION

- Align efforts, investments, and community partnerships to support prevention across all ages.

## PRIORITY AREA #3: SOCIAL HEALTH NEEDS

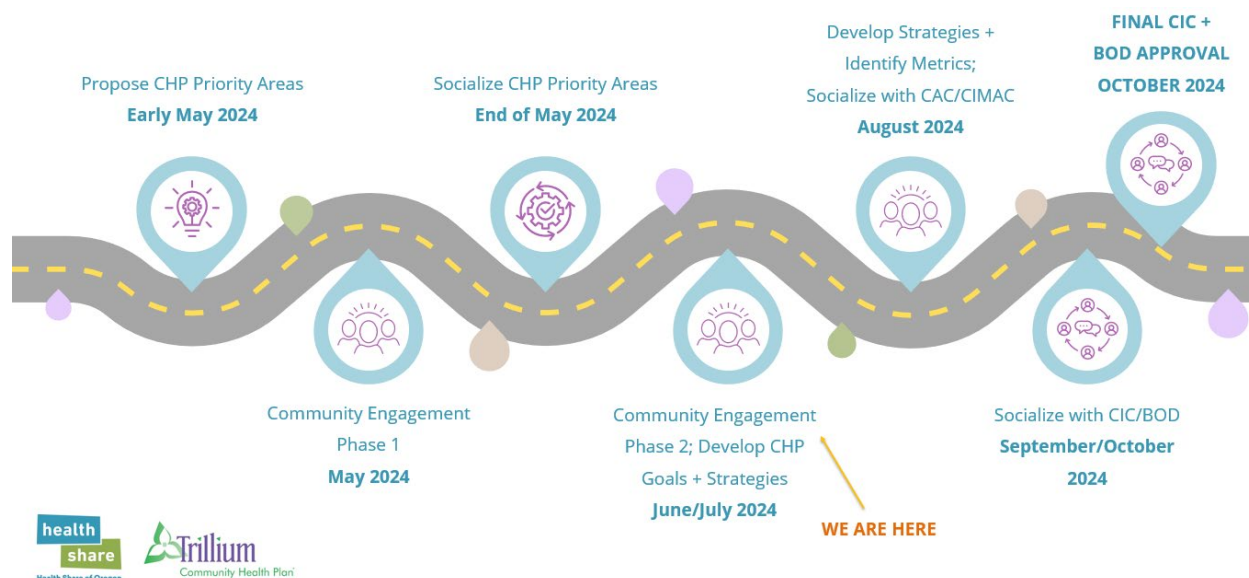
- Partnerships are established to address social determinants of health in member population. Social health benefit is implemented.



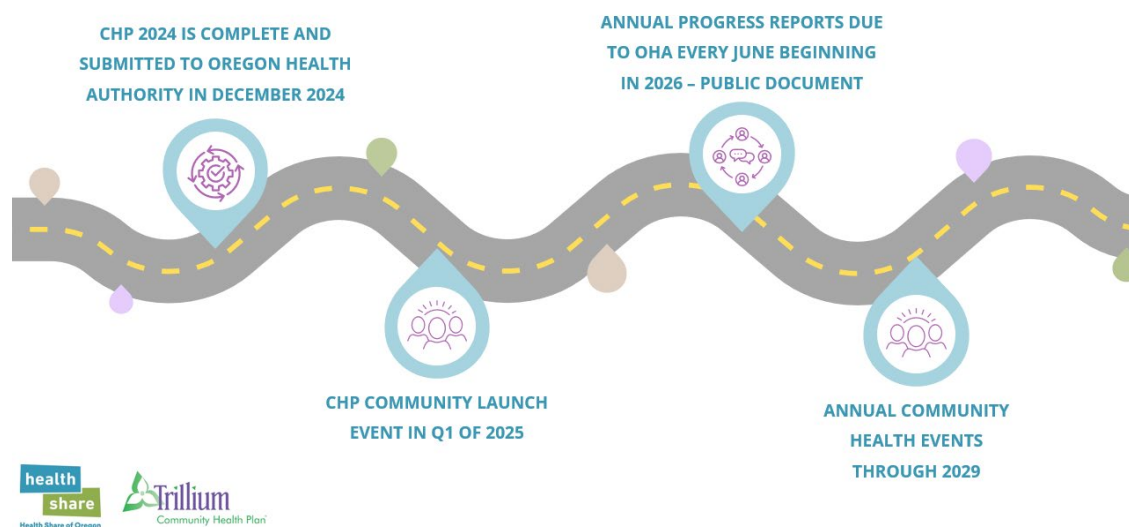
These 6 elements will inform the development of our CHP strategies, for how we will hopefully get to our desired outcomes.

## CHP 2024 TIMELINE





## COMMUNITY HEALTH PLAN 2024-2029



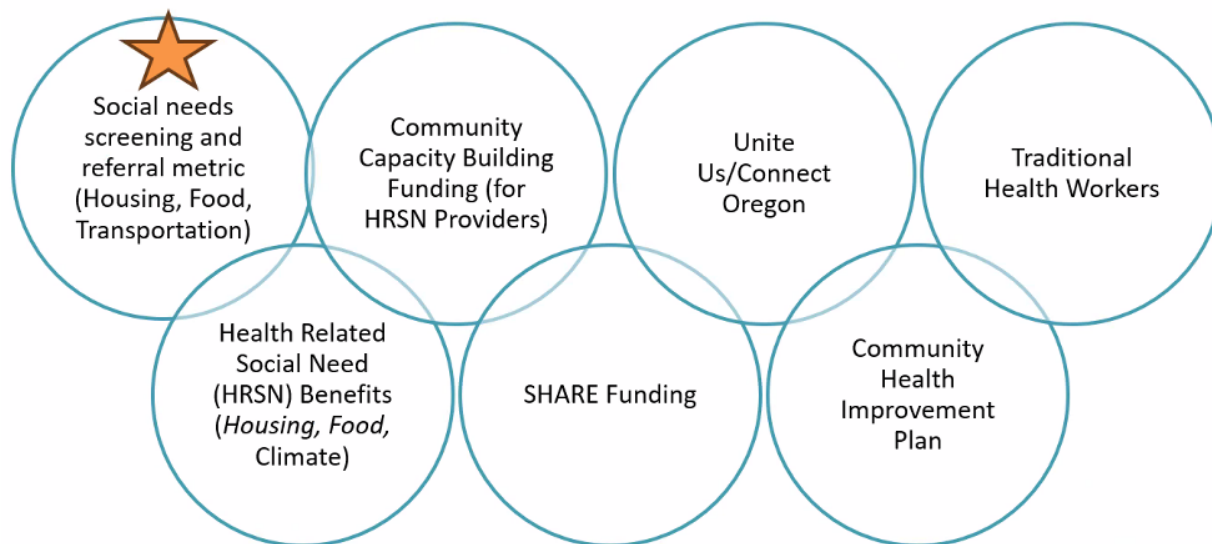
No further discussion took place.

### **Topic 4: Social Determinants of Health (SDOH) Social Needs Screening Metric**

Mary Kjemperud and Kelly Jones from The Eleva Group and Maria Tafolla, Maureen Seferovich and James Wilson from Health Share presented the Social Needs Screening and Referral Measure.

### Social Health Intersecting Work





### OHA Metric Framework

State quality metrics: OHA has agreed to measure and report these metrics to the Centers for Medicare & Medicaid Services (CMS) as part of the 1115 Medicaid waiver.

CMS core metrics: OHA and other state Medicaid programs report measures in the Medicaid Adult and Child Core sets to the Centers for Medicare & Medicaid Services (CMS) annually.

CCO incentive metrics: CCOs receive payment based on their performance on incentive metrics, which are selected by the Metrics and Scoring Committee. This part of Oregon's commitment to pay for better quality care and health outcomes. For more information on the committee, visit <http://www.oregon.gov/OHA/HPA/ANALYTICS/Pages/Metrics-Scoring-Committee.aspx>.

### Discussion

James Wilson explained that the CCO Incentive metrics started in the 2012. There have been 32 metrics that have been reviewed and incentives given out. Our metrics come from two place

- ↳ Medicaid/Medicare: classic health care metric
- ↳ Upstream Metrics: created in Oregon around Health Equity.

The Social Health metric falls under the Upstream Metrics. The question was asked if all State metrics come from upstream metrics. It was stated that the State metrics come from the two categories: Upstream metrics and Classic Health Care metrics.

### Delegation for Metrics

Health Share: Data sharing, performance monitoring, validation, CQM data collection & reporting, strategy & policy development convening, communication campaigns.

IDS/ICN: Population management, member outreach, member/provider incentives & communication, claims processing, care coordination, chart review, network management & access.

Panel management, patient outreach, case management, schedule scrubbing, workflows, coding chart review, CQM reporting.

### Discussion

A question was asked to clarify what IDS and ICN are.

- ↳ IDS is Integrated delivery system. Examples are OHSU, Providence, Kaiser or Legacy Health PacificSources. IDSs employ their primary care network and manage their own hospitals
- ↳ ICN is integrated care network. Examples are Clackamas Health Clinics. ICNs are a group of healthcare providers that work together to deliver coordinated care to patients.

### Vision

Social Determinants of Health/Screening for Social Need

Ensuring people have access to stable housing, good food, and reliable transportation are key components of health and mental well-being. This measure promotes housing, transportation and food need screenings for all CCO members. If a member has one or more needs, the measure encourages CCOs and their providers to give the member a referral to have those needs met.

### High-Level Requirements

- CCOs will attest to doing system level work around screening for and addressing social needs in the domains of Food insecurity, Housing insecurity and transportation needs.
- In future years, CCOs will begin reporting on the percent of members screened, percent who have a housing, food and/or transportation need, and percent with a need who receive a referral.

### Discussion

1<sup>st</sup> year: getting the system into place and next we will be measured on it.

### Specific Metric Requirements

- Engagement with members in development of policies that will support this work. Policies must address Staff training use of REALD data to inform work on social needs screening and preventing over screening.
- Development of a written plan to meet members' unmet needs in the domains of food insecurity, housing insecurity, and transportation needs. The plan aligns with related work such as the use of Health-Related Services funds and the Supporting Health for All through Reinvestment (SHARE) initiative.

### Discussion

Making sure that there are informed policies around this work.

### Updates from 2023 CAC Input

*The CAC input in 2023 was incredibly valuable in shaping the Social Needs Screening and Referral policies!*

*In 2023 a key message from CAC was:*

*Screening frequently is okay, but only if a referral path is available if a need is identified. Don't screen just to screen.*

*Based on the feedback, Health Share added the following guidelines to the Social Needs Screening and referral Policy:*

*Plan Partners will establish a clear process so that when a member screens positive for one or more unmet needs, the member, if interested, is referred to culturally responsive services to address their need.*

*To address and prevent over-screening, (when the ability to refer to available resources does not exist), Health Share and Plan Partners will:*

- *Develop monitoring and feedback mechanisms to understand where screenings are occurring without ability to refer to services.*

We have 3 Key Questions for you Today:

Policy Development: Question 1

Which providers/settings feel most appropriate for prioritizing food, housing, transportation insecurity screening?

When I was doing eligibility work, we would do a screening but not sure who analyzed this information or if it was shared with the CCOs. I recall there were questions regarding transportation, housing and nutrition.

## Environmental Scan Results

Service Type	Yes	No	Total	% Yes
Primary Care	166	29	195	85%
Mental Health	50	40	90	56%
Dental	27	14	41	66%
OB/GYN	33	5	38	87%
Cardiology	25	8	33	76%
SUD	23	9	32	72%
Neurology	20	3	23	87%
Urgent Care	4	14	18	22%
Endocrinology	12	5	17	71%
Hospital - non emergency department	15	1	16	94%
Oncology	7	9	16	44%
GI	10	4	14	71%
Pediatrics	11	2	13	85%
CBO	10	2	12	83%
Pulmonary	10	0	10	100%
Pediatric Endocrinology	5	4	9	56%
Palliative Care	7	1	8	88%
Other	1	5	6	17%
Pediatric Cardiology	2	3	5	40%
Eye Care	4	0	4	100%
Orthopedics	4	0	4	100%
Hospice	3	1	4	75%
Pediatric Neurology	3	1	4	75%
Dermatology	3	0	3	100%
Developmental Pediatrics	2	1	3	67%
Pediatric GI	2	1	3	67%
Maternal Fetal Medicine	0	3	3	0%
Home Health	0	3	3	0%
Skilled Nursing Facility	2	0	2	100%
Hospital - emergency department	2	0	2	100%
Hematology	2	0	2	100%
School based health center	2	0	2	100%
Midwifery	0	2	2	0%
Pediatric Oncology	0	2	2	0%
Pediatric Pulmonary	0	1	1	0%
<b>TOTAL</b>	<b>467</b>	<b>173</b>	<b>640</b>	<b>73%</b>

Does your organization currently screen members for housing, food, and / or transportation insecurity?

Overall, **73% (up from 66% last year)** of organizations surveyed screen for housing, food, and / or transportation insecurity.

These are the top reasons organizations stated they are not screening:

- Planning to develop processes soon
- Screening, but not with a formal tool
- Not required / not billable
- Specialty practices do not screen for SDOH in the organization
- No internal staff to manage screening and referrals
- Lack of resources to refer to

### Discussion

A question was asked: when a referral is not available, is the reason being captured? For example, service need unavailable and reason (not existent, waitlist, etc.), or if it is an organizational capacity issue where there might not be staff available to manage referrals. It was stated that closed loop referrals should help with this.

Forrest Pearson then stated that he didn't see a Diabetes screening on that list and was wondering if it was there. It was stated that they list it under the endocrinology. It was stated that diabetes screening and endocrinology are two different things. Diabetes can be screened in multiple different clinic setting (i.e. eye clinic, primary care, endocrinology, etc.).

### Policy Development: Question 2

What types of interactions feel best for gathering this type of information? (in a visit over email, through an electronic health record)

### Policy Development: Question 3

What frequency feels most appropriate for this type of screening?

### Environmental Scan Results

#### Screening Frequency

The most common screening frequency is annual at 59% (up from 43% in 2023).  
The second most common response was "Every Visit" at 25% (up from 7% in 2023).  
45% of organizations selected multiple timeframes for screening.



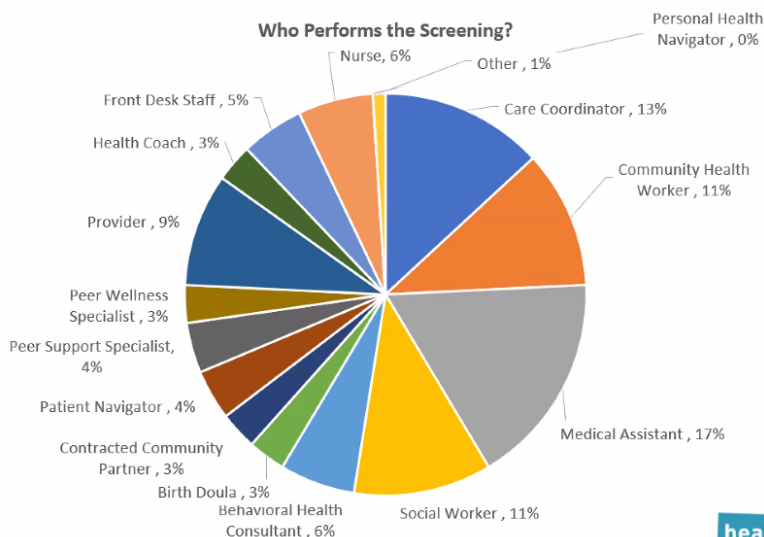
### Environmental Scan Results

#### Who Performs Screening?

Top responses for who performs screening are Medical Assistants, Care Coordinators, Community Health Workers, and Social Workers.

**Trends from 2023:**

- CHWs are up by 4% from 2023
- Front desk staff are down by 9%



The results summarized do not include the CBO data. Most common screeners for CBOs are CHWs, Peer Support Specialists and Outreach Staff. CBOs most commonly screen at initial intake and at every encounter.

**Discussion**

It was stated that individuals were looking for what was the best workflow. It could be a medical assistant, social worker, etc. Our CHW partners have shared that they ask at every visit to check on progress and follow up on services as they are needed that may have not been met yet (referral might have not gone through or did not respond).

**Ongoing Member Engagement Brainstorm**

- Channels for member engagement  
What tables exist for us to continue this engagement? (community-based groups, other consumer advisory bodies, etc.)
- Role of the CAC?  
How does the CAC want to be engaged? How often? At what level? (updates? Reviewing feedback?)

**High Level Timeline and Next Steps**

- Member Engagement
  - o Health Share and Health Share Plan partners developed policies and procedures around SDOH Screening and Referral last year
  - o By end of 2024, policies and procedures will be reviewed and updated, including updates based on member feedback
  - o This metric is ongoing, and we will provide regular updates and seek input
  - o Check back with CAC (before end of the year?) with update and next round of input/reflection on what they heard
- Written plan to meet members' unmet needs
  - o CAC supported this year's SHARE spending plan recommendations which included investments to increase capacity of 7 nutrition and housing organizations
  - o Share the final written plan with the CAC

### Discussion

No further discussion took place.

### **Wrap-up**

Luci Longoria wrapped the meeting up by letting the team know we have shared a lot of information with the members today and their impressions, feedback and ideas are crucial to Health Share. It was expressed that welcome their thoughts afterward. If someone didn't manage to catch each speakers' email, then they can forward their questions and input to Luci and she'll forward them on. Health Share is so grateful for all you do to support our collaborative work!

Potential September agenda items include:

- CHP Final draft
- HEP Plan
- Traditional Health Worker workgroup
- REALD & SOGI efforts

Luci reminded the group that they can send in meeting topics and future agenda items if they come up.

No additional questions or comments were made. Meeting adjourned.

### **Meeting Schedule:**

Next meeting is scheduled for a **in-person meeting** on **September 11, 2024** from **1:30pm – 3:30pm**. Please note

Participation		
Organization	Representative (Indicate Proxy if present)	Present
Health Share of Oregon	Abraham Rodriguez Guillen	x
Community Council Members	Candice Jimenez	x
Health Share of Oregon	Christine Bernsten	
Health Share of Oregon	Christine Kan	
Siletz Tribal Representative	Forrest Pearson	x
Consumer Council Members	Francisco Elias	
Consumer Council Members	Hilary Flaming	x
Clackamas County Council Representative	Jaime Zentner	x
Consumer Council Members	Joy Mutare	x
Consumer Council Members	Lauren Riddle	
Health Share of Oregon	Love Richardson	x
Health Share of Oregon	Luci Longoria	x



Community Council Members	Lung Wah Lazum	x
Washington County Council Representative	Magdalena Ramirez	x
Health Share of Oregon	Maria Tafolla	x
Health Share of Oregon	James Wilson	x
Health Share of Oregon	Mariam Ukbazghi	x
Health Share of Oregon	Maureen Seferovich	x
Health Share of Oregon	Mariotta Gary-Smith	x
Health Share of Oregon	Marissa Sliwka ( <i>recorder</i> )	x
The Eleva Group	Mary Kjemperud	x
The Eleva Group	Kelly Jones	x
Oregon Health Authority	Mark Cokenour	
Multnomah County Council Representative	Natasha Davy	x
Health Share of Oregon	Ophelia Vidal	x
Health Share of Oregon	Phyusin Myint	x
Consumer Council Members	Rachel Schutz	
Community Council Members	Yamungu Seraya	