

Meeting Recap

February 12, 2025

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 and an ice-breaker.

Topic: Community Engagement Operations

Meeting Note Approvals:

January 8th meeting notes: Approved

Stipend reminder

Kudos to Hilary for submitting a stipend request today! It's great to see these coming in. For those eligible, please submit your requests regularly—ideally every month, or at least every couple of months, and no more than every three months. The forms are attached to the email that was sent out. We want to ensure these meetings are accessible to everyone, so please get your requests in.

Call for 2025 agenda topics

Please send in your agenda topics. Now, I'll hand it over to Abraham and Dr. Pearson for an update on sponsorship and follow-up on the Lara media efforts. Dr. Pearson will also provide another update. After that, we'll move on to the main part of the agenda.

2025 Sponsorship & Events

We are progressing well with our sponsorship review and have already reviewed several applications. If you know of any organizations that align with our mission and should be considered for sponsorship, please submit them through the sponsorship request form, which I can share shortly. We are also looking to partner with other organizations or agencies for tabling requests and presentations. If you have any groups in mind, please let us know. We've done this several times this year and are always looking to plan more for the future.

Community Engagement Updates

- Redetermination Contracts with CBOs: Health Share partnered with 9 community-based organizations (CBOs) to address the redetermination period starting in April 2023. These organizations were funded to reach out to traditionally hard-to-reach groups.
- Closeout Report: The redetermination period is over, and a closeout report is being compiled. If anyone has specific requests or topics they want covered in the report, please let me know. The report includes quotes and detailed information on barriers experienced, lessons learned, and how funding was used.
- Feedback and Questions: Please take a moment to think about any questions or suggestions you have. You can also leave a message in the chat later.

Feel free to raise your hand, ask a question, or put something in the chat at any time. This isn't the only opportunity to ask.

Lara Media – updates and progress on motion videos

- Feedback Implementation: We are incorporating everyone's feedback into the infographics.
- Focus on Doulas: Doulas will be the focus of our motion graphics video, as they have the most consensus among health plans for access and utilization. The video will also introduce other types of traditional health workers (THWs).
- Supplemental Infographic: We are developing an infographic to describe other traditional healthcare roles.
- Next Steps: Lara Media will deliver a storyboard concept, including the script and design, for feedback. We will also work on a supplemental infographic and one-pager to support the video content.

Background: The focus on doulas was chosen due to a lack of engagement with traditional health workers, highlighted by Marianne. This is the first step in our initiative to address this gap.

Future Plans: Additional topics will include physical health, behavioral health, and navigating healthcare. More opportunities for feedback and collaboration will be available.

General announcements

Candace's Doctoral Education and Board Meeting Conflict:

- Candace's Achievement: Kudos to Candace for her straight A's last semester while working on her doctoral education!
- Board Meeting Conflict: Candace has a scheduling conflict with board meetings this semester. According to our bylaws, we can have a CAC member join the board meetings as a non-voting member in her absence.
- Call for Volunteers: We need a CAC member to join the board meetings until Candace can return. The meetings are held on the third Wednesday of each month from 3:00 to 5:00 PM. Volunteers can attend in person or virtually.
- Stipend Available: A stipend is available for attending both CAC and board meetings.
- Next Steps: Please let us know by Friday if you're interested in volunteering. This could be a rotational role if needed. Lucy will send a formal email for responses.

Candace will continue to support the Quality Health Outcomes Committee and other tasks. Thank you, Candace, for your commitment!

CAC Charter Revision Subcommittee

- Call for Volunteers: We are looking for one or two more volunteers to join the subcommittee working on the CAC Charter revision. This subcommittee will work on next steps between meetings.
- Previous Success: This approach worked well for our recruitment strategy.
- Next Steps: Look out for a poll to express your interest.

Topic: 2025 CCBF

- 2025 Contract: HSO received a contract from OHA for 2025, allocating \$15.4 million out of \$55.9 million statewide for CCBF. This is an increase from \$10.8 million in 2024.
- Final Year for CCBF: 2025 is the last year for CCBF, but not for HRSN.
- Purpose: CCBF awards support community partners in becoming HRSN network providers. Funding is distributed through an OHA-determined application process.
- Application Process: Includes community outreach, confirming grant amounts, and OHA approval before disbursing awards. The application period runs from April 1 to May 30, with reviews and selections from June 2 to July 31.
- Categories: Allowable uses include technology, business practices, HRSN workforce development, and outreach/education.
- CAC Involvement: CAC will be consulted on funding priorities, review processes, and award approvals. Volunteers are needed for the 2025 CCBF application review team.

Topic: Behavioral Health Network update

Jill Archer, Senior VP for Behavioral Health at CareOregon, provided an update on the behavioral health network.

- Policy Change: CareOregon is focusing on quality care standards and support for their contracted network. They are addressing non-contracted providers who are unlicensed and working independently.
- Transition Plan: An eight-month notice was given to these providers to either get licensed, complete treatment, or transition their clients. Care coordination will be provided for high-risk members.
- Information Sessions: Two sessions will be held next week to address questions and scenarios. Sign-up is required to attend.
- Contracted Network: No changes are being made to the contracted network until the Oregon Health Authority implements new rules.
- Website and Registration: The website link for registration and more details has been found and will be sent out in the follow-up.
- Licensing Process:
 - Cost and Duration: The cost and duration of obtaining a license depend on the degree. It typically takes 2-3 years of full-time clinical work. Costs can vary, with supervision potentially costing around \$150 per hour.
 - Requirements: To practice independently as a board-registered associate, one must have a supervision plan on record with the licensing board.

Impact on Providers: Approximately 350 unlicensed associates without a contract are seeing members in the metro region. The number of members they see varies.

Support and Resources:

- Website: The website is the best resource for updated information and links to the provider relations team.
- Provider and Member Support: Provider and member customer service can route questions to the right place.

Appreciation and Next Steps:

- Thanks to Jill: Appreciation for Jill's efforts in expanding and improving the behavioral healthcare system.
- Ongoing Feedback: The CAC values ongoing feedback and has mechanisms to provide it.

Topic: Introduction to Health Share's Children, Youth & Families portfolio and priorities

Peg King present to the CAC 's a high-level overview and hope you'll consider what's missing or how we can better communicate our strategies and investments to the community. About one-third of Health Share's members are children and youth. We have a dedicated team analyzing data and strategizing to improve health outcomes for our youngest members. We have a dashboard with data that can be disaggregated by school district, primary care assignment, and social complexity factors.

Our Children, Youth, and Families portfolio involves partnering with agencies, CBOs, and public health. We have strategic investments funded through various sources, including the global budget. We work on metrics related to children, youth, and families, and we innovate and test new approaches. I'll briefly discuss some of our projects and would love to hear your thoughts on how we can better connect with community partners.

Family Connects is a universally offered home visiting program legislatively passed several years ago. Washington County is implementing it, offering families up to three nurse home visits. Multnomah County will start rolling it out incrementally. This program is available to anyone, regardless of health insurance. Nurses assess risks and connect families to services like housing, utilities, mental health resources, and parenting education.

We're addressing long wait times for autism assessments by collaborating with health system partners and developmental pediatrics. We've trained primary care providers to diagnose clear-cut cases of autism in children under five and are working on alternative payment models to support this. The Autism Alert intervention at Help Me Grow involves peer navigators with lived experience helping families navigate paperwork and providing emotional support.

For the past three years, we've focused on social-emotional health for children aged 0-5. Our action plan includes community and clinical strategies funded through the quality metrics budget. We're exploring Medicaid billing and conducting a regional messaging campaign.

We are launching a regional messaging campaign in June aimed at destigmatizing mental health access for young children. This campaign will be conducted in English, Spanish, and Russian, targeting African American, Native American, and Pacific Islander populations. We are currently developing this campaign and would love to get input or assistance from anyone interested.

I want to highlight our health-related hours pack pregnancy package called Safe Beginnings. We piloted this initiative to provide a package of items to pregnant health share members using health-related services flex dollars. We convened all health plan partners to agree on a universal form, making it easy for families to access a menu of available items. All health plans have agreed to approve these requests without additional steps.

We started with the Project Nurture clinics and expanded to three home visiting programs in each county. The plans have now agreed to open this to all pregnant healthcare members, as it has proven to be a valuable way to serve clients. They are currently working on operationalizing this process.

Under access to care, we are funding an Adelante Mujeres' program to engage younger students in behavioral health, as well as providing stipends for MSW students at Portland State to focus on young children. We have also been funding IRCO to develop culturally tailored parenting classes.

In terms of prevention, we support Every Step clinics for foster kids and have expanded these clinics to include Kaiser. We have also mapped behavioral health resources for young children, which will soon be available on our website. Additionally, we are funding a pilot at the Gladstone Center to co-locate a behavioral health professional in a preschool.

In the social health space, we have invested in Help Me Grow and Autism, a resource for families with young children to connect to various services. We are also supporting the Family Peace Center project in Washington County, which will co-locate services for families experiencing violence and is scheduled to open in early 2026.

I want to ensure our work is connected to what you care about in your professional or personal life. We have many opportunities for involvement, and I am happy to meet individually to discuss further. Please feel free to ask questions or share your thoughts.

I'm wondering why the universal home visiting program is only happening in Washington County at this point. It seems like a tremendous initiative. One reason might be that it doesn't really pay for itself. Washington County has had a hard time getting commercial payers to cover it. It's been a roller coaster, but it's a great program. However, the payment issues need to be resolved.

Washington County was one of the early adopters, starting with St. Vincent's and then expanding to other hospitals. I appreciate the question, Jamie, and Peg's input.

Peg referenced Lauren Riddle, who unfortunately couldn't join us today due to a scheduling conflict. Lauren had met with Katie Unger from Health Share of Oregon to get an orientation to this portfolio of work, which helped her understand how it might connect to her areas of interest. It was encouraging to have this information brought back to the CAC.

In our follow-up, we can definitely ask CAC members about their particular areas of interest. Maybe, Peg, we can brainstorm a way to poll members on their top three interests or gather additional information.

CAC members, if you have any questions or need clarification, please feel free to ask. This isn't the only opportunity to do so.

I'm grateful for the spectrum of information about child, youth, and family services that Peg has shared. Peg, thank you for putting this together and providing this resource in the slide deck for our CAC members. I need to move to the next agenda item now. Thank you so much for joining us, and let's reconnect to follow up with folks and see what their next interests are.

Topic: Community Health Improvement Plan (CHP)

Maria presented the CHP on behalf of Christine Kan, who couldn't join the meeting. There are two main takeaways:

1. We have a Community Health Improvement event planned for April. Natasha and Jamie, you might recall a similar event hosted by Trillium Healthcare at PCC. We aim to report back to community partners on our progress with the Community Health Improvement Plan (CHP). Christine did an extraordinary job with the CHP and progress report submissions. Now, we need to connect the dots and bring community partners back together. We had over 100 participants at the last event and hope to replicate that success.
2. We need to think about how the CAC can maintain oversight and engagement as the CHP gets implemented. Peg's presentation showed how internal Health Share staff are aligning their work with the CHP. We need to consider how we want to see this alignment in the future.

Christine shared this roadmap a few months ago. The CHP progress report was submitted, and we scored 70 out of 70. It was a great team effort, and we should celebrate this achievement.

The CHP was a collaborative effort between Trillium and Health Share, with weekly meetings to coordinate the submission. We haven't received feedback yet, but we expect it soon. Our next steps include the CHP community launch event in April and implementing the CHP with Health Share collaborative partners. Christine has been meeting with county representatives to align and collaborate, and we also want to extend this collaboration to community and health plan partners.

We plan to host an annual CHP event to stay connected with the community and provide status reports. Our next major deliverable is the progress report due in June 2026. This year is about organizing, implementing, and figuring out engagement.

Here are the CHP goals and strategies. We anticipate feedback from OHA on our alignment and engagement with the required populations, and we'll share the evaluation results at our April event. We want to work with the CAC to develop the implementation plan, look at CHP priorities and strategies, and maintain engagement. You have a key role in overseeing our progress with the CHP.

We need to ensure broader engagement with early learning and school-based programs. A legislative bill is pushing CCOs to expand relationships with these programs. Peg's presentation highlighted the work being done around early learning, but we also need to focus on school-based programs.

We aim to align community-based funding projects and initiatives with our CHP. Data collection and analysis are crucial, and our quality team has been instrumental in this. Both qualitative and quantitative data are important for demonstrating accountability. Hosting community conversations will help us remain accountable and responsive to community needs.

Our CHP is flexible and adaptable, allowing us to respond to emerging community needs. The strategies and goals are not set in stone, and we will continue to refine our metrics based on community feedback.

I'll leave you with these two questions: What would be helpful to hear from the community? What do you want to see in terms of report back or engagement around our CHP? If anyone is interested in being involved in the CAC event, such as presenting, we welcome that. I'll ask Christine to follow up with the group.

Maria, thank you so much for covering all that information and helping convey the great work Christine has been leading. It's crucial that we maintain the momentum and turn it into effective implementation and accountability. We have an important role in this process. You have access to the slides in your meeting packet. Thank you for introducing them, Maria.

Wrap-up

We have key questions for you to consider. You'll receive a follow-up email from me asking how you want to devote your time and energy to the topics we discussed today. This will continue to be an agenda item for our next meeting on the 12th.

Our next meeting will be in person at Health Share on March 12th. We'll discuss the CHP and check in on your thoughts about the questions Maria posed. We'll also cover other items, including the HRS and capacity building evaluation RFP related to our work with share grants and CCBF efforts. Additionally, we'll talk about Health Equity accreditation with insights from Miriam and Mariotta.

Please watch for the follow-up email. I'll be reaching out to some of you individually regarding today's discussions. Thank you all for your attention and willingness to digest this information. If you have any questions, let us know. We'll follow up so you can think about it and respond with your input on our strategy.

Meeting Adjourn

Meeting Schedule:

Next meeting is scheduled for a **in-person** meeting on **March 12th** from 1:30p – 3:30pm.

Upcoming monthly CAC meetings are scheduled for:

April 09, 2025	1:30pm - 3:30pm	virtual
May 14, 2025	1:30pm - 3:30pm	In person
June 11, 2025	1:30pm - 3:30pm	virtual
July 09, 2025	1:30pm - 3:30pm	In person

August 13, 2025	1:30pm - 3:30pm	virtual
September 10, 2025	1:30pm - 3:30pm	In person
October 8, 2025	1:30pm - 3:30pm	virtual
November 12, 2025	1:30pm - 3:30pm	In person
December 10, 2025	1:30pm - 3:30pm	virtual

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	Peg King	x
Health Share of Oregon	Abraham Rodriguez Guillen	x
Health Share of Oregon	Christine Kan	
Health Share of Oregon	Luci Longoria	x
Health Share of Oregon	Maria Tafolla	x
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	x
Multnomah County Council Representative	Natasha Davy	
Oregon Health Authority	Rebecca Donell	x
Washington County Council Representative	Laura Daily	x
Siletz Tribal Representative	Forrest Pearson	x
CareOregon	Jill Archer	x