

Meeting Recap

May 14, 2025

Welcome & Introductions

Luci welcomed the council members and a brief review of the agenda.

Topic: HRSN

Guests Beth Spinning and Jonathan Weedman provided an overview of the challenges and processes involved in implementing the HRSN housing benefit, which launched on November 1st during a time of high community need and rising housing costs. The launch coincided with the release of administrative rules and occurred before billing guidelines were finalized, leaving providers without clear direction on invoicing or reimbursement. This created significant operational hurdles, as systems, partnerships, and technologies had to be built from scratch under tight timelines. The process for delivering housing support involves multiple steps: intake and eligibility screening (often supported by 211 and CareOregon), review and authorization, coordination with service providers, and finally, invoicing. Each step presents its own challenges, particularly in gathering required documentation like W-9 forms and rent ledgers from landlords, who are not obligated to cooperate. Despite these barriers, housing service providers remain highly engaged, leveraging existing relationships and actively working with landlords to secure necessary paperwork and deliver support. The team continues to collaborate with state departments to improve policies and reduce administrative burdens, all while striving to meet the overwhelming demand with limited resources.

Beth and Jonathan continued by highlighting the immense volume and operational strain the HRSN housing benefit program is facing. As of April, 211Info, the program's primary intake line, was receiving around 150 calls per day, with customer service hold times exceeding three hours. To manage this, the team deployed 60 staff members who spent over 6,000 hours returning calls and implemented a new appointment-based intake system to reduce inefficiencies. However, the challenges extend beyond intake. Provider capacity remains a major bottleneck, with housing providers only able to process about 3–5 cases per week per full-time staff member due to the intensive documentation and coordination required. In response, Health Share and CareOregon have been working closely with providers to identify support needs, share strategies, and invest additional funding—including early release of community investment dollars—to help expand staffing and capacity. They are also contracting with new providers and advocating for policy changes with the state to streamline processes.

Looking ahead, the team is focused on scaling the program despite significant underfunding. Health Share and its partners reportedly lost several million dollars on the program last year and continue to operate at a deficit. They are holding regular steering committee meetings with member organizations to share performance data and gather feedback, while also preparing to launch a second round of community capacity-building funding. The session concluded with a reminder that the housing crisis is a broader systemic issue, not just a healthcare or benefit administration problem. The team reaffirmed

their commitment to doing everything possible to support the community, despite the ongoing challenges.

In the final portion of the discussion, Beth and Jonathan addressed questions and reflections from the group, emphasizing the ongoing complexity and emotional weight of the HRSN housing benefit program. One participant expressed confusion over the slow pace of case processing, noting their own experience as a traditional health worker. In response, Beth explained that each member's situation is often deeply complex, involving legal issues, uncooperative landlords, and other barriers that significantly extend the time required to resolve cases. Currently, 13 providers are handling referrals, with plans to add 5 or 6 more in the coming weeks to expand capacity.

The conversation also highlighted the emotional toll on staff, who are navigating a high-pressure environment while supporting vulnerable community members. Beth acknowledged the vicarious trauma experienced by staff and praised their dedication and resilience. A key structural challenge was also explained: the program's design bundles rent and utility payments, requiring detailed breakdowns of monthly charges that are not typically itemized on bills. This adds another layer of complexity for providers trying to meet federal billing requirements.

The meeting concluded with a reminder that this is an ongoing dialogue, and participants were encouraged to continue asking questions and sharing feedback. One attendee raised concerns about the program's future, particularly in light of potential federal funding cuts. It was clarified that the HRSN benefit is guaranteed through September 2027, but its continuation beyond that remains uncertain. The session closed with appreciation for the collaborative effort and a brief transition to allow others in the meeting to introduce themselves and reflect on the discussion.

Topic; Operation

Update: Program Manager-Tribal Relations

Dr. Phytusin Myint introduced Dove Spector, Program Manager – Tribal Relations as the newest member of the Health Equity and Engagement Team at Health Share. She expressed great enthusiasm about Dove's arrival, noting that her role has been elevated to a managerial position, reflecting the growing importance of tribal engagement and compliance. Dove will be supervised by Maria and supported by Phytusin, and her work will focus on strengthening relationships with tribal communities and ensuring compliance with state partnerships.

Dove then introduced herself, sharing that she is a member of the Nez Perce Tribe, raised in Portland, and deeply connected to the local community. She brings extensive experience in workforce development, tribal health policy, and innovative telehealth programs. Dove emphasized her passion for data and storytelling, particularly in highlighting the rich history and ongoing contributions of tribal communities in Portland. She expressed excitement about contributing to this narrative and being part of the community for the long term.

The team warmly welcomed her, encouraging members to connect with her during and after the meeting.

Topic: Policy/Legislative update

Anthony Montoya provided a comprehensive legislative update covering both Oregon state and federal developments. At the state level, the legislative session has passed a critical deadline—April 9th which marked the First Chamber deadline, meaning any bill not advanced out of committee is now considered dead. A major concern is the state’s economic forecast, which shows a projected shortfall of \$500 to \$750 million in revenue. Despite this, Health Share is prepared for a tighter budget environment. Oregon’s constitution mandates a balanced budget, which is based on economic forecasts rather than actual tax revenue. Anthony also discussed key bills related to CCO procurement and behavioral health capacity. Federally, there are significant developments, including the rescinding of HRSN guidance, potential threats to the OHP Bridge due to uncertain subsidy funding, and proposed cuts in the GOP’s Reconciliation Bill. This bill could reduce federal Medicaid matching funds by 10%, potentially costing Oregon around \$1 billion over two years. It also includes controversial provisions such as eliminating the 90-day grace period for citizenship proof, banning federal funding for gender transition services for minors, and imposing copays for Medicaid recipients above the federal poverty line. These changes could significantly impact Oregon’s healthcare infrastructure, especially for vulnerable populations.

Anthony emphasized that Health Share is actively collaborating with Oregon’s federal delegation, other Coordinated Care Organizations (CCOs), and the Governor’s office to mitigate the potential impacts of proposed federal policy changes. Despite the serious implications for vulnerable populations, Health Share is leveraging its experienced lobbying team and strategic partnerships to advocate effectively. One major concern is the proposed federal work requirements for Medicaid eligibility, which would mandate 80 hours per month of work, education, or community service for able-bodied adults aged 19–64. Exemptions exist for certain groups, such as pregnant individuals, foster youth, tribal members, and caregivers, but many definitions remain vague and could vary by state. Additionally, the federal bill proposes a sweeping ban on funding for gender-affirming care, listing specific procedures and treatments that would no longer be eligible for federal support. While Oregon may choose to fund these services independently, the future remains uncertain.

Anthony also highlighted three key state-level bills. Senate Bill 2205, which would extend CCO contracts to a minimum of five years, is close to final passage and has strong support. The Oregon Health Authority (OHA) has committed to a two-year delay in implementation if the bill passes, providing needed stability amid broader uncertainty. On behavioral health, Health Share is prioritizing investment in high-acuity secure residential treatment facilities. A unified proposal developed in collaboration with hospitals, counties, and community organizations has been well received by legislators and the Governor’s office, especially given the tight budget environment. This collaborative approach has strengthened advocacy efforts and positioned Health Share as a leader in addressing critical healthcare needs.

Topic: Community Health Improvement Plan (CHIP)

The meeting began with a shift in the agenda to prioritize discussion on the Community Health Improvement Plan (CHIP), reflecting the Community Advisory Council’s (CAC) emphasis on dedicating time to this topic. Christine Kan guided the group through a continuation of last month’s CHIP-related

activity. She shared that a follow-up survey had been sent to gather feedback and gauge participants' engagement. Christine emphasized the importance of grounding the group in shared knowledge, values, and hopes for the CHIP, while also acknowledging the need to slow the pace due to competing priorities. Plans for a more gradual approach, including an introductory session for newer members, were discussed to ensure everyone feels informed and included. Christine revisited the previous session's whiteboard activity, highlighting key insights such as the CHIP's focus on prevention, its shared ownership by Health Share and Trillium, and its aim to address structural health issues rather than individual blame. She also noted the importance of alignment across health systems and the evolving understanding of what CAC adoption of the CHIP truly means. The session concluded with a renewed invitation to engage thoughtfully and patiently in the ongoing CHIP journey.

The discussion continued with reflections on the broader role and influence of the Community Health Improvement Plan (CHIP). Participants acknowledged that many organizations, including hospitals and foundations, use the CHIP to guide funding and investment decisions, and that its regional nature allows it to inform other local health plans. A key topic was the evolving role of the Community Advisory Council (CAC) in the CHIP process. While the term "adoption" has historically been used—rooted in past CAC involvement in community listening sessions—there was openness to redefining this role with terms like "collaboration" or "co-creation" to better reflect current dynamics. It was noted that the term "adoption" also appears in contractual language from the Oregon Health Authority (OHA), suggesting a need for further clarification with OHA representatives. The group also discussed the upcoming formation of a charter subcommittee to help define the CAC's responsibilities more clearly, especially in light of its expanding influence beyond the CHIP. Christine then transitioned the group into an interactive whiteboard activity, inviting members to reflect on their personal values and motivations—what drives their involvement in the CAC and what resonates with them in the CHIP. Participants were encouraged to share values such as community wisdom, equity in access to care, and culturally responsive services. The session emphasized inclusivity, flexibility, and the importance of grounding the CHIP in shared values and lived experiences.

The session continued with an interactive values-based activity where participants were invited to reflect on their personal motivations and guiding principles—what values they carry and their "why" for being involved in the Community Advisory Council (CAC). Participants engaged using sticky notes in person and a digital whiteboard on Zoom, with flexibility for different modes of participation. Christine then transitioned the group into a discussion about their hopes for the Community Health Improvement Plan (CHIP). Examples included ensuring that CHIP strategies are responsive to the Community Health Assessment (CHA) data, achieving measurable progress in reducing health disparities, and prioritizing culturally and linguistically accessible services. Specific hopes shared included addressing domestic and sexual violence as a major health issue and supporting culturally specific communities. Christine emphasized that this activity would inform future community health events and encouraged CAC members to attend and engage directly with community partners. The session closed with a reminder that this was just one of many opportunities to provide input, and participants were invited to continue sharing feedback via email or through ongoing whiteboard engagement.

Topic: Connect Oregon

Maureen Seferovich, is a member of the Health Systems Integration team at Health Share and has been with the organization for about three years. With a background in behavioral health and prior experience at Washington County Behavioral Health. She brings a strong foundation to her current work. In a recent update, Maureen shared information about the ongoing work with Unite Us and Connect Oregon, platforms designed to integrate healthcare and social services through electronic referrals. Health Share entered a five-year contract with Unite Us in 2020, and that contract is up for renewal by early September. She clarified that while Unite Us is the technology vendor, Connect Oregon is the name of the platform in Oregon, used to facilitate secure referrals and data sharing across healthcare and social service providers. The platform is available statewide and free to community-based organizations and partners. Since its launch, Connect Oregon has served over 48,000 clients and facilitated nearly 60,000 cases. Maureen emphasized the platform's role in supporting Health Share's work, particularly in addressing social needs and meeting state healthcare metrics. She also referenced an evaluation led by UCSF's SIREN program, which assessed the implementation of Connect Oregon and identified areas for improvement. Maureen encouraged attendees to reach out with questions, especially regarding the platform's data and functionality.

Maureen continued her presentation by addressing a common question about user feedback on the Connect Oregon platform. She clarified that while there are no immediate plans to conduct new user focus groups, extensive user feedback was already gathered about a year ago through a formal evaluation. This feedback is actively being used to inform improvements and is being shared with Unite Us, the platform vendor. She then shared data showing the platform's widespread use, with over 25,000 users and more than 1,000 organizations statewide, including over 520 in the Portland Metro area. Many organizations operate multiple programs, and about 66% of these programs receive referrals, while others only send them.

Maureen highlighted that the most common reasons for unresolved referrals are client ineligibility—often due to geographic restrictions—and the inability to contact clients, which can stem from issues like disconnected phones or unstable housing. She also reviewed which partners are receiving the most referrals, noting that many are involved in the Health-Related Social Needs (HRSN) benefit space. The platform is actively used across various programs, including WIC and care coordination services, and there is significant referral activity, indicating strong engagement.

She emphasized the importance of understanding how the platform is being used and its impact, sharing examples of successful referrals and outcomes. As Health Share approaches the renewal of its contract with Unite Us, Maureen encouraged attendees to share any feedback, questions, or concerns they've heard from the community. She noted that plan partners are completing surveys to inform the renewal process and welcomed further conversations or data requests from anyone interested in learning more.

During the discussion, a participant raised a question about whether feedback from domestic violence and sexual assault organizations has been incorporated into the Connect Oregon platform, particularly regarding confidentiality concerns. She explained that many agencies in her field are unable to use the

platform due to strict confidentiality requirements that the system may not currently meet. In response, Maureen acknowledged the concern and offered to follow up with her directly. She shared that Health Share has been working with organizations like Clackamas Women’s Services and Northwest Family Services, which serve sensitive populations, and that the platform includes enhanced security features for such cases. These include restricted visibility and categorization of certain services as “sensitive,” which are firewalled differently to protect client confidentiality. Maureen expressed willingness to provide more details and continue the conversation offline to explore how these security measures might address Rachel’s concerns. She agreed and expressed interest in learning more.

Wrap-up & Action Item

Luci ended the with a wrap-up and action items:

- Ophelia update was added to the Zoom chat during the meeting.
“Hello all! Sharing just a quick CCBF update in chat as we work through our very full agenda:
 - Lung Wah and Lauren are going to be representing the CAC on the 2025 CCBF Review Panel.
 - Review Panels will be meeting June 13 and June 17. We should be able to come to the CAC with our award recommendations in July.”
- July Meeting: A joint meeting of the Health Share Board of Directors and the Community Advisory Council is scheduled. Calendar invites will be updated soon.
- June Meeting: This will be virtual.
- HRSN Update: The 2-1-1 Share situational analysis was shared and is now moving forward for board presentation. Thanks were given for the quick feedback. Results from the board discussion will be shared in the June meeting.
- Stipend Form: If eligible, participants can fill out and return the stipend form included in the meeting packet.
- Future Agenda Items: Suggestions are welcome. The June meeting may include more time for Community Health Improvement Plan exercises.

Meeting Adjourn

Meeting Schedule:

Next meeting is scheduled for a **virtual** meeting on **Wednesday, June 11th** from 1:30p – 3:30pm.

Upcoming monthly CAC meetings are scheduled for:

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| 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 |

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| 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 | |
| Consumer Council Members | Joy Mutare | x |
| Consumer Council Members | Lauren Riddle | x |
| Consumer Council Members | Rachel Schutz | x |
| Health Share of Oregon | Abraham Rodriguez Guillen | |
| Health Share of Oregon | Anthony Montoya | x |
| Health Share of Oregon | Dove Spector | x |
| Health Share of Oregon | Christine Kan | x |
| Health Share of Oregon | Luci Longoria | x |
| Health Share of Oregon | Maria Tafolla | |
| Health Share of Oregon | Mariam Ukbazghi | |
| Health Share of Oregon | Mariotta Gary-Smith | |
| 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 | |
| Washington County Council Representative | Laura Daily | x |
| Siletz Tribal Representative | Forrest Pearson | x |