

**Columbia Pacific Coordinated Care Organization**  
**Board of Directors Meeting: April 21, 2014**  
**Summary Discussion**

The meeting was held in Tillamook. Thirteen of the sixteen Board members attended.

Discussion Topics:

1. Integration Updates. Dental integration occurred as planned, effective April 1<sup>st</sup>. The dental network in Tillamook continues to stabilize, but there were no other integration issues. NEMT integration will be delayed until October 1<sup>st</sup>, at the earliest. Mental Health Residential integration is pended until further notice from OHA; the state is still working on rate and utilization data.
2. Board Vacancies. The Board accepted the resignation of Director Debra Birkby, Clatsop County. The Nominating Committee of the Board will meet to review filling this, along with other vacancies on the Board.
3. Community Health Needs Assessment and Improvement Plan. The Board reviewed and provided input on the draft Community Health Improvement Plan (CHIP) priorities, goals and measures of success for the CCO. As a reminder, the CHIP is regional, with the same priorities for all four counties, but the strategies to address priority areas will be local, drawing from the local assessments of needs and assets. The three priority areas are: mental health, with a focus on crisis services; addictions, including tobacco; and obesity. All priority areas include a focus on prevention and wellness as well.
4. Behavioral Health. The Board discussed the lack of adequate access to mental health and addictions services across the CCO. The provider community is looking at strategies to increase access, allowing earlier screening and referral to specialty mental health, need for state help in funding crisis and jail diversion services – which do not exist at any level within the CCO's region – and ways to increase integration and staffing of behaviorists and addiction providers within primary care. They also discussed Douglas County's decision to move mental health services out of county government and into an independent non-profit, effective July 1<sup>st</sup>.
5. Finance Committee Report. The Board reviewed and approved the financial reports for February 2014 YTD.
6. Clinical Advisory Panel Report. Clinical Advisory Panel (CAP) work continues to focus on achieving the necessary quality outcomes to receive 100% of the performance incentive payment from OHA; management of high risk patients, including those with chronic pain and opiate use; and timeliness for prenatal care. The pain clinic being developed for the Clatsop population is scheduled to open in Astoria in early June; pain services will then be spread to other CCO counties. The CAP also discussed what primary care and behavioral health clinics need from one another to best coordinate care for the CCO members.
7. 2014 Milestones Update. Columbia Pacific CCO is generally on track with all the deliverables required by the state or based on priorities of the CCO itself. The biggest gap has been assuring access to services, given the 41% increase in CCO membership since the beginning of January.
8. Critical Access Hospitals. The Board started a discussion on the implications of the state recommendation to move 18 hospitals from cost-based reimbursement to some kind of prospective payment system. This affects Columbia Memorial Hospital, Providence Seaside Hospital and Tillamook Regional Medical Center.