Columbia Pacific CCO™
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Annual Planning Meeting Minutes
The Board of Directors of
Columbia Pacific Coordinated Care Organization
Monday, October 19, 2026
315 SW Fifth Ave, Portland

Board Members in Attendance: Janelle Adams, Jon Betlinski, Angelica Godinez Garcia, Eric Hunter, Molly Johnson, Monica Martinez, Viviana Matthews, Gail Nelson, Meli Rose, Erin Skaar, Joe Skariah, Nicole Williams

Board Members Absent: Pam Cooper, Sherrie Ford, Eric Swanson

Staff in Attendance: Nora Leibowitz, Chief Medicaid Programs Officer; Meridith Green, Sr VP People & Culture; Mae Pfeil, VP CPCCO; Joe Chapman, Director Talent & Culture; Heather Oberst, Director Community Health Partnerships; Rachel Paczkowski, Director Behavioral Health – CCO; Kelly White, CPCCO Director Regional Operations; Sara Lister, Senior Finance Business Partner; Karla Niehus, CPCCO Grants Administrator

Call to Order
The meeting of the Board of Directors (Board) of Columbia Pacific Coordinated Care Organization (CPCCO) was called to order by Williams at 9:35 a.m. A quorum was present. There were no declarations of potential or perceived conflicts of interest.

Partner Highlight: Paczkowski celebrated the work of CP and partners' Substance Use Disorder (SUD) System of Care, dating back 10 years, with significant expansion since 2016.

A. Consent Agenda
Upon a motion duly made and seconded, the following resolution was unanimously approved.

1. **RESOLVED** that the Board does hereby approve the September 21, 2026, meeting minutes as included in the materials.

B. Discussion and Engagement Items

Share results of Board Self-Evaluation
Today's agenda was informed by key themes of the MS Teams poll results, including board members' desire for more involvement in strategic planning. Slides showed additional poll results.

Overview of Community Governance and CPCCO Engagement Approach
CP Leadership Team members reviewed the CPCCO Community Engagement Approach, using the COVID-19 pandemic and substance use disorder (SUD) response as examples of how CPCCO partners with communities to address emerging challenges. They noted that this same engagement framework is guiding efforts to respond to current HR1-related challenges.
The six CPCCO-Community Engagement Spaces in which discourse occurs between CPCCO and community are local governance, local collaboratives, individual organizational meetings, learning collaboratives, regional assessments, and ambassador spaces.

Pfeil and Paczkowski described how coordination and communication across these engagement spaces supported effective COVID-19 and SUD response efforts. White outlined current and planned actions within each engagement space to support CPCCO's response to HR1.

Activity: Participants completed an exercise identifying meetings and participants across the six Engagement Spaces, demonstrating the breadth of engagement and the interconnected nature of CPCCO's community governance structure.

Discussion:
Talking Points: Board members requested that leadership provide a concise CP perspective, including key data points and messaging, to support board members in representing CP consistently across community engagement spaces.

Regional Assessments: A board member noted that overlapping survey schedules may create confusion for members and asked whether opportunities exist to streamline data collection efforts. Staff acknowledged the complexity of the issue and expressed willingness to explore potential solutions, noting that any changes would require several months of planning.

Board Recruitment: Board members discussed the value of recruiting members with connections to school districts, the Department of Human Services (DHS), public health, and behavioral health specialty networks to strengthen dissemination of HR1-related information and resources to families.

Strategic Planning (Part 1)
Pfeil reviewed significant changes expected between 2026 and 2029, including CCO contract changes, HR1 implementation, waiver expiration, and RHIP transitions. Pfeil provided an overview of the CO strategic plan and highlighted priority areas for CP and Board engagement: Medicaid Excellence in a Modernized CCO Model, Health Outcomes and Network Partnership, Community Impact and Transformation, and Advocacy to Advance our Mission of Quality and Equity in Individual and Community Health. CP's overarching strategy is to maintain active

engagement across community, provider, and partner networks to ensure community perspectives inform decisions, operations, and investments.

Oberst described the Community Engagement Team's role in ensuring community priorities inform CP strategies and decision-making. She emphasized proactive communications and outreach efforts to support member retention, a key organizational priority under HR1, particularly as HRSN resources decline.

White outlined initiatives within CP's Network & Operations to improve efficiency through greater standardization and an increased focus on value-based payment models tied to quality performance. Efforts are aimed at maximizing available funding for community reinvestment and provider support. They noted that changing benchmarks and reduced incentive funding can obscure strong CCO performance. The vulnerability of primary care providers was acknowledged. Member retention remains a central priority, with efforts focused on increasing awareness of eligibility requirements at all member touchpoints. CP is also evaluating provider participation in PCPM and Pay-for-Performance (P4P) models to position providers for success in 2027.

Paczkowski reviewed Behavioral Health Team priorities, including strengthening alignment among financial sustainability, quality outcomes, and provider incentives. Board members requested regular enrollment updates to monitor access and organizational sustainability. Board members also expressed interest in elevating the role of dental services within CP's strategic vision. Pfeil noted that external factors beyond the control of CP and its providers may affect outcomes despite significant staff effort.

Strategic Planning (Part 2)
Pfeil outlined the factors driving a review of Medicaid Excellence within a Modernized CCO Model. As part of planning for CCO 3.0 and the long-delayed procurement process, potential administrative restructuring is being considered to reduce administrative costs, protect providers, improve alignment with OHA expectations, and increase operational efficiency through the use of CO shared services. Pfeil emphasized that CP's autonomy, regional focus, and local governance would remain central to any future model, even if the directionality of the delegation agreement were to change.

Board members discussed opportunities for advocacy in support of CP's mission and noted the challenges of long-term planning amid ongoing state and federal uncertainty. Flexibility and timely communication will be critical. Members highlighted providers' interest in receiving HR1 information as quickly as possible and suggested that OHA participation in CAC meetings could improve information sharing. Board members also noted opportunities to strengthen engagement

with schools and workforce development partners, such as WorkSource. Overall, providers have a high level of confidence in CP's commitment to community engagement and transparent partnering processes.

Board members requested concise talking points and key messages from CP leadership to support their participation in community and ambassador spaces. Topics of interest included changes affecting member navigation of health services, CP's CCO model, and how CP and CO serve complementary roles. Leadership noted that CP can provide speakers and presentation materials to support outreach efforts.

Board members asked how CP gathers community feedback. Staff described several feedback channels, including member satisfaction surveys, Community Advisory Committees (CACs), RHIP planning activities, and Ombuds services.

Refresher of ED Performance Review Process
Green and Chapman explained recent changes to the staff evaluation process based on six competencies: Agility, Growth Mindset, Communication, Collaboration, Accountability, Critical Thinking. The board schedule and criteria for evaluation of the CP Executive Director's performance necessitate board feedback via completion of a survey due November 2. The compensation component will happen in Spring 2027, using outside consulting firm for market, internal equity, and feedback.

C. General Updates

Clatsop: CCA is prepping for HR1. The sustainability of the monthly dental care van from NTI is uncertain and could represent a major loss for the community.

Columbia: CBOs are working with South Columbia chambers to secure volunteer opportunities for HR1 work requirements. The Ranier dental office closed temporary for remodel.

Tillamook: NBHC staffing changes include a new CHW, a Medical Director (due to retirement), and a doctor providing pre-natal care. Dental is very busy with new patients. The Community Health Center is also welcoming three new staff: director, CFO, and dental director.

Regional: Iron Tribe is beginning implementation of HRSN with bilingual staff in place. OHSU Psych Dept chair will retire in June. Oregon ECHO network is recruiting. Collaborative care is occurring in Scappoose. CO leadership announced upcoming changes anticipating improvement

for providers with Providence. CO, OHSU, and Kaiser will be the only risk holders remaining for HealthShare. CareOregon, informed by CP's direct engagement and regional understanding, will strongly advocate for community interests in any future discussions with the state legislature regarding possible consolidation and procurement changes.

The next meeting of the Board will take place on November 16, 2026 (virtual).

Meeting was adjourned at 1:58 p.m.