

Columbia Pacific Coordinated Care Organization (CPCCO)
Board of Directors Meeting
June 17, 2024 Meeting Minutes



The meeting was held via Microsoft Teams. Ten of the fourteen Board members attended: Nancy Avery, Jon Betlinski, Pam Cooper, Sherrie Ford, Eric Hunter, Steven Manesis, Viviana Matthews, Marlene Putman, Lena Walker and Nicole Williams.

The meeting was called to order at 9:32 a.m. with an established quorum. By a vote of the Directors present, the Board approved the April 15, 2024 Board of Directors meeting minutes.

1. CareOregon Board of Directors Retreat

Eric provided an overview of the CareOregon Board of Directors retreat in May. The Board spent time looking at governance issues, including updating corporate documents, extending the terms for CareOregon Directors, and the number of total seats on the Board. He provided other Board decisions, including financial supports for House Call Providers, the annual funding of a Strategic Impact Fund – calculated at 0.5% of annual revenue, and new business development work. Unfortunately, Dr. Hathi was unable to attend the retreat as planned.

Behavioral Health and CPCCO Updates

Jill Archer, Senior VP of Behavioral Health for CareOregon and Rachel Paczkowski, CPCCO Behavioral Health Director, provided an overview of the behavioral health landscape at the state level, for CareOregon overall, and specifically for CPCCO. State level initiatives will include planning for the next CCO procurement, tackling administrative burden, supporting youth and using BRHN funding for pre-arrest deflection programs. Rachel shared utilization and engagement data for the CCO as a whole as well as for each county as well as program updates. These included that CareOregon is the first organization statewide to figure out how to fund community naloxone programs, and local workforce support programs; specific county programs include jail coordination, youth advisory councils, harm reduction and short-term emergency housing programs. There are still known gaps for qualified mental health professionals (QMHPs) at CMHPs as well as local detox and residential services for both adults and youth.

Rachel also provided an overview of the Quality Improvement Incentive Program (QIIP), which is CareOregon's VBP for behavioral health. She noted that over \$145,000 has been paid to our three CMHPs for 2022 performance.

2. Hawk's Eye Apartments Update and Proforma

Leslie Ford, CPCCO Housing Strategy and Development Advisor, provided updates on the Hawk's Eye, including the delayed opening due to the need for mold mitigation on the south wall. The Grand Opening will still be in August, but the occupancy will not start until receipt of the certificate of occupancy from Seaside, likely late September. Lease-up will start in July. We have selected Pinehurst Management as our property manager – they have a local presence on the coast, and we received all 14 of the NOHA project-based vouchers that we requested.

Steve shared a high level proforma of the facility, showing the financial status of the apartment complex 2024-2027. Many assumptions drive the proforma, most notably the occupancy rates and rental income. The apartment building is planned to operate at break-even.

3. Clinical Advisory Panel Change in Status

Mimi and Safina noted that, while we have functioned with the Clinical Advisory Panel (CAP) operating as our governing body in charge of clinical best practices, we have never formally recognized it as such, now a requirement of OHA. We will begin to include CAP written updates in the Board packets. Also, Safina noted that she has hired a new Associate Medical Director, Dr. Brian Franks, for CPCCO; he will eventually take her place as CPCCO Medical Director. Directors thanked Safina for all her years of service, innovation and clinical leadership for CPCCO.

4. Committee Reports/Board Packet Review

Finance Committee. Highlights of the April 2024 YTD financial report included: membership with is starting to decrease month over month, more 'noise' as redetermination and the new Bridge/BHP members shift profitability; on budget for revenue and medical expenses; net income of \$579,000; 5.9% Year Over Year increase in medical expense trends, with cost increase in all categories except referral services offset by decreased in professional services costs; and 92% YTD MBR for CareOregon. Discussion focused on breaking out MBRs between HOP, OHP and Bridge members, as performance is widely divergent.

5. Action Items

- a) By a vote of the Directors present, the Board accepted the April 2024 YTD Financial Report as reported.
- b) By a vote of the Directors present, the Board approved the recommendation to approve the Clinical Advisory Panel as a governing body of the CCO.

6. General Updates

Regional: Jon noted that both OHSU and Legacy have agreed to move forward with their proposed merger.

Tillamook: Marlene mentioned that the health department is moving forward with a lease agreement for a new pharmacy in town. She also noted their telemedicine Psychiatric NP to supplement current services.

Columbia: Sherrie noted that CHS, with OCHIN, is moving forward with braided funding for CHWs. All the SBHCs will remain open during the summer at least for mental health services.

Clatsop: Both Providence and CMH are working to meet new nurse staffing laws. Providence is moving forward with its new RHC in Warrenton. CMH has applications for all open positions: a welcome change from the recent past. Jill Quakenbush has been named the interim Public Health Director. CBH will replace the Respite director, who resigned. Nicole noted that CMH will begin site prep for their new hospital expansion this July.

There being no further business to discuss, the meeting of the Board adjourned at 11:20 a.m.

Appendix

Mission: To inspire local connections that foster member health and community resilience

How does this new mission statement align with the work in our community?

- As a relationally focused organization, all of the work fosters connections!
- Funding for novel solutions, like Community Health Workers, pharmacists in primary care, community paramedic
- CAC work, community needs assessments
- Grant programs, and sponsorships that allow congregation and collaboration
- Integration with medical, behavioral, oral health, bi-direction referrals
- Preventive services in schools, dental van, transportation solutions, direct contracts with vision providers
- Risk share, data sharing agreements, rural health network/coalition
- Tillamook County Wellness
- Professionally and organizationally diverse BOD

Vision: Building equitable and sustainable access to quality healthcare and community services

What might we do over the next 3-5 years to make progress towards this new vision?

- Provider wellness, provider supports, recruitment support, partner with training to build local talent/providers, address burnout
- Cost-based reimbursement to retain local services (e.g., renal), local specialty services
- Widen population served, improve transportation services, improve referral systems, CIE
- Recruit diverse Board members
- More telehealth, Broadband/laptops, shared regional services (e.g., remote epidemiologist)
- New benefits (e.g., HRSN), climate, housing
- Language access, data segmentation to address equity/disparities, outcomes data to better focus resources
- New partnerships, e.g., educational, CBOs, dental solutions