

**Columbia Pacific Coordinated Care Organization (CPCCO)
Board of Directors Meeting: March 18, 2019
Meeting Minutes**



The meeting was held in Clatsop County. Seven of the eleven Board members attended: Jon Betlinski, Henry Heimuller, Debbie Morrow, Marlene Putman, Bruin Rugge, Kendall Sawa and Erin Fair-Taylor.

The meeting was called to order at 10:16 a.m. with an established quorum. The Consent Agenda was approved by unanimous vote of the Directors present.

Topics and Action Items

1. Behavioral Health Benefit Transition. The Board reviewed a summary of the background and current state of the agreement between CPCCO and Greater Oregon Behavioral Health, Inc (GOBHI) to manage the mental health and addictions benefits for CPCCO members. They discussed the improvements and costs that would be expected by transitioning management of the benefits from GOBHI to CareOregon, CPCCO's parent company. CareOregon currently manages the behavioral health benefit for a similar CCO in southern Oregon. The network will be replicated, so there is no expected disruption in care for members or providers.
2. Request For Application (RFA) Update. The Board reviewed a summary of the status and major milestones with CPCCO's application to OHA for a new five-year contract for 2020-24. Due to the potential entrance of a new for-profit CCO in the Columbia Pacific service area in 2020, the Board discussed the disruption, administrative duplication and dilution of provider attention with two CCOs. They also discussed the financial viability of two CCOs with split membership, given the small number of OHP enrollees in the service area. The Board requested that OHA take into consideration the preferences of the local communities when there are potential competing CCOs. The Board was invited to review the draft RFA from CPCCO, when it is available on April 2nd.
3. CPCCO Communications Plan. The Board reviewed a Communication "Map" for Columbia Pacific that for the next several years. The map includes key findings, audience segments and themes based on interviews with local providers, partners and other community leaders, as well as messages for each audience. The Board suggested adding local venues, such as CPCCO presence at fairs or other local events, in addition to radio, print and social media vehicles for communications. The Board would like CPCCO to present what it has done to help improve health and access to care in the communities over the past six years as well as communicate its plans for ongoing investments and improvements in the next five.
4. Executive Director Report. The March report included an overview and detail of the investment that CPCCO is proposing to build an opioid treatment facility on the coast. At a total cost of approximately \$1.3 million, the Board requested detail on the selection of the final contractor from an initial review of four local contractors, how the budget was developed and vetted, and the quality and mission match of the proposed provider, CODA. All documents and contracts will be shared with the Board. In addition to the quality of life improvements for coastal residents, the new facility will reduce overdose deaths, ED visits and other negative consequences of opioid and heroin addiction.

The ED report also summarized approximately \$1.5 million in additional grant requests from local providers and safety net organizations that will be reviewed at the April Board meeting.

5. Committee Reports

- a. The Community Report included an overview of the 15 community presentations to share the community needs assessment information along with results of community voting on top priorities for the next five-year regional community health improvement plan. In all communities, addressing social determinants of health, especially childhood trauma, was a top voted item, as well as nutrition/food access and substance use. Addition items included access to healthy activities, suicide prevention, improving housing, access to mental health and addictions services, preventive health services and reliable transportation. This year's planning process is a collective effort between CPCCO, public health departments and local hospitals.
- b. The Clinical Report included an update on achievement of 2018 metrics and suggested incentives and improvements for clinics to better meet 2019 targets. There will be a proposal for Board review in April regarding changing the payout methodology for Quality Pool funds. The Board also reviewed a driver diagram with major initiatives to address opioid prescribing as well as opioid use disorder. The Clinical Advisory Panel also created a SUD Vision Statement to share with the Board.
- c. The Finance Committee report included December 2018 year to date (YTD) financial performance, including membership, aggregate and sub-capitation revenues and expenses, medical expense trends, monthly and YTD operating income, and fund balances for clinical and community investments.
- d. The Nominating Committee report included changes to the composition of the Board in February, including resignations of Kevin Campbell, David Butler, Frank Hanna-Williams and Nancy Avery, for conflicts of interest, and appointments of Erin Fair-Taylor and Marlene Putman.

6. Action Items

- a. By unanimous vote of Directors present, the Board approved the Nominating Committee Report.
- b. By unanimous vote of Directors present, the Board accepted the December 2018 Financial Report.
- c. By unanimous vote of Directors present, the Board approved up to \$1.31 million to build a new opioid treatment facility on the coast.
- d. By a vote of majority of Directors present, the Board approved the transition of management of the Behavioral Health benefit from GOBHI to CPCCO, through CareOregon. Henry Heimuller voted nay based on financial information yet to be obtained. Erin Fair-Taylor abstained from the vote due to conflict of interest.

There being no further business to discuss, the meeting adjourned at 1:42 p.m.