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*Lane Community Health Council is the governing board of Pacific Source Community Solutions - Lane

Lane County Coordinated Care Organization Joint (CCO) Community Advisory Council (CAC) Remote Meeting via Zoom

March 25, 2024

12 p.m. – 2 p.m.

CAC Members: Co-Chair Tara DaVee (Trillium OHP Representative), Chris Hanson (Trillium Clinical Advisory Panel Liaison), Josephine Williams (PacificSource OHP Representative), Michelle Thurston (Trillium OHP Representative), Isis Barone (PacificSource OHP Representative), Silver Mogart (Trillium OHP Representative), Tannya Devorak (PacificSource OHP Representative), Todd Hamilton (Springfield Public Schools), Lana Gee-Gott (Lane Community Health Council Clinical Advisory Panel), and Brian Johnson (Lane County Public Health).

Attendees Debi Farr (Trillium Community Health Plan), Jacqueline Moreno (Lane County Public Health), Kayla Watford (Lane County Public Health), Lee Bliven II (CAC Subcommittee member, Suicide Prevention of Coalition of Lane County), Samantha Duncan (RAC member, Be Your Best Cottage Grove), Suzy Kropf (Lane Community Health Council), Megan Romero (PacificSource Community Solutions), Marissa Lovell (Lane County Public Health), Stephanie Griffin (PacificSource Community Solutions), Genevieve Schaack (RAC member, Willamette Farm and Food Coalition), Jeanne Savage (Trillium Community Health Plan), Nena Hayes (Lane County Public Health), Lauriene Madrigal (Lane Community Health Council), Mindy Bentley (Advantage Dental Community Care Manager)

Co-Facilitators: *Tannya Devorak (CAC Member/Lane Community Health Council Board Member) and Kayla Watford (Lane County Public Health)*

Support Person: *Nena Hayes (Lane County Public Health)*

I. Welcome & Introductions – 12:00 to 12:15 PM

- a. *Facilitator/Co-Chair*, Tannya Devorak opened the meeting at 12:05 p.m.
 - CAC members shared their names, pronouns, affiliations, and answered this “get to know you” question: “What helps you when you are feeling anger?”
- b. *Resources*
 - CAC Meeting Process and Agreements (Attached to agenda)
 - [Human Impact Partners Window of Affect Tolerance](#)
- c. *Breathing exercise led by Tannya Devorak*
- d. No Public Comment

II. Member Approvals – 12:15 to 12:20 PM

- a. *February minutes – opened for approval.*
 - Tara DaVee motioned to approve the February CAC minutes. Michelle Thurston seconded; there was no discussion or opposition, so the motion passed.

III. CCOs Health Related Social Needs (HRSN) Funding – 12:20 to 12:50 PM

- a. Kayla Watford introduces presenters Debi Farr (Trillium) and Elliot Sky (PacificSource)
 - Goals of presentation: to share about Community Capacity Building and HRSN benefit rollouts from the CCO’s; and share specifics on priority populations and eligibility.
- b. Presenter Debi Farr shares brief workflow which demonstrates how CCO’s can advocate at the state and federal level to test and implement innovative Medicaid funded resources.
 - The newly implemented CCO Covered Benefit “HRSN”, consists of the following: Climate Supports (released March 2024), Housing Supports (expected release of November 2024, 2nd housing phase in the middle of 2025), and Food Supports (expected release in 2025).
- c. Outreach and Engagement
 - CCO’S are required to identify potential HRSN eligible members and outreach to those individuals in priority populations such as communities of color, tribal members,

persons with disabilities, 2SLGBTQIA+, members with multiple clinical risk factors, and individuals at the extremes of age.

d. HRSN Benefit Eligibility Requirements:

- Current OHP member
- Child welfare involvement
- Experience of homeless or risk of homelessness
- Released from custody or residential behavioral health setting
- Transitioning from Medicaid-only to both Medicaid and Medicare coverage
- Youth with special healthcare needs, clinical health need, and social health need (this will be launched in 2025)

e. Referral Process: Trillium and PacificSource are utilizing Connect Oregon to manage referrals from external organizations and do the following:

- Identify an individual who might be eligible for HRSN services
- Submit HRSN request form through Connect Oregon.
- CCO receives request and completes eligibility and authorization for services.
- CCO conducts care management including Patient Centered Service Plan, and sends referral to HRSN Service Provider
- HRSN Service Provider accepts referral, delivers service, and closes out the request.
- HRSN Service Provider submits invoice to CCO for reimbursement via “Payments” tab in Connect Oregon

f. Community Capacity Building Funding and Eligibility (CCBF)

- Oregon has been approved \$119 million statewide over the next few years to focus on the HRSN capacity.
- In general, to become an HRSN qualified entity, the organization(s) must provide housing, food, climate, and/or outreach and engagement services, intend to serve eligible populations, have strong community relationships, and able to or interested in building the capacity to meet HRSN Service Provider requirements.
- CCBF Categories of funding: technology, business practices, workforce, outreach, education, and convening

g. CCBF Application Process

- CCOs will manage the majority of CCBF funding

- Organizations interested and eligible for CCBF will apply directly to the CCOs operating in the counties they intend to provide HRSN services within
 - Organizations can apply to more than one CCO, if the funding requests are different.
 - Applications open March 1 – May 31, 2024; notices to awardees July – September 2024; Funding disbursement August – October 2024, and more funding available in 2025
- h. CAC members asked Debi and Elliot these HRSN related questions:
- Will Flex Funds or HRSN cover an OHP member's Air Conditioner?
 - Is the HRSN climate support funding per member or per household?
 - What is the age range for individuals at extreme of ages?
 - Can you share about the selection process? Who is on the committee review for the HRSN application? Is there a process to ensure that the culturally specific underfunded/understaffed organizations are supported in the application process?
 - Does there need to be a provider referral?
 - How are allocations through site programs? What is the sum of all funds per member?
 - What are we doing and what are we not doing that we can learn from?

IV. Break – 12:50 to 1:00 PM

V. Recap: Legislative Session – 1:00 to 1:20 PM

- a. Presenters Richard Blackwell (PacificSource) and Courtney Johnston (Trillium) introduced themselves. Courtney will give a quick overview of the 2024 legislative session that began in early February and ended on March 7th, lasting 35 days.
- b. Measure 110 Reform was the biggest issue this legislative session.
 - On the healthcare side, it prohibited some prior authorization and created some pathways to accessing substance use disorder treatment medications faster and allowed for coverage of refills for substance use medication.
 - On the public health side, the bill created a drug enforcement misdemeanor which is specific for Measure 110 citations. It also

expanded welfare holds for up to 72 hours and established a jail bed and medication opioid use disorder grant program.

- Courtney shared the passing of HB 1553: Prohibit Drug Use on Transit

c. Top Issue: Housing Production

- A lot happened in this short session. Governor Kotek focused on one bill, related to housing.
- SB 1530 is the appropriations bill. It took appropriate money from state agencies to then appropriate it elsewhere. For example, the department of administrative services (DAS) will get the money from appropriation and that will flow to the Albina Vision Trust to purchase affordable housing.
- SB 1537 – this bill aims to boost housing production, support funding for recovering housing projects state-wide, allocation to the Albina Vision Trust to purchase and redevelop property into affordable housing and keep local governments accountable of any affordable housing projects.
- HB 4134 – Bolster infrastructure projects to benefit housing development. It's a big year for infrastructure bills in Oregon.

d. Behavioral Health Legislation

- HB 4092: Tackling Administrative Burden
Bill requires OHA, in consultation with counties and CMHP's to study the funding required for community mental health programs and understand how much administrative burden is expected by behavioral health providers.
- SB 1557: K-Plan and Coordination improvements: this bill is looking at cross departmental collaboration of children under 21 who are in these multi system situations like foster care and ensure they don't fall through the cracks.

e. Health Care Legislation

- SB 1508: Health Evidence Review Commission (HERC)
New transparency for measuring a person's "quality of life."
- SB 1578: Interpreter Portal
- HB 4129: Choice Services

Personal care services for older adults, people with disabilities, and people with behavioral needs.

- HB 4136: Lane County Access to Care to support a life support unit, and support triage that will help considering the PeaceHealth emergency hospital closure in Eugene.
- f. Funding – See Slide deck for list of expenditures.
- g. Q&A:
 - CAC members shared frustration with rural, coastal, and frontier areas being left out for the most part of state funds.
 - CAC members were wanting a status update on Healthier Oregon
 - Further questions will be shared with CCO's – email kayla.watford@lanecountyor.gov

2. Updates & Announcements – 1:20 to 2:00 PM

- a. CCO Governing Boards
 - Lane Community Health Council: Suzy Kropf shared that the board voted to invest funds for shared savings which focused on food insecurity, housing and homelessness, youth behavioral health, and healthcare workforce.
 - Trillium Community Health Plan: Tara DaVee shared metric highlights: decrease in smoking prevalence, more well child visits for ages 3-6, depression screening has gone down 12% due to an electronic form being available, sex/gender inclusivity in data, and 799 new enrollment additions.
- b. CAC Resources and Opportunities
 - **Invitation to join the** Lane County Assessment Design Team: group will design, conduct, and analyze the three assessments included in the Community Health Assessment. If interested in participating, contact Sadie.barrata@lanecountyor.gov
 - **CAC Celebration Dates:** Nena sent Doodle poll and **the group decided on June 7th as the final decision**

Meeting Adjourned



Health-Related Social Needs Benefit | Overview



Welcome and Purpose

Share information and updates about new Medicaid benefits entitled **Health-Related Social Needs (HRSN)** and the associated **Community Capacity Building Funding (CCBF) Grant***

Health-Related Social Needs



Housing
Supports



Nutrition
Supports



Climate
Supports



Outreach &
Engagement

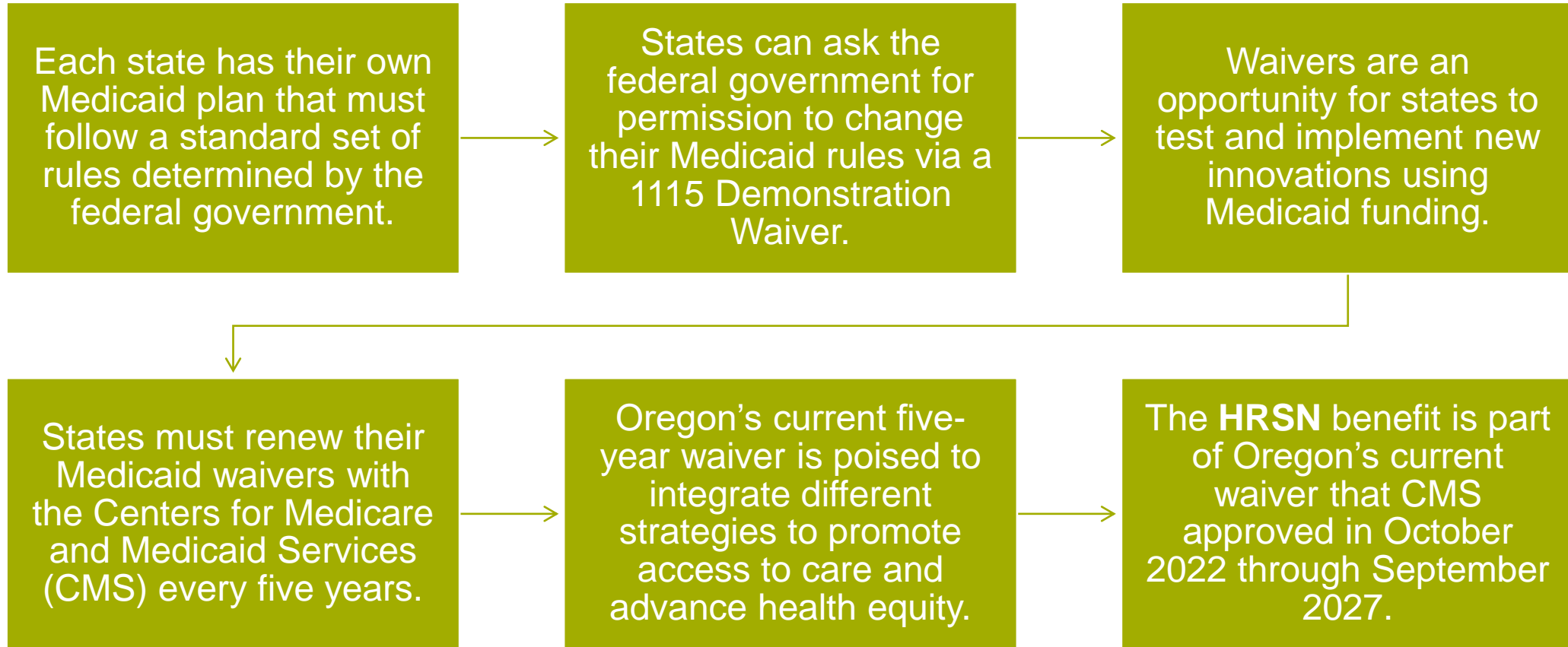
Community Capacity Building Funding



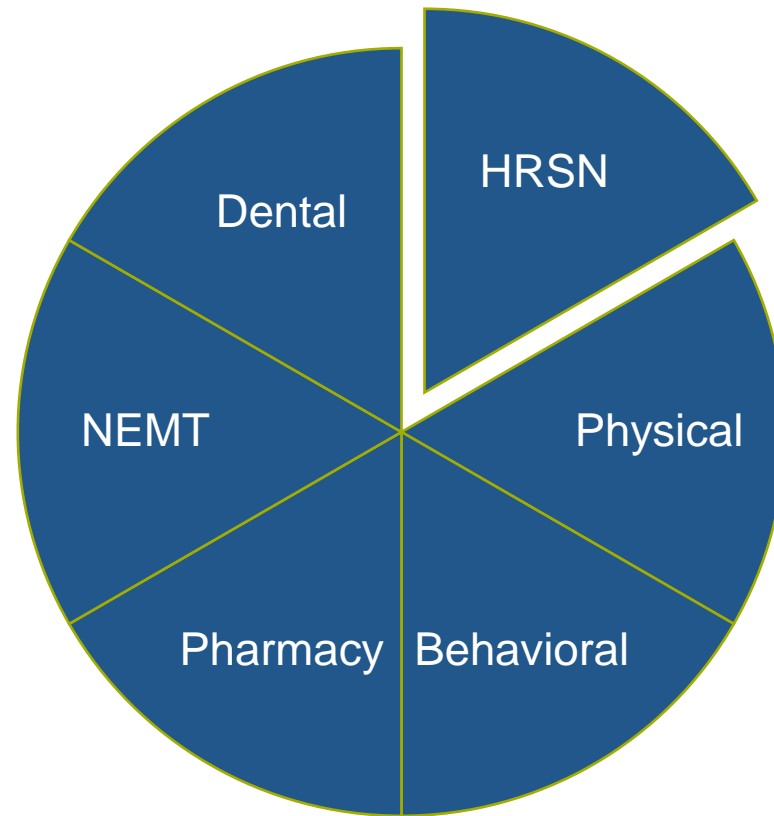
Support for organizations to become
HRSN Service Providers

*Information included in this slide deck reflects our best knowledge to date and is subject to change.

Brief Background



CCO Covered Benefits



HRSN Services and Supports



Climate Supports

Medically necessary devices:

- Air conditioners
- Heaters
- Air filtration devices
- Portable Power Supplies
- Mini refrigeration units



Housing Supports

- Rent/temporary housing assistance for up to 6 months
- Utility assistance for up to 6 months
- Pre-tenancy and housing navigation support
- Tenancy sustaining services
- One-time transition and moving costs and deposits
- Medically necessary home accessibility modifications



Food Supports

- Nutrition counseling and education
- Medically-tailored meals for up to 6 months
- Meals or pantry stocking for up to 6 months
- Fruit and vegetable prescriptions for up to 6 months

Outreach & Engagement

CCOs and/or HRSN Service Providers are required to identify potential HRSN eligible members and outreach to those individuals. Prioritization for outreach will include:

Priority Populations (e.g., communities of color, tribal members, persons with disabilities, LGBTQIA2S+)

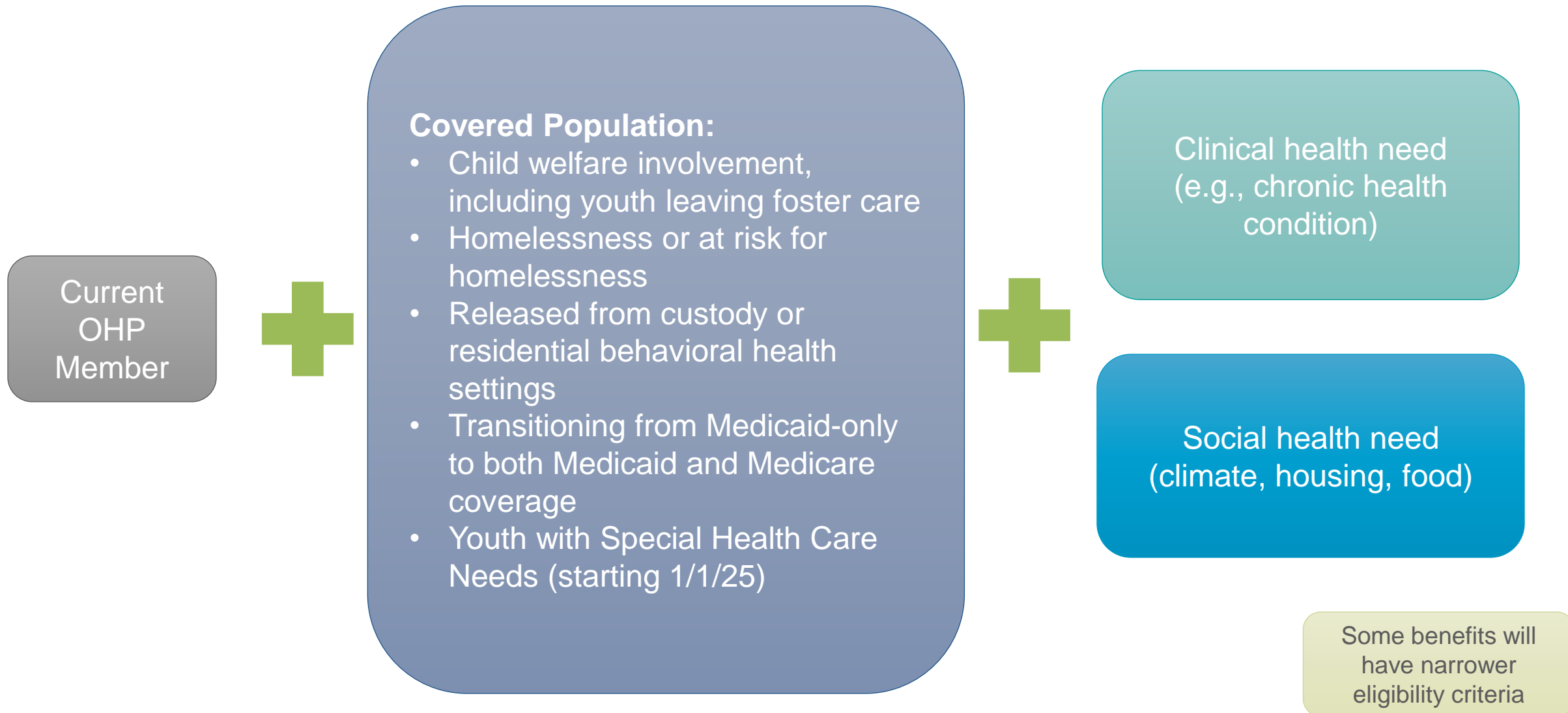
Members with multiple clinical risk factors

Individuals at the extremes of age

HRSN Benefit Timeline



HRSN Benefit Eligibility



Health-Related Services (Flexible Services/Flex Funds)

- Non-covered services offered as a supplement to OHP covered benefits to improve individual member well-being
- CCO requirement, not a covered benefit, and is not subject to denial and appeal rights
- Reactive approach

Health-Related Social Needs

- OHP covered benefit for climate, housing, and nutrition/food supports for eligible members to maintain health and well-being.
- Subject to denial and appeal rights
- Proactive outreach and engagement required

HRSN Referral Pathway: Connect Oregon

PacificSource and Trillium are utilizing Connect Oregon to manage HRSN requests, referrals, and care coordination as well as for reimbursement invoicing to HRSN Service Providers who have provided a support or service.



Why Connect Oregon?



Closed loop referrals -
monitor every step of
the request &
fulfillment journey



Electronic
communication &
submissions mean
shorter processing
times



Securely and easily
communicate between
partners, store notes,
& upload documents



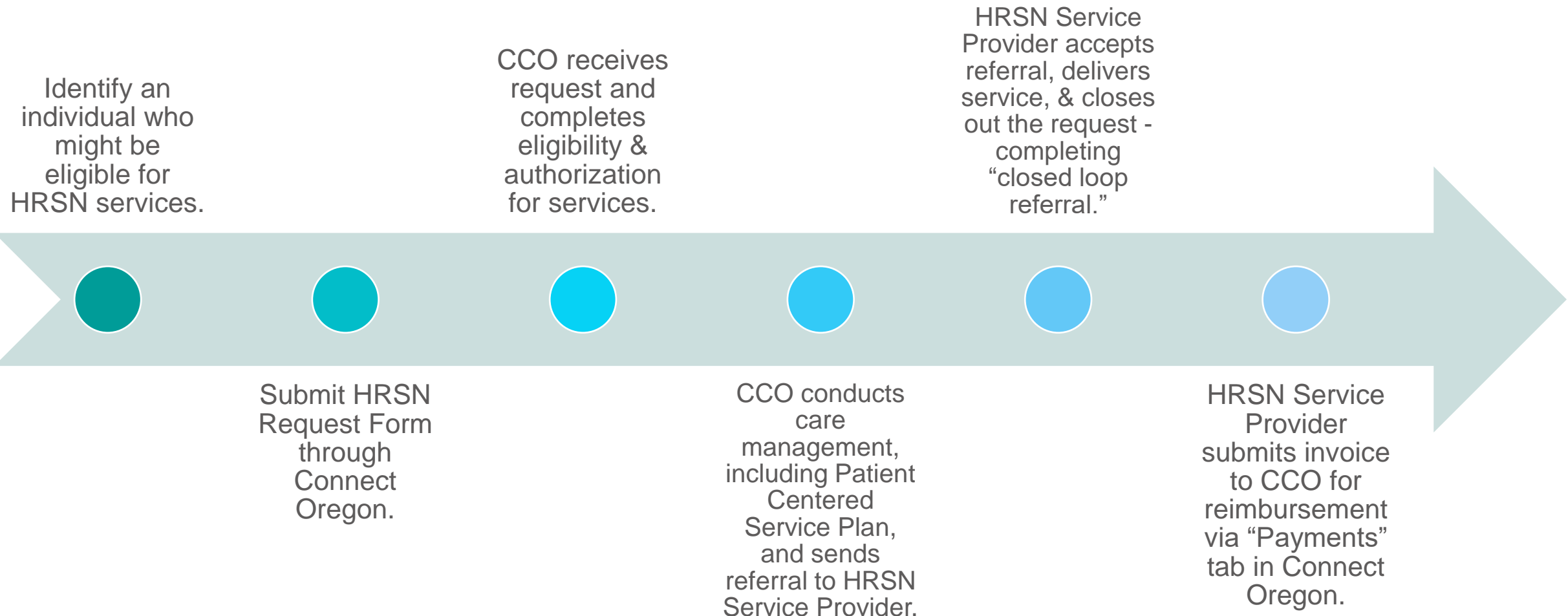
Reduce risk of
missing or incorrect
information



Easily submit invoices
for faster
reimbursement

Free to join | User support & technical assistance available | HIPAA, FERPA, and 42 CFR Part 2 compliant

HRSN Service Provision Journey in Connect Oregon



Community Capacity Building Funding (CCBF)

- Oregon has been approved to spend up to \$119 million statewide over the next few years to support partners to build capacity to provide HRSN services.
- The overall purpose is to support organizations that **will become HRSN Service Providers** to develop what they need to meet the required service provider criteria.



CCBF Eligibility

Eligible Entity Types:

- Tribal Governments and Providers
- Community-based organizations (CBOs)
- Social-services agencies
- Housing agencies and providers
- Food and nutrition service providers
- Case management providers
- Traditional health workers
- Child welfare providers
- City, county, and local governmental agencies
- Outreach and engagement providers
- Providers of climate devices and services

The Entity Must:

- Provide housing, food, climate, and/or outreach and engagement services
- Intend to serve eligible populations
- Have strong community relationships
- Able to or interested in building the capacity to meet HRSN Service Provider requirements

CCBF Categories and Examples



Technology

- Software purchases
- Data platform modifications or integrations
- Staff training on technology



Business Practices

- Policy & procedure development
- Training for staff on HRSN roles
- Administrative supports



Workforce

- Staff positions for up to 18 months
- Recruiting, certification or training costs for staff



Outreach, Education, and Convening

- Outreach events
- Learning collaboratives
- Community engagement activities

CCBF Application Process

- CCOs will manage the majority of CCBF funding; OHA pass through.
- Organizations interested and eligible for CCBF will apply directly to the CCO(s) operating in the counties they intend to provide HRSN services within.
- Organizations can apply to more than one CCO, if the funding requests are different.

2024



Applications open: **March 1 – May 31**



Notices to awardees: **July - September**



Funding disbursement: **August - October**

2025



More funding available in **2025**

References

- [OHA HRSN Overview](#)
- [OHA CCBF Frequently Asked Questions](#)
- [OHA CCBF Scoring Rubric](#)
- [Oregon Health Authority : Oregon Health Plan \(OHP\) Climate Supports : Oregon Health Plan : State of Oregon](#)
- [Non-medical support services | PacificSource](#)
- [Health-Related Social Needs \(trilliumohp.com\)](#)

Questions

Debi Farr – Dfarr@TrilliumCHP.com

Elliot Sky - Elliot.Sky@PacificSource.com



2024 Legislative Overview

Richard Blackwell, PacificSource Health Plans

Courtney Johnston, Trillium Community Health Plan

Top Issue: Measure 110 Reform

- **HB 4002**

- Prohibits CCOs and insurers from imposing prior authorization or utilization review of covered medications prescribed to treat substance use disorder (SUD).
- Requires health insurers and CCOs to reimburse the cost of refills of SUD medications.
- Establishes a certified community behavioral health clinic (CCBHC) program
- Establishes Joint Task Force on Regional Behavioral Health Accountability to make recommendations on improving governance of behavioral health systems and strengthening evidence-based funding decisions.
- Establishes Task Force on Improving the Safety of Behavioral Health Workers
- Establishes Workforce fund to provide enhanced apprenticeship and training programs and opportunities.

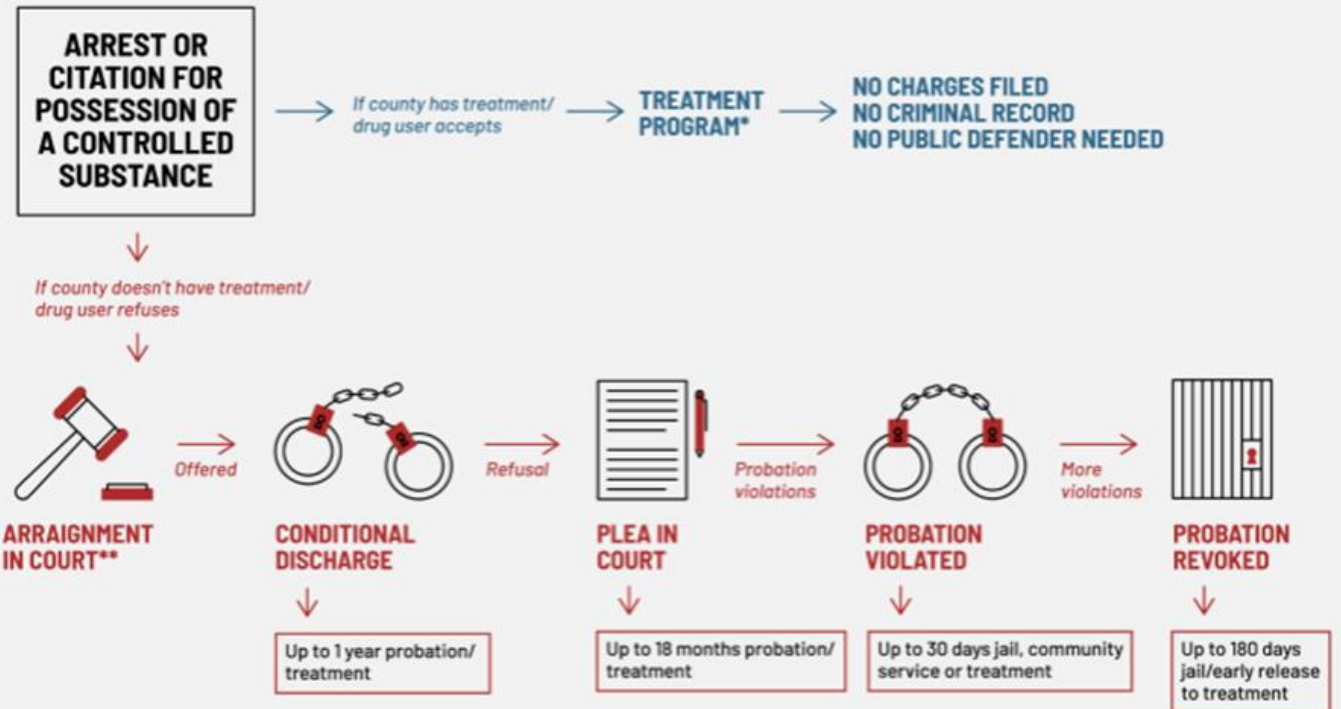
\$211 million for addiction-related programs, including \$30 million for counties to set up deflection

- Creates a “drug enforcement misdemeanor”
- Expansion of welfare holds up to 72 hours
- Establishes the Oregon Jail-Based Medications for Opioid Use Disorder Grant Program to provide treatment and transition planning services to persons in custody in correctional facilities

- **HB 1553: Prohibit Drug Use on Transit**

Top Issue: Measure 110 Reform

Oregon Drug Intervention Plan



*Only 23 counties have signed up for programs under the plan, and the services offered could vary by region

**All convictions will be expunged if the person completes probation, a sentence or treatment

Top Issue: Housing Production

\$376 MM Emergency Housing Stability and Production Package

- SB 1530/SB 1537
 - \$94.3 million to cities for infrastructure projects to support housing production
 - \$18 million in funding for recovery housing projects across the state
 - \$25 million allocation to the Albina Vision Trust to purchase and redevelop property into affordable housing.
- HB 4134
 - Bolster infrastructure projects to benefit housing development

Behavioral Health Legislation

- **HB 4092: Tackling Administrative Burden**

- Requires OHA, in consultation with counties and CMHPs, to conduct a study to determine funding required for CMHPs to perform functions required by law related to individuals with behavioral health disorders in specified age groups
- Requires OHA to contract with OCBH to convene a group of behavioral health partners to conduct a study evaluating laws, rules, and contracts affecting behavioral health providers' administrative burden

- **SB 1557: K-Plan and Coordination improvements**

- The measure mandates the Oregon Health Authority (OHA) to provide services and support to individuals under 21 in Oregon using funding from the First Choice option
- Ensures cross-departmental collaboration for all multi-system involved children and youth Community

Health Care Legislation

- **SB 1508: Health Evidence Review Commission**
 - Prohibits HERC from relying on evidence that references “Quality of Life”
 - New transparency measures
- **SB 1578: Interpreter Portal**
 - Requires OHA to contract with a non-profit to develop an online portal for scheduling and paying certified and qualified interpreters
- **HB 4129: Choice Services**
 - Requires OHA and ODHS to contract with up to two agencies with choice services for personal care services for older adults, people with disabilities and people with behavioral health needs.
- **HB 4136: Lane County Access to Care**
 - Removes assignment limitations on the use of nonresident nurses
 - Requires the Oregon Health Authority (OHA) to enter into an agreement with Lane County Public Health for the distribution of funds to support a basic life support unit, an innovation in same-day health care in the greater Eugene area
 - Appropriates \$4.5 million to OHA

Funding

Expenditures:

- \$86 million General Fund for the Department of Early Learning and Care to support the Employment Related Day Care Program
- \$5.1 million for the Eugene Civic Alliance for the Civic Park project
- \$1.5 million to Homes for Good Housing Agency for the Ollie Court Housing Project (formerly Naval Reserve Housing and Early Learning Center Project)
- \$4,000,000 to Willamette Family, Inc. to support the construction of the Willamette Family Medical Detox and Resident Services facility
- \$2 million newcomer services

HB 1530: Healthy Homes Program:

- \$18 million for recovery housing projects
- \$7.5 million for the Healthy Homes Repair Fund
- \$3.5 million for the Air Conditioner and Air Filter Deployment Program

QUESTIONS

The word "QUESTIONS" is rendered in large, bold, white, three-dimensional block letters with a slight drop shadow. It is centered horizontally and surrounded by a vibrant, multi-colored collage of question marks and geometric shapes. The question marks and shapes are in various colors including red, orange, yellow, green, blue, purple, and pink. Some shapes are circles, some are squares, and some are question marks of different sizes and orientations, creating a dynamic and busy background for the text.