

Community Advisory Council (CAC)

MINUTES draft 1

Date: Monday, July 10, 2023

Location: Newport and Zoom

Council representatives and others at the table:

CAC Chair: Dick Knowles

CAC Coordinator: Rebekah Fowler, Consultant

Benton: Brecca Claitor; Janie Tebeau, Lisa Pierson, Sara Hartstein;

Lincoln: Marci Frederic (Liaison) Marie Laper, Richard Sherlock;

Confederated Tribes of Siletz Indians/Lincoln: Shannon Parsons;

Linn: Dick Knowles, George Matland, (Liaison), Judy Rinkin, Todd Noble;

Local Chairs: LeAnne Trask (Benton), Dick Knowles (Linn); Vacancy (Lincoln)

Presenters & Guest speakers: **Charissa Young-White**, IHN-CCO Social Determinants & Transformation Manager; **Rebekah Fowler**, CAC Coordinator; **Melissa Isavoran** IHN-CCO Assistant VP Social Determinants of Health & Transformation.

Others present: Kristty Zamora-Polanco, Marianne Seifert, Luis Acosta, Karun Virtue, Andrea Bartell, Annette Fowler, Michael Couch

Absent: Marie Laper

Housing Panelists:

- **Annie McDonald**, Housing Services Manager, Albany Partnership for Community Development & Housing
 - **Daniel Easdale**, Program Director, Corvallis Housing First
 - **Dina Eldridge**, Housing Services Manager, Community Services Consortium (CSC)
 - **Sheila Stiley**, Executive Director, Northwest Coastal Housing
 - **Anita Earl**, SHS Homeless Outreach Team Lead, Samaritan Health Services (SHS)
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INTRODUCTIONS, ANNOUNCEMENTS, & APPROVAL OF AGENDA & MINUTES

Dick Knowles, CAC Chair, lead the group through the following items:

- **Public Comments:** Sign up
 - **Introductions**
 - **ACTIONS:** Council approved present agenda and May 2023 meeting minutes
 - **CAC Coordinator announcements**
 - Acronyms and Glossary
 - Share Initiative Workgroup
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PUBLIC COMMENTS

12 members of the public in attendance

No public comments were made.

SOCIAL DETERMINANTS OF HEALTH SCREENINGS INPUT

Charissa Young-White, IHN-CCO, talked about Social Determinants of Health Screenings and requested input from the CAC. (See presentation slides)

OHA incentive metric for SDOH screening & referrals. Charissa talked about the Member feedback process.

Emphasis on equity and member voice

Discussed potential pathways for feedback.

Richard suggested that providers and community partners should provide feedback.

Andrea Bartell, a guest, commented that community-based organizations have support to get these surveys out so they can support members in advocating for themselves in the member survey because some members need that support.

Sara likes the idea of conducting a short member survey. Brecca also likes the idea of a short survey. Richard suggested that there's a limit to the number of surveys that IHN-CCO can analyze and to keep that mind.

Rebekah suggested sending it to a random sample of members.

Karun said that at the state level when doing surveys, they would receive 80% of the responses from white, cis-gender women of middle age.

Charissa said there are ways to analyze the data to ensure its representative.

Charissa will take back the CAC's suggestions on doing a member survey and bring that back to the CAC in the future.

HOUSING PANEL (PART 1): PRESENTATIONS

Dick Knowles panelists briefly described their organization's work

- **Annie McDonald**, Housing Services Manager, Albany Partnership for Community Development & Housing
 - Works with residents at 60% or less of the median income. Most are at 30% or less.
 - Works a lot with people with criminal backgrounds.
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- Focus is on people who are ready to be in permanent housing.
 - They have a variety of housing options, including 106 multiple family units. Has just 8 4-bedroom units.
 - They have done training in motivational interviewing and trauma-informed interactions.
 - They provide residents services, which looks different for people. Some people only use that service once, others may use the service regularly.
 - Death is a part of what they do in residents services. People living in poverty die younger. They have had 7 deaths so far this year, the oldest being age 51.
 - Bed bugs partnership
 - Two community rooms available to public at no charge.
 - **Dina Eldridge**, Housing Services Manager, Community Services Consortium (CSC)
 - CSC works in all three counties for people with low income or living in poverty. Funded federal, state, and grants.
 - For housing works on prevention. They can help people who are behind on their rent. If they are eligible, CSC can help them get back on track. To be eligible, they must be able to resume paying their rent within 4 months.
 - Short term rental assistance is where most of their housing funding goes.
 - HUD funded rapid rehousing with case-management for 12-24 months. This is for people experiencing homelessness. They have a coordinated entry list. It's not a waiting list. A person on the list may never be called. Order is based on risk factors, etc. If people need longterm support, they are unlikely not going to be funded. Instead, those folks need to be in a permanent housing program, and there's very little funding for that.
 - They do own to apartment buildings in Lincoln County and those are usually full.
 - Rent well education classes available on-line from any county. This helps people know how to be good tenants, know their rights, and know how to advocate for themselves.
 - **Sheila Stiley**, Executive Director, Northwest Coastal Housing
 - 80-unit complex, and another complex of 9 units for dual diagnosis (mental health and substance use). They also work in Tillamook County.
 - They have a Project Turnkey with 32 units
 - Resident services to help people stay housed and support their needs.
 - Keep people in their housing when they have a crisis.
 - Homeless shelter.
 - They have many partners to make these systems work.
 - Looking to put in 12 tiny home clusters with resident services on-site.
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- 3 units for veterans is on the horizon
 - Needs to grow and develop the navigation team, peer specialists, more staffing, and more units. Needs political will to support more people getting housing.
 - Richard asked what percentage of the people in need are getting help. Sheila said they could use a shelter more than twice as big, they need more units, more funding for staffing.
 - **Daniel Easdale**, Program Director, Corvallis Housing First
 - The housing first model is a national and international model. They work within a housing spectrum within Benton County.
 - Ideally, immediate housing with no barriers. That's not possible, but that's the goal.
 - Harm-reduction model. It's difficult to get into recovery when on the street.
 - People have the right to choose the type of services they want and the type of housing they want.
 - There aren't enough units or shelters.
 - Their role is that they have 40 units of housing for chronically homeless population who have multiple barriers. Average stay is over 2 years and is increasing. Their housing is permanent. They have a property manager, which allows them to remain separate from their second role, see next item:
 - Another role is supportive services because getting people into housing doesn't do it. They need wrap-around services.
 - Provide case-management on the street, at shelters, in housing, in of-site housing, in residential treatment.
 - Project Turn-key
 - Medical respite rooms
 - **Anita Earl**, SHS Homeless Outreach Team Lead, Samaritan Health Services (SHS)
 - 22 staff, including a nurse practitioner, a unit of nurses and social workers to assist people who need medical respite or hospice. They're all clinicians who can provide help on-site.
 - 17 respite beds in the 3-county region.
 - Deliver medications, do med education, deliver food, provide tents, clean clothes, etc.
 - Education at Samaritan hospitals about struggles of the unhoused with access care. For example, people without clean clothes will avoid the ER and wouldn't even consider a doctor's office.
 - Housing is healthcare. Food is healthcare.
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Dick Knowles led a CAC discussion where representatives asked questions and provided input on regional housing issues.

- 85% retention rate of people who are housed
- Why do people who are put into housing end up back on the streets
 - Trauma, mental health issues and lack of mental health services, difficult to adjust to different sleeping conditions.
- There is an increase in the number of people over 50 who are experiencing homelessness due to a change in relationship status or due to a medical event. People are self-medicating to get through trauma.
- Annie said that people who move into housing is that they lose their social connections with the people they knew on the streets. Also, sometimes they allow others to live in their new housing with them when they aren't on the lease, so they get an eviction notice.
- Housing in Lincoln County is available in the range that people want because of tourist industry. It's expensive to build multi-family units.
- Late fees for paying rent in Corvallis is \$100. Must pay by 4th of months. A late fee alone can be the cause of someone losing their lease.
- Zoning is an issue. People can't live in RVs, yurts, tiny homes on wheels due to zoning.
- Elected officials need to be brought in to bring about change. Lobbyists may be needed. Richard suggested that a grant writer could be hired to write a grant to fund theirs and a lobbyist's salary to bring in more funding to facilitate change.

Dina Eldridge talked a little bit about Multi-agency Advisory Coordination groups for county funding for housing related needs will only be \$26 million for 26 counties, and larger counties will be getting more and smaller will get less. It's a drop in the bucket. There was more money during the COVID emergency. We need to build more housing. We need to fund mental health and addictions services.

- Melissa, maybe that money can go to prevention.

The number of people over age 70 in shelters has doubled in the past 2-3 years. Also, facilities for older folks are closing.

There is housing funding available, but we don't have the resources to apply for those funds.

FUTURE CAC MEETING AGENDA ITEMS

Rebekah Fowler, CAC Coordinator, requested agenda items for future CAC meetings

- SHARE Initiative
- Provider Directory
- Government Affairs update
- Waiver, nutritional supports

MEETING ADJOURNMENT

NEXT CAC MEETING

- Monday, September 11, 1:00-4:00 Zoom only
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Acronyms and Definitions

Acronyms

AVP – Assistant Vice President

BIPOC – Black, Indigenous, & People of Color (The nine separate Confederated Tribes of Oregon have expressed a preference for the term *Communities of Color and Tribes*)

BLAC – Benton Local Advisory Committee

CAC – Community Advisory Council

CCC – Communication Coordination Committee (subcommittee of the CAC)

CCO – Coordinated Care Organization (Medicaid services)

CEO – Chief Executive Officer

CHA – Community Health Assessment

CHAC – Lincoln Coordinated Healthcare Advisory Committee

CHIP – Community Health Improvement Plan

CMS – Center for Medicaid/Medicare Services (federal)

DST – Delivery System Transformation Committee, IHN-CCO; tasked with overseeing the IHN-CCO systems transformation plan & pilot projects

FQHC – Federally Qualified Health Center

HIA – Health Impact Area (in the CHIP)

IHN-CCO – InterCommunity Health Network CCO

LLAC – Linn Local Advisory Committee

MAC – Medicaid Advisory Committee

OHA – Oregon Health Authority (State of Oregon, oversees Medicaid)

OHP – Oregon Health Plan (Medicaid)

RHA – Regional Health Assessment

SDoH – Social Determinants of Health

SHARE – Supporting Health for All through Reinvestment Initiative

SHP – Samaritan Health Plans (Medicaid, Medicare, Employee and Commercial insurance)

SHS – Samaritan Health Services (Hospitals and providers)

VBP – Value Based Payments

Definitions

- **Equity:** The guarantee of fair treatment, access, opportunity, and advancement for all while striving to identify and eliminate barriers that have prevented the full participation of some groups. The principle of equity acknowledges that there are historically under-served and under-represented populations and that fairness regarding these unbalanced conditions is needed to assist equality in the provision of effective opportunities to all groups.
- **Health disparities:** Differences in access to, or availability of, services.
- **Health status disparities** refer to the differences in rates of disease and disabilities between different groups of people, such as those living in poverty and those who are not.
- **Inclusion:** Authentically bringing traditionally excluded individuals and/or groups into processes, activities, and decision/policy making in a way that shares power and ensures equal access to opportunities and resources.

- **Indicators:** measurements or data that provide evidence that a certain condition exists, or certain results have or have not been achieved. They are used to track progress.
- **Liaison:** a person who helps groups to work together and provide information to each other. CAC liaisons share information between the CAC and a local advisory committee.
- **Oregon Health Authority:** The state agency tasked with reforming healthcare. It holds contracts with the Coordinated Care Organizations and with Public Health Agencies.
- **Outcomes:** results or changes, including changes in knowledge, awareness, skills opinions, motivation, behavior, decision-making, condition, or status.
- **Value Based Payments** are a form of payment based, at least in part, on achieving good outcomes rather than just being paid for providing a service (fee-for-service).
- **SHARE Initiative:** Supporting Health for All Through Reinvestment Initiative comes from a legislative requirement for CCOs to invest some of their profits back into their communities on services to address health inequities and the social determinants of health.
- **Social Determinants of Health (SDoH)** are the conditions in which people are born, grow, live, work, & age. They include availability of resources to meet daily needs. The CAC's CHIP has specifically identified the SDoH of **Housing, Transportation, and Food Access** as priorities for IHN-CCO and its community partners to focus improvement efforts.