



## Health Workgroup Minutes

DATE: Wednesday, July 19, 2017

TIME: 9:00 to 10:30 AM

LOCATION: Lincoln Building  
Pine Conference Room  
421 SW Oak Street  
Portland, OR 97204

ATTENDEES: Andrew Brown, Monique Carter, Kendra Castaldo, Sam Chase, Ryan Deibert, Erin Fisher, Janet Hamilton, Pam Hester, Samantha Kaan, Zainab Kamara, Naimo Nur, Diana Marquez, Jan McMann, Amanda Saul, Dana Schultz, Jason Thompson, Emily Volpert, Jenny White

### MEETING DISCUSSION

- Welcome, Introductions and Updates
- Sub-Workgroup Updates
  - Erin Fisher presented about the Mental Health Sub-Workgroup and identified stakeholders, next steps, missing pieces, and possible policy changes
    - Opportunities in increasing resident services
    - Opportunities in increasing onsite services
    - Opportunities in increasing access to behavioral services
    - The Mental Health sub-workgroup has not yet set their next meeting, but they are looking for assistance from the general workgroup in terms of what they should do next.
  - Janet Hamilton presented about the Flex Services Sub-Workgroup
    - There are two buckets of funding - funds attached to a specific member and care plan for that member vs. population level, funds attached to the community that may or may not be specifically allocated to their members.
      - Janet Hamilton hopes to build a partnership with the Oregon Coordinated Care Organization (CCO) to complete retro-authorizations and hopes this could be a way to release some of those dollars easily. If we do not spend more money, it will eventually go away.
    - Opportunities to improve hospital discharge
    - Opportunities to increase peer health navigators
    - Mechanism with Kaiser and Providence in the discharge space
    - Increasing access to 1959 Dollars (which on the state level has a layer of bureaucracy) and is for onsite services and personal care for folks with severe mental health issues. This money is very difficult to access as it stands, and there may be some advocacy opportunities to change some administrative rules to eliminate one or two of the processes to improve accessibility.
    - Addressing Medicare Service Gap: There used to be a state-level spend-out, and there is currently difficulty getting prescriptions, outpatient care, etc.
    - The group discussed compassionate fills; where charitable dollars in the pharmacy or the doctors' office are paying for out-of-pocket costs for an individual who cannot cover those costs. One stream of funding is from Care Management Social Services budget, and another is out of the pharmacy budget.

- Samantha Kaan spoke about the Data Sub-Workgroup
  - Jason Thompson from the Multnomah County Health Department was invited to the workgroup to provide information about the work he has been doing with data collection.
  - Samantha Kaan described the several pathways for data collection/monitoring
  - The data should be considered as it applies to action, complementing and boosting other pieces of work in the community.
  - Samantha spoke about data in different buckets (which can inform research and in long-term planning, and which can inform short-term action)
  - Samantha talked about an effort underway to set up an inter-governmental agreement
  - Samantha suggested we invite other analysts into the Health Workgroup in the future.
  - Jason Thompson described the goal of looking at clients in the Health Department and seeing the difference between housing instability or insecurity and client health.
  - Jason reported many challenges in this electronic health record comparison and within the collection process.
  - The Department of Human Services integrated client services has worked many years to create matches of clients in a Venn diagram of client services—they are attempting to update/fill in the gaps for missing information.
  - It is not catching our desired fine look of whether someone is rent burdened, homeless, doubled-up, and are hopeful that these data could be used to support efforts to convince collection of social determinants in the future.
  - The Medicaid data requested from 2008 to integrate with client data was approved with American Hospital Association and hopefully be received soon.
  - Ryan Deibert discussed the difficulties of anonymous data in clinical management or direct integration of service prevention, and could be useful to track information over time.
  - Samantha asked for conversation within the other sub-workgroups to determine what work can be done to move forward.
  - Janet Hamilton talked about 75,000 yearly social determinant screenings (including housing, food, transportation, utility, interpersonal safety) in clinics statewide which will be a good source of data in the future. She suggested that we come up with a similar screening that we could implement locally in order to compare and have a somewhat similar screening across the state.
  - Jason indicated a rough timeline for the work being done at Multnomah County, working under an assumption that we will have the data within a month, depending on the quality of the data he is hoping that by mid-September they will have an understanding of the quality of the census block group identification data, and the quality of the location data of clients, how that quality may continue for a client over time, how difficult it is to get a reliable measure, etc. Once we get an understanding of what is in the data, then we can understand better how we can move forward. He referred to a link included in the handout to a slideshow created by Department of Human Services (DHS).
  - Samantha suggested that we invite Jason Thompson back in a September or October Health Workgroup Meeting so he can further collaborate with the group.
  - Ryan Deibert said that the work that Disability Rights Oregon has been doing to ask hospitals to collect social determinant data around housing could be collaborative.
  - Amanda Saul said that disability Rights Oregon realized that they had a pattern of incidents, and needed a better way to track information currently in hospitals.
- Amanda Saul spoke about the Policy Workgroup

- The policy and advocacy sub-workgroup will be meeting to aggregate the policy suggestions of the other sub-workgroups and to discuss the results of the legislative session.
- Dana Schultz talked about Housing and Urban Development funding going towards recovery housing, and the unnerving amount of funding to be allocated. She suggested that advocacy surrounding housing that is focused on recovery would be very important moving forward.
- The group discussed steps for moving forward:
  - Bringing in Mental Health Stakeholders into the Health Workgroup
  - Focus on resident services
  - Standardizing a definition of resident services
  - Coordinated Access strategies—how can we make this successful? How can we link to and support that work? What if we add more units?
  - Connecting to affordable units
  - The group discussed Coordinated Access Systems and how their work can relate to those systems
  - Community Shelter Board in Columbus, Ohio is a shining example of Coordinated Access
  - Ryan Deibert explained that Coordinated Access is not a product of the health services world
  - Bringing Health Share and Family Care into the Health Workgroup (they are currently collaborating with behavioral health)
  - Ryan Deibert explained that the Health Workgroup has been very productive for A Home for Everyone's efforts with the collaboration within this group. Ryan hopes that individual folks in this group could gain more knowledge from other health systems/groups to bring that information back to the Health Workgroup.
  - The Mental Health sub-workgroup will reach out to stakeholders to connect with those folks.
- Legislative Updates
  - Samantha Kaan spoke to Multnomah County Health Department's interest in bills this legislative session. There were quite a few wins, and a few losses.
    - Opioids Comprehensive Bill (House Bill 3440) does quite a bit for our statewide system around tracking opioid deaths, lifting limitations that kept people on Medicaid assistant therapy out of drug court, etc.
    - Tobacco 21 makes Oregon one of a handful of states in the country wherein you must be at least 21 years old to purchase tobacco. It is punitive for folks who sell tobacco, not
    - Cover All Kids Bill means that low income children, regardless of documentation status, will be allowed access to Oregon Health Plan.
    - Gun Safety Bill makes it possible for the court to intervene when folks are a danger to themselves or others.
    - Reproductive Healthcare Bill means that Oregon Health Plan must provide reproductive healthcare with no charge to the patient, and includes language for other insurers as well.
    - House Bill 3276 relates to meningitis vaccinations and requires health insurance companies to pay for those vaccinations. Health Centers and local public health institutions will be reimbursed during outbreaks.
    - Transportation Bill includes money for safe routes to school program and improvements for that program, expanding the routes further out from the school. Resources to cut

- TriMet fares in half. Low-income fares for riders with income under 200% of the poverty line will be compiled, and pay as you go. It is a 72% cost cut for those folks.
- Oregon Health Plan Funding bill to ensure that all Oregonians have access to Oregon Health Plan and that benefits are not reduced. This protects us from the current Federal Administration.
  - Samantha Kaan provided a quick review of the bills that did not pass (including clean air bills, tobacco use bills, community benefit restructuring, etc).
  - Amanda Saul briefly explained the housing-related house bills that passed.
  - Eviction Prevention House Bill 2004 did not pass.
  - A Multi-Family Veterans Notice of Funding Availability will soon be released.
  - Oregon Health Authority and OHCS had their first combined permanent supportive housing workgroup meeting in July. This will hopefully help those two groups further collaborate.
- Next Steps
    - Please join us at the Permanent Supportive Housing Summit on September 14, 2017 from 1:30 to 4:30 PM.
    - Ryan Deibert spoke about the plan for addressing chronic homelessness and explained to the group that in the future, there will be a Strengths, Weaknesses, Opportunities and Threats analysis of our work with chronic homelessness in each workgroup.
    - Janet Hamilton will be talking about the Request for Information at the next meeting.

## ACTION ITEMS

### ITEM

1. Policy/Advocacy sub-workgroup will meet before the August meeting

### ASSIGNED

Policy/Advocacy  
Sub-workgroup

## NEXT MEETING

Wednesday, August 16, 2017

9:00 AM – 10:30 AM

Lincoln Building

Pine Conference Room

421 SW Oak Street

Portland, Oregon 97204