The Honorable Governor Tina Kotek
900 Court Street, Suite 254
Salem, Oregon 97301

July 17, 2023

Re: Information Concerning CCO Community Investments

Dear Governor Kotek,

Thank you for the opportunity to respond to your request for information concerning CCO community investments. The CareOregon family is proud of the work we are doing to serve our members and community.

We are excited about your leadership because you value and understand the CCO framework and its history. We are hopeful your administration will mark a recommitment to the coordinated care model's core principles:

1. Accountability for health outcomes.
2. A single budget that grows at a fixed rate.
3. Flexibility within the budget to deliver defined outcomes.
4. Shared governance between providers, community members, and stakeholders that have financial responsibility and risk.

In recent years the state's regulatory requirements have not kept pace with the different ways each CCO responds to the needs present within the community. CareOregon believes the current regulatory structure provokes conflict in how CCO dollars are spent, creating inefficiencies in how CCOs can mobilize to meet community needs.

We wish to reiterate several inefficiencies previously shared with the Oregon Health Authority (Agency) to provide context as we highlight our CY 2022 community reinvestments.

<u>Flexibility</u>

Shared responsibility and flexibility are necessary to meet goals for value-based payment adoption, clinical care transformation, and population health improvement. Shared responsibility requires shared risk and reward. Providers and networks face increasing requirements, a workforce crisis, and are still recovering from the pandemic. The coordinated care model relies on collaboration with network partners. Network partners will not operate solely on downward risk; bi-directional risk sharing is necessary to meet the state's health care goals. The current regulatory environment rightfully regulates member access but does little to support its growth. The post-pandemic strain on delivery networks will require increased and sustained focus on provider network stability through workforce development, capital investment, and operational support including decreased regulatory burden.

CareOregon wishes to emphasize the self-correcting nature of the rate-setting process for CCOs. Failure to meet minimum medical loss ratios (MMLR) over time results in a "clawback" of funding. Administrative costs are examined during rate-setting.

The current regulatory structure sets up a competitive framework, where community reinvestments categorized as administrative spending compete with operational dollars, especially during downturns. Policy and contract changes increasing the amount of restricted funds will heighten the acuity of this conflict. CareOregon and our CCOs will continue to make reinvestments that respond community need in good times and bad.

Health-Related Services

One category of community spending that counts toward MMLR is health-related services (HRS). Approved HRS expenditures serve as one input when calculating future capitation rates. What "counts" as HRS expenditures is retroactive and reviewed line-by-line by the Agency.

We have a few suggestions regarding how HRS funding streams could be more effective for long-term investments, such as housing capacity.

In practice, overly prescriptive HRS criteria create conflict between what the community asks our CCOs to invest in and what the state accepts as community investment. Further, the acceptance process results in a game of technicalities where community investments are rejected because they need to match certain words or framing, not because they are ineffective or inappropriate. We believe Agency staff are rightfully concerned with accountability during this process, however, the process has become increasingly technical over time.

One suggestion is to implore the Agency to work with CCOs when HRS payments are denied; a collaborative conversation can help exhaust strategies to identify how the investment may fit within existing policies.

Another recommendation is to review HRS OARs and contract terms to maximize flexibility to meet our shared goals. Workforce training, investments in operational start-up for new services, and provider pipeline development are excluded from HRS and are considered administrative expenses.

For example, Columbia Pacific CCO (CPCCO) invested $150,000 to support Northwest Oregon Works (NOW) to upskill ("grow your own") the local behavioral health workforce through the Behavioral Health Work Based Learning Career Pathways Program created by NOW. This program supports, equips, and guides an emerging workforce in behavioral health and substance abuse treatment in rural areas by allowing participants to continue working in their current position while completing educational programs required for applicable licensure or certification. This reinvestment certainly responds to community need but does not meet HRS criteria.

Additionally, in 2021, Jackson Care Connect (JCC) reinvested $1.2 million to support behavioral health providers in Jackson County. The funding was designated for efforts including retention bonuses, costs associated with licensure support, and other financial incentives to keep doors open and access stable. Sommer Wolcott, Executive Director of OnTrack Rogue Valley, said this of the investment:

> "Like many behavioral health providers, OnTrack Rogue Valley is experiencing a significant staffing shortage. Our community is experiencing an ever-greater need for our services, but until we can become fully staffed, we are limited in how many clients we can serve. With the help of Jackson Care Connect's workforce support funding, we will attract more applicants to our open

positions and also reward our hard-working staff who have helped us keep our doors open throughout the pandemic."

We know this support is key to building and maintaining a sustainable behavioral health network and helps prevent burnout. The investment was not accepted as HRS.

CPCCO and JCC serve in federally designated Health Professional Shortage Areas and uniquely feel the effect of this crisis. The state can better solve its workforce challenges through consistent investment year-over-year. Inclusion of workforce investments under HRS would change the sustainability model for community-based, local workforce solutions through consistency and program growth as membership grows. We encourage full review of HRS OARs and contract terms to maximize flexibility to the full extent permitted by CMS.

Supporting Health for All through REinvestment Initiative

Unlike HRS, the Supporting Health for All through REinvestment Initiative (SHARE) derives authority solely from the state. House Bill 4018 (2018) authorized the foundational requirement for SHARE: in six lines, the law directs CCOs to reinvest a portion of income toward services designed to address "health disparities and the social determinants of health" consistent with a CCO's Community Health Improvement Plan and Transformation Plan.

The state adopted elaborate rules several years after passage. SHARE is overly prescriptive. The volatility of the SHARE formula year-over-year makes it an unstable source of community reinvestment for potential recipients. Some community providers are unwilling to take SHARE dollars because of the reporting and criteria associated with the program.

We recommend SHARE be reviewed and revised to allow for the flexibility needed to best support the state's shared housing and behavioral health goals.

Stabilizing for the Future

Financial trends are a better indicator of future performance than outlier years. We wish to encourage trend-based policy discussions about CCO financials. The CY 2022 CCO Preliminary Financial Results bar chart produced by the Agency illustrates important events:

- 2015-2016. Due to inaccurate rate setting by the state, CMS ordered clawbacks from seven CCOs, resulting in rate adjustments.
- 2017-2019. Net income started to dip and level off through the years. Dips in net income are primarily attributed to redeterminations and an increase in member acuity, resulting in volatility outside of CCO control. During this same time CareOregon stepped up and absorbed over 80,000 FamilyCare members with little administrative support from the state.
- 2020-2022. The global pandemic hits and health care access limitations due to public health precautions largely drive outlier revenue experience.

The CCO 2.0 contract cycle grew JCC's membership overnight by 11,000 members. A proportionally large increase in statutory reserves was necessary to manage this 36% membership increase. During the last redeterminations cycle, Columbia Pacific CCO lost nearly 10% of its membership. In addition to affecting those who lose coverage, a drop in membership has sharp impacts on our network, partners, and creates uncertainty across plan administration. All CCOs will be faced with membership reduction and

higher patient acuity once redeterminations are complete. CareOregon's 2022 net income is below pre-pandemic levels. Preliminary data suggests CareOregon revenue will decline 10% once redeterminations are complete.

CareOregon and our CCOs are obligated to operate responsibly to ensure quality and consistency of care for our members; this obligation requires consideration for the stability of reserves to weather multi-year underwriting cycles.

We thank you for your commitment to reviewing the CCO regulatory structure and look forward to addressing these issues later this Fall.

Community Investment Template and Narrative

Attached is a completed financial accounting of community investments for Columbia Pacific CCO and Jackson Care Connect using the provided template. CareOregon's Metro financial accounting is provided through Health Share of Oregon. The narrative below highlights key investments and speaks to CareOregon's consolidated community reinvestment (all Medicaid lines).

In partnership,

Eric C. Hunter	**Mimi Haley**	**Jennifer Lind**
CEO	**Executive Director**	**CEO**
CareOregon	**Columbia Pacific CCO CEO**	**Jackson Care Connect**

cc:
Dave Baden, Interim Director, Oregon Health Authority
Chelsea Guest, Director, Office of Actuarial and Financial Analytics, Oregon Health Authority
Teresa Learn, Chief Financial Officer, CareOregon

Attachments:
CPC CCO_CEO_reinvestment_template_submitted 7-17-23.xlsx
JCC CCO_CEO_reinvestment_template_submitted 7-17-23.xlsx

We believe that strong, community-based, not-for-profit health plans are critical to the service of our members and the CCO model in Oregon.

CareOregon

CareOregon is a 501(c)(3) non-profit organization that has served Oregon's most vulnerable for nearly 30 years. We are the umbrella organization for six lines of business serving Oregon Health Plan and Medicare members and their communities. Tribal partners selected us to manage a statewide tribal coordination benefit for Oregon Health Plan-eligible American Indians and Alaska Natives, including members of Oregon's nine sovereign, federally recognized tribes and NARA. We coordinate with Tribal leaders, Tribal health programs and centers, and NARA to support these members. We also serve Medicaid members in seven counties through Columbia Pacific CCO and Jackson Care Connect, which we own and refer to as the 'CareOregon family', and through Health Share of Oregon, of which we are a founding member. We manage a dental plan and network that allows us to uniquely focus on oral health integration across all three CCOs and with other dental partners.

Since 1994, we have steadfastly served medically fragile, vulnerable, and low-income Oregonians while investing in communities to make health care work for everyone. Oregon Health and Sciences University, Multnomah County Health Department, and Oregon Primary Care Association partners founded CareOregon in response to a need to mitigate emergency care trends.

The creation of Coordinated Care Organizations in 2012 spoke to our origin story. We believed so much in the possibility of CCOs that we worked to support the state's initiative by launching five in 2012: CPCCO, JCC, PrimaryHealth of Josephine County, Health Share of Oregon, and Yamhill Community Care CCO.

CareOregon provided $3 million in transformation funds to allow Yamhill to start their CCO and provided back-end administrative support. With this stability, Yamhill CCO could sustainably operate independently as they do today. CareOregon also provided reserves and transformation funds to create PrimaryHealth CCO in Josephine County and acted as their backstop, like our relationship with CPCCO and JCC. The state declined to offer a Medicaid contract to PrimaryHealth CCO when they sought to go independent due to financial solvency concerns.

CareOregon continues to provide administrative services to Health Share of Oregon and manages an integrated physical health benefit and holds all behavioral health risk for Health Share of Oregon's service region. For JCC and CPCCO, CareOregon provides efficiency and security to take on greater risk in resource-limited rural communities.

CareOregon plays an integral role in providing stability to our members and service regions.

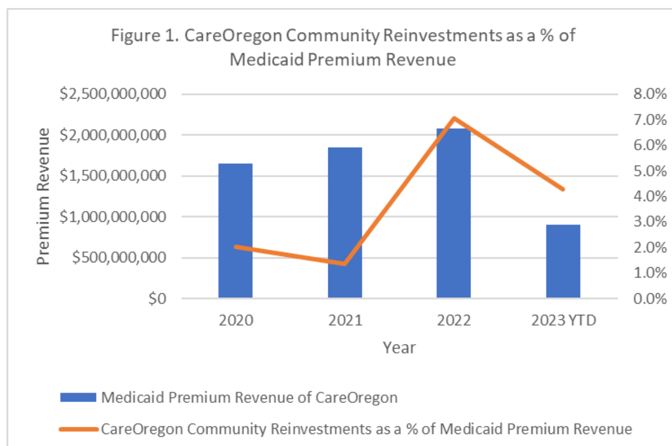
The CareOregon family is committed to reinvesting in housing and behavioral health as a core part of our social and community health objectives. This work takes time, community collaboration, trust, and role clarity. We have added over 150 behavioral health beds (sober, residential, transitional) to the health care continuum. We have optimized health-related flex services for motel vouchers, eviction prevention, and rental assistance, expanded Traditional Health Worker services to support housing transitions, and actively participate in the State of Emergency MAC tables across all our service regions. We are growing

our understanding of Metro's housing continuum and dynamics and are committed to this work.

In 2020 CareOregon took on the entire behavioral health benefit for Health Share of Oregon. Since then, we have committed more than $110 million to strengthen and stabilize our region's behavioral health system. CareOregon worked to deploy funding in ways that support providers and address choke points in the continuum of care during the pandemic, and the results are measurable. For example, Morrison Child and Family Services filled all their masters-level vacancies, overfilled one position and added capacity for hundreds of youth.

Big Picture: Community Reinvestment for CareOregon Consolidated

CareOregon has built strong relationships with community partners, and our decision-making process has evolved with the needs of the community. Amid the pandemic, we relied on our relationships within the community to take uncommon action to support our network of Community-Based Organizations (CBO) through several grant rounds; our grant rounds sought to keep the lights on and services running. As a parent company to two CCOs and the main risk accepting entity within Health Share of Oregon, we wish to provide you with a consolidated picture of CareOregon's investments in the community.



CareOregon's consolidated community reinvestment is 3.8% of Medicaid premium revenue across all Medicaid lines of business from 2020-2023YTD (figure 1.).

Community investments included in this calculation are health-related services (excluding case management), SHARE (in years spent), workforce retention payments, provider stability payments, network capacity building payments, other community reinvestment, administrative reinvestment, and risk-accepting entity investments in community. It is critical to acknowledge community investments from one year's revenue cycle may not be invested until the following year, and what is obligated versus spent may not align with revenue reporting periods. CCOs should be encouraged to make thoughtful reinvestments.

CareOregon's Board of Directors committed to reinvest an additional $30 million in the community earlier this year. Additionally, of CareOregon's large financial commitment through Health Share of Oregon's Financial Investment Oversight Committee (FIOC), $61.3 million will be reinvested in the community in the coming years.

Community ReInvestment Examples in Metro

Many CareOregon reinvestments in the Metro area are captured in Health Share of Oregon's submission. We wish to highlight several non-exhaustive, culturally specific reinvestments in community uniquely made through CareOregon's charitable giving:

- Language Access and Navigation

- Over $250,000 from 2020-2023 to the Immigrant Refugee Community Organization to support community events and traditional health worker (THW) development.
- $70,000+ to Doulas Latinas to support community events and multi-year THW development.
- $250,000 in a two-year partnership with the Oregon Health Care Interpreters Association to increase language-access resources through certified interpreters.

- Investing in East Multnomah County
  - CareOregon made a $2 million, 10-year investment in the Boys & Girls Club of Portland resulting in the CareOregon Boys & Girls Club at Rockwood. Since then, we have focused on increasing resources to support the academic and social health of Rockwood community members. Several campus partners provide culturally specific programs, education, and support. The Club is envisioned as a one-stop shop for families to access wrap around support services.
  - In 2022, CareOregon continued this commitment by reinvesting $400,000 in the Rockwood community.
    - $50,000 to Open School for student mental health support.
    - $50,000 to expand HOLLA programs. HOLLA is co-located on the CareOregon Boys & Girls Club at Rockwood campus and caters to black, brown and indigenous youth.
    - $50,000 to increase capacity of New Avenues for Youth's after-hours crisis services coordination.
    - $250,000 to the Latino Network to break ground on La Plaza Esperanza. The new 18,000 square-foot facility will be a central delivery hub for culturally specific health resources and will provide wraparound services in health and wellness, education and economic development and other critical needs, including mental health and culturally specific workforce training in health-related services, as well as expand the impact and reach of services to even more Latino families.
- Workforce Diversity and Advancement
  - $300,000 in 2023 as an initial grant to seed the Billi Irene Odegaard Fund. The Fund is a long-term commitment to grow a diverse provider workforce. Only 1% of Oregon registered nurses identify as Black and fewer than 5% identify as LatinX, despite reflecting 2% and 13% of the population, respectively. BIPOC health care workers disproportionately occupy lower-wage jobs, with 6% of CNA's identifying as Black and 15% as LatinX. This robust, endowed scholarship fund will provide tuition assistance, books and fees, and additional wrap around services such as tutoring, living stipends, and mentoring.

The CareOregon family stepped up during the pandemic to keep CBO doors open and providers afloat. For example:

- In April – May of 2020, CPCCO responded by establishing an emergency fund and distributed $450,000 to 17 providers and community-based organizations (CBOs). JCC also made supportive payments totaling $95,000 to two community health centers in its operating region in 2020. These payments were made in excess of Provider Stability Payments (PSPs) of $700,000 for CPCCO and $2.3 million for JCC.

- Following PSPs and other supportive payments in 2020, CareOregon set aside and distributed supportive payments specifically targeted to behavioral health providers due to growing behavioral health care needs in the community. In 2021, CPCCO and JCC distributed $644,000 to four behavioral health providers and $1.2 million to seven behavioral health providers, respectively. During this time, CareOregon infused over $780,000 to 41 non-BH providers and CBOs in JCC and CPCCO service regions to keep lights on.

The CareOregon family made unprecedented progress toward helping the community as the impact of COVID-19 continued. Total community reinvestments almost reached $20 million for both CPCCO and JCC regions in 2022. Anticipated rate increases for DRG hospitals for 2023 (a requirement by OHA) was implemented one year early by the CareOregon family so that we did our part to support struggling health systems following the Omicron peak. CareOregon infused the health care workforce network with multiple retention payments totaling $11.5 million in CPCCO and JCC service regions. Of this amount, $2.6 million specifically supported an inpatient psychiatric unit at a DRG hospital in JCC's service region.

Non-emergent medical transportation (NEMT) benefits were not well utilized due to social distancing requirements and facility closures. CareOregon supported NEMT contractors in CPCCO and JCC through gainsharing arrangements, resulting in $290,000 and $1,661,000 respectively across both regions to keep networks stable.

The CareOregon family has and will continue to support our communities by listening, looking forward, and stepping up to support community needs.

Columbia Pacific CCO

CPCCO serves over 36,000 members in Columbia, Clatsop, and Tillamook counties. CPCCO has long-standing relationships in this community and a street-level understanding of the North Coast's unique needs. CareOregon supports CPCCO's focus on localized needs by performing many administrative and operational functions. CareOregon maintains CPCCO's physical and behavioral health networks and oversees the benefit administration for these service types on behalf of CPCCO.

Governor Kotek, we are grateful for your visit to CPCCO last month, and we appreciate your sincere acknowledgment of our challenges and interest in wielding the state's resources to support our community.

<u>Community Informs Investments</u>

The interconnectedness of our region and acknowledgment of unique county-specific needs shapes our response to community investment.

CPCCO uses committees, councils, learning collaboratives, leadership meetings, and outreach vehicles to engage community members and healthcare providers to improve health outcomes for OHP members and their communities. CPCCO is responsible for three local Community Advisory Councils (CACs), one for each county in the CPCCO service area that meets monthly, and one Regional Community Advisory Council that meets quarterly.

CPCCO's Clatsop County CAC is wholly comprised of OHP consumer membership. Consumer membership totals 77% and 75% for Columbia and Tillamook counties, respectively. Specific to community reinvestment, CACs develop and oversee local community health improvement programs (CHIPs) and

health needs assessments that are among the tools used to identify priorities for CPCCO. Local CACs develop and oversee grants and recommend funding priorities to the Regional CAC.

Two representatives of each local CAC participate in the Regional CAC, as does OHA's Innovator Agent. The Regional CAC and the Board of Directors have a joint annual meeting, with bi-directional communication between the Board and CACs on an ongoing basis. The Regional CAC approves grants for local improvement projects and community prevention needs consistent with the CPCCO Regional Health Improvement Plan (RHIP).

It is critical community investments follow the cycle of community-identified need, partnership, and ownership in decision-making. CPCCO invests in broad community outreach and data gathering for all community members to inform funding decisions. CPCCO has sponsored more than 25 events with open invitations to all residents of each community.

Every five years, CPCCO creates a RHIP through intensive work with our CACs and community stakeholders, that identify the communities' priorities for health improvement by the CCO. The current RHIP has eight focus areas, including: suicide prevention, housing, trauma informed care and practices, and access to social safety net services, among others. These focus areas guide the investment decisions made by the Board of Directors and CACs.

<u>Community Investments</u>

CPCCO reinvested over $15 million in our communities from 2020 – May 31, 2023. These reinvestments account for 2.1% of CPCCO's operating revenues. For this same period, state requirements account for only 0.8% of total community reinvestment.

Clatsop County has the highest rates of unhoused – 23 per 1,000 – in the state, six times the rate of Oregon, and all three counties exceed Oregon's statewide rate. The lack of available and affordable housing has a direct impact on the health of our members. The following was an email we received last week from a member who inquired about the Red Lion project in Seaside (completion in 2024):

> "Hi my name is [redacted] and i have been a part of the homeless community here in seaside for almost five years now, due to lack of housing opportunities. Could I please have more info about how to get on the waiting list at the hotel? I am currently dealing with some health issues and am needing several surguries that I cannot get due to not having a place to recover after surgury- so everyday I have to live in pain because I have no where to go" (spellings as in original email).

Housing was called out in our health improvement plan as a major focus of the CCO's investments and work. As a result, the CPCCO Board of Directors created a Regional Housing Impact Fund in 2020 and has invested in projects that will result in over 270 new affordable housing units coming online in the next few years. Not all of these housing investments "count" according to state regulations, and CPCCO funds reinvestments in a way that precludes financial sustainability through the rate-setting process.

Similarly, access to a full array of clinical and safety net services has been an issue for CPCCO since its inception in 2012. We have systematically invested in our clinical partners, such as investments in Medications for Opioid Use Disorder services (MOUD, previously called MAT) in primary care settings, or investments in new services, such as a new CODA methadone dispensing clinic in Seaside.

As our partners build their operations to a sustainable scale, CPCCO subsidizes the full cost of the services – only some of which count as valid medical costs. This issue has been exacerbated by the fraying of our clinical workforce, which creates access issues as well as gaps in revenue due to lost productivity.

CCOs must invest in filling those gaps to ensure we can recruit an appropriate workforce and retain those providers to create access for the whole community, not just CCO members.

For example, several clinic partners have hard-to-fill vacancies due to a myriad of factors that are particularly acute on the North Coast (housing, workforce shortage, etc.). CPCCO retained a recruiting firm to work directly with our clinic partners to fill vacancies and CPCCO pays the invoices for this service. Since 2022, we have reinvested significantly to support the recruitment needs of our clinical partners to support access for the entire community, not just our members. It is reasonable and in the best interest of our community to find ways for the regulatory environment to capture these investments.

CPCCO has offered a unique gain and risk sharing program for clinical partners in each of the three CCO counties since 2015. The program encourages them to collaborate on where they would like to reinvest their shared gains. Clatsop County's Risk Share partners in Clatsop, for the reasons cited above, decided to redirect their gains toward housing investments. Columbia County, due to lack of a local hospital, directed some of their gains to the development and implementation of a Community Paramedicine program starting in 2017. CPCCO has since taken over ongoing costs of operating this critically important program for members with unmanaged chronic illness, such as chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF), and diabetes.

Financial sustainability and funding start-up costs is essential to these partners who operate on razor-thin margins. The following examples represent a small subset of how CPCCO reinvests to support the needs of our members and communities:

- $25,000 reinvested in 2022 to support a Latinx population health equity needs assessment for Columbia County.
- $50,000 in 2021 and $50,000 reinvested in 2022 to Youth Era to increase use of evidence-based programs, including Collaborative Problem Solving, the Applied Suicide Intervention Skills Training (ASIST) model, and Motivational Interviewing to support youth (14-25) who are struggling with grief, anxiety, depression, suicidal ideation, substance misuse, financial hardships, and homelessness. As community-based providers, services are provided wherever is most accessible to youth - in their home, at a park, at school, or on a walk. Youth ERA also offers telehealth, social media, and text-based chat to connect with youth in an easy way. Programming includes non-clinical/non-billable peer support services, events, support groups, internship opportunities, one-on-one peer support, suicide intervention, system navigation support, and resource connection. Of note, this investment was rejected as HRS spend in 2021 and 2022 because it appeared to the Agency to contain covered (medical) services.
- Funded resource desks in local hospital lobbies to provide support and support navigation to non-clinical community services for all community members through Clatsop Community Action (CCA). CCA is an essential anti-poverty program helping with housing, eviction prevention, food bank services and other social services to residents of Clatsop County. CCA is not a clinic or hospital. CCA plans to staff desks in other locations as the program grows. These resource desks

are included as a specific strategy identified by our communities to address SDoH in our Regional Community Health Improvement Plan.

- $100,000 reinvested for two pharmacy access initiatives. CPCCO worked with small, independent pharmacies to broaden community services. Pharmacy services are a key component of community health. This is especially true in rural communities as provider office closures and staffing challenges threaten access. Pharmacies can help meet community needs by staying open and expanding clinical services to the full extent permitted by Oregon law. However, as the need for clinical services grows it leaves pharmacies with the challenges of maintaining operations and meeting regulatory requirements in a rapidly changing landscape. Of note, these investments were not for covered billable services but were nonetheless rejected as HRS because pharmacy services are covered services and there is not a "clear enough line drawn" to show how CPCCO's quality improvement activities improve member and/or community health.
- CareOregon , through 900 S. Holladay Dr. LLC (Red Lion address), provided a significant reinvestment into the region's workforce and low-income housing capacity on behalf of CPCCO by purchasing the Red Lion Hotel for over $8 million. CPCCO will provide ongoing funding throughout the lifetime of this investment to support enhanced services, on-site management, and administration costs through various funding streams, including HRS flex services.

Jackson Care Connect

JCC has served Medicaid members in Jackson County since 2012, and currently serves more than 67,000 members. Jackson County faces unique challenges due to its geographic location, population health needs and economy. Jackson Care Connect serves one in four residents and one in every two kids under 5.

Over the past few years, the provider workforce has been pushed to its limit, and while they continue to show incredible resilience, many clinics have repeatedly been stretched beyond their capacity. Housing also remains a significant issue for Jackson County. While progress has been made in rebuilding after the Almeda and Obenchain fires in 2020, rebuilds for rental properties and mobile homes lost in the fires are still not happening fast enough to meet the community's need. The loss of the 60 modular homes due to mold issues that were slated for fire survivors at the Royal Oaks Mobil Manor has made an already difficult situation even worse.

As part of the community's efforts to learn more about local needs, we helped organize listening sessions, a summit and surveys with more than 400 community members in 2022. Responses showed almost unanimous agreement that the single highest housing priority for Jackson County is to develop and finance additional quality, affordable housing units.

In our close-knit community, strong and consistent partnerships are key to the success of improving community health. Siloed funding, lack of infrastructure/capital spending and the lack of flexibility to utilize funds to best meet our community and member needs remain consistent barriers and obstacles.

<u>Community Informs Investments</u>

The Board of Directors at JCC is composed of community leaders and CCO members. The Board of Directors designates funds, and the Community Advisory Council is directly responsible for prioritizing Community Health Improvement Plan projects and allocating designated funds. Cross-representation

and consistent communication between the Board and CAC to ensure CAC recommendations receive meaningful deliberation and improve transparency and accountability. Our CAC is an active committee.

In addition to approving CHIP grants, the CAC makes broader budget recommendations related to sponsored investments and community health interventions.

JCC's network needs also inform reinvestments. For example, La Clinica and Rogue Community Health are JCC's largest primary care networks. La Clinica is a significant provider of culturally responsive services. JCC cares deeply about the strength and capacity of our network providers and growing the limited workforce in Jackson County to benefit all residents, not just members. Some strategies to increase capacity include upskilling clinicians and administrative support staff and supporting network partners in filling vacancies and reducing turnover.

Community Investments

JCC reported total community reinvestments of $25 million from 2020-May 31, 2023. These community reinvestments account for 2.4% of JCC's operating revenues. Of these, state requirements account for only 1.2% of total community reinvestment.

The following recent examples represent a small subset of the way JCC has worked to meet the needs of the community and our members. Creating sustainable programs is at the heart of our work:

- $60,000 to Oasis to support projects including the renovation of three apartments to provide emergency shelter for at-risk pregnant members who are on the waitlist for residential substance use treatment. OASIS provides primary care, medication-assisted treatment, and a full spectrum of support for our most vulnerable families and children. We have braided funding streams including the SHARE Initiative and a unique per member per month payment structure for Project Nurture to support their holistic low-barrier model.
- Approx. $800,000 in 2022 to Rogue Retreat, a major provider of emergency shelter/urban campground and housing. In 2022, JCC and others provided stabilization funding for the organization through their leadership transition. In 2023, we entered into a contract to support traditional health workers (THW) at Rogue Retreat to provide a more stabilized, high-quality model of funding and care.
- Approx. $420,000 to support Orchard Home, a furnished transitional housing program intended to provide extra support for members requiring ongoing stabilization.

Our People

CareOregon Board of Directors

Name	Profession
Andrew McCulloch	Retired
Damien R. Hall	Dunn Carney LLP, Partner
Eric C. Hunter	CareOregon, President and CEO
Jacqueline Mercer	Native American Rehabilitation Association of the NW (NARA), CEO
Jonathan Betlinksi, MD	OHSU, Director, Division of Public Psychiatry
Kerry Barnett, JD	Retired
Kimberlynn Heller, DO	The Oregon Clinic OB/GYN East, Partner and Co-Founder

Larry Didway	Clackamas Education Service District, Superintendent
Suk Rhee	Consultant
Susan Hennessy	Retired
Tec Han	Vibrato Capital LLC, CIO
Tina Edlund	Retired
Woody English, MD, MMM	Retired

Columbia Pacific CCO

Name	Profession
Cathy Bond	Tillamook County Transportation
Eric C. Hunter	CareOregon, CEO and President
Eric Swanson	Adventist Health Tillamook, President
Erin Skaar	Tillamook County, Commissioner
Joe Skariah, DO	OHSU Family Medicine, Physician
Jonathan Betlinski, MD	OHSU, Division of Public Psychiatry, Director
Marlene Putnam	Tillamook County Community Health Centers, Administrator
Monica Martinez	CareOregon, VP Legal & Regulatory Affairs, General Counsel
Nancy Avery	ODS Community Dental, Manager
Nicole Williams	Columbia Memorial Hospital, COO
Pam Cooper	Providence Seaside Hospital, CFO
Sherrie Ford	Columbia Health Services, Director
Steven Manesis	Community Advisory Council Member, Peer Support Specialist
Tim Hennigan	Columbia River Fire & Rescue - Retired
Viviana Matthews	Clatsop Community Action, Executive Director

Jackson Care Connect CCO

Name	Profession
Craig Newton	JCC Community Advisory Council
Eric C. Hunter	CareOregon, CEO and President
Jacquie Jaquette	Southern Oregon ESD, School Improvement Specialist
Jason Elzy	Housing Authority of Jackson County, Executive Director
Laura Bridges	La Clinica, Behavioral Health Officer
Lori Paris	Addictions Recovery Center, President and CEO
Matt Hough	Southern Oregon Pediatrics, Physician
Nora Leibowitz	CareOregon, Chief Strategy Officer
Stacy Brubaker	Jackson County Health & Human Services, Director
William North	Rogue Community Health, CEO
Maria Underwood	La Clinica, Chief Development Officer