



Community Advisory Council (CAC) Meeting
Minutes
April 3, 2025, 12 pm

Agenda Item

Welcome

Attendance CAC Members

Katie Gonzalez, Jeanifer Imbruglia, David Rupkalvis, Lisa DeSalvio, Avery Horton, Shannon Hunter, Coreen lee, Kristy Martindale, Katrinka McReynolds, Matthew Lehman, Amanda Lampson – Proxy for Sara Stephens, Amber Nichole Majeski, Ariel Hicks, Trudy Simpson

Guests:

Anna Marie Slate, Bevin Ankrom, Lisa Frischkorn, Jerry O’Sullivan, Stephanie Brouse, Kiera Erickson, Doris Kiragu, Lee Saltzgaber, Kera Hood, Mellissah Hendrickson, Mike Hanks, Brian Moore, Jess Howell, Nina Corrie, Matt Vorderstrausse, Shena Holiday

Bay Area Hospital Presentation- Brian Moore, Lee Saltzgaber

BAH CEO, Brain Moore, and CMO, Lee Saltzgaber, shared the thought process on why the hospital has chosen Quorum Health to partner with to sale the hospital.

- There has been some concern in the community regarding. The Board of Directors did the same internet search that our community also did. Then they started to dig deeper into the Quorum and how they could be better in the future. – Quorum is a spin off of Community Health Systems. It operates Hospitals across the country and yes has had some financial troubles years ago
- They we were looking for a partner that would help them take care of staff an the community.
- Quorum, went through some corporate restructuring and have a regional hospital model as opposed to a single hospital model. Quorum’s Model is for rural and non -urban settings.
- For a hospital to be profitable they need to do between \$750 Million to \$1billion in net revenue Currently BAH hospital does around \$250 Million. Quorum can help get us to that larger threshold.
- Quorum wants to keep the Name of Bay Area Hospital and let it run mostly independently with it’s own Governing board. And support it strategically.
- To mitigate the threat of selling the hospital the deal with Quorum is that they will lease the hospital land so if quorum wanted to leave the region would hold onto the property.
- More concerns about quorum selling the hospital. They went from 27 hospitals to selling 9 in 2019.
- There is a want for more community meetings. The next public meeting will be April 10th on the SWOCC campus. There are also several more public meetings scheduled see the hospital website for dates and times
- BAH went out to bid before the sale of the hospital they approached 22 groups. They received several interested groups and finally worked down to Quorum as the best fit.
- Visit the Hospital website for more information. www.bayareahospital.org/hereforgood

Council Business

- Roll call
- February 2025 minutes
- Approve Agenda
- Suggestion Box <https://forms.office.com/r/B9NTwd9Mte>

Open Floor/feedback loop voting CAC Representatives-

- **Consumer Representatives**
 - Problems and Areas/Opportunities for Improvement
 - Things that are going well.
- **Community Partner Representatives**

OHA update –

Impact of federal grant cuts on OHA programs and Oregonians

The U.S. Department of Health & Human Services (HHS), through the Centers for Disease Control and Prevention (CDC) and the Substance Abuse and Mental Health Services Administration (SAMHSA), abruptly terminated roughly \$117 million in COVID-era grants and funding for Oregon Health Authority programs, an impact that will be felt immediately in all nine federally recognized Tribal communities and in every county in Oregon.

The sudden loss of the funding, a year or more before some of the grants were scheduled to end, included, among other things:

- Five grants in OHA's Behavioral Health Division that helped establish the 988-crisis line and were planned to fill critical gaps in community substance use treatment, prevention, and recovery services, especially for communities of color, young adults, and veterans.
- A grant that established an Equity Office in OHA's Public Health Division and provided technical assistance and training to rural health care providers, Tribes, Local Public Health Departments and community-based organizations on how to improve health in communities experiencing health inequities.
- Multiple immunization-related grants in OHA's Public Health Division to support vaccine-preventable disease work, including funding for clinics in local and Tribal communities where COVID-19 and other vaccines are offered, training to keep health care providers up to date, education for community partners on the importance of immunizations, help desk support for health care providers and the general public, information materials in multiple languages to meet specific community needs.
- Multiple grants in OHA's Public Health Division that supported adding laboratory capacity, modernizing data systems, increased surveillance, testing and response to communicable diseases caused by respiratory viruses.

OHA officials earlier today notified local public health authorities, the nine federally recognized Tribes and community-based organizations and partners who receive the funds that the grants have ended. OHA will continue to engage in a full evaluation of the impacts of these terminations, including whether they are legal, and remains committed to improving the lifelong health of all people in Oregon.

Monitor these program updates and any additional federal program changes here:

<https://www.oregon.gov/oha/Pages/Federal-Changes.aspx>

Oregon's Medicaid Advisory Committee (MAC) is recruiting candidates to fill the following open positions:

- One individual representing a health care consumer group
- One Medicaid recipient
- One oral health representative
- One consumer advocate

The MAC is a federally mandated body that advises the Oregon Health Policy Board (OHPB), the Oregon Health Authority (OHA), and the Oregon Department of Human Services (ODHS) about the operation of Oregon's Medicaid program through a consumer and community lens.

Learn more and [apply](#) here.

Apply Now for New Health Care Affordability Committee and Industry Advisory Committee:

Health care costs are too expensive for many Oregonians. A recent state health care experience [survey](#) reported that nearly 3 in 4 (74%) respondents delayed or went without health care due to cost in the last twelve months.

The Oregon Health Policy Board (OHPB) is taking action by launching the **Committee on Health Care Affordability** and the **Industry Advisory Committee on Health Care Affordability**. We need your voices to help develop policies that lower costs and improve affordability.

The new Affordability Committee will formulate solutions with help from patients, families, and communities. You will have the opportunity to work alongside policymakers and industry leaders to recommend effective, sustainable strategies to make health care more affordable.

We're asking individuals with a passion for ensuring affordable health care to apply for the **Committee on Health Care Affordability**, including:

- ✓ Health care consumers (patients, caregivers, families)
- ✓ Patient advocates
- ✓ Employers and other health care purchasers
- ✓ Health economists and policy experts

We're asking professionals with experience working in the health care industry to apply for the **Industry Advisory Committee on Health Care Affordability**, including:

- ✓ Commercial health plans, Medicare Advantage, and Medicaid CCOs
- ✓ Hospitals, rural hospitals, and FQHCs
- ✓ Primary care, behavioral health, oral health, and pediatric providers
- ✓ Insurance brokers, care coordinators, and tribal health leaders

If you or someone in your network would be a great fit, **apply today!** Applications are due **April 11, 2025**.

➡ Learn More and Apply: [Affordability Committee web page](#)

📌 Learn more and Apply: [Industry Advisory Committee web page](#)

Thank you for helping us to make health care more affordable for all Oregonians.

Don't miss out on All Come and Para Todos webinars

All Come at 10am | Para Todos at 2pm

- **April 9 | 9 de abril**
- **July 9 | 9 de julio**
- **October 8 | 8 de octubre**

Be sure to register for these 1115 Medicaid Waiver information sessions:

Regístrese para los seminarios web sobre la Exención 1115 de Medicaid:

- [All Come webinar registration link \(English\)](#)
- [Para Todos \(en español\)](#)

You only need to register once for the 2025 series.

Sólo tiene que inscribirse una vez para la serie 2025.

The April 9 webinar will include:

- **Reentry Health Care:** expanding Medicaid services in jails, prisons, and youth detention facilities
- **Health-Related Social Needs (HRSN)** implementation updates
- **Benefit Update Project (BUP):** BUP is working on federally mandated changes to how Oregon Health Plan organizes benefits

If you need any additional help or accommodations to participate, please email us at

1115Waiver.Renewal@odhsoha.oregon.gov.

All sessions will be recorded and posted on the waiver website

Parents helping parents: Reach Out Oregon Warmline

Please help us spread the word that Reach Out Oregon, funded by OHA, is here to support parents who need assistance. Reach Out Oregon is a warmline operated by the Oregon Family Support Network (OFSN).

“At Reach Out Oregon, we provide support in both English and Spanish from parents who have lived through similar experiences and are trained as family support specialists. We believe every family has the right to be heard and respected. We’re here to listen, help connect you to resources, or simply walk alongside you through your parenting journey. We understand because we’ve been there,” says Wendy Warren, Warmline Specialist. “Whether you prefer to call, email, live chat, or text, let’s talk, parent-to-parent.”

To connect with Reach Out Oregon:

- Call or text: 1-833-732-2467
- Visit online: <https://www.reachoutoregon.org/>



FREE Virtual Classes Start Monthly

This class is offered via Zoom and generously funded by the Oregon Health Authority for families in underserved regions of Oregon.

← SCAN QR CODE TO REGISTER TODAY!

Visit LearnCPS.com for more information.

Disclaimer: The facilitators listed are CPS Certified and receive ongoing supervision from Think:Kids. This class is independent of, and has no direct affiliation with Think:Kids or Massachusetts General Hospital (MGH). Information shared by the facilitator reflects their best understanding of the CPS approach. Think:Kids is a program in the Department of Psychiatry at MGH. Additional resources can be found at: ThinkKids.org



✉ CPS@RiverviewGrowth.org

☎ 541.726.1465

🌐 LearnCPS.com | RiverviewGrowth.org



Collaborative Problem Solving® PARENT CLASS

FREE VIRTUAL CLASSES

Help for adults in Oregon raising kids with challenging behaviors



Learn the Collaborative Problem Solving® approach & effective ways to reduce conflict in an 8-week, 6-week, or 5-week online class.

- Build skills & confidence in using the CPS approach
- Network & share information about local community resources
- Develop new understanding of challenging behavior & learn new ways to help your child
- Rethink conventional approaches to behavioral difficulties and strengthen relationships
- Gain support from other parents, grandparents, caregivers, and foster parents.

Awareness of new approaches to eating disorder screening, treatment and management

This training series aims to raise awareness of eating disorders within our communities, fostering earlier recognition and treatment. It is designed for therapists, dietitians, health care providers, and school counselors, but is also open to parents, family members, teachers, community health workers and anyone interested in learning more. Participants will gain the knowledge to describe eating disorders based on current research, use validated screening tools, identify signs and symptoms, understand effective treatment methods and make appropriate referrals. CEUs are offered through the National Association of Social Workers (NASW).

Upcoming training session:

Weight Stigma and Weight Inclusive Care

Date: Tuesday, April 15, noon to 1:15 p.m.

Location: Virtual

Register [here](#)

Gender Affirming Nutrition Care with Lindsay “LB” Birchfield, MS, RDN, CED-C

Date: Wednesday, May 7, noon to 1:15 p.m.

Location: Virtual

Register [here](#)

OHA urges people to check immunity against measles; get vaccinated

As cases appear in other states, including neighboring California, Oregon health officials recommend measures to stay safe

With spring break and summer travel season approaching, Oregon Health Authority (OHA) encourages people to make sure they are protected against measles. Getting the MMR vaccine — for measles, mumps and rubella — is the most effective prevention tool against the highly contagious virus.

Twelve U.S. states, including California, Texas and New Mexico, have reported cases of measles since Jan 1. While Oregon has no cases so far in 2025, last year the state recorded 31 confirmed cases — its highest measles count in more than 30 years — during an outbreak among unvaccinated people, including two children younger than 5.

“Measles is an amazingly contagious virus that unfortunately in recent years has re-emerged in our communities, primarily due to a declining percentage of people who are getting vaccinated,” said Paul Cieslak, M.D., medical director for communicable diseases and immunizations at OHA’s Public Health Division.

“Measles is a serious and potentially life-threatening infection for individuals who haven’t received immunity through the MMR vaccine,” said Dawn Nolt, M.D., M.P.H., professor of pediatrics (infectious diseases) in the OHSU School of Medicine.

“The good news is that we have a highly safe and effective vaccine – it is our strongest line of defense and the best way to keep yourself, your children and your community safe. If you have questions about the vaccine, we encourage you to talk to your healthcare provider about your concerns.” she said.

Cieslak said anyone planning travel to countries or states where measles is circulating should get the MMR vaccine before they go. “Getting the vaccine now will allow you to start building immunity prior to your trip,” he said.

Cieslak addresses [common questions](#) about measles, symptoms, the vaccine and more in this week’s Oregon Health News newsletter, published Thursday.

Symptoms

Measles typically starts with a fever, cough, runny nose and red eyes. A rash usually follows, beginning on the face and spreading to the rest of the body.

Symptoms begin seven to 10 days after exposure to a person with measles. Common complications of measles include ear infection, lung infection and diarrhea. Swelling of the brain is a rare but much more serious complication.

About 20% of people who contract measles are hospitalized. In developed countries in recent years, one or two of every 1,000 measles cases have been fatal.

Measles spreads through the air after a person with measles coughs, sneezes, or even breathes. People who are infected can be unknowingly contagious for four days before a rash appears and up to four days afterward.

That means someone with measles can be unaware they are infected and can easily spread the virus before noticing any symptoms.

During the 2024 outbreak in Oregon, OHA worked with local public health officials to share information about specific locations where known measles cases had spent time so that members of the public were aware they may have been exposed to the highly contagious virus.

What families of school-age children should know

In addition to reducing risk of transmission, getting the vaccine can help families avoid having to isolate at home for several weeks if they are exposed to measles.

Additionally, state law requires an unvaccinated child exposed to the virus to be excluded from school or childcare during the period when they could become sick, which is usually for 21 days after exposure.

This exclusion period can be extended if there are more measles cases.

What people born before 1957 should know

People born before 1957 do not need to be vaccinated against measles—they are presumed to be immune.

That's because, before the measles vaccine was first available to the public in 1963, virtually all children would contract measles by their teenage years, making them immune for life.

What people born in 1957 or later should know

People born in 1957 or later, however, could still benefit from the vaccine because they would have been at least 6 years old in 1963. At that age, there was still a meaningful chance they hadn't been exposed to measles yet and could benefit from the new vaccine.

People who can document receiving the measles vaccine series at some point in their lives or have documentation showing a previous measles diagnosis or laboratory evidence of immunity can be confident they are immune and do not need to receive the MMR vaccine.

What anyone traveling should know

The Centers for Disease Control and Prevention (CDC) recommends the following measles prevention measures for anyone traveling, especially internationally:

- Babies ages 6 through 11 months can receive an early dose of the vaccine to protect them for travel; but they should then receive another dose at 12 through 15 months and a final dose between ages 4 and 6.
- Children older than a year who have not been vaccinated should immediately receive one dose and follow with a second dose at least 28 days later.
- Children older than a year with one prior dose should receive an early second dose of MMR vaccine separated by at least 28 days.
- Teenagers and adults previously vaccinated with one dose should consider getting a second dose if they are traveling to an area where measles is circulating.
- People preparing to travel internationally who have not been immunized should get the vaccine prior to departure.

More CDC recommendations can be found [here](#).

In recent years, OHA has bolstered its tracking of communicable diseases, such as measles, with the development and modernization of data reporting tools, including an [interactive](#),

[web-based dashboard](#) that visualizes data on communicable disease incidence in Oregon. The dashboard's data are disease, month, demographic group and county. Increasing awareness and education about primary prevention, public health risks and preventive health services are among actions OHA is taking as part of its [2024–2027 Strategic Plan](#).

The plan further supports expanding access to vaccines and other health resources for children, parents and families in all communities in Oregon.

To learn more about measles and to receive daily status updates of measles outbreak data, visit [OHA's Measles and Rubella](#) web page.

Immigration and Sanctuary Promise

Health providers can learn more about federal policy changes regarding immigration at the National Immigration Law Center.

The ACLU of Oregon has resources to learn more about immigration rights.

Oregon Sanctuary Promise As a sanctuary state since 1987, Oregon stands for the safety, dignity and human rights of all Oregonians.

Oregon was the first state in the nation to pass a statewide law stopping state and local police and government from helping federal authorities with immigration enforcement. It is against Oregon law for state and local law enforcement or public agencies (state and local government offices) in the state of Oregon to participate directly or indirectly in immigration enforcement without a judicial warrant.

To find out more including how to make a report about a potential violation, visit the Oregon Department of Justice the Oregon Sanctuary Promise.

<https://www.doj.state.or.us/oregon-department-of-justice/civil-rights/sanctuary-promise/>

Bevin L. Ankrom
Innovator Agent
Oregon Health Authority
Bevin.L.Ankrom@OHA.Oregon.GOV
(503) 480-4975

Change request from CHW Grant application

- Coos Health and wellness asked for a change in the description of the grant they were awarded. The ServSafe program in Spanish which Coos Health and Wellness was awarded a CHIP grant for is not able to be held. And they asked for a change to Hygiene Kits.

The 6 month report for the ServSafe Spanish Restaurant Training Class is due at the end of the month. When reviewing the information with the Environmental Health Manager, Rick Hallmark and Dr. Timothy Lynch, the Public Health Director it became clear that this service was no longer needed, due to the recent changes and political climate. It was shared that the Spanish speaking population who would be attending the class no longer feel comfortable taking a class put on by the government and are fearful to do so. In light of the difficulties encountered when trying to fill the class with Spanish speaking attendees over the last 6 months, we feel that we can no longer offer this training and bring down the speaker with an empty class.

Of course, it is with a heavy heart that we share this news. Coos Health & Wellness is very grateful for all of the grants that we receive, especially with Advanced Health as one of our community partners.

We know that our current need for Hygiene Kits doesn't align with the Spanish Restaurant Training, but we felt it was important that we brought this need to light under the circumstances. Coos Health & Wellness has been asked to put together Hygiene Kits in order to address the need for personal hygiene of the unhoused population and decrease the spread of communicable diseases while also improving their health and mental health as well as dignity. We are currently distributing these kits through our community partners and funding is needed to continue this. It is our hope that we could possibly use the \$1,100 from the ServSafe grant to now go towards the Hygiene Kits. kit includes: 6.5" Handle Comb, individually wrapped Toothbrush, 0.6 oz Toothpaste, 0.35 oz deodorant soap, Emery Board Nail File, Dual Blade Razor, 2 Bandages, Triple Antibiotic Ointment Packet, 2 Lotion Packets, 2 Shave/Shampoo/Body Wash Packets, 2 Deodorant Packets, and 2 extra large body wipes. Each kit costs \$3.00

So far, we have distributed kits to:

Our Mobile Response Team (MRT), Coos County Area Transit (CCAT Busses), Our Clinic- Community Partner Outreach, Donna Tyler (The Sandwich Lady), Our Home Visiting Team, and soon to be more. Feel free to contact me if you have any questions. We are so appreciative for all that Advanced Health does to assist us and the community as a whole.

Motion to accept this change David R. Second By Jeanifer I.

The CAC voted to accept this change all in favor, one Abstained.

Open Floor – Public comment

South Coast diversity conference April 10th and 11th in Gold Beach and April 16th and 17th in Coos Bay. www.Southcoastequity.org for more information also jess@southcoastequity.org, zaria@southcoastequity.org

Adjourn

Thursday, May 1, 2025, 12 pm

CAC Representative Attendees:	contact info
Katie Gonzalez – Consumer Representative - Chair	katiegonzalez.lcsw@gmail.com
Jeanifer Imbruglia – Consumer Representative - Vice Chair	why4not22@gmail.com
Lisa DeSalvio – Coos Bay School district	LisaD@coos-bay.k12.or.us
Laura Fitouri – Consumer Representative	laurafitouri@thedeveurexcenter.org
Avery Horton – Consumer Representative	averyhorton@gmail.com
David Rupkalvis, Consumer Representative - Chair	dmrup@yahoo.com
Shannon Hunter- DHS , Aging and People with Disabilities	Shannon.HUNTER@dhsosha.state.or.us
Coreen Lee – Consumer Representative	cleexoxo@hotmail.com
Katrinka McReynolds - CHW	Katrinka.McReynolds@chw.coos.or.us
Trudy Simpson – Coquille Tribe	trudysimpson@coquilletribe.org
– Confederated Tribes of Coos, Lower Umpqua, Siuslaw Indians	
Sara Stephens – South Coast Early Learning Hub (SCREL)	SStephens@screlhub.com
Drew Farmer – Coos County Commissioner	dfarmer@co.coos.or.us
Stephanie Vaughn – Advantage Dental	Stefanie.Vaughn@advantagedental.com
Corey Wampler – Oregon Coast Community Action (ORCCA)	cwampler.schs@orcca.us
Daniel Wells – Consumer Representative	icarusasheville2@gmail.com
Kristy Martindale – Consumer Representative	guardiansoflight2022@gmail.com
Matthew Lehman – Consumer Representative	mlehman@advantageworkingsolutions.com
Amber Nichole Majeski – Consumer Representative	momoko.majeski@gmail.com
Ariel Hicks – Consumer Representative	4riellinn@gmail.com

LIST OF ACRONYMS

- ACE – Adverse Childhood Experience
- ACA – Affordable Care Act
- APD – Aging and People with Disabilities
- BAH – Bay Area Hospital
- BC – Bay Clinic
- BCB – Bay Cities Brokerage
- BH – Behavioral Health
- CAC – Community Advisory Council
- CCH – Curry Community Health
- CCHC – Coast Community Health Center
- CCO – Coordinated Care Organization
- CGH – Curry General Hospital
- CHA – Community Health Assessment
- CHN – Curry Health Network
- CHIP – Community Health Improvement Plan
- CHNA – Community Health Needs Assessment
- CHW – Coos Health & Wellness or Community Health Worker
- CVH – Coquille Valley Hospital
- CWS – Child Welfare Services
- DCO – Dental Care Organization
- EHR – Electronic Health Record
- EMR – Electronic Medical Record
- FQHC – Federally Qualified Health Center
- MAPP – Mobilizing for Action through Planning and Partnerships
- MAT – Medication Assisted Treatment
- MH – Mental Health
- NBMC – North Bend Medical Center
- OAR – Oregon Administrative Rule
- OHA – Oregon Health Authority
- OHP – Oregon Health Plan
- ORCCA – Oregon Coast Community Action
- ODHS – Oregon Department of Human Services
- ORS – Oregon Revised Statutes
- PSS – Peer Support Specialist
- QI – Quality Improvement
- SUD – Substance Use Disorder
- SCHHS – Southern Coos Hospital & Health Center
- SCHC – South Coast Head Start
- SDS – Senior & Disability Services
- SSP – Self-Sufficiency Programs
- TPEP – Tobacco Prevention & Education Program

- THW – Traditional Health Worker
- WCHC – Waterfall Community Health Center