Welcome – Tammy Baney
12:30 – 12:40 Introductions
12:40 – 12:45 Public Comment

A. Governance
12:45 – 12:50 Approve Consent Agenda ...................... vote
12:50 – 12:55 Patient Story – Divya Sharma ...................... information
12:55 – 1:15 CCO 2.0 – Kate Wells ...................... information
Attachment: Powerpoint (Health Equity Plan)

B. RHA/RHIP
1:15 – 1:35 Acute Pain Guidelines – Kim Swanson ....... information
1:35 – 2:10 Thrive Central Oregon Proposal – Sarah Kelley .... information
Attachment: Proposal
2:10 – 2:30 RHIP Update – Rebeckah Berry ...................... information

C. Long-Term Systemic Change
2:30 – 3:30 Governance Committee – All ................. discussion

Consent Agenda
- September 2019 Board Minutes
- August 2019 COHC Financials
- COHC 2020 Budget
- CCO Dashboard

Written Reports
- Executive Director Update
- September 2019 CAC Minutes
- Funded Grant Reports
MINUTES OF A MEETING OF
THE BOARD OF DIRECTORS OF
CENTRAL OREGON HEALTH COUNCIL
HELD AT DESCHUTES COUNTY FOREST SERVICE
63095 DESCHUTES MARKET ROAD, BEND

September 12, 2019

A meeting of the Board of Directors (the “Board”) of Central Oregon Health Council, an Oregon public benefit corporation (the “Corporation”), was held at 10:00 a.m. Pacific Standard Time on September 12, 2019, in Deschutes County Forest Service, in Bend, Oregon. Notice of the meeting had been sent to all members of the Board in accordance with the Corporation’s bylaws.

Directors Present:  
Tammy Baney, Chair
Rick Treleaven, Vice Chair
Eric Alexander
Paul Andrews, Ed.D
Seth Crawford
Megan Haase, FNP
Linda McCoy
Ellie Naderi (call-in)
Divya Sharma, MD
Justin Sivill
Ms. Baney served as Chair of the meeting and Ms. Seymour served as Secretary of the meeting. Ms. Baney called the meeting to order and announced that a quorum of directors was present and the meeting, having been duly convened in accordance with the Corporation’s bylaws, was ready to proceed with business.

**WELCOME**

Ms. Baney welcomed all attendees to the meeting; introductions were made around the room and on the phone.

**PUBLIC COMMENT**

Ms. Baney welcomed public comment. No public comment was had.

**CONSENT AGENDA**
The consent agenda included the August minutes, the CCO Dashboard, and COHC Financials for July.

MOTION TO APPROVE: Mr. Alexander motioned to approve the consent agenda; Ms. McCoy seconded. The motion was approved.

PATIENT STORY
Mr. Alexander shared the story of an unstably housed man that Partners In Care provided shelter to for 13 months. He shared that this man received a plethora of assistances during his time at PIC including helping him replace his green card, enrolling him in Medicaid, signing him up for a library card, obtaining food stamps, scheduling dental appointments, and providing him with a part time caregiver until his passing. Mr. Alexander thanked Mosaic Medical for their assistance in supporting this individual to have a dignified end.

CENTRAL OREGON DIVERSITY & INCLUSION
Mr. Herrada introduced the work of the CODI workgroup to the Board. He agreed to share the link to the Central Oregon Cares website and the Meyer Memorial Trust (MMT) equity tool with the Board via email. He noted that the Culturally and Linguistically Appropriate Services (CLAS) Standards have been used by PacificSource to assess current gaps in equity in Central Oregon. He shared that the assessment revealed there are too few groups working to advance equity in the region.

Mr. Herrada asked the Board to divide into small groups and discuss pre-determined questions regarding equity. The Board discussed the prompts in groups, and in reporting out on their discussions, shared the following: more needs to be done, the importance of creating an aura of equity from the top down, the importance of continually revisiting equity to maintain momentum, the optics of diversity at the top of organizations, and intentionally reflecting the diversity of the serviced population in staff. Mr. Stevens asked what insights Mr. Herrada has to share with this group going forward. Mr. Herrada suggested helping others to identify their personal motivation for equity.

Ms. Jones explained the CODI workgroup’s short term goal is to provide recommendations to the COHC Board in the new year.
ACTION: Mr. Herrada and Ms. Jones will share the link to COCares and MMT with Ms. Seymour to send to the Board.

FINANCE COMMITTEE
Ms. Haase shared the COHC cash delineation with the Board. Mr. Sivill asked if the reserves are replenished annually. Ms. Mills explained that the current reserves have been built up over time, and if depleted, will not replenish quickly. She added that she anticipates growth of staff and office space will be required for the COHC soon. Ms. Baney emphasized the need for reserves in the event that the funding stream is disrupted in order for the COHC to fulfill the State’s requirement. Dr. Sharma noted that during the Finance Committee meeting there was a request that they discuss the ideal size of a reserve and make a recommendation to the Board. Mr. Sivill expressed a desire to monitor the financial position of the CCO in order to be prepared for a funding stream disruption. Ms. Baney suggested adding a Finance Committee report to the consent agenda.

BOARD UPDATE
Mr. Sluka announced that he will be taking a leave of absence from the Board of Directors because he will be chairing a board at the state level for one year. He explained that in his place, Ms. Jenn Welander, Chief Financial Officer of St. Charles, will hold the full authority of St. Charles on his behalf. He noted this change will take place next month and will continue for approximately a year, or until he regains the time to focus more heavily on the COHC.

ADJOURNMENT
There being no further business to come before the Board, the meeting was adjourned at 11:29 am Pacific Standard Time.

Respectfully submitted,

__________________________
Kelsey Seymour, Secretary
Central Oregon Health Council  
Statement of Financial Position  
YTD 8.31.19

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>General Fund</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Checking/Savings</td>
<td>$15,644,939</td>
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<tr>
<td>COPA - Security Deposit</td>
<td>$1,997</td>
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<td><strong>TOTAL ASSETS</strong></td>
<td>$15,646,936</td>
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</table>

<table>
<thead>
<tr>
<th>LIABILITIES &amp; EQUITY</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts Payable</td>
<td>$9,870</td>
</tr>
<tr>
<td>Payroll Payable (PTO Accrual)</td>
<td>$28,193</td>
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<tr>
<td>Grants Payable</td>
<td>$3,891,758</td>
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<tr>
<td><strong>TOTAL LIABILITIES &amp; EQUITY</strong></td>
<td>$15,646,936</td>
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</table>

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Actual</th>
<th>Budget</th>
<th>% Variance</th>
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</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$540,874</td>
<td>$566,667</td>
<td>-5%</td>
</tr>
<tr>
<td>Community Impact Funds</td>
<td>1,670,730</td>
<td>1,666,667</td>
<td>0%</td>
</tr>
<tr>
<td>Grants</td>
<td>121,896</td>
<td>195,861</td>
<td>-38%</td>
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<tr>
<td>2018 Shared Savings (old JMA)</td>
<td>3,427,303</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Interest income</td>
<td>146,308</td>
<td>100,000</td>
<td>46%</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>5,907,110</td>
<td>2,529,195</td>
<td>134%</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Expenses</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Operating Expense</td>
<td>$691,661</td>
</tr>
<tr>
<td>Community Impact Funds*</td>
<td>5,538,827</td>
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<tr>
<td><strong>Total Expenses</strong></td>
<td>6,230,488</td>
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</table>

<table>
<thead>
<tr>
<th>Net Income</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Net Income</strong></td>
<td>$(323,378)</td>
</tr>
</tbody>
</table>

* Community Impact Funds - Top 4 funded 2019
  - Culture of Care $1,476,620
  - Perinatal Care Continuum 899,400
  - NICH 350,000
  - Developmental Pathways 299,646
  - All other 2,513,161

**Variance is due to timing of Community Impact Funds revenue and distribution of funds through Grants in different years.

*** *** The Finance Committee found no material budget variances on the PSCS August 31, 2019 Financials******
## Ordinary Income/Expense

<table>
<thead>
<tr>
<th>Income</th>
<th>Amount</th>
<th>Note</th>
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</thead>
<tbody>
<tr>
<td>Contract Income</td>
<td>$850,000.00</td>
<td>Contract income projected as flat</td>
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<tr>
<td>Community Impact Funds</td>
<td>2,500,000.00</td>
<td>2018 JMA Shared Savings (contract amended 2019)</td>
</tr>
<tr>
<td>Interest Income</td>
<td>150,000.00</td>
<td>Decrease in Interest/investments liquidated</td>
</tr>
<tr>
<td>Grant Income</td>
<td>295,000.00</td>
<td>Grant income includes OABHI $245k</td>
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<tr>
<td><strong>Total Income</strong></td>
<td>$3,795,000.00</td>
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</table>

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounting &amp; Bookkeeping</td>
<td>$9,000.00</td>
<td></td>
</tr>
<tr>
<td>Advertising &amp; Promotions</td>
<td>2,000.00</td>
<td></td>
</tr>
<tr>
<td>Bank &amp; Merchant Fees</td>
<td>1,500.00</td>
<td></td>
</tr>
<tr>
<td>Board Training and Education</td>
<td>10,000.00</td>
<td>EDI Training</td>
</tr>
<tr>
<td>CAC Member Education</td>
<td>3,000.00</td>
<td>CAC trainings</td>
</tr>
<tr>
<td>Community Education/Training</td>
<td>10,000.00</td>
<td>EDI/Plain language training</td>
</tr>
<tr>
<td>Community Impact Funds</td>
<td>2,500,000.00</td>
<td>Per JMA</td>
</tr>
<tr>
<td>Computer &amp; Equipment</td>
<td>8,000.00</td>
<td>On boarding staff/equipment replacement</td>
</tr>
<tr>
<td>Consumer Expense Reimbursement</td>
<td>5,000.00</td>
<td></td>
</tr>
<tr>
<td>Conferences &amp; Events</td>
<td>10,000.00</td>
<td>Paying for meeting space in 2020</td>
</tr>
<tr>
<td>Consulting Services</td>
<td>65,000.00</td>
<td>Dashboard/staff trainings/audit</td>
</tr>
<tr>
<td>Data Analyst Services (PSCS and Contract)</td>
<td>5,000.00</td>
<td></td>
</tr>
<tr>
<td>Data Dash Board</td>
<td>32,700.00</td>
<td>Community Data Website</td>
</tr>
<tr>
<td>Dues &amp; Subscriptions</td>
<td>15,000.00</td>
<td>Foundant grant platform</td>
</tr>
<tr>
<td>Evaluation Funds</td>
<td>10,000.00</td>
<td>OHSU partnership</td>
</tr>
<tr>
<td>Food &amp; Beverages</td>
<td>20,000.00</td>
<td></td>
</tr>
<tr>
<td>Gifts</td>
<td>15,000.00</td>
<td>Sponsorships</td>
</tr>
<tr>
<td>Insurance</td>
<td>20,000.00</td>
<td></td>
</tr>
<tr>
<td>Internship Stipends</td>
<td>5,000.00</td>
<td></td>
</tr>
<tr>
<td>Internet/Voice/Data Costs</td>
<td>15,000.00</td>
<td></td>
</tr>
<tr>
<td>Labor and Benefits</td>
<td>773,334.00</td>
<td>Staff increase</td>
</tr>
<tr>
<td>Legal Fees</td>
<td>15,000.00</td>
<td>Legal opinion on orange dollars</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>2,000.00</td>
<td></td>
</tr>
<tr>
<td>OABHI</td>
<td>245,000.00</td>
<td>Offset Grant Income</td>
</tr>
<tr>
<td>Office Furniture</td>
<td>5,000.00</td>
<td>Staff increase</td>
</tr>
<tr>
<td>Office Supplies</td>
<td>6,000.00</td>
<td>New conference room space</td>
</tr>
<tr>
<td>Pain Standards Task Force</td>
<td>60,600.00</td>
<td></td>
</tr>
<tr>
<td>Postage &amp; Shipping</td>
<td>650.00</td>
<td></td>
</tr>
<tr>
<td>Printer Ink</td>
<td>1,000.00</td>
<td></td>
</tr>
<tr>
<td>Printing &amp; Copying</td>
<td>10,400.00</td>
<td>New RHIP printing</td>
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<tr>
<td>Professional Development/OHA Conf.</td>
<td>18,000.00</td>
<td>Staff increase</td>
</tr>
<tr>
<td>Rent/Office Space</td>
<td>36,000.00</td>
<td>More space</td>
</tr>
<tr>
<td>Taxes &amp; Licenses</td>
<td>3,000.00</td>
<td></td>
</tr>
<tr>
<td>Travel</td>
<td>15,000.00</td>
<td></td>
</tr>
<tr>
<td>Website</td>
<td>1,800.00</td>
<td></td>
</tr>
<tr>
<td><strong>Total Expense</strong></td>
<td>$3,953,984.00</td>
<td></td>
</tr>
</tbody>
</table>

| Change in Net Assets (Organizational)        | $ (158,984.00)|                                                                     |
## Definitions

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avg</td>
<td>Average</td>
</tr>
<tr>
<td>BH</td>
<td>Behavioral Health (mental health, substance abuse and addictions)</td>
</tr>
<tr>
<td>Cap</td>
<td>Capitation</td>
</tr>
<tr>
<td>Den</td>
<td>Dental Services</td>
</tr>
<tr>
<td>Detox</td>
<td>Detoxification Services. When expressed with Substance Use Disorder Residential (SUD RES) these are detoxification services provided in the residential setting.</td>
</tr>
<tr>
<td>General Administrative Expense (G&amp;A)</td>
<td>Expenses related to the administration of the plan including, but not limited to, staff salary and benefits, telephone, depreciation, software licenses, utilities, compliance, etc.</td>
</tr>
<tr>
<td>Hosp</td>
<td>Hospital (when listed under &quot;Capitated&quot; label, only includes capitated inpatient services)</td>
</tr>
<tr>
<td>Medical Claims Expense</td>
<td>Claims-related expenses, including capitation, pharmacy, disease management and network fees, pharmacy rebates (if applicable), health services expenses and IBNR (incurred but not received).</td>
</tr>
<tr>
<td>Mems</td>
<td>Members</td>
</tr>
<tr>
<td>MH/CD</td>
<td>Mental Health / Chemical Dependency</td>
</tr>
<tr>
<td>Misc</td>
<td>Miscellaneous Services not otherwise categorized.</td>
</tr>
<tr>
<td>MM</td>
<td>Member Months. One member month = one person enrolled for a whole month. If a person is enrolled for an entire year, that is equivalent to 12 member months. If a person is enrolled for 2 out of 4 weeks in the month, that is 0.5 member months.</td>
</tr>
<tr>
<td>NEMT</td>
<td>Non-Emergent Medical Transport</td>
</tr>
<tr>
<td>Net Income</td>
<td>Underwriting Income combined with results of activities not directly related to continuing operations, on an after tax basis.</td>
</tr>
<tr>
<td>PCP</td>
<td>Primary Care Provider</td>
</tr>
<tr>
<td>PMPM</td>
<td>Per member per month</td>
</tr>
<tr>
<td>Premium Taxes &amp; OMIP</td>
<td>State mandated taxes collected on a per member per month (PMPM) or % of premium basis.</td>
</tr>
<tr>
<td>QIM</td>
<td>Quality Incentive Measure program by Oregon Health Authority for Coordinated Care Organizations.</td>
</tr>
<tr>
<td>Rx</td>
<td>Prescription</td>
</tr>
<tr>
<td>SPMI</td>
<td>Severe and persistent mental illness. Members of all ages are included if diagnosed at any time with a condition outlined by OHA and USDOJ as SPMI. This includes certain depression diagnoses. Identification of members based on Medicaid CCO claims.</td>
</tr>
<tr>
<td>SUD</td>
<td>Substance Use Disorder</td>
</tr>
<tr>
<td>SUD RES</td>
<td>Substance Use Disorder Residential Treatment</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>Premiums collected for insurance, net of HRA costs. Premiums for Oregon Health Plan recipients are received from the state of Oregon</td>
</tr>
<tr>
<td>Underwriting Income</td>
<td>Income after Operations and other activities not directly related to continuing operations.</td>
</tr>
<tr>
<td>Utilization</td>
<td>Use of a good or service</td>
</tr>
<tr>
<td>YTD</td>
<td>Year to date. For this dashboard, Financial YTD is based on the calendar year beginning January 1st.</td>
</tr>
</tbody>
</table>

*BCCP & SPECIAL NEEDS RATE GROUP NOTE: As of 2017, Special Needs Rate Group (Rate Group X) is no longer a grouping by OHA. Starting in 2017, OHA used Rate Group X to classify Breast Cancer and Cervical Cancer Program members (BCCP).

NOTE: As of 4/2017, all financial PMPMs and cost bucketing comes from the Finance Department and no longer uses Actuarial bucketing. This means that costs, revenues and expenses are all presented on an **paid date** basis, regardless of what year they were incurred.
Shared Learning – Health Equity
October 10, 2019
Agenda

- Context
- OHA/CCO Health Equity Structure
- Health Equity Plan Overview
Diversity in Oregon

• Oregon’s racial and ethnic populations are growing at a faster rate than the nation’s, with one in five (21.5%) or 800,000 Oregonians identified as a person of color (US Census 2010)
  • Up to 40% of Oregon Health Plan enrollees may be people of color (OHA, Aug 2014)

• At least 137 languages were spoken in the state, making Oregon one of the 15 most language-diverse states in the nation

Jefferson County continues to be our most diverse region.

The Latino population in Deschutes County has doubled between 2010 and 2014, now representing 8% of the entire population (OCF, ACS). Almost 10,000 (6.5%) of the county’s total population — speaks a language other than English at home, Spanish making up 5%)
Social Determinants of Health and Equity

• SDOH work is undertaken with the ultimate goal of achieving optimal health for *all people*

• SDOH work is not a one-size-fits-all endeavor
  • There are differences in SDOH exposures and opportunities across population sub-groups and communities
  • Certain populations encounter historical and contemporary inequities with respect to systems, resources and opportunities that society has evolved to benefit a dominant culture
  • This results in differences in underlying health status, or health disparities; and such circumstances are referred to as the social determinants of equity (SDOE)
What is SDOH-E?

• Example of SDOH inequities
  • Differences in the quality of care received within the health care system
  • Differences in access to health care, including preventive and curative services
  • Differences in life opportunities exposures and stresses

• The Oregon Health Authority combines SDOH and SDOE (SDOH-E), recognizing these are inextricably linked
  • Impacting SDOH requires recognizing and rectifying inequities
Equality

Equity
Health Equity Policy Background

• Senate Bill 97 (2011) – Required professional licensing boards to adopt and apply standards for cultural competency continuing education

• House Bill 2611 (2013) - Created requirements for OHA, through the Office of Equity and Inclusion (OEI), to improve cultural competence of regulated health care professionals in Oregon
  • Cultural Competence Continuing Education Committee (CCCEC) was convened in 2015

• CCO 1.0 - Transformation Plan - Transformation Quality Strategy
CCO 2.0

- Oregon Health Policy Board’s Health Equity Committee (HEC)
  - Established May, 2017
  - Staffed by OEI
  - Informs legislation to advance equity in Oregon

- Health Equity Plan
  - CCO operational improvements to best serve diverse membership
  - Disparities reduction approaches
  - Shared planning with impacted communities
  - Cultural competency training and education for staff and providers
Health Equity Plan Components

• Required: At least one specific strategy, for each of the following focus areas:
  • Grievance and Appeal System that is culturally and linguistically appropriate
  • Methods and processes of collecting and analyzing accurate demographic data
  • Language access strategies for limited English proficiency and universal accessibility for people with disabilities as well as investments into such services
  • Governance systems that adopt and advance CLAS Standards through the system
  • Recruitment and retention to ensure workforce reflects demographics of the region
  • Cultural responsivity training and education for provider network, governance board and workforce
  • Health literacy and plain language

• Visioning for 2021 and beyond
Health Equity Plan Process and Timeline

Process

• Ensuring meaningful community input throughout development, implementation and annual updates, specifically community groups representing diverse populations as well as those who may experience health disparities or inequities

• Updating stakeholders regularly on implementation, reporting and monitoring

• Annual reporting and annual Plan updating

Timeline

• Listening sessions through November 2019

• Draft plan priorities for community stakeholder review by early December 2019

• Draft plan though January, 2020

• Submit to OHA on March 15, 2020
Health Equity Training

• Variety of learning methodologies; CCO employees and network

• Required topics:
  • Cultural responsivity and implicit bias
  • Language access
  • Implementing national Culturally and Linguistically Appropriate Services Standards (CLAS)
  • Adverse childhood experiences/trauma informed care practices that are culturally responsive and address historical trauma,
  • Uses of REAL+D data to advance health equity,
  • Universal access and accessibility in addition to compliance with the ADA, and
  • Health literacy

• PacificSource will be offering training for providers who do not have access in-house
Questions/Comments?
Grant Application
2016-2019 COHC
Application - Standard Process

Thrive Central Oregon
Thrive Central Oregon - Service Maintenance & Expansion

<table>
<thead>
<tr>
<th>Application Snapshot</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount Requested</td>
</tr>
<tr>
<td>Organization Contact</td>
</tr>
<tr>
<td>Contact Phone</td>
</tr>
<tr>
<td>Contact Email</td>
</tr>
<tr>
<td>Organization Address</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Website</td>
</tr>
</tbody>
</table>

A3 Metric:
Stabilize 200 chronically homeless

Pillar 10 Vital Condition:
Stable Housing
Proposal Overview

Investment/Project Name*

Name of Project.

Thrive Central Oregon- Service Maintenance & Expansion

Name of project lead*

Please provide the first and last name of the project lead for this funding request.

Sarah Kelley

Email for project lead*

Please provide a good email address for the project lead.

sarah@thrivecentraloregon.org

Requestor/Agency location*

Redmond

Other towns

If you chose 'other' above, please specify where your agency is located.

Counties included in project*

Which of the following counties will your project include?

Crook
Deschutes
Jefferson
Northern Klamath

Inclusion of all counties

If your project does not include all of the counties listed above, please provide explanation.

Project Description/Overview*

Please describe your project.
Thrive Central Oregon will grow to meet current and future demand for services from Central Oregonians who are homeless or at risk of homelessness by expanding our ability to provide creative affordable housing solutions. We will do this over the next three years (July 2019 - June 2022) by scaling-up our existing service delivery model in existing locations and expanding into Sisters and North Klamath. Thrive’s service delivery model has shown to be successful, as our caseworkers meet with clients at convenient public locations such as libraries, providing cost advantages and allowing us to leverage funding into more direct client service hours.

Whereas Oregon only represents one percent of the U.S. population, it has nearly three percent of the country’s homeless population. The housing crisis extends to Central Oregon with many families struggling to make ends meet. Permanent affordable housing opportunities, those not time-limited or considered to be emergency shelter, will continue to be very difficult to find in Central Oregon. Development of new units is expected to be slow, constrained by a limited supply of low-income housing tax credits and the high costs of land and construction.

Solving Central Oregon’s housing crisis will take creative solutions. Thrive has shown an ability to not only work with traditional affordable housing alternatives such as HUD-subsidized Public Housing and Section 8 voucher programs offered through Housing Works, but also to develop out-of-the-box housing solutions including assistance with home purchases using low-income loans and grants, placement in other affordable housing such as that offered by Pacific Crest, access to security deposit assistance, and eviction prevention services that keep people in their homes.

Thrive provides respectful engagement and connection to a range of services that directly impact Social Determinants of Health by addressing socioeconomic factors such as housing, poverty, and inequitable access to community resources. Eighty-eight percent of households seen by Thrive are rent burdened with low or extremely-low household income. Thirty percent are homeless and another twenty percent at risk of homelessness. Many of these community members find it difficult to navigate systems which causes them to be unable to access community service supports.

We are the only organization in Central Oregon that provides the following combination of client-focused services to vulnerable households:

- Our clients face no eligibility requirements
- We meet clients where they are, at designated sites across Central Oregon
- We provide connections to a full spectrum of social services including housing and healthcare
- We provide comprehensive and professional case management

To improve accessibility to Thrive’s services, our case managers are located in public spaces like libraries. Our approach not only increases access to those needing supportive services but creates a program with very little overhead as most offices and community meeting spaces are provided in-kind through our partners. Thrive’s partners include Housing Works, NeighborImpact, Bethlehem Inn, Mosaic Medical, St Charles, and Deschutes County Health Services among many others.

**Project Goals**

*Please concisely describe the goals of this project.*
The requested COHC funds of $265,000 will support year-one growth related to two of our primary strategic goals as outlined in Thrive’s 2019-21 Strategic Plan:

Goal 1. Increase number of unduplicated clients by 100%.
   a) Maintain our current Tri-County service area, increasing availability in our highest utilized sites of Bend, Redmond, and Prineville;
   b) Implement new sites in Sisters and North Klamath where Thrive currently does not offer services;

Goal 2. Expand services related to permanent affordable housing and prevention of homelessness.
   a) Households permanently housed, Year 1: 240 / Year 2: 288 / Year 3: 336; and
   b) Household evictions prevented, Year 1: 60 / Year 2: 72 / Year 3: 84

Below is our planned staffing and projected client outcomes over the funding period. Note that Thrive’s clients are the heads of household typically and therefore we impact the lives of their family members as well. We have therefore highlighted in the table below households (clients), and total family members served and housed.

<table>
<thead>
<tr>
<th></th>
<th>FY2019 (today)</th>
<th>FY2020</th>
<th>FY2021</th>
<th>FY2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>FTE Caseworkers</td>
<td>3</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Unduplicated Households Served (500/FTE)</td>
<td>1,500</td>
<td>2,500</td>
<td>3,000</td>
<td>3,500</td>
</tr>
<tr>
<td>Estimated Potential Households in Need</td>
<td>3,600</td>
<td>3,780</td>
<td>3,970</td>
<td>4,170</td>
</tr>
<tr>
<td>Estimated Family Members Impacted by this need</td>
<td>9,000</td>
<td>9,450</td>
<td>9,925</td>
<td>10,425</td>
</tr>
<tr>
<td>% Potential Households Able to be Served by Thrive</td>
<td>42%</td>
<td>66%</td>
<td>76%</td>
<td>84%</td>
</tr>
<tr>
<td>Households Permanently Housed</td>
<td>144</td>
<td>240</td>
<td>288</td>
<td>336</td>
</tr>
<tr>
<td>Estimated Family Members Housed</td>
<td>360</td>
<td>600</td>
<td>720</td>
<td>840</td>
</tr>
</tbody>
</table>

Note each Thrive caseworker can support a caseload of approximately 500 unique clients and conduct 1,000 client meetings annually. Each client meeting typically takes one hour which includes data entry and referral research. Given other time for travel, training and internal meetings, 75% of caseworker time is available for client-facing meetings.

Anticipated Thrive expansion area, present to FY 2022:

- FY 2020 - Full geographic area reached: including Sisters, Northern Klamath County
- FY 2021 - Expand sites and meeting slots in high-need sites
- FY 2022 - Expand sites and meeting slots in high-need sites

At the end of Thrive’s proposed expansion, (by June 2022) caseworkers would be distributed as follows:

<table>
<thead>
<tr>
<th>Staff Base</th>
<th>Caseworkers</th>
<th>Communities Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bend</td>
<td>3.5</td>
<td>Bend, La Pine, Sunriver/Three Rivers, Northern Klamath County, Unincorporated Deschutes County</td>
</tr>
<tr>
<td>Redmond</td>
<td>1.5</td>
<td>Redmond, Sisters, Unincorporated Deschutes County</td>
</tr>
<tr>
<td>Madras</td>
<td>1.0</td>
<td>(Multilingual Spanish speaker) Madras, Culver, Unincorporated Jefferson County, potential residents from Warm Springs</td>
</tr>
<tr>
<td>Prineville</td>
<td>1.0</td>
<td>Prineville, Unincorporated Crook County</td>
</tr>
<tr>
<td>TOTAL</td>
<td>7.0</td>
<td>25</td>
</tr>
</tbody>
</table>
**Target Population**
*Please select all that apply.*

- Males
- Females
- Children (ages 0-17)
- Adults (ages 18-64)
- Older Adults (ages 65+)

**Target Population (continued)**
*If your project targets a more narrow subset of the population, please provide that here (ex. postpartum females; individuals diagnosed with pre-diabetes, etc).*

Individuals and families (households), with limited financial resources, generally 30% AMI (2018- $14,650/ single) and below.

**Timeline - project start date**
*Please provide an estimated start date for your project.*

01/01/2020

**Timeline - project end date**
*Please provide an estimated end date for your project.*

12/31/2020

**Project duration**
*Please indicate the number of years you expect this project to span.*

1

**Identified Need**
*Please describe the identified need for this project.*

Thrive's current outreach sites and appointment slots are fully utilized. For example our sixteen weekly thirty-minute slots at the downtown Bend Library are consistently filled and unfortunately causing us to turn away one to three potential clients nearly every day due to lack of funds to hire new caseworkers. There is clearly an
opportunity to serve more clients in this and other locations. Continued population growth coupled with Central
Oregon’s tight affordable housing market (that will be exacerbated by a forecasted economic slowdown in the
early 2020’s) will also drive incremental demand for Thrive’s services over the next three to five years.

Portland State University’s 2018 Oregon Population Forecast Program estimated that between 2018 and 2025,
Central Oregon’s population would grow by 37,000 people, or eighteen percent. The same study forecasted an
economic slowdown will occur in the early 2020’s as the annual growth rate slows from today’s extremely high
3.0% rate to 1.5%. This forecasted economic contraction would likely have a negative impact on employment
which would further increase the risk of homelessness for Central Oregon’s most vulnerable populations.

According to the U.S. Census, area individuals living in poverty ranges from twelve percent in Bend to twenty-eight
percent in Prineville and twenty-five percent in Madras. Households living in poverty are defined as those with
income below federal poverty standards. Warm Springs has the highest poverty rate in the region (35% compared
to an average rate of 15% for Central Oregon). Although not technically located in one of Thrive’s target counties,
many residents of Warm Springs shop and obtain services in Madras which would drive up the potential need for
our services in this region.

Thrive’s services are in higher demand in communities with lower relative social services dollars. To assess
available social services across Central Oregon, Thrive conducted an analysis of Section 8 housing assistance
payments, County Health Department budgets and Community Development Block Grant funds. Funds from these
services were combined to estimate available public social services for high poverty families. Deschutes County has
a higher level of available social services for high poverty households, with an average of roughly $6,000 per
household, compared to $3,000 in Jefferson County and $2,000 in Crook County.

Thrive estimates that twenty percent of the heads of household in larger urban centers such as Bend (where
services are concentrated) will seek to access its services at some point over the course of a year, whereas the
number rises to thirty-five percent in smaller areas such as Madras where services are less concentrated. Applying
these assumptions to the unique communities across Central Oregon allows us to determine the necessary staffing
model to fulfill the demand for Thrive’s services.

Based on this analysis, the needs of high poverty households across the three-county and Northern Klamath
County area could support seven full-time caseworkers and an executive director (8 FTEs), which would mean
doubling Thrive’s current size.

Community Support*

Please describe the community support you have received for this project.

Thrive Central Oregon has quickly become the resource hub for individuals and agencies alike, in Central Oregon.
We would not be here without the initial support of the Deschutes Public Library, helping us pilot this program in
2014, followed by the "incubating" that United Way of Deschutes County provided from 2015- 2018, to develop
the organization and obtain nonprofit status, with board involvement still ongoing.

The Bethlehem Inn, NeighborImpact, Department of Human Services, Housing Works and Mosaic Medical have
been highly supportive of our program, and they provide the bulk of our referrals. Additionally we collaborate with
the following organizations: Deschutes County Health Services, St. Charles Health System, Latino Community Association, Saving Grace, the Social Security Administration, Family Access Network, Central Oregon Veterans Outreach, The Shepherd’s House, and Legal Aid Services of Oregon.

Locally, we have appreciated financial support from the cities of Bend and Redmond, Deschutes County, Oregon Community Foundation, NeighborImpact, Housing Works, the COHC Housing workgroup and a small but growing donor base. Statewide, we have received financial support from Meyer Memorial Trust, Cow Creek Umpqua Indian Foundation and the Templeton Foundation.

**Optional: Community Support Letter #1**

*Please attach any letters of support that you have received for this project. You may attach up to 5. Letters must be uploaded separately.*

MM-COHC LOS 2019.pdf

**Optional: Community Support Letter #2**

SCHS-COHC LOS 2019.pdf

**Optional: Community Support Letter #3**

UWDC-COHC LOS 2019.pdf

**Optional: Community Support Letter #4**

BI-COHC LOS 2019.pdf

**Optional: Community Support Letter #5**

HW-COHC LOS 2019.pdf

**How will we know if the project is successful?**

Thrive has proven itself as a viable model that provides critical services to a previously unrecognized and underserved population seeking assistance resources throughout Central Oregon. Utilizing HMIS (Homeless Management Information System), we track the number of people served; their gender, age, income level and housing status. We also track services sought and referral connections made. Thrive staff and volunteers follow up with clients through phone calls, email and an online survey option to evaluate our interactions and level of assistance with individuals. To date those surveys have reflected an overwhelmingly positive response of both respectful interactions as well as connection to needed services and improved outcomes due to the support of
Thrive staff. This project will be considered successful if individuals’ specific information needs relating to social services are met promptly with connection and referral to correct resources and assistance.

**Affiliations***

*Does your project/program have any national affiliations?*

N/A

**Best Practice***

*What, if any, are the emerging best practices and/or evidence-based guidelines upon which the project is based?*

Thrive Central Oregon’s service model aligns with regional and national efforts to address the Social Determinants of Health (SDOH) of vulnerable populations. As research on the important role of social determinants impact on health outcomes continues to grow, communities and health systems across the country are investing in strategies to create better access to resources. Thrive’s services provide that increased access, meeting individuals where they are, to connect them to the basic needs assistance they seek. That assistance not only connects them to permanent housing, but to the needed wrap-around supports to maintain housing, creating a foundation to increase health and life outcomes, as each individual sees fit. Our community partners support linking the strategies and tools of Thrive with traditional and non-traditional healthcare settings to respond to these identified needs and improve housing and health outcomes for Central Oregonians.

**Fidelity***

*If your program is evidence-based or best practice, will it be reviewed for fidelity?*

N/A

**Funding Match***

*Are you seeking any funding matches or additional contributions to support your project? If so, provide the organization/entity name that will be providing the match. If you are not seeking a match, please write*

2019-20 Funding proposals, committed and pending:

- City of Redmond CDBG
- City of Bend CDBG
- NeighborImpact Emergency Solutions
- Cow Creek Umpqua Indian Foundation
- United Way of Deschutes County
- Bend Foundation
- Meyer Memorial Trust ($185,000/ 3 yr. pending)
Federal renewable, multi-year grant to be pursued upon RFP

Fee for service:
Eviction Prevention through Housing Works/ Families Forward
FUSE services provider: funding specific to start-up and implementation of TCO services/ FUSE position
JVCNW/ AmeriCorps: Resource & referral training

In Kind- office space/ support:
Deschutes Public Library
Housing Works
Bend Methodist Church
Jericho Road
La Pine Community Kitchen
Latino Community Association

Funding Match Amount (if not applicable, leave blank)

$84,428.00

Sustainability*

*Please provide the sustainability plan for this project.*

It is crucial that Thrive continue on its path to financial sustainability and reach a point at which it is a stable long-term resource for our growing Central Oregon community. Specifically we are actively pursuing the following to supplement requested COHC funding:

- Develop a much larger donor base with a focus on major donors and business support
- Increase the number of fundraising events to increase community awareness and diversify our funding base
- Develop as many ongoing fee for service programs that fit our mission
- Pursue Medicaid funding as it becomes available
- Apply for ongoing stable federal funding grants that provide services for people with disabilities
- Continue to apply for state and local yearly grants that provide services to the population we work with
- Apply for private foundation grants that provide one to three year start up funds for new programs and services, including Ford and Collins Foundation

Evaluation*

*Please provide the evaluation plan for this project.*

Thrive tracks client outcome data in a federally-mandated system called HMIS (Homeless Management Information System). This system is also used by other area service providers and allows for the possibility of a ‘continuum of care’ for individuals across multiple organizations. We can report outcomes along these metrics to the COHC to gauge the success of their investment in Thrive.
Services provided/ specific referral connections made:

<table>
<thead>
<tr>
<th>FTE Caseworkers*</th>
<th>FY2019 (today)</th>
<th>FY2020</th>
<th>FY2021</th>
<th>FY2022</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3</td>
<td>5</td>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>

A. Housing Metrics (most relevant to the Housing Workgroup’s mandate):
Housing Counseling: Affordable housing search, application submission, appeals, eviction prevention services, landlord coordination and Fair Housing law implementation.

Housing-related referrals made/ anticipated (annually): 3,000 5,000 6,000
Households permanently housed (annually): 144 240 288 336
Household evictions prevented (annually): 36 60 72 82

The following metrics reflect services provided and tracked in an effort to better support housing outcomes:

B. Health Metrics
Physical and mental health supports: Coordination and application support for OHP, Medicare and private insurance. Connection to PCP, dental and mental health providers, counseling, and resource support for eye glass and hearing aid assistance

Client referrals made/ anticipated (annually): 312 520 624 728

C. Basic Needs Metrics
Connection to food, clothing, laundry, transportation and phones

Client referrals made/ anticipated (annually): 900 1500 1800 2100

D. Other
Employment support: resume building and job search, legal connections, benefit application and utility assistance

Client referrals made/ anticipated (annually): 576 960 1152 1344

*Excluding Thrive's Executive Director

We track services sought and referral connections made. We also encourage individuals we see to utilize our online feedback form that measures service provision, staff knowledge and respectful interaction, and increased client knowledge. To date those responses have been overwhelmingly positive. Next year, 2019/20 and forward, we will be increasing our tracking of outcomes as one of the AmeriCorps members that will be joining our team will be intensifying this effort through follow-up client surveys and outcome assessments.

Preliminary approval*
All applicants must go through a preliminary approval process before applications can be approved. Please select how you will receive preliminary approval from the list below. The majority of applicants will present to a RHIP workgroup.

Present to a RHIP workgroup

**RHIP Workgroup***
If the proposal will, or has already been presented to a RHIP workgroup, please select the workgroup from the list below.

Housing

**RHIP Goals***
If your proposal has been or will be submitted through a RHIP workgroup, it must contain at least one goal (clinical or prevention) that corresponds with a workgroup. Please select the applicable workgroup goal(s) that your proposal addresses.

Stabilize 200 chronically homeless

**Pillar 10 vital condition - maximum impact***
Please select the Pillar 10 condition(s) that you expect your project to have the most impact.

Stable Housing

**Pillar 10 vital condition lesser impact (continued)**
Please select any additional Pillar 10 vital condition areas that you expect your project may have a lesser impact on, if any.

Jobs & Wealth
Mental Health Care

**Board of Directors Approval***
If you have been notified that your proposal must be presented to the COHC Board of Directors, your proposal must address one of the Board’s priority areas. Please select which priority area your proposal addresses.

Stable Housing
Objectives

Objective #1*

Thrive staff will provide resource support services to all individuals who seek them within Central Oregon, and including North Klamath, through walk-in and office appointments.

Target for objective #1*

Target for objective #1. Please include a numerical target whenever possible, and the date that you expect to hit the target (see example above).

By June 30, 2020, provide resource support services to 2,500 unduplicated households within Central Oregon. By June 30, 2021, provide resource support services to 3,000 unduplicated households within Central Oregon. By June 30, 2022, provide resource support services to 3,500 unduplicated households within Central Oregon.

Baseline data for objective #1*

Please provide information that indicates where you are starting as it relates to your target (see example above).

In our current fiscal year (ending June 30, 2019) we expect to serve 1,500 unduplicated individuals. Internal data assessment reflects that a case manager at 1 FTE has the capacity to provide services to 500 unduplicated individuals annually.

Objective #2*

Thrive will facilitate permanent housing outcomes for individuals and families who are homeless using a mix of creative market, affordable, subsidized and Section-8 housing solutions.

Target for objective #2*

Target for objective #2. Please include a numerical target whenever possible, and the date that you expect to hit the target (see example above).

By June 30, 2020, 240 households will be permanently housed (600 total family members). By June 30, 2021, 288 households will be permanently housed (720 total family members). By June 30, 2022, 336 households will be permanently housed (840 total family members).

Baseline data for objective #2*
Thrive estimates it will permanently house 144 households (360 total family members) over the course of fiscal year 2019 (ending June 30, 2019). This equates to 48 households permanently housed annually per Thrive caseworker (we currently have 3 FTE caseworkers).

Objective #3

Reduce homelessness through eviction prevention.

Target for objective #3

Target for objective #3. Please include a numerical target whenever possible, and the date that you expect to hit the target (see example above).

By June 30, 2020, 60 evictions will be prevented.
By June 30, 2021, 72 evictions will be prevented.
By June 30, 2022, 84 evictions will be prevented.

Baseline data for objective #3

Thrive estimates it will prevent 36 evictions over the course of fiscal year 2019 (ending June 30, 2019). This equates to 12 referrals annually per Thrive caseworker (we currently have 3 FTE caseworkers).

Objective #4

Thrive will increase connection to physical and mental health supports. We will do this through coordination and application support for OHP, Medicare and private insurance; and connection to PCP, dental and mental health providers, counseling, and resource support for eye glass and hearing aid assistance.

Target for objective #4

Target for objective #4. Please include a numerical target whenever possible, and the date that you expect to hit the target (see example above).

By June 30, 2020, 520 health-related referrals will be made.
By June 30, 2021, 624 health-related referrals will be made.
By June 30, 2022, 728 health-related referrals will be made.

Baseline data for objective #4

Thrive estimates it will make 312 health-related referrals over the course of fiscal year 2019 (ending June 30, 2019). This equates to 104 referrals annually per Thrive caseworker (we currently have 3 FTE caseworkers).
**Objective #5**

Develop and expand number of agency partnerships within the communities of Sisters and North Klamath through community meetings and partner roundtables to better inform agencies of Thrive’s services and how to best connect mutual clients.

**Target for objective #5**

_Target for objective #5. Please include a numerical target whenever possible, and the date that you expect to hit the target (see example above)._  

By June 2020, we will develop 20 community partnerships within the communities Sisters and North Klamath.

**Baseline data for objective #5**

We currently have 3 partnerships in Sisters and none in North Klamath.

**Objective #6**

[Unanswered]

**Target for objective #6**

_Original target for objective #6_

**Baseline data for objective #6**

**Objective #7**

**Target #7**

**Baseline data for objective #7**

**Objective #8**

**Target #8**

**Baseline data for objective #8**
Objective #9

Target #9

Baseline data for objective #9

Financial Information

Project Budget*
Please download the Health Council’s budget document, found here. After downloading and completing the budget document, please upload it below.

COHC-Project-Budget-2019-2020.xlsx

Amount requested*
Total amount of funds requested from the Health Council for this project.

$265,000.00

Funding request - year one

[Unanswered]

Funding request - year two

[Unanswered]

Funding request - year three

[Unanswered]

Follow-up questions and/or supplemental information

This section is to be used ONLY if you received follow-up questions following your presentation to a workgroup or to the Board of Directors. Please use this space to provide the answers to all questions you may have received post-presentation.

- Please make every effort to type or copy the answers into the text box below.
- In the event that you have documentation such as flow-charts or graphics that you would like to provide that will not copy into a text box, you may use the file upload to attach.
- If you have multiple attachments, they will need to be scanned together and uploaded as one file.

**Workgroup Approval**

**Did you complete all portions of the application?**

Yes

**Was your project solicited by a RHIP workgroup as part of an A3 process?**

No

**Did you include a proposed budget?**

Yes

**RHIP Workgroup Approval***

Have you already presented and been given preliminary approval by a RHIP workgroup?

Yes, I presented and have been given preliminary approval

**Process Following Submission**
Application Files

Applicant File Uploads

- MM-COHC LOS 2019.pdf
- SCHS-COHC LOS 2019.pdf
- UWDC-COHC LOS 2019.pdf
- BI-COHC LOS 2019.pdf
- HW-COHC LOS 2019.pdf
- COHC-Project-Budget-2019-2020.xlsx
April 7, 2019

Donna Mills
Central Oregon Health Council
PO Box 6689
Bend, OR 97708

Dear Donna,

At Mosaic Medical, we see first-hand the services that Thrive Central Oregon provides to low-income individuals and families seeking stability through housing. We are very pleased to offer this letter of support for Thrive to expand their services to more community members in need.

Each day patients walk through Mosaic Medical’s doors or call-in to request assistance communicating with property management companies or landlords or wanting support with housing applications. While our Community Health Workers (CHWs) help to the best of their ability, they are experts in navigating the health system, not the rental landscape. CHWs confidently recommend Thrive’s walk-in services to provide timely and in-depth support to those in the community seeking housing. Thrive’s services are high quality, convenient and offered without judgement. Thrive’s community based locations are open to everyone and we are fortunate they give services freely without complicated eligibility requirements. All these qualities make Thrive an easy referral entity. Thrive staff work hard with and for individuals, giving them help and hope in an extremely tight housing market.

Mosaic Medical looks forward Thrives’ continued expansion across Central Oregon, meeting a very core need of all communities across the region.

Sincerely,

Megan Haase, FNP
CEO
April 2, 2019

To whom it may concern:

It is my pleasure to write this letter of support for Thrive Central Oregon, a nonprofit organization that "seeks to connect individual needs with community resources." Thrive Central Oregon is a great resource for our community because it proactively seeks out people whose basic needs may be unmet. In addition to performing this important work, the organization continuously strives to improve the services it delivers.

St. Charles Health System has recently had an opportunity to collaborate with Thrive Central Oregon and it is a true pleasure to engage with such a great organization. Thrive Central Oregon makes its presence felt consistently, bringing more to the table than what is expected. We hope to continue partnering with the organization on initiatives that benefit the region.

The people at Thrive Central Oregon are doing special work, and you can feel it when you talk to some of their clients. They have built a sense of community and a culture of giving that is rare to find even within organizations with a charitable mission. We are pleased that the COHC is considering funding such a valuable community partner.

Sincerely,

Carlos Salcedo
cosalcedo@stcharleshealthcare.org
541-419-2076
March 13, 2019

Donna Mills
Central Oregon Health Council
PO Box # 6689
Bend, OR 97708

Dear Donna,

I am pleased to offer, on behalf of United Way of Deschutes County, this letter of hearty support for the Thrive Central Oregon 2019 proposal. As you are aware, United Way of Deschutes County operated as the Fiscal Sponsor for Thrive from its inception in 2015 through its launch as a private nonprofit agency in 2018. This included submission and oversight of multiple grants awarded to the Thrive Program.

We hope that the Central Oregon Health Council will support this proposal because we know how valuable this program is to our community, especially homeless, near homeless, and formerly homeless individuals and families.

Thrive began as Social Worker in the Library, a PSU internship at Deschutes Public piloted by Sarah Kelley, MSW. The program took professional social work services to people that needed them, right where they were congregating...at the library. We felt that this was a program that was working and was too valuable to be allowed to go away. So, in 2015 we stepped in to help where we could. Initially that was through grant writing and administrative support like promotion and the formation of a steering committee.

The program has been wildly successful, growing and expanding its sites, hours, and personnel in response to a very high demand for its services. We are thrilled that Thrive is thriving and has now become an independent, tax exempt, private nonprofit agency with its own board of directors with Sarah Kelley as its executive director. We have great confidence in this up and coming organization’s ability to address the needs of vulnerable individuals and families in Bend and throughout the region. We hope that the Central Oregon Health Council will also express confidence and support of Thrive Central Oregon and fund this proposal.

Regards

Ken Wilhelm
Executive Director
April 2, 2019

Donna Mills  
Central Oregon Health Council  
P.O. Box 6689  
Bend, OR 97708

Dear Donna and members of COHC,

It is an honor to write a letter on behalf of Sarah Kelley and Thrive. As the leader of Thrive, Sarah Kelley has been an active partner in our community providing critical services to those struggling with the obstacles and challenges of poverty. The impact and benefit with those served is critical in our community. The organization and social workers are advocates and help those experiencing homelessness to navigate community resources. By providing vital connections on many levels, Bethlehem Inn has seen how Thrive assists our clients work toward their goals.

This critical program provides services directly or by collaborating with other agencies. In particular:

- Individual assessments
- Medical and Mental Health needs
- Information and referrals for housing
- Access to available benefits
- Crisis intervention
- Follow-up support

Providing these vital services produces transformative influence in the lives of vulnerable individuals and those in crisis. Funding for Thrive will provide additional staffing needed to meet growing demand and assist the program in making positive change in our community.

We ask that you please consider this program to be awarded the requested funds to continue to provide the much needed social work to improve outcomes for homeless in Central Oregon.

Sincerely,

Gwenn Wysling  
Executive Director
Donna Mills  
Central Oregon Health Council  
PO Box 6689  
Bend, OR 97708  

March 26, 2019

Dear Donna,

I am pleased to offer, on behalf of Housing Works, our support for the work that Thrive Central Oregon is doing. At Housing Works we see first-hand the services that Thrive provides to low-income individuals and families seeking stability through housing.

Thrive Central Oregon is one of our most valued partners. Housing Works clients have many barriers to obtaining and maintaining stable housing through our varied programs. We refer numerous clients who are having difficulty navigating the process of obtaining housing through our programs, or are at risk of eviction and homelessness. Thrive’s success rate has been quite impressive, especially within Deschutes County where they are well resourced. Housing Works fully supports Thrive’s efforts to expand their services into those parts of our region which are currently underserved.

We look forward to Thrive’s expansion in an effort to better meet the needs across Central Oregon. We hope that the Central Oregon Health Council will see the value that this program brings to our communities and fund this proposal.

Sincerely,

David Brandt  
Executive Director
# Project Budget

**Total Requested Project Funds from COHC:** $265,000  2019-2020

## Personnel Costs:

<table>
<thead>
<tr>
<th>Name</th>
<th>Position (FTE dedicated to this project)</th>
<th>Salary</th>
<th>Benefits</th>
<th>Total Cost</th>
<th>Amount Requested</th>
</tr>
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<td>Community Advocate II</td>
<td></td>
<td>137250</td>
<td>33897</td>
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<tr>
<td>Americorps Member</td>
<td></td>
<td>23966</td>
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<td>23,966</td>
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<td></td>
<td>Sub-Total: Personnel</td>
<td>$287,056.00</td>
<td>$ 60,614.00</td>
<td>$ 347,670.00</td>
<td>$ 232,130.00</td>
</tr>
</tbody>
</table>

## Materials & Supplies:

<table>
<thead>
<tr>
<th>Category</th>
<th>Total Cost</th>
<th>Amount Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Computer, Tech Support, Web site</td>
<td>3244</td>
<td>0</td>
</tr>
<tr>
<td>Cell Phone</td>
<td>6000</td>
<td>4000</td>
</tr>
<tr>
<td>Marketing Materials</td>
<td>1500</td>
<td>750</td>
</tr>
<tr>
<td>Office Equipment</td>
<td>3000</td>
<td>2000</td>
</tr>
<tr>
<td>Office supplies</td>
<td>3000</td>
<td>1500</td>
</tr>
<tr>
<td>Rentals</td>
<td>1500</td>
<td>1000</td>
</tr>
<tr>
<td><strong>Sub-Total: Materials &amp; Supplies</strong></td>
<td><strong>$ 18,244.00</strong></td>
<td><strong>$ 9,250.00</strong></td>
</tr>
</tbody>
</table>

## Travel Expenses:

<table>
<thead>
<tr>
<th>Category</th>
<th>Total Cost</th>
<th>Amount Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mileage</td>
<td>7428</td>
<td>5152</td>
</tr>
<tr>
<td><strong>Sub-Total: Travel Expenses</strong></td>
<td><strong>$ 7,428.00</strong></td>
<td><strong>$ 5,152.00</strong></td>
</tr>
</tbody>
</table>

## Consultants & Contracted Services:

<table>
<thead>
<tr>
<th>Category</th>
<th>Total Cost</th>
<th>Amount Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bookkeeper</td>
<td>1680</td>
<td>840</td>
</tr>
<tr>
<td><strong>Sub-Total: Consultants &amp; Contracted Services</strong></td>
<td><strong>$ 1,680.00</strong></td>
<td><strong>$ 840.00</strong></td>
</tr>
</tbody>
</table>

## Meeting Expenses:

<table>
<thead>
<tr>
<th>Category</th>
<th>Total Cost</th>
<th>Amount Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Space tri county area</td>
<td>23520</td>
<td>12000</td>
</tr>
<tr>
<td><strong>Sub-Total: Meeting Expenses</strong></td>
<td><strong>$ 23,520.00</strong></td>
<td><strong>$ 12,000.00</strong></td>
</tr>
</tbody>
</table>

## Professional Training and Development:

<table>
<thead>
<tr>
<th>Category</th>
<th>Total Cost</th>
<th>Amount Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Training and Development</td>
<td>6000</td>
<td>4000</td>
</tr>
<tr>
<td>Background check</td>
<td>240</td>
<td></td>
</tr>
<tr>
<td><strong>Sub-Total: Professional Training and Development</strong></td>
<td><strong>$ 6,240.00</strong></td>
<td><strong>$ 4,000.00</strong></td>
</tr>
</tbody>
</table>

## Other Budget Items:

<table>
<thead>
<tr>
<th>Category</th>
<th>Total Cost</th>
<th>Amount Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bus Tickets/Gas Vouchers</td>
<td>800</td>
<td></td>
</tr>
<tr>
<td>Insurance</td>
<td>1897</td>
<td>1628</td>
</tr>
<tr>
<td><strong>Sub-Total: Other Budget Items</strong></td>
<td><strong>$ 2,697.00</strong></td>
<td><strong>$ 1,628.00</strong></td>
</tr>
<tr>
<td>Total Project Budget</td>
<td>$407,479.00</td>
<td>$ 265,000.00</td>
</tr>
</tbody>
</table>
Central Oregon Health Council
Executive Director’s Update
October 10, 2019

- Facilitate RHIP workgroups work plans SDOH Milestones to Health & Education, RH/MCH and Oral Health
- Facilitate PEP meeting
- Facilitate Finance meeting
- Multiple stakeholder/community meetings
- Steering committee for TRACES work (United Way)
- EL Hub as ex-officio member
- El Hub Investment Steering Committee
- Central Oregon Suicide Prevention Alliance Leadership
- COHIE Board Member – HIE & closed loop referral work
- System of Care Executive Team member
- Reviewing/vetting/processing workgroup proposals
- Grant software management
- Managing Regional Health Assessment work
- Managing PDO, OHA and OCR grant funds
- Managing OABHI contract
- Board workplan calendar
- CCO 2.0 alignment and support and training
- Managing QIM Adolescent Well Check sub-group
- Managing QIM ED sub-group
- 990 Tax work
- Grant applications revision
- Board Governance Committee support
- Assisting new Health Councils
- Assisting with Readiness Review and CCO 2.0 launch
- Project plan for Board Governance work (ENDS)
- Website redesign
- RHA to RHIP work
- COHC 2020 Budget
- CCO Oregon conference

Coming up:

- Launch/lobby SB 648 edits (if any)
Present:
Larry Kogosvek, Vice Chair, Consumer Representative
Bruce Abernethy, Bend-LaPine School District
Michael Baker, Jefferson County Health (Ex-Officio)
Elaine Knobbs-Seasholtz, Mosaic Medical
Tom Kuhn, Deschutes County Health Services (Ex-Officio)
Vicky Ryan, Crook County Health Department (Ex-Officio)
Elizabeth Schmitt, Consumer Representative
Ken Wilhelm, United Way of Deschutes County
Cris Woodard, Consumer Representative

Absent:
Linda McCoy, Chair, Consumer Representative
Linda Johnson, Community Representative
Brad Porterfield, Consumer Representative
Julie Rychard, Full Access High Desert

Others Present:
MaCayla Arsenault, Central Oregon Health Council
Rebeckah Berry, Central Oregon Health Council
Cyndi Kallstrom, Oregon Health Authority
Molly Taroli, PacificSource
Maria Waters, Oregon Health Authority

Introductions
• Introductions were made and Larry Kogovsek welcomed all attendees.

Approval of the Minutes
• Larry asked for approval of the draft minutes. Elaine Knobbs-Seasholz motioned for approval, Ken Wilhelm seconded. All were in favor, the minutes were approved unanimously.
CCO 2.0 Update

- Molly Taroli announced that PacificSource will continue to serve as CCO in Central Oregon and the Columbia Gorge, and will expand into Lane County and Marion/Polk Counties in 2020.
- Molly reviewed CCO 2.0 CAC responsibilities; these include participation in developing Transformation Quality Strategy (TQS), advising PacificSource on patient needs, and monitoring patient engagement and activation.
- Molly reviewed the changes to CAC membership requirements in CCO 2.0, noting the CAC must be comprised of over 50% consumer members. She clarified that the new definition of consumer members are: persons currently receiving Medicaid benefits or guardians of someone currently receiving Medicaid benefits. She noted that the CAC has until March 1st, 2020 to meet the new requirements. She added that if members step off the CAC, they must be replaced within two months.

CAC Membership

- MaCayla reviewed the Infographic with the CAC outlining the payment structure of the COHC.
- MaCayla reviewed the updated CAC application. Suggestions for editing included: moving the gender question to the demographic area, and redacting sensitive demographic information from the application after the selection committee reviews it.
- MaCayla reviewed the content of the new member handbooks. Bruce Abernethy suggested including a job description for CAC members, and adding quotes from current members regarding their experience. Michael Baker suggested having the welcome letter signed by the CAC chair.
  - **ACTION:** MaCayla will make changes to the handbooks and provide them to the CAC members in October.
- MaCayla encouraged members to recruit actively and provide her with contacts who can assist with recruitment.

OHA Update

- Cyndi Kallstrom provided the OHA update, and agreed to send out a revised version because of a broken hyperlink. She noted that the concept of “public charge” as it relates to people on the path to citizenship can hurt immigrant’s chances of being accepted if they or their dependents receive public assistance such as SNAP, TANF, etc.
  - **ACTION:** Cyndi will resend the OHA update with the link fixed.

CAC 2020-2023 RHIP Approval Letter

- MaCayla shared that the new RHIP will contain a letter of approval from the CAC, and agreed to share a draft with them next month.
  - **ACTION:** MaCayla will share the CAC’s approval letter for the RHIP at the next meeting.
2016 Grant Award Recipients (Pre A3 Process)

OSU Cascades
Deschutes County Health Services
Pfeifer & Associates
Redmond School District 2J
Jefferson County Youth Org
Tri County Health Departments
 Neighbor Impact
Pacific Crest Affordable Housing
Bethlehem Inn
Mountain Star Relief Nursery
Crook County School District
High Desert Food & Farm Alliance
COIPA

2017-2019 Grant Award Recipients

Friends of the Children
Jericho Road
Kemple
United Way
Central Oregon intergovernmental Council
Thrive
Commute Options
Advantage Dental
Neighbor Impact
FUSE
Sisters Habitat for Humanity
Redemption House Ministries
BestCare Treatment Services
St. Charles Health System
Pfeifer & Associates
La Pine Community Health Center
Praxis/High Lakes Health Care
Children’s Forest of Central Oregon

Mosaic Medical
High Desert Food & Farm Alliance
Pacific Source Community Solutions
DAWNS House
Early Learning Hub
Better Together
The Giving Plate
A Smile for Kids
Crook County Health Department
Weeks Family Medicine
OSU Extension
Habitat for Humanity La Pine/Sunriver
Central Oregon Community College
Sagewood Sanctuary
OSU
Healthy Beginnings
BOOST Oregon
Jefferson County Public Health
Brink Communications
Eclipse Marketing
HealthInsight
The Center Foundation
Kor Community Land Trust
The Confederated Tribes of Warm Springs
Warm Springs K-8 Academy

Vital Conditions Recipients (Board Funded Grants)

- United Way (TRACES)
- Bethlehem Inn: Transforming Lives
- BestCare Treatment Services: Community Engagement Teams
- High Desert ESD: Culture of Care
- Perinatal Care Continuum

Current as of 10.1.2019
Central Oregon Health Council
Allocations and Awards

Overall Financial Breakdown

- Workgroup Allocation (3 yrs)
  - $7,500,000
- Board of Directors Allocation
  - $8,000,000
- Remainder of Community Impact Funds
  - $2,709,265

2016 Awards (pre A3 process)
  - $5,854,973

Board of Directors Allocation: Detail
- Award: Bethlehem Inn
  - $500,000
- Award: TRACES
  - $2,017,176
- Award: Community Engagement Teams
  - $2,000,000
- Award: Perinatal Care Continuum
  - $699,400
- Award: Culture of Care
  - $1,476,620
- Remainder of Board Fund
  - $1,306,804

Workgroup Allocation: Detail
- Total Workgroup Awards (Amount Spent on Grants)
  - $5,672,558
- Remainder of Workgroup Fund
  - $1,827,442

Current as of 10.1.2019