Welcome – Rick Treleaven
12:30 – 12:35 Introductions
12:35 – 12:40 Board Member Resignation/next steps – Donna Mills
12:40 – 12:45 Public Comment
12:45 – 12:50 Action Items & Approve Consent Agenda
12:50 – 12:55 Patient Story – Kelly Simmelink
12:55 – 1:15 COHC Audit Review – Mathew Hamlin

Long-Term Systemic Change
1:15 – 1:35 Governance Purpose Statement – Linda Johnson
Attachment: Purpose Statement Draft
1:35 – 2:35 Strategic Plan Review – Donna Mills

Governance
2:35 – 2:45 State of OR Revenue Forecast – Rick Treleaven
2:45 – 2:55 CAC Selection Committee – MaCayla Arsenault

RHA/RHIP

Consent Agenda
- May 2020 Board Minutes
- CCO Dashboard May
- CAC Consumer Representative – Mandee Seely

Written Reports
- Executive Director Update
- May 2020 CAC Minutes
- COVID Mini-Grant Report
MINUTES OF A MEETING OF
THE BOARD OF DIRECTORS OF
CENTRAL OREGON HEALTH COUNCIL
HELD VIRTUALLY VIA ZOOM

May 14, 2020

A meeting of the Board of Directors (the “Board”) of Central Oregon Health Council, an Oregon public benefit corporation (the “Corporation”), was held at 12:30 p.m. Pacific Standard Time on May 14, 2020, online via Zoom. Notice of the meeting had been sent to all members of the Board in accordance with the Corporation’s bylaws.

Directors Present: Rick Treleaven, Chair
Linda Johnson, Vice Chair
Eric Alexander
Paul Andrews, Ed.D
Tammy Baney
Megan Haase, FNP
Linda McCoy
Ellie Naderi
Divya Sharma, MD
Justin Sivill
Dan Stevens
Jenn Welander
Directors Absent: Patti Adair
Seth Crawford
Kelly Simmelink

Guests Present: MaCayla Arsenault, Central Oregon Health Council
Michael Baker, Jefferson County Public Health
Rebeckah Berry, Central Oregon Health Council
George Conway, Deschutes County Health Services
Muriel DeLaVergne-Brown, Crook County Health Department
Jessica Fitzpatrick, East Cascades Works
Lindsey Hopper, PacificSource
Gwen Jones, Central Oregon Health Council
Donna Mills, Central Oregon Health Council
Kelsey Seymour, Central Oregon Health Council
Renee Wirth, Central Oregon Health Council

Mr. Treleaven served as Chair of the meeting and Ms. Seymour served as Secretary of the meeting. Mr. Treleaven 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**
Mr. Treleaven welcomed all attendees to the meeting; introductions were made. Mr. Treleaven announced that this will be Ms. Naderi’s final meeting as a board member because she has left Advantage Dental by Dentaquest, and Dr. Gary Allen will participate on the COHC Board in the interim.

**PUBLIC COMMENT**
Mr. Treleaven welcomed public comment. No public comment was made.

**CONSENT AGENDA**
The consent agenda included the February minutes, the CCO Dashboard for February, March, and April, e-votes to ratify regarding the 2019 early Quality Incentive Metric (QIM) funds release and the 2020 QIM withhold, the CCO Transformation Quality Strategy (TQS), Dr. Allen as interim member for Advantage Dental by Dentaquest, and the COHC Financials for January, February, and March.

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

**PATIENT STORY**
Mr. Stevens thanked the partners and their teams for their swift response to the pandemic.

**PUBLIC HEALTH UPDATE**
Dr. Conway shared that one-third of all individuals with confirmed COVID-19 cases in Deschutes County had recently traveled. He noted the County is committed to full contact tracing and monitoring, and intends to increase testing. He shared a symptom monitoring sheet the employees can use to indicate symptoms to their employers; the Board asked for a copy of Dr. Conway’s slides.

Ms. DeLaVergne-Brown shared that only one case has been confirmed in Crook County. She noted that the health department is still dispensing birth control in the parking lot. She added that because Crook County has a high tobacco use rate, they are communicating the risks for tobacco users and COVID-19.

Dr. Baker shared that misinformation has become an issue in Jefferson County. He noted that within one week of the lockdown over 5,000 residents believed that either they or their neighbor had COVID-19, when in fact no cases were confirmed in their county. He praised the efforts of Indian Health Services, and shared that Women, Infant and Children (WIC) services are being conducted via phone now.

Ms. Johnson asked Dr. Baker if the ethnicity of infected persons data is available. Dr. Baker was unable to answer the question due to a conflicting appointment, and Ms. Mills agreed to follow up with him offline.
ACTION: Dr. Conway will share his slides with the Board.

ACTION: Ms. Mills will ask Dr. Baker for data regarding the ethnicity of persons infected.

**EAST CASCADES WORKS**

Ms. Fitzpatrick shared the Worksource Oregon program run by East Cascades Works in Central Oregon. She explained the organization connects individual to family-wage careers, and contracts the job training resources from the Central Oregon Intergovernmental Council (COIC).

**GOVERNANCE PURPOSE STATEMENT**

Ms. Johnson explained that the draft statement is intended to be an overarching purpose statement that encompasses who the COHC is and why they exist. She clarified that going forward, this will no longer be referred to as an “ends” statement.

Ms. Johnson shared that this purpose statement will be used alongside the mission and vision for the Board’s development, training, job descriptions, self evaluations, and more. She added it can be used to confirm whether the strategic plan is within the scope of the COHC. She asked Board members to review the statement and give feedback. Members responded positively to the draft purpose statement. Ms. Baney noted that while a mention of upstream investment is absent, the statement appears to be well-focused. Dr. Gary Allen noted the purpose statement is powerful because it is brief.

**STRATEGIC PLAN REVIEW**

Ms. Mills shared the updated draft of the strategic plan which incorporated the Board’s comments over the last few weeks. She asked members to review it again prior to the June meeting in preparation for formal adoption. Ms. Johnson noted the absence of provider support and empowerment in the plan.

**CCO Q1 2020 METRIC REPORT**

Ms. Hopper shared that the TQS report has been submitted. She noted that the cost of care target for Emergency Department visits for individuals experiencing Mental Illness (EDMI) is being met, however the regular ED cost and the readmission rate targets are not. She shared that Value-Based Payment (VBP) is on track for CCO 2.0.
Ms. Johnson asked if call wait times, which are currently higher than target, will continue to rise as more members come onto the plan in the coming months as a result of the pandemic. Ms. Hopper shared that PacificSource estimates a 2% monthly increase in members because CMS has drastically reduced the number of reasons to remove someone from Medicaid. She noted membership projections are difficult to estimate because forecasting models do not account for Medicaid expansion, and that members gained over the next year are not expected to remain on the plan for long.

CENTRAL OREGON RESOURCE DIRECTORY (CORD) ANNOUNCEMENT
Ms. Mills shared that the CORD was developed in response to a request from Joint Incident Command to help individuals identify resources that may be available to them. She announced the site is available in both English and Spanish. She noted that she will be asking medical partners to include a link to CORD from their websites.

ADJOURNMENT
There being no further business to come before the Board, the meeting was adjourned at 2:35 pm Pacific Standard Time.

Respectfully submitted,

_________________________
Kelsey Seymour, Secretary
Healthy People 2030

How to Invest?

This diagram shows how 3 interlocking dynamics (relying, caring, and enhancing) can define the external ecosystem for health and well-being in a region.

“Dynamic systems of investments and actions strongly shape the exposures, choices, and services that people experience in different settings.

Investments in health and well-being must maintain a delicate mix of positions to assure vital conditions, deliver urgent services, and build civic muscle.”


Mission
To serve as a highly effective community governance board for the region’s Coordinated Care Organization (CCO); and align and influence agencies, caregivers, residents, and policy makers.

Vision
Creating a Healthier Central Oregon

Purpose Statement
We exist to build an equitable and integrated health ecosystem that improves the health of Central Oregonians through collaboration and partnerships, data-driven decisions, quality improvements, lowered costs, and empowered providers. Our value to the region will exceed the cost of our efforts.
Central Oregon Health Council
Executive Director’s Update
June 11, 2020

- 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
- Fiscal agent for Social Services Steering platform (CIE)
- System of Care Executive Team member
- Grant software management
- Managing PDO, OHA and OCR grant funds
- Managing OABHI contract
- CCO 2.0 alignment and support and training
- Board Governance Committee support
- Project plan for Board Governance work (Purpose stmt)
- Childcare Accelerator steering committee
- Strategic plan work with staff/Board for 2020-2025
- Standing up Budget Task Force – Cost & Utilization Steering
- Launch Central Oregon Resource Directory (CORD) in partnership with Joint Incident Command for Central Oregon
- Close office and provide for minimal disruption to staff, committees, workgroups and community
- Review, vet, approve and fund Mini-grants
- Field audit for 2019 financial audit
- Robert Wood Johnson Foundation Aligning Systems for Health informant interview –

**Coming up:**

- Approval and activate Strategic Plan
- Re-opening office plan
Present:
Larry Kogosvek, Vice Chair, Consumer Representative  
Jolene Greene, Consumer Representative  
Linda Johnson, Community Representative  
Elaine Knobbs-Seasholtz, Mosaic Medical  
Tom Kuhn, Deschutes County Health Services (Ex-Officio)  
Brad Porterfield, Consumer Representative  
Elizabeth Schmitt, Consumer Representative  
Ken Wilhelm, United Way of Deschutes County  
Cris Woodard, Consumer Representative

Absent:
Linda McCoy, Chair, Consumer Representative  
Michael Baker, Jefferson County Health (Ex-Officio)  
Vicky Ryan, Crook County Health Department (Ex-Officio)

Others Present:
MaCayla Arsenault, Central Oregon Health Council  
Mindy Bentley, Advantage Dental by Dentaquest  
Gwen Jones, Central Oregon Health Council  
Donna Mills, Central Oregon Health Council  
Tanya Nason, PacificSource  
Kristen Tobias, PacificSource  
Kelsey Seymour, Central Oregon Health Council  
Maria Waters, Oregon Health Authority  
Renee Wirth, Central Oregon Health Council  
Dustin Zimmerman, Oregon Health Authority

Introductions
- Introductions were made and MaCayla Arsenault welcomed all attendees. She announced Linda McCoy would be unable to participate today, and noted she would be leading the meeting in Linda's stead.
Public Comment
- Ken Wilhelm announced that United Way has posted a notice for a TRACEs movement director.

 Approval of the Minutes
- MaCayla apologized that the minutes were not sent out in advance of the meeting. She agreed to get these approved via email at a later date.
  - **ACTION**: MaCayla will send the CAC minutes for approval via email.

 Action Item Follow Up
- MaCayla shared that last month’s action items were completed with the exception of the ECHO project data, which has been requested but will not be available for a few months.
  - **ACTION**: MaCayla will send the CAC minutes for approval via email.

 CCO Update: COVID-19 Impact on Members
- Kristen Tobias introduced herself as the new Community Health Coordinator at PacificSource. She noted that telehealth claims are high, especially for behavioral health. She clarified that regular phone calls without video are billable services.
- Kristen shared that OHA notified PacificSource that Northern Klamath County membership is above capacity. She explained that PacificSource has applied for an expanded membership in that region in order to allow another 250 members from that area onto the plan.
- Kristen noted that the region has observed a significant decrease in annual wellness visits, adding that those visits are especially important for children who need routine vaccines.
- Kristen shared that Logisticare is the new NEMT provider in the area and they began offering rides April 1st. She asked if CAC members had feedback about the ride program since the change in providers. Jolene Greene shared that a tribal member had rescheduled their appointment multiple times when Logisticare was unable to confirm their membership. Kristen agreed to look into that.
  - **ACTION**: Kristen will follow up with Jolene offline regarding NEMT.
- Elaine Knobbs-Seasholtz shared that Mosaic Medical’s Community Health Workers (CHWs) have filed two formal complaints in the last month, most notably that Logisticare is less accessible for same day appointments than CERC was.
- Tanya Nason asked if any members have had a telehealth appointment and what their experience was like. Cris Woodard shared she has had two telehealth appointments and one in person, and preferred telehealth. Elizabeth Schmitt shared that she had one telehealth appointment where the doctor was having internet connection problems, but besides that she liked how it worked.
- Brad Porterfield asked if Spanish-speakers are utilizing telehealth. Tanya agreed to find out.
ACTION: Tanya will ask for native language data for telehealth appointments and share her findings with the Council.

Community Benefit Initiative
- MaCayla reminded the CAC that Community Benefit Initiative (CBI) dollars are available to them, but because of the delay in the Structured Problem Solving process due to the pandemic, she and Gwen Jones recommend using a Request for Proposal (RFP) process this year only. She recommended the CAC write a letter asking for proposals and set a time frame during which they plan to accept applications. The group agreed this was a wise and expedient choice under the circumstances.
- MaCayla offered to draft a few options for how the CAC will accept and fund proposals.
  - ACTION: MaCayla will provide 2-3 options for how the CAC could structure their RFP.
- MaCayla asked for a motion to approve pursuing an RFP process for 2020 only. Ken motioned Linda Johnson seconded. All were in favor.

CAC Call Wait Time Letter
- MaCayla read the draft of the call wait time letter. Elaine noted the call center is jointly managed by OHA and DHS. Maria Waters noted that call wait times have dropped so much that representatives are answering the phone within 30 seconds. She added that new member applications are being submitted but at an inconsistent rate. She clarified that DHS manages enrollment while OHA manages members.
- Dustin Zimmerman explained that membership affects from COVID-19 are not yet realized because many unemployed or furloughed individuals are still temporarily covered by their company insurance.
- Elaine noted that state agencies are expecting large budget cuts over the coming year due to COVID-19. Linda Johnson suggested taking a supportive tone in the letter to show OHA and DHS the CAC wants to support them in the upcoming negotiations.
- MaCayla asked what else should be modified about the letter. Elaine suggested mentioning the use of cell phone minutes and the emotional trauma of not being able to reach a representative.
- MaCayla offered to send a new draft to the Council, and members agreed to having a small group of them provide feedback on a short deadline.
  - ACTION: MaCayla will send a new draft of the OHA call wait times letter to a small group.

OHA Update
- Dustin shared resources related to COVID-19. Donna Mills asked if the infection rate by ethnicity report would be renewed. Dustin explained that the report may be renewed, however, they want to avoid creating the appearance that ethnicities are more or less prone to the disease when there is no science to reference on the subject.

OHP Coverage & COVID-19
• Maria shared that a decreased number of OHP applications are coming in, but she is prepared to see an increase after temporary health insurance coverage begins to expire for individuals who are no longer able to work. She noted that OHP is accepting self-reported address and income level, which has reduced barriers for new applicants.
• Maria explained that OHP Enrollment Assisters are encountering individuals who are eligible for OHP but refuse to apply due to the stigma associated with Medicaid. She added that bilingual assistance is available for enrollment.
• Maria shared that the One System will be launched in July and act as a single access point for many state assistance programs.
• Donna clarified that promoting enrollment through marketing may not be an acceptable use of CBI dollars, and asked Dustin to find out if it would be allowed.
  o **ACTION:** Dustin will find out if marketing for CCO enrollment is permitted with CBI dollars.

**CORD Update**
• Donna explained that the Central Oregon Resource Directory (CORD) is in partnership with Joint Incident Command for our region. She shared the site is available in Spanish and English with the help of a couple local translators.
### 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>PTMPY</td>
<td>Per thousand members per year</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>

NOTE: All financial PMPMs and cost bucketing comes from the Finance Dept. This means that costs, revenues and expenses are all presented on a paid date basis, regardless of what year they were incurred.
Central Oregon Health Council
COVID-19 Mini-Grant Report

This report gives an overview of the status of all COVID-19 mini-grants funded by the Central Oregon Health Council (COHC).

There are two funding streams available for COVID-19 mini-grants. One is from the RHIP Workgroups, who elected to pool their money. Each workgroup contributed $25,000, for a total of $150,000. Grant applications for this funding stream directly impact a RHIP metric. See pages two and beyond for information on which metrics have been impacted through COVID-19 mini-grants.

The second funding stream is provided from the COHC reserves in a matching amount of $150,000. This funding pool is drawn from when a COVID-19 mini-grant is submitted due to an emergent need, but does not align with a RHIP metric. See a complete list of these mini-grants on the bottom half of page one.

Non-RHIP COVID-19 Mini-Grants

Creach Consulting, LLC COVID-19 Virtual Community Supports
Jefferson County Public Health Department Stay Home, Save Lives Outreach Campaign
Jefferson County Public Health Department Prevent COVID-19 for At-Risk Populations
Mosaic Medical COVID-19 Care Kits for the Homeless

Central Oregon Pediatric Associates PPE Sterilization
Crook County Health Department COVID-19 Outreach Campaign
Family Access Network FAN COVID-19 Response
NeighborImpact Homeless Services
REACH COVID-19 Services for Homeless
Ronald McDonald House Charities COVID-19 Virtual Family Supports
Rugged Thread Outerwear Repair Inc. Manufacturing Surgical Masks
Sparrow Clubs U.S.A. Virtual Sparrow Clubs for 2020-21 School Year
The Latino Community Association COVID-19 Emergency Funds for Families

REACH Solar Chargers for Homeless
<table>
<thead>
<tr>
<th>Organization</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bend Farmers Market</td>
<td>Fresh Veggies for SNAP Participants</td>
</tr>
<tr>
<td>BestCare Treatment Services</td>
<td>Expanding Telehealth Capacity for COVID-19 Needs</td>
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<tr>
<td>Brightways Counseling Group</td>
<td>Access to Care - Telehealth</td>
</tr>
<tr>
<td>Cascade Peer and Self Help Center</td>
<td>COVID-19 Supports for Clients</td>
</tr>
<tr>
<td>Central Oregon Veteran Outreach</td>
<td>COVO COVID-19 Crisis Homeless Outreach</td>
</tr>
<tr>
<td>Council on Aging of Central Oregon</td>
<td>Addressing Urgent Food Needs for Seniors</td>
</tr>
<tr>
<td>DAWNS House</td>
<td>COVID-19 Basic Needs Relief</td>
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<tr>
<td>Deschutes County Health Services</td>
<td>Expansion of Telehealth Services</td>
</tr>
<tr>
<td>Friends of the Children</td>
<td>COVID-19 Support for Youth and Family</td>
</tr>
<tr>
<td>Healthy Beginnings</td>
<td>Continuity of Care During Covid-19</td>
</tr>
<tr>
<td>High Desert Food and Farm Alliance</td>
<td>Food Security for Vulnerable Residents and Farmers</td>
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<tr>
<td>Jericho Road</td>
<td>COVID-19 Food Services</td>
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<tr>
<td>La Pine Community Health Center</td>
<td>The Behavioral Health COVID-19 Telehealth Project</td>
</tr>
<tr>
<td>Mountain Star Family Relief Nursery</td>
<td>Providing Basic Necessities to At-Risk Families</td>
</tr>
<tr>
<td>NeighborImpact</td>
<td>Social Distancing Shelter Alternatives</td>
</tr>
<tr>
<td>Redmond Senior Center</td>
<td>Home Meal Services - Ensuring Food Security</td>
</tr>
<tr>
<td>Rimrock Trails</td>
<td>Telehealth Counseling Amidst the COVID-19 Crisis</td>
</tr>
<tr>
<td>St. Charles Health System</td>
<td>Purchase Frio Insulin Cooling Cases</td>
</tr>
<tr>
<td>Still Serving Counseling Services</td>
<td>COVID-19 Veteran Mental Health Telehealth</td>
</tr>
<tr>
<td>Sunstone Recovery, LLC</td>
<td>Telehealth</td>
</tr>
<tr>
<td>The Giving Plate, Inc.</td>
<td>COVID-19 Food Relief</td>
</tr>
<tr>
<td>Thrive Central Oregon</td>
<td>Basic Needs Support to Low-Income Households</td>
</tr>
<tr>
<td>Treehouse Therapies Associates</td>
<td>Telehealth Program</td>
</tr>
</tbody>
</table>

Updated 5.6.2020
Decrease food insecurity
Decrease percent of individuals living at poverty level and income constrained
Decrease housing and transportation costs as a percent of income
Increase availability of behavioral health providers in marginalized areas of the region
Increase timeliness and engagement when referred from primary care to specialty BH
Standardize screening processes for appropriate levels of follow-up care
Decrease asthma, cancer, cardiovascular disease, and diabetes rates
Increase fruit/vegetable consumption and physical activity in youth
Decrease risk factors for cardio-pulmonary and/or preventable disease
Accurately measure Central Oregonians experiencing homelessness
Decrease binge drinking among adults
Increase additional services for alcohol or drug dependence for individuals newly diagnosed
Reduce mental health/substance abuse emergency department visits in Madras, Prineville and Warm Springs
Increase letter name recognition at kindergarten

Healthy Families Oregon - High Desert Basic Needs for Families
Stroke Awareness Oregon Stroke Education & Prevention