Welcome – Rick Treleaven
12:30 – 12:40 Introductions (Combined Mtg & Strategic Plan update)
12:40 – 12:45 Public Comment
12:45 – 12:50 Action Items & Approve Consent Agenda
12:50 – 12:55 Patient Story – Tammy Baney

Long-Term Systemic Change
12:55 – 1:10 Governance Report Out – Linda Johnson

Governance
1:30 – 1:45 Older Adult Behavioral Health Initiative – Angela Jensen
Attachment: Presentation
1:45 – 2:00 CUSC Update – Rick Treleaven
2:00 – 2:20 CCO 2.0 Q Perf Metrics – Leslie Neugebauer
Attachment: Q2-2020 Metrics

Consent Agenda
• June 2020 Board Minutes
• CCO Dashboard June & July
• Jan-June 2020 COHC Financials (Jan-Mar revised Post 2019 Audit)
• Ratify CAC Consumer Representatives vote
• PTO Cash Out
• Quality Pool Dist. CCO 2.0
• New Consumer Representative Board Member

Written Reports
• Executive Director Update
• June 2020 CAC Minutes
• COVID Mini-Grant Report
• RHIP Quarterly Funding Report
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 June 11, 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  
Patti Adair  
Eric Alexander  
Paul Andrews, Ed.D  
Tammy Baney  
Megan Haase, FNP  
Ellie Naderi  
Divya Sharma, MD  
Justin Sivill  
Dan Stevens  
Jenn Welander
Directors Absent: Seth Crawford  
Linda McCoy  
Kelly Simmelink

Guests Present: MaCayla Arsenault, Central Oregon Health Council  
Michael Baker, Jefferson County Public Health  
Rebeckah Berry, Central Oregon Health Council  
Muriel DeLaVergne-Brown, Crook County Health Department  
Mathew Hamlin, CPA, Auditor  
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.

BOARD MEMBER RESIGNATION/NEXT STEPS
Ms. Mills announced that Ms. McCoy has tendered her resignation from the Board of Directors and Community Advisory Council (CAC). Ms. Mills noted that a press release will be launched tomorrow requesting applications to fill her seat.

PUBLIC COMMENT
Mr. Treleaven welcomed public comment. No public comment was made.
CONSENT AGENDA
The consent agenda included the May minutes, the CCO Dashboard for May, and approval of new CAC Consumer Representatives Mandee Seely and Tre Madden.

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

PATIENT STORY
Dr. Baker provided the patient story in Commissioner Simmelink’s absence. He shared that the early release of the 2019 Quality Incentive Metric dollars allowed Public Health flexibility in how to assist their community in the midst of the pandemic. He noted the funding was used to produce 250 boxes of food that could be either picked up or delivered to families in need. He added that Public Health partnered with a distillery to produce hand sanitizer that was distributed to the public along with other hygiene products and PPE. Mr. Treleaven commended Dr. Baker’s efforts for controlling the spread of COVID-19 in Jefferson County.

ACTION ITEM FOLLOW-UP
Ms. Mills noted that Dr. Conway’s slides have not yet been received, and Dr. Baker has responded to the question regarding COVID-19 infection rates by ethnicity.

AUDIT REVIEW
Mr. Hamlin thanked Ms. Mills for her collaboration to make his first off-site audit a smooth experience. He shared his opinion report issues the COHC an unmodified opinion, the best available. He reviewed the details of the audit, notably that expenses are down $800,000 from the previous year. He drew the Board’s attention to Note 7 which states COVID-19 is a subsequent event that will have an unknown impact on 2020’s financial position. He noted that 0% of COHC’s expenses are on marketing or advertising. He added that COHC Board members whose organizations receive funding from the COHC are disclosed on the audit, and that the COHC’s main source of revenue continues to be PacificSource at 96%. Ms. Mills announced that the Finance Committee has formally recommended the audit to the Board as presented.

MOTION TO APPROVE: Ms. Haase motioned to approve the draft 2020 COHC Audit in its current state; Ms. Johnson seconded. All were in favor; the motion passed unanimously.
GOVERNANCE PURPOSE STATEMENT
Ms. Johnson presented the updated Purpose statement to the Board and requested their final approval. The statement reads: “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.”

MOTION TO APPROVE: Mr. Stevens motioned to approve the Purpose statement; Commissioner Adair seconded. All were in favor; the motion passed unanimously.

STRATEGIC PLAN REVIEW
Ms. Mills thanked the Board for their feedback since the last meeting, noting it has been incorporated in this draft. Mr. Sivill expressed a need for this strategic plan to directly inform him of actions he should be taking within his organization, as well as the need for a feedback loop regarding the participation of this staff on COHC committees.

The Board gave Ms. Berry several specific edits to complete on the strategic plan. Mr. Treleaven invited a motion to approve the strategic plan with the aforementioned edits.

MOTION TO APPROVE: Mr. Alexander motioned to approve the COHC strategic plan with the aforementioned edits; Ms. Baney seconded. All were in favor, the motion passed unanimously.

ACTION: Ms. Berry will make the edits the Board requested to the strategic plan.

STATE OF OREGON REVENUE FORECAST
Mr. Treleaven suggested that the Board track the development of Oregon’s revised budget. Mr. Stevens, Ms. Haase and Ms. Welander confirmed that the budget conversations at the state appear to be moving slowly and it is unclear what the outcomes will be.

CAC SELECTION COMMITTEE
Ms. Arsenault shared that CCO 2.0 requires the CAC selection Committee to have an equal number of Board members as county representatives by June 30. She announced she will be asking for Board members to volunteer to join the CAC Selection committee.

ADJOURNMENT
There being no further business to come before the Board, the meeting was adjourned at 2:13 pm Pacific Standard Time.

Respectfully submitted,

_________________________
Kelsey Seymour, Secretary
Central Oregon Coordinated Care Organization

Updated 7/6/2020

AVG MEMBERS JUN 2020 55,349

Children 22,102
Adults 33,248

FOCUS ON: TELEHEALTH SERVICE TYPES
(No run-out, no completion factor applied)

# Telehealth Claims by Month & Type

2020 YTD Total

BH 38,686 Claims
Non-BH 16,833 Claims
Dental 200 Claims

Any Behavioral Health
Any non-Behavioral Health claim
Any Oral Health

ACCESS & UTILIZATION
(01/2018 to 05/2020; paid thru 05/2020; no completion factor applied)

Visits PTMPY % Members

Behavioral Health
2018 2,811 14%
2019 3,254 16%
2020 3,404 11%

Dental
2018 547 19%
2019 1,118 32%
2020 542 12%

Primary Care
2018 2,215 47%
2019 2,183 49%
2020 1,630 29%

Specialist Office
2018 652 17%
2019 668 18%
2020 521 9%

Emergency Dept
2018 539 19%
2019 571 20%
2020 416 9%

Inpatient Admits
2018 88 4%
2019 83 4%
2020 63 2%

*Visits Per 1,000 Members per Year

COST OF CARE

Actual PMPM Difference from Budget

Medical Excl. Cap
12/19 $164.25 ($24.54)
04/20 $169.01 $8.90

Dental
12/19 $26.77 ($1.28)
04/20 $27.40 ($1.74)

Pharmacy
12/19 $66.39 $2.95
04/20 $72.87 ($1.74)

Capitated BH, PCP, Hosp
12/19 $157.06 $6.65
04/20 $117.56 $39.70

TOTAL EXPENSES
12/19 $433.87 ($16.90)
04/20 $416.18 $36.58

FOCUS ON: TELEHEALTH RUNNING COUNTS
(No run-out, no completion factor applied)

# Telehealth Claims (Line) & Members (Bars)

YTD Total
55,717 Claims
12,453 Members

% Mems w/ Visit Claims PTMPY
Jan 0% 6.6
Feb 0% 6.2
Mar 8% 137.3
Apr 14% 385.5
May 13% 312.7
Jun ** 9% 208.3

** Incomplete month of data

EXPENSES

See pg. 2 for notes regarding COVID-19

Expenses & Claims Over Revenue (YTD)

Avg 93.2%

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### Central Oregon Health Council

**Statement of Financial Position**

**Revised Post 2019 Audit**

**YTD 1.31.2020**

### ASSETS

<table>
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<tr>
<th>Description</th>
<th>General Fund</th>
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</thead>
<tbody>
<tr>
<td>Total Checking/Savings</td>
<td>$19,074,641</td>
</tr>
<tr>
<td>COPA - Security Deposit</td>
<td>$1,997</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td><strong>$19,076,638</strong></td>
</tr>
</tbody>
</table>

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<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts Payable</td>
<td>$31,222</td>
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<tr>
<td>Payroll Payable (PTO Accrual)</td>
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<tr>
<td></td>
<td>$30,278</td>
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<tr>
<td></td>
<td>$61,500</td>
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<tr>
<td>Grants Payable</td>
<td>$4,214,696</td>
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<td></td>
<td>$4,276,196</td>
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<tr>
<td></td>
<td>$14,800,442</td>
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<tr>
<td><strong>TOTAL LIABILITIES &amp; EQUITY</strong></td>
<td><strong>$19,076,638</strong></td>
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### Revenue

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<th>Actual</th>
<th>Budget</th>
<th>% Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>-</td>
<td>$70,833</td>
<td>-100%</td>
</tr>
<tr>
<td>Community Impact Funds</td>
<td>-</td>
<td>208,333</td>
<td>-100%</td>
</tr>
<tr>
<td>Grants</td>
<td>20,316</td>
<td>24,583</td>
<td>-17%</td>
</tr>
<tr>
<td>Interest income</td>
<td>57,161</td>
<td>12,500</td>
<td>357%</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>$77,477</td>
<td>316,250</td>
<td>-76%</td>
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</table>

### Expenses

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<th>Budget</th>
<th>% Variance</th>
</tr>
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<tr>
<td>Operating Expense</td>
<td>141,282</td>
<td>121,165</td>
<td>-17%</td>
</tr>
<tr>
<td>Community Impact Funds*</td>
<td>1,574,849</td>
<td>208,333</td>
<td>-656%</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>$1,716,131</td>
<td>329,499</td>
<td>-421%</td>
</tr>
<tr>
<td><strong>Net Income</strong></td>
<td>$(1,638,654)</td>
<td>$(13,249)</td>
<td>1,722%</td>
</tr>
</tbody>
</table>

* Community Impact Funds - Top 4 funded 2020

- United Way - TRACES Phase II $700,000
- DCHS - Crisis Stabilization Center 581,431
- SCHS - Unite Us 255,554
- All other 37,864

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

*** *** The Finance Committee is not in receipt of PSCS December 31, 2019 Financials as yet******
**Central Oregon Health Council**

**Statement of Financial Position**

**Revised Post 2019 Audit**

**YTD 2.2020**

### ASSETS

<table>
<thead>
<tr>
<th>General Fund</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Checking/Savings</td>
<td>$19,097,283</td>
</tr>
<tr>
<td>COPA - Security Deposit</td>
<td>$1,997</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>$19,099,280</td>
</tr>
</tbody>
</table>

### LIABILITIES & EQUITY

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts Payable</td>
<td>$19,100</td>
</tr>
<tr>
<td>Payroll Payable (PTO Accrual)</td>
<td>$30,278</td>
</tr>
<tr>
<td></td>
<td>$49,378</td>
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<tr>
<td>Grants Payable</td>
<td>$4,214,696</td>
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<td></td>
<td>$4,264,074</td>
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<tr>
<td><strong>TOTAL LIABILITIES &amp; EQUITY</strong></td>
<td>$19,099,280</td>
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</table>

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Actual</th>
<th>Budget</th>
<th>% Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$81,593</td>
<td>$141,667</td>
<td>-42%</td>
</tr>
<tr>
<td>Community Impact Funds</td>
<td>$261,054</td>
<td>$416,667</td>
<td>-39%</td>
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<tr>
<td>Grants</td>
<td>$40,632</td>
<td>$49,167</td>
<td>-17%</td>
</tr>
<tr>
<td>Interest income</td>
<td>$89,778</td>
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<td>259%</td>
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<tr>
<td><strong>Total Revenue</strong></td>
<td>$463,057</td>
<td>$632,500</td>
<td>-27%</td>
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</table>

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Actual</th>
<th>Budget</th>
<th>% Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Expense</td>
<td>$229,927</td>
<td>$242,331</td>
<td>5%</td>
</tr>
<tr>
<td>Community Impact Funds*</td>
<td>$1,837,019</td>
<td>$416,667</td>
<td>-341%</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>$2,066,946</td>
<td>$659,997</td>
<td>-214%</td>
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</table>

<table>
<thead>
<tr>
<th>Net Income</th>
<th>Actual</th>
<th>Budget</th>
<th>% Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$(1,603,889)</td>
<td>$(26,497)</td>
<td>5953%</td>
</tr>
</tbody>
</table>

* Community Impact Funds - Top 4 funded 2020

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>United Way - TRACES Phase II</td>
<td>$700,000</td>
</tr>
<tr>
<td>DHCS - Crisis Stabilization Center</td>
<td>$581,431</td>
</tr>
<tr>
<td>SCHS - Unite Us</td>
<td>$255,554</td>
</tr>
<tr>
<td>Rimrock Trails</td>
<td>$141,915</td>
</tr>
<tr>
<td>All other</td>
<td>$158,119</td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$1,837,019</td>
</tr>
</tbody>
</table>

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

*** *** The Finance Committee did not note any material issues with CCO Financials*****
### Central Oregon Health Council

#### Statement of Financial Position

Revised Post 2019 Audit

**YTD 3.2020**

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>General Fund</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Checking/Savings</td>
<td>$19,098,652</td>
</tr>
<tr>
<td>COPA - Security Deposit</td>
<td>1,997</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td><strong>$19,100,649</strong></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>LIABILITIES &amp; EQUITY</th>
<th></th>
</tr>
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<tbody>
<tr>
<td>Accounts Payable</td>
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<tr>
<td>Payroll Payable (PTO Accrual)</td>
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<tr>
<td></td>
<td>32,249</td>
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<tr>
<td>Grants Payable</td>
<td>3,930,981</td>
</tr>
<tr>
<td></td>
<td>3,963,230</td>
</tr>
<tr>
<td></td>
<td>15,137,419</td>
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<tr>
<td><strong>TOTAL LIABILITIES &amp; EQUITY</strong></td>
<td><strong>$19,100,649</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Actual</th>
<th>Budget</th>
<th>% Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$168,107</td>
<td>$212,500</td>
<td>-21%</td>
</tr>
<tr>
<td>Community Impact Funds</td>
<td>517,252</td>
<td>625,000</td>
<td>-17%</td>
</tr>
<tr>
<td>Grants</td>
<td>60,948</td>
<td>73,750</td>
<td>-17%</td>
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<tr>
<td>Interest income</td>
<td>103,621</td>
<td>37,500</td>
<td>176%</td>
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<tr>
<td><strong>Total Revenue</strong></td>
<td>849,928</td>
<td>948,750</td>
<td>-10%</td>
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</table>

<table>
<thead>
<tr>
<th>Expenses</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Expense</td>
<td>309,627</td>
</tr>
<tr>
<td>Community Impact Funds*</td>
<td>1,841,979</td>
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<tr>
<td><strong>Total Expenses</strong></td>
<td>2,151,606</td>
</tr>
</tbody>
</table>

| Net Income                | $ (1,301,678) | $(39,746) | 3175% |

*Community Impact Funds - Top 4 funded 2020
- United Way - TRACES Phase II $700,000
- DCHS - Crisis Stabilization Center 581,431
- SCHS - Unite Us 255,554
- Rimrock Trails 141,915
- All other 163,079

$1,841,979

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

*** *** The Finance Committee did not note any material issues with CCO Financials*****
Central Oregon Health Council
Statement of Financial Position
YTD 4.2020

**Post 2019 Audit**

### ASSETS

<table>
<thead>
<tr>
<th>Description</th>
<th>General Fund</th>
</tr>
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<tbody>
<tr>
<td>Total Checking/Savings</td>
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<tr>
<td>COPA - Security Deposit</td>
<td>$1,997</td>
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<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>$19,172,320</td>
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### LIABILITIES & EQUITY

<table>
<thead>
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<th>Description</th>
<th>General Fund</th>
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</thead>
<tbody>
<tr>
<td>Accounts Payable</td>
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<td></td>
<td>$215,004</td>
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<tr>
<td>Grants Payable</td>
<td>$3,685,407</td>
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<tr>
<td></td>
<td>$3,900,411</td>
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<tr>
<td></td>
<td>$15,271,909</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES &amp; EQUITY</strong></td>
<td>$19,172,320</td>
</tr>
</tbody>
</table>

### Revenue

<table>
<thead>
<tr>
<th>Description</th>
<th>Actual</th>
<th>Budget</th>
<th>% Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$255,328</td>
<td>$283,333</td>
<td>-10%</td>
</tr>
<tr>
<td>Community Impact Funds</td>
<td>785,625</td>
<td>833,333</td>
<td>-6%</td>
</tr>
<tr>
<td>Grants</td>
<td>81,264</td>
<td>98,333</td>
<td>-17%</td>
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<tr>
<td>Interest income</td>
<td>113,006</td>
<td>50,000</td>
<td>126%</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>$1,235,223</td>
<td>$1,265,000</td>
<td>-2%</td>
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### Expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>Actual</th>
<th>Budget</th>
<th>% Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Expense</td>
<td>383,212</td>
<td>484,611</td>
<td>19%</td>
</tr>
<tr>
<td>Community Impact Funds*</td>
<td>2,009,198</td>
<td>833,333</td>
<td>-141%</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>$2,402,410</td>
<td>$1,317,995</td>
<td>-82%</td>
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### Net Income

<table>
<thead>
<tr>
<th>Description</th>
<th>Actual</th>
<th>Budget</th>
<th>% Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$ (1,167,187)</td>
<td>$(52,995)</td>
<td>2102%</td>
</tr>
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</table>

*Community Impact Funds - Top 4 funded 2020*

- United Way - TRACES Phase II: $700,000
- DCHS - Crisis Stabilization Center: $561,431
- SCHS - Unite Us: $255,554
- Rimrock Trails: $141,915
- COVID-19 Mini Grants (NTE $5k): $167,219
- All other: $163,079

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

**** *** The Finance Committee did not note any material issues with CCO Financials****
# Central Oregon Health Council

## Statement of Financial Position

### Post 2019 Audit

#### YTD 5.2020

### ASSETS

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Checking/Savings</td>
<td>$18,956,141</td>
</tr>
<tr>
<td>COPA - Security Deposit</td>
<td>$1,997</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td><strong>$18,958,138</strong></td>
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### LIABILITIES & EQUITY

<table>
<thead>
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<th>Description</th>
<th>Amount</th>
</tr>
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<tbody>
<tr>
<td>Accounts Payable</td>
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<tr>
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<td>$38,194</td>
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<td>$3,418,734</td>
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<tr>
<td><strong>TOTAL LIABILITIES &amp; EQUITY</strong></td>
<td><strong>$18,958,138</strong></td>
</tr>
</tbody>
</table>

### Revenue

<table>
<thead>
<tr>
<th>Description</th>
<th>Actual</th>
<th>Budget</th>
<th>% Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$332,994</td>
<td>$354,167</td>
<td>-6%</td>
</tr>
<tr>
<td>Community Impact Funds</td>
<td>$1,024,598</td>
<td>$1,041,667</td>
<td>-2%</td>
</tr>
<tr>
<td>Grants</td>
<td>$101,580</td>
<td>$122,917</td>
<td>-17%</td>
</tr>
<tr>
<td>Interest income</td>
<td>$145,245</td>
<td>$62,500</td>
<td>132%</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>$1,604,417</td>
<td>$1,581,250</td>
<td>1%</td>
</tr>
</tbody>
</table>

### Expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
<th>Budget</th>
<th>% Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Expense</td>
<td>$465,660</td>
<td>$605,827</td>
<td>23%</td>
</tr>
<tr>
<td>Community Impact Funds*</td>
<td>$2,038,448</td>
<td>$1,041,667</td>
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</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>$2,504,108</td>
<td>$1,647,493</td>
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</tr>
</tbody>
</table>

### Net Income

<table>
<thead>
<tr>
<th>Amount</th>
<th>% Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ (899,691)</td>
<td>(1258%)</td>
</tr>
</tbody>
</table>

* Community Impact Funds - Top 4 funded 2020
  - United Way - TRACES Phase II $700,000
  - DCHS - Crisis Stabilization Center $561,431
  - SCHS - Unite Us $255,554
  - Rimrock Trails $141,915
  - COVID-19 Mini Grants (NTE $5k) $196,469
  - All other $163,079

  $2,038,448

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

*** *** The Finance Committee did not note any material issues with CCO Financials******
### Central Oregon Health Council
#### Statement of Financial Position
#### YTD 6.2020

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>General Fund</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Checking/Savings</td>
<td>$17,951,417</td>
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<tr>
<td>COPA - Security Deposit</td>
<td>1,997</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td><strong>$17,953,414</strong></td>
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<table>
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<tr>
<th>LIABILITIES &amp; EQUITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts Payable</td>
</tr>
<tr>
<td>Payroll Payable (PTO Accrual)</td>
</tr>
<tr>
<td>Grants Payable</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES &amp; EQUITY</strong></td>
</tr>
</tbody>
</table>

#### Revenue

<table>
<thead>
<tr>
<th></th>
<th>Actual</th>
<th>Budget</th>
<th>% Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$420,632</td>
<td>$425,000</td>
<td>-1%</td>
</tr>
<tr>
<td>Community Impact Funds</td>
<td>1,294,253</td>
<td>1,250,000</td>
<td>4%</td>
</tr>
<tr>
<td>Grants</td>
<td>121,896</td>
<td>147,500</td>
<td>-17%</td>
</tr>
<tr>
<td>Interest income</td>
<td>145,273</td>
<td>75,000</td>
<td>94%</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td><strong>1,982,054</strong></td>
<td><strong>1,897,500</strong></td>
<td><strong>4%</strong></td>
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#### Expenses

<table>
<thead>
<tr>
<th></th>
<th>Actual</th>
<th>Budget</th>
<th>% Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Expense</td>
<td>534,482</td>
<td>726,992</td>
<td>26%</td>
</tr>
<tr>
<td>Community Impact Funds*</td>
<td>2,066,859</td>
<td>1,250,000</td>
<td>-65% **</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td><strong>2,595,073</strong></td>
<td><strong>1,976,992</strong></td>
<td><strong>-31%</strong></td>
</tr>
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</table>

#### Net Income

<table>
<thead>
<tr>
<th></th>
<th>Actual</th>
<th>Budget</th>
<th>% Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net Income</td>
<td>($613,019)</td>
<td>($79,492)</td>
<td>671%</td>
</tr>
</tbody>
</table>

---

*Community Impact Funds - Top 4 funded 2020*

- United Way - TRACES Phase II | $700,000
- DCHS - Crisis Stabilization Center | 581,431
- SCHS - Unite Us | 255,554
- Rimrock Trails | 141,915
- COVID-19 Mini Grants (NTE $5k) | 237,069
- All other | 144,622

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

*** *** The Finance Committee did not note any material issues with CCO Financials*****
Good Morning All –

As mentioned at the June Board meeting, we have some CCO 2.0 deliverables to get across the finish line by June 30th. One of which is the seating of new CAC members. These are attached and would typically be included in your Consent Agenda. We are not meeting in July, but will ratify your vote in August.

Thank you for your immediate Yes or No.

Have a great day and I trust you are all well!

Donna Mills
Executive Director
Pronouns (She, Her, Hers)
Central Oregon Health Council
P.O. Box 6689
Bend, OR 97708
(office) 541-306-3523
(cell) 541-480-9009

Board vote majority
yes

Passes
Set to consent agenda in August to ratify.
8.5.2020
Action: Make recommendation to the COHC Board to approve this one time optional PTO cash out.

PTO one-time optional cash out (2020)

Central Oregon Health Council finds itself in a similar position to other employers relative to PTO balances:

- Due to COVID – most planned vacations have been cancelled
- Current COHC policy caps PTO at 192 hours of rollover at yearend
- 3 employees at risk of losing their PTO

We could allow a rollover of ALL hours at 12.31.2020. However, this option would create a significant liability at 12.31.2020 and frankly not mitigate the same condition occurring at 12.31.2021.

*My recommendation is to provide for a one-time, optional cash out of any PTO hours over 40. This will provide for a reasonable liability on the books at yearend, protect employees PTO time that is at risk by no fault of their own, and allows for a reset of PTO hours to hopefully mitigate that 2021 does not create the same environment.*
CCO 1.0

Apportion funds as follows:
• Global Budget: 60%
• Provider Payments: 40%
  (funds distributed in grants)

CCO 2.0

• Global Budget: 50%
• Provider Payments: 35%
• SDOH-E Partners: 10% (to be selected by the CAC)
• CCO Projects: 5%
• Quality Improvement projects
  (initiated and administered by PacificSource under oversight of
  PEP and spending rules
  approved by Health Council Board)
Nominating Committee Recommendation:

The Nominating Committee recommends Mr. Brad Porterfield to fill the open seat of Community Representative effective immediately.

In addition, it was recommended that the other two applicants be invited to apply for CAC membership so as to build a leadership path to the Board.
The Oregon Older Adult Behavioral Health Initiative creates partnerships to improve behavioral Health for older adults & people with disabilities.

Portland State University Institute on Aging is responsible for website maintenance and the evaluation of the Initiative.

Improving health care by bringing down costs and raising both quality and satisfaction.

https://oregonbhi.org/
Why We Do

What We Do

BEHAVIORAL HEALTH CHALLENGES FOR OLDER ADULTS AND PEOPLE WITH DISABILITIES IN OREGON AND THE UNITED STATES

In Oregon, men are about three times more likely to die by suicide than women. The highest suicide rate in the state occurred among men age 85 and older: 71.9 per 100,000.

At least one in five Americans 65+ have one or more mental health or substance use conditions.

More than one-third of Oregon adults 18+ have a self-reported disability.

An estimated 76,000 Oregonians have Alzheimer's disease or a related dementia.

77% of Americans 55+ who die by suicide had seen their primary care provider within one year of death, and 58% had seen their provider within a month.

Two in three Americans 65+ have multiple chronic conditions, which are associated with a greater likelihood of increased functional limitations and disability.

produced by the Institute on Aging at Portland State University through the support of funds from the Oregon Health Authority for the Evaluation of the Behavioral Health Initiative for Older Adults and People with Disabilities, Interagency Agreement #153347
Three Goals...

- Gap analysis
- Train workforce & educate the public
- Complex case consults
Gap Analysis
Goal #1

Portland State University’s Institute on Aging

- Limited *access* to knowledgeable older adult behavioral health providers
- Limited *financial resources* to provide and develop older adult behavioral health care
- Lack of older adult-specific behavioral health *skills* among service providers
Outreach

Goal #2

Aging Well
Alzheimer's Disease
Capacity & Consent
Delirium vs. Dementia  Depression &
Suicide Prevention  Gero-Ed Hour w.
Dr. Nash
Grief & Loss
Hoarding
Mental Health First Aid for the Older Adult
Progression Patterns of Dementia

Oct ‘17 – March ‘20

86 Trainings/Events
>2,281 Individuals
1. **Regional High-Risk Teams**

   Multidisciplinary teams comprised of area partners & stakeholders

   - La Pine
   - Madras
   - Prineville
   - *Warm Springs

   *OABHI presence for resource identification & inclusion of data to Oregon Health Authority

2. **Stakeholder Requests**

   (Hospitalists; Behavioral health providers; geriatric case managers; Long Term Care Facilities, etc...).

3. **Dr. Maureen Nash**

   **Combined numbers between Oct '17 & Mar '20 = 302**
Complex Case Consultations

Maureen Nash, M.D.

- Internist, psychiatrist, and Medical Director of Providence ElderPlace.

- Former Medical Director of Tuality Center for Geriatric Psychiatry.

- Clinical appointment at OHSU's Psychiatry Department.

- Provides monthly "Gero-Ed Hour" (free CME credit)
## Central Oregon County Profiles

### Older Adult Behavioral Health Needs

Table: How Crook, Deschutes, and Jefferson Counties Compare to Oregon Overall (adults ages 18+ unless otherwise noted)

<table>
<thead>
<tr>
<th></th>
<th>Poor Physical Health Days (last 30 days)</th>
<th>Poor Mental Health Days (last 30 days)</th>
<th>% Severe Housing Problems</th>
<th>% Householder living alone (65 years +)*</th>
<th>% Alcohol Abuse Prevalence (65+ years)**</th>
<th>% Civilian Veteran Status (65+ years)*</th>
<th>Primary Care Physician Ratio</th>
<th>Mental Health Provider Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oregon</td>
<td>3.8</td>
<td>4.5</td>
<td>20</td>
<td>11.2</td>
<td>2.3</td>
<td>52.3</td>
<td>1080:1</td>
<td>210:1</td>
</tr>
<tr>
<td>Crook County</td>
<td>3.9</td>
<td>4.5</td>
<td>21</td>
<td>14</td>
<td>2.3</td>
<td>57.1</td>
<td>3220:1</td>
<td>250:1</td>
</tr>
<tr>
<td>Deschutes County</td>
<td>3.5</td>
<td>4.0</td>
<td>21</td>
<td>10.6</td>
<td>2.0</td>
<td>60.6</td>
<td>940:1</td>
<td>240:1</td>
</tr>
<tr>
<td>Jefferson County</td>
<td>4.4</td>
<td>4.7</td>
<td>16</td>
<td>9.6</td>
<td>2.1</td>
<td>59.4</td>
<td>1920:1</td>
<td>610:1</td>
</tr>
</tbody>
</table>

Source: County Health Rankings 2019
*Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates
**Source: CMS Chronic Conditions 2017

- Jefferson County has a lower percentage of severe housing problems compared to Deschutes, Crook, and Oregon overall.
- Deschutes County has a higher percentage of primary care physicians compared to Crook, Jefferson, and Oregon overall.
- All three counties have a lower percentage of mental health providers compared to Oregon overall.

### Older adult suicide rates in Oregon by age (per 100,000)

- 65-74: 24.3
- 75-84: 29.1
- 85+: 33.3
- Overall (65+): 26.7

### Percent (%) Depression Prevalence Beneficiaries 65+

- Oregon: 14.5%
- Crook: 13.4%
- Deschutes: 15%
- Jefferson: 14.1%
## Older Adults by County

<table>
<thead>
<tr>
<th></th>
<th>Deschutes</th>
<th>Jefferson</th>
<th></th>
<th>Crook</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>65 – 74 yrs.</strong></td>
<td>20,769</td>
<td>65 – 74 yrs</td>
<td>2,587</td>
<td>65 – 74 yrs</td>
<td>3,270</td>
</tr>
<tr>
<td><strong>75 – 84 yrs.</strong></td>
<td>8,440</td>
<td>75 – 84 yrs</td>
<td>1,112</td>
<td>75 – 84 yrs</td>
<td>1,567</td>
</tr>
<tr>
<td><strong>85 yrs. +</strong></td>
<td>3,228</td>
<td>85 yrs +</td>
<td>445</td>
<td>85 yrs +</td>
<td>409</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>32,437</td>
<td>Total</td>
<td>4,144</td>
<td>Total</td>
<td>5,246</td>
</tr>
</tbody>
</table>

2017 American Community Survey (ACS) Data
Most Important Risk Factors

- Depression
- Substance abuse
- Social isolation
Connection Matters!

FAMILY COUNSELLING CENTRE

DO YOU EVER COMMUNICATE AS A FAMILY BY JUST SPEAKING?

CLICK CLICK CLICK CLICK CLICK CLICK CLICK CLICK CLICK CLICK CLICK

CLICK CLICK CLICK CLICK CLICK CLICK CLICK CLICK CLICK CLICK CLICK

CLICK CLICK CLICK CLICK CLICK CLICK CLICK CLICK CLICK CLICK CLICK

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© Original Artist
Feeling lonely?
We’re here to
LISTEN &
connect.

Connecting with people can keep you healthy.

Nearly 1 in 5 adults over the age of 50 is at risk of social isolation, which may lead to loneliness. Any aging adult who is experiencing loneliness, isolation, depression or anxiety can benefit from a confidential phone call with our Senior Loneliness specialists. Sometimes knowing there is someone who cares and wants to listen can be of great help.

503-200-1633 | 800-282-7035
facebook.com/SeniorLonelinessLine
SeniorLonelinessLine.org

If you or a loved one are experiencing loneliness or isolation, please call us at
How Can You Help?

Become better informed about older adult-specific issues

- Depression
- Substance Abuse
- Social Isolation
Memorandums of Understanding

Now, more than ever, breaking down silos between agencies will be necessary to achieve the collaboration needed to effectively address Community needs, including those of the older adult.

Help us by working together.
Contact Info...

Angela Belew Jensen, LCSW

angela.jensen@cohealthcouncil.org

541-460-8480 (cell)

P.O. Box 6689  Bend, OR  97708
Quality & Member Experience
1. Quality Incentive Measures (QIMs)
   **Metric:** Achieve at least 100% withhold return on QIM measures (earned in 2020, paid in 2021)
   **Performance:** On July 17, the OHA Metrics & Scoring Committee voted to suspend the 2020 QIM Program for April-December, aligning with the suspended withhold. In order for CCOs to earn back their Q1 withhold, eCQMs will need to be submitted and reported and the Prenatal/Postpartum audit will need to be performed. While performance will be calculated, improvement targets will not be upheld. PCS’ Quality/Population Health teams continue to meet with provider partners monthly to execute on mitigation plans, resume work on the four new 2020 metrics, and be creative thought partners in finding solutions to elevating preventative services during this unusual time.

2. OHA Performance Improvement Plans (PIPs)
   **Metric:** All projects meet OHA deliverables
   **Performance:** The metric is being met however the OHA waived Q1 & Q2 PIP reporting deliverables and associated interventions due to COVID-19. Q3 PIP progress reports are due to the OHA on November 2, 2020.

3. OHA Transformation and Quality Strategy (TQS) Plan
   **Metric:** All 2020 projects meet OHA deliverables
   **Performance:** The OHA scored and provided written feedback of the 2020 TQS projects. All projects scored well, and during the subsequent OHA TQS feedback call, we learned that PCS’ projects were on the higher scoring end of projects from CCO’s across the state. The 2020 TQS progress reports (due September 30, 2020) were suspended due to COVID-19.

Financial Stability
1. Maintain a stable CCO financial position and achieve cost of care targets
   **Metric:** ED utilization for individuals experiencing mental illness (2020 target: <95.5%)
   **Performance:** 83%
   **Metric:** ED utilization rate/1000 (2019 target: <43.6)
   **Performance:** 34.2
   **Metric:** 30 day all cause readmission rate (2019 target: <11.9%)
   **Performance:** 13.5%
   **Metric:** Meeting or beating the CCO budget (reporting on a quarterly basis)
   **Performance:** Budgeted membership for June was 48,891. Actual membership was 56,037. For the six months ending June 30, 2020, we budgeted 2.20% for net income. Actual net income as a percentage of premiums was -1.99%.
**CCO 2.0 Requirements**

1. Develop and implement new/expanded VBPs (value based payments) in behavioral health, hospital, and maternity services  
   **Metric:** In 2020, evaluate and agree to implement VBPs in behavioral health/hospital (SageView) and maternity to implement by January 1, 2021.  
   **Performance:** VBP specific to Sage View is part of the 2020 contract. Monthly meetings have occurred since March with all community providers to ensure workflows are in place and metrics will be met. A decision will be made shortly pertaining to whether the metric will change to reporting only, or continue to be outcome based.

2. CCO VBP roadmap and existing arrangements  
   **Metric:** Monitor regional progress towards 70% of payments in a VBP arrangement (70% is the benchmark for 2024)  
   **Performance:** We are on track with the targets submitted in the CCO 2.0 RFA submission. PCS will continue to work with providers to meet the annual percentage goal of value-based contracting with each negotiation cycle over the 5-year period.

3. Traditional Health Worker (THW) planning  
   **Metric:** In 2020, develop and implement various payment methodologies to support THW workforce and utilization  
   **Performance:** Payment methodologies for all THW types have been developed and will be finalized in September for November 2020 OHA publication. The THW Commission released the final CHW billing codes in July. THW Liaisons and our Provider Network team will provide education about CHW billing for providers this fall. We are awaiting additional guidance from the OHA on community-based organizations and THWs working in organizations that cannot submit claims.

4. Standing up 2.0 funding streams  
   **Metric:** Ensure all 2.0 funding streams (Quality Pool, Health-Related Services-Community Benefit Initiative, Social Determinants of Health and Equity, and Supporting Health for All Through Reinvestment (SHARE)) meet OHA requirements and have timely documented processes in place  
   **Performance:** In 2020, (1) distribute and track all 2020 CBI funds, as decided by the CAC, and (2) agree to allocations for 2021 SDOH-E funding from 2020 Quality Pool and SHARE (from shared savings earned in 2020). The CAC will be using a grant review process to determine who receives funding.

**CCO Operations**

1. CCO call center performance  
   **Metric:** 80% of calls answered within 30 seconds  
   **Performance:** The service level for Q2 was 87.3%. The average answer speed was 24 seconds and the average abandon rate was 1.3%.

2. CCO timely and accurate claims payment  
   **Metric:** 99% of claims paid within 30 days of receipt  
   **Performance:** The average for the quarter of claims paid within 30 days of receipt was 97.4%.

3. Performance against OHA compliance standards  
   **Metric:** Pass External Quality Review audit with OHA  
   **Performance:** The External Quality Review (EQR) audit has broadened and is now referred to as EQR activities. We are in the middle a few activities. We are close to wrapping up the issues identified in the 2019 readiness review, meaning we need to confirm all areas with opportunities for improvement have been addressed. We are in the pre-review stage of the annual compliance monitoring review, meaning the EQR Organization has not yet reviewed our documentation of compliance. We are also in the pre-review stage of the mental health parity review.
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 UNITE US (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
Childcare Accelerator steering committee
Cost & Utilization Steering committee
Maintain Central Oregon Resource Directory (CORD) in partnership with Joint Incident Command for Central Oregon
Maintain office closure and provide for minimal disruption to staff, committees, workgroups and community
Review, vet, approve and fund Mini-grants
Tax return prep with CPA (Form 990)
Activate Strategic Plan
Grant writing assistance for Behavioral Health Consortium

Coming up:
Unite Us CIE platform go-live 9.29.2020
Prep for combined meeting (CAC and Board – Sept)
COHC Community Advisory Council
Held virtually via Zoom
June 11, 2020

Present:
Larry Kogosvek, Vice Chair, Consumer Representative
Michael Baker, Jefferson County Health
Jolene Greene, Consumer Representative
Linda Johnson, Community Representative
Elaine Knobbs-Seasholtz, Mosaic Medical
Tom Kuhn, Deschutes County Health Services
Brad Porterfield, Consumer Representative
Elizabeth Schmitt, Consumer Representative
Ken Wilhelm, United Way of Deschutes County
Cris Woodard, Consumer Representative
Vicky Ryan, Crook County Health Department

Absent:
Linda McCoy, Chair, Consumer Representative

Others Present:
Lindsay Atagi, PacificSource
MaCayla Arsenault, Central Oregon Health Council
Mindy Bentley, Advantage Dental by Dentaquest
Molly Christopher, St. Charles Madras
Gwen Jones, Central Oregon Health Council
June Kasdan, Community Member
Jennifer Little, Klamath County Public Health
Elaine Lozier, PacificSource Marion Polk
Donna Mills, Central Oregon Health Council
Tanya Nason, PacificSource
Theresa Olander, Community Member
Kristen Tobias, PacificSource
Kelsey Seymour, Central Oregon Health Council
Lexi Stickel, Pacificsource Columbia Gorge
Maria Waters, Oregon Health Authority
Renee Wirth, Central Oregon Health Council
Introductions

- Introductions were made and MaCayla Arsenault welcomed all attendees. She announced Linda McCoy has resigned from both the COHC CAC and Board. She announced that Linda Johnson will become the interim chair for the CAC beginning in August until the role can be filled.

Public Comment

- Jennifer Little introduced herself as the Director of Klamath County Public Health, and noted that she participates on the CAC facilitated by the other CCO serving Klamath County.

Approval of the Minutes

- MaCayla noted corrections to be made to the CAC minutes.
  - **ACTION**: Kelsey Seymour will change Tanya Nason’s name to Kristen Tobias’s name on the third action item.
  - **ACTION**: Kelsey will correct the acronym “DHA” to “DHS”.
- Linda Johnson motioned to approve the minutes with the edits mentioned above. Larry Kogosvek seconded. All were in favor, the motion passed unanimously.

Action Item Follow Up

- Kristen shared that there have been five times as many Spanish telehealth requests than the previous average.

CCO 2.0 Membership & Updates

- **Membership & Recruitment Update**
  - MaCayla announced that the Council Chair seat is open to a consumer representative. She noted other requirements, such as adding a county representative from Klamath County, and that all three tribes native to Central Oregon have been invited to participate. She added that a selection committee is also required to ensure compliance with requirements, including all four county representatives, and an equal number of COHC Board members.
  - MaCayla shared that the definition of “consumer” has changed, requiring membership to the CCO to be current or within the last six months.
  - MaCayla noted that making this meeting accessible to members is a top priority, so a poll will be released to determine current members’ availability in the evenings.
- **CAC Applicant**
  - Mandee Seely introduced herself as an advocate for housing in Sisters.

Equity and Diversity Listening Session
• Miguel Herrada shared a timeline of the PSCS health equity plan, noting that listening sessions ended in February of 2019. He shared the focus will be on language access, plain language, grievances and appeals, diversity and cultural training, and adoption of CLAS standards.

• Brad Porterfield asked if the approach to interpreting can be one of cultural brokering. Miguel shared that the guidelines for medical interpretation are designed to protect interpreters, and becoming advocates for patients is a complex discussion.
  o **ACTION**: MaCayla agreed to bring Miguel back to a future meeting to continue to discussion.

Transformation Quality Strategy

• Lindsay Atagi explained the TQS is a collection of projects by the CCO to support safe, affordable, and high quality care for members. She asked the CAC how they would like to be involved going forward. They asked for updates and to be involved in the selection of next year’s goals.

Community Benefit Initiative (CBI)

• MaCayla explained the structure of the Request for Proposal (RFP) for CBI dollars and reviewed options for soliciting proposals. The CAC asked to make decisions via SurveyMonkey.
  o **ACTION**: MaCayla will survey the CAC on the RFP parameters.
  o **ACTION**: Linda, Brad, and Elaine Knobbs-Seasholtz will help write the final RFP.

OHA Update

• Dustin noted that the meeting was out of time, and said he emailed his written update to MaCayla to be shared with the CAC.
  o **ACTION**: MaCayla will share Dustin’s update with the CAC.
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 measures 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

<table>
<thead>
<tr>
<th>Month</th>
<th>Organization</th>
<th>Mini-Grant Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>MARCH</td>
<td>Creach Consulting, LLC</td>
<td>COVID-19 Virtual Community Supports</td>
</tr>
<tr>
<td></td>
<td>Jefferson County Public Health Department</td>
<td>Stay Home, Save Lives Outreach Campaign</td>
</tr>
<tr>
<td></td>
<td>Jefferson County Public Health Department</td>
<td>Prevent COVID-19 for At-Risk Populations</td>
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<tr>
<td></td>
<td>Mosaic Medical</td>
<td>COVID-19 Care Kits for the Homeless</td>
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<tr>
<td>APRIL</td>
<td>Central Oregon Pediatric Associates</td>
<td>PPE Sterilization</td>
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<tr>
<td></td>
<td>Crook County Health Department</td>
<td>COVID-19 Outreach Campaign</td>
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<tr>
<td></td>
<td>Family Access Network</td>
<td>FAN COVID-19 Response</td>
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<tr>
<td></td>
<td>NeighborImpact</td>
<td>Homeless Services</td>
</tr>
<tr>
<td></td>
<td>REACH COVID-19</td>
<td>Services for Homeless</td>
</tr>
<tr>
<td></td>
<td>Ronald McDonald House Charities</td>
<td>COVID-19 Virtual Family Supports</td>
</tr>
<tr>
<td></td>
<td>Rugged Thread Outerwear Repair Inc.</td>
<td>Manufacturing Surgical Masks</td>
</tr>
<tr>
<td></td>
<td>Sparrow Clubs U.S.A.</td>
<td>Virtual Sparrow Clubs for 2020-21 School Year</td>
</tr>
<tr>
<td></td>
<td>The Latino Community Association</td>
<td>COVID-19 Emergency Funds for Families</td>
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<tr>
<td>MAY</td>
<td>REACH</td>
<td>Solar Chargers for Homeless</td>
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<tr>
<td></td>
<td>NeighborImpact</td>
<td>Childcare Regional Emergency Fund</td>
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<tr>
<td></td>
<td>1017 Project</td>
<td>Beef for Food Banks</td>
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<tr>
<td></td>
<td>Crook County Health Department</td>
<td>Regional Spanish Substance Abuse Messaging</td>
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<tr>
<td>JUNE</td>
<td>Central Oregon Pediatric Associates</td>
<td>PPE Respirators for COVID-19 Clinics</td>
</tr>
<tr>
<td></td>
<td>Healing Reins</td>
<td>First Responder Fridays</td>
</tr>
</tbody>
</table>
# RHIP COVID-19 Mini-Grants

<table>
<thead>
<tr>
<th>Measure</th>
<th>Organization</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decrease food insecurity</td>
<td>Bend Farmers Market</td>
<td>Fresh Veggies for SNAP Participants</td>
</tr>
<tr>
<td>Decrease percent of individuals living at poverty level and income constrained</td>
<td>BestCare Treatment Services</td>
<td>Expanding Telehealth Capacity for COVID-19 Needs</td>
</tr>
<tr>
<td>Decrease housing and transportation costs as a percent of income</td>
<td>Brightways Counseling Group</td>
<td>Access to Care - Telehealth</td>
</tr>
<tr>
<td>Increase availability of behavioral health providers in marginalized areas of the region</td>
<td>Cascade Peer and Self Help Center</td>
<td>COVID-19 Supports for Clients</td>
</tr>
<tr>
<td>Increase timeliness and engagement when referred from primary care to specialty BH</td>
<td>Central Oregon Veteran Outreach</td>
<td>COVO COVID-19 Crisis Homeless Outreach</td>
</tr>
<tr>
<td>Standardize screening processes for appropriate levels of follow-up care</td>
<td>Council on Aging of Central Oregon</td>
<td>Addressing Urgent Food Needs for Seniors</td>
</tr>
<tr>
<td>Decrease asthma, cancer, cardiovascular disease, and diabetes rates</td>
<td>DAWNS House</td>
<td>COVID-19 Basic Needs Relief</td>
</tr>
<tr>
<td>Increase fruit/vegetable consumption and physical activity in youth</td>
<td>High Desert Food and Farm Alliance</td>
<td>Food Security for Vulnerable Residents and Farmers</td>
</tr>
<tr>
<td>Decrease risk factors for cardio-pulmonary and/or preventable disease</td>
<td>Jericho Road</td>
<td>COVID-19 Food Services</td>
</tr>
<tr>
<td>Accurately measure Central Oregonians experiencing homelessness</td>
<td>La Pine Community Health Center</td>
<td>The Behavioral Health COVID-19 Telehealth Project</td>
</tr>
<tr>
<td>Decrease binge drinking among adults</td>
<td>Mountain Star Family Relief Nursery</td>
<td>Providing Basic Necessities to At-Risk Families</td>
</tr>
<tr>
<td>Increase additional services for alcohol or drug dependence for individuals newly diagnosed</td>
<td>NeighborImpact</td>
<td>Social Distancing Shelter Alternatives</td>
</tr>
<tr>
<td>Reduce mental health/substance abuse emergency department visits in Madras, Prineville and Warm Springs</td>
<td>Redmond Senior Center</td>
<td>Home Meal Services - Ensuring Food Security</td>
</tr>
<tr>
<td>Increase letter name recognition at kindergarten</td>
<td>Rimrock Trails</td>
<td>Telehealth Counseling Amidst the COVID-19 Crisis</td>
</tr>
<tr>
<td>Increase fruit/vegetable consumption and physical activity in youth</td>
<td>St. Charles Health System</td>
<td>Purchase Frio Insulin Cooling Cases</td>
</tr>
<tr>
<td>Decrease risk factors for cardio-pulmonary and/or preventable disease</td>
<td>Still Serving Counseling Services</td>
<td>COVID-19 Veteran Mental Health Telehealth</td>
</tr>
<tr>
<td>Accurately measure Central Oregonians experiencing homelessness</td>
<td>Sunstone Recovery, LLC</td>
<td>Telehealth</td>
</tr>
<tr>
<td>Decrease binge drinking among adults</td>
<td>The Giving Plate, Inc.</td>
<td>COVID-19 Food Relief</td>
</tr>
<tr>
<td>Reduce mental health/substance abuse emergency department visits in Madras, Prineville and Warm Springs</td>
<td>Thrive Central Oregon</td>
<td>Basic Needs Support to Low-Income Households</td>
</tr>
<tr>
<td>Increase letter name recognition at kindergarten</td>
<td>Treehouse Therapies Associates</td>
<td>Telehealth Program</td>
</tr>
</tbody>
</table>

**April 2020**

**Measures**

- 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

**Organizations**

- Bend Farmers Market: Fresh Veggies for SNAP Participants
- BestCare Treatment Services: Expanding Telehealth Capacity for COVID-19 Needs
- Brightways Counseling Group: Access to Care - Telehealth
- Cascade Peer and Self Help Center: COVID-19 Supports for Clients
- Central Oregon Veteran Outreach: COVO COVID-19 Crisis Homeless Outreach
- Council on Aging of Central Oregon: Addressing Urgent Food Needs for Seniors
- DAWNS House: COVID-19 Basic Needs Relief
- High Desert Food and Farm Alliance: Food Security for Vulnerable Residents and Farmers
- Jericho Road: COVID-19 Food Services
- La Pine Community Health Center: The Behavioral Health COVID-19 Telehealth Project
- Mountain Star Family Relief Nursery: Providing Basic Necessities to At-Risk Families
- NeighborImpact: Social Distancing Shelter Alternatives
- Redmond Senior Center: Home Meal Services - Ensuring Food Security
- Rimrock Trails: Telehealth Counseling Amidst the COVID-19 Crisis
- St. Charles Health System: Purchase Frio Insulin Cooling Cases
- Still Serving Counseling Services: COVID-19 Veteran Mental Health Telehealth
- Sunstone Recovery, LLC: Telehealth
- The Giving Plate, Inc.: COVID-19 Food Relief
- Thrive Central Oregon: Basic Needs Support to Low-Income Households
- Treehouse Therapies Associates: Telehealth Program
Without these funds, we likely would not have been able to feed all of the families at the same level we do during normal operations.

- Ronald McDonald House Charities

The availability of brand new outdoor kits, as they were exciting, finally made them feel that someone actually cared and saw them as people.

- NeighborImpact
2020-2023 RHIP Funding Report
Central Oregon Health Council

Report Published July 2020

Address Poverty & Enhance Self-Sufficiency
- Remaining: $1,570,000
- Spent: $30,000

Behavioral Health: Increase Access & Coordination
- Remaining: $1,560,000
- Spent: $40,000

Promote Enhanced Physical Health Across Communities
- Remaining: $1,565,300
- Spent: $34,700

Stable Housing
- Remaining: $1,565,000
- Spent: $35,000

Substance & Alcohol Misuse Prevention & Treatment
- Remaining: $1,575,000
- Spent: $25,000

Upstream Prevention: Promotion of Individual Well-Being
- Remaining: $1,575,000
- Spent: $25,000
**Address Poverty & Enhance Self-Sufficiency**

**AIM**

Individuals and families in Central Oregon experiencing poverty are provided equitable access and connected to appropriate resources that help them overcome obstacles to self-sufficiency and address health challenges.

$1,570,000 Remaining

$30,000 Spent

### Funded Projects

<table>
<thead>
<tr>
<th>Grantee</th>
<th>Project</th>
<th>Start Date</th>
<th>End Date</th>
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### Measures

- Increase high school graduation rates among economically disadvantaged students
- Decrease food insecurity
- Decrease percent of individuals living at poverty level and income constrained
- Decrease housing and transportation costs as a percent of income
Behavioral Health: Increase Access & Coordination

AIM

Increase equitable access to skilled and coordinated care between outpatient specialty behavioral health* and the larger health system, including primary care, while decreasing barriers (e.g. stigma, availability of appropriate mental health providers etc.) to ensure an effective and timely response.

*Specialty Behavioral Health includes mental health, substance abuse, and developmental services that are delivered in specialty settings (outside of primary care).

Remaining $1,560,000

Spent $40,000

MEASURES

- 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

FUNDED PROJECTS

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<th>GRANTEE</th>
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Central Oregon Health Council
Promote Enhanced Physical Health Across Communities

AIM
Equitably and measurably ensure all Central Oregonians improve health behaviors and reduce risk factors that contribute to premature death and diminished quality of life related to preventable disease.

Decrease asthma, cancer, cardiovascular disease, and diabetes rates
Decrease obesity rates in adults
Increase fruit/vegetable consumption and physical activity in youth
Decrease risk factors for cardio-pulmonary and/or preventable disease
Decrease sexually transmitted infections
Increase individuals receiving both an annual wellness visit and preventative dental visit

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Remaining $1,565,300
Spent $34,700
Central Oregonians experiencing homelessness and those most at-risk of homelessness will have increased and equitable access to housing and supports to provide them with opportunities for housing stability and individual well-being.

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<td>REACH</td>
<td>HMIS Data (Minigrant)</td>
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**MEASURES**

- Decrease severely rent and mortgage-burdened households
- Increase Housing Choice Voucher holders able to find and lease a unit
- Accurately measure Central Oregonians experiencing homelessness

$1,565,000 Remaining
$35,000 Spent
Substance & Alcohol Misuse Prevention & Treatment

AIM
Create and enhance cross-sector collaborations and programming so that all Central Oregonians have equitable access to skilled, evidence based substance (licit and illicit) and alcohol misuse prevention, as well as evidenced based intervention, treatment, and recovery services that are culturally responsive and trauma-informed.

$1,575,000 Remaining
$25,000 Spent

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MEASURES
- Decrease binge drinking among adults
- Decrease vaping or e-cigarettes among youth
- 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
Upstream Prevention: Promotion of Individual Well-Being

AIM

All communities in Central Oregon have equitable access and opportunities to health, education, healthy relationships, community support, and experiences necessary to thrive at every stage of life from prenatal to adulthood.

$1,575,000 Remaining

$25,000 Spent

MEASURES

- Increase letter name recognition at kindergarten
- Increase 3rd-grade reading proficiency
- Increase proportion of pregnancies that are planned
- Increase two-year-old immunization rates
- Establish a resiliency measure

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