2020-2023 RHIP Funding Report
Central Oregon Health Council

Address Poverty & Enhance Self-Sufficiency
- $1,560,000 Remaining
- $40,000 Spent

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

Promote Enhanced Physical Health Across Communities
- $1,555,300 Remaining
- $44,700 Spent

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

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

Upstream Prevention: Promotion of Individual Well-Being
- $1,570,000 Remaining
- $30,000 Spent
How Projects are Funded:
The Central Oregon Health Council (COHC) invests in projects that are guided by:

- The Regional Health Assessment (RHA)
- The Regional Health Improvement Plan (RHIP)
- Local voices from Crook, Deschutes, Jefferson, northern Klamath counties, and the Confederated Tribes of Warm Springs.

Current Process to Invest Funds:
- Six workgroups meet every month to set priorities.
- Workgroups have both subject matter experts and community members.
- Once workgroups choose strategies, they can make funding decisions.
- Workgroups each have $1.6 million dollars to invest in projects between 2020 to the end of 2023.
- Workgroups invest in projects that address future state measures in their focus area.

Previous Investments of Funds:
During the 2016-2019 RHIP cycle, the workgroups and the Board of Directors funded over $20 million across 116 projects. Funds were invested as follows:

- $8 million by the Board of Directors
- $6 million prior to the RHIP workgroup process
- $7.5 million by the workgroups
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.

$1,560,000 Remaining
$40,000 Spent

**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

**FUNDED PROJECTS**

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<thead>
<tr>
<th>GRANTEE</th>
<th>PROJECT</th>
<th>START DATE</th>
<th>END DATE</th>
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<tbody>
<tr>
<td>Various</td>
<td>COVID-19 POOL ($25K)</td>
<td>3/20</td>
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<td>La Pine CHC</td>
<td>Equitable Transportation (Mini Grant)</td>
<td>4/20</td>
<td>5/21</td>
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<td>Homeless Camp Outreach (Mini Grant)</td>
<td>9/20</td>
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<td>Locavore</td>
<td>Program Support (Mini Grant)</td>
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<tr>
<td>Council on Aging of Central Oregon</td>
<td>Food Insecurity, Isolation (Mini Grant)</td>
<td>10/20</td>
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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).

$1,560,000 Remaining
$40,000 Spent

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

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<tr>
<td>COCC Addiction Studies</td>
<td>Scholarships (Minigrant)</td>
<td>9/20</td>
<td>7/21</td>
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<td>The Shield</td>
<td>Veterans Supports (Minigrant)</td>
<td>1/20</td>
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## 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.

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<td>Stroke Awareness OR</td>
<td>Education (Mini Grant)</td>
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<td>Environmental Center</td>
<td>School Gardens (Mini Grant)</td>
<td>8/20</td>
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### MEASURES
- 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**

### FUNDING

- **$1,555,300** Remaining
- **$44,700** Spent

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[*Korean text*]

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Central Oregon Health Council
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.

**AIM**

- 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

**FUNDED PROJECTS**

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

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

FUNDDED PROJECTS

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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.

$1,570,000 Remaining
$30,000 Spent

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<td>Decoding Dyslexia</td>
<td>Early Screening (Mini Grant)</td>
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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
Workgroup Investments by Area

In grant applications, projects state which geographic areas they serve. The charts below show where COHC workgroup dollars are being invested in the region. To better understand the dollars invested compared to the number of people living in each area, we have provided the population chart to the right.

RHIP measures are the primary deciding factor for funding. The purpose of these charts is to highlight geographic areas of investment. These can be used to help guide decisions in addition to the RHIP measures.

Address Poverty & Enhance Self-Sufficiency

Behavioral Health: Increase Access & Coordination

Promote Enhanced Physical Health Across Communities

Stable Housing

Substance & Alcohol Misuse Prevention & Treatment

Upstream Prevention: Promotion of Individual Well-Being

Population of Central Oregon

- 78% Deschutes
- 10% Crook
- 10% Jefferson
- 0.8% Northern Klamath
- 1.5% Warm Springs

*The pre-workgroup chart represents all grants awarded prior to the RHIP workgroup investments.*