“Creating a healthier Central Oregon.”

COHC Virtual Board Meeting
November 12, 2020

Dial In – See calendar invite for Zoom details to join from a computer
Phones: 1(669) 900-6833, Code: 542240567#

Welcome – Rick Treleaven
12:30 – 12:35 Introductions, Public Comment – Rick Treleaven
12:35 – 12:40 Action Items & Approve Consent Agenda

Governance
12:40 – 1:00 Bylaws – Linda Johnson
Attachment: Bylaws - discussion
Attachment: SB648 proposed edits - vote

1:00 – 1:30 Comprehensive BH Plan – Diane Bocking-Byrd

1:30 – 1:45 CCO Q3-2020 Metrics – Leslie Neugebauer
Attachment: report

Long-Term Systemic Change
1:45 – 2:00 CUSC – Rick Treleaven & Divya Sharma

RHA/RHIP
2:00 – 2:10 Strategic Plan update – Donna Mills

Adjourn to: Executive Session – Executive Director evaluation

Consent Agenda
- October 2020 Board Minutes
- September 2020 Financials

Written Reports
- Executive Director Update
- CCO Dashboard
- CCO Directors Report
- October 2020 CAC Minutes
- COVID Mini Grant Report
- RHIP Quarterly Funding Report

The Central Oregon Health Council Board of Directors reserves the right to transition into an executive session at any point during the Board meeting.
MINUTES OF A MEETING OF
THE BOARD OF DIRECTORS OF
CENTRAL OREGON HEALTH COUNCIL
HELD VIRTUALLY VIA ZOOM

October 9, 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 October 9, 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
Paul Andrews, Ed.D
Gary Allen, DMD
Tammy Baney
Megan Haase, FNP
Brad Porterfield
Divya Sharma, MD
Justin Sivill
Dan Stevens

Directors Absent: Eric Alexander
Seth Crawford
Kelly Simmelink
Jenn Welander

Guests Present:
MaCayla Arsenault, Central Oregon Health Council
Rebeckah Berry, Central Oregon Health Council
Gwen Jones, Central Oregon Health Council
Donna Mills, Central Oregon Health Council
Leslie Neugebauer, PacificSource
Kelsey Seymour, Central Oregon Health Council
Trudy Townsend, PacificSource
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.

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

CONSENT AGENDA
The consent agenda included the September minutes, the COHC July & August Financials, the COHC
Form 990, and the COHC 2021 Budget.

MOTION TO APPROVE: Dr. Allen motioned to approve the consent agenda; Ms. Johnson
seconded. The motion was approved unanimously.
**Senate Bill 648**

Ms. Johnson shared the edits the Governance Committee is proposing for the renewal of SB 648. She clarified that today is just an introduction to the changes, and a vote will be requested next month. Ms. Mills noted that a review for equity is still being conducted, and additional changes may be presented next month. Ms. Johnson reviewed the edit concerning Board member designees. She noted the current language requires county commissioners from the counties, and CEOs from the organization, despite their area of specialty. She noted the inclination of the Governance Committee, while not unanimously supported, is to accept members who are committed to consistency who also have the authority to commit their organization. Mr. Stevens noted concern over current compliance, reminding the Board that he is not the CEO of PacificSource. He suggested creating internal clarity on who members ought to be.

The Board discussed the pros and cons of flexible language, and Ms. Baney cautioned against the Board putting themselves in a position to receive a candidate they might want to reject. She suggested that the Board should not have a policy of rejecting appointees, and rather leave it up to the appointing organization with guidelines that ensure the appropriate person will be appointed.

Mr. Andrews noted that the rules which apply to designated seats on the Board do not apply to “at-large” members like himself, and emphasized the written qualities submitted by the Governance Committee regarding “consistency, authority, and seasoned judgment”.

Mr. Treleaven asked the Governance Committee to propose language for the designee portion of SB648, and invited members with ideas to submit them to Ms. Johnson.

**Oregon Health Authority (OHA) Training Requirements**

Ms. Townsend shared that CCO 2.0 requirements state all PacificSource staff, leadership, and COHC Board members must complete equity training, including cultural responsiveness and implicit bias. She noted an internal infrastructure for completing and tracking trainings has been erected and the earliest trainings are now available. She asked members to submit certificates of any trainings they have had so far so she can try to have the training count toward the requirement. Mr. Treleaven asked how trainings that are required for licensure are being counted toward the metric. Ms. Townsend explained that a survey for collecting trainings outside of PacificSource’s modules will suffice for this year, and will become more sophisticated in future years.
Dr. Sharma offered the COIPA Incentive Matrix as a motivational tool to keep providers up to date on equity training.

**COST AND UTILIZATION STEERING COMMITTEE (CUSC)**

Dr. Sharma shared the CUSC’s large meeting last month resulted in three subgroups, all of which will meet at least once prior to the October meeting, to dive into areas of potential cost savings as identified by PacificSource.

Ms. Haase asked whether the CUSC could report back to the Board the total financial impact of their discoveries, once available.

**COMMUNITY DATA WEBSITE DEMO**

Ms. Berry shared that herself and a small team, including Ms. Seymour, and individuals from public health and the Central Oregon Research Coalition have been working with Conduent Healthy Communities for the last year to produce the Central Oregon Health Data website, made live just two weeks ago. She noted the data on the site will be updated at least once annually, and it can be used to track RHIP & RHA metrics. Ms. Berry invited Board members and guests to register for one of two webinars remaining for an introductory tour of the website.

**ADJOURNMENT**

There being no further business to come before the Board, the meeting was adjourned at 1:49 pm Pacific Standard Time.

Respectfully submitted,

_________________________

Kelsey Seymour, Secretary
## Central Oregon Health Council

### Statement of Financial Position

**YTD 9.2020**

### ASSETS

<table>
<thead>
<tr>
<th>Description</th>
<th>General Fund</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Checking/Savings</td>
<td>$18,974,302</td>
</tr>
<tr>
<td>COPA - Security Deposit</td>
<td>$1,997</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td><strong>$18,976,299</strong></td>
</tr>
</tbody>
</table>

### LIABILITIES & EQUITY

<table>
<thead>
<tr>
<th>Description</th>
<th>General Fund</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts Payable</td>
<td>$178,634</td>
</tr>
<tr>
<td>Payroll Payable (PTO Accrual)</td>
<td>$30,278</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES &amp; EQUITY</strong></td>
<td><strong>$18,976,299</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>$690,892</td>
<td>$637,500</td>
<td>9%</td>
</tr>
<tr>
<td>2020 QIM Withhold Revenue</td>
<td>$234,084</td>
<td>$ -</td>
<td>0%</td>
</tr>
<tr>
<td>Community Impact Funds</td>
<td>$2,144,719</td>
<td>$1,875,000</td>
<td>14%</td>
</tr>
<tr>
<td>Grants</td>
<td>$182,844</td>
<td>$221,250</td>
<td>-17%</td>
</tr>
<tr>
<td>Interest income</td>
<td>$151,851</td>
<td>$112,500</td>
<td>35%</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>$3,407,390</td>
<td>$2,846,250</td>
<td>20%</td>
</tr>
</tbody>
</table>

### 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>$941,555</td>
<td>$1,090,488</td>
<td>14%</td>
</tr>
<tr>
<td>Community Impact Funds*</td>
<td>$2,180,819</td>
<td>$1,875,000</td>
<td>-16%</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>$3,122,374</td>
<td>$2,965,488</td>
<td>-5%</td>
</tr>
</tbody>
</table>

**Net Income**

<table>
<thead>
<tr>
<th>Description</th>
<th>Actual</th>
<th>Budget</th>
<th>% Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Revenue</strong></td>
<td>$285,016</td>
<td>$(119,238)</td>
<td>-339%</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): $357,297
- All other: $144,622

**Total Community Impact Funds: $2,180,819**

**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******
BYLAWS OF
CENTRAL OREGON HEALTH COUNCIL

SECTION 3
BOARD OF DIRECTORS

3.1 Powers. The board of directors shall manage the business and affairs of the Corporation and exercise or direct the exercise of all corporate powers.

3.2 Number. The number of directors may vary between a minimum of 9 and a maximum of 15, the exact number to be fixed from time to time by resolution of the board of directors; provided that such number must, at a minimum, meet the requirements of Section 3.3 below.

3.3 Composition. The composition of the board of directors is intended to comply with the requirements of ORS 414.625(2)(o) and SB 648 and these bylaws will be deemed to be automatically updated, without any action by the Corporation or the directors, to conform to any change or changes in such requirements. The board of directors must be comprised of:

a. Individuals appointed by entities that share in the financial risk of the CCO; which individuals shall constitute a majority of the board;

b. Individuals representing the major components of the healthcare delivery system;

c. At least two healthcare providers in active practice (including at least one physician licensed under ORS chapter 677 or a nurse practitioner certified under ORS 678.375 whose area of practice is primary care and at least one mental health or chemical dependency treatment provider);

d. At least two members from the community at large (to ensure that the Corporation's decision-making is consistent with the value of the members and the community); and

e. At least one member of the Corporation's Community Advisory Council.
3.4 **Appointment.**

(a) The Corporation intends to appoint individuals to the Corporation's board of directors in a manner and number such that the Corporation will be in compliance with ORS 414.625(2)(o) at all times. For avoidance of doubt, vacancies shall not constitute a violation of these bylaws; *provided* that such vacancies shall be filled as soon as practicable. Each director shall promptly notify the Corporation in writing of any change in such director's circumstances that, in the reasonable judgment of such director, could result in a failure by the Corporation to meet the requirements of ORS 414.625(2)(o).

(b) Section b (1) through (13) is moved to the Board Policy Book. The new Section 3.5 Directors at Large is also moved to the new Board Policy Book.

3.5 **Term of Office.** Directors shall serve for a one year term. There shall be no limit on the number of successive terms which a director may serve.

3.6 **Chair.** The board may designate any director to serve as Chair and preside over the meetings of the board and perform such other duties as the board may prescribe. The Chair may resign, or the board may remove the Chair, at any time with or without cause. The resignation or removal of an individual from the position of Chair will not, by itself, affect the individual's status as a director.

3.7 **Removal.** Any Director may be removed at any time, with or without cause, by the affirmative vote of three fourths (3/4) of the directors then in office. The notice of such meeting, if any, shall state that the purpose or one of the purposes of the meeting is the removal of the director or directors involved.

3.8 **Vacancies.** Any vacancy with respect to a Director occurring in the board of directors for any reason shall be filled by the board of directors.

3.9 **Resignation.** Any director may resign at any time by delivering written notice of resignation to the President or Secretary. Such resignation shall be effective on receipt unless it is specified therein to be effective at a later time, and acceptance of the resignation shall not be necessary.

3.10 Remaining sections 3.10 through the end of section 3 pertain to meetings and notices, Quorums, and Robert’s Rules of Order.
Items Moved to Board Policy Book

a) The Corporation's directors shall be appointed as follows:

1. one director (the "Crook Director") appointed by Crook County, Oregon;
2. one director (the "Deschutes Director") appointed by Deschutes County, Oregon;
3. one director (the "Jefferson Director") appointed by Jefferson County, Oregon;
4. one director (the “Klamath Director”) appointed by Klamath County, Oregon
5. one director (the "St. Charles Director") appointed by St. Charles Health System, Inc. ("St. Charles");
6. one director (the "PacificSource Director") appointed by PacificSource;
7. one director (the "Mosaic Director") appointed by Mosaic Medical ("Mosaic");
8. one director (the "COIPA Director") appointed by the Central Oregon Independent Practice Association, Inc. ("COIPA");
9. one director (the "Summit BMC Director") appointed by Summit Bend Memorial Clinic, P.C. ("BMC");
10. one director (the “Behavioral Health Director”) appointed by the Board;
11. one director (the "Advantage Director") appointed by Advantage Dental by Dentaquest ("Advantage"); and
12. one director (the “Community Advisory Council Director”) appointed by the Community Advisory Council ("CAC"); and
13. The remainder elected by the affirmative vote of a majority of the directors then in office ("Directors at Large").

3.5 Directors at Large. The remainder of Directors not specified in section 3.4 shall be appointed according to their professional expertise, in areas affecting health care, social determinants of health, education, commerce, or other such areas as the Board deems necessary for effective governance.
<table>
<thead>
<tr>
<th>Original</th>
<th>Updated Version</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sec. 1, (2) – A county that is adjacent to Crook, Deschutes or Jefferson County may join the council if:</td>
<td>A county may join the council if:</td>
</tr>
<tr>
<td>Sec. 2, (1) – The Central Oregon Health Council shall consist of no more than [11] 15 members,</td>
<td>ADD: Sec. 2, (1) a – The Council may increase or decrease their membership with a unanimous vote</td>
</tr>
<tr>
<td>Sec. 2, (1) (D) – The business community; or (also Sec. 3 (9) )</td>
<td>The business community and/or Community-Based Organizations; or</td>
</tr>
<tr>
<td>Sec. 3, (2) – Behavioral health agencies for mental health authorities serving the regions represented on the council;</td>
<td>Behavioral health agencies serving the region;</td>
</tr>
</tbody>
</table>

**Terms of Office**

**Board Member designees**

“The group agreed that consistency, positional authority and seasoned judgment representing a sector were important qualities for Board members to fulfill the mission of the COHC. A recommendation was made to consider delegates appropriate as long as they consistently attend. The group determined that if a decision-making subject matter expert is more relevant than the traditional leadership, delegation will be permitted.”

Complies with ORS 414.625(2)(o)

(o) Each coordinated care organization has a governance structure that includes:

(A) A majority interest consisting of the persons that share in the financial risk of the organization;

(B) The major components of the health care delivery system; and

(C) The community at large, to ensure that the organizations decision-making is consistent with the values of the members and the community.
<table>
<thead>
<tr>
<th>SB 648 Overall</th>
<th>The SB will be amended and appealed; we will not be submitting new legislation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Changes To Be Discussed</strong></td>
<td><strong>Actions</strong></td>
</tr>
<tr>
<td>RHA/RHIP Cadence</td>
<td>(currently SB says 4 years, option to change it to 5 years to align with CCO 2.0 &amp; Public Health) pending with Rebeckah Berry</td>
</tr>
<tr>
<td>Sec. 4, (2) (a) – The Central Oregon Health Council shall conduct a regional health assessment and adopt a regional health improvement plan to serve as a strategic population health and health care system service plan for the region served by the council. The plan must define the scope of the activities, services and responsibilities that the council proposes to assume upon implementation of the plan. (b) The activities, services and responsibilities that the council proposes to assume under the</td>
<td>(G) Health equity</td>
</tr>
</tbody>
</table>
## 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:** Our Quality/Population Health teams have made great strides in onboarding a vast majority of our provider partners in utilizing the Collective Medical platform in an effort to gain the upper hand in performing on the Initiation and Engagement metric. This tool has proven to be very successful for clinics to date. We are deploying stratified gap lists specific to childhood immunizations and adolescent immunizations to set us up well going into 2021. On October 16, the Metrics and Scoring Committee met to finalize how the 2021 Improvement Targets would be set for the CCOs across the State. The Committee determined they would use the 2019 performance as baseline, apply a very small improvement target, but eliminate the normal 2-3% floor. This results in pretty small improvements for most of our metrics. The Committee also recognized six COVID impacted criteria that would ensure the program was re-evaluated and adjusted if need be.

2. OHA Performance Improvement Plans (PIPs)
   **Metric:** All projects meet OHA deliverables
   **Performance:** We are meeting the metric, and we submitted the Q3 PIP progress reports to the OHA on October 28, 2020. The Statewide PIP focused on Acute Opioid Prescribing is currently in a baseline report year, so no reporting for this PIP is due to OHA in 2020.

3. OHA Transformation and Quality Strategy (TQS) Plan
   **Metric:** All 2020 projects meet OHA deliverables
   **Performance:** The OHA recently released the 2021 TQS Guidance Document, and planning for 2021 TQS projects are underway. All current 2020 TQS projects are on-target and expected to carry-forward to 2021 with additional interventions.

## 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:** 33.9
   **Metric:** 30 day all cause readmission rate (2019 target: <11.9%)
   **Performance:** 14.8%
   **Metric:** Meeting or beating the CCO budget (reporting on a quarterly basis)
   **Performance:** Budgeted membership for September was 48,891. Actual membership was 58,170. For the nine months ending September 30, 2020, we budgeted 1.94% for net income. Actual net income as a percentage of premiums was 2.06%.
## 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. VBP implementation requirements have been delayed for one year due to COVID-19.

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:** PacificSource adopted final payment methodologies in Q3 of 2020. Our THW Liaison and contracting team are actively engaged in educating providers and community members on the THW billing codes. We are awaiting the OHA’s guidance document in December to complete our THW Integration and Utilization Plan.

4. Standing up 2.0 funding streams  
   **Metric:** Ensure all 2.0 funding streams (Quality Pool, Health-Related Services-Community Benefit Initiative (CBI), Social Determinants of Health and Equity (SDOH-E), and Supporting Health for All Through Reinvestment (SHARE)) meet OHA requirements and have timely documented processes in place  
   **Performance:** Quality Pool funds from the suspended withhold continue to be paid to providers monthly. The CAC has allocated all CBI and SDOH-E funds for 2020. SHARE funds process will be determined in early 2021.

## CCO Operations

1. CCO call center performance  
   **Metric:** 80% of calls answered within 30 seconds  
   **Performance:** The service level for Q3 was 89%. The average answer speed was 17 seconds and the average abandon rate was 2.4%.

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 99.4%.

3. Performance against OHA compliance standards  
   **Metric:** Pass External Quality Review audit with OHA  
   **Performance:** The Health Services Advisory Group (HSAG) recently completed their 2020 Compliance Monitoring Review with our CCO. They reviewed the following areas: coordination and continuity of care, coverage and authorization, member rights and protections, and our grievance and appeal systems. We expect to receive the final report in the coming months.
Central Oregon Health Council  
Executive Director’s Update  
November 12, 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 and Project Mgr for Social Services Steering UNITE US (CIE)  
• System of Care Executive Team member  
• Grant software management  
• Managing OABHI contract (terminating 6.30.2021)  
• CCO 2.0 alignment and support and training  
• Board Governance Committee support  
• Childcare Accelerator steering committee (pausing 11.13.2020)  
• Cost & Utilization Steering committee  
• Maintain office closure and provide for minimal disruption to staff, committees, workgroups and community  
• Review, vet, approve and fund Mini-grants  
• Manage Community Benefit Initiative through CAC ($900k)  
• Manage Strategic Plan  
• Serve on Wildfire Relief Coordination Team  
• Launched Unite Us CIE platform go-live 9.29.2020  
• Transition Central Oregon Resource Directory to THRIVE

Coming up:  
• Phase II of Unite Us CIE pilot  
• Professional development  
• SB648 pathway to repeal sunset date 1.2022
Central Oregon Coordinated Care Organization

Updated 10/1/2020

AVERAGE MEMBERS
AUG 2020 56,894

22,453 children
34,441 adults

COST OF CARE

<table>
<thead>
<tr>
<th>Service</th>
<th>Actual PMPM</th>
<th>Difference from Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12/19</td>
<td>$321.31</td>
<td>($17.89)</td>
</tr>
<tr>
<td>07/20</td>
<td>$330.81</td>
<td>$5.68</td>
</tr>
<tr>
<td>Dental</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12/19</td>
<td>$26.77</td>
<td>($1.28)</td>
</tr>
<tr>
<td>07/20</td>
<td>$26.41</td>
<td>($0.75)</td>
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<tr>
<td>Pharmacy</td>
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<td></td>
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<tr>
<td>12/19</td>
<td>$66.39</td>
<td>$2.95</td>
</tr>
<tr>
<td>07/20</td>
<td>$70.70</td>
<td>$1.13</td>
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<tr>
<td>TOTAL EXPENSES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12/19</td>
<td>$433.87</td>
<td>($16.90)</td>
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<tr>
<td>07/20</td>
<td>$456.15</td>
<td>($1.85)</td>
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Expenses & Claims Over Revenue (YTD)

See pg. 2 for notes regarding COVID-19

ACCESS & UTILIZATION
(01/2018 to 08/2020; paid thru 08/2020; no completion factor applied)

<table>
<thead>
<tr>
<th>Service</th>
<th>Visits PTMPY</th>
<th>% Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Health</td>
<td>2018: 2,811</td>
<td>14%</td>
</tr>
<tr>
<td></td>
<td>2019: 3,253</td>
<td>16%</td>
</tr>
<tr>
<td></td>
<td>2020: 3,540</td>
<td>13%</td>
</tr>
<tr>
<td>Dental</td>
<td>2018: 547</td>
<td>19%</td>
</tr>
<tr>
<td></td>
<td>2019: 1,120</td>
<td>32%</td>
</tr>
<tr>
<td></td>
<td>2020: 507</td>
<td>16%</td>
</tr>
<tr>
<td>Primary Care</td>
<td>2018: 2,215</td>
<td>47%</td>
</tr>
<tr>
<td></td>
<td>2019: 2,182</td>
<td>49%</td>
</tr>
<tr>
<td></td>
<td>2020: 1,791</td>
<td>39%</td>
</tr>
<tr>
<td>Specialist Office</td>
<td>2018: 652</td>
<td>17%</td>
</tr>
<tr>
<td></td>
<td>2019: 636</td>
<td>17%</td>
</tr>
<tr>
<td></td>
<td>2020: 543</td>
<td>13%</td>
</tr>
<tr>
<td>Emergency Dept</td>
<td>2018: 539</td>
<td>19%</td>
</tr>
<tr>
<td></td>
<td>2019: 572</td>
<td>20%</td>
</tr>
<tr>
<td></td>
<td>2020: 413</td>
<td>13%</td>
</tr>
<tr>
<td>Inpatient Admits</td>
<td>2018: 88</td>
<td>4%</td>
</tr>
<tr>
<td></td>
<td>2019: 83</td>
<td>4%</td>
</tr>
<tr>
<td></td>
<td>2020: 68</td>
<td>3%</td>
</tr>
</tbody>
</table>

*Visits Per 1,000 Members per Year

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

YTD Total
98,710 Claims
16,104 Members

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

2020 YTD Total
BH 68,536 Claims
Non-BH 29,769 Claims
Dental 407 Claims
Any Behavioral Health
Any non-Behavioral Health claim
Any OHR Health

**Incomplete month of data
### Definitions

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<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 USDJO 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.

**COVID-19:** Overall health care service utilization has decreased due to the COVID-19 pandemic. In collaboration with the Oregon Health Authority, PacificSource is in the process of issuing provider stability payments to support providers who serve our CCO members and who rely on fee-for-service payments from PacificSource. This is intended to offset financial impacts on providers due to the COVID-19 pandemic and applies to participating providers who deliver services to PacificSource Medicaid members within the Marion County & Polk County, Lane County, Columbia Gorge, and Central Oregon CCOs. Learn more at [communitysolutions.pacificsource.com/Providers/Notices/505](communitysolutions.pacificsource.com/Providers/Notices/505)
CCO Monthly Update
Date: November 2020
To: The Central Oregon Health Council (COHC) Board of Directors
Prepared by: Leslie Neugebauer, Director, Central Oregon CCO

Friendly Reminder
Required Annual Health Equity Training:
- COHC board members are required to complete the Cultural Responsiveness and Implicit Bias training this year.
  - The deadline for training completion is November 24th.
- Link to training: https://qualityinteractions.learnupon.com/users/sign_up
  - Training code: PSG1
- Questions or concerns? Please email Trudy Townsend, Training and Facilitation Program Manager at Trudy.Townsend@pacificsource.com

Quality Incentive Measures (QIMs)
Metrics & Scoring Committee Decisions Regarding the 2021 Measures:
- Use 2019 as the baseline for 2021 improvement targets, roll forward initial benchmarks chosen for 2020 into 2021, and eliminate improvement target floors. Essentially, this equates to an unadjusted improvement target.
  - Identified six COVID-19-related criteria that would lead to the Committee re-evaluating the above.
  - Additional information can be found here: https://www.oregon.gov/oha/HPA/ANALYTICS/MetricsScoringMeetingDocuments/3-MSC-slides_10.2020.pdf

2021 Quality Pool Program – Bonus Structure
- Under CCO 2.0, the OHA moved to a withhold structure. However, in 2021 this will change back to a bonus.
  - The change from bonus to withhold under CCO 2.0 was made based on the requirements for claiming federal match, and equated to a 2019-21 budget impact of $28 million in General Fund.
  - The OHA requested the budget to cover this impact. The Legislature did not act on the budget request, which required the OHA to change back to a bonus structure for 2021.
- The OHA is planning to submit a policy option package request to move back to a withhold structure as part of the 2021-23 biennial budget.
2021 Rate Setting

- The OHA has finalized the 2021 capitation rates for CCOs.
  - These rates are the per-member-per-month amounts the state pays CCOs to coordinate health care for those on the Oregon Health Plan.
  - Across all CCOs, there will be a rate increase of 3.4% in 2021 as compared to the 2020 adjusted rates.
- The Central Oregon CCO will experience an increase of 3.1%.
  - It remains to be seen if the 2021 rates will be adjusted downward following the legislative session.
- Additional information can be found here: https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/OHP-Rates.aspx
Present:
Brad Porterfield, Chair, Consumer Representative
Larry Kogosvet, Vice Chair, Consumer Representative
Linda Johnson, Community Representative
Elaine Knobbs-Seasholtz, Mosaic Medical
Tom Kuhn, Deschutes County Health Services
Theresa Olander, Consumer Representative
Elizabeth Schmitt, Consumer Representative
Cris Woodard, Consumer Representative
Ken Wilhelm, United Way of Deschutes County

Absent:
Michael Baker, Jefferson County Health
Elizabeth Batterson, Community Member
Mayra Benitez, Consumer Representative
Jolene Greene, Consumer Representative
Lauren Kustudick, Consumer Representative
Jennifer Little, Klamath County Public Health
Tre Madden, Consumer Representative
Vicky Ryan, Crook County Health Department

Others Present:
MaCayla Arsenault, Central Oregon Health Council
Rebeckah Berry, Central Oregon Health Council
Gwen Jones, Central Oregon Health Council
Donna Mills, Central Oregon Health Council
Leslie Neugebauer, PacificSource
Kristen Tobias, PacificSource
Renee Wirth, COHC
Dustin Zimmerman, OHA

Introductions
- Introductions were made and Brad Porterfield welcomed all attendees.
Public Comment
• Elizabeth Schmitt suggested partially funding projects in order to approve more proposals during the Community Health Projects discussion later.

Approval of the Minutes
• Linda Johnson shared a correction to the minutes, noting she was not present.
  o ACTION: MaCayla Arsenault will ask Kelsey Seymour to amend the minutes.
• Brad asked if Mayra was present at the last meeting as well. MaCayla agreed to find out.
  o ACTION: MaCayla will find out if Mayra was present at the last meeting.
• Linda motioned to approve the minutes; Ken Wilhelm seconded. All were in favor, the motion passed unanimously.

Action Item Follow Up
• Kristin Tobias noted she follow up with Theresa regarding the wildfire victim access question, and shared the query is resolved.
• MaCayla shared that Kor Community Land Trust has not responded regarding their service area.

Announcements
• MaCayla shared the Central Oregon Health Data website is now live. She explained the site is free to use and a webinar giving a tour of the site is available on Wednesday, November 18th at 9am.
• Brad shared that Elizabeth Batterson has resigned from the CAC because of a schedule conflicts but would like to remain involved as her schedule allows.
• Brad shared Natalie Chavez will be replacing Michael Baker to represent Jefferson County.
• Brad thanked everyone for turning in their applications containing demographic information.
• Brad announced the CAC is actively recruiting consumer members enrolled with PacificSource Community Solutions to join the CAC. Larry asked if we feel we are representing the population of Central Oregon accurately through member diversity. Gwen shared there are gaps in race and language. Linda asked if this will be added to the workplan for the CAC. Gwen noted it will, and more will come on this later on. Brad asked if the diversity results could be shared with the group; Gwen agreed to add it to a future agenda.
  o ACTION: Gwen and MaCayla will show the results of the demographic study with the group.
• Brad shared the COHC plans to provide tablets to consumer members who are interested and invited someone to volunteer for a test run.

Community Health Projects Final Decisions
• MaCayla announced final decisions will be made today on the proposals. She shared the ranking data of all the undecided proposals, noting that the highest-ranking proposals can be funded without issue, but there is a three-way tie for where the funding runs out. She proposed having a guided conversation to parse out which of the three, including DAWN’s House, REACH, and Hearthside Medicine Family Care, to fund with the remaining money.
• Ken Wilhelm motioned to fund all proposals highlighted in green; Larry seconded. All were in favor, the motion passed unanimously.
• Elizabeth Schmitt commented that REACH spans the most Social Determinants of Health; Ken Wilhelm agreed this was important.
• MaCayla asked the group if they need any clarifications on the proposals in yellow before proceeding; the group confirmed they did not. She asked members to share highlights of each project.
• Therese noted DAWNs House proposal is for a home for women with a criminal record to establish themselves in a position to get hired and transition into independent housing. Larry noted the home will also serve for recovery. Ken noted DAWNS House is working with Meyer Memorial Trust to cover rental costs.
• Brad asked if Hearthside is a for-profit organization. Rebeckah Berry confirmed they are, but noted the project does not create any profit for them. Linda Johnson expressed concern for the purchase of the van as capital, and who would own the van if the project fails. Donna clarified there are no legal concerns with purchasing a vehicle, as the Health Council has done this before. Larry asked if immunizations are covered through insurance; Elaine Knobbs-Seasholz confirmed all flu vaccines are covered for OHP. She explained that in the Hearthside practice there is only one licensed Nurse Practitioner working alone. She noted that Mosaic does this exact same work as this proposal. Linda expressed concern for funding a proposal operating independently from the overall vaccine effort.
• Larry explained the REACH program connects the homeless with basic services, such as obtaining identification cards. Ken noted the proposal is for hiring a part time employee to expand the access to those services.
• MaCayla asked for reactions to all the proposals. Larry shared his amazement at the sheer volume of individuals experiencing homelessness, noting the concern will only be greater when the eviction moratorium ends. Elaine concurred, sharing housing is a priority right now more so than before. Theresa and Linda agreed that expanding the REACH project seems critical.
• Linda noted DAWNS house is a unique program compared to other housing programs and verbally supported funding it.
  o MOTION: Elaine motioned to fund both REACH and DAWNS House; Linda seconded. All were in favor, the motion passed unanimously.

Value Based Payments
• Leslie Neugebauer shared the goal of value-based payments is to reduce the total cost of care while improving quality. She noted this payment model motivates providers to
offer non-billable services. She explained a shared risk arrangement between multiple entities is currently furthering patient-centered primary care homes, behavioral health integration, quality incentive metrics, and hospital quality measures. She noted one outcome of this contracting practice has resulted in 90% of all Medicaid members are assigned to a primary care home that has embedded behavioral health.

- Leslie asked the group what concerns they have for Value Based Payment. Theresa Olander noted that behavioral health integration appointments are brief and can feel rushed.

CAC Workplan
- Gwen Jones shared the CAC Workplan and asked for feedback. Changes were suggested regarding the format, and Linda noted the roles and responsibilities of the board representative should be reviewed by the Governance Committee.
COVID-19 Final Report for Crook County Health Department (Non-RHIP)
“Central Oregon Spanish Substance Abuse Messaging”

Summary of Results:

- The Talk, They’ll Hear You campaign will reach the Spanish speaking audience throughout Central Oregon on the La Bronca 1214 radio station, KTVZ Telemundo and ZOLO cable channels.

- There was an 8-week Spanish PSA on the La Bronca 1214 radio station, a 2 month series of ads on Central Oregon KTVZ Telemundo Spanish speaking Television, and a 1 month series of ads on Crook and Jefferson County English speaking Cable Television.

- The "Talk, They'll Hear you Campaign has been shared in English throughout Central Oregon and this project provided more equitable messaging to the Spanish speaking population.

- This campaign also directed listeners to Spanish resources for Spanish speaking parents and guardians on preventing youth substance use.

Quote:

“We hope that by providing more equitable messaging throughout Central Oregon we were able to link communities that have been disproportionately affected by COVID-19 to resources that help support them and their families.”

*Order of projects is by final report submission date

Published November 2020
COVID-19 Final Report for Sunstone Recovery, LLC
“Sunstone Recovery Connected Phase 2”
Reviewed by the RHIP Substance and Alcohol Misuse Workgroup

Summary of Results:

• Sunstone Recovery Connected Phase 2 has allowed for us to hire a Marketing Outreach Coordinator who has created and implemented a multi-pronged marketing and advertising campaign to increase awareness of telehealth services.

• It has also allowed for us to maintain our secure HIPAA compliant telehealth platform and complete program development so we can continue to offer Telehealth services to the Central Oregon community.

• Sunstone Recovery Connected Phase 2 has allowed for current and new clients to receive telehealth direct care services during the COVID-19 pandemic. Sunstone Recovery is seeing an increase in client retention regarding our telehealth services.

• We have achieved our goal to continue to offer a telehealth IOP for Central Oregon residents and increase our marketing/outreach efforts regarding our Telehealth services.
COVID-19 Final Report for NeighborImpact (Non-RHIP)
“Child Care Regional Emergency Fund”

Summary of Results:

- The project goal was to award mini grants to childcare programs across Central Oregon, with a focus on programs with barriers to accessing money provided by larger state or federal grants.

- The COHC dollars were used specifically to fund Crook and Jefferson providers, since there were city and county dollars available in Deschutes.

- The main activity accomplished was the distribution of mini grants to Crook and Jefferson providers struggling financially as a result of the pandemic.

- Checks were delivered to providers in person, rather than by mail. Providers were grateful for the financial support and each one expressed gratitude for being acknowledged.

- Many of the providers served by these dollars were feeling forgotten.

- The project resulted in hope for providers and a higher retention rate among those receiving mini grants.

- Children and families served by the providers receiving mini grants and less likely to find themselves seeking new childcare arrangements because of this money.

Quotes:

"The Child Care Resource grant that I received from community donors helped tremendously during this difficult time. I have had to close twice due to COVID exposure and this money helped supplement my income loss. I was also able to use it to buy preschool curriculum for my children. I am very grateful, thank you!"

"The grant helped Happy Trails Preschool by making it possible for me to stay open due to the COVID 19 restrictions I have had to turn down many families from enrolling and it has hurt my business financially. The grant has also helped me with supplies and food for my students that are currently enrolled."

*Order of projects is by final report submission date Published November 2020*
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
- Develop a food insecurity measure for seniors
- Decrease percent of individuals living at poverty level and income constrained
- Decrease housing and transportation costs as a percent of income

**Funded Projects**

<table>
<thead>
<tr>
<th>Grantee</th>
<th>Project</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Various</td>
<td>COVID-19 POOL ($25K)</td>
<td>3/20</td>
<td>TBD</td>
</tr>
<tr>
<td>La Pine CHC</td>
<td>Equitable Transportation (Mini Grant)</td>
<td>4/20</td>
<td>5/21</td>
</tr>
<tr>
<td>Jericho Road</td>
<td>Homeless Camp Outreach (Mini Grant)</td>
<td>9/20</td>
<td>9/21</td>
</tr>
<tr>
<td>Locavore</td>
<td>Program Support (Mini Grant)</td>
<td>9/20</td>
<td>8/21</td>
</tr>
<tr>
<td>Council on Aging of Central Oregon</td>
<td>Food Insecurity, Isolation (Mini Grant)</td>
<td>10/20</td>
<td>2/21</td>
</tr>
</tbody>
</table>
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).

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

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

Funded Projects

<table>
<thead>
<tr>
<th>GRANTEE</th>
<th>PROJECT</th>
<th>START DATE</th>
<th>END DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Various</td>
<td>COVID-19 POOL ($25K)</td>
<td>3/20</td>
<td>TBD</td>
</tr>
<tr>
<td>Weeks Family Medicine</td>
<td>Telehealth (Minigrant)</td>
<td>4/20</td>
<td>4/21</td>
</tr>
<tr>
<td>COCC Addiction Studies</td>
<td>Scholarships (Minigrant)</td>
<td>9/20</td>
<td>7/21</td>
</tr>
<tr>
<td>The Shield</td>
<td>Veterans Supports (Minigrant)</td>
<td>1/20</td>
<td>1/21</td>
</tr>
</tbody>
</table>
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.

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### FUNDED PROJECTS

<table>
<thead>
<tr>
<th>GRANTEE</th>
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<td>La Pine CHC</td>
<td>Telehealth (Mini Grant)</td>
<td>3/20</td>
<td>3/21</td>
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<tr>
<td>Stroke Awareness OR</td>
<td>Education (Mini Grant)</td>
<td>4/20</td>
<td>1/21</td>
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<tr>
<td>Jericho Road</td>
<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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<td>8/21</td>
</tr>
<tr>
<td>Environmental Center</td>
<td>School Gardens (Mini Grant)</td>
<td>8/20</td>
<td>7/21</td>
</tr>
</tbody>
</table>

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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

---

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

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.

$1,565,000 Remaining

$35,000 Spent

**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

**FUNDED PROJECTS**

<table>
<thead>
<tr>
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<th>START DATE</th>
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<tbody>
<tr>
<td>Various</td>
<td>COVID-19 POOL ($25K)</td>
<td>3/20</td>
<td>TBD</td>
</tr>
<tr>
<td>Kôr Land Trust</td>
<td>Housing Costs (Minigrant)</td>
<td>6/20</td>
<td>6/21</td>
</tr>
<tr>
<td>REACH</td>
<td>HMIS Data (Minigrant)</td>
<td>7/20</td>
<td>7/21</td>
</tr>
</tbody>
</table>
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**

<table>
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<td>3/20</td>
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</tr>
</tbody>
</table>
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

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

FUNDDED PROJECTS

<table>
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<td>3/20</td>
<td>TBD</td>
</tr>
<tr>
<td>Decoding Dyslexia</td>
<td>Early Screening (Mini Grant)</td>
<td>10/20</td>
<td>12/21</td>
</tr>
</tbody>
</table>
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.