“Creating a healthier Central Oregon.”

COHC Virtual Board Meeting
January 14, 2021
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 – 12:40 Introductions, Public Comment – Rick Treleaven
12:40 – 12:45 Action Items & Approve Consent Agenda……vote
12:45 – 12:50 Patient Story……information

Governance
12:50 – 1:05 2020 JMA Settlement – Dan Stevens……information
1:05 – 1:20 Bylaws – Linda Johnson……vote
Attachment: Bylaws/Board Policy Book overview – ….information
1:20 – 1:40 2021 CCO Metrics – Leslie Neugebauer……information
Attachment: 2021 CCO Strategies
1:40 – 2:10 CCO 2.0 Workforce Development – Gretchen Horton- Dunbar Attachment: .ppt …information

Long-Term Systemic Change
2:10 – 2:25 CUSC – Rick Treleaven & Divya Sharma……discussion

RHA/RHIP
2:25 – 2:45 Update on RHIP Workgroups (year 1) – COHC PMs….information

Consent Agenda
• December 2020 Board Minutes
• November 2020 Financials
• Ratify Executive Director Compensation from evaluation

Written Reports
• Executive Director Update
• Strategic Plan Report
• CCO Directors Report
• CCO Dashboard
• December 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

December 10, 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 December 10, 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
Gary Allen, DMD
Eric Alexander
Paul Andrews, Ed.D
Tammy Baney
Megan Haase, FNP
Brad Porterfield
Divya Sharma, MD
Kelly Simmelink
Justin Sivill
Jenn Welander

Directors Absent: Seth Crawford
Dan Stevens

Guests Present: MaCayla Arsenault, Central Oregon Health Council
Lindsey Hopper, PacificSource
Gwen Jones, Central Oregon Health Council
Donna Mills, Central Oregon Health Council
Leslie Neugebauer, PacificSource
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.

PUBLIC COMMENT
Mr. Treleaven welcomed public comment. Ms. Welander announced that she will be departing St.
Charles at the end of July 2021 to teach finance at the university level, and that today is her final
COHC Board meeting. The Board thanked Ms. Welander for her service.

PATIENT STORY
Ms. Baney shared that the Central Oregon Intergovernmental Council provides GEDs as well as
grants to small businesses. She shared the story of Ryan and his client Molly. She explained that Ryan
is part of the grants distribution team working to respond to the COVID-19 crisis. When he connected
with the Humane Society of Prineville thrift store, he helped get them a grant to cover payroll and PPE to be open five days a week. She explained that the grant helping them open led to record sales.

Ms. Baney shared that Molly, a volunteer at the Humane Society, is a survivor of domestic violence and homelessness. She noted that Molly was scheduled to become a full time employee at the thrift store, and that this was made possible four months earlier than anticipated. She explained that when Molly’s application for housing was denied because of her background, COIC was able to submit letters of recommendation on her behalf and the denial was reversed.

**CONSENT AGENDA**
The consent agenda included the November minutes and the COHC October Financials.

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

**BYLAWS/SB 648 UPDATE**
Ms. Mills shared that she is working with Ms. Baney to gain support for Senate Bill 648.

Ms. Johnson reviewed the changes to the bylaws, including the removal of any mention of the Secretary (as this position is managed by staff), and dividing the tasks more accurately between staff and board members in general. Mr. Andrews recounted this changes were deemed appropriate because the bylaws were written in advance of having any staff at the COHC.

**CAC CHAIR REPORT OUT**
Mr. Porterfield shared the Community Advisory Council (CAC) was tasked with investing over $900,000 this past fall. He noted that 23 awards were given out, all for $50,000 or less, addressing Social Determinants of Health Equity.

**COST AND UTILIZATION STEERING COMMITTEE (CUSC)**
Mr. Sivill shared that the subgroup on Cost of Care has gained a clearer understanding of how contracts work, and that nuances in the current contracts do not support value-based payment. Mr. Treleaven noted that Mr. Kim Bangerter of the Central Oregon Independent Practice Association will discuss that in the upcoming contract meetings.

**ADJOURNMENT**
There being no further business to come before the Board, the meeting was adjourned at 1:28 pm Pacific Standard Time.

Respectfully submitted,

______________________________
Kelsey Seymour, Secretary
Central Oregon Health Council  
Statement of Financial Position  
YTD 11.2020

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<th>General Fund</th>
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<th>COPA - Security Deposit</th>
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* 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) $377,098
- 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******
BYLAWS OF
CENTRAL OREGON HEALTH COUNCIL

SECTION 1 NAME

The Corporation is an Oregon nonprofit corporation and the name of the Corporation is Central Oregon Health Council (the "Corporation").

SECTION 2 DUTIES

The Corporation exists 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. The Corporation’s value to the region will exceed the cost of its efforts. In connection therewith will undertake the following duties:

2.1 Provide oversight and governance of the coordinated care organization ("CCO") formed by PacificSource Community Solutions, Inc. ("PacificSource") to serve Oregon Health Plan ("OHP") participants in the Central Oregon region pursuant to a Joint Management Agreement between PacificSource and the Corporation which is intended to provide the governance structure for the CCO necessary to comply with ORS 414.625 (the "JMA").

2.2 Oversee, adopt and supervise implementation of a Regional Health Improvement Plan ("RHIP") and review and revise the RHIP on a regular basis, or when the Regional Health Assessment is updated.

2.3 Set policies and coordinate initiatives to ensure that appropriate and needed health and human services are provided in the region, creating community alignment in pursuit of better health, better care, and lower cost.

2.4 Oversee the CCO's strategic plan and annual work plan for the region.

2.5 Establish and monitor performance metrics for the CCO in the region.

2.6 Create principles and frameworks for: the CCO's global budget, contracting with providers and management and delivery of services, and allocating investment of shared savings for the region.

2.7 In concert with the Provider Engagement Panel (PEP), endorse and enforce the regional quality plan, and community standards of care for CCO enrollees.

2.8 In concert with the Community Advisory Council (CAC), develop and provide accountability for the Regional Health Assessment (RHA), Regional Health Improvement Plan (RHIP), and plan to address significant health disparities in the region.

2.9 Provide oversight of and accountability for health care transformation including care model innovation, and strategies to enable meaningful integration of behavioral health, physical health, oral health, long term care and public health services in the regional health care system.
2.10 Evaluate PacificSource in its role as CCO.

2.11 Adopt policies and procedures to resolve disputes among CCO contractors, providers, and other stakeholder organizations.

2.12 Ensure transparency and accountability to local community and to OHP beneficiaries.

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 Senate Bill 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) and Senate Bill 648 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
The 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) 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 "St. Charles Director") appointed by St. Charles Health System, Inc. ("St. Charles");
5. one director (the "PacificSource Director") appointed by PacificSource;
6. one director (the "Mosaic Director") appointed by Mosaic Medical ("Mosaic");
7. one director (the "COIPA Director") appointed by the Central Oregon Independent Practice Association, Inc. ("COIPA");
8. one director (the "Summit BMC Director") appointed by Summit Bend Memorial Clinic, P.C. ("BMC");
9. one director (the “Behavioral Health Director”) appointed by the Board;
10. one director (the "Advantage Director") appointed by Advantage Dental by Dentaquest ("Advantage"); and
11. one director (the “Community Advisory Council Director”) appointed by the Community Advisory Council ("CAC"); and
12. 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.

3.6 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.
3.7 **Board 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.

3.8 **Removal.** Directors 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.

3.9 **Vacancies.** Any vacancy for Directors listed in section 3.4 shall be filled by the organization they are from. Any vacancy with respect to a Director at Large occurring in the Board of Directors for any reason shall be filled by the Board of Directors.

3.10 **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.

3.11 **Compensation.** Directors shall serve without compensation for their services but shall be entitled to reasonable travel expenses approved in advance by the Corporation.

3.12 **Annual Meetings.** The annual meeting of the Board of Directors shall be held at a date, time, and place determined by the Board of Directors.

3.13 **Regular Meetings.** The Board of Directors may from time to time establish monthly or other regular meetings of the Board, the specific date, time, and place to be determined by the President.

3.14 **Special Meetings.** Special meetings of the Board of Directors may be called by the Chair, Vice Chair, or by any three members of the Board.

3.15 **Notice of Meeting.**

(a) Regular meetings of the Board of Directors under Section 3.13 above may not be held without notice of the date, time, place or purpose of the meeting.

(b) Special meetings of the Board of Directors under Section 3.14 above must be preceded by at least two days' notice of the date, time and place of the meeting. The notice need not describe the purpose of the special meeting.

3.16 **Waiver of Notice.** A director may at any time waive any notice required by law, the articles of incorporation or these bylaws. A director's attendance at or participation in a meeting waives any required notice to the director of the meeting unless the director at the beginning of the meeting, or promptly upon the director's arrival, objects to holding the meeting or transacting business at the meeting and does not vote for or assent to action taken at the meeting. Except in accordance with the foregoing sentence, any waiver must be in writing, must be signed by the director entitled to the notice, must specify the meeting for which notice is waived and must be filed with the minutes or corporate records.
3.17 **Quorum; Majority Vote.**

(a) A majority of the number of Directors in office at the time of a meeting of the Board of Directors shall constitute a quorum for the transaction of business at any meeting of the Board of Directors.

(b) The following actions shall require the affirmative vote of three fourths (3/4) of the Directors then in office:

1. Liquidation, dissolution or winding up of the Corporation; Any change in the number of Directors constituting the Board or the articles of incorporation;

2. The amendment or other modification of these bylaws or the articles of incorporation;

3. Any change in the number of Directors constituting the Board or the removal of any director;

4. The adoption or material amendment or modification of the JMA with PacificSource;

5. The hiring or termination of the Corporation's Executive Director;

6. The adoption or material amendment or modification of the CCO budget.

(c) Except as set forth in paragraph (b) of this Section or unless a different number is required by law or the articles of incorporation, the act of a majority of the Directors present at a meeting at which a quorum is present shall be the act of the Board of Directors.

(d) Notwithstanding anything to the contrary herein, if conflict of interest rules or policies adopted by the Corporation consistent with ORS 65.361 prohibit any director from voting on a matter, the presence at the meeting of the director or Directors prohibited from voting shall be counted toward a quorum, but shall not be counted, either for or against such matter, or in calculating the total number of votes required for approval of such matter under paragraph (b) or (c) of this Section.

3.18 **Action Without a Meeting.** Except as may be limited by Section 3.17, action required or permitted to be taken at a Board of Directors' meeting may be taken without a meeting if the action is taken by all members of the Board. The action must be evidenced by one or more written consents describing the action taken, signed by each director, and included in the minutes or filed with the corporate records reflecting the action taken.

(a) Action taken under this Section 3.16 is effective when the last director signs the consent, unless the consent specifies an earlier or later effective date.

(b) A consent signed under this Section 3.16 has the effect of a meeting vote and may be described as such in any document.
3.19 **Public Meetings.** The Board may open its meetings to the public, but will have the right to close meetings, or meet in executive session, at any time before or during meetings, for any reason, and with or without notice.


**SECTION 4**

**BOARD OFFICERS**

4.1 **Designation.** The officers of the Board of Directors shall be a Chair and a Vice Chair. Other officers as may be deemed necessary may be elected by the Board of Directors and shall have such powers and duties as may be prescribed by the Board.

4.2 **Election and Term of Office.** The officers of the Board of Directors shall be elected annually by the Board of Directors at the annual meeting of the Board of Directors. Each officer shall hold office until a successor is duly elected or until the officer's resignation, death, or removal.

4.3 **Resignation.** An officer may resign at any time by delivering written notice of resignation to the Chair and the Vice Chair. Such resignation shall be effective upon receipt unless it is specified to be effective at a later time. The Board of Directors may reject any postdated resignation by notice in writing to the resigning officer.

4.4 **Removal.** The Board of Directors may remove any officer, with or without cause, at any meeting of the Board of Directors.

4.5 **Vacancies.** A vacancy in any office because of death, resignation, removal, or otherwise may be filled by the Board of Directors for the unexpired portion of the term.

4.6 **Compensation.** Officers may receive such reasonable compensation for their services as may from time to time be fixed by the Board of Directors.

**SECTION 5**

**STAFF**

5.1 **Designation.** The employees of the Corporation shall include an Executive Director who will be appointed, evaluated (at least annually), and supervised by the Board of Directors. The Corporation may hire such other employees as the Board or the Executive Director deem reasonable. The Executive Director will serve at the pleasure of the Board, subject to the terms of any employment contract approved by the Board.

5.2 **Compensation.** The Executive Director and other employees of the Corporation may receive such reasonable compensation for their services as may from time to time be fixed by the Board of Directors.

5.3 **Executive Director.** The Executive Director shall be subject to the control of the Board of Directors, have general supervision, direction, and control of the business and affairs of the Corporation. The Executive Director shall be present at all meetings of the Board of Directors and shall execute on behalf of the Corporation all contracts, agreements, and other instruments. The Executive Director shall have the general powers and management usually vested in the office of Executive Director of a corporation, and shall supervise and monitor the finances of the Corporation.
The Executive Director shall
   (a) cause to be kept correct and complete records of account showing the financial condition of the Corporation,

   (b) be legal custodian of all moneys, notes, securities, and other valuables that may come into the possession of the Corporation,

   (c) cause all funds of the Corporation to be deposited in depositories that the Board of Directors may designate,

   (d) pay funds out only on the check of the Corporation signed in the manner authorized by the Board of Directors,

   (e) present to the Board of Directors regular statements of the Corporation's financial position and cash flows,

   (f) ensure that the Corporation files all necessary tax returns, and;

   (g) maintain the record of all gifts, grants, contributions, and gross receipts from admissions, sales of merchandise, performance of services, or furnishing of facilities, in an activity that is not an unrelated trade or business, and the sources of all the foregoing funds. The Executive Director shall have such other powers and duties as may be prescribed by the Board of Directors.

SECTION 6
COMMITTEES AND COUNCILS

6.1 Creation. In addition to the standing required Councils (Operations Council (Ops), the Community Advisory Council (CAC), and the Provider Engagement Panel (PEP), each described below, the Board of Directors may designate and appoint any other advisory Committees or Committees of the Board of Directors as may be deemed appropriate. For all Committees and Councils, whether standing Committees, ad hoc Committees, or advisory Committees, the Board shall approve a Committee charter outlining the purpose and responsibilities of the Committee.

6.2 Authority. Each Committee and Council appointed by the Board of Directors shall have and may exercise such powers and authority as may be conferred by the Board of Directors, but no Committee or Council shall in any event have the power or authority to (a) amend, alter, or repeal these bylaws or the articles of incorporation, (b) elect, appoint, or remove any director or officer, (c) approve dissolution or merger or any sale, pledge, or transfer of all or substantially all of the Corporation's assets, or (d) authorize any distribution of the assets of the Corporation. The designation and appointment of any Committees or Councils and the delegation thereto of authority shall not operate to relieve the Board of Directors or any individual director of any responsibility imposed by law. Other than as specifically set forth in these bylaws, the Board of Directors shall have the power at any time to fill vacancies in any Committee and Council.

6.3 Quorums. For each Committee and Council the act of a majority of the members present at a meeting at which a quorum is present shall be the act of the members.

6.4 Operations Council (Ops). The Operations Council shall advise the Board on
matters related to its role and responsibilities. The Operations Council will be comprised of no less than 12 and no more than 30 members and will meet at least monthly. At least one of the members of the Operations Council must be a director of the Board of Directors and the members of the Operations Council may include representatives of the following organizations or industries: a Federally-qualified health clinic, county public health, county mental health, Medicaid plan, health system, Volunteers in Medicine, K-12 education, COIPA, long-term care, Oregon Community Health Information Network (OCHIN), oral health, Summit Bend Memorial Clinic, and CODEI. Additionally, the Council may include community representatives. Each of the Directors named in Section 3.4(b)(1)-(9) shall be entitled to appoint one member of the Operations Council and the power of appointment shall include the power of removal. Except as set forth in the preceding sentence of this Section, all members of the Operations Council serve at the pleasure of the Board. Each member present at a meeting of the Operations Council shall have a right to vote.

6.5 Community Advisory Council (CAC). The CAC will ensure that the health care needs of the consumers and the community are being addressed by the CCO. The duties of the Community Advisory Council include, but are not limited to: (a) identifying and advocating for preventive care practices to be utilized by the CCO, (b) overseeing the Regional Health Assessment and assisting the Board in developing the Regional Health Improvement Plan (RHIP) to serve as a strategic population health and healthcare system service plan for the region, (c) annually publishing a report on the progress of the RHIP, and (d) any other duty required by law to be undertaken by the Community Advisory Council of a coordinated care organization. The RHIP should describe the scope of the activities, services, and responsibility that the CCO will consider upon implementation of the RHIP. The activities, services and responsibilities defined in the RHIP may include, but are not limited to analysis and development of public and private resources, capacities and metrics based on ongoing regional health assessment activities and population health priorities, health policy system design, outcome and quality improvement, integration of service delivery, and workforce development.

(a) The Community Advisory Council will be composed of not less than 12 members, and at all times will meet the membership requirements specified in legislation and/or mandated by the Oregon Health Authority.

(1) At least one liaison from the CCO;

(2) Consumer representatives who comprise a majority of the membership of the Community Advisory Council; and

(3) At least one director of the Board, who shall serve as Chair of the Community Advisory Council.

(b) The chair of the Community Advisory Council will be selected by the Board and must be a director of the Corporation, and must be either an OHP enrollee or be the guardian of an OHP enrollee. The Community Advisory Council will meet at least every three months. Each member present at a meeting of the Community Advisory Council shall have a right to vote.

6.6 Provider Engagement Panel (PEP). The PEP, which is a Council, shall ensure best clinical practices by providing oversight and leadership to community clinical integration efforts, clinical quality improvement projects and improvements in the local healthcare system. The PEP will be
charged with coordinating the regional health system quality Committees and setting strategic community goals to be implemented within each organization in accordance with the RHIP and setting community standards and utilization standards for care within the region served by the CCO. The PEP will be comprised of not less than 12 and not more than 17 members. All members of the PEP shall be appointed by and serve at the pleasure of the Board.

(a) The members of the PEP shall have experience relevant to provision of health care in clinical settings and, where applicable, a direct connection to their organization's quality Committee. Members of the PEP shall include:

(1) At least one liaison from the Corporation's Operating Council;

(2) Representatives from organizations or industries serving the OHP participant population, which may include federally-qualified health clinics, oral health, rural clinics, COIPA, PacificSource, hospitals (including critical access), long-term care, specialty therapies, alternative medicine, obstetrics, pediatrics, specialty care, behavioral health, public health, and pharmacy.

(b) The PEP will meet at least monthly. Each member present at a meeting shall have a right to vote.

6.7 Meetings. Members of Committees and/or Councils shall meet as set forth above or at the call of the chair at such place as the chairman shall designate after reasonable notice has been given to each Committee and/or Council member. Each Committee and/or Council shall keep minutes of its proceedings and within a reasonable time thereafter make a written report to the Board of Directors of its actions. Any action that may be taken by a Committee and/or Council at a meeting may be taken without a meeting if consent in writing setting forth the action taken is signed by all members of the Committee and/or Council entitled to vote on the matter. The action shall be effective on the date when the last signature is placed on the consent. A member of the Corporation's staff shall be present at Committee and/or Council meetings.

SECTION 7
AMENDMENT

The Board of Directors may amend or repeal these bylaws or adopt new bylaws at any meeting of the Board of Directors. The meeting notice shall state that a purpose of the meeting is to consider an amendment to the bylaws and shall contain a copy or summary of the proposed amendment.

The foregoing bylaws were duly adopted by the Board of Directors on the ___ day of ____, 2021.

________________________________________  __________________________________________
Rick Treleaven, Chair                           Donna Mills, Executive Director
# 2021 CCO Objectives and Performance Metrics

*Draft Created by: Dan Stevens and Leslie Neugebauer*

## Quality & Member Experience

1. **Quality Incentive Measures (QIMs)**
   - **Metric:** Achieve at least 100% bonus on QIM measures (earned in 2021, paid in 2022)

2. **OHA Performance Improvement Plans (PIPs)**
   - **Metric:** All projects meet OHA deliverables

3. **OHA Transformation and Quality Strategy (TQS) Plan**
   - **Metric:** All 2021 projects meet OHA deliverables

## Financial Stability

1. **Maintain a stable CCO financial position and achieve cost of care targets**
   - **Metric:** ED utilization among members experiencing mental illness (2021 target: TBD; 2020 target: <95.5%)
   - **Metric:** 30 day all cause readmission rate (2021 target: TBD; 2019 benchmark: <10.5%)
   - **Metric:** Meeting or beating the CCO budget (reporting on a quarterly basis)

## CCO 2.0 Requirements

1. **CCO Value-Based Payment (VBP) Roadmap**
   - **Metric:** Monitor regional progress towards 70% of payments in a VBP arrangement (Target: 70% of CCO payments must be in the form of a VBP by 2024.)
   - **Metric:** Applicable agreements must have meaningful downside risk per OHA requirements
   - **Metric:** Develop a new VBP in maternity care in 2021 for implementation in 2022.

2. **CCO Health Information Technology (HIT) Roadmap**
   - **Metric:** Develop oversight body to identify tools and strategies for HIE elements such as adoption of Electronic Health Records, Hospital Event Notifications, and the Community Information Exchange (Unite Us/Connect Oregon).

3. **SHARE Initiative Funding Stream**
   - **Metric:** Ensure the Supporting Health for All Through Reinvestment (SHARE) initiative meets OHA requirements and has timely documented processes in place (spending plan due June 2021).

4. **OHA required “Plans” (Health Equity Plan, Workforce Development Plan, THW Integration and Utilization Plan, Comprehensive Behavioral Health Plan)**
   - **Metric:** Implement year one of all required plans.

## CCO Operations

1. **CCO call center performance**
   - **Metric:** 80% of calls answered within 30 seconds

2. **CCO timely and accurate claims payment**
   - **Metric:** 99% of claims paid within 30 days of receipt

3. **Performance against OHA performance standards**
   - **Metric:** Pass External Quality activities directed by OHA
CCO 2.0
Central Oregon Health Council Shared Learning
Provider Workforce Development
January 14, 2021
Gretchen Horton-Dunbar, MPH, CPH
Meeting Goal

Provide awareness of CCO 2.0 2021 provider workforce development contract requirements, regional assessments, priority strategies, and next steps.
Agenda

• Overview of CCO 2.0 Provider Workforce Development requirements

• Approach for 2021 deliverables

• Provider Workforce regional assessments overview
  • Provider Assessment
  • Member Assessment
  • Member Disease Prevalence

• Action plan priorities

• Discussion

• Next steps

• Questions
Updated Provider Workforce Development Requirements 2021

As part of the DSN Narrative reporting process, assess provider capacity and demographics. Assess member demographics. Develop and implement an action plan to meet member needs for oral, behavioral, and physical health care that is culturally and linguistically appropriate for each CCO 2.0 award region.

Specific requirements include:

1. Identify and incorporate **culturally and linguistically appropriate service delivery**
2. Develop, maintain and monitor an **appropriate Provider Network for all covered services**, including traditional health workers (THWs) and healthcare interpreters
3. **Ensure timely access** – includes analysis methodology of member, provider and staff feedback on performance and protocol for correcting
4. **Use OHA, provider and member assessment data to inform workforce development strategies**
5. **Work with local communities, local and State educational resources, and other OHA resources, including providing financial incentives, to develop an action plan** to ensure workforce is prepared to meet physical, behavioral and oral health services in a culturally and linguistically appropriate and trauma informed way
6. **Identify training needs** of network and how to address the delivery of covered services to members
7. Ensure member **access to qualified or certified health care interpreter** services
8. **Improve Indian Health Care Services timely access**

Submit workforce development assessment and plan with as **part of DSN Narrative starting July 2021**.
Workforce Development Approach
September – July 2020-2021

<table>
<thead>
<tr>
<th>Sept - Oct</th>
<th>Oct - Nov</th>
<th>Nov - Jan</th>
<th>Dec - Feb</th>
<th>Feb - June</th>
<th>July 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conduct Provider Workforce Development Assessment</td>
<td>Assessment Socialization Internal Stakeholders</td>
<td>Action Plan Development &amp; Alignment Internal Stakeholders</td>
<td>Assessment &amp; Action Plan Socialization External Stakeholders</td>
<td>Action Plan Finalization Due internally 06/30/21</td>
<td>Submit Assessment &amp; Action Plan to OHA Due by 07/31/21</td>
</tr>
</tbody>
</table>

Feedback & Adjustments – Internal & External Stakeholders
## Data Sources

### Assessment Data Sources

- Regional September 2020 DSN Provider Capacity and Narrative reports
- 2020 PacificSource Health Plans Population Assessment, Medicaid
- PacificSource Community Solutions (PCS) member demographic reports, REALD data, disease prevalence
- OHA provider demographic and other member data
- PacificSource Provider Directory
- Traditional health worker (THW) state registry
- Healthcare interpreters state registry
## Provider Assessments

### Network Adequacy & Capacity

Central Oregon (CO) CCO has an **adequate provider network** to meet physical, behavioral, and oral health care needs.

Have **inadequate Traditional Health Worker (THW) networks**, particularly Birth Doulas and Patient Health Navigators.

Given COVID-19 and growing membership, **adding Behavioral Health (BH) providers will likely be needed** in 2021.

CO CCO is **meeting OHA capacity standards** based on current monitoring processes.

CCO 2.0 access to care requirements indicate the **development of more robust strategies to determine timely access**.

**Provider to member ratios need refined** based on member evidence, including disease prevalence for specialists, BH providers and social needs, to ensure accuracy and drive contracting strategies.
### Language, Race/Ethnicity, & Gender

Based on current data, **Spanish is the top non-English language** spoken by providers.

There are **not enough Spanish-speaking providers** to meet current member needs.

The majority of the Oregon **combined health care workforce is White** (82.8%).

The majority of Oregon **physicians are White (78.8%)**, followed by Asian (13.4%), Hispanic/Latino (3.4%), Black/African American (1.3%), and American Indian/Alaska Native (0.1%)

The majority of Oregon **counselors and therapists are White (90.1%)**, followed by Hispanic/Latino (3.6%), Asian (1.6%), Black/African American (0.9%), and American Indian/Alaska Native (0.4%)

The majority of Oregon **dentists are White (79.2%)**, followed by Asian (13.2%), Hispanic/Latino (3.4%), Black/African American (0.6%), and American Indian/Alaska Native (0.3%)

Provider genders are approximately evenly split, with a slight majority of all providers types being female
## Provider Assessments cont.

### Data Gaps

<table>
<thead>
<tr>
<th>PacificSource provider demographic data is incomplete and/or limited, especially provider race/ethnicity data</th>
</tr>
</thead>
<tbody>
<tr>
<td>An unknown number of providers have completed culturally and linguistically appropriate services (CLAS) trainings, such as Implicit Bias or other contract-required training</td>
</tr>
<tr>
<td>Provider ability to fully meet new capacity requirements is unknown</td>
</tr>
<tr>
<td>Detailed data on use of healthcare interpreters is currently limited to PCPs (non-vendor delivered)</td>
</tr>
<tr>
<td>Need to track certified or qualified healthcare interpreter counts and delivery sites including through vendors</td>
</tr>
<tr>
<td>No PCS analysis of THW race/ethnicity and language exists currently to drive targeted expansion strategies</td>
</tr>
<tr>
<td>Few THWs are currently contracted with PCS, limiting ability to meet key OHA THW workforce requirements</td>
</tr>
<tr>
<td>THW race/ethnicity and language data is incomplete</td>
</tr>
<tr>
<td>Currently don’t collect information on providers who practice gender-affirming approaches to care</td>
</tr>
</tbody>
</table>
Member Assessments

Language & Gender

The vast majority of Central Oregon members speak English: 94.4%

Spanish is the top non-English language spoken by Central Oregon CCO members.

1 in 20 Central Oregon CCO members speak Spanish (4.7%).

Jefferson County has a higher proportion of Spanish-speaking members than Crook and Deschutes County.

Less than 1% speak other languages. These include, in ranked order: Vietnamese, Cantonese, Mandarin, Russian, Korean.

Members who indicate they speak English “Not Well” or “Not At All” represent small but important member percentages: Central Oregon (0.9%). English level is “Unknown” in 64.6% of membership.

Membership is fairly evenly split between male and female. PCS is currently only collecting binary gender data for members which represents incomplete data.
## Member Assessments cont.

### Race & Ethnicity

The *majority of members who self-reported race/ethnicity identify as “White”* in the Central Oregon CCO region: 66.7%

The second highest ranking race/ethnicity category is *“Unknown”* (member didn’t report): Central Oregon (18.1%).

On average, the third highest ranking race/ethnicity category is *“Hispanic or Latino”*: Central Oregon (10.7%) or 1 in 10 members.

More Hispanic members speak English than Spanish.

1 in 5 members identify as “Hispanic or Latino” in Jefferson County.

In Jefferson County, 6.5% of members identify as “American Indian/Alaskan Native.”

Less than 1% of Central Oregon members identify as “Native Hawaiian and Other Pacific Islander,” “Black or African American” or “Asian.”

Just over 1% report “Some Other Race.”
Data Gaps

<table>
<thead>
<tr>
<th>Member demographic data is incomplete, especially race/ethnicity data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-binary member gender data isn’t currently collected</td>
</tr>
<tr>
<td>Member healthcare interpretation preference is unknown -1:1, video, phone, etc.</td>
</tr>
<tr>
<td>Member experience of access to care and quality of healthcare interpretation is unknown</td>
</tr>
<tr>
<td>Member understanding of and access to traditional health workers (THW) is unknown</td>
</tr>
<tr>
<td>THW data collection is incomplete, including regional concentrations, gaps, and member access information</td>
</tr>
</tbody>
</table>
Central Oregon Member Disease Prevalence

<table>
<thead>
<tr>
<th>Rank</th>
<th>Central Oregon</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Depression</td>
</tr>
<tr>
<td></td>
<td>• 6% Hispanic</td>
</tr>
<tr>
<td></td>
<td>• 1% Spanish-speaking</td>
</tr>
<tr>
<td>2</td>
<td>SPMI</td>
</tr>
<tr>
<td></td>
<td>• 6% Hispanic</td>
</tr>
<tr>
<td></td>
<td>• 1% Spanish-speaking</td>
</tr>
<tr>
<td>3</td>
<td>SUDs</td>
</tr>
<tr>
<td></td>
<td>• 5% Hispanic</td>
</tr>
<tr>
<td></td>
<td>• &gt;1% Spanish-speaking</td>
</tr>
<tr>
<td>4</td>
<td>Diabetes</td>
</tr>
<tr>
<td></td>
<td>• 10% Hispanic</td>
</tr>
<tr>
<td></td>
<td>• 5% Spanish-speaking</td>
</tr>
<tr>
<td>5</td>
<td>Obesity</td>
</tr>
<tr>
<td></td>
<td>• Data currently not available</td>
</tr>
</tbody>
</table>

**Chronic Conditions**
- ~1 in 4 children have a chronic condition
- 45.6 percent of adults have a chronic condition

**Birth Rates**
- High maternity rates

**Behavioral Health**
- BH needs have continued to grow each year based on past regional claims data
- COVID is likely to continue to increase the need for BH care
- BH network adequacy and capacity requires immediate attention

**Health Disparities**
- High rates of poverty
- High Temporary Assistance to Needy Families (TANF) rates
- Likelihood of high rates of health disparities and the importance of community-based strategies, including access to THWs

**Health Status Data Gap**
- Provider race/ethnicity and language gaps limit the ability to drive targeted provider solutions based on disease prevalence.
Top 5 Regional Assessment Takeaways

1. Improve the collection of member REALD data and provider demographic data, especially race/ethnicity and language.

2. Expand member access to behavioral health services, particularly Hispanic/Latino and Spanish speaking providers.

3. Identify and/or develop provider workforce pipeline projects in collaboration with community partners—at least 1 per region.

4. Develop and implement provider training projects that improve the delivery of culturally and linguistically appropriate care.

5. Identify and implement strategies that improve access to certified/qualified traditional health workers and healthcare interpreters.
Discussion

1. Could you add a Provider Workforce Development Committee or Sub-Committee to the Health Council?
   
   ➢ Goal: Select and collaboratively implement at least one collaborative pipeline project collaboratively

1. What pipeline or training projects are currently underway in your region that PacificSource could potentially support outside of BH Consortium and St. Charles Family Medicine GME project?

2. Who else should we be talking to?
Next Steps

1. Continue to align and collaborate across PacificSource departments and with Health Councils and educational institutions to identify current strategies and opportunities.

2. Continue drafting regional action plan assessments and plan narratives for 2021.

3. Hire Provider Workforce Development Program Manager to lead the work starting April 2021.

4. Launch regional action plans and/or continue with existing workforce projects.
Questions
Central Oregon Health Council
Executive Director’s Update
January 14, 2021

• 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 ($950k)
• Manage Strategic Plan
• Served on Wildfire Relief Coordination Team
• Transition Central Oregon Resource Directory to THRIVE
• SB648 pathway to amend sunset date of 1.2022
• Technology of Participation Training (ToPs)
• Phase II of Unite Us CIE pilot

Coming up:
• Professional development
## Strategic Plan Report Card

### Year One Accomplishments

<table>
<thead>
<tr>
<th>Creating aligned partnerships for innovation between payers, delivery systems, and patients</th>
<th>Success Looks Like:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Research Alternative Payment Methodology (APM) promising practices and models. Discuss pros and cons of each at Operations Council, the Provider Engagement Panel (PEP), Finance Committee, and Cost and Utilization Steering Committee (CUSC).</td>
<td>APMs align with contract deliverables</td>
</tr>
<tr>
<td>2. Pursue exploratory discussions with PacificSource Health Plans that shed light on the shared benefits/advantages and possible barriers of expanding community governance to additional revenue streams, such as Medicare and commercial lines.</td>
<td>Additional revenue stream</td>
</tr>
<tr>
<td>3. The COHC staff conducts grant research.</td>
<td></td>
</tr>
<tr>
<td>4. Collaborate with two community provider organizations to launch a pilot Community Information Exchange (CIE).</td>
<td>Providers adopt Community Information Exchange (CIE)</td>
</tr>
</tbody>
</table>

| Demonstrating effective governance | |
| --- | |
| 1. COHC staff gather and share tools/strategies to explore opportunities for workgroups to implement/fund multi-sector projects. | Funded projects reflect multi-sector partnerships |
| 2. Create, finalize, and vote on the purpose (ends) statement, to guide our work alongside the approved COHC mission and vision. | COHC strategic plan and RHIP priorities are formally prioritized within Board members’ organizations |
| 3. Develop simple and concise multi-level external communications plan for board member and partner use. | Annual board self-evaluations |
| 4. Develop a process and tools for annual COHC self-evaluation | |
| 5. The COHC Board can name the key cost drivers in the CCO. | CUSC enacts strategies to address key cost drivers that are adopted by the Board |

Not started  | Obstacles  | On Schedule  | Initial Successes  | Complete
### Year One Accomplishments

#### Investing in and developing data infrastructure to support continuous performance improvement

1. Establish data subcommittee with clear objectives (Cost and Utilization Steering Committee (CUSC)).
   - Q4
   - Success: Cost driver reform commitment at Board member organizations
2. Obtain MOUs from the three pilot participants/data contributors.
   - Q4
   - Success: 2% decrease in the cost of care

#### Engaging regulators for informed decision-making

1. The COHC staff will engage key PacificSource Community Solutions staff in strategic discussions to map out various bi-directional communications streams that currently exist between the CCO and OHA across all relevant programs or departments.
   - Success: Bi-directional communication between OHA and the COHC
2. The COHC Board will develop a regular process to collaborate with PacificSource that identifies critical policy goals in the operation and funding of Coordinated Care Organization model (CCO) in Oregon.
   - Success: Inform future CCO policy decisions
3. The COHC Board, committees & workgroups will receive advocacy training and education.
   - Success: Advocacy & policy efforts
4. Initiate a COHC Board gap analysis on individual member and represented organization’s current state advocacy opportunities/relationships.
   - Success: Advocacy strategy

---

### Success Looks Like:

- Bi-directional communication between OHA and the COHC
- Inform future CCO policy decisions
- Advocacy & policy efforts
- Advocacy strategy

---

### Not started
- Obstacles
- On Schedule
- Initial Successes
- Complete

---

**Published 10.1.2020**
## Strategic Plan Report Card (cont’d)

### Year One Accomplishments

<table>
<thead>
<tr>
<th>Identifying and addressing inequities</th>
<th>Success Looks Like:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q4 The Governance Committee will review Board’s bylaws to ensure equity goals are met.</td>
<td>Warm Springs Board Member</td>
</tr>
<tr>
<td>21 With the support of the Central Oregon Diversity, Equity, and Inclusion (CODEI) Committee, develop and begin collecting three COHC organizational DEI measures.</td>
<td>Board diversity (for “Directors-at-Large”)</td>
</tr>
<tr>
<td>With the support of CODEI, develop and implement tools to support regular consideration and use of an equity lens in all COHC committees and workgroups (to better respond to needs of rural and marginalized communities).</td>
<td>Funded projects prioritize rural and marginalized communities</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Incenting better outcomes</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Q4 Design a disincentive for poor QIM performance.</td>
<td>100% QIM Payouts</td>
</tr>
<tr>
<td></td>
<td>Self-Sufficiency Matrix measures project success &amp; contract incentives</td>
</tr>
<tr>
<td></td>
<td>Global budget absorbs projects proving cost-savings</td>
</tr>
<tr>
<td>21 Educate RHIP workgroups on the self-sufficiency matrix.</td>
<td></td>
</tr>
<tr>
<td>Launch one pilot to test run incentivizing through a self-sufficiency matrix.</td>
<td></td>
</tr>
<tr>
<td>Develop standards of demonstrated cost-savings that qualify recommending a project for inclusion in contracting/the global budget.</td>
<td></td>
</tr>
</tbody>
</table>

- **Not started**
- **Obstacles**
- **On Schedule**
- **Initial Successes**
- **Complete**
CCO Monthly Update
Date: December 2020
To: The Central Oregon Health Council (COHC) Board of Directors
Prepared by: Leslie Neugebauer, Director, Central Oregon CCO

CCO Financial Matters:
I. 2020 Retroactive Rate Adjustment
   • Adjustments will be reflected in the October, November and December 2020 CCO financials. The Central Oregon CCO will see an increase of 3.1%.
     o It remains to be seen if the 2021 rates will be adjusted downward following the legislative session.

II. 2021 Budget
   • The 2021 CCO budget was presented to the Finance Committee for an initial review on December 2nd. The committee requested additional work for PacificSource to present at a later date.

Unite Us:
• This Community Information Exchange (CIE) platform is being adopted by PacificSource across all of our CCO regions and lines of business (Medicaid, Medicare and Commercial).
  o Unlimited licenses available.
  o No cost to contracted providers and community-based organization partners.
    ▪ Exception: If a provider would like an integration with their electronic health record, they would bear that cost.
• Why PacificSource chose Unite Us:
  o Capability for closed loop referrals.
  o Extensive statewide reach.
    ▪ In Oregon, existing Unite Us networks are merging to form one, statewide network called Connect Oregon. (10.29.20 press release)
    ▪ Most major health systems and other CCOs have joined/will be joining the network.
  o Supports CCO 2.0 requirements.
    ▪ Significant tool for helping to address member Social Determinants of Health and Equity needs.
    ▪ CIE adoption will be part of our Health Information Exchange Roadmap for CCO 2.0.
• In partnership with the successful pilot launch funded by COHC, PacificSource will adopt the CIE platform as of August 1, 2021.
• PacificSource will work closely with the COHC on community engagement efforts with a special focus on recruitment of community-based organization partners.
The definition table shows:

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

**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](http://communitysolutions.pacificsource.com/Providers/Notices/505)
COHC Community Advisory Council
Held virtually via Zoom
December 17, 2020

**Present:**
Brad Porterfield, Chair, Consumer Representative
Larry Kogosvek, Vice Chair, Consumer Representative
Mayra Benitez, Consumer Representative
Natalie Chavez, Jefferson County Health
Linda Johnson, Community Representative
Elaine Knobbs-Seasholtz, Mosaic Medical
Lauren Kustudick, Consumer Representative
Theresa Olander, Consumer Representative
Vicky Ryan, Crook County Health Department
Elizabeth Schmitt, Consumer Representative
Mandee Seeley, Consumer Representative
Ken Wilhelm, United Way of Central Oregon

**Absent:**
Elizabeth Batterson, Community Member
Jolene Greene, Consumer Representative
Tom Kuhn, Deschutes County Health Services
Jennifer Little, Klamath County Public Health
Cris Woodard, Consumer Representative

**Others Present:**
Rebeckah Berry, Central Oregon Health Council
Tania Curiel, Oregon Health Authority
Miguel Herrada, PacificSource
Gwen Jones, Central Oregon Health Council
Donna Mills, Central Oregon Health Council
Leslie Neugebauer, PacificSource
Kristen Tobias, PacificSource
Maria Waters, Oregon Health Authority
Renee Wirth, COHC

**Introductions**
• Introductions were made and Brad Porterfield welcomed all attendees.

Public Comment
• Maria Waters announced her position at OHA is changing, and Tania Curiel will be stepping into her role.
• Elizabeth Schmitt shared that she has a prospective member interested in joining the CAC.

Approval of the Minutes
• Linda Johnson motioned to approve the minutes; Larry Kogosvek seconded. All were in favor, the motion passed unanimously.

Announcements
• Brad Porterfield shared that Tre Madden, a member of CAC, was in a serious car accident and will be moving back in with family.
• Brad welcomed Mandee Seeley back to the CAC, as her plans to move out of state have changed.
• MaCayla Arsenault announced that a set of presentation guidelines will be provided to guest speakers and noted she will be sending them out to the CAC for their review.
  ○ ACTION: MaCayla will share the CAC Presenter Guidelines with members.

Community Benefit Initiative Review
• MaCayla reviewed the process the CAC used to award grants earlier this year and asked for feedback to inform next year’s process.
• The group noted they liked dividing up the initial applications because it lightened the workload, and that all the decision-making was left to the members. The group noted the workload was quite large and applications took a long time to read, and that a second round of review of all proposals might be warranted next time. The group shared they appreciated the numerical objectivity of scoring, and requested applicants answer a question about sustainability next time.

Health Equity Plan
• Miguel Herrada reviewed the health equity plan, noting it will be for five years, and that the CAC will receive annual updates on it. He noted the plan includes efforts to open up access-related complaints, diversity of healthcare workers, helping members best understand their benefits, and more.

Dental Access
• Kristen shared that rural dental access is a challenge in every region where PacificSource supports Medicaid. Lauren Kustudick shared she is assigned to a dental care organization (DCO) that does not have an office in La Pine. Kristen explained that members can call PacificSource customer service and ask to switch to a different DCO.
She also noted that Non-Emergent Medical Transport (NEMT) is available to all members.

CAC Demographic Data
- Gwen Jones opted to move this agenda item to January’s meeting.
  - ACTION: Gwen will include the CAC Demographics on the next month’s agenda.

CAC Breakout Sessions
- Gwen and MaCayla invited members and staff of the COHC to join small groups and socialize to celebrate at the end of the year.

Closing
- Donna Mills thanked the CAC for their efforts this past year.
Central Oregon Health Council

COVID-19 Mini-Grant Report

This report gives an overview of the status of all COVID-19 Mini Grants funded through the Central Oregon Health Council (COHC).

Non-RHIP COVID-19 Mini-Grants

<table>
<thead>
<tr>
<th>Month</th>
<th>Organization</th>
<th>Project/Activity</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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<td></td>
<td>Family Access Network</td>
<td>FAN COVID-19 Response</td>
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<td></td>
<td>NeighborImpact</td>
<td>Homeless Services</td>
</tr>
<tr>
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<td>REACH</td>
<td>COVID-19 Services for Homeless</td>
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<td></td>
<td>Ronald McDonald House Charities</td>
<td>COVID-19 Virtual Family Supports</td>
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<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>
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<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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<td>NeighborImpact</td>
<td>Childcare Regional Emergency Fund</td>
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<td></td>
<td>1017 Project</td>
<td>Beef for Food Banks</td>
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<td></td>
<td>Crook County Health Department</td>
<td>Regional Spanish Substance Abuse Messaging</td>
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<td>JUNE</td>
<td>Central Oregon Pediatric Associates</td>
<td>PPE Respirators for COVID-19 Clinics</td>
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<td>Healing Reins</td>
<td>First Responder Fridays</td>
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<tr>
<td>JULY</td>
<td>Suttle Lake Camp</td>
<td>COVID-19 Gap Housing</td>
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<td>Deschutes County Health Services</td>
<td>Tome Meds Con Seriedad Oregon</td>
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<td>Wild Rose Ranch</td>
<td>COVID-19 Homelessness Outreach</td>
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<td>Shepherd’s House</td>
<td>Outdoor Experience for Improved Health During COVID-19</td>
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<tr>
<td></td>
<td>The Cottage Daycare</td>
<td>Masks for Staff and Children</td>
</tr>
</tbody>
</table>

Continued on second page
There is little help available for working parents with the current pandemic situation. I have to work to support my family but my child still needs to obtain an education. Boys and Girls Club (BGCB) helped ease the stress of having to choose between my child’s education or my child having a place to live and food to eat. With BGCB support, I could still give her both.

-Program Parent, Boys and Girls Club
### RHIP COVID-19 Mini-Grants

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

**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
- Decrease severely rent and mortgage-burdened households
- 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

**AUGUST**

- 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
- Decrease severely rent and mortgage-burdened households
- 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

**DECEMBER**

- 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
- Decrease severely rent and mortgage-burdened households
- 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

**APRIL**

- 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
- Decrease severely rent and mortgage-burdened households
- Accurately measure Central Oregonians experiencing homelessness
- Decrease binge drinking among adults
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- Increase letter name recognition at kindergarten

**RHIP COVID-19 Mini-Grants**

- 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
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### RHIP COVID-19 Mini-Grants (cont’d)

<table>
<thead>
<tr>
<th>MEASURES</th>
<th>Organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase high school graduation rates</td>
<td>Healthy Families Oregon - High Desert Basic Needs</td>
</tr>
<tr>
<td>Decrease food insecurity</td>
<td>Crook County Health Department Tobacco Retail Licensure</td>
</tr>
<tr>
<td>Decrease percent of individuals living at poverty level and income constrained</td>
<td>Bend Habitat for Humanity Racial Disparities &amp; Homeowners</td>
</tr>
<tr>
<td>Decrease housing and transportation costs as a percent of income</td>
<td>Sunstone Recovery Connected Phase Two</td>
</tr>
<tr>
<td>Increase availability of behavioral health providers in marginalized areas of the region</td>
<td>New Priorities Family Services Scholarships for COVID-19</td>
</tr>
<tr>
<td>Increase timeliness and engagement when referred from primary care to specialty BH</td>
<td>Seed to Table Oregon COVID-19 Food for All</td>
</tr>
<tr>
<td>Standardize screening processes for appropriate levels of follow-up care</td>
<td>Boys and Girls Club of Bend Education Scholarships for Youth</td>
</tr>
<tr>
<td>Decrease asthma, cancer, cardiovascular disease, and diabetes rates</td>
<td>OSU-Cascades Cinematic Remote Learning Projects</td>
</tr>
<tr>
<td>Decrease obesity rates in adults</td>
<td>St. Charles Health System Continuous Glucose Monitoring</td>
</tr>
<tr>
<td>Increase fruit/vegetable consumption and physical activity in youth</td>
<td></td>
</tr>
<tr>
<td>Decrease risk factors for cardio-pulmonary and/or preventable disease</td>
<td></td>
</tr>
<tr>
<td>Decrease severely rent and mortgage-burdened households</td>
<td></td>
</tr>
<tr>
<td>Accurately measure Central Oregonians experiencing homelessness</td>
<td></td>
</tr>
<tr>
<td>Decrease binge drinking among adults</td>
<td></td>
</tr>
<tr>
<td>Decrease vaping or e-cigarette use among youth</td>
<td></td>
</tr>
<tr>
<td>Increase additional services for alcohol or drug dependence</td>
<td></td>
</tr>
<tr>
<td>Increase letter name recognition at kindergarten</td>
<td></td>
</tr>
<tr>
<td>Increase 3rd-grade reading proficiency</td>
<td></td>
</tr>
<tr>
<td>Establish a resiliency measure</td>
<td></td>
</tr>
</tbody>
</table>

(There were no RHIP COVID-19 related applications July-September)

- Healthy Families Oregon - High Desert Basic Needs
- Crook County Health Department Tobacco Retail Licensure
- Bend Habitat for Humanity Racial Disparities & Homeowners
- Sunstone Recovery Connected Phase Two
- New Priorities Family Services Scholarships for COVID-19
- Seed to Table Oregon COVID-19 Food for All
- Boys and Girls Club of Bend Education Scholarships for Youth
- OSU-Cascades Cinematic Remote Learning Projects
- St. Charles Health System Continuous Glucose Monitoring
- NeighborImpact Emergency Food Box Storage
- COCC Addiction Studies COVID-19 Student Scholarships
- The Child Center Outreach for Youth Mental Health Services
- Central Oregon Locavore Farm Education for Kids
- Jefferson County Youth Org. Helping Youth During COVID-19

Updated 1.4.2021
In grant applications, projects state which geographic areas they serve. The chart to the left shows where COHC dollars are being invested in the region for COVID. To better understand the dollars invested compared to the number of people living in each area, we have provided the population chart below.
2020-2024 RHIP Funding Report
Central Oregon Health Council

Report Published January 2021

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

All Workgroups

$11,740,500 Remaining $259,500 Spent

$1,942,500 Remaining $57,500 Spent

$1,952,500 Remaining $47,500 Spent

$1,945,500 Remaining $55,500 Spent

$1,960,000 Remaining $40,000 Spent

$1,975,000 Remaining $25,000 Spent

$1,965,000 Remaining $35,000 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 $2 million dollars to invest in projects between 2020 to the end of 2024.
- 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
### 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.

### 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>
<tr>
<td>The Center Foundation</td>
<td>OK4Life (Mini Grant)</td>
<td>9/20</td>
<td>12/20</td>
</tr>
<tr>
<td>NeighborImpact</td>
<td>Emergency Food Box Storage (Mini Grant)</td>
<td>9/20</td>
<td>8/21</td>
</tr>
<tr>
<td>COCC</td>
<td>COVID Addiction Studies Scholarships (Mini Grant)</td>
<td>9/20</td>
<td>8/21</td>
</tr>
<tr>
<td>Locavore</td>
<td>Youth Farm Education (Mini Grant)</td>
<td>2/21</td>
<td>9/21</td>
</tr>
<tr>
<td>Jefferson County Kids Club</td>
<td>Helping Youth During COVID (Mini Grant)</td>
<td>12/20</td>
<td>5/21</td>
</tr>
</tbody>
</table>
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).

$1,952,500 Remaining
$47,500 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

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>
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<tr>
<td>Weeks Family Medicine</td>
<td>Telehealth (Mini Grant)</td>
<td>4/20</td>
<td>4/21</td>
</tr>
<tr>
<td>COCC Addiction Studies</td>
<td>Scholarships (Mini Grant)</td>
<td>9/20</td>
<td>7/21</td>
</tr>
<tr>
<td>The Shield</td>
<td>Veterans Supports (Mini Grant)</td>
<td>1/20</td>
<td>1/21</td>
</tr>
<tr>
<td>COCC</td>
<td>COVID Addiction Studies Scholarships (Mini Grant)</td>
<td>9/20</td>
<td>8/21</td>
</tr>
<tr>
<td>The Child Center</td>
<td>Youth Mental Health Access (Mini Grant)</td>
<td>11/20</td>
<td>2/21</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.

$1,945,500
- Remaining
$55,500
- Spent

**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

**FUNDED PROJECTS**

<table>
<thead>
<tr>
<th>GRANTEE</th>
<th>PROJECT</th>
<th>START DATE</th>
<th>END DATE</th>
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<tbody>
<tr>
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<td>3/20</td>
<td>TBD</td>
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<tr>
<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>
<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>Environmental Center</td>
<td>School Gardens (Mini Grant)</td>
<td>8/20</td>
<td>7/21</td>
</tr>
<tr>
<td>The Center Foundation</td>
<td>OK4Life (Mini Grant)</td>
<td>9/20</td>
<td>12/20</td>
</tr>
<tr>
<td>Eclipse Marketing</td>
<td>Blood Pressure Campaign Extension (Mini Grant)</td>
<td>11/20</td>
<td>1/21</td>
</tr>
<tr>
<td>Locavore</td>
<td>Youth Farm Education (Mini Grant)</td>
<td>2/21</td>
<td>9/21</td>
</tr>
</tbody>
</table>
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.

$1,960,000 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>Kör Land Trust</td>
<td>Housing Costs (Mini Grant)</td>
<td>6/20</td>
<td>6/21</td>
</tr>
<tr>
<td>REACH</td>
<td>HMIS Data (Mini Grant)</td>
<td>7/20</td>
<td>7/21</td>
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<tr>
<td>Bend Heroes Foundation</td>
<td>Central Oregon Veteran’s Village (Mini Grant)</td>
<td>11/20</td>
<td>2/21</td>
</tr>
</tbody>
</table>

**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**
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.

$1,975,000 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

FUNDED PROJECTS

<table>
<thead>
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<td>COVID-19 POOL ($25K)</td>
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<td>TBD</td>
</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.

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**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>Decoding Dyslexia</td>
<td>Early Screening (Mini Grant)</td>
<td>10/20</td>
<td>12/21</td>
</tr>
<tr>
<td>BOOST Oregon</td>
<td>Provider Vaccine Toolkits (Mini Grant)</td>
<td>1/21</td>
<td>6/21</td>
</tr>
</tbody>
</table>

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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*

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$1,965,000  Remaining  
$35,000  Spent
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**