Council

- Rick Treleaven, LCSW, Chair, Executive Director BestCare Treatment Services, Inc.
- Linda Johnson, Vice Chair, Community Representative
- Patti Adair, Commissioner, Deschutes County
- Eric Alexander, CEO Partners in Care
- Gary Allen, VP, Advantage Dental
- Paul Andrews, Ed.D Superintendent High Desert ESD
- Tammy Baney, Executive Director, Central Oregon Intergovernmental Council
- Seth Crawford, Commissioner, Crook County
- Megan Haase, FNP, CEO, Mosaic Medical
- Brad Porterfield, Community Representative, CAC Chair
- Divya Sharma, MD Central Oregon IPA Representative
- Kelly Simmelink, Commissioner, Jefferson County
- Justin Sivill, Executive Director, Summit BMC
- Iman Simmons, MPH, Senior VP & COO, St. Charles Health System (interim)
- Dan Stevens, Executive VP, PacificSource

The Central Oregon Health Council Board of Directors reserves the right to transition into an executive session at any point during the Board meeting.

Central Oregon Health Council

COHC Virtual Board Meeting
March 11, 2021

Welcome – Rick Treleaven
12:30 – 12:40 Introductions, Public Comment – Rick Treleaven
12:40 – 12:45 Action Items & Approve Consent Agenda
12:45 – 12:50 Patient Story – Linda Johnson

Governance
12:50 – 1:10 JMA 101 – Donna Mills & Leslie Neugebauer
Discussion
Attachment: JMA 101 Presentation

1:10 – 1:25 2019 JMA BH $$ Investment – Mike Franz
Discussion

1:25 – 1:50 Board Policy Book – Linda Johnson
Discussion
Attachment: Draft

1:50 – 2:10 Grievance & Appeals presentation – Jessica Waltman
Information
Attachment: G & A Presentation

Long-Term Systemic Change
2:10 – 2:25 Strategic Plan Report – Donna Mills
Information

2:25 – 2:35 CUSC – Rick Treleaven & Divya Sharma
Discussion

RHA/RHIP
2:35 – 3:05 Central Oregon Diversity, Equity, & Inclusion – Gwen Jones & Renee Wirth
Discussion

Executive Session for Executive Director’s goals for 2021

Written Reports

- Executive Director Update
- Strategic Plan Report
- CCO Directors Report
- Health Equity (REALD)
- February 2021 CAC Minutes
- COVID Mini Grant Report
MINUTES OF A MEETING OF
THE BOARD OF DIRECTORS OF
CENTRAL OREGON HEALTH COUNCIL
HELD VIRTUALLY VIA ZOOM

February 11, 2021

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 February 11, 2021, 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  
Megan Haase, FNP  
Brad Porterfield  
Divya Sharma, MDRight  
Kelly Simmelink  
Justin Sivill  
Iman Simmons
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.

CONSENT AGENDA
The consent agenda included the January minutes, the COHC December Financials, and the 2020 Financial Audit Selection.

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

PATIENT STORY
Ms. Mills explained that the Central Oregon Health Council (COHC) had opened a funding cycle for COVID-19 emergency funding. She shared the story of a request from Seed to Table Oregon to supply fresh produce to overwhelmed food banks in Sisters. She explained an additional 4,000lbs of produce was made available from 50-100% off retail, based on need. She noted 298 families benefitted from the weekly access to fresh produce. She announced the funding cycle for COVID will be closed at the end of March.

CCO FINANCIAL BOARD TRIGGERS
Ms. Mills shared the Senate Bill containing COHC legislation has a new number: 741, and noted members should expect to be called upon for testimony soon.

Ms. Mills announced two board report-out triggers have been recommended by the Finance Committee in the event the CCO budget performance becomes of concern. She shared the two triggers are: if the current year Profit-and-Loss statement is more than 7% over budget, or if retroactive changes to a previous year affect the CCO’s ability to achieve a 2% margin.

CCO 2021 BUDGET
Ms. Neugebauer shared the concern voiced by the Finance Committee about the PacificSource budget not projecting a 2% margin. She explained the Finance Committee has requested a stretch budget from PacificSource which reflects the following changes: split quality dollars 60/40 as in previous years, and instate a not-to-exceed amount of $2.5M on RHIP JMA funds (less the CBI dollars, estimated at $370k). She noted these recommendations are for the 2021 year only. Ms. Haase explained that this year’s performance will be tracked against both the official and stretch budgets.
Mr. Portferfield asked why investment dollars into the community should be capped. Ms. Mills explained that the cap will have no affect on the 2020-2024 RHIP funding, and that in the end the funds will either count positively toward an unachieved 2% margin, or be given to the COHC to distribute through the JMA if there is a surplus.

Mr. Treleaven noted the budget requires three separate votes.

MOTION TO APPROVE: Ms. Johnson motioned to cap the COHC’s 1% of RHIP funds at $2.5M for the 2021 year only; Dr. Allen seconded. All were in favor.

Commissioners Simmelink and Crawford, and Mr. Sivill joined the meeting at this time.

MOTION TO APPROVE: Ms. Johnson motioned to revert to the 60/40 split of Quality Incentive dollars into perpetuity; Mr. Alexander seconded. Mr. Sivill voted “nay”, all others were in favor. The motion passed.

MOTION TO APPROVE: Ms. Johnson voted to approve the CCO budget, with the condition the stretch budget is also tracked by PacificSource; Dr. Allen seconded. Mr. Sivill voted “nay”, all others were in favor. The motion passed.

**CCO 2020 METRICS Q4**

Ms. Neugebauer shared the pandemic impacted the QIM program, but performance on most measures remained positive.

**PAIN STANDARDS TASK FORCE (PSTF) 2020**

Dr. Swanson thanked the staff support and volunteers of the PSTF. She shared the seven-point strategy the PSTF has used for the last five years, and reviewed the changes in prescribing and overdose rates since then.

She noted the learning events this year for both chronic and acute pain received a majority of “outstanding” ratings on their evaluations. She shared the PSTF is overseeing a tele-pain school for patients coping with chronic pain designed to compensate for the scarcity of pain specialists. She explained that annually the PSTF awards Naloxone to local agencies, which reverses opioid overdoses in an emergency. She added the Overdose Crisis Response task force is a collective effort by all three counties to improve communication and response to overdoses, and that this work has recently shifted
to exist under the oversight of public health. She explained that increased access to treatment is now accessible through substance use counselors in the emergency room, an exciting development in Central Oregon.

**Culturally and Linguistically Appropriate Services (CLAS) Standards**

Mr. Herrada shared the four types of CLAS Standards, and explained that these are already in use at PacificSource through their DEI work, including an Anti-Racism plan.

The Board discussed the barriers that individuals and families of ethnic groups face in Central Oregon. Ms. Johnson suggested including DEI in the Board Policy Book.

Mr. Herrada asked if the COHC Board would consider adopting CLAS Standards. Mr. Treleaven asked Ms. Mills to explore what meaningful support of CLAS would look like.

Mr. Porterfield shared the stories of families whose first language was not English and whose children are experiencing disabilities. He asked if there is any way for those families to share their poor experiences related to discrimination. Ms. Neugebauer shared the grievance and appeal process is available to report any dissatisfaction with care, and offered to meet with Mr. Porterfield offline regarding the stories. Mr. Herrada offered to share the contact information for Oregon’s ombudsman, who can serve as a last resort for complaints in health care.

**ACTION:** Ms. Mills will explore the potential for meaningful support of CLAS.

**ACTION:** Ms. Neugebauer will connect with Mr. Porterfield offline about complaints of families experiencing discrimination.

**ACTION:** Mr. Herrada will share the Oregon ombudsman information with the Board.

**Cost and Utilization Steering Committee (CUSC)**

Mr. Treleaven reminded the Board that the concern about long term trends in the budget caused the formation of the CUSC. He noted the progress of each subgroup, and that the future of the CUSC may look differently than it does now to best incorporate the contracting component of discussions.

**Adjournment**

There being no further business to come before the Board, the meeting was adjourned at 2:36 pm Pacific Standard Time.
Respectfully submitted,

___________________________________
Kelsey Seymour, Secretary
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<tr>
<th>ASSETS</th>
<th>General Fund</th>
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<tbody>
<tr>
<td>Checking/Savings</td>
<td>$ 22,684,142</td>
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<td>Total Checking/Savings</td>
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<td>COPA - Security Deposit</td>
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<td>Accounts Payable</td>
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<td>Payroll Payable (PTO Accrual)</td>
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<td><strong>TOTAL LIABILITIES &amp; EQUITY</strong></td>
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<tr>
<td>Operating Revenue</td>
<td>$ -</td>
<td>$ 91,667</td>
<td>-100%</td>
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<tr>
<td>Community Impact Funds</td>
<td>-</td>
<td>$ 225,000</td>
<td>-100%</td>
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<tr>
<td>Grants</td>
<td>$ 20,316</td>
<td>$ 4,167</td>
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<tr>
<td>Interest income</td>
<td>$ 32,402</td>
<td>$ 12,500</td>
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<tr>
<td><strong>Total Revenue</strong></td>
<td><strong>$ 52,718</strong></td>
<td><strong>$ 333,333</strong></td>
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<table>
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<th>Expenses</th>
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<tr>
<td>Operating Expense</td>
<td>$ 85,561</td>
<td>$ 104,310</td>
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<tr>
<td>Community Impact Funds*</td>
<td>$ 45,648</td>
<td>$ 375,000</td>
<td>88%</td>
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<td><strong>Total Expenses</strong></td>
<td><strong>$ 131,199</strong></td>
<td><strong>$ 479,310</strong></td>
<td><strong>73%</strong></td>
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<tr>
<td><strong>Net Income</strong></td>
<td><strong>$ (78,481)</strong></td>
<td><strong>$ (145,976)</strong></td>
<td><strong>-46%</strong></td>
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</table>

* Community Impact Funds - Top 4 funded 2021
COVID-19 Mini Grants (NTE $5k) $45,648

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

BOARD POLICY MANUAL

draft

March 5, 2021
### Table of Contents

Section 1 – PURPOSE STATEMENT ............................................................. 1

Section 2 - GOVERNANCE PROCESS ...................................................... 2  
  2.0. Global Governance Commitment ............................................... 2  
  2.1. Governing Style ...................................................................... 2  
  2.2. Board Responsibilities and Work Product ............................... 3  
  2.4. Chairperson’s Role .................................................................. 5  
  2.5. Vice Chairperson’s Role .......................................................... 7  
  2.6. Executive Team Role .............................................................. 7  
  2.7. Officer Succession Plan .......................................................... 8  
  2.8. Board Members' Code of Conduct ...................................... 8  
  Board Committee Principles and Structure .................................. 10  
  2.10. Governance Development & Investment ............................. 11  

Section 3 - EXECUTIVE LIMITATIONS ................................................... 13  
  3.0. Global Executive Constraint ................................................. 13  
  3.1. Treatment of Consumers ...................................................... 13  
  3.2. Treatment of Staff and Volunteers ...................................... 13  
  3.3. Financial Condition and Activities ...................................... 14  
  3.4. Financial Planning and Budgeting ..................................... 14  
  3.5. Emergency ED Succession ................................................... 15  
  3.6. Asset Protection .................................................................... 15  
  3.7. Compensation and Benefits ................................................ 16  
  3.8. Communication and Support to the Board ...................... 17  

Section 4 – BOARD-MANAGEMENT DELEGATION ............................... 19  
  4.0. Global Governance-Management Connection ......... 19  
  4.1. Unity of Control ...................................................................... 19  
  4.2. Authority and Accountability of the ED .............................. 19  
  4.3. Delegation to the ED ............................................................ 20  
  4.4. Monitoring ED Performance .............................................. 20  
  4.5. ED Succession ................................................................. 21
Section 1 – PURPOSE STATEMENT

Purpose Statement (approved June 2020) “We exist to build an equitable and integrated health ecosystem that improves the health of Central Oregonians through collaboration and partnerships, data-driven decisions, quality improvements, lowered costs, and empowered providers. Our value to the region will exceed the cost of our efforts”
Section 2 - GOVERNANCE PROCESS

2.0. Global Governance Commitment

The purpose of the Board, on behalf of its stakeholders, is to see to it that The Central Oregon Health Council (a) achieves appropriate results for appropriate persons at an appropriate cost (as specified in the Board Purpose statement) and (b) avoids unacceptable actions and situations (as prohibited in Board Executive Limitations policies).

2.1. Governing Style

The Board will govern lawfully, using the principles of the Policy Governance model, with an emphasis on (a) outward vision rather than an internal preoccupation, (b) encouragement of diversity in viewpoints, (c) strategic leadership more than administrative detail, (d) clear distinction of Board and executive director roles, (e) collective rather than individual decisions, (f) future vision rather than past or present, and (g) proactive rather than reactive decision making.

Accordingly, the following principles will guide the Board’s leadership:

1. Optimization. The Board will insure that its governance and leadership contribution to the organization is optimized through its own effective and efficient design of its composition, structure and functioning.

2. Group Responsibility. The Board will cultivate a sense of group responsibility. The Board, not the employees, will be responsible for excellence in governing. The Board will be the initiator of policy, not merely a reactor to employee initiatives. The Board will not use the expertise of individual members to substitute for the judgment of the Board, although the expertise of individual members may be used to enhance the understanding of the Board as a body. The Board will allow no officer, individual, or committee of the Board to hinder or serve as an excuse for not fulfilling group obligations.

3. Visionary Leadership. The Board will direct, control, and inspire the organization through the careful establishment of broad written policies reflecting the Board’s values and perspectives. The Board’s
major policy focus will be on the intended long-term impacts, not on
the administrative or programmatic means of attaining those effects.

4. Self-Discipline and Review. The Board will enforce upon itself whatever
discipline is needed to govern with excellence. Discipline will apply to
matters such as attendance, preparation for meetings, policymaking
principles, respect of roles, and ensuring the continuance of
governance capability. Although the Board can change its
Governance Process policies at any time, it will scrupulously observe
those currently in force. The Board will regularly monitor and discuss the
Board’s process and performance.

2.2. Board Responsibilities and Work Product

The Board of Directors has its own purpose and function that is of
importance to the performance of the organization itself and has an
obligation to perform effectively. Accordingly, the Board of Directors will
bring its own value and contribution to Central Oregon Health Council by
creating:

STRATEGIC PLANNING AND VISION:

1. Establish the organization’s purpose, mission and vision.

2. Determine to what end the organization shall be directed, i.e., what
benefits shall be provided, for whom, and at what cost.

3. Govern the organization through the application of the Purpose
Statement, Executive Limitations, Governance Process and Board-
Management Delegation policies.

LINKAGE WITH STAKEHOLDERS:

4. Serve as the key linkage between ownership of the organization,
the community, and the organization itself.

   a. Determine appropriate means to maintain an effective
communication linkage between the organization and
its stakeholders (e.g., health care community members,
community organizations, etc.).

b. With the assistance of the ED or other staff, each board member shall meet with at least three critical stakeholders each year to promote the Central Oregon Health Council’s mission.

c. Communication with stakeholders. The Board shall work to ensure the linkage between the stakeholders and the operational organization by overseeing regular financial reporting to the stakeholders. The reporting should involve at least annual presentations.

5. Lead and inspire the community to support the organization and its mission through active participation in community relations activities.

WRITTEN GOVERNING POLICIES:

6. Provide written governing policies that govern the organization, outline performance criteria, and measure organizational outcomes, and which, at the highest levels, address:

a. Purpose Statement: Organizational products, impacts, benefits, outcomes, recipients, and their relative worth (what good, for whom (which needs), and at what cost).

b. Governance: Establishment of the board’s process of governance; and how the board conceives, carries out, and monitors its own task.

c. Executive: The development of a Board-approved, criteria-based job description for the ED: the establishment of the Board of Director/ED relationship; the passing of authority, the ED’s role and accountability, and monitoring the use of authority delegated to the ED.

d. Management: Executive limitations or constraints on executive authority that establish the prudence and ethics
boundaries within which all executive activity and decisions must take place.

APPROPRIATE OVERSIGHT OF ORGANIZATIONAL PERFORMANCE:

7. Provide for an annual financial audit, review or compilation. The Board shall establish a cycle so that its strategic planning, administrative planning and budgeting can be based on accomplishing long-term ends.

8. Provide direction or a charge to each of its committees outlining what it expects from that committee. Standing committees of the Board will use that direction to develop goals for approval by the Board.

9. Evaluate the Board's own performance as a governing board. A self-assessment may occur at any time, but the Board should strive for a regular review process that involves the participation of all Board members. Such evaluation should identify areas of strength and weakness, opportunities for Board education and more. The Board should also plan a yearly retreat for strategic planning and other purposes.

10. Evaluation of Executive Director. The Board is responsible for monitoring the performance of the ED. It may evaluate or address the ED’s performance at any time but should strive for a more formal evaluation on a regular basis (i.e., an annual review).

2.4. Chairperson’s Role

The Chairperson of the Board selected in accordance with the Bylaws, is a specially empowered member of the Board. The Chairperson ensures the integrity of the Board’s process and, secondarily, represents the Board to outside parties.

Accordingly, the Chairperson’s primary responsibilities include:

1. Maintain the integrity of Board operations. The Chairperson works to ensure that the Board operates effectively and behaves consistently with its own rules and those legitimately imposed on it from outside the organization.
a. The Chairperson is empowered to chair Board meetings with all the commonly accepted powers of that position, such as ruling and recognizing. Meeting discussion content should consist of issues that clearly belong to the Board to decide or to monitor according to Board policy. Information that is for neither monitoring performance nor Board decisions should be avoided or minimized and noted as such.

b. Deliberation should be fair, open, and thorough but also timely, orderly, and kept to the point. The perspective and participation of all Board members should be sought.

2. Interpret Board policy and represent the Board. The Chairperson is empowered to make reasonable decisions on Board policy interpretation. Exceptions include: the employment or termination of an ED (which requires Board approval); and areas where the Board specifically reserves interpretation authority or delegates portions of this authority to others. The Chairperson has no authority to change Board policies on his or her own.

   a. The Chairperson may also represent the Board to outside parties (in announcing Board-stated positions, etc.) except where the Board specifically reserves that authority or delegates it to others.

   b. The Chairperson may delegate this authority to a temporary Chair but remains accountable for its use.

3. Promote Member engagement. The Chairperson will note members' unresponsiveness to requests from the organization and hold them accountable.

   a. Periodically consult with Board members regarding their roles and performance.

4. Other responsibilities of the Chairperson shall include but are not limited to:

   a. Presiding over other meetings as set by the Board.
b. Serving on Board committees.

2.5. Vice Chairperson’s Role

The Vice Chairperson is an officer of the Board who shall be selected in accordance with the Bylaws. The Vice Chairperson’s purpose is to support the Chair and perform other duties, as described below.

The Vice Chairperson’s primary responsibilities include:

1. **Filling in for the Chair.** In the absence or disability of the Chairperson, the Vice Chairperson shall perform all of the duties of the Chairperson. When acting in that capacity, the Vice Chairperson shall have all the powers of (and be subject to all of the restrictions upon) the Chairperson.

2. **Other duties as assigned.** The Vice Chairperson shall have other powers and perform other duties as assigned by the Chairperson.

2.6. Executive Team Role

The Executive Team shall consist of the Executive Director (ED), the Chairperson, the Vice Chairperson, and the CCO Representative on the COHC Board of Directors.

1. **Agenda Setting.** To accomplish its job products with a governance style consistent with Board policies, the Board will follow an annual self-determined agenda that: (a) completes a re-exploration of the Purpose Statement policies annually and (b) continually improves Board performance through means such as Board education and enriched input and deliberation. The Executive Committee meets monthly to review and approve the agenda prior to the meeting.

2. **Board member input.** Any Board member may recommend or request an item for Board discussion, ideally by submitting the item to the Executive Committee or ED no later than ten days before the Board meeting.
2.7. Officer Succession Plan

(insert succession plan)

2.8. Board Members' Code of Conduct

The Board commits itself and its members to ethical, businesslike, and lawful conduct, including proper use of authority and appropriate decorum when acting as Board members.

1. Fulfill legal responsibilities to the COHC. Members will observe and comply with the three primary duties all nonprofit Board members are responsible for upholding:
   a. Duty of Care: Take care of the nonprofit by ensuring prudent use of all assets, including facility, people, and good will.
   b. Duty of Loyalty: Ensure that the nonprofit's activities and transactions are, first and foremost, advancing its mission; Recognize and disclose conflicts of interest; Make decisions that are in the best interest of the nonprofit corporation; not in the best interest of the individual board member (or any other individual or for-profit entity).
   c. Duty of Obedience: Ensure that the nonprofit obeys applicable laws and regulations; follows its own bylaws; and that the nonprofit adheres to its stated corporate purposes/mission.

2. Avoid conflicts of interest. Members must demonstrate primary loyalty to the mission and ownership of the Central Oregon Health Council. Being mindful of other personal or business interests, either of their own or that of other organizations to which they belong, members must avoid conflicts of interest with respect to their fiduciary responsibility to the Central Oregon Health Council and other Board matters.
   a. Members will annually disclose their involvements with other organizations or with vendors and any associations that might be reasonably seen as representing a conflict of interest.
   b. When a Board member becomes aware that the Board is
to decide an issue about which any member has a potential conflict of interest, the potential conflict should be promptly disclosed and addressed. That Board member may still be invited to participate in the vote.

c. Board members will not use their Board position to obtain employment in the organization for themselves, family members, or close associates.

3. Respect Board process and authority. Board members may not attempt to exercise individual authority over the organization, except when explicitly authorized by the Board.

   a. Any Board member’s interaction with the ED or staff must recognize the lack of authority vested in individuals. For example, neither the Chairperson nor any individual Board member has authority to promise employment or continued employment to an employee or the ED.

   b. Members’ interactions with the public, the press, or other entities must recognize the same limitation and the inability of any Board member to speak for the Board, again, except when explicitly authorized by the Board.

   c. Members will respect the confidentiality appropriate to issues of a sensitive nature.

   d. Members will seek to understand the perspectives of other board members and will support the legitimacy and authority of the final determination of the Board on any matter, irrespective of the member’s personal position on the issue.

4. Maintain engagement. Members will maintain responsiveness to requests from the Board Chair and ED. Members will be properly prepared for Board deliberation and regularly attend meetings and events, such as: Board and committee meetings; community events; and meetings with partners.

   a. Members will seek to understand the function of the Joint Management Agreement.
b. Members agree to attend at minimum 75% of all Board functions held during each calendar year (including retreats and non-public gatherings).

Board Committee Principles and Structure

Board committees, when used, will be assigned so as to assist the Board as a whole in doing its job, and so as never to interfere with Board policy or delegation to the ED. Board committees are distinct from councils that are required by legislation (see bylaws for more details). Accordingly, Board shall operate any committees under the following principles:

1. Formation and purpose. Board committees are to help the Board do its job efficiently. New committees should be formed sparingly, with the exception of certain standing committees (which may include Governance and Finance). Committee membership shall emphasize distribution of responsibilities among a diverse group of Board members.

2. Role and scope of authority. Committees ordinarily will assist the Board by preparing policy alternatives, decisions and implications for Board deliberation.
   a. Board committees may not speak or act for the Board except when formally given such authority for specific and time-limited purposes. Expectations and authority should be carefully stated in order not to conflict with authority reserved to the Board or delegated to the ED.
   b. Board committees cannot exercise authority over employees. In keeping with the Board’s broader focus, Board committees normally should not have direct dealings with current staff operations. Because the ED works for the full Board, he or she generally should not be required to obtain the approval of a Board committee before an executive action.

3. Standing committees. A committee is a Board committee only if its existence and charge come from the Board, regardless of whether Board members sit on the committee. Unless otherwise stated, a
committee ceases to exist as soon as its task is complete. As of this writing, the only standing Board committees are as follows:

a. Finance Committee: The Finance Committee shall be primarily responsible for audits and financial review. For audits, this includes recommending and helping to implement Board-approved audits and reviewing or preparing audit reports for the Board. For financial review, this includes regular reporting to the Board and creation of an appropriate array of financial performance parameters for the Board.

b. Board Development and Governance: The Governance Committee’s responsibilities include pursuing and screening recommendations for new Board members; developing policy recommendations for consideration and adoption by the Board; and recommending or providing continuing education opportunities for Board members.

c. CAC Selection Committee: In accordance with the CCO 2.0 contract, the governing body of the CCO in collaboration with the CAC shall provide for a selection committee. The committee will consist of three Board members and three CAC members.

4. Limitation of this policy. This policy applies to any group that is formed by Board action, whether or not it is called a committee and regardless of whether the group includes Board members. It does not apply to committees formed under the authority of the ED. Members should keep in mind that if they serve on a committee formed by the ED, they do so as volunteers (not Board Members).

2.10. Governance Development & Investment

Because poor governance costs more than learning to govern well, the Board will invest in its governance capacity. Accordingly:

1. Board skills, methods, and resources should be sufficient to ensure governing with excellence.
a. Training and educational opportunities should be used to increase existing member skills and understandings, and to orient new members and candidates for membership, as well.

b. Outside monitoring assistance should be arranged so that the Board can exercise confident control over organizational performance. This includes, but is not limited to, financial audits.

c. Outreach mechanisms will be used as needed to ensure the Board’s ability to listen to community viewpoints and values.

d. The Board should periodically discuss improvement of its own processes.

2. Costs will be prudently incurred, though not at the expense of endangering the development and maintenance of superior capability.
Section 3 - EXECUTIVE LIMITATIONS

3.0. Global Executive Constraint

The ED shall not cause or allow any organizational practice, activity, decision, or organizational circumstance that is unlawful, imprudent, or in violation of commonly accepted business and professional ethics and practices. ED shall not act unilaterally to change the ends, mission, or direction of the organization.

3.1. Treatment of Consumers

With respect to interactions with consumers, stakeholders and partners, the ED shall not cause or allow conditions, procedures, or decisions that are unsafe, untimely, undignified, unnecessarily intrusive or that falls below reasonable standards of quality and service.

3.2. Treatment of Staff and Volunteers

With respect to the treatment of paid employees and volunteers, the ED shall not cause or allow conditions that are unfair, illegal, undignified, disorganized, unclear or unsafe. The ED shall not:

1. Operate without written personnel policies that (a) clarify rules for employees, (b) provide for effective handling of grievances, and (c) protect against wrongful conditions and allow employees to be informed of their job duties and performance expectations.

2. Negatively respond to any employee for nondisruptive and appropriately directed expression of dissent.

3. Allow employees to be unprepared to deal with emergency situations.

4. Allow employees to be uninformed of their responsibilities, duties, and performance expectations, jeopardize the long-term financial strength of the organization, or allow a material deviation of expenditures from Board priorities.

5. Function without a grievance policy
3.3. Financial Condition and Activities

With respect to the actual, ongoing financial condition and activities, the ED shall not cause or allow the development of financial jeopardy or material deviation of actual financial performance from Board priorities established in the Purpose statement.

The ED shall not:

1. Expend more funds than have been received or authorized to expend in the fiscal year to date.
2. Fail to settle payroll and debts in a timely manner.
3. Allow tax payments or other government-ordered payments or filings to be overdue or inaccurately filed.
4. Fail to aggressively pursue receivables.
5. Fail to account for non-cash transactions of time and materials.
6. Fail to comply with conditions placed upon funds and endowments.
7. Fail to pursue funding opportunities consistent with the established Purpose statement.
8. Borrow without prior approval
9. Allow deviations from Generally Acceptable Accounting Principles
10. Fail to act without board authority to determine frequency and type of auditor selection of contractors

3.4. Financial Planning and Budgeting

The ED shall not cause or allow financial planning for any fiscal year or the remaining part of any fiscal year to deviate materially from the Board’s Purpose statement priorities, risk financial jeopardy, or fail to be derived from an appropriately forward-looking plan.

1. The ED will not allow budgeting that:
   a. Risks incurring those situations or conditions described as unacceptable in the Board policy “Financial Condition
and Activities.”

b. Omit credible projection of revenues, expenses and cash flow, separation of capital and operational items, cash flow, and disclosure of planning assumptions.

c. Provides less for Board prerogatives during the year than is set forth in the Governance Investment Policy.

d. Fails to retain a residual balance or resources for the purpose of funding growth and covering unforeseen contingencies.

e. Contains too little detail.

f. Does not provide for positive cash flow.

2. The ED shall not fail to present to the Board a budget plan that:

a. Is based on critically evaluated assumptions.

b. Provides for required operational resources.

c. Contains projected cash and income statements and balance sheets that define performance on planned initiatives and business portfolios.

d. Contains expected sources of sustainable funding.

3.5. Emergency ED Succession

To protect the Board from sudden loss of ED services, the ED shall not permit there to be fewer than two other individuals sufficiently familiar with Board and ED issues and processes to enable either to take over with reasonable proficiency as an interim successor.

3.6. Asset Protection

The ED shall not cause or allow corporate assets to be unprotected, inadequately maintained, or unnecessarily risked.

The ED shall not:
1. Fail to insure against theft and casualty losses to at least 80 percent of replacement value and against liability losses to stakeholders, Board members, staff, and the organization itself in an amount greater than the average for comparable organizations.

2. Fail to protect intellectual property, information, and files from loss, significant damage or inappropriate access.

3. Receive, process, or disburse funds under controls that are insufficient to meet generally accepted accounting principles, or GAAP.

4. Invest or hold operating capital in insecure instruments, including uninsured checking accounts and bonds of less than AA rating at any time, or in non-interest-bearing accounts except where necessary to facilitate ease in operational transactions.

5. Endanger the organization's public image, its credibility, or its ability to accomplish the Purpose statement.

6. Change the organization's name or substantially alter its identity in the community.

7. Create or purchase any subsidiary organization.

8. Fail to require a periodic physical inventory of all fixed assets and supply inventories.

9. Sell capital assets of book value in excess of $1000.00.

3.7. Compensation and Benefits

With respect to employment, compensation, and benefits to employees, consultants, contract workers and volunteers, the ED shall not cause or allow jeopardy to the COHC's financial integrity or to public image.

Further, without limiting the scope of the foregoing by this enumeration, the ED shall not:

1. Change the ED's own compensation and benefits without Board approval, except as his or her benefits are consistent with a package...
for all other employees.

2. Establish current compensation and benefits that deviate materially from the geographical or professional market for the skills employed.

3. Establish or change benefits so as to cause unpredictable or inequitable situations.

3.8. Communication and Support to the Board

The ED shall not cause or allow the Board to be uninformed or unsupported in its work.

Further, without limiting the scope of the foregoing by this enumeration, the ED shall not:

1. Neglect to submit monitoring data required by the Board (see policy 4.4 on monitoring ED performance) in a timely, accurate, and understandable fashion, directly addressing the provisions of Board policies being monitored.

2. Fail to report immediately any actual or anticipated noncompliance with any policy of the Board.

3. Neglect to submit unbiased decision information required periodically by the Board or let the Board be unaware of relevant trends that affect its Purpose statement or Governance Process policies.

4. Let the Board be unaware of any significant incidental information it requires, including anticipated media coverage, threatened or pending lawsuits, and material internal and external changes.

5. Fail to advise the Board if, in the ED’s opinion, the Board is not in compliance with its own policies on Governance Process and Board-Management Delegation, particularly in the case of Board behavior that is detrimental to the work relationship between the Board and the ED.

6. Present information in unnecessarily complex or lengthy form.

7. Fail to provide a workable mechanism for official Board, officer, or committee communications.
8. Fail, when addressing official business, to deal with the Board as a whole except when responding to officers, individuals or committees duly charged by the Board.

9. Fail to supply for the Board’s consent agenda, along with applicable monitoring information, all decisions delegated to the ED yet required by law, regulation, or contract to be Board-approved.

10. Fail to promptly disclose any potential conflicts of interest to the Board.
Section 4 – BOARD-MANAGEMENT DELEGATION

4.0. Global Governance-Management Connection

The Board’s sole official connection to the operational organization, its achievements, and its conduct [means] will be through the ED.

4.1. Unity of Control

Only officially passed motions of the Board are binding on the ED. Accordingly:

1. Decisions or instructions of individual Board members, officers, committees or stakeholders are not binding on the ED except in rare instances when the Board has specifically authorized such exercise of authority.

2. In the case of Board members, committees or stakeholders requesting information or assistance without Board authorization, the ED can decline such requests that require, in the ED’s opinion, a material amount of staff time or funds or is disruptive.

4.2. Authority and Accountability of the ED

The ED is the Board’s only link to operational achievement and conduct, so that all authority and accountability of employees, as far as the Board is concerned, is considered the authority and accountability of the ED.

Accordingly:

1. The Board will never give instructions to persons who report directly or indirectly to the ED.

2. The Board will not evaluate, either formally or informally, any employees other than the ED.

3. The Board should view ED performance in light of organizational performance. For example, organizational accomplishment of Board-stated Purpose Statement and avoidance of Board proscribed means should generally be viewed as a sign of successful ED performance.
4.3. Delegation to the ED

The Board will instruct the ED through written policies that prescribe the organizational purpose to be achieved and describe organizational situations and actions to be avoided, allowing the ED to use any reasonable interpretation of these policies.

Accordingly:

1. The Board will develop policies instructing the ED to achieve specified goals. These policies will be developed systematically from the broadest, most general level to more defined levels.

2. The Board will develop policies that limit the latitude the ED may exercise in choosing the organizational means. These policies will be developed systematically from the broadest, most general level to more defined levels, and they will be called Executive Limitations policies. The Board will never prescribe organizational means delegated to the ED.

3. As long as the ED uses a reasonable interpretation of the Board’s purpose and Executive Limitations policies, the ED is authorized to establish all further policies, make all decisions, take all actions, establish all practices, and pursue all activities.

4. The Board may change its purpose and Executive Limitations policies, thereby shifting the boundary between Board and ED domains. By doing so, the Board changes the latitude of choice given to the ED. As long as any particular delegation is in place, the Board generally should respect and support the ED’s choices.

4.4. Monitoring ED Performance

Systematic and rigorous monitoring of ED job performance should be focused on the expected ED job outputs: organizational accomplishment of Board policies and goals one and organizational operation within the boundaries established in Board policies on Executive Limitations. The Board shall perform an annual evaluation of performance in November of each year.

All policies that instruct the ED should be monitored by the Board.
Board can monitor any policy at any time but should ordinarily attempt a routine schedule.

4.5. ED Succession

The board will conduct an orderly and thorough process for the identification, selection, and transition of executive leadership for the COHC.

Considerations:

1. ED qualities and characteristics. The Board will identify the skills, experience, character and values they would seek in a candidate for a leadership change. It could be informed by the positive attributes of the current leader as well as the experience of the Board in working with other leaders. It also would be influenced by the current and envisioned future state of the organization.

2. Present and future operating environment. The Board should consider the landscape in which the organization operates through the lenses of politics and influence; brand and reputation; capacity; finances; quality; and culture.

3. The organization’s own vision and strategic plan. Obviously, the Board will have a feel for this through the Purpose Statement and its planning process and goals. These should be used to see how a new leader would stack up against what the Board wants for the organization going forward.

4. Stakeholders. It would be important for the Board to know who the organization’s key stakeholders are to assure they are aware of any transition process. These may include: its staff and volunteers; Board members and the constituencies they represent; non-profit and community partners; and, depending on circumstances, the general public.

5. Internal preparations for the search process. Key basic aspects include development of a job description. It should also seek input on qualities and characteristics, and specific education and experience requirements for the job to guide the search process.
Identification of a board leader to head up the search process; development of a checklist of activities and timeline; development of interview questions and process and identifying decision criteria for final vetting and selection all are important pre-search steps. Finally, development of a proposed contract and components such as salary, benefits, etc. should be done.

6. Potential candidates; internal versus external. The Board should determine how it wants to proceed with seeking qualified candidates and the decision about considering internal candidates should be made well in advance.

7. The exiting ED’s role. This is often controversial because any ED will have opinions about their staff and making them objective will always be difficult. Yet the ED’s opinion should be known. It is, however, one data point and is not to be framed as a deciding influence. This is the Board’s decision alone.

8. Process. The general search, vetting and decision process is comprised of the following: position announcement; collection and vetting of resumes to arrive at a list of applicants; further vetting of applicants to arrive at a lesser number of qualified candidates who will then be interviewed. Consideration should be given to how stakeholders will be involved in the process.

9. Confidentiality. A change in leadership impacts virtually all facets of the organization. The Board shall identify who shall speak publicly about the process.

10. Communications. Careful, respectful and accurate communications are important throughout the process. The Board will need to determine how to keep selected publics apprised in the right manner at the appropriate times. It is important to consider internal audiences as primary stakeholders so that they know important information first and do not read, see, or hear about it in the media.
Joint Management Agreement (JMA) and Contracts
Community Governance Structure

- **Community Governance**
  - Oversight and strategic direction
  - Operational and financial transparency
  - Collaboration

- **Joint Management Agreement**
  - Creates administrative payment support for community governance structure (.325%)
  - Defines relationship of parties and assigned roles
  - Illustrates shared savings terms

- **Health Council Structure**
  - 501c(3) organization
  - Representatives from all key organizations on the Board
  - PacificSource holds one seat on the Board
Central Oregon Contract Map

CCO Contract

Joint Management Agreement

.325% Operating
1% RHIP

Councils & Committees of the COHC

Regional Health Improvement Plan and Workgroups

Provider Contracts

PacificSource Community Solutions

Health Services

Taxes

PacificSource G&A

Pharmacy

Mental Health

Cap Physicians

Hospital Inpatient/Outpatient

NEMT

Dental

PacificSource
Joint Management Agreement

Flow of Funds

At the end of each calendar year:

If the budget achieves a 2% margin for the CCO, everything leftover is split:
- 50% to Behavioral Health
- 50% direct payments to providers, CCO and COHC

OR

If the budget does not achieve a 2% margin for the CCO:
- The COHC fills in the portion of the budget up to the 2% margin (recapture can be carried out in installments)

CCO Contract
To manage Medicaid Budget and benefits, takes a % for administration

Provider Contracts

Joint Management Agreement
Gives .325% Operating and 1% for RHIP
Requires COHC to ensure a 2% margin for the CCO
Questions?
Central Oregon Diversity, Equity and Inclusion Committee

- Sponsored a Plain Language training for the community (2 sessions of 15 people each)
- Developed a strategic plan
- Hired a DEI consultant
- Advocated to 23 of our community health care providers to improve and increase their translation of all written material. Received a response from seven recipients.
- Three quarterly learning sessions for CODEI partners
- Three CODEI partners participating in DELTA 2020-21 and 2021 cohorts
- Contracted with Allyship in Action for DEI and anti-racism learning series for 2021 (6 modules, one offered a month, beginning in March. Financially supported by COHC.)
- CODEI partners completed the Intercultural Development Inventory and integrated cultural learning into CODEI meetings
- Started a Key Concepts Resource
- Started an Organizational Health Equity Assessment and Training Resource
- Heard from Pacific Source about their Health Equity Plan
- Heard from Public Health about the Central Oregon Public Health Equity Report

COHC Board of Directors

- COHC BOD has received training on lobbying and advocacy
- COHC BOD completed strategic plan with focus on DEI
- COHC BOD new purpose statement
- BOD reviewing and revising Bylaws in order to advance equity
- BOD completed Meyer Memorial Trust Spectrum Tool for DEI
- Two presentations to BOD (introduction to CODEI, completion of MMT)

COHC Staff

- All COHC staff (6) completed the Intercultural Development Inventory
- Rebuilt mini grant process to prioritize capacity building and equity
- Continuous staff coaching
- RHIP workgroups developing strategies that prioritize equity, diversity and belonging into their priority areas
- CODEI partners completed the Intercultural Development Inventory and integrated learnings into CODEI meetings
- Staff initiated monthly staff DEI development learning time
- Development and release of Statement Against Racism with plans to provide a community update in Winter 2020/2021
- Lobbying and advocacy instruction with starting to develop an operational process
<table>
<thead>
<tr>
<th>DEI Component</th>
<th>Not Yet Started</th>
<th>Ready to Start</th>
<th>Launched</th>
<th>Well on the Way</th>
<th>Exemplary/Leading</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEI Vision</td>
<td>Does not see DEI as relevant to its work</td>
<td>Recognizes the importance of integrating DEI into its work but is unsure of its next steps</td>
<td>Recognizes the importance of integrating DEI into its work and has started making progress on a DEI vision</td>
<td>Has developed a shared DEI vision and is working to align the organization’s programs and operations with this vision</td>
<td>Has integrated DEI in mission and vision statements which are actively being used to guide the organization's programs and operations</td>
</tr>
</tbody>
</table>

| Commitment    | Does not have an interest in advancing its DEI work | Is interested in advancing its DEI work and is considering how to do so | Is actively engaged in advancing its DEI work and has begun some strategies for action | A DEI point person or team is leading the DEI work | A DEI leader is helping to build the field and lead practitioners, leadership demonstrates accountability to clients, constituents, and stakeholders |

| Leadership    | Members of management, staff, or board have not taken leadership on DEI issues | A member or team is leading the DEI work | All levels of management, staff, and board are taking leadership on DEI issues | Organization is a DEI leader and is helping to build the field and lead practitioners, leadership demonstrates accountability to clients, constituents, and stakeholders |

| Policies       | Does not have, but is interested in exploring DEI-related organizational policies (beyond non-discrimination policies) | May have some DEI-related policies in some of its organizational policies | Has DEI policies and/or an organizational DEI plan, but may be unclear about how to operationalize it | Has DEI policies and an organizational DEI plan with clear goals, strategies, and indicators of progress |

| Infrastructure | Has not had internal discussions about the organization’s DEI work | Has had some internal discussions, but does not have an infrastructure to guide the organization’s DEI work | Has internal committees, affinity groups, or other formal structures focused on integrating DEI issues into the organization as a whole | Work on DEI issues is integrated into every aspect of organizaion's culture and infrastructure |

| Training       | Is contemplating doing DEI training | Has established a DEI training program | All management, staff, and board participate in DEI training and capacity building | Promotes ongoing DEI training, growth, and leadership among management, staff, and board and in line with an equity plan (strategy) and is held accountable to organizational DEI practices |

| Diversity      | Doesn’t see diversification of board and staff as a priority, may be paralyzed by the perceived challenges or view it as unattainable | Has had initial discussions and values the idea of diversifying its board and staff | Is making attempts to diversify its board and staff, but may not be aware of how to do it effectively or have strategies and systems in place, which may not result in diversifying successfully | Actively works to increase diversity of board and staff, resulting in growing diversity; has begun to identify and institute retention strategies for diverse staff |

| Data           | Does not collect demographic data in its programmatic or operational work | Collects some demographic data in its programmatic or operational work, but not in a systematic or comprehensive way | Collects and communicates demographic data in its programmatic and operational work, but may not know what to do with the information | Routinely collects, disaggregates, and analyzes demographic data for all programmatic and operational work; uses the information in planning and decision-making |

| Community      | Doesn’t have interest in building strong partnerships with communities facing disparities, may see it as unrealistic or unimportant to the organization’s mission | Values the idea of building strong partnerships with communities facing disparities, but may not know how or have relationships to draw upon | Is beginning to build strong partnerships with communities facing disparities, but has not yet established accountability to and meaningful partnerships with these communities and may approach the DEI work in a systematic way | Continues to build partnerships and trust with communities facing disparities, seeking to establish accountability to and meaningful partnerships with these communities and others that are impacted in a systematic way |

| Decisions      | DEI considerations do not factor into decision-making | Decisions are occasionally influenced by DEI considerations in an ad hoc way | Decisions regarding programmatic policies, practices, and resource allocation are informed by DEI considerations | Decisions regarding programmatic policies, practices, and resource allocation are systematically guided by DEI considerations |

| Accountability | DEI-related metrics are not included in evaluations of staff or programs or in organizational accountability mechanisms | May recognize the value of integrating DEI-related metrics in evaluations of staff or programs and in organizational accountability mechanisms, but has not yet made any plans to do so | Some of the organization’s standard evaluation and accountability mechanisms already include DEI-related metrics | All evaluation and accountability mechanisms for the organization’s programs, management, staff, and board members are specifically guided by DEI-related metrics |

| Inclusion      | No explicit effort is made to create an inclusive atmosphere for staff and board members from communities facing disparities | Values the idea of being an inclusive organization but too often relies on informal staff or board members from communities facing disparities to participate in the dominant culture | There is an explicit recognition of and action to include staff and board members from communities facing disparities in the work of the organization, such as staff and board members from communities facing disabilities in a research study in relation to the organization’s DEI work, but they are still expected to conform to the dominant culture | The voice of staff and board members from communities facing disabilities is valued and is integrated into aspects of the organization’s work, and the organization is in transition to a dominant culture that is inclusive to multiple cultural groups and has created systems, policies, and practices to maintain this culture |
The Diversity, Equity and Inclusion (DEI) Spectrum Tool helps assess where an organization is on its DEI journey and to identify potential areas for future work.

The tool describes organizational components at different points along the DEI continuum for twelve different dimensions of DEI work:

- DEI Vision
- Commitment
- Leadership
- Policies
- Infrastructure
- Training
- Diversity
- Data
- Community
- Decisions
- Accountability
- Inclusion

DEI is a complex process, and every organization’s DEI journey is unique.

The scale focuses on five points along the DEI continuum – “Not Yet Started,” “Ready to Start,” “Launched,” “Well on the Way,” and “Exemplary/Leading” – but few organizations’ DEI experiences will fit neatly into these stages.
The descriptions of organizational characteristics at each point in the process are intended to serve as guideposts rather than fixed stages. Users are encouraged to place a dot on the arrow underneath each DEI dimension to indicate where the organization is on the continuum in relation to the guideposts.
<table>
<thead>
<tr>
<th>DEI Component</th>
<th>Not Yet Started</th>
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</thead>
<tbody>
<tr>
<td>DEI Vision</td>
<td>Does not see DEI as relevant to its work</td>
<td>Recognizes the importance of DEI to its work and is contemplating its next steps</td>
<td>Recognizes the importance of DEI to its work and is in the process of developing a shared DEI vision</td>
<td>Has developed a shared DEI vision and is working to align the organization’s programs and operations with this vision</td>
<td>Has integrated DEI in organizational mission and vision statements which are actively being used to guide the organization's programs and operations</td>
</tr>
<tr>
<td>Commitment</td>
<td>Does not have an interest in advancing its DEI work</td>
<td>Is interested in advancing its DEI work and is considering how to do so</td>
<td>Is interested in advancing its DEI work and has put some strategies or actions in motion</td>
<td>Is actively engaged in advancing its DEI work</td>
<td>A commitment to DEI is fully institutionalized throughout the organization both internally and externally</td>
</tr>
<tr>
<td>Leadership</td>
<td>Members of management, staff or board have not taken leadership on DEI issues</td>
<td>A few members of management, staff or board are leading the DEI discussion</td>
<td>A DEI point person or team is leading the organization's DEI work</td>
<td>All levels of management, staff and board are taking leadership on DEI issues</td>
<td>Organization is a DEI leader and is helping to build the field and best practices; leadership demonstrates accountability to clients, constituents, stakeholders</td>
</tr>
<tr>
<td>Policies</td>
<td>Does not have any DEI-related organizational policies (beyond non-discrimination policies)</td>
<td>Does not have, but is interested in developing, DEI-related organizational policies (beyond non-discrimination policies)</td>
<td>May have some DEI-related language in some of its organizational policies</td>
<td>Has DEI policies and/or an organizational DEI plan but may be unclear about how to operationalize it</td>
<td>Has DEI policies and an organizational DEI plan with clear goals, strategies and indicators of progress</td>
</tr>
<tr>
<td>Infrastructure</td>
<td>Has not had internal discussions about the organization’s DEI work</td>
<td>Has had some internal DEI discussions, but doesn't have an infrastructure to guide the organization's DEI work</td>
<td>Individuals or small groups are guiding internal DEI discussions but aren't integrated into the organization as a whole</td>
<td>Has internal committees, affinity groups or other formal structures focused on integrating DEI issues into the organization's work</td>
<td>Work on DEI issues is integrated into every aspect of organizational culture and infrastructure</td>
</tr>
<tr>
<td>Training</td>
<td>Has not done any training related to DEI</td>
<td>Is contemplating doing organizational DEI training; individual staff may have done some initial training</td>
<td>Some staff or board have participated in DEI-related training</td>
<td>All management, staff and board are involved in DEI training and capacity building</td>
<td>Fosters ongoing DEI training, growth and leadership among management, staff and board in line with an equity plan/strategy; staff are held accountable to DEI-related practices</td>
</tr>
<tr>
<td>Diversity</td>
<td>Doesn’t see diversification of board and staff as a priority, may be paralyzed by the perceived challenges or view it as unattainable</td>
<td>Has had initial discussions about and values the idea of diversifying its board and staff</td>
<td>Beginning attempts to diversify its board and/or staff but may not know how to do it effectively or have strategies and systems in place; may not result in growing diversity</td>
<td>Actively works to increase diversity of board and staff, resulting in growing diversity; has begun to identify and institute retention strategies for diverse staff</td>
<td>Has policies and strategies for strengthening and maintaining organizational diversity; staff and board represent the diversity of the community it serves; effective retention strategies are implemented</td>
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<td>---</td>
</tr>
<tr>
<td>Data</td>
<td>Doesn’t collect demographic data in its programmatic or operational work</td>
<td>Does not collect demographic data in its programmatic or operational work, but views this as a future goal</td>
<td>Collects some demographic data in its programmatic or operational work, but not in a systematic or comprehensive way</td>
<td>Collects and disaggregates comprehensive demographic data in its programmatic and operational work but may not know what to do with the information</td>
<td>Routinely collects, disaggregates and analyzes demographic data for all programmatic and operational work; uses the information in planning and decision-making</td>
</tr>
<tr>
<td>Community</td>
<td>Doesn’t express interest in building stronger partnerships with communities facing disparities; may see it as unrealistic or unimportant to the organization’s mission</td>
<td>Values the idea of building partnerships with communities facing disparities, but may not know how or have relationships to draw upon</td>
<td>Is beginning to build partnerships with communities facing disparities but has not yet established accountability to and meaningful partnerships with these communities and may approach it in a tokenistic way</td>
<td>Actively works to build partnerships and trust with communities facing disparities; working to understand how to provide value and support to these communities</td>
<td>Has strong, mutually beneficial, accountable and equitable partnerships with diverse organizations and leaders from communities facing disparities</td>
</tr>
<tr>
<td>Decisions</td>
<td>DEI considerations do not factor into decision-making</td>
<td>Interested in factoring DEI considerations into decision-making, but may view it as an option or an add-on to core decision-making considerations</td>
<td>Decisions are occasionally influenced by DEI considerations in an ad hoc way</td>
<td>Decisions regarding organizational policies, practices and resource allocation are informed by DEI considerations</td>
<td>Decisions regarding organizational policies, practices and resource allocation are systematically guided by DEI considerations</td>
</tr>
<tr>
<td>Accountability</td>
<td>DEI-related metrics are not included in evaluations of staff or programs or in organizational accountability mechanisms</td>
<td>May recognize the value of including DEI-related metrics in evaluations of staff or programs or in organizational accountability mechanisms, but has not made any plans to do so</td>
<td>Is preparing to include or is currently including DEI-related metrics in a few aspects of the organization, such as staff and/or board representation or evaluations of specific projects</td>
<td>Some of the organization’s standard evaluation and accountability mechanisms include DEI-related metrics</td>
<td>All evaluation and accountability mechanisms for the organization, its projects, programs, management, staff and board include specific DEI-related metrics</td>
</tr>
<tr>
<td>Inclusion</td>
<td>No explicit effort is made to create an inclusive atmosphere for staff and board members from communities facing disparities</td>
<td>Values the idea of being an inclusive organization but tries to achieve this by encouraging staff and board members from communities facing disparities to participate in the dominant culture</td>
<td>There is an appreciation of the voice and perspective of staff and board members from communities facing disparities, particularly in relation to the organization’s DEI work, but they are still expected to conform to the dominant culture</td>
<td>The voice of staff and board members from communities facing disparities is valued and is integrated into aspects of the organization; the organization is in transition from a dominant culture to an inclusive/multicultural culture</td>
<td>All staff and board feel valued and all aspects of the organization reflect the voice, contributions and interests of a multicultural constituency; the organization has transitioned to an inclusive/multicultural culture and has created systems, policies and practices to maintain this culture</td>
</tr>
</tbody>
</table>
Central Oregon Health Council  
Executive Director’s Update  
March 11, 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  
- Cost & Utilization Steering committee  
- Maintain office closure and provide for minimal disruption to staff, committees, workgroups and community  
- Manage Strategic Plan  
- Manage SB741 in long session to amend sunset date of 1.2022  
- Phase II of Unite Us CIE pilot  
- Salary study  
- Start 2020 financial audit process (field audit late April 2021)

**Coming up:**

- Professional development  
- ED Succession plan
## Strategic Plan Report Card

### Year One Accomplishments

<table>
<thead>
<tr>
<th>Creating aligned partnerships for innovation between payers, delivery systems, and patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>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>
</tr>
<tr>
<td>Success Looks Like:</td>
</tr>
<tr>
<td>APMs align with contract deliverables</td>
</tr>
<tr>
<td>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>
</tr>
<tr>
<td>Additional revenue stream</td>
</tr>
<tr>
<td>The COHC staff conducts grant research.</td>
</tr>
<tr>
<td>Providers adopt Community Information Exchange (CIE).</td>
</tr>
</tbody>
</table>

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

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

### Engaging regulators for informed decision-making
- 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.
- 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.
- The COHC Board, committees & workgroups will receive advocacy training and education.
- Initiate a COHC Board gap analysis on individual member and represented organization’s current state advocacy opportunities/relationships.

### Investing in and developing data infrastructure to support continuous performance improvement
- Establish data subcommittee with clear objectives (Cost and Utilization Steering Committee (CUSC)).
- The CUSC will identify a minimum of 10 data points that are representative of drivers that contribute to increased healthcare costs.
- Obtain MOUs from the three pilot participants/data contributors.

### Success Looks Like:
- Bi-directional communication between OHA and the COHC
- Inform future CCO policy decisions
- Advocacy & policy efforts
- Advocacy strategy
- Cost driver reform commitment at Board member organizations
- 2% decrease in the cost of care
- Launch data infrastructure pilot
### Year One Accomplishments

<table>
<thead>
<tr>
<th>Identifying and addressing inequities</th>
</tr>
</thead>
<tbody>
<tr>
<td>- The Governance Committee will review Board’s bylaws to ensure equity goals are met.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Incenting better outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Design a disincentive for poor QIM performance.</td>
</tr>
<tr>
<td>- Include outcomes-based incentives regarding Social Determinants of Health (SDOH) for grantees</td>
</tr>
<tr>
<td>- Integrate incentives into at least one RHIP investment</td>
</tr>
<tr>
<td>- Develop standards of demonstrated cost-savings that qualify recommending a project for inclusion in contracting/the global budget.</td>
</tr>
</tbody>
</table>

### Success Looks Like:

- Warm Springs Board Member
- Board diversity (for “Directors-at-Large”)
- 100% QIM Payouts
- Demonstrate cost-avoidance
- Equity throughout the COHC
- Global budget absorbs projects proving cost-savings
- Global budget absorbs projects proving cost-savings
- Global budget absorbs projects proving cost-savings
CCO Director Report
Date: March 2021
To: The Central Oregon Health Council (COHC) Board of Directors
Prepared by: Leslie Neugebauer, Director, Central Oregon CCO

PACIFICSOURCE COMMUNITY SOLUTIONS-CENTRAL OREGON CCO UPDATES:
Connect Oregon/Unite Us
Network development continues. Community-based organizations that are interested in learning more are encouraged to attend a socialization session. Partners can find a session here: https://uniteus.com/oregon-events. PacificSource’s Care Management team will undergo training on how to use the system to provide closed-loop referrals for CCO members with Social Determinants of Health needs later this month.

Quality Incentive Measures (QIMs)
All 13 measures from 2020 have rolled over to 2021 by the OHA. In addition, there is a new 14th measure focused on health equity: Meaningful Language Access to Culturally Responsive Healthcare Services. You can find the measure specifications here: https://www.oregon.gov/oha/HPA/ANALYTICS/CCOMetrics/2021-2023-specs-(Health-Equity-Meaningful-Access)-20201229.pdf

GENERAL PACIFICSOURCE UPDATES:
Senior Leadership Addition
PacificSource Health Plans has promoted Lindsey Hopper to executive vice president, lines of business. Hopper previously served as the organization’s vice president of Medicaid. In her new role, she will oversee PacificSource’s Commercial, Medicare and Medicaid lines of business and will serve as a member of the organization’s senior leadership team.

PacificSource Community Solutions Website Refresh
PacificSource’s Marketing and Communications team is gearing up to make improvements to our PacificSource Community Solutions website in 2021. We are engaging multiple teams throughout the organization for enhancement ideas during this process and will also be soliciting feedback from the regional Community Advisory Councils.

Medical Management System Change
PacificSource selected VirtualHealth’s HELIOS, the industry-leading solution for comprehensive medical management, to support their more than 500,000 members across Washington, Montana, Idaho and Oregon. HELIOS will empower PacificSource to modernize its population health management infrastructure, optimize its proactive care for commercial, Medicare, and Medicaid members, and set the stage for long-term growth. Through the partnership, VirtualHealth will also deliver a next-generation pharmacy management capability that supports real-time prescription authorizations.
Central Oregon Coordinated Care Organization

62,055
Avg Membership

February 2021

AGE DEMOGRAPHICS
(From OHA Enrollment Files)

% of CCO Members by Age Group

- Child 00-12: 28%
- Child 13-18: 12%
- Adult 19-35: 26%
- Adult 36-45: 12%
- Adult 46-55: 9%
- Adult 56-64: 9%
- Adult 65+: 4%

28.3 yrs
Average Age

LANGUAGE
(From REALD Data)

Interpretation Needs

1.73%
of Members Say they Need Spoken and/or Sign Language Interpretation

0.13%
Sign Language

1.68%
Spoken

Top 5 Non-English Languages:

<table>
<thead>
<tr>
<th>Language</th>
<th>% of Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spanish</td>
<td>4.2%</td>
</tr>
<tr>
<td>Other</td>
<td>0.9%</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>0.0%</td>
</tr>
<tr>
<td>Chinese - Simplified</td>
<td>0.0%</td>
</tr>
<tr>
<td>Chinese - Traditional</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

READING LANGUAGE

- Spanish, 4.2%
- Other, 0.9%
- Vietnamese, 0.0%
- Chinese - Simplified, 0.0%
- Chinese - Traditional, 0.0%

SPOKEN LANGUAGE

- Spanish, 4.5%
- Other, 0.6%
- Vietnamese, 0.0%
- Cantonese, 0.0%
- Mandarin, 0.0%

DISABILITY
(From REALD Data)

6.0%
of Members say they are living with a disability (of any kind)

% Members by Disability Type
(Members may select as many as apply)

- Blind: 1.0%
- Deaf: 0.8%
- Difficulty Walking or Climbing Stairs: 1.7%
- Difficulty with Dressing or Bathing: 0.7%
- Difficulty with Performing Errands: 1.7%
- Issues with Memory or Decisions: 3.0%
- Limited Activity in Any Way: 4.0%

RACE / ETHNICITY
(From REALD Data)

% of Members by Self-Identified Race/Ethnicity
(Members may select as many as apply)

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>% of Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>50.2%</td>
</tr>
<tr>
<td>Hispanic or Latino/a</td>
<td>16.7%</td>
</tr>
<tr>
<td>American Indian or Alaska Native</td>
<td>2.4%</td>
</tr>
<tr>
<td>Asian</td>
<td>1.2%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>0.8%</td>
</tr>
<tr>
<td>Native Hawaiian or Pacific Islander</td>
<td>0.2%</td>
</tr>
<tr>
<td>Middle Eastern / Northern African</td>
<td>0.1%</td>
</tr>
<tr>
<td>Unknown</td>
<td>13.7%</td>
</tr>
<tr>
<td>Declined / Did not Answer</td>
<td>37.1%</td>
</tr>
</tbody>
</table>

Edited 3/2/2021
Central Oregon Coordinated Care Organization

ENROLLMENT
(FROM OHA ENROLLMENT FILES)

62,055  February 2021
Avg Membership

<table>
<thead>
<tr>
<th></th>
<th>Female</th>
<th></th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child 0-18</td>
<td>19%</td>
<td>Adult 19+</td>
<td>33%</td>
</tr>
<tr>
<td>Child 0-18</td>
<td>20%</td>
<td>Adult 19+</td>
<td>27%</td>
</tr>
</tbody>
</table>

53% Female  47% Male

TERM S & DEFINITIONS

RATE GROUP TERMS:
Rate Groups - OHA groups members into various rating categories of aid. These categories of aid are also used by actuaries to set premium rates for each CCO.

ABAD - Aid to the Blind/ Aid to the Disabled
ACA - Affordable Care Act (Medicaid Expansion)
CAF Children - Children in Adoptive, Substitute, or Foster Care
CHIP - Children’s Health Insurance Programs
OAA - Old Age Assistance
PLM - Poverty Level Medical
TANF - Temporary Assistance to Needy Families
w/ w/o Medicare - With and without Medicare Coverage/Eligibility

OTHER TERMS:
Avg Membership - Average membership. In contrast to a count of unique members covered, this reflects the average number of members covered over a period of time. Due to the nature of how members can come on/off plans in Medicaid, average membership is nearly always lower than the count of unique members with coverage during a time period.
CCO - Coordinated Care Organization
REALD - Race, Ethnicity, Language and Disability Data. This data is optional for members to provide. It is collected by OHA and sent to CCOs in member eligibility data files.

MEMBER RATE GROUPS
(FROM OHA ENROLLMENT FILES)

% of Membership by Rate Group

<table>
<thead>
<tr>
<th>Rate Group</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACA Ages 19-44</td>
<td>27.2%</td>
</tr>
<tr>
<td>ACA Ages 45-54</td>
<td>7.1%</td>
</tr>
<tr>
<td>ACA Ages 55-64</td>
<td>7.3%</td>
</tr>
<tr>
<td>ABAD &amp; OAA* (w/ w/o Medicare)</td>
<td>9.9%</td>
</tr>
<tr>
<td>CAF Children</td>
<td>1.3%</td>
</tr>
<tr>
<td>PLM, TANF, and CHIP Children 0-18</td>
<td>37.4%</td>
</tr>
<tr>
<td>Poverty Level Medical Adults &amp; TANF (Adult)</td>
<td>9.3%</td>
</tr>
<tr>
<td>Breast/Cervical Cancer Program</td>
<td>51</td>
</tr>
</tbody>
</table>
Present:
Brad Porterfield, Chair, Consumer Representative
Linda Johnson, Community Representative
Mayra Benitez, Consumer Representative
Jolene Greene, Consumer Representative
Larry Kogosvek, Vice Chair, Consumer Representative
Lauren Kustudick, Consumer Representative
Tom Kuhn, Deschutes County Health Services
Theresa Olander, Consumer Representative
Regina Sanchez, Crook County Health Department
Elizabeth Schmitt, Consumer Representative
Mandee Seeley, Consumer Representative
Cris Woodard, Consumer Representative
Ken Wilhelm, United Way of Central Oregon

Absent:
Natalie Chavez, Jefferson County Health
Elaine Knobbs-Seasholtz, Mosaic Medical
Jennifer Little, Klamath County Public Health
Tre Madden, Crook County

Others Present:
MaCayla Arsenault, Central Oregon Health Council
Rebeckah Berry, Central Oregon Health Council
Tania Curiel, Oregon Health Authority
Reanna Downey, PacificSource
Gwen Jones, Central Oregon Health Council
Donna Mills, Central Oregon Health Council
Leslie Neugebauer, PacificSource
Ken Provencher, PacificSource
Kelsey Seymour, Central Oregon Health Council
Kristen Tobias, PacificSource
Jessica Waltman, PacificSource
Renee Wirth, Central Oregon Health Council

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

Public Comment
• Brad welcomed public comment. Elizabeth Schmitt shared she was having trouble ordering prescriptions through the phone app. Kristen Tobias agreed to help Elizabeth offline.
  o **ACTION:** Kristen will help Elizabeth order prescriptions offline.

Approval of the Minutes
• Brad asked if Tre Madden has left the CAC. Macayla explained that Tre has not responded to her yet, and she wanted to give him space to recover from his accident.
• Brad asked why an asterisk appears in the CAC minutes from February. Kelsey Seymour agreed to amend this.
  o **ACTION:** Kelsey will amend the February minutes.
• Linda Johnson motioned to approve the minutes with the aforementioned edits; Ken Wilhelm seconded. All were in favor, the motion passed unanimously.

Patient Story
• Brad shared the Latino Community Association partnered with the Oregon Health and Science University (OHSU) to conduct a focus group with families whose children had special health needs. He shared respondents were very happy with Medicaid and coverage, but shared their poor experiences with providers. He noted many grievances centered on their status as immigrants, or their English language proficiency. He explained these families felt as though their provider did not hear them, even when they had an interpreter, and sometimes felt disrespected. He shared that walking into a clinic, families observed facial expressions and body language that indicated staff was unhappy to see them. He noted that in contrast, families who visited providers in Portland had excellent experiences.

Dental Access and Prescription Mail Order Follow Up
• Kristen Tobias followed up on the question from the previous meeting that prescription deliveries to rural areas are most likely to be delivered by USPS and are considered priority mail. She noted that CAC members mentioned there are no signs advertising mail-order prescriptions in provider clinics. She shared they plan to make providers aware of the benefit and work in signing patients up for it into Electronic Health Records (EHRs).

CCO Grievance and Appeal Process
• Jessica Waltman explained she is a member of PacificSource’s Grievance and Appeals (G&A) team. She noted members can submit a complaint about any service or benefit with why they are dissatisfied, and PacificSource will do a root cause analysis to resolve it or minimize its impact. She explained that based on the number of complaints, they are able to assess opportunities for improvement. She noted an anonymous feedback option is in the works.

• Mandee Seely shared she had filed a complaint in a mail survey in the past and never received a response from PacificSource. Regina Sanchez explained that if CCO members do not change their address with the Oregon Health Authority (OHA) their mail may not reach them.

• Theresa asked how long the grievance process can take. Jessica explained that most will receive a response within 72 hours to 14 days, but all issues are reviewed within 45 days. Theresa shared she has a grievance pending and has not heard back yet. Jessica agreed to check in on the issue and get back to Theresa through Kristen Tobias.
  o **ACTION:** Jessica will follow up with Theresa through Kristen on the status of Theresa’s grievance.

• Reanna Downey and Kristen modeled a scenario call between a member and customer service department filing a complaint.

• Brad asked if grievances can be filed by text. Kristen explained they cannot because of personal health information (PHI) security concerns, but noted it could be explored.

**Process Development: How CAC Manages Emerging Issues**

• Gwen explained the CAC needs a way to manage issues that are emerging. She shared a continuum of involvement and asked the CAC to react to it. The group indicated they are interested in a collaborative level of involvement. CAC member divided into small groups to discuss collaborative opportunities, and agreed to come back at the next meeting to debrief the result.
  o **ACTION:** MaCayla and Gwen will put items not covered at this meeting on next month’s agenda.
COVID-19 Final Report for Thrive Central Oregon (RHIP)
“Basic needs support to low-income households”
Reviewed by the Stable Housing and Supports Workgroup

Summary of Results:

- With these funds Thrive was able to support approximately 35 households with the basic needs and utility assistance they sought.

- The bulk of support was made through gift cards to address grocery and supply needs, as well as gas cards, bus tickets and specific utility payments.

- As we have other funding to assist households in Redmond and Bend with rent and mortgage payments, these mini-grant funds were targeted to folks living in the more rural areas of Central Oregon that could not qualify for our housing assistance.

Story:

Suttle Lake camp reached out to Thrive this last Summer. They wanted to use their camp to help, as it was standing empty of the usual guests due to COVID. With this offering, we have been able to coordinate the temporary housing of 7 different women while we sought more permanent housing options. These women had been living in their cars, temporarily staying with friends, and were homeless. Funds from COHC allowed us to provide gas support, so they could still attend needed appointments, go to more affordable grocery stores and keep up with their other connections. In short, they were able to maintain their lives, while living in a safe and sheltered situation. Amazing what partnerships can make happen.
Summary of Results:

- We expedited the expansion of our technology capacity since the COVID 19 pandemic made virtual BH care more critical than ever.
- We were able to provide equipment and secure Zoom licenses so other staff quarantined because of exposure to COVID-19 or medical vulnerabilities were able to maintain continuity of care by providing virtual services, engaging clients at home or other locations of their choice in both individual and group therapy services even though our locations were closed per OHA guidelines.
- The two Community Mental Health Providers (CMHPs) that BestCare Treatment Services operate in the rural areas of Jefferson and Crook Counties have been able to offer provision of telehealth services during the COVID 19 pandemic.
- Although Emergency Department (ED) claims data is not yet available, being able to continue engagement of some clients with SPMI and SUD, through virtual services, helped decrease visits to the local ED in Jefferson County that also serves Warm Springs tribal members, as well as Spanish speaking individuals, per the report of our staff members that are embedded within the ED there.
- Our Deschutes County Outpatient programs, including Medication Assisted Treatment for individuals with opioid use disorder, actually increased census levels by rapidly pivoting to virtual services using our secure mobile platform.
- Our Bend location provides services to individuals from La Pine, especially those seeking Medication Assisted Treatment due to the lack of these specialty services in their area.

Quotes:

Our LMP, the lead provider of MAT services, gave examples of successes such as a 63 year old diabetic that cannot attend in person sessions due to risk but has continued to do well, and 3 pregnant females who have continued in MAT services throughout their pregnancies. Per our Medical Director, who assists in covering our MAT clinics in Bend and Redmond, stated:

"I think Telehealth has really been a godsend for a lot of MAT patients. It allows for a quick conversion of regular in-person appointments to telehealth when things come up – people get sick or have other issues, and I’d rather ‘see’ them remotely than not at all. If telehealth weren’t an option, a lot of clients would have been lost to follow up."

*Order of projects is by final report submission date  Published March 2021
Summary of Results:

- The project was specifically to reach vulnerable populations in Crook County with messaging about COVID-19.
- The project directed funding towards communication strategies to vulnerable populations due to poverty and geography.
- This included the creation of materials in Spanish.
- The project was successful in that the department was able to create daily Facebook posts to communicate to the public along with updates on our website weekly.
- It was challenging at times with the push back from the community on mask wearing, but we kept providing information and coordinated messaging with the Chamber of Commerce.
  - Facebook Messages increased
  - Newspaper and press releases regularly
  - Created communication specifically for businesses
  - Reached out through the Faith-Based Network to reach a large audience.
- Outcomes include increased knowledge and compared to other similar size counties, Crook County had less cases and deaths.

Quotes:

"Crook County Health Department really made an effort to reach out to our residents to help them through this pandemic and we believe we made a difference."

*Order of projects is by final report submission date  Published March 2021
COVID-19 Final Report for Building Hope (Non-RHIP)
“Basics to Build Hope”

Summary of Results:

- We brought sanitation and personal health to the homeless community in Redmond.

- All of the homeless individuals, couples, and families that we worked with all saw a dramatic improvement in their health and well-being.

- Between 12.15.2020 and 2.15.2021, Building Hope provided PPE, sanitation, and personal health products to 25 homeless individuals around Redmond.

Quotes:

"Love is like paint, it does nothing unless applied" An impact of this project is the incredible love that is felt by the homeless community, the joy that is brought to their hearts by knowing, we sought them out, to care for them.
COVID-19 Final Report for Crook County Health Department (Non-RHIP)
“Additional Case Investigation Support and Vaccine Planning”

Summary of Results:

- The project was to hire additional staff for contact tracing and investigation so as CCHD staff could move forward with vaccine planning and execute vaccine administration.
- The department was able to hire two additional retired nurses and two volunteers to assist with contact tracing and investigations.
- The Vaccination Point of Dispensing (POD) plan was completed and submitted to Oregon Health Authority.
- The Vaccination Planning was developed and vaccinations began in Crook County with PODs for the Educators on February 25th and the IDD population on February 26th.
- Weekly PODs are conducted every Tuesday for up to 400 vaccinations.

Story:

The educator staff in Crook County were very excited about receiving vaccinations, they provided a plaque to the department and the staff were honored at the School Board Meeting.

*Order of projects is by final report submission date*
COVID-19 Final Report for The Child Center (Non-RHIP)
“Expanded Outreach & Coordination for Youth Mental Health Services”
Reviewed by the Behavioral Health: Increase Access & Coordination Workgroup

Summary of Results:

- The Child Center (TCC) was able to engage over 30 school partners in the Bend/La Pine, Sisters and Redmond districts as well as several charter, private and alternative learning sites.
- TCC also increased participation in community groups including, but not limited to: Systems of Care: Collaborative Youth Action Alliance, TRACES Family Support Collaborative, COHC: Behavioral Health Increase Access & Coordination Workgroup, Culture of Care, Pacific Source Community Solutions, Deschutes County Behavioral Health, Better Together, High Desert Educational School District and more.
- We also compiled a library of resilience building tips for ongoing distribution and continue to establish and foster relationships with partners at schools and in the community to provide these resources to families in 2021 and beyond.
- With the support from the mini-grant, we were able to move our administrative staff from .5 to 1.0 FTE which allowed us to increase coordination to support our counselors/therapists, including establishing a new system for managing appointments which created a smoother process for clients and staff alike.
- While the need has been highest during the period of the pandemic where all services needed to be via the telehealth model, having a communications system that allows for a more seamless and easy experience coordinating intake and referrals will allow TCC to continue to grow our services to provide access across more of Central Oregon.

Story:

In March of 2020, we moved our counseling support programs online in order to continue providing care despite COVID-19 forcing physical locations to close. However, the lack of daily in-person office interaction created communication barriers that presented challenges for the organization, partners, and the clients we serve. The mini-grant received from the COHC allowed us to increase our administrative support staff's time, and in doing so provided us with the necessary support to navigate around these barriers and increase the quality of care while we worked to adapt to the sudden and unique circumstances of providing mental health care via the COVID-19 pandemic.

*Order of projects is by final report submission date Published March 2021