Council

- Brad Porterfield, Chair, Consumer Representative
  Latino Community Association
- Larry Kogovsek, Vice Chair, Community Representative
- Mayra Benitez, Consumer Representative
- Natalie Chavez, Jefferson County Health Department
- Jolene Greene, Consumer Representative
- Linda Johnson, Community Representative
- Elaine Knobbs-Seasholtz, Mosaic Medical
- Lauren Kustudick, Consumer Representative
- Tom Kuhn, Deschutes County
- Jennifer Little, Klamath County
- Theresa Olander, Consumer Representative
- Elizabeth Schmitt, Consumer Representative
- Mandee Seeley, Consumer Representative
- Ken Wilhelm, United Way
- Cris Woodard, Community Representative
- Regina Sanchez, Crook County Health Department

March 18, 2021
VIRTUAL
Video Conference Link In Calendar Invite
Conference Line: 1.669.900.6833
Meeting ID: 861.0355.0703#
Passcode: 492445#

12:00 – 12:15 Welcome—Brad Porterfield
- Public Comment
- Approval of Meeting Minutes

12:15 – 12:30 Emailed Material and Announcement Questions—All

12:30 – 12:55 CLAS Standards—Miguel Herrada

Gwen Jones & MaCayla Arsenault

Consent Agenda:
CAC Chair and Vice-Chair Roles and Responsibilities

Five Finger Voting:
0: No go! Serious concerns
1: Serious reservations and prefer to resolve concerns before supporting it
2: Some concerns, but will go along with it
3: Support the idea
4: Strong support, but will not champion it
5: Absolutely, best idea ever, willing to champion it

“The overarching purpose of the CAC is to ensure the COHC remains responsive to consumer and community health needs.”—COHC CAC Charter
Here’s the inside story.
Inside your convenient dispenser box is a roll of SimpleDose™ packs that follows your daily regimen of maintenance medications. Each pack is labeled with the information you need to stay on your medication schedule.

1. Pull the first pack through the opening in the box.
2. Remove the first pack from the roll by tearing from left to right along the perforated line. **REMEMBER: Packs need to be separated first before opening.**
3. Open the pack by tearing through the arrow at “TEAR HERE.” Use scissors, if necessary.

Look at all you can do when you manage your SimpleDose™ order online:*
- Add or remove medications from your monthly order
- Approve your next box via the SimpleDose dashboard
- See what’s inside your next order
- Track the status of your monthly order
- Enroll into our auto-refill service which allows your order to be shipped automatically each month.**

To learn more, please visit [CVS.com/SimpleDose](https://www.cvs.com/simplesdose)

We’re here for you 24/7. Call us at 1-800-753-0596.

---

Let’s get started.

Your privacy is important to us. CVS Pharmacy® employees are trained regarding the appropriate way to handle your private health information. This document contains confidential and proprietary information belonging to CVS Pharmacy and cannot be reproduced, distributed or printed without written permission from CVS Pharmacy. 11/24/20

* Some restrictions may apply.

** Not all prescriptions are eligible. Call us for details.
Your questions, answered.

How are my medications packaged?
Packaging is based on your prescriber’s directions. If a specific time of day is indicated, the medication will be packaged, labeled and organized accordingly. If no time is indicated, medication will be slotted into a clinically appropriate time.

Only four medications are allowed per pack. If you take five morning prescriptions, you will receive one morning pack with four medications followed by a second morning pack with a single pill.

It’s important to remember that certain medications should not be taken at the exact same time. In these instances, we separate the medications into two different packets.

Can all my medications be included in the SimpleDose™ packs?
Most medications can, but clinical and regulatory guidelines require us to send certain medications in a traditional medication vial. Questions? Contact us at 1-800-753-0596.

What about acute medications?
For medications you only take once or for a short time (e.g. antibiotics), your local CVS Pharmacy® can assist you.

Why can’t I receive my SimpleDose prescriptions as 90-day refills?
Due to U.S. clinical and regulatory standards, we can only prepackage medications as a 30-day supply.

Why doesn’t my order include all my medications?
Sometimes refill authorizations arrive late from your provider. If needed, you can always fill that medication at a local CVS Pharmacy.

When will my SimpleDose order arrive?
Medications should arrive two days prior to your due date.

How can I track my monthly SimpleDose shipments?
Sign up for UPS My Choice® alerts to see real-time tracking data for orders coming to your home. Soon we’ll be able to provide real-time tracking data within your SimpleDose dashboard.
**SimpleDose™ Presorted Prescription Packs**

**Multiple Rx, one easy box.**

Manage your Rx with SimpleDose™, presorted Rx packs at no added cost.* Each box contains a 30-day supply, delivered to your home* or local CVS Pharmacy®, all backed by trusted CVS pharmacists.

Presorted Rx Pack

1. Name
2. Time to take icons
3. Date to take
4. Dosage strength
5. Medication name & description

**Getting started is easy.**

Speak with the pharmacy team or visit www.CVS.com/SimpleDose to enroll.

**Prescription Schedule**

_Easier to read. Easier to follow.*

A personalized, color-coded prescription schedule helps patients better manage their medications by knowing exactly what to take, and when.

A prescription schedule is included each month as part of the SimpleDose™ box.

**SimpleDose™ Benefits**

- Rx pre-sorted by dose, date, time.
- No added cost to enroll.*
- Free home or in-store delivery.*
- An easier way to stay on track.

*FOR NO ADDED COST CLAIM: SimpleDose™ is provided without additional fees. Drug costs may change when prescriptions are transferred to a new pharmacy or change from a 90-day prescription to a 30-day prescription. To align prescriptions on a 30-day cycle, 1 or more additional copays may be required by the patient's plan. Patients can discuss this with their CVS Pharmacy® team.

*FOR PRESORTED RX PACKS DELIVERY: Some restrictions may apply.
CLAS Standards
Culturally and linguistically appropriate services.

Using the Culturally and Linguistically Appropriate Services (CLAS) Standards

Today’s learning opportunity: How to use CLAS as a tool to improve Health Equity in our system.
• The history and context of CLAS
How Are We Already Using CLAS?

• PacificSource

The National CLAS Standards

A tool to advance health equity, improve quality, and help eliminate health care disparities.

**Standard 1** Commit to high quality care and services by supporting diverse cultural beliefs and communication needs.

• **Standards 2-4** Governance, Leadership and Workforce.
• **Standards 5-8** Communication and Language Assistance.
• **Standards 9-15** Engagement, Continuous Improvement, and Accountability.

Source: [www.ThinkCulturalHealth.hhs.gov](http://www.ThinkCulturalHealth.hhs.gov)
The National CLAS Standards

Standards 5-8 Communication and Language Assistance.

5- Offer free language support.

6- **Tell those you serve that language help is available.**

7- Make sure staff have skills in providing language support and avoid using untrained interpreters.

8- Provide easy-to-understand materials for those that you serve in the language and format they use.

Activity

**Example**

*Category:* Communication and Language Assistance.
Standard 8-Provide easy-to-understand materials for those that you serve in the language and format they understand.

*Goal:* Make sure materials are available in preferred languages and format.

*Action:* Review materials and advise the CCO about gaps and opportunities to improve.
Practice

• **How can CLAS be used to advance health equity?**
  From the Communication and Language Assistance category, Standard #6 *Tell those you serve that language help is available.*
• Let’s discuss how the CAC could support system change in this area.

  • *Goal:*
  • *Action:*

Questions?
Collaborating to Build CAC’s Process for Handling Emerging Issues

https://docs.google.com/presentation/d/17nkSERp15a2e3QT5jaDge9tqvfJJBsE9zglTA_LdiCY/edit?usp=sharing

How we’ll build our process for Handling Emerging Issues (e.g. CCO OHP related issues that come up in meetings)

1. Understand Better - Need, Background, What’s currently happening, Visioning for Desired Process
2. Identify Barriers - Identify what might keep us from having a process we want
3. Solutions Thinking - Understand what we need to do, build the process
4. Use Our Newly Developed Process
5. Review and Revise Our New Process As Needed
Today’s Plan (30 minutes)

1. Review and Complete Background, Current Method and Desired Method
   10 min, Large Group

2. Identify Barriers
   15 min, Small Groups

3. Barriers Report Out
   5 min, Large Group

Interested in continuing this work outside of monthly meetings?
Background Info

We need this process because:

- Time it takes to allocate
- Having a process that acknowledges there are issues
- Direction of how to move forward
- Develop process to member navigate
- Decide how involve do members of the cat want to be (i.e. info only, lead the charge, follow up on)
- Issues affect everyone individually. We all have needs
- Without a process issue won't be addressed
- We need accountability to ourselves, our roles as advisory to the board and our communities

We define Emerging Issue as:

- Legislative change or OHA requirement
- All issues and find out how widespread the issues are
- All issues including clients'
- Is it an urgent issue
- Something that has fallen through the cracks and is becoming more of an issue for the consumers

CAC scope for emerging issues are:

- Anything related to the mission of the CA

Organizations that we might escalate issues to are:

Desired Method

We want the current method to feel:
Current Method

There is no process to manage Emerging Issues
We hear about Emerging Issues during these parts of the meeting:
  Beginning, Announcements, Community Comment, patient story, An action in the minutes
Agenda topic generated
All parts
(Need definition of emerging issue not “that’s great to know”
Anecdotally, what generally happens is:
  Someone from PS staff or COHC staff volunteers to address or look into issue, might be resolved, no follow up by CAC, sometimes comes up in follow up action agenda items
  It gets overlooked. Addressed and then forgotten.
The current method feels:
  No closure. Left lingering. Inconsistent. Not knowing if our concerns are important to the ppl we’re speaking to. Not knowing if our needs are being addressed
Overloaded we never get to solving the issue, it’s always on to the next thing

Desired Method

We want the desired method to do this:
Feedback loop, be a consistent process
### Barriers:

What blocks us from managing our emerging issues?

<table>
<thead>
<tr>
<th>Barrier</th>
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</thead>
<tbody>
<tr>
<td>We don’t know if the issue is isolated or wide spread</td>
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<tr>
<td>We don’t have enough time to discuss the issue in the meeting</td>
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<tr>
<td>We don’t get follow up, issue is forgotten</td>
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<tr>
<td>We don’t know what or if an issue is urgent</td>
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</tbody>
</table>
### Barriers: What blocks us from managing our emerging issues?

<table>
<thead>
<tr>
<th>Barrier</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>We don't know if an issue has been address, or how</td>
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<tr>
<td>What we do is inconsistent</td>
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<tr>
<td>We don't get to solving the issue because we're overloaded and rushed to next agenda item</td>
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</tbody>
</table>

**Eliminate Duplicate Barriers Here**
## Solutions Thinking: If We... Then We...

**Example and Practice**

<table>
<thead>
<tr>
<th>Barrier:</th>
<th>If we..</th>
<th>then..</th>
</tr>
</thead>
<tbody>
<tr>
<td>We don’t know if the issue is isolated or wide spread</td>
<td>Ask the responsible party to do research</td>
<td>We’ll know if it’s isolated or not and we’ll know to escalate it</td>
</tr>
<tr>
<td>We don’t have enough time to discuss the issue in the meeting</td>
<td>Agree on prioritizing time to discuss</td>
<td>We won’t feel rushed and be able inform meaningfully on the issue</td>
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<tr>
<td>We don’t get follow up, issue is forgotten</td>
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</tbody>
</table>
COHC Community Advisory Council
Held virtually via Zoom
February 18, 2021

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
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.
  - **ACTION:** Kristen will help Elizabeth set up mail order prescriptions offline.

Approval of the Minutes
- Brad asked if Tre Madden has left the CAC. MaCayla notified the CAC that she has reached out to Tre and will report back on his membership status.
- Brad asked why an asterisk appears in the CAC minutes from February. Kelsey Seymour agreed to amend this.
  - **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.
Overview: The Community Advisory Council exists to ensure that PacificSource Community Solutions Oregon Health Plan remains responsive to the needs of PSCS OHP member and broad community needs.

The CAC will provide guidance and feedback to the COHC in the following areas:
1. COHC Work Plan
2. Regional Health Improvement Plan
3. Regional Health Assessment
4. Development, implementation and evaluation of innovative initiatives, programs, services and activities

The CAC will assist the COHC through the following roles and activities:
1. Serve as a conduit for residents of each geographic area in the region to ask questions and raise concerns
2. Identify opportunities to improve population health in the Central Oregon region
3. Advocate for COHC preventive care practices
4. Maximize engagement of those enrolled in the Oregon Health Plan (“OHP”)
5. Provide advice to help COHC link the community’s medical and non-medical services to overcome barriers to health
6. Provide a link back to community constituents to aid in achieving the COHC Vision and Guiding Principles
(excerpts from the COHC CAC Charter)

Workplan:

<table>
<thead>
<tr>
<th>Date</th>
<th>Deliverable Deadline</th>
<th>Preparation to Meet Future Deliverable</th>
<th>Status</th>
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</thead>
<tbody>
<tr>
<td>2020</td>
<td>November Consumer Representative Seats</td>
<td>Consumer Reps - Update press release and community letter, translate Identify target recruitment communities Seek help from Mosaic, Volunteers in Medicine, Latino Community Association, Habitat for Humanity, CAC members</td>
<td>Green</td>
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<tr>
<td>Date</td>
<td>Event</td>
<td>Details</td>
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<td>11.30</td>
<td>CAC 2021 Workplan Finalized</td>
<td>CAC workplan – CAC reviews and revises workplan</td>
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<td></td>
<td>Health Equity Plan – Collect revised application demographics from CAC members. Send Kristen birth dates to check PSCS OHP (PacificSource Community Solutions Oregon Health Plan) membership</td>
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<td></td>
<td>Health Related Services – grantees notified of grant awards. Finalize reporting spreadsheet CAC debrief about grant process</td>
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<td></td>
<td>Chair and Vice Chair Roles and Responsibilities – draft questions, collect and compile feedback from Board of Director Chairs, CAC Chairs and CAC</td>
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<td>December</td>
<td>Consumer Representative Seats</td>
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<td>12.1 Health Equity Plan: CAC Demographic Data</td>
<td>Email CAC demographic data to PS</td>
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<td>12.31 Health Related Services: Community Health Projects Grant funding dispersed</td>
<td>Funding report emailed to PS</td>
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<td></td>
<td>Chair and Vice Chair Roles and Responsibilities – draft questions, collect and compile feedback from Board of Director Chairs, CAC Chairs, compile feedback, create first draft of roles and responsibilities</td>
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<td>2021</td>
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<td>January</td>
<td>Consumer Representative Seats</td>
<td>In contact with OHA for consultant assistance</td>
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<td>Month</td>
<td>Role</td>
<td>Task Description</td>
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<td>February</td>
<td>Consumer Representative Seats</td>
<td>Awaiting OHA consultant assistance</td>
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<td>Create communication and marketing plan</td>
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<td>Chair and Vice Chair Roles and Responsibilities - final revisions</td>
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<td>Create process to address emerging issues</td>
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<tr>
<td>March</td>
<td>Consumer Representative Seats</td>
<td>Date confirmed to meet with OHA consultant</td>
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<td>Finalize and operationalize Chair and Vice Chair Roles and Responsibilities.</td>
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<td>Create process to address emerging issues</td>
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<td>Health Related Services: Community Health Projects</td>
<td>Grant funding dispersed</td>
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<td></td>
<td>Initiate Community Health Projects process</td>
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<td>April</td>
<td>Consumer Representative Seats</td>
<td>Create communication and marketing plan</td>
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<td>Health Related Services: Community Health Projects</td>
<td>Grant funding dispersed</td>
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<td>Continue Community Health Projects process</td>
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<td>May</td>
<td>Consumer Representative Seats</td>
<td>Create communication and marketing plan</td>
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<td><strong>12.31 Health Related Services: Community Health Projects</strong>&lt;br&gt;Grant funding dispersed</td>
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<td>Continue Community Health Projects process</td>
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<td>June</td>
<td>Consumer Representative Seats</td>
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<tr>
<td><strong>6.30 Annual CAC Demographic Report</strong></td>
<td></td>
<td>Notes from PS—waiting on Oregon Health Authority (OHA) reporting template. Will need to collect by May 2021 for Health Equity team deliverable timeline.</td>
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<tr>
<td><strong>6.30 Supporting Health for all through Reinvestment (SHARE) Initiative Spending</strong></td>
<td></td>
<td>Notes from PS—this is very up in the air. We will not know until June of 2021 if we have SHARE money for the CAC to distribute. More to come.....</td>
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<tr>
<td><strong>6.30 Community Health Improvement Plan (RHIP) Progress Report</strong></td>
<td></td>
<td>Notes from PS—I am not 100% sure how this is a CAC deliverable, but have asked for more information.</td>
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<td><strong>12.31 Health Related Services: Community Health Projects</strong>&lt;br&gt;Grant funding dispersed</td>
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<td>Month</td>
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<td>July (No Meeting)</td>
<td>Consumer Representative Seats</td>
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<td>August</td>
<td>Consumer Representative Seats</td>
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<td>12.31 Health Related Services: Community Health Projects Grant funding dispersed</td>
<td>Continue Community Health Projects process</td>
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<td>September</td>
<td>Consumer Representative Seats</td>
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<td>12.31 Health Related Services: Community Health Projects Grant funding dispersed</td>
<td>Continue Community Health Projects process</td>
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<td>October</td>
<td>Consumer Representative Seats</td>
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<td>November</td>
<td>Consumer Representative Seats</td>
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<td>December</td>
<td>Consumer Representative Seats</td>
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