COHC Virtual Board Meeting
April 8, 2021
Dial In – See calendar invite for Zoom details to join from a computer
Phones: 1(669) 900-6833, Code: 542240567#

Welcome – Rick Treleaven
12:30 – 12:40 Introductions, Public Comment – Rick Treleaven

12:40 – 12:45 Action Items & Approve Consent Agenda.................................vote

12:45 – 12:50 Patient Story – Eric Alexander.............................................information

Governance
12:50 – 1:00 Board Policy Book – Linda Johnson........................................vote
Attachment: Final Draft

1:00 - 1:20 Ops Chair QIM Qrtly Report Out – Ops Chairs..................discussion

1:20 - 1:35 CAC Qtrly Report Out – Brad Porterfield.........................discussion

Long-Term Systemic Change
1:35 – 1:45 CUSC – Rick Treleaven & Divya Sharma.......................discussion

1:45 – 1:50 SB 741 Update – Donna Mills.............................................information

1:50 - 2:00 Community Partner Satisfaction Survey Results – Kelsey
Seymour.............................................discussion
Attachment: one pager

2:00 – 2:30 Strategic Plan Report – Staff.................................information

RHA/RHIP
Tri-annual report out in MAY – stay tuned

Consent Agenda
• March 2021 Board Minutes
• February 2021 Financials (pre-Audit)

Written Reports
• Executive Director Update
• Strategic Plan Report
• March 2021 CAC Minutes
• COVID Mini Grant Report
• Qtrly RHIP report
• CCO Dashboard
• CCO Director’s Report

The Central Oregon Health Council Board of Directors reserves the right to transition into an executive session at any point during the Board meeting.
MINUTES OF A MEETING OF
THE BOARD OF DIRECTORS OF
CENTRAL OREGON HEALTH COUNCIL
HELD VIRTUALLY VIA ZOOM
March 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 March 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
Tammy Baney
Brad Porterfield
Dan Stevens
Kelly Simmelink
Justin Sivill
Seth Crawford
Directors Absent:  Megan Haase, FNP  
Divya Sharma, MD  
Iman Simmons  

Guests Present*: MaCayla Arsenault, Central Oregon Health Council  
Rebeckah Berry, Central Oregon Health Council  
Rebecca Donell, Oregon Health Authority  
Mike Franz, PacificSource  
Gwen Jones, Central Oregon Health Council  
Kat Mastrangelo, Volunteers in Medicine  
Donna Mills, Central Oregon Health Council  
Leslie Neugebauer, PacificSource  
Kelsey Seymour, Central Oregon Health Council  
Kristen Tobias, PacificSource  
Renee Wirth, Central Oregon Health Council  

*Other guests attended beyond these listed above. They represented the interests of a labor dispute with St. Charles.

Mr. Treleaven served as Chair of the meeting and Ms. Seymour served as Secretary of the meeting. Mr. Treleaven called the meeting to order and announced that a quorum of directors was present and the meeting, having been duly convened in accordance with the Corporation’s bylaws, was ready to proceed with business.

WELCOME  
Mr. Treleaven welcomed all attendees to the meeting; introductions were made.

PUBLIC COMMENT
Mr. Treleaven welcomed public comment. No public comment was made. Guests in attendance representing the labor dispute with St. Charles chose to remain silent during the meeting despite Mr. Treleaven’s invitations to them to speak. Instead they chose to post their questions and comments in the chat box on Zoom.

**CONSENT AGENDA**
The consent agenda included the February minutes and the COHC January Financials. Mr. Porterfield requested that the use of acronyms be limited in the minutes.

MOTION TO APPROVE: Commissioner Adair motioned to approve the consent agenda; Ms. Baney seconded. The motion was approved unanimously.

**PATIENT STORY**
Ms. Johnson shared the stories of husband and wife Jose and Maria. She explained that while Volunteers in Medicine (VIM) was closed for the holidays, Jose developed cold-type symptoms, and tested positive for COVID-19. She shared that VIM delivered over-the-counter medicine to the couple so they could quarantine.

**JOINT MANAGEMENT AGREEMENT (JMA) 101**
Ms. Neugebauer and Ms. Mills explained that Oregon Health Authority (OHA) revenue comes to PacificSource, the Coordinated Care Organization (CCO), and through the JMA, a small portion of funds are designated to the COHC, and the rest is used to pay for the Medicaid benefit.

**JOINT MANAGEMENT AGREEMENT (JMA) BEHAVIORAL HEALTH INVESTMENT**
Dr. Franz shared that he, Mr. Treleaven, Ms. Garceau, and Ms. Mills met to develop a list of four broad proposals for dispensing the $4.1M allocated to behavioral health by the deadline of May 15th. He outlined the four proposals as follows: Central Oregon Suicide Prevention Alliance (COSPA) for youth suicide prevention while prioritizing Black or Indigenous People of Color (BIPOC), Volunteers in Medicine (VIM) for integrated and/or outpatient behavioral health services in Spanish, County Mental Health Programs (CMHPs) to serve individuals with Medicare which leaves older adults uninsured or underinsured for behavioral health needs, and the Central Oregon Veteran’s Outreach (COVO) Veteran’s Village and other unhoused individuals who are uninsured or underinsured.
Ms. Baney highlighted the need for inpatient pediatric psychiatric services in Central Oregon. Dr. Franz agreed he is acutely aware of this gap, but noted the population density in Central Oregon is too low to warrant a child psych unit at this time. Mr. Sivill suggested focusing the dollars on the highest cost avoidance setting in order to generate a surplus in future years. Mr. Porterfield requested the proposals should not only include but welcome uncredentialled providers with the personality for connecting with youth, the unhoused, and so on.

Ms. Johnson asked whether the Board will be asked to vote on the final proposals. Ms. Mills explained they will not be asked to review and approve proposals, but rather to indicate their support today and allow her to proceed in these general directions.

MOTION TO ENDORSE: Ms. Johnson motioned to endorse the direction of all four proposed areas with the understanding they will be developed in more detail before funding is awarded by the small group; Mr. Alexander seconded. Mr. Sivill voted nay, all others voted in favor. The motion passed.

BOARD POLICY BOOK
Ms. Johnson shared the Board Policy Book is available for the Board to review this month and vote on next month. She explained secondary policies are still being developed, but the book overall is ready to be approved. The group discussed their hesitation around policy governance. Mr. Stevens suggested including a preamble, and Mr. Andrews recommended changing a single word in reference to how this Board will observe its policies. Ms. Mills agreed to make the change prior to the next meeting.

ACTION: Ms. Mills will update the Board Policy book to reflect the Board’s intentions for policy governance.

STRATEGIC PLAN REPORT
Ms. Mills shared there will be more detail on the strategic plan next month to help bring new members up to speed and refresh everyone’s memories. She noted there will be requests from the staff to the Board on assisting with progress reports.

Ms. Mills announced that Senate Bill 741 is scheduled for a hearing this Monday the 15th of March, and that herself and Ms. Baney plan to give live testimony.
ACTION: Ms. Mills will send the Senate Bill hearing information to the Board.

COST AND UTILIZATION STEERING COMMITTEE (CUSC)
Mr. Treleaven shared that Dr. Sharma has an update on the orthopedic subgroup but in her absence today, it will wait until the next meeting.

CENTRAL OREGON DIVERSITY, EQUITY, AND INCLUSION (CODEI)
Ms. Jones invited Board members into breakout sessions to discuss Diversity, Equity, and Inclusion. The Board returned from their breakout rooms and reported out their findings.

ADJOURNMENT
There being no further business to come before the Board, the meeting was adjourned at 2:43 pm Pacific Standard Time.

Respectfully submitted,

_________________________
Kelsey Seymour, Secretary
Central Oregon Health Council
Statement of Financial Position
YTD 2.2021

### ASSETS

<table>
<thead>
<tr>
<th>Description</th>
<th>General Fund</th>
</tr>
</thead>
<tbody>
<tr>
<td>Checking/Savings</td>
<td>$ 23,373,341</td>
</tr>
<tr>
<td>Accounts Receivable</td>
<td>$ -</td>
</tr>
<tr>
<td>COPA - Security Deposit</td>
<td>$ 1,997</td>
</tr>
<tr>
<td><strong>Total Checking/Savings</strong></td>
<td><strong>$ 23,375,338</strong></td>
</tr>
</tbody>
</table>

**TOTAL ASSETS**

**$ 23,375,338**

### LIABILITIES & EQUITY

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts Payable</td>
<td>$ 11,707</td>
</tr>
<tr>
<td>Payroll Payable (PTO Accrual)</td>
<td>$ 23,980</td>
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<tr>
<td><strong>RHP 2020-2024 Payable</strong></td>
<td><strong>$ 11,715,667</strong></td>
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<tr>
<td>Grants Payable</td>
<td>$ 1,315,034</td>
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<tr>
<td>2019 JMA Settlement</td>
<td>$ 4,251,252</td>
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<tr>
<td><strong>Net assets without donor restrictions</strong></td>
<td><strong>$ 5,678,627</strong></td>
</tr>
<tr>
<td>Net assets with donor restrictions (OABHI)</td>
<td>$ 165,433</td>
</tr>
<tr>
<td><strong>Net Income/(loss)</strong></td>
<td><strong>$ 213,637</strong></td>
</tr>
</tbody>
</table>

**TOTAL LIABILITIES & EQUITY**

**$ 23,375,338**

### Revenue

<table>
<thead>
<tr>
<th>Description</th>
<th>Actual</th>
<th>Budget</th>
<th>% Variance</th>
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<tbody>
<tr>
<td>Operating Revenue</td>
<td>$ 103,745</td>
<td>$ 183,333</td>
<td>-43%</td>
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<tr>
<td>Community Impact Funds</td>
<td>$ 287,295</td>
<td>$ 400,000</td>
<td>-36%</td>
</tr>
<tr>
<td>Grants</td>
<td>$ 40,632</td>
<td>$ 8,333</td>
<td>388%</td>
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<tr>
<td>Interest income</td>
<td>$ 35,127</td>
<td>$ 25,000</td>
<td>41%</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td><strong>$ 466,800</strong></td>
<td><strong>$ 666,667</strong></td>
<td><strong>-30%</strong></td>
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</table>

### Expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>Actual</th>
<th>Budget</th>
<th>% Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Expense</td>
<td>$ 169,114</td>
<td>$ 208,620</td>
<td>19%</td>
</tr>
<tr>
<td>Community Impact Funds*</td>
<td>$ 84,048</td>
<td>$ 700,000</td>
<td>89%</td>
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<tr>
<td><strong>Total Expenses</strong></td>
<td><strong>$ 253,162</strong></td>
<td><strong>$ 998,620</strong></td>
<td><strong>74%</strong></td>
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</table>

**Net Income**

**$ 213,637**

**$(291,953)** -173%

* Community Impact Funds - Top 4 funded 2021
  - COVID-19 Mini Grants (NTE $5k) $84,048
  - All other $ -

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

### CCO Financials

- P & L Board trigger Yes or No: No
- Recapture Board trigger Yes or No: No

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January/February 2021 CCO Financials

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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 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. 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
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.
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. The
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.
2021 Community Partner Satisfaction Survey Results

Total Respondents
102

Organization Reps
89

Community Members
13

Response Rate
41%

As an organization focused on equity, it feels like COHC needs more diverse representation in the group.

This is a strength of the COHC - taking time to build and foster relationships, following through with commitments.

[The COHC] is very transparent. There is good trust and open communication.

Recognize that you are working with a very diverse group of people and healthcare is the majority representation.

Indicated they have gained credibility and have become a trusted partner in the region
37%

Indicated they have become more connected with organizations within their sector
70%

Agree their organization’s opinions and recommendations are heard and respected by the COHC.
95%

Community member responses to the statement: “The weight of the voices of community members is equal to the weight of those representing organizations.”

<table>
<thead>
<tr>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>45%</td>
<td>40%</td>
<td>15%</td>
</tr>
</tbody>
</table>

WHAT WE HEARD:
We can’t make informed decisions without hearing the voices of our communities.
Central Oregon Health Council  
Executive Director’s Update  
April 8, 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  
- Start 2020 financial audit process (field audit late April 2021)  
- Appointed to Local Public Safety Coordinating Council  
- Participated in the Healthcare Congress/American College of Healthcare Executives (ACHE)

Comming up:  
- ED Succession plan  
- Audit field work
## Strategic Plan Report Card 2020-2024

### Accomplishments

<table>
<thead>
<tr>
<th>Date</th>
<th>Accomplishment</th>
<th>Who?</th>
<th>Success Looks Like</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q2</td>
<td>Research Alternative Payment Methodology (APM) promising practices and models.</td>
<td>Staff</td>
<td>APMs align with contract deliverables</td>
</tr>
<tr>
<td>Q2</td>
<td>Discuss pros and cons of APM promising practices and models at Operations Council, the Provider Engagement Panel (PEP), Finance Committee, and Cost and Utilization Steering Committee (CUSC), and make a recommendation to the Board.</td>
<td>Committees, Board, Staff</td>
<td></td>
</tr>
<tr>
<td>Q3</td>
<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>
<td>PacificSource, Staff</td>
<td>Additional revenue stream</td>
</tr>
<tr>
<td>Q4</td>
<td>The COHC staff conducts grant research.</td>
<td>Staff</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Prepare to apply for a grant in 2022, COHC as the recipient</td>
<td>Staff</td>
<td></td>
</tr>
<tr>
<td>Q2</td>
<td>Collaborate with two community provider organizations to launch a pilot Community Information Exchange (CIE).</td>
<td>Staff</td>
<td>Providers adopt Community Information Exchange (CIE)</td>
</tr>
<tr>
<td>Q2</td>
<td>Transition CIE project from the COHC to PCS</td>
<td>PacificSource, Staff</td>
<td></td>
</tr>
<tr>
<td>Q2</td>
<td>The Central Oregon CIE is established and utilized widely</td>
<td>Staff</td>
<td></td>
</tr>
<tr>
<td>Accomplishments</td>
<td>Who?</td>
<td>Success Looks Like:</td>
<td></td>
</tr>
<tr>
<td>-----------------</td>
<td>------</td>
<td>---------------------</td>
<td></td>
</tr>
<tr>
<td>COHC staff gather and share tools/strategies to explore opportunities for workgroups.</td>
<td>Staff</td>
<td>Funded projects reflect multi-sector partnerships</td>
<td></td>
</tr>
<tr>
<td>COHC RHIP Workgroups begin funding multi-sector projects.</td>
<td>Staff</td>
<td></td>
<td></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>
<td>Staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop simple and concise multi-level external communications plan for board member and partner use.</td>
<td>Staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Include expectations in the COHC Board Policy Book of Board member organizations incorporating the COHC Strategic Plan &amp; RHIP priorities</td>
<td>Governance, Board, Staff</td>
<td>COHC strategic plan and RHIP priorities are formally prioritized within Board members’ organizations</td>
<td></td>
</tr>
<tr>
<td>Survey Board members for current state adoption of the COHC SP &amp; RHIP Priorities in their organizations</td>
<td>Board, Staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Impact regional health through the RHIP (participation, investments)</td>
<td>Staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explore strategic planning processes tailored to our community coalition model.</td>
<td>Staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop a process and tools for annual COHC self-evaluation</td>
<td>Governance, Staff</td>
<td>Annual Board self-evaluations</td>
<td></td>
</tr>
<tr>
<td>Board self-eval will be conducted in 2021 for the first time</td>
<td>Governance, Board, Staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The COHC Board can name the key cost drivers in the CCO.</td>
<td>CUSC, Board, Staff</td>
<td>CUSC enacts strategies to address key cost drivers that are adopted by the Board</td>
<td></td>
</tr>
<tr>
<td>Establish baseline data around key cost drivers.</td>
<td>Staff</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

![Not started](gray) ![Obstacles](red) ![On Schedule](yellow) ![Initial Successes](light_green) ![Complete](green)
<table>
<thead>
<tr>
<th>Accomplishments</th>
<th>Who?</th>
<th>Success Looks Like:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The COHC staff will engage key PacificSource Community Solutions staff in strategic discussions on bi-directional communications streams that currently exist between the CCO and OHA.</td>
<td>Staff</td>
<td>Bi-directional communication between OHA and the COHC</td>
</tr>
<tr>
<td>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.</td>
<td>Board, Staff</td>
<td>Inform future CCO policy decisions</td>
</tr>
<tr>
<td>The COHC staff will engage key PacificSource Community Solutions staff to map out various bi-directional communications streams that currently exist between the CCO and OHA across all relevant programs or departments.</td>
<td>Staff</td>
<td></td>
</tr>
<tr>
<td>Build consensus between COHC and the CCO to define bi-directional communication with OHA</td>
<td>Staff</td>
<td></td>
</tr>
<tr>
<td>The COHC Board, committees &amp; workgroups will receive advocacy training and education.</td>
<td>Board, Committees, Workgroups, Staff</td>
<td>Advocacy &amp; policy efforts</td>
</tr>
<tr>
<td>Assess legislative relationships and opportunities of individual Board members.</td>
<td>Board, Staff</td>
<td>Advocacy strategy</td>
</tr>
<tr>
<td>Build an internal advocacy/lobbying process</td>
<td>Staff</td>
<td></td>
</tr>
<tr>
<td>Invite Board members to bring legislative priorities forward which align with the RHIP to discuss advocacy opportunities</td>
<td>Board, Staff</td>
<td></td>
</tr>
<tr>
<td>Invite RHIP Workgroup members to bring legislative priorities forward which align with the RHIP to discuss advocacy opportunities</td>
<td>Workgroups, Staff</td>
<td></td>
</tr>
</tbody>
</table>

Engaging regulators for informed decision-making

Q1 Not started  Q2 Obstacles  Q3 On Schedule  Q4 Initial Successes  Q5 Complete

Q3

Q1

Q2

Q4

Q5

Published 4.1.2021
## Strategic Plan Report Card (cont’d)

<table>
<thead>
<tr>
<th>Accomplishments</th>
<th>Who?</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Establish data subcommittee with clear objectives (Cost and Utilization Steering Committee (CUSC).)</td>
<td>CUSC, Staff</td>
<td>Cost driver reform commitment at Board member organizations</td>
</tr>
<tr>
<td>The CUSC will identify data points that are representative of drivers that contribute to increased healthcare costs.</td>
<td>CUSC, Staff</td>
<td></td>
</tr>
<tr>
<td>The subcommittees of CUSC will be supported to identify concrete actions that organizations can take by December 2021.</td>
<td>CUSC, Board, Staff</td>
<td></td>
</tr>
<tr>
<td>Obtain MOUs from the three pilot participants/data contributors.</td>
<td>CUSC, Staff</td>
<td>2% decrease in the cost of care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Launch data infrastructure pilot</td>
</tr>
</tbody>
</table>

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

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

**Published 4.1.2021**
### Strategic Plan Report Card (cont’d)

#### Accomplishments

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<tr>
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<th>Success Looks Like:</th>
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</thead>
<tbody>
<tr>
<td>- The Governance Committee will review Board’s bylaws to ensure equity goals are met.</td>
<td>Governance, Staff</td>
<td>Board diversity (for “Directors-at-Large”)</td>
</tr>
<tr>
<td>- Talk with a possible Warm Springs representative (leadership), find out if there is value for them in COHC Board participation.</td>
<td>Board, Staff</td>
<td></td>
</tr>
<tr>
<td>- Survey current COHC Board members via REAL-D and current Board representative make-up.</td>
<td>Board, Staff</td>
<td></td>
</tr>
<tr>
<td>- With the support of the Central Oregon Diversity, Equity, and Inclusion (CODEI) Committee, develop and begin collecting three COHC organizational DEI measures.</td>
<td>CODEI, Staff</td>
<td>Funded projects prioritize rural and marginalized communitites</td>
</tr>
<tr>
<td>With the support of CODEI, develop and implement tools to support regular consideration and use of equity in all COHC committees and workgroups (to better respond to needs of rural and marginalized communities).</td>
<td>CODEI, Staff</td>
<td></td>
</tr>
<tr>
<td>- Define what rural and marginalized communities are and how we will measure this.</td>
<td>Staff</td>
<td>Equity throughout the COHC</td>
</tr>
<tr>
<td>- Define what “promote and ensure equity in roles” will contain.</td>
<td>CODEI, Staff</td>
<td></td>
</tr>
<tr>
<td>- Develop a meaningful relationship between the Board &amp; the CAC.</td>
<td>Board, CAC, Staff</td>
<td></td>
</tr>
</tbody>
</table>
### Incenting better outcomes

<table>
<thead>
<tr>
<th>Accomplishments</th>
<th>Who?</th>
<th>Success Looks Like:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q3  Design a disincentive for poor QIM performance.</td>
<td>Staff, Board</td>
<td>100% QIM Payouts</td>
</tr>
<tr>
<td>Include outcomes based incentives regarding social determinants in RHIP workgroup investments which demonstrate cost-avoidance.</td>
<td>Workgroups, Staff</td>
<td>Demonstrate and incentivize cost-avoidance</td>
</tr>
<tr>
<td>Q4  Develop ways to incentivize outcomes through at least one RHIP investment.</td>
<td>Staff</td>
<td></td>
</tr>
<tr>
<td>Q3  Develop qualifications/criteria that outcomes-based incentivizing may work.</td>
<td>Staff</td>
<td></td>
</tr>
<tr>
<td>Internally develop standards of demonstrated cost-savings that qualify recommending a project for inclusion in contracting/the global budget.</td>
<td>Staff</td>
<td>Global budget absorbs projects proving cost-savings</td>
</tr>
<tr>
<td>Q4  Design a protocol with the CCO to determine minimum standards for projects in order to be considered for inclusion in the Global Budget.</td>
<td>PacificSource, Staff</td>
<td></td>
</tr>
</tbody>
</table>
## Demonstrating effective governance

### Q2
- The Governance Committee submitted the Board Policy Book for a vote at the April 2021 Board meeting and included placeholders for additional policies.
- The Governance Committee and Staff will add language into the Board Policy Book about Board Member organization alignment with the COHC’s Strategic Plan and RHIP Priority Areas.
- The Board will discuss and vote on this policy in Q2 2021.
- The intent of this policy is to demonstrate Board Members’ ability to identify and commit to alignment between their own organization’s strategic plan and/or improvement plans, and that of the COHC.

### Q3
- Survey Board members for current state adoption of the COHC SP & RHIP Priorities in their organizations
  - Once expectations are defined in the policy book, Board members whose organizations are represented on the COHC Board (excludes at-large members and CAC Chair) will be surveyed in Q3 2021 for a baseline of current alignment.
  - We will conduct this survey annually to compare with baseline results.
  - Survey results will be shared publicly and discussed beginning with the second survey in 2022 for accountability.

## Identifying and addressing inequities

### Q2
- Survey current COHC Board members via REAL-D and current Board representative make-up.
  - Race, Ethnicity, Language, and Disability (REAL-D) data is becoming the industry standard for demonstrating demographics and diversity.
  - In Q2 2021 the COHC Board will be surveyed for REAL-D for the first time. The CAC is already surveyed annually for REAL-D, as this is a requirement of OHA.
  - The REAL-D data will be used to demonstrate current Board representation compared to the demographics of Central Oregon. This is an important aspect of diversity, equity, and inclusion.
  - De-identified results will be shared with the Board in Q3 2021.
COHC Community Advisory Council
Held virtually via Zoom
March 18, 2021

Present:
Brad Porterfield, Chair, Consumer Representative
Linda Johnson, Community Representative
Jolene Greene, Consumer Representative
Larry Kogosvek, Vice Chair, Consumer Representative
Lauren Kustudick, Consumer Representative
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:
Mayra Benitez, Consumer Representative
Natalie Chavez, Jefferson County Health
Elaine Knobbs-Seasholtz, Mosaic Medical
Tom Kuhn, Deschutes County Health Services
Jennifer Little, Klamath County Public Health
Tre Madden, Crook County

Others Present:
MaCayla Arsenault, Central Oregon Health Council
Tania Curiel, Oregon Health Authority
Rebecca Donell, Oregon Health Authority
Miguel Herrada, PacificSource
Gwen Jones, Central Oregon Health Council
Donna Mills, Central Oregon Health Council
Leslie Neugebauer, PacificSource
Kelsey Seymour, Central Oregon Health Council
Kristen Tobias, PacificSource
Renee Wirth, Central Oregon Health Council
Introductions
- Introductions were made and Brad Porterfield welcomed all attendees.

Public Comment
- Brad welcomed public comment. Leslie Neugebauer shared that Jennifer Little from Klamath County Public Health recently reached out to find out if Central Oregon could help promote a COVID-19 vaccination pop-up clinic in Crescent, Oregon. She shared that PacificSource called 137 people in one day, and that appointments filled up within 2 and a half days. She noted the story made the news, and that she was invited to promote the event on Crescent’s local radio station.

Approval of the Minutes
- Linda Johnson motioned to approve the minutes; Ken Wilhelm seconded. All were in favor, the motion passed unanimously.

Approval of the Consent Agenda
- Linda shared the Board is finalizing their policy book, which will include the roles and responsibilities of the Board’s Chair and Vice Chair, and that she will be reviewing both to ensure consistency.
- Lauren Kustudick motioned to approve the consent agenda; Larry Kogosvek seconded. All were in favor, the motion passed unanimously.

Emailed Material and Announcement Questions
- MaCayla shared the requested changes have been added to the CAC’s Chair & Vice Chair Roles and Responsibilities document.
- MaCayla noted the survey respondents indicated they’d prefer to meet in small groups outside of the main meeting and keep the main meeting to just 90 minutes. She added that consumer members voted mostly in favor of using PEX cards instead of receiving paper checks.
- MaCayla shared that the social determinant of health the CAC indicated they’re most interested in funding this year is Economic Stability.

CLAS Standards
- Miguel Herrada reviewed the Culturally and Linguistically Appropriate Services (CLAS) Standards and asked the CAC how these could be used to evaluate equity. He explained the standards promote respecting and incorporating diverse cultural beliefs and communication needs, and that they are about much more than language access. A discussion of the logistics of the use of interpreters ensued.

Process Development: How CAC Manages Emerging Issues
- Gwen invited the CAC to join small groups to discuss ideas for addressing emerging issues.
• When the group returned, they agreed the first emerging issues they address should be dental access for Oregon Health Plan (OHP) recipients, and also drug and alcohol detox access.
RHIP Mini-Grant Final Report for Eclipse Marketing
“Central Oregon Blood Pressure Marketing Campaign- extension”
Reviewed by the Enhance Physical Health Workgroup

Summary of Results:

- These funds were used to extend the existing grant funded marketing campaign for blood pressure awareness in Central Oregon.
- This campaign was originally budgeted to end November 14th. However, it was important to cut through all of those distractions and make Central Oregonians aware that high blood pressure can be an underlying condition when it comes to COVID infection and the ability to fight the virus.
- Extending this campaign to run through the New Year when people were more likely to be making resolutions around health and wellness gave us a higher likelihood that the message would be heard and acted upon.
- Please see the campaign’s full results on Central Oregon Health Data: [http://www.centraloregonhealthdata.org/tiles/index/display?alias=Beep]y

Quotes:

The KnowMyBP Facebook page received a number of comments from people who wanted to show support, share their experience, or reinforce the message:

"I know my BP!"
"A stroke at 46 robbed me of everything I loved in life. EVERYTHING! Control it please!"
"I have very high blood pressure. Everyone should keep theirs as normal as possible"
"Mine's finally normal again"
"Heard you were leaving. Thanks for your good work BP"

*Order of projects is by final report submission date  Published April 2021
COVID-19 Final Report for NeighborImpact (Non-RHIP)
“Food Warehouse Pallet Jack”

Summary of Results:

- The money awarded for this project allowed the NeighborImpact food bank to purchase a new electric pallet jack after the 10 year old pallet jack we used to have, stopped working.

- The electric pallet jack is a key tool in the warehouse that assists with unloading semis, stacking pallets of food on racks, moving pallets around the warehouse and loading food for our partner agencies.

- The NeighborImpact Food Bank, upon receiving the Yale electric pallet jack, was able to keep up with the increased demand for food by receiving and distributing an increase of 920,800 pounds of food over the previous year.

- This was for a total of 3,910,847 pounds of food in 2020 to Crook, Jefferson, Deschutes, Confederated Tribes of Warm Springs and Christmas Valley.

Quote:

This was a letter we received this month from a client attending the Prineville Fresh to You mobile pantry.

"To all of my food angels.
Thank you very much!
Each and every one of you are truly appreciated.
You make life so much easier for those who struggle. Everyone looks forward to these days [Mobile Pantry Distributions].
So many are struggling. It’s a blessing to see the relief when they get there [food] boxes. It helps in so many ways in their lives. Body, mind and soul. You help in more ways than just handing out boxes.
Thank you so very much from all of us.”
COVID-19 Final Report for Council on Aging for Central Oregon (RHIP)
“Food for Additional Senior Drive-Through Meals”
Reviewed by the Address Poverty and Enhance Self-Sufficiency Workgroup

Summary of Results:

- This project focused on supporting the expanded Congregate Dining service, so that more older adults could receive additional food; transitioning from a sit-down meal once per week to a drive-through Grab-N-Go meal offered 3 times per week.
- The goal of this program is improving food security for older adults by providing no-cost well-balanced meals, improving nutrition, and creating a social connection.
- We are handing out our meals in a safe, socially-distant manner and have also put other practices in place, like reassurance calls and other means of connection to help reduce senior isolation.
- The core of our services remains focused on helping keep the older adults in our community safe and well-fed.
- Thank you for contributing to our program's success and the growing number of meals served to older adults throughout Central Oregon.
- The generous funds provided covered the cost of food for 1,250 of these meals – approximately 12% of the total meals (10,302) provided in Jan and Feb 2021.

Story with Quote:

Our Congregate Dining service provides food and connection for all who attend and the impact goes beyond food and nutrition. Providing meals and an opportunity to connect and feel seen has an enormous impact on the well-being of our most vulnerable members of our community. One of our regular Congregate Dining clients from Bend left this note for the staff and volunteers that provide this necessary service:

“I feel heard. I feel cared about. I feel loved. I feel thankful. I’m grateful for our community here, we have each other. Thanks for all the loving, kindness.”
COVID-19 Final Report for BendNEXT (Non-RHIP)
“Resilience, Self-Care and Stress Recovery During a Pandemic”

Summary of Results:

- We partnered with Moe Carrick to create two live webinars for two different audiences about managing the stressful impacts of the pandemic, the isolation and the fear of health impacts.

- One was geared toward employers/team managers, and the other geared toward team members.

- These webinars were marketed toward the general public, businesses of all sizes and social service agencies.

- A total of 125 people attended the interactive and action focused webinars.

- Additionally, we are planning to release a 30 minute version that captures all the key learnings, minus the interactive portions, for distribution across the community at no charge.

Quote:

“I enjoyed the content very much and felt Moe was very compassionate and empathetic in her ability to see and hear others. And I appreciate her willingness to be vulnerable with a group of strangers (that she can't even see!). Building Resilience left me energized and on a quest for more knowledge. Moe, Thank you for your clarity, ease, and kind presentation style.”
Summary of Results:

- The goal of this grant was to apply funds toward the donation expenses associated with giving 44 head of cattle to food banks and pantries in Central Oregon during the last quarter of 2020 and the first quarter of 2021.
- As of March 30th, 52 head of cattle were processed by the USDA butcher in Prineville, Oregon. Those cattle filled freezers for food banks in Crook, Jefferson, Deschutes and Lake Counties.
- The following entities received beef from The 1017 Project between October 2020 and March 2021 (some of the food banks and pantries were filled more than one time): Neighbor Impact, St. Vincent DePaul – La Pine Food Bank, Nativity Lutheran Food Pantry, Patriots for Families, St. Vincent DePaul - Redmond Food Bank, Bethlehem Inn, St. Vincent DePaul - Bend Food Bank, Crook County Health Department, Shiloh Ranch Church Food Pantry, St. Vincent DePaul - Prineville Food Bank, Redmond Assembly of God Food Pantry, Giving Plate - Bend, Cowboy Dinner Tree Food Pantry, Kids Korner Food Pantry - Christmas Valley, Redmond VFW, Shepherd's House, Central Oregon Veteran's Outreach, Sisters Kiwanis Food Bank, Bend Family Kitchen, Redmond Community Church Food Pantry, Rimrock Trails Treatment Center, Prineville Senior Center, First Baptist Church Food Pantry, Eastside Church - Prineville, La Pine Community Kitchen.

Quote:

"Contrary to common belief, Food Banks never distribute outdated food. We get donations from markets, food drives, local businesses, individuals, and The Oregon Food Bank. More than 50% is purchased off-the-shelf from grocery stores." Shirley Miller, Sisters Kiwanis Food Bank
RHIP Final Report for The Council on Aging for Central Oregon
“Addressing Food Insecurity and Isolation for Older Adults in Central Oregon”
Reviewed by the Address Poverty and Enhance Self-Sufficiency Workgroup

Summary of Results:
- This project focused on raising awareness and bringing attention to isolation and food insecurity that older adults face throughout Central Oregon.
- With the billboard reading ‘Imagine social distancing. All. The. Time.’ we were able to draw attention to the struggles that many older adults face, even outside of the pandemic.
- This billboard was in place for 5 months, October 1, 2020 – February 28, 2021.
- During that time, we had a large increase in website traffic – 10,465 new visitors compared to 4,696 visitors for the same time period the year prior (123% increase).
- And we served 66,242 meals in that time period: a 13% increase from the previous year (58,556).
- Thank you for contributing to our program’s success by funding the 5 months rental of the billboard space which brought more attention and awareness to the older adults served by our programs.

Story:
Our client, Teresa, lives alone and sent us a thank you letter that in part states: ‘Council on Aging, No way to tell you all how much we all appreciate, and need, the services provided by you people that care. Most people don’t. Thank you so much for the help and love you show so openly. Is a blessing.’

Our clients are feeling the weight of the pandemic, in all forms. The meals, nutritional support & connections are part of the big picture & impact these programs have on the lives of seniors.

*Order of projects is by final report submission date

Published April 2021
Address Poverty & Enhance Self-Sufficiency
$1,930,000 Remaining
$70,000 Spent

Behavioral Health: Increase Access & Coordination
$1,947,500 Remaining
$52,500 Spent

Promote Enhanced Physical Health Across Communities
$1,923,006 Remaining
$76,994 Spent

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

Substance & Alcohol Misuse Prevention & Treatment
$1,975,000 Remaining
$25,000 Spent

Upstream Prevention: Promotion of Individual Well-Being
$1,950,316 Remaining
$49,684 Spent
2020-2024 Regional Health Improvement Plan Funding

How Projects are Funded:
The Central Oregon Health Council (COHC) invests in projects that are guided by:

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

Current Process to Invest Funds:
- Six workgroups meet every month to set priorities.
- Workgroups have both subject matter experts and community members.
- Once workgroups choose strategies, they can make funding decisions.
- Workgroups each have $2 million dollars to invest in projects between 2020 to the end of 2024.
- Workgroups invest in projects that address future state measures in their focus area.

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

- $8 million by the Board of Directors
- $6 million prior to the RHIP workgroup process
- $7.5 million by the workgroups
Address Poverty & Enhance Self-Sufficiency

AIM

Individuals and families in Central Oregon experiencing poverty are provided equitable access and connected to appropriate resources that help them overcome obstacles to self-sufficiency and address health challenges.

$1,930,000 Remaining
$70,000 Spent

Increase high school graduation rates among economically disadvantaged students
Decrease food insecurity
Develop a food insecurity measure for seniors
Decrease percent of individuals living at poverty level and income constrained
Decrease housing and transportation costs as a percent of income

FUNDED PROJECTS

<table>
<thead>
<tr>
<th>GRANTEE</th>
<th>PROJECT</th>
<th>START DATE</th>
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<tbody>
<tr>
<td>Various</td>
<td>COVID-19 POOL ($25K)</td>
<td>3/20</td>
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<tr>
<td>La Pine CHC</td>
<td>Equitable Transportation (Mini Grant)</td>
<td>4/20</td>
<td>5/21</td>
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<tr>
<td>Jericho Road</td>
<td>Homeless Camp Outreach (Mini Grant)</td>
<td>9/20</td>
<td>9/21</td>
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<tr>
<td>Locavore</td>
<td>Program Support (Mini Grant)</td>
<td>9/20</td>
<td>8/21</td>
</tr>
<tr>
<td>Council on Aging of Central Oregon</td>
<td>Food Insecurity, Isolation (Mini Grant)</td>
<td>10/20</td>
<td>2/21</td>
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<tr>
<td>The Center Foundation</td>
<td>OK4Life (Mini Grant)</td>
<td>9/20</td>
<td>12/20</td>
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<td>Council on Aging of Central Oregon</td>
<td>Food Insecurity (Mini Grant)</td>
<td>1/21</td>
<td>2/21</td>
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<td>High Desert Food &amp; Farm Alliance</td>
<td>Food Access (Mini Grant)</td>
<td>1/21</td>
<td>12/21</td>
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<tr>
<td>Friends of the Children - Central Oregon</td>
<td>Decreasing Long-Term COVID Affects (Mini Grant)</td>
<td>2/21</td>
<td>7/21</td>
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</tbody>
</table>
Behavioral Health: Increase Access & Coordination

**AIM**

Increase equitable access to skilled and coordinated care between outpatient specialty behavioral health* and the larger health system, including primary care, while decreasing barriers (e.g. stigma, availability of appropriate mental health providers etc.) to ensure an effective and timely response.

*Specialty Behavioral Health includes mental health, substance abuse, and developmental services that are delivered in specialty settings (outside of primary care).

**MEASURES**

- Increase availability of behavioral health providers in marginalized areas of the region
- Increase timeliness and engagement when referred from primary care to specialty BH
- Standardize screening processes for appropriate levels of follow-up care

**FUNDED PROJECTS**

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<td>Weeks Family Medicine</td>
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<tr>
<td>COCC Addiction Studies</td>
<td>Scholarships (Minigrant)</td>
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<td>The Shield</td>
<td>Veterans Supports (Minigrant)</td>
<td>1/20</td>
<td>1/21</td>
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<tr>
<td>Wellness Through Horses</td>
<td>Technical Assistance Support (Minigrant)</td>
<td>1/21</td>
<td>6/21</td>
</tr>
</tbody>
</table>

$1,947,500 Remaining
$52,500 Spent
Promote Enhanced Physical Health Across Communities

**AIM**

Equitably and measurably ensure all Central Oregonians improve health behaviors and reduce risk factors that contribute to premature death and diminished quality of life related to preventable disease.

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$1,923,006 Remaining
$76,994 Spent

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**FUNDED PROJECTS**

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<tr>
<td>La Pine CHC</td>
<td>Telehealth (Mini Grant)</td>
<td>3/20</td>
<td>3/21</td>
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<tr>
<td>Stroke Awareness OR</td>
<td>Education (Mini Grant)</td>
<td>4/20</td>
<td>1/21</td>
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<tr>
<td>Jericho Road</td>
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<td>9/20</td>
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</tr>
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<td>Locavore</td>
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<td>8/21</td>
</tr>
<tr>
<td>Environmental Center</td>
<td>School Gardens (Mini Grant)</td>
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<td>7/21</td>
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<tr>
<td>The Center Foundation</td>
<td>OK4Life (Mini Grant)</td>
<td>9/20</td>
<td>12/20</td>
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<td>Eclipse Marketing</td>
<td>Blood Pressure Campaign Extension (Mini Grant)</td>
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<td>Darlene Urbach Memorial Youth Fund</td>
<td>Park Expansion (Mini Grant)</td>
<td>5/21</td>
<td>8/21</td>
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<tr>
<td>Deschutes County Health Services</td>
<td>Physical Activity (Mini Grant)</td>
<td>5/21</td>
<td>8/21</td>
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**MEASURES**

- Decrease **asthma, cancer, cardiovascular disease, and diabetes** rates
- Decrease **obesity** rates in adults
- Increase **fruit/vegetable consumption and physical activity** in youth
- Decrease risk factors for cardio-pulmonary and/or **preventable disease**
- Decrease **sexually transmitted infections**
- Increase individuals receiving **both an annual wellness visit and preventative dental visit**
Stable Housing

**AIM**
Central Oregonians experiencing homelessness and those most at-risk of homelessness will have increased and equitable access to housing and supports to provide them with opportunities for housing stability and individual well-being.

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

### FUNDED PROJECTS

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<td>REACH</td>
<td>HMIS Data (Mini Grant)</td>
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<tr>
<td>Bend Heroes Foundation</td>
<td>Central Oregon Veteran’s Village (Mini Grant)</td>
<td>11/20</td>
<td>2/21</td>
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</tbody>
</table>
Create and enhance cross-sector collaborations and programming so that all Central Oregonians have equitable access to skilled, evidence based substance (licit and illicit) and alcohol misuse prevention, as well as evidenced based intervention, treatment, and recovery services that are culturally responsive and trauma-informed.

**FUNDED PROJECTS**

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</table>

**MEASURES**

- Decrease *binge drinking* among adults
- Decrease *vaping or e-cigarettes among youth*
- Increase *additional services for alcohol or drug dependence* for individuals newly diagnosed
- Reduce *mental health/substance abuse emergency department visits* in Madras, Prineville and Warm Springs

Remaining $1,975,000  
Spent $25,000
Upstream Prevention: Promotion of Individual Well-Being

AIM

All communities in Central Oregon have equitable access and opportunities to health, education, healthy relationships, community support, and experiences necessary to thrive at every stage of life from prenatal to adulthood.

$1,950,316 Remaining
$49,684 Spent

<table>
<thead>
<tr>
<th>FUNDED PROJECTS</th>
<th>MEASURES</th>
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<tbody>
<tr>
<td>GRANTEE</td>
<td>PROJECT</td>
</tr>
<tr>
<td>Various</td>
<td>COVID-19 POOL ($25K)</td>
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<tr>
<td>Decoding Dyslexia</td>
<td>Early Screening (Mini Grant)</td>
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<tr>
<td>BOOST Oregon</td>
<td>Provider Vaccine Toolkits (Mini Grant)</td>
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<tr>
<td>High Desert ESD</td>
<td>Restorative Justice Practices (Mini Grant)</td>
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<tr>
<td>Desert Sky Montessori</td>
<td>Kindergarten Assistance (Mini Grant)</td>
</tr>
<tr>
<td>BOOST Oregon</td>
<td>COVID-19 Vaccine Information (Mini Grant)</td>
</tr>
</tbody>
</table>

Increase letter name recognition at kindergarten
Increase 3rd-grade reading proficiency
Increase proportion of pregnancies that are planned
Increase two-year-old immunization rates
Establish a resiliency measure
Workgroup Investments by Area

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

RHIP measures are the primary deciding factor for funding. The purpose of these charts is to highlight geographic areas of investment. These can be used to help guide decisions in addition to the RHIP measures.
Detoxification Services. When expressed with Substance Use Disorder Residential (SUD RES) these are detoxification services provided in the residential setting.

**General Administrative Expense (G&A)**

Expenses related to the administration of the plan including, but not limited to, staff salary and benefits, telephone, depreciation, software licenses, utilities, compliance, etc.

**Hosp**

Hospital (when listed under "Capitated" label, only includes capitated inpatient services)

**Medical Claims Expense**

Claims-related expenses, including capitation, pharmacy, disease management and network fees, pharmacy rebates (if applicable), health services expenses and IBNR (incurred but not received).

**Mems**

Members

**MH/CD**

Mental Health / Chemical Dependency

**Misc**

Miscellaneous Services not otherwise categorized.

**MM**

Member Months. One member month = one person enrolled for a whole month. If a person is enrolled for an entire year, that is equivalent to 12 member months. If a person is enrolled for 2 out of 4 weeks in the month, that is 0.5 member months.

**NEMT**

Non-Emergent Medical Transport

**Net Income**

Underwriting Income combined with results of activities not directly related to continuing operations, on an after tax basis.

**PCP**

Primary Care Provider

**PMPM**

Per member per month

**Premium Taxes & OMIP**

State mandated taxes collected on a per member per month (PMPM) or % of premium basis.

**PTMPY**

Per thousand members per year

**QIM**

Quality Incentive Measure program by Oregon Health Authority for Coordinated Care Organizations.

**Rx**

Prescription

**SPMI**

Severe and persistent mental illness. Members of all ages are included if diagnosed at any time with a condition outlined by OHA and USDOJ as SPMI. This includes certain depression diagnoses. Identification of members based on Medicaid CCO claims.

**SUD**

Substance Use Disorder

**SUD RES**

Substance Use Disorder Residential Treatment

**Total Revenue**

Premiums collected for insurance, net of HRA costs. Premiums for Oregon Health Plan recipients are received from the state of Oregon.

**Underwriting Income**

Income after Operations and other activities not directly related to continuing operations.

**Utilization**

Use of a good or service

**YTD**

Year to date. For this dashboard, Financial YTD is based on the calendar year beginning January 1st.

**NOTE:** All financial PMPMs and cost bucketing comes from the Finance Dept. This means that costs, revenues and expenses are all presented on a *paid date* basis, regardless of what year they were incurred.

**COVID-19:** Overall health care service utilization has decreased due to the COVID-19 pandemic. In collaboration with the Oregon Health Authority, PacificSource issued provider stability payments in 2020 to support providers who serve our CCO members and who rely on fee-for-service payments from PacificSource. This was intended to offset financial impacts on providers due to the COVID-19 pandemic and applies to participating providers who deliver services to PacificSource Medicaid members within the Marion County & Polk County, Lane County, Columbia Gorge, and Central Oregon CCOs. Learn more at communitysolutions.pacificsource.com/Providers/Notices/505
PACIFICSOURCE COMMUNITY SOLUTIONS CENTRAL OREGON CCO UPDATES:

Training

I. Required Health Council Training

<table>
<thead>
<tr>
<th>Health Equity Training Completion by Health Council Governing Board</th>
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<tbody>
<tr>
<td>Health Council</td>
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<tr>
<td>Central Oregon Health Council</td>
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Please reach out to me, Donna, or Kelsey to get the training link resent to you, if needed.

II. Upcoming Training Opportunities

April 30, 2021: Supporting Adjustment & Healing within Refugee Communities

April 30, 2021: Clinical Practice Guidelines to Support Healing for Refugee Participants
Register here: [www.eventbrite.com/e/clinical-practice-guidelines-to-support-healing-for-refugee-participants-registration-145105469365](http://www.eventbrite.com/e/clinical-practice-guidelines-to-support-healing-for-refugee-participants-registration-145105469365)

GENERAL PACIFICSOURCE UPDATES:

COVID-19 Vaccine Rollout

Across all PacificSource lines of business (Medicaid, Medicare, and commercial), efforts are underway to support COVID-19 vaccine rollout at the local and regional levels. This work includes: on-going communication and coordination with local public health authorities/incident command centers; training of PacificSource customer service representatives and member support specialists to help address member questions/assist in vaccine appointment scheduling online, where needed; development of new member vaccine informational materials; and on-going partnerships with local public health authorities, community-based organizations, FQHCs, and others to support vaccine outreach and education for BIPOC communities.