



Provider Engagement Panel
April 14, 2021 from 7:00am-8:00am

Virtual Dial-In: Zoom

Join by computer: <https://zoom.us/j/630619272>

Join by phone only: 1-669-900-6833, code: 630619272#
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- | | |
|------------------|--|
| 7:00-7:05 | Introductions – Divya Sharma <ul style="list-style-type: none">• Approve Consent Agenda• Action Item Review (Kelsey) |
| 7:05-7:20 | QHOC Report – Alison Little
Attachment: QHOC report |
| 7:20-7:35 | AiC Update – Christina Lee |
| 7:35-7:50 | Vaccine Update/Imms Subgroup investment \$\$ – Rob Ross (subgroup members) |
| 7:50-7:55 | Wrap Up – Divya Sharma |

Consent Agenda:

- March Minutes

Written Reports:

- COVID 19 Final Mini Grant Reports
- Quarterly RHIP Funding Report Q1 2021



**MINUTES OF A MEETING OF
THE PROVIDER ENGAGEMENT PANEL OF
CENTRAL OREGON HEALTH COUNCIL
HELD VIRTUALLY VIA ZOOM**

March 10, 2021

A meeting of the Provider Engagement Panel (the ***“PEP”***) of Central Oregon Health Council, an Oregon public benefit corporation (the ***“Corporation”***), was held at 7:00 a.m. Pacific Standard Time on February 10, 2021, virtually via Zoom. Notice of the meeting had been sent to all members of the Panel in accordance with the Corporation’s bylaws.

Members Present:

Divya Sharma, MD, Chair

Michael Allen, DO

Gary Allen, DMD

Logan Clausen, MD

Emily Harvey, MD

Keith Ingulli, PsyD

Alison Little, MD

Sharity Ludwig

Jessica Morgan, MD

Robert Ross, MD

Members Absent:

Carey Allen, MD

Matt Clausen, MD

Muriel DeLaVergne-Brown, RN, MPH

Laura Pennavaria, MD

Guests Present:

Mike Franz, PacificSource

Miguel Herrada, PacificSource

Donna Mills, Central Oregon Health Council

Gretchen-Horton Dunbar, PacificSource

Kelsey Seymour, Central Oregon Health Council

Dr. Sharma served as Chair of the meeting and Ms. Seymour served as Secretary of the meeting. Dr. Sharma 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

Dr. Sharma welcomed all attendees to the meeting. Introductions were made.

CONSENT AGENDA

Dr. Sharma asked for a motion to approve the consent agenda.

MOTION TO APPROVE: Dr. Michael Allen motioned to approve the consent agenda; Dr. Gary Allen seconded. All were in favor, the motion passed unanimously.

QHOC REPORT

Dr. Little shared ICD-10 codes for COVID-19 will be added without announcement because there are so many. She noted that acupuncture has been added as a covered benefit for the treatment of substance use disorder. She shared the QHOC clarified past decisions they made on artificial hearts, removing genetic testing- and ethnicity-based clauses. She explained colon cancer screening coverage is being discussed, particularly whether to include patients as young as 45.

Dr. Little noted the Performance Improvement Project will no longer be on opioids, but instead on behavioral health, though it is undefined at this time.

Dr. Little asked members of the panel to watch out for a feedback opportunity on the 2021 QIMs, noting that Ms. Andrea Ketelhut of PacificSource is facilitating a survey from interested parties.

JMA BH \$\$ INVESTMENT

Dr. Franz shared that he, Mr. Rick Treleven of BestCare Treatment Services, Ms. Janice Garceau of Deschutes County Behavioral Health, 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.

Dr. Ross suggested the new psychiatry residency at St. Charles for consideration as well. The group agreed they support the suggested directions, but cautioned against giving away funds before clear plans are submitted by recipients.

CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES (CLAS) STANDARDS

Mr. Herrada shared the fifteen CLAS standards with the panel, noting they support not only language but also culture. He explained PacificSource is working on several action plans to implement CLAS internally.

ADJOURNMENT

There being no further business to come before the PEP, the meeting was adjourned at 7:56 am Pacific Standard Time.

Respectfully submitted,

Kelsey Seymour, Secretary

<p>OHA Quality and Health Outcomes Committee (QHOC) March 8, 2021 Webinar or conference line, 1-888-278-0296, code 310477</p> <p>Meeting Packet Agenda QHOC Website Slides</p>		
<p>Clinical Director Workgroup 10:00 a.m. – 12:00</p>		
Topic	Summary of Discussion/Impacted Departments	Materials/ Action Items
Welcome/ Introductions/ Updates	<p>Presenter: Holly Joe Hodges</p> <ul style="list-style-type: none"> See attendee list 	Pgs. 1-4
P&T Updates	<p>Presenter: Roger Citron</p> <ul style="list-style-type: none"> Orphan drug policy updates: <ul style="list-style-type: none"> Lonafarnib and Lumasiran approved. Oncology policy updates: <ul style="list-style-type: none"> Marginza and Danyelza added to Table 1. Anticoagulant Literature Scan: <ul style="list-style-type: none"> No changes to PMPDP. Fragmin non-preferred. Duchenne Muscular Dystrophy (DMD) class update: <ul style="list-style-type: none"> Viltepso added to PA criteria. No changes to PMPDP. Acne Class update: <ul style="list-style-type: none"> Winlevi non-preferred. Benzoyl peroxide (BPO) lotion and erythromycin gel preferred. BPO towelette non-preferred. Peanut allergies DERP report: <ul style="list-style-type: none"> Creating an Immunotherapy Desensitization PMPDP class. Palforzia non-preferred. PA criteria implemented. Smoking cessations literature Scan: <ul style="list-style-type: none"> PA criteria updated to allow varenicline therapy for two 12 week treatment regimens within 1 year for patients 17 years of age and older. Remove PA requirements for preferred agents. Antidepressants class update: <ul style="list-style-type: none"> Esketamine safety edit to accommodate new indication. Assessment for renewal of adherence to oral antidepressant therapy. Duloxetine DR Capsules, bupropion HCL, and desvenlafaxine succinate preferred. Amoxapine tablets non-preferred. NSAID class update: <ul style="list-style-type: none"> Celecoxib preferred Meloxicam, flurbiprofen, and ketorolac non-preferred. 	Pgs. 6-16

	<ul style="list-style-type: none"> • Next P&T meeting is on 4/1/2021. 	
Covid-19 Updates	<p>Presenters: Dawn Mautner, Lisa Bui, Ellie Isenhardt</p> <ul style="list-style-type: none"> • Johnson & Johnson vaccine: <ul style="list-style-type: none"> ▪ Authorized for 18yrs and older ▪ Federal government is expected to allocate doses through the retail pharmacies and FQHC partners. ▪ Only vaccine tested against new variant. ▪ 85% protection against all strains. ▪ 93% protection against hospitalization ▪ 85% protection against severe disease. ▪ 100% protection against mortality. ▪ Being mistakenly presented in the media as less effective since its one shot. Focus on communicating that it's an equally effective vaccine. • Johnson & Johnson allocation: <ul style="list-style-type: none"> ▪ 34, 000 doses have been allocated so far. ▪ OHSU did a drive through with 5,000 doses. ▪ LPHA's focusing on Adult Foster Homes and seniors. ▪ Bi-mart and Walmart pharmacies should are expected to receive 15,400 doses. ▪ LPHA's will also receive doses for jails and hard to reach populations. All counties will receive at least 100 doses. • General allocation updates: <ul style="list-style-type: none"> ▪ OHA has allocated 168, 770 vaccines total. ▪ Federally 41,000 vaccines has been allocated through retail pharmacies and FQHC's. ▪ OHA is tracking percentage of seniors vaccinated in each county. ▪ Tribal need is reducing ▪ Adult Foster Homes remain priority over next 5 weeks. ▪ New wave of doses expected soon. ▪ No lag expected in distribution process. ▪ Current estimate is that vaccines will be available for everyone by June. ▪ After June there will a focused effort on vaccine hesitant populations. ▪ Pfizer no longer requires ultra-cold storage. • Vaccine Site Readiness: <ul style="list-style-type: none"> ▪ OHA surveyed sites and they expect to have the ability to provide 230,000 doses per week. ▪ LPHA's report having the capacity to provide an additional 64,000 doses per week. ▪ Ensuring access for populations that may be experiencing health inequities. ▪ OHA is mapping the distribution process for critical populations. ▪ Identifying barriers for site readiness. ▪ 211 staffing will be doubled and include multi lingual staff members. • Vaccine Hesitancy: 	Pgs. 17 - 57

	<ul style="list-style-type: none"> ▪ People are more likely to get vaccinated if they know someone who has received the vaccine. ▪ OHA plans to address vaccine hesitancy by connecting with community leaders to encourage them to get vaccinated. ▪ Faith based concerns about vaccines due to use of fetal cell lines in developing the J&J vaccine. ▪ Vatican has been supportive of getting the vaccine. ▪ Encourage members to get vaccinated even if infection rates drop. ▪ Communicate that people still need the vaccine to protect themselves against severity of disease and to protect others. ▪ Collaborations with other CCO's, LPHA's and health systems to create educational and vaccine outreach. • CCO's Role: <ul style="list-style-type: none"> ▪ CCO should focus on getting information out to providers. ▪ OHA will send a list of providers who have finished trainings, so CCO's know which providers might need outreach. ▪ CCO's can help with communicating and reducing vaccine hesitancy. ▪ See Care Oregon presentation below. • Care Oregon/HealthShare presentation on Vaccine Response efforts: <ul style="list-style-type: none"> ▪ Creating problem statements and data dashboards ▪ Implementing playbook and regionally specific approach ▪ Creating equity focused data and working with LPHA's. ▪ Created an Equity tool kit and Vaccine Education tool kit. ▪ Trained internal staff to support outreach. ▪ 3 target populations identified (physical health, behavioral health, social/cultural population such as homeless and ethnically diverse populations.) ▪ Piloted with community para medicine to deliver vaccines. ▪ Created partnerships and workgroups including Cultural Humility and Health Equity Workgroups. ▪ Identifying clinical factors such as chronic diseases that may lead to increased risk of severe Covid. • Implemented Long Term Service and Supports Covid Outreach Dashboard. 	
HERC Updates	<p>Presenter: Ariel Smits</p> <ul style="list-style-type: none"> • Two additional Covid related codes have been created. <ul style="list-style-type: none"> ▪ M0245 and Q0245 ▪ Will not be in prioritized list until 10/1/2021, but open for payment immediately. • March VBBS/HERC meeting: <ul style="list-style-type: none"> ▪ 2022 Biennial Review ▪ Simplifying telehealth guidelines ▪ Removed genetic testing for prenatal testing. ▪ Added two SUD lines for acupuncture. 	Pgs. 59-64

	<ul style="list-style-type: none"> ▪ Clarified that weight loss is not required prior to bariatric surgery, but a nutrition consult is needed for post-surgery dietary changes. • EGBS updates and future topics: <ul style="list-style-type: none"> ▪ Deep brain stimulation for epilepsy ▪ High frequency chest oscillation devices ▪ Modifying colon cancer screening start age. ▪ Platelet rich plasma for diabetic lower extremity non-healing wounds. ▪ Partial and full tendon tear coding. ▪ Breast cancer index re-review. ▪ Criteria for solid organ transplant. 	
Language Access Metric discussion	<p>Presenter: Dr. Wilson</p> <ul style="list-style-type: none"> ▪ See OHA's Health Equity page for TA resources on the Health Care Interpreter (HCI) program. • The Metric is designed to meet standards and improve quality of certified interpreters offering interpreter services. • Bilingual staff and providers must be certified by OHA or trainings must be approved by OHA for it to qualify and meet certification standards. • All Care worked with OHA to develop training and is aligned – so it was approved. <ul style="list-style-type: none"> ▪ Contact kristina.espinosa@allcarehealth.com • All qualified and certified interpreters must complete national certification exams. • There is no current pathway for proficiency testing instead of certification. • Numerator services and requirements: <ul style="list-style-type: none"> ▪ Do not include bilingual providers unless they have gone through process to become a certified interpreter. ▪ Exclusively only counting certified interpreters. ▪ There must be a code for interpreter services provided for it to count. ▪ Bilingual staff do not count unless they're certified and the service was billed with the appropriate codes. ▪ Use T-1013 codes for medical services or dental interpreter codes. ▪ No codes currently exist to capture uncertified providers and staff offering services to meet numerator requirements. • The reporting template is to document whether providers are offering and providing services and if patients decline. • Bilingual staff should still tell patients that free interpreter services are available through Medicaid. 	No slides

Quality and Performance Improvement Session 1:00 p.m. – 3:00 p.m.		
QPI Intro/updates		Pg. 66

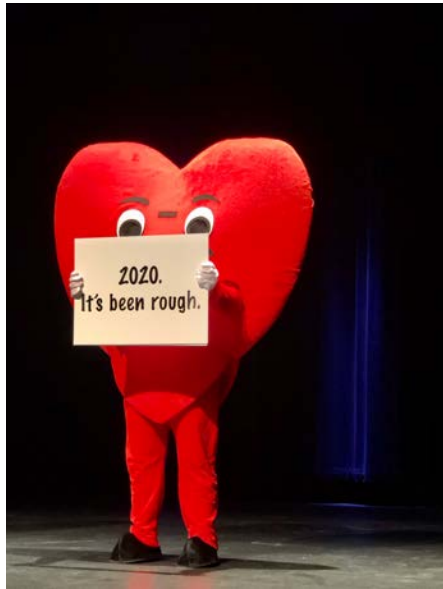
TQS Updates	<p>Presenter: Lisa Bui</p> <ul style="list-style-type: none"> • TQS Review dates: <ul style="list-style-type: none"> ▪ OHA subjects matter experts have completed reviews if a template was sent to them, and examples have been returned to CCO's. ▪ June 1st – Written Assessments are sent to CCO's. • October 1st: 2022 TQS Guidance is posted. • October 1st – March 2022: Webinars and office hours begin. • Biggest finding from OHA from for submitted projects, was to check project against the TQS Guidance Document. • A project must meet all requirements listed in the guidance doc for the identified components. • Don't forget to redact as all TQS submissions before they are publically posted. 	Pg. 67
Statewide PIP updates	<ul style="list-style-type: none"> • PIP is in the design phase in 2021, and OHA will be internally be meeting to discuss further details beginning in late March. • OHA will be sending a poll to CCO's to see if they are interested in having bi-weekly meetings for the PIP in 2021 to provide feedback during the design phase. • EQR submission are due by 9/01/2021. • HSAG will be coming to June/July QHOC for PIP validation updates. • New CMS PIP protocols came out in the fall. • Reporting for the statewide PIP is still on hold through the design phase with more details to come. • OHA provides analytic support for the statewide PIP and completes the problem statement for the PIP, but CCO's still are expected to complete and submit PIP reports with interventions. 	Pg. 68
Complaints and Grievances	<ul style="list-style-type: none"> • Overview of quarterly reporting for G&A: <ul style="list-style-type: none"> ▪ G&A log ▪ Grievance System Report ▪ Sample of Notice of Adverse Benefit Determinants (NOABD') and PA documents. ▪ All NOABD's for Applied Behavioral Analysis and Hepatitis C. • Each CCO was sent a findings report and asked to complete an improvement plan. <ul style="list-style-type: none"> ▪ Aim to address findings in Q2 reports. ▪ Use improvement plans to inform your TQS G&A submissions. ▪ Grievance system report with interventions should transfer over to TQS to show progress being made. ▪ OHA will review improvement plans that are in place/ and the NOABS sample reviews on a quarterly basis. • CCO's should review data on the 1115 Medicaid Demonstration webpage to ensure continuity in CCO submission. • CCO's should use enrollment numbers from the average over 3 months in the quarter. • See slides for OHA Grievances and Appeals compiled data. <ul style="list-style-type: none"> ▪ Some trends with limited services being offered during the pandemic. 	Pg. 69

	<ul style="list-style-type: none"> ▪ Interaction with Provider/Plan received the highest complaints. ▪ Access to Care complaints were the second highest. ▪ Quality of Care received the third highest. • NOAB trends: <ul style="list-style-type: none"> ▪ Last quarter in 2020, the report indicated highest issue with pharmacy related denials. ▪ Behavioral health was second. ▪ Specialty was third highest. • Appeals trends: <ul style="list-style-type: none"> ▪ Last quarter of 2020 highest appeals were related to outpatient care. ▪ Pharmacy was second highest. ▪ Specialty care was third highest. 	
Adjourn		

Everyone is welcome to the meetings. For questions about accessibility or to request an accommodation, please call 971-304-6236 or write OHA.qualityquestions@dhsosha.state.or.us. Requests should be made at least 48 hours prior to the event. Documents can be provided upon request in an alternate format for individuals with disabilities or in a language other than English for people with limited English skills. To request a document in another format or language, please call 971-304-6236 or write OHA.qualityquestions@dhsosha.state.or.us.

RHIP and COVID-19 MINI-GRANT PROJECT SUMMARIES

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=Beepy>

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"

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."

RHIP and COVID-19 MINI-GRANT PROJECT SUMMARIES

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.”

RHIP and COVID-19 MINI-GRANT PROJECT SUMMARIES

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.”

RHIP and COVID-19 MINI-GRANT PROJECT SUMMARIES

COVID-19 Final Report for The 1017 Project (Non-RHIP)

"The 1017 Project - Beef for food banks"



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 and COVID-19 MINI-GRANT PROJECT SUMMARIES

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:

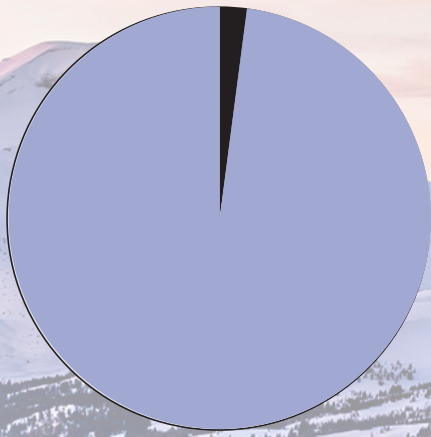
Our client, Teresa, lives alone and sent us a thank you letter that in part states: ‘Council on Aging, No way to tell you all how much we all appreciate, and need, the services provided by you people that care. Most people don’t. Thank you so much for the help and love you show so openly. Is a blessing.’

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.

2020-2024 RHIP Funding Report

Central Oregon Health Council

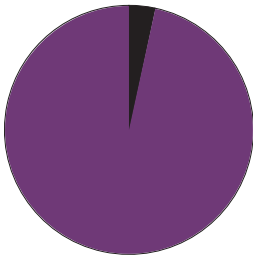
All Workgroups



\$11,685,822 Remaining
\$314,178 Spent

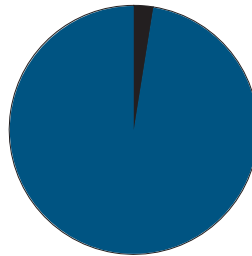
Report Published April 2021

Address Poverty & Enhance Self-Sufficiency



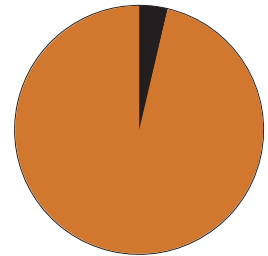
\$1,930,000 Remaining
\$70,000 Spent

Behavioral Health: Increase Access & Coordination



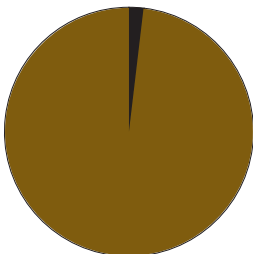
\$1,947,500 Remaining
\$52,500 Spent

Promote Enhanced Physical Health Across Communities



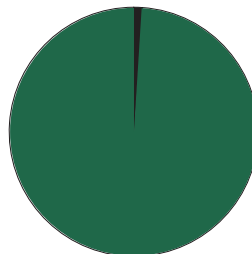
\$1,923,006 Remaining
\$76,994 Spent

Stable Housing



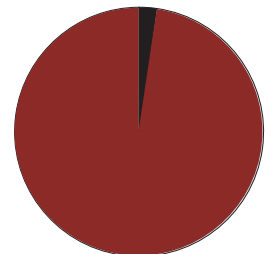
\$1,960,000 Remaining
\$40,000 Spent

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.

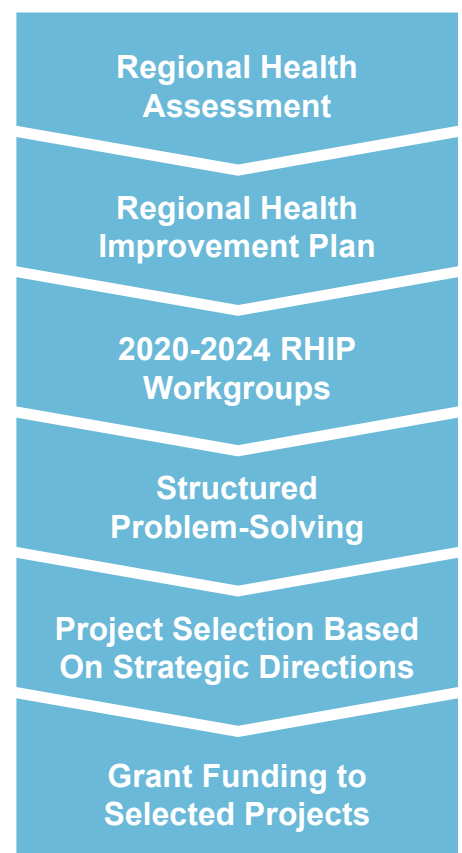
Current Process to Invest Funds:

- 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:

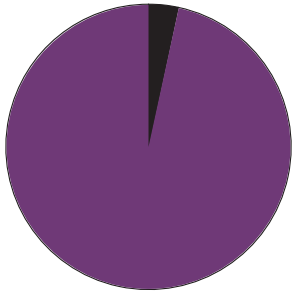
- \$8 million by the Board of Directors
- \$6 million prior to the RHIP workgroup process
- \$7.5 million by the workgroups



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

MEASURES	Increase high school graduation rates among economically disadvantaged students						
	Decrease food insecurity						
	Develop a food insecurity measure for seniors						
	Decrease percent of individuals living at poverty level and income constrained						
	Decrease housing and transportation costs as a percent of income						
GRANTEE	PROJECT	START DATE	END DATE				
Various	COVID-19 POOL (\$25K)	3/20	TBD		●	●	●
La Pine CHC	Equitable Transportation (Mini Grant)	4/20	5/21		●		
Jericho Road	Homeless Camp Outreach (Mini Grant)	9/20	9/21				●
Locavore	Program Support (Mini Grant)	9/20	8/21				●
Council on Aging of Central Oregon	Food Insecurity, Isolation (Mini Grant)	10/20	2/21			●	
The Center Foundation	OK4Life (Mini Grant)	9/20	12/20				●
Council on Aging of Central Oregon	Food Insecurity (Mini Grant)	1/21	2/21				●
High Desert Food & Farm Alliance	Food Access (Mini Grant)	1/21	12/21				●
Friends of the Children - Central Oregon	Decreasing Long-Term COVID Affects (Mini Grant)	2/21	7/21				● ●

FUNDED PROJECTS

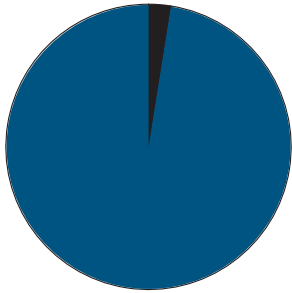
GRANTEE	PROJECT	START DATE	END DATE	
Various	COVID-19 POOL (\$25K)	3/20	TBD	● ● ●
La Pine CHC	Equitable Transportation (Mini Grant)	4/20	5/21	●
Jericho Road	Homeless Camp Outreach (Mini Grant)	9/20	9/21	●
Locavore	Program Support (Mini Grant)	9/20	8/21	●
Council on Aging of Central Oregon	Food Insecurity, Isolation (Mini Grant)	10/20	2/21	●
The Center Foundation	OK4Life (Mini Grant)	9/20	12/20	●
Council on Aging of Central Oregon	Food Insecurity (Mini Grant)	1/21	2/21	●
High Desert Food & Farm Alliance	Food Access (Mini Grant)	1/21	12/21	●
Friends of the Children - Central Oregon	Decreasing Long-Term COVID Affects (Mini Grant)	2/21	7/21	● ●

Behavioral Health: Increase Access & Coordination

AIM

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

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



\$1,947,500 ■ Remaining

\$52,500 ■ Spent

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

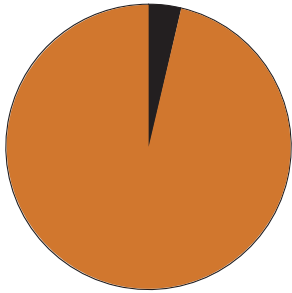
FUNDED PROJECTS

GRANTEE	PROJECT	START DATE	END DATE	
Various	COVID-19 POOL (\$25K)	3/20	TBD	● ● ●
Weeks Family Medicine	Telehealth (Minigrant)	4/20	4/21	●
COCC Addiction Studies	Scholarships (Minigrant)	9/20	7/21	●
The Shield	Veterans Supports (Minigrant)	1/20	1/21	●
Wellness Through Horses	Technical Assistance Support (Minigrant)	1/21	6/21	●

Promote Enhanced Physical Health Across Communities

AIM

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



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

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

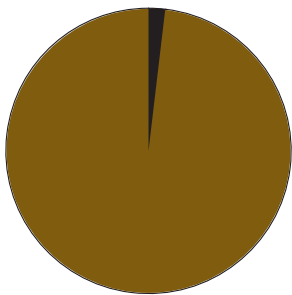
FUNDED PROJECTS

GRANTEE	PROJECT	START DATE	END DATE					
Various	COVID-19 POOL (\$25K)	3/20	TBD				•	•
La Pine CHC	Telehealth (Mini Grant)	3/20	3/21	•				
Stroke Awareness OR	Education (Mini Grant)	4/20	1/21			•		•
Jericho Road	Homeless Camp Outreach (Mini Grant)	9/20	9/21			•		
Locavore	Program Support (Mini Grant)	9/20	8/21				•	
Environmental Center	School Gardens (Mini Grant)	8/20	7/21				•	
The Center Foundation	OK4Life (Mini Grant)	9/20	12/20				•	
Eclipse Marketing	Blood Pressure Campaign Extension (Mini Grant)	11/20	1/21			•		•
La Pine CHC	Telehealth (Mini Grant)	12/20	7/21			•		•
Destination Rehab	Outdoor Wellness (Mini Grant)	4/21	6/21			•		
Darlene Urbach Memorial Youth Fund	Park Expansion (Mini Grant)	5/21	8/21				•	
Deschutes County Health Services	Physical Activity (Mini Grant)	5/21	8/21			•		







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.



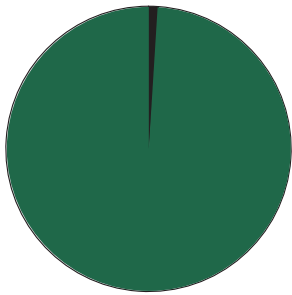
\$1,960,000  Remaining
 \$40,000  Spent

MEASURES	Decrease severely rent and mortgage-burdened households			
	Increase Housing Choice Voucher holders able to find and lease a unit			
	Accurately measure Central Oregonians experiencing homelessness			
FUNDED PROJECTS				
GRANTEE	PROJECT	START DATE	END DATE	
Various	COVID-19 POOL (\$25K)	3/20	TBD	 
Kôr Land Trust	Housing Costs (Mini Grant)	6/20	6/21	 
REACH	HMIS Data (Mini Grant)	7/20	7/21	
Bend Heroes Foundation	Central Oregon Veteran's Village (Mini Grant)	11/20	2/21	

Substance & Alcohol Misuse Prevention & Treatment

AIM

Create and enhance cross-sector collaborations and programming so that all Central Oregonians have equitable access to skilled, evidence based substance (licit and illicit) and alcohol misuse prevention, as well as evidenced based intervention, treatment, and recovery services that are culturally responsive and trauma-informed.



\$1,975,000 ■ Remaining

\$25,000 ■ Spent

MEASURES

Decrease **binge drinking** among adults

Decrease **vaping or e-cigarettes** among youth

Increase **additional services for alcohol or drug dependence** for individuals newly diagnosed

Reduce **mental health/substance abuse emergency department visits** in Madras, Prineville and Warm Springs

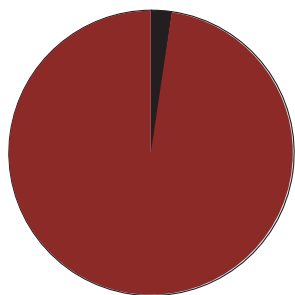
FUNDED PROJECTS

GRANTEE	PROJECT	START DATE	END DATE	
Various	COVID-19 POOL (\$25K)	3/20	TBD	● ● ● ●

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

MEASURES

Increase **letter name recognition** at kindergarten

Increase **3rd-grade reading proficiency**

Increase proportion of **pregnancies that are planned**

Increase **two-year-old immunization rates**

Establish a **resiliency measure**

FUNDED PROJECTS

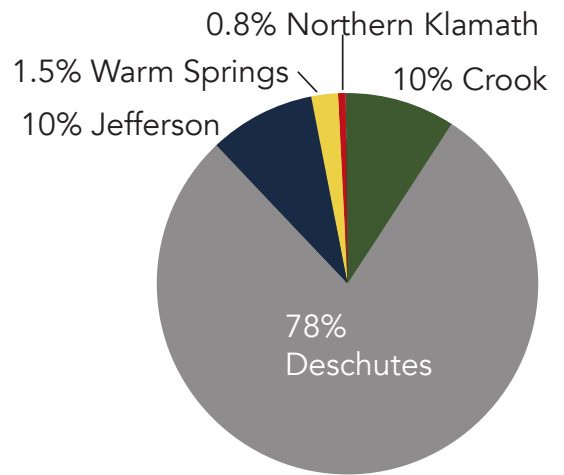
GRANTEE	PROJECT	START DATE	END DATE					
Various	COVID-19 POOL (\$25K)	3/20	TBD		●		●	●
Decoding Dyslexia	Early Screening (Mini Grant)	10/20	12/21				●	●
BOOST Oregon	Provider Vaccine Toolkits (Mini Grant)	1/21	6/21			●		
High Desert ESD	Restorative Justice Practices (Mini Grant)	2/21	5/21		●			
Desert Sky Montessori	Kindergarten Assistance (Mini Grant)	2/21	6/21					●
BOOST Oregon	COVID-19 Vaccine Information (Mini Grant)	6/21	12/21			●		

Workgroup Investments by Area

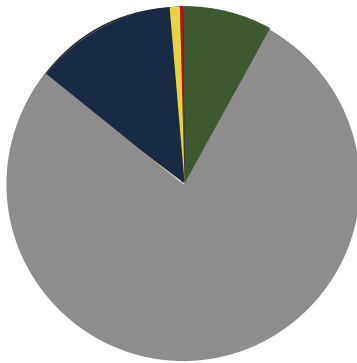
In grant applications, projects state which geographic areas they serve. The charts below show where COHC workgroup dollars are being invested in the region. To better understand the dollars invested compared to the number of people living in each area, we have provided the population chart to the right.

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.

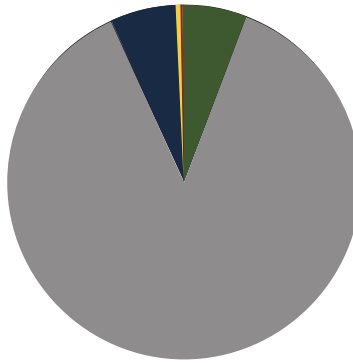
Population of Central Oregon



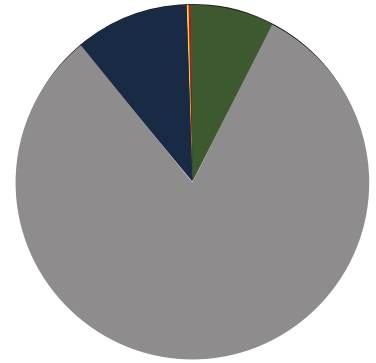
Address Poverty & Enhance Self-Sufficiency



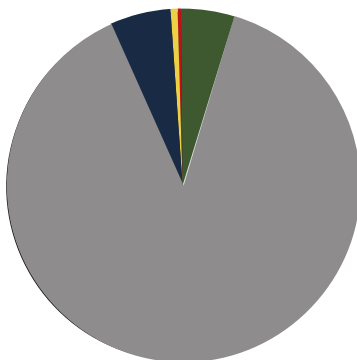
Behavioral Health: Increase Access & Coordination



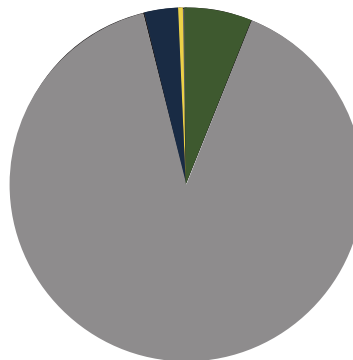
Promote Enhanced Physical Health Across Communities



Stable Housing



Substance & Alcohol Misuse Prevention & Treatment



Upstream Prevention: Promotion of Individual Well-Being

