

Council

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



COHC Virtual Board Meeting

May 13, 2021

<https://bit.ly/2MkqvIt> - 12:30

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 – Divya Sharma..... information

Governance

12:50 - 1:05 CCO Q1 2021 – Leslie Neugebauer..... discussion
Attachment: Report

1:05 - 1:25 SB 889 – Leslie Neugebauer..... discussion
Attachment: .ppt

Long-Term Systemic Change

1:25 – 1:35 CUSC – Rick Treleaven & Divya Sharma..... discussion

1:35 – 1:45 SB 741 Update/Retreat– Donna Mills..... information

1:45 – 2:05 REALD Exercise & Why – Gwen Jones..... discussion
Attachment: .ppt

2:05 – 2:35 Strategic Plan Report – Rebeckah Berry..... information
Attachment: .ppt

RHA/RHIP

2:35 – 3:00 Tri-annual report out – Project Managers..... information
Attachment: .ppt

Consent Agenda

- April 2021 Board Minutes
- ED Evaluation Process
- ED Job Description

Written Reports

- Executive Director Update
- Strategic Plan Report
- CCO Directors Report
- April 2021 CAC Minutes
- COVID Mini Grant Reports

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**

April 8, 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 April 8, 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
- Paul Andrews, Ed.D
- Tammy Baney
- Seth Crawford
- Megan Haase, FNP
- Brad Porterfield
- Divya Sharma, MD
- Kelly Simmelink
- Iman Simmons

Justin Sivill

Dan Stevens

Directors Absent:

Eric Alexander

Guests Present*:

MaCayla Arsenault, Central Oregon Health Council

Rebecca Donell, Oregon Health Authority

Mitchell Karr, Oregon Federation of Nurses and Health

Professionals -5017

Gwen Jones, Central Oregon Health Council

Zachary Correia, PacificSource

Therese McIntyre, PacificSource

Donna Mills, Central Oregon Health Council

Leslie Neugebauer, PacificSource

Cindie Sagner, Summit Health

Emily Salmon, St. Charles Health System

Kelsey Seymour, Central Oregon Health Council

Kristen Tobias, PacificSource

Renee Wirth, Central Oregon Health Council

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

WELCOME

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

PUBLIC COMMENT

Mr. Treleaven welcomed public comment. No public comment was made.

CONSENT AGENDA

The consent agenda included the March minutes and the COHC February Financials.

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

COMMUNITY ADVISORY COUNCIL (CAC) QUARTERLY REPORT OUT

Mr. Porterfield shared he has been the chair of the CAC for a short while and lead the Board through a focused conversation regarding the role of the CAC at the COHC. The Board agreed their connection to the CAC could be stronger because the CAC is directly affected by the decisions of the Board. Dr. Allen asked what the CAC expects from the Board. Mr. Porterfield agreed to return to the CAC with that question. Ms. Johnson noted that feedback from the public will be missing from the Board's discussions without a strong CAC. Dr. Sharma suggested the CAC can partner best with the Board by seeking to become educated on making the most of the healthcare system.

OPERATIONS COUNCIL CHAIR QUALITY INCENTIVE METRIC (QIM) QUARTERLY REPORT OUT

Ms. Salmon shared the effects of COVID-19 on QIMs during 2020, noting significant ground lost on immunizations for children and youth. She explained the Operations Council has divided into two groups, a QIM workgroup and an overall council which includes community members not associated with the QIMS.

BOARD POLICY BOOK

Ms. Johnson shared the Board Policy book draft that included the changes mentioned at the previous meeting. Ms. Neugebauer asked whether the conflict of interest statement included in the policy book is a duplicate the nonprofit conflict of interest policy; Ms. Mills agreed to find out.

Mr. Stevens expressed serious concern for the use of the term "policy governance". Ms. Haase suggested changing the language. Mr. Treleaven assigned Mr. Stevens, Ms. Haase, Ms. Johnson, Ms. Mills, and Ms. Seymour to convene and draft changes outside of the meeting.

ACTION: Ms. Mills will find out if the nonprofit conflict of interest policy is the same as the one included in the policy book.

ACTION: A small group will convene to adjust the language in the Board Policy Book.

COST AND UTILIZATION STEERING COMMITTEE (CUSC)

Mr. Treleaven shared that a small group meeting is scheduled for later this month.

SB 741 UPDATE

Ms. Mills shared there is a recommendation to pass the bill, and a second reading is underway. She noted no opposition is anticipated.

COMMUNITY PARTNER SATISFACTION SURVEY RESULTS

Ms. Seymour shared the high level results of the Community Satisfaction Survey conducted during the previous month. She explained the overall message received from participants is a desire to have a more diverse range of voices included in decision-making, and noted the upcoming plans the COHC staff have in response to the comments submitted. She introduced the COHC Public Perception survey and asked board members to take it when it launches the following week.

STRATEGIC PLAN REPORT OUT

Ms. Mills elected to move this agenda item to the next meeting.

ACTION: Ms. Mills will include the Strategic Plan Report Out on the May agenda.

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

Policies and Procedures

Policy Title:	Executive Director Performance Evaluation Process		
		Date initiated:	
Executive Director Signature:		Date reviewed/ revised:	

Policy:	Systematic and rigorous monitoring of ED job performance is a key part of the Board’s responsibility to oversee organizational performance. The Board shall perform an annual evaluation of performance in November of each year. In performing the review, attention will be focused on the expected ED job outputs: organizational accomplishment of Strategic Plan initiatives and linkage with stakeholders; Board priorities and goals established during prior year reviews, and performance areas identified in the Board Policy Book Section 3 Executive Limitations.
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Goal or Purpose of the Policy:	To monitor and assure that Board and organizational purposes are met through annual performance reviews of the Executive Director.
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Procedures:

ED, Executive Team, and Board of Directors:

1. Each September, the ED will provide written input to the Executive Committee on his/her attainment of annual goals and objectives as established by the Board and ED the previous year.
2. The Executive Committee will review this with the ED for needed clarifications, edits, or concerns.
3. The Executive Committee will also review the current salary level of the ED and determine whether a compensation change should be recommended to the Board. The Executive Team will also review and advise the Board on whether the current salary range warrants adjustment.
4. In October, the Executive Team will schedule an Executive Session with the Board to discuss the prior year performance of the ED, and to determine whether additional input to the evaluation is needed. Additional input may include, but not be limited to staff, partner, and community input through a 360-review process or more focused surveys. At this meeting, the Board will also discuss salary recommendation from the Executive Committee. Finally,

the Board will discuss and recommend goals and priorities for the coming year. The ED will not be present during this session.

5. At the same meeting or a later one in October, the Board will meet in Executive Session with the ED to ask questions and clarify any ambiguities, to discuss Board findings regarding performance and salary and/or bonus decisions. The Board will also share its list of priorities and goals for the coming year for the ED's consideration in drafting a full set of goals for the coming year.
6. In December the ED will submit a proposed list of goals for the coming year for discussion, consideration and final approval.

draft



Job Description – Executive Director

Provide effective leadership and management to the entity that is the Central Oregon Health Council (COHC), supporting the governance entity (the Board) and guiding the various Councils to success in the design, development, implementation and study of strategic initiatives and imperatives in support of the Coordinated Care Organization and in service to the mission of better health, better care and better value for healthcare in the Central Oregon region. The Executive Director shall promote and further the values, mission, and goals of the organization.

Develop & Maintain COHC Governance

- In conjunction with the COHC Board of Directors, build and maintain effective governance for the Board. Includes development of effective committee charters, role delineation, facilitation, and Board member and committee member development.
- Oversee Board training needs and ongoing educational support.
- Ensure, provide, and oversee effective staff and project support for the Board, Community Advisory Committee, Provider Engagement Panel, and Operations Council, and other committees, work groups, and task forces as and when formed by the Board.
- Monitor key initiatives on behalf of Board and committees.
- Ensure staff, Board, and committee members follow up on deliverables.
- Interact with PacificSource regarding development and reporting of global budget, shared deliverables, and CCO contract requirements.
- Provide input and content to help inform deliverables shared with community members.
- Summarize and present key performance and budget metrics (COHC, CCO, and other) to the Board on a regular basis.
- Serve as the COHC's liaison to OHA and other statewide workgroups or task forces, as applicable.
- Manage COHC legislative needs and advise the Board on legislative developments.
- Create and maintain governance calendars.

Maintain Stakeholder and Community Relations

- Maintain stakeholder outreach and engagement.
- Build and retain effective working partnerships in the community.
- Analyze current policies and determine opportunities for development of policies to support community work.
- Develop and maintain regular communication and relationships with CCO stakeholders.
- Take part in external activities, which may include serving on boards or committees for various organizations aligned with the COHC goals and objectives or participating in grant activities.
- Identify and maximize opportunities to keep the general community and its leaders informed of the activities, goals, challenges and successes of the COHC, and seek opportunities for input and feedback from the region's population.

Strategy & Planning

- In conjunction with the Board, develop and implement of long-range plans, goals, and objectives for the COHC utilizing the Regional Health Improvement Plan, COHC Strategic Plan, and other key documents as guides.
- Develop and implement investment and evaluation strategies for COHC projects and funding opportunities.
- Participate in, track, and support the development and implementation of key long-range plans, goals and objectives for the COHC and CCO.
- Ensure stakeholder involvement and integration in decision-making, strategic planning, and budgeting for COHC and CCO through communication, committee participation, and engagement.

Program Development & Implementation

- Develop and implement initiatives and projects, including transformation and integration projects. Track and review metrics and report result to the Board.
- Identify and access grant opportunities to fund initiatives aligned with the COHC priorities and to support committee projects that advance the RHIP.
- Convene community stakeholders to develop the Regional Health Assessment and the Regional Health Improvement Plan.
- Track, manage, and fulfill COHC deliverables per the JMA.
- Align COHC staff work and resource management with the COHC's mission, vision, and values.

Operations Oversight

- Supervise and support the COHC staff.
- Fulfill requirements of the COHC Accounting Policies and Procedures.
- Manage electronic storage and cloud storage system to assure that essential documents are safely and securely maintained.
- Serve as HIPAA Compliance/Security Officer.
- Manage completion and submission of annual Form 990 document and related state documents.
- As applicable, arrange, perform, or be responsible for the COHC core corporate functions and maintenance of COHC as an entity, including required filings, budget, tax accounting, insurance, and legal.
- Adopt and implement operational COHC policies.

2021 Central Oregon CCO Performance Metrics - Quarter 1 Update

Metric status:	Metric is on target
Metric is not meeting the target, but is expected to rebound	
Metric is significantly behind target and in jeopardy of not rebounding	

QUALITY & MEMBER EXPERIENCE		
	Quarter 1	Notes
Quality Incentive Measures (QIMs)		
Metric: Achieve at least 100% bonus payment on QIM measures		<p><i>Still early in the year.</i></p> <p>Metrics of concern: Oral health</p> <p>All DCOs are re-starting sealant and fluoride varnish services in schools in addition to launching aggressive outreach campaigns. Expecting turnaround later in the year (more in-person learning, parents less fearful to take children in for care, etc.). Working with Advantage Dental to explore options of partnering with PCPs to close the OED gap.</p>
Performance Improvement Plans (PIPs)		
Metric: All projects meet OHA requirements		<p>Q1 PIP progress reports are due to OHA on April 30.</p> <p>2021 projects:</p> <ol style="list-style-type: none"> 1) Focus study assessing HPV vaccination rates in youth ages 9-14 2) Improving oral health during pregnancy and among children ages 1-5 3) Screening members for SDOH needs and developing a closed loop referral system (Connect Oregon/Unite Us; alignment w/ TQS project 6) <p>OHA is in the process of developing a new statewide PIP focused on behavioral health access for children and youth. This PIP will launch in 2022. CCOs have been asked to provide feedback by Q3 2021.</p>
Transformation & Quality Strategy (TQS)		
Metric: All 2021 projects meet OHA requirements		The 2021 TQS was submitted to OHA on March 16. Seven project in total; all were carryover from 2020 with the exception of project 6: SDOH-E Screening, Referral and Navigation, which has pivoted to focus on Connect Oregon/Unite Us. Written assessment (i.e. scores and feedback) for each project is expected in June. Two CAC/CAP workgroups established to provide feedback on access to care and SDOH-E projects.
CCO 2.0 REQUIREMENTS		
Value-Based Payment (VBP) Roadmap		
Metric: Monitor regional progress towards 70% of payments in a VBP arrangement (Target: 70% of CCO provider payments must be in the form of a VBP by 2024)		Based on 2020 year-end data estimates, 62% of payments were in VBP arrangements of LAN category 2B and greater. Per 2021 VBP Roadmap requirements, 35% of payments to providers must be 2C or higher. However, due to the pandemic, OHA suspension of the Quality Pool withhold and change to reporting only on the QIMs for Q1 of 2020, OHA has indicated it will allow 2B or higher to meet the thresholds for 2C.
Metric: Applicable agreements must have meaningful downside risk per OHA requirements		On track.
Metric: Develop a new VBP in maternity care in 2021 for implementation in 2022.		Will negotiate with provider partners in Q3/Q4.
Health Information Technology (HIT) Roadmap		
Metric: Develop regional oversight body to identify tools and strategies for HIT elements such as adoption of Electronic Health Records, Health Information Exchange (HIE), and Community Information Exchange (CIE)		Process and strategy in this space largely lives with the Central Oregon HIE committee. Data gathering to inform some of the HIT metrics have been put on hold due to COVID-19. The current focus is on facilitating adoption of the Connect Oregon platform as well as further expansion of adoption of Reliance via the OHA's HIE Onboarding Program.
SHARE Initiative Funding Stream		
Metric: Ensure the Supporting Health for All Through Reinvestment (SHARE) initiative meets OHA requirements and has timely documented processes in place		PCS representatives will meet with the CAC at its May meeting to discuss plans for the implementation of SHARE funds in 2021. The SHARE spending plan is due to the OHA 9/30/21.
Required Plans		
Metric: Health Equity Plan meets all OHA requirements		Scored among the highest in the state (59/62). Stood up 52 work streams across 8 focus areas. Focus right now is on system-level improvements at CCO operations level (i.e. "getting our house in order"). Progress report due to OHA on June 30 with updates (2021 updates: community-specific strategies and partnership with Regional Health Equity Coalition; report outs to CAC).
Metric: THW Integration & Utilization Plan meets all OHA requirements		Plan was submitted to OHA on Jan. 6. Meeting with OHA on May 4 to review scores and implementation next steps.
Metric: Workforce Development Plan meets all OHA requirements		Finalizing the required workforce assessment (Sept-April 2021) and developing the provider workforce development plan. Due to OHA by July 31st as part of the Delivery Service Network narrative report.
Metric: Comprehensive Behavioral Health Plan meets all OHA requirements		Regional environmental scan was completed. Plan will be focused on System of Care, access to care, service coordination, and workforce development improvements. Ensuring alignment with Lane CMHP safety net programs and RHIP priorities. Recently received report template from OHA, which is under review by the behavioral health team.
FINANCIAL STABILITY		
Maintain a stable CCO financial position and achieve cost of care targets		
Metric: ED utilization for individuals experiencing mental illness (est. 2021 target: 97.3/1,000MM)		<i>Inverse metric (i.e. the lower the better).</i> End of Q1: 26.3/1,000MM (rate of 71.0)
Metric: 30-day all cause hospital readmission rate (2021 target: 10.5%)		<i>Inverse metric (i.e. the lower the better). Still early in the year.</i> End of Q1: 6.6%
Metric: Meeting or beating the CCO budget		<i>Budgeted membership for March was 59,324. Actual membership was 63,556. For the three months ending March 31, 2021, PCS budgeted 2.34% for net income. Actual net income as a percentage of premiums was 4.25%.</i>
OPERATIONS		
Performance against OHA compliance standards		
Metric: Pass external quality activities directed by OHA		The Health Services Advisory Group has initiated their three 2021 External Quality Review (EQR) activities: <ol style="list-style-type: none"> 1) Compliance Monitoring Review: Announced in February. Is currently in review stages. Will be finalized and submitted by June 30. 2) Mental Health Parity analysis: Announced in mid-April. Is currently in kickoff stage. Will be finalized and submitted by June 1. 3) Encounter Data Validation study: Announced in mid-April. Is currently in kickoff stage. Will be finalized and submitted by June 1. <p>Details for onsite/virtual audit visits or webinars for these EQR activities have not been announced by HSAG at this time, more to come.</p>
Enhanced access to care monitoring across physical, behavioral, and dental health care		
Metric: Establish measure set and identify baseline		Surveys sent to physical, behavioral and dental health care providers. <ul style="list-style-type: none"> - Increased the number of access to care surveys sent to 2,500 per month across all PCS CCO regions. - Established process for additional behavioral health-focused availability survey; sent weekly to all behavioral health providers in the region. Data is used for referrals coordination/supporting members with timely appointments (BH providers and PCS staff). - Using data to update provider directory.
Metric: Launch new member access to care survey		Launched in Dec. 2020. Sent to ~3,500 members per month across all PCS CCO regions. Working with vendor on region-specific data. Overall, response rate is slightly lower than expected (disconnected phone numbers, undeliverable mail); working with the vendor to increase. Q1 report will be available late May/early June.
Health Equity Plan implementation – Grievances & Appeals (G&A) among underrepresented populations		
Metric: Develop reporting capabilities to stratify G&A data by REALD (target: Q2 2021)		In development/on track.
Metric: Compare G&A general population to "REALD population" data to establish baseline for utilization of G&A process (target: Q3 2021)		In development/on track.



A Comparison of Oregon Requirements for Value-Based Payments

**Central Oregon Health Council Board
May 13, 2021**



GOALS

Understand:

- Key elements of SB 889 and the Voluntary VBP Compact
- Similarities and differences between CCO Value-Based Payment (VBP) requirements and those of SB 889

INTENT OF VALUE-BASED PAYMENTS

- **Improve quality** and **reduce total cost** of care
- **Emphasize value** rather than volume
- **Incentivize** positive outcomes, care delivery transformation, and sustainability of innovations
- Increase providers' **flexibility**
- Help **stabilize** Oregon's health system

SB 889 SPECIFICS

SB 889 mandates alignment of efforts across public and private initiatives and markets.

A voluntary compact consisting of payers, providers, and purchasers, known as the **Sustainable Health Care Cost Growth Target Committee**, has been directed to identify opportunities to:

- **Lower costs**
- **Improve quality of care**
- **Improve the efficiency of the health care system** using innovative payment models for **all payers**.

Principles are **conceptually and directionally aligned with the CCO 2.0 VBP Roadmap**.

SB 889 SPECIFICS, continued

LOWERING COSTS

- Cost Growth Targets set at 3.4% for 2021-2025, then 3.0% for 2026-2030.

IMPROVING QUALITY

- Arrangements will address Quality and Equity.

IMPROVING EFFICIENCY

- Aims to reduce excess provider capacity in the system, while recognizing need to maintain flexible stand-by capacity.
- Aligns VBPs **across payers** to reduce administrative burden.
- The Committee will **monitor for unintended consequences.**

SB 889 DIRECTIVES

SB 889 directs the Implementation Committee to recommend accountability and enforcement processes:

- Measures to **ensure compliance with reporting** requirements
- Procedures for **imposing a performance improvement action plan** or other escalating enforcement actions
- Measures to **enforce compliance with the health care cost growth** benchmark

How do CCO VBP Requirements Compare with SB 889?



LAN FRAMEWORK COMPARISONS

Qualifying Categories under CCO Contract

				
Category 1 Fee-for-service not linked to quality and value	Category 2 Fee-for-service link to quality and value	Category 3 APMS built on fee-for-service architecture	Category 4 Population - based payment	
<div style="border: 1px dashed red; padding: 5px; color: red;"> Category that qualifies for annual PCPCH VBP requirement </div>	<div style="border: 1px dashed blue; padding: 5px;"> A Foundational payments for infrastructure and operations (e.g., care coordination fees and payments for HIT investments) </div>	<div style="border: 1px dashed blue; padding: 5px;"> A APMs with shared savings (e.g., shared savings with upside risk only) </div>	<div style="border: 1px dashed blue; padding: 5px;"> A Condition-specific population-based payment (e.g., per member per month payments for specialty services, such as oncology or mental health) </div>	
	<div style="border: 1px dashed blue; padding: 5px;"> B Pay for reporting ✨ (e.g., bonuses for reporting data or penalties for not reporting data) </div>	<div style="border: 1px dashed blue; padding: 5px;"> B APMs with shared savings and downside risk (e.g., episode-based payments for procedures and comprehensive payments with upside and downside risk) </div>	<div style="border: 1px dashed blue; padding: 5px;"> B Comprehensive population-based payment (e.g., global budgets or full/percent of premium payments) </div>	<div style="border: 1px dashed blue; padding: 5px; color: blue;"> Categories that qualify for annual CCO VBP targets and CDAs </div>
	<div style="border: 1px dashed blue; padding: 5px;"> C Pay for performance (e.g., bonuses for quality performance) </div>	<div style="border: 1px dashed blue; padding: 5px;"> C Integrated finance and delivery system (e.g., global budgets or full/percent of premium payments in integrated systems) </div>	<div style="border: 1px dashed blue; padding: 5px;"> C Integrated finance and delivery system (e.g., global budgets or full/percent of premium payments in integrated systems) </div>	
	<div style="border: 1px dashed blue; padding: 5px;"> 3N Risk based payments NOT linked to quality </div>	<div style="border: 1px dashed blue; padding: 5px;"> 4N Capitated payments NOT linked to quality </div>		

Qualifying Categories under SB 889

			
CATEGORY 1 FEE FOR SERVICE - NO LINK TO QUALITY & VALUE	CATEGORY 2 FEE FOR SERVICE - LINK TO QUALITY & VALUE	CATEGORY 3 APMS BUILT ON FEE-FOR-SERVICE ARCHITECTURE	CATEGORY 4 POPULATION - BASED PAYMENT
	<div style="border: 1px dashed blue; padding: 5px;"> A Foundational Payments for Infrastructure & Operations (e.g., care coordination fees and payments for HIT investment) </div>	<div style="border: 1px dashed blue; padding: 5px;"> A APMs with Shared Savings (e.g., shared savings with upside risk only) </div>	<div style="border: 1px dashed blue; padding: 5px;"> A Condition-Specific Population-Based Payment (e.g., per member per month payments, payments for specialty services, such as oncology or mental health) </div>
	<div style="border: 1px dashed blue; padding: 5px;"> B Pay for Reporting (e.g., bonuses for reporting data or penalties for not reporting data) </div>	<div style="border: 1px dashed blue; padding: 5px;"> B APMs with Shared Savings and Downside Risk (e.g., episode-based payments for procedures and comprehensive payments with upside and downside risk) </div>	<div style="border: 1px dashed blue; padding: 5px;"> B Comprehensive Population-Based Payment (e.g., global budgets or full/percent of premium payments) </div>
	<div style="border: 1px dashed blue; padding: 5px;"> C Pay-for-Performance (e.g., bonuses for quality performance) </div>		<div style="border: 1px dashed blue; padding: 5px;"> C Integrated Finance & Delivery Systems (e.g., global budgets or full/percent of premium payments in integrated systems) </div>
		<div style="border: 1px dashed blue; padding: 5px;"> 3N Risk Based Payments NOT Linked to Quality </div>	<div style="border: 1px dashed blue; padding: 5px;"> 4N Capitated Payments NOT Linked to Quality </div>

Slide 8

ET27 This one is a bit overwhelming but I think it's important context for the next two slides. Many Board members have seen this before.

Elke Towey, 4/1/2021

COMPARISON OF KEY ELEMENTS

CCO 2.0 Contract Requirements

Medicaid only

To count as LAN Category 3B and higher, payment arrangement must include meaningful downside risk:

- Risk exposure cap \geq 8% of revenues
- Risk sharing \geq 30% of all losses
- Minimum loss rate \leq 4%

Treatment of Expenditures: OHA buckets all dollars in a contract to the highest qualifying LAN Category.

Additional requirements:

- Requires PMPM payments to PCPCHs
- Requires VBPs in 5 different Care Delivery Areas
 - Hospital Care
 - Maternity Care
 - Behavioral Health (BH) Care
 - Children's Care
 - Oral Health

Voluntary VBP Compact

Medicaid, Medicare, Commercial

Meaningful risk is defined by LAN Category 3 descriptions.

Treatment of Expenditures: Not addressed as in CCO contract.

Additional requirements:
None stated.

ANNUAL VBP MINIMUM THRESHOLDS (as % of total payments to providers)

CCO 2.0 Contract Requirements

Starts with *LAN Category 2C*
Payments must be linked to quality to qualify

<i>2C or Higher (Pay for Performance)</i>	<i>3B or Higher (Shared Savings & Downside Risk)</i>
20% by 2020	
35% by 2021	
50% by 2022	
60% by 2023	20% by 2023
70% by 2024	25% by 2024

Voluntary VBP Compact

Starts with *LAN Category 3A*
Quality link suggested but not required

<i>3A or Higher For all payments (Shared Savings)</i>	<i>3B or Higher For PCPs and General Acute Care Hospitals (Shared Savings & Downside Risk)</i>
35% by 2021	
50% by 2022	25% by 2022
60% by 2023	50% by 2023
70% by 2024	70% by 2024

CENTRAL OREGON VBP THRESHOLDS (2020 ESTIMATES)

Contracts considered 3B or higher:

- Medicaid: 52%
- Medicare: 39%
- Commercial: 12%

Questions?





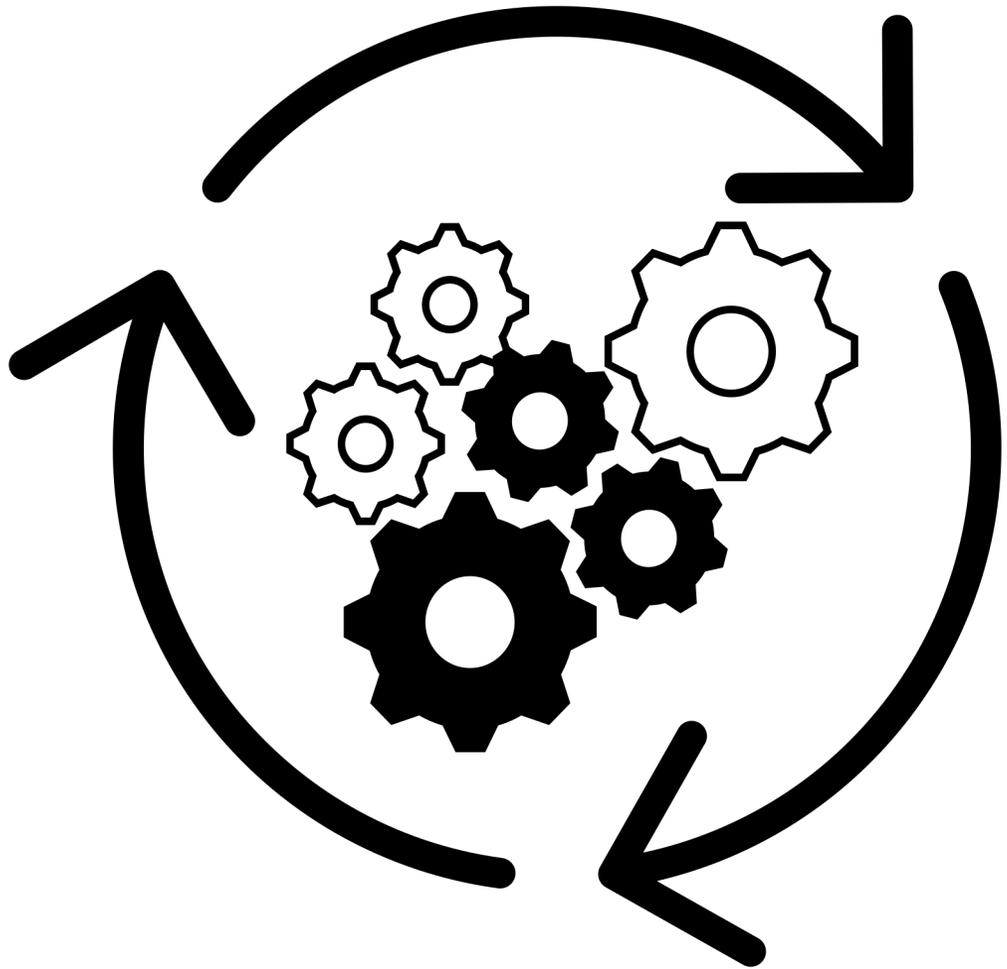
REALD DATA AND OUR DEMOGRAPHICS

May 2021

Purpose

- Definitions
- What is REALD data?
- Why is it important?
- Why is it important to you?
- Who are you?
- What next?

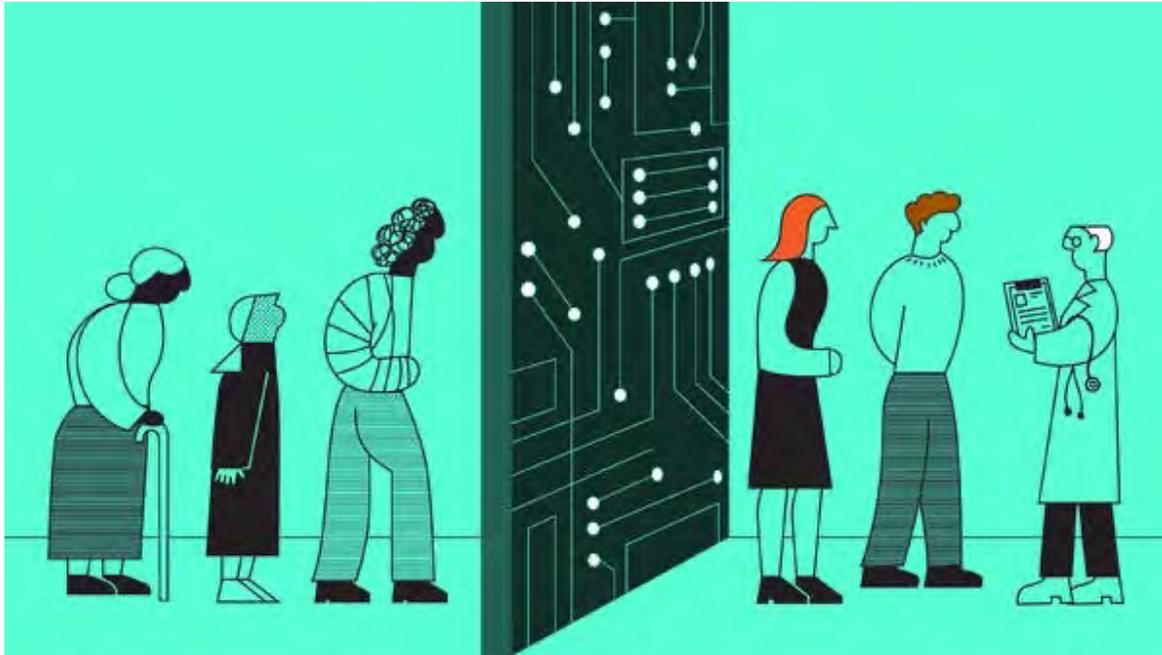
Definitions



System

An organized collection of parts that work together to reach a goal

- institutions, structures, norms, culture, government, education, health care



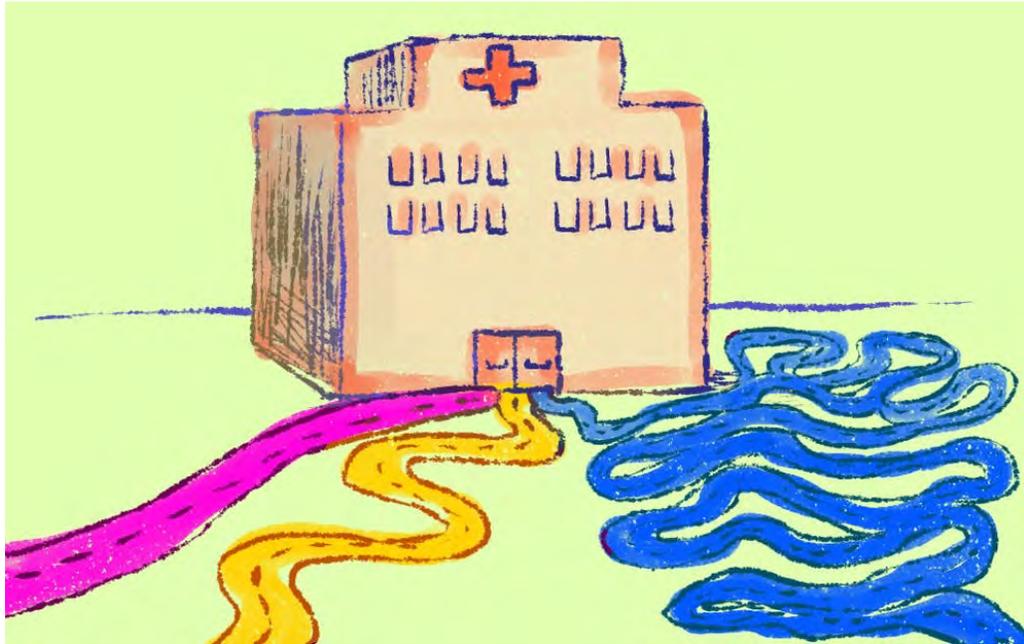
Health Disparity

Differences in the presence of disease, health outcomes or access to services between population groups.

Health Inequity

Differences in health that are unnecessary, avoidable, and considered unfair and unjust.

Health inequities are rooted in social injustices that make some population groups more vulnerable to poor health than other groups.



What is REALD?

A set of standardized data and questions.

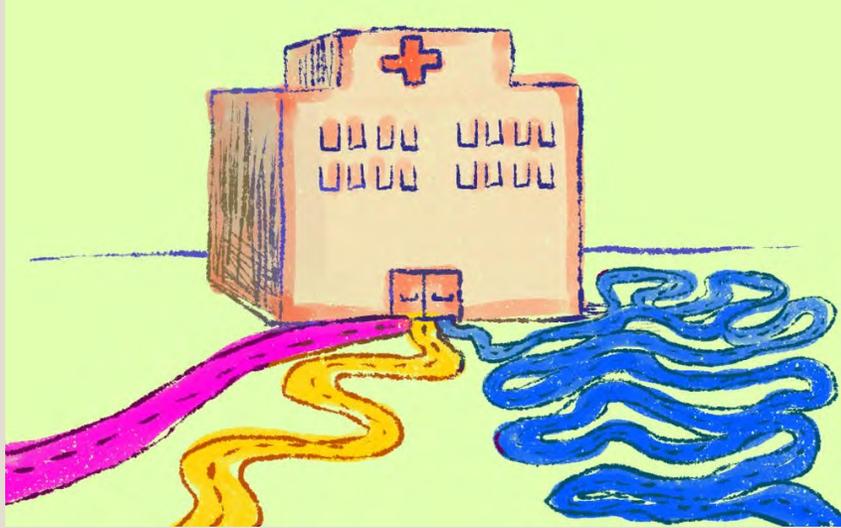
Race
Ethnicity
Language
and
Disability

Must be collected by Oregon Health Authority, the Department of Human Services and organizations that work with them.

House Bill (HB) 2134 ; Oregon Administrative Rules (OARs) 943-070-0000 through 943-070-0070



Why is REALD Important?



Our historic and current systems cause avoidable health inequities in the lives of certain groups of people.

Our systems cause harm to people by discrimination against people's race, ethnicity, language, ability, gender identity, sexual orientation.



These facts are clearly documented: <https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le7721a.pdf>

How does REALD help
reverse health and social
inequities?



Identify and change structural social and health barriers imposed on people.



Better understand ALL the people we work with and serve.



Guide how we create services to meet the cultural and accessibility needs of the people we serve.



Guide how we invest our funds to address health inequities.

Why is REALD important to the
COHC and the Board?



OUR PURPOSE

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.



Understand with whom we currently partner



Identify gaps in partnerships



Inform recruitment of future Board members



Support the use and best practices of REAL D data as a tool to improve health inequities



Respond to partner requests



Prepare to support partners with resources

Who are we?

Now what?

**Community Advisory Council;
Board of Directors;
Staff**

Workgroups and
Committees

Analyze Data

Report Results

Develop
Response
Plan

These questions are optional and your answers are confidential. We would like you to tell us your race, ethnicity, language and ability levels so that we can find and address health and service differences.

You can get this document in other languages, large print, braille, or a format you prefer. We accept all relay calls or you can dial 711. Please contact _____ at _____
 Today's Date: _____ Medical record number (if applicable): _____
 First Name: _____ Middle Initial: _____ Last Name: _____ Date of Birth: _____

Race and Ethnicity

1. How do you identify your **race, ethnicity, tribal affiliation, country of origin, or ancestry?**

2. Which of the following describes your **racial or ethnic identity?** Please check **ALL** that apply.

Hispanic and Latino/a/x

- Central American
- Mexican
- South American
- Other Hispanic or Latino/a/x

Native Hawaiian and Pacific Islander

- CHamoru (Chamorro)
- Marshallese
- Communities of the Micronesia Region
- Native Hawaiian
- Samoan
- Other Pacific Islander

White

- Eastern European
- Slavic
- Western European
- Other White

American Indian and Alaska Native

- American Indian
- Alaska Native
- Canadian Inuit, Metis, or First Nation
- Indigenous Mexican, Central American, or South American

Black and African American

- African American
- Afro-Caribbean
- Ethiopian
- Somali
- Other African (Black)
- Other Black

Middle Eastern/North African

- Middle Eastern
- North African

Asian

- Asian Indian
- Cambodian
- Chinese
- Communities of Myanmar
- Filipino/a
- Hmong
- Japanese
- Korean
- Laotian
- South Asian
- Vietnamese
- Other Asian

Other categories

- Other (please list) _____
- Don't know
- Don't want to answer

3. If you checked **more than one** category above, is there **one** you think of as your **primary** racial or ethnic identity?
 Yes. Please circle your primary racial or ethnic identity above. N/A. I only checked one category above.
 I do not have just one primary racial or ethnic identity. Don't know
 No. I identify as Biracial or Multiracial. Don't want to answer

(To be filled in by agency or clinic staff)

Agency or clinic: _____ Agency staff or provider name or ID: _____
 Phone: _____ Address: _____

Language (*Interpreters are available at no charge*)

4a. What language or languages do you **use at home**? _____

Skip to question 7 if you indicated English only

4b. In what language do you want us to communicate in **person, on the phone, or virtually** with you?

4c. In what language do you want us to **write** to you? _____

5a. Do you need or want an **interpreter** for us to communicate with you?

- Yes No Don't know Don't want to answer

5b. If you need or want an interpreter, what type of interpreter is preferred?

- Spoken language interpreter Deaf Interpreter for DeafBlind, additional barriers, or both
 American Sign Language interpreter Contact sign language (PSE) interpreter
 Other (**please list**): _____

Skip to question 7 if you do not use a language other than English or sign language

6. How well do you speak English?

- Very Well Well Not Well Not at all Don't know Don't want to answer

Your answers will help us find health and service differences among people with and without functional difficulties. Your answers are confidential. (**Please write in "don't know" if you don't know when you acquired this condition, or "don't want to answer" if you don't want to answer the question.*)

Yes	*If yes, at what age did this condition begin?	No	Don't know	Don't want to answer	Don't know what this question is asking
-----	--	----	------------	----------------------	---

7. Are you **deaf** or do you have **serious difficulty hearing**?

8. Are you **blind** or do you have **serious difficulty seeing**, even when wearing glasses?

Please stop now if you/the person is under age 5

9. Do you have **serious difficulty walking or climbing stairs**?

10. Because of a physical, mental or emotional condition, do you have **serious difficulty concentrating, remembering or making decisions**?

11. Do you have **difficulty dressing or bathing**?

12. Do you have **serious difficulty learning how to do things most people your age can learn**?

13. Using your **usual (customary) language**, do you have **serious difficulty communicating** (*for example understanding or being understood by others*)?

Please stop now if you/the person is under age 15

14. Because of a **physical, mental or emotional condition**, do you have **difficulty doing errands alone** such as visiting a doctor's office or shopping?

15. Do you have **serious difficulty** with the following: **mood, intense feelings, controlling your behavior, or experiencing delusions or hallucinations**?

Central Oregon Health Council

2020-2025 Strategic Plan



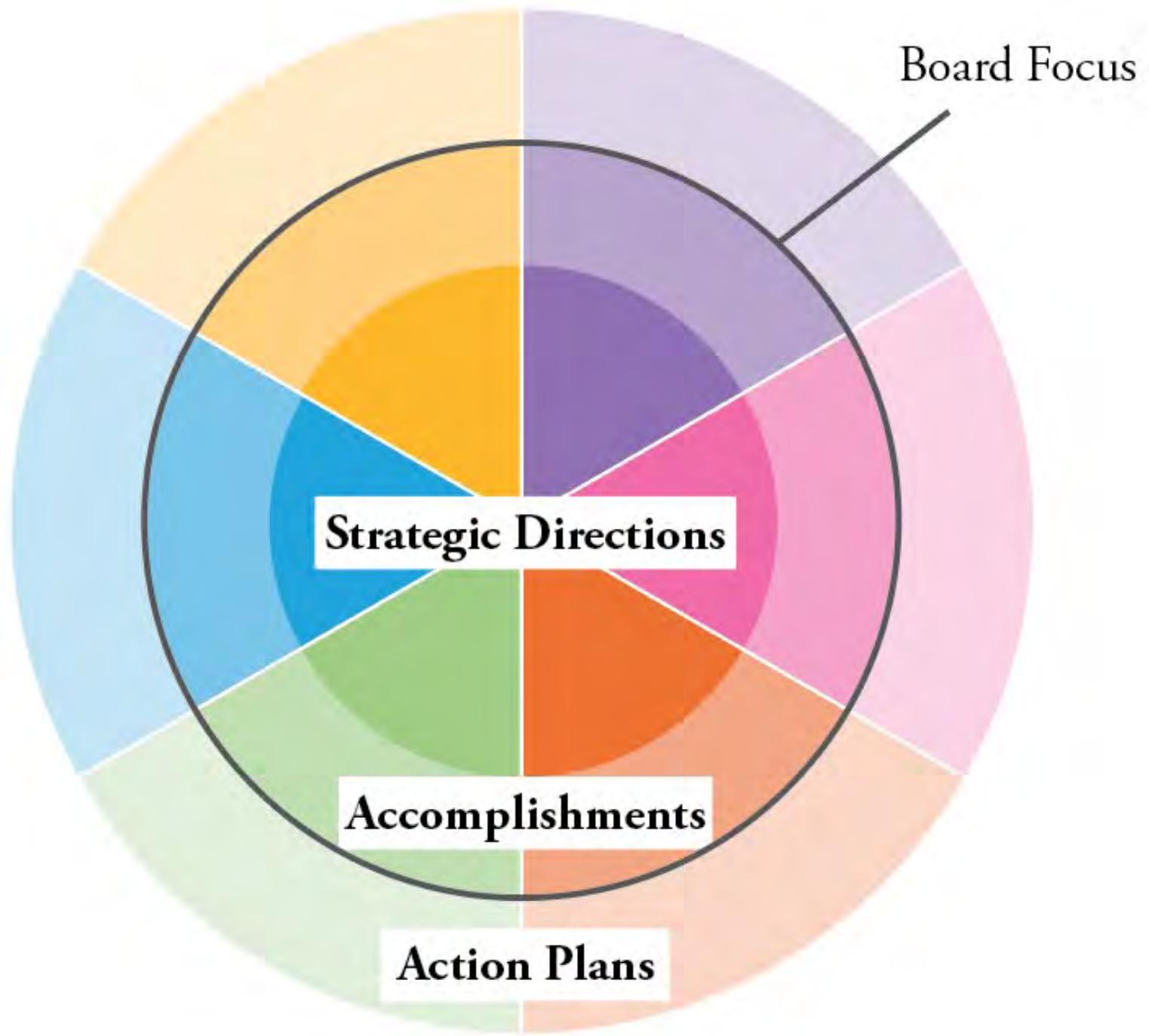
STRATEGIC DIRECTIONS: What Moves Us Toward Our 2025 Practical Visions

Deepen Partnership	Innovation	Create Alignment	Creating aligned partnerships for innovation between payers, delivery systems and patients
<ul style="list-style-type: none"> Provider Satisfaction Survey Regular touch points with providers 	<ul style="list-style-type: none"> Create a “small test of measurable change” plan Pilot change in small clinic 	<ul style="list-style-type: none"> Exploit multi-sector ownership of CCO budget 	

Drive Behavior	Incenting better outcomes	Response to Mandate	Engaging regulators for informed decision making
<ul style="list-style-type: none"> Different payer to align on value based contracts One interface for all access points for resources (CIE) Incentive tied to improved partnerships Increase investment for data hub Unify HIE/pop health 		<ul style="list-style-type: none"> Offer continuous educational cohorts around effective systems change Be nimble Prioritization of demands Insert CAC into policy work Bring OHA leadership to COHC Increase advocacy with state 	

Data Collection	Investing & developing data infrastructure to support continuous performance improvement	External Communication	Demonstrating Effective Governance
<ul style="list-style-type: none"> Establish regional “norms” for data set Establish a Data subcommittee 		<ul style="list-style-type: none"> Steward really successful RHIP Strategic Communications Plan Round table talks with tech entrepreneurs Completing the ENDS statement 	

Addressing Inequity	Identifying & Addressing Inequities
<ul style="list-style-type: none"> Focus resource investment on needs of rural poor Increase data capturing to identify disparities Scale work of Central Oregon (DEI) Education module on how inequality impacts patient behavior 	



Strategic Plan Report Card (cont'd)

Investing in and developing data infrastructure to support continuous performance improvement

Accomplishments		Success Looks Like:
<ul style="list-style-type: none"> ● Establish data subcommittee with clear objectives (Cost and Utilization Steering Committee (CUSC)). ● The CUSC will identify a minimum of 10 data points that are representative of drivers that contribute to increased healthcare costs. ● Q3 The subcommittees of CUSC will be supported to identify concrete actions that organizations can take by December 2021. 	<p style="text-align: center;">Staff</p> <p style="text-align: center;">Staff</p> <p style="text-align: center;">Staff</p>	<p style="text-align: center;">Cost driver reform commitment at Board member organizations</p>
<ul style="list-style-type: none"> ● Q2 Obtain MOUs from the three pilot participants/data contributors. 	<p style="text-align: center;">Staff</p>	<p style="text-align: center;">2% decrease in the cost of care</p> <p style="text-align: center;">Launch data infrastructure pilot</p>

● Not started
 ● Obstacles
 ● On Schedule
 ● Initial Successes
 ● Complete

Rotating Quarterly Board Spotlight

Demonstrating effective governance

Q2 Include expectations in the COHC Board Policy Book of Board member organizations incorporating the COHC Strategic Plan & RHIP priorities

- 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.

Example Obstacle

● Establish data subcommittee with clear objectives (Cost and Utilization Steering Committee (CUSC)).

CUSC, Staff

● The CUSC will identify data points that are representative of drivers that contribute to increased healthcare costs.

CUSC, Staff

Cost driver reform
commitment at Board
member organizations

Q2 The subcommittees of CUSC will be supported to identify concrete actions that organizations can take by December 2021.

CUSC, Board,
Staff

Example Success

- | | | | |
|---|--|----------------------|--|
| ● | The Governance Committee will review Board's bylaws to ensure equity goals are met. | Governance,
Staff | |
| ● | <u>Talk with a possible Warm Springs representative (leadership), find out if there is value for them in COHC Board participation.</u> | Board, Staff | Board diversity (for "Directors-at-Large") |
| ● | <u>Survey current COHC Board members via REAL-D and current Board representative make-up.</u> | Board, Staff | |

Regional Health Improvement Plan (RHIP) Workgroup Update

MaCayla Arsenault

Gwen Jones

Renee Wirth

2020-2024 Workgroups

Workgroup	Number of Future State Measures
Address Poverty & Enhance Self-Sufficiency	4+
Behavioral Health: Increase Access and Coordination	3
Promote Enhanced Physical Health Across Communities	6+
Stable Housing & Supports	3
Substance & Alcohol Misuse Prevention & Treatment	4
Upstream Prevention: Promotion of Individual Well-Being	5

Reference: <http://www.centraloregonhealthdata.org/>

2020-2024 Workgroup Participation

Workgroup	Active Attendees	Partner Organizations
Address Poverty & Enhance Self-Sufficiency	17	15
Behavioral Health: Increase Access and Coordination	20	14
Promote Enhanced Physical Health Across Communities	19	14
Stable Housing & Supports	14	11
Substance & Alcohol Misuse Prevention & Treatment	16	12
Upstream Prevention: Promotion of Individual Well-Being	17	15

Structured Problem Solving + Participatory Community Development

Title	
Background: Why are we talking about this?	
Current Condition: What's happening right now?	
Goal Statement: Where do we want to be in 4 years?	
Analysis: What's keeping us from getting there?	
	Strategic Direction: What are we going to try?
	Focused Implementation: What are our specific actions? (who, what, when, where?)
	Follow-Up: What's working? What have we learned?

Date updated: _____ *Version:* _____



Community Investment

	Funds Available	\$11,003,059
	Initial Funds (spread over 5 years)	\$12,000,000
	Funds Spent	\$996,941
Amount Invested by Workgroup		
Address Poverty*		\$520,262.79
Behavioral Health		\$52,500.00
Physical Health		\$86,994.06
Stable Housing		\$240,000.00
Substance & Alcohol Misuse		\$30,000.00
Upstream Prevention		\$67,184.00

Operations Council: RHIP Advisory Group

- Advise with implementation of the RHIP
- Act as liaisons between their own organizations and the RHIP
- Support the project managers with addressing barriers as they arise
- Help Project Managers create alignment and coordination between the QIMs and RHIP measures where they overlap

Barriers

- Summer breaks
- Consistent participation
- Expertise in small groups
- Continued demands of COVID on partners
- Zoom fatigue

Implementation Activities

Address Poverty and Enhance Self-Sufficiency

- Funded 5 programs and initiatives to increase high school graduation rates among students who are economically disadvantaged across Central Oregon
- Developing multi-phase project to address the needs of those who are Asset Limited Income Constrained and Employed (ALICE)

Behavioral Health: Increase Access and Coordination

- Investing in behavioral health professionals in Rural areas
- Completing baseline research to identify a timeliness and engagement measure, conduct feasibility study, and develop recommendations
- Implementing a pilot program to test and champion coordinated use of screening tool and method to measure appropriate level of follow-up

Promote Enhanced Physical Health Across Communities

- Developing a request for Letters of Interest to address increasing youth fruit and vegetable consumption and physical activity
- Developing a strategy to expand Connect Oregon in order to increase partnerships between clinics and community-based organizations

Stable Housing and Supports

- Invested \$200,000 over three years in the development of a Regional Housing Council to address the housing crisis and homelessness
- Currently reviewing a proposal for permanent supportive housing to address chronic homelessness and reduce the frequent use of emergency resources in Central Oregon

Substance and Alcohol Misuse: Prevention and Treatment

- Enhancing SBIRT within clinics to address binge drinking
- Assessment on key drivers of binge drinking for 18-34 year olds
- Reducing youth vaping by working with retailers on product, placement, price, promotion, and prevalence of tobacco products, alcohol and food
- Investing in Peer Support Specialists (PSS) while hiring a consultant to work on PSS model sustainability to increase engagement to treatment and reduce ED utilization

Upstream Prevention: Promotion of Individual Well-Being

- Investing in activities that support letter name recognition and reading
- Continuing the successful 'Ask Anything' media campaign supporting planned pregnancy
- Developing and funding a regional immunization 'facilitator' shared across organizations

Questions?

Central Oregon Health Council
Executive Director's Update
May 13, 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 (transition plan)
- 2020 financial audit process (field audit April-May 2021)
- Appointed to Local Public Safety Coordinating Council
- Participated in the Healthcare Congress/American College of Healthcare Executives (ACHE)
- Economic Recovery Plan/CEDS member
- Completed ED Succession/Transition Plan

Coming up:

- Audit field work

Strategic Plan Report Card 2020-2024

Creating aligned partnerships for innovation between payers, delivery systems, and patients

Accomplishments

Who?

Success Looks Like:

- Research Alternative Payment Methodology (APM) promising practices and models.

Staff

- Q2 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.

Committees, Board, Staff

APMs align with contract deliverables

- Q3 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.

PacificSource, Staff

Additional revenue stream

- The COHC staff conducts grant research.

Staff

- Q4 Prepare to apply for a grant in 2022, COHC as the recipient

Staff

- Collaborate with two community provider organizations to launch a pilot Community Information Exchange (CIE).

Staff

- Q2 Transition CIE project from the COHC to PCS

PacificSource, Staff

Providers adopt Community Information Exchange (CIE)

- Q2 The Central Oregon CIE is established and utilized widely

Staff

● Not started ● Obstacles ● On Schedule ● Initial Successes ● Complete

Strategic Plan Report Card (cont'd)

	Accomplishments	Who?	Success Looks Like:
Demonstrating effective governance	<ul style="list-style-type: none"> ● COHC staff gather and share tools/strategies to explore opportunities for workgroups. ● COHC RHIP Workgroups begin funding multi-sector projects. 	<p>Staff</p> <p>Staff</p>	Funded projects reflect multi-sector partnerships
	<ul style="list-style-type: none"> ● Create, finalize, and vote on the purpose (ends) statement, to guide our work alongside the approved COHC mission and vision. ● Develop simple and concise multi-level external communications plan for board member and partner use. Q2 <u>Include expectations in the COHC Board Policy Book of Board member organizations incorporating the COHC Strategic Plan & RHIP priorities</u> Q3 <u>Survey Board members for current state adoption of the COHC SP & RHIP Priorities in their organizations</u> ● Impact regional health through the RHIP (participation, investments) Q3 Explore strategic planning processes tailored to our community coalition model. 	<p>Governance, Staff</p> <p>Staff</p> <p>Governance, Board, Staff</p> <p>Board, Staff</p>	COHC strategic plan and RHIP priorities are formally prioritized within Board members' organizations
	<ul style="list-style-type: none"> ● Develop a process and tools for annual COHC self-evaluation ● <u>Board self-eval will be conducted in 2021 for the first time</u> 	<p>Governance, Staff</p> <p>Governance, Board, Staff</p>	Annual Board self-evaluations
	<ul style="list-style-type: none"> ● <u>The COHC Board can name the key cost drivers in the CCO.</u> Q3 Establish baseline data around key cost drivers. 	<p>CUSC, Board, Staff</p> <p>Staff</p>	CUSC enacts strategies to address key cost drivers that are adopted by the Board

● Not started
 ● Obstacles
 ● On Schedule
 ● Initial Successes
 ● Complete

Strategic Plan Report Card (cont'd)

Engaging regulators for informed decision-making

Accomplishments

Who?

Success Looks Like:

●	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.	Staff	
●	<u>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.</u>	Board, Staff	Bi-directional communication between OHA and the COHC
Q3	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.	Staff	
Q3	Build consensus between COHC and the CCO to define bi-directional communication with OHA	Staff	Inform future CCO policy decisions
●	<u>The COHC Board, committees & workgroups will receive advocacy training and education.</u>	Board, Committees, Workgroups, Staff	
Q2	<u>Assess legislative relationships and opportunities of individual Board members.</u>	Board, Staff	Advocacy & policy efforts
●	Build an internal advocacy/lobbying process	Staff	
Q4	<u>Invite Board members to bring legislative priorities forward which align with the RHIP to discuss advocacy opportunities</u>	Board, Staff	Advocacy strategy
'22	Invite RHIP Workgroup members to bring legislative priorities forward which align with the RHIP to discuss advocacy opportunities	Workgroups, Staff	

● Not started ● Obstacles ● On Schedule ● Initial Successes ● Complete

Strategic Plan Report Card (cont'd)

Investing in and developing data infrastructure to support continuous performance improvement

Accomplishments	Who?	Success Looks Like:
<ul style="list-style-type: none"> ● Establish data subcommittee with clear objectives (Cost and Utilization Steering Committee (CUSC)). ● The CUSC will identify data points that are representative of drivers that contribute to increased healthcare costs. ● <u>The subcommittees of CUSC will be supported to identify concrete actions that organizations can take by December 2021.</u> 	<p>CUSC, Staff</p> <p>CUSC, Staff</p> <p>CUSC, Board, Staff</p>	<p>Cost driver reform commitment at Board member organizations</p>
<ul style="list-style-type: none"> ● Obtain MOUs from the three pilot participants/data contributors. 	<p>CUSC, Staff</p>	<p>2% decrease in the cost of care</p> <p>Launch data infrastructure pilot</p>

Not started
 Obstacles
 On Schedule
 Initial Successes
 Complete

Strategic Plan Report Card (cont'd)

Identifying and addressing inequities

Accomplishments

Who?

Success Looks Like:

 The Governance Committee will review Board's bylaws to ensure equity goals are met.

Governance,
Staff

 Talk with a possible Warm Springs representative (leadership), find out if there is value for them in COHC Board participation.

Board, Staff

Board diversity (for
"Directors-at-Large")

 Q2 Survey current COHC Board members via REAL-D and current Board representative make-up.

Board, Staff

 With the support of the Central Oregon Diversity, Equity, and Inclusion (CODEI) Committee, develop and begin collecting three COHC organizational DEI measures.

CODEI,
Staff

 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).

CODEI,
Staff

Funded projects prioritize
rural and marginalized
communities

 Q3 Define what rural and marginalized communities are and how we will measure this.

Staff

 Q3 Define what "promote and ensure equity in roles" will contain.

CODEI,
Staff

Equity throughout the
COHC

 Q3 Develop a meaningful relationship between the Board & the CAC

Board, CAC,
Staff

 Not started  Obstacles  On Schedule  Initial Successes  Complete

Strategic Plan Report Card (cont'd)

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

Not started
 Obstacles
 On Schedule
 Initial Successes
 Complete

Rotating Quarterly Board Spotlight

Demonstrating effective governance

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- De-identified results will be shared with the Board in Q3 2021.



CCO Director Report

Date: May 2021

To: The Central Oregon Health Council (COHC) Board of Directors

Prepared by: Leslie Neugebauer, Senior Director, Medicaid Governance

PACIFICSOURCE COMMUNITY SOLUTIONS CENTRAL OREGON CCO UPDATES:

2021 Quality Incentive Measure Performance – Data through March 2021

Oral Evaluation for Diabetics		Rate: 4.1% Quarterly Target: 5.8%	9+ = 100%
Diabetes, Uncontrolled (inverse measure)		Rate: 37.2% Target: 23.4%	
Preventative Dental	Ages 1-5	Rate: 16.5% Quarterly Target: 20.8%	
	Ages 6-14	Rate: 17.2% Quarterly Target: 27.6%	
★ Well-child Checks for 3-6 yo		Rate: 18.2% Quarterly Target by 20.7%	8 = 80%
★ Adolescent Immunizations		Rate: 27.9% Quarterly Target: 30.3%	7 = 70%
Childhood Immunizations		Rate: 48.2% Quarterly Target: 65.0%	6 = 60%
★ Initiation and Engagement of AOD	Initiation	Rate: 34.6% Target 36.2%	5 = 50%
	Engagement	Rate: 15.1% Target 10.6%	
★ DHS 60		Rate: % Target: 90.0%	4 = 40%
Cigarette Smoking Prevalence (inverse measure)		Rate: 25.1% Target: 26.6%	3 = 30%
Timeliness of Postpartum Care		Rate: 78.4% Target: 61.3%	
Emergency Department Utilization for members with Mental Illness (inverse measure)		Rate: 71.0/1,000MM Target: 97.3/1,000MM	

SBIRT	Must Pass	
Depression	Must Pass	
Health Equity	Must Pass – CCO Attestation	

★ 2021 CHALLENGE POOL measures



Upcoming Provider Trainings

Virtual Workshops:

- May 18: [Strategies to Support Health Care Staff & Providers During the Pandemic: Building Resilience and Addressing Burnout](#)
- June 3: [Primary Care Behavioral Health Strategies During and After the Pandemic](#)
- June 8: [Shared Decision Making](#), Session 1
- June 15: [Shared Decision Making](#), Session 2

Online On-Demand Training:

- Building LGBTQIA+ Workplace Cultures of Belonging – Recorded webinar
- CLAS Standards – Recorded webinar
- What is REAL+D? – Recorded webinar
- Health Literacy Matters – Recorded webinar
- Motivational Interviewing 6 Module Training Series – *Coming summer 2021*
- Trauma Informed Care Training Series – *Coming fall 2021*

GENERAL PACIFICSOURCE UPDATES:

COVID-19 Benefit Provisions

PacificSource will extend its special COVID-related benefit provisions for its commercial plan members to the end of 2021. The following is a summary of PacificSource benefit provisions that are currently in place for PacificSource's commercial plan members and that will be extended through the end of 2021 (There are no changes for Medicaid or Medicare members at this time):

- PacificSource will continue to eliminate out-of-pocket costs for COVID-19 testing and testing-related visits for our members at out-patient care sites (including primary care, urgent care, and emergency rooms). Further treatment may be subject to additional cost shares depending on the benefit plan.
- PacificSource will continue to allow members a one-time early refill for prescription drugs. (COVID-19 vaccinations are offered at no cost to members.)
- PacificSource will continue to waive all copays for Teladoc visits for members who have Teladoc as a plan option.
- PacificSource providers have been instructed to not collect copay/coinsurance or deductibles for testing and testing-related services.
- Self-funded employers will have the option to opt-in to the provision that waives member out-of-pocket costs. For self-funded employer groups electing to extend these benefits, a plan amendment will be issued.
- PacificSource is reaching out by phone to all high-risk members who have not yet received their vaccines and assisting them with locating a clinic or resources within their county, as well as taking them through the steps of pre-registering for their vaccine as needed.



Senior Leadership Additions

- PacificSource Health Plans welcomed Sabrina Coleman as its new vice president and Corporate Compliance Officer. In this role, Coleman will be responsible for administering and managing the enterprise's compliance program, ensuring that PacificSource maintains full compliance with all governmental agencies, including all Federal and State regulatory agencies. She will also serve as the company's Privacy Officer.
- Central Oregon CCO Director, Leslie Neugebauer, has transitioned to a new role on PacificSource's Medicaid Administration team and is now serving as Senior Director of Medicaid Governance. In her new role, she will help shape the company's strategic governance work, growth opportunities, and CCO strategy across its Medicaid footprint.



COHC Community Advisory Council

Held virtually via Zoom

April 15, 2021

Present:

Brad Porterfield, Chair, Consumer Representative
Larry Kogosvek, Vice Chair, Consumer Representative
Mayra Benitez, Consumer Representative
Natalie Chavez, Jefferson County Health
Elaine Knobbs-Seasholtz, Mosaic Medical
Tom Kuhn, Deschutes County Health Services
Lauren Kustudick, Consumer Representative
Theresa Olander, Consumer Representative
Regina Sanchez, Crook County Health Department
Elizabeth Schmitt, Consumer Representative
Mandee Seeley, Consumer Representative
Ken Wilhelm, United Way of Central Oregon

Absent:

Jolene Greene, Consumer Representative
Linda Johnson, Community Representative
Jennifer Little, Klamath County Public Health
Cris Woodard, Consumer Representative

Others Present:

MaCayla Arsenault, Central Oregon Health Council
Rebeckah Berry, Central Oregon Health Council
Rebecca Donell, Oregon Health Authority
Dawn Frey, PacificSource
Buffy Hurtado, PacificSource
Gwen Jones, Central Oregon Health Council
Donna Mills, Central Oregon Health Council
Leslie Neugebauer, PacificSource
Kelsey Seymour, Central Oregon Health Council
Devona Tafalla, PacificSource
Molly Taroli, PacificSource
Kristen Tobias, PacificSource

Kristina Winkler, PacificSource

Introductions

- Introductions were made and Brad Porterfield welcomed all attendees.

Public Comment

- Brad welcomed public comment. Elizabeth Schmitt shared that periodontal care can be accessed in Salem.
- Lauren Kustudick shared the gym membership program for low-income families in La Pine is a life-saving program that is important to preventing multiple types of chronic diseases.

Approval of the Consent Agenda, Minutes

- Ken Wilhelm motioned to approve the minutes; Lauren seconded. All were in favor, the motion passed unanimously.

Highlights from the COHC Board Meeting

- Brad described the lively discussion had at the COHC Board meeting the week prior and relayed the question to the CAC: "What do you, the CAC, expect from the Board?". Brad agreed to share his written update of the Board meeting with the CAC.
 - **ACTION:** Brad will share his written update of the Board meeting with the CAC.

Community Health Projects Process Development

- MaCayla Arsenault reviewed the process used in 2020 to disseminate over \$950,000. She shared in 2021 the CAC will be responsible for investing approximately \$370,000 by December 31st. She asked the CAC if they prefer to focus on a specific Social Determinant of Health (SDOH) more narrowly or keep the five broad categories used last year. The group elected to maintain the broad categories used last year, with priority given to project serving rural areas.
 - MOTION: Elaine Knobbs-Seasholz motioned to approve the 2021 CAC Funding focus on SDOH-E while encouraging a focus on rural areas, serving populations most impacted by barriers to health; Larry Kogosvek seconded. All were in favor, the motion passed unanimously.
- MaCayla asked if the CAC would prefer to use a Letter of Intent (LOI) process this year, which would save lengthy applications for only those projects the CAC intended to fund. She explained this would place less burden on CAC members who reviewed proposed projects and less burden on the applicants themselves.
 - MOTION: Ken motioned to use an LOI process for the 2021 CAC funds, Theresa Olander seconded. All were in favor, the motion passed unanimously.
- MaCayla asked if the group would like to change the award range, which was \$5,000-\$50,000 in 2020. The group discussed the ideas of raising both the minimum and the maximum to enable some projects to span a longer term. The discussion ran out of time, and Brad asked this topic continue at the next meeting.

- **ACTION:** MaCayla will add the continuation of this discussion to the next CAC agenda.

Health Related Services Overview

- Molly Taroli shared the Member Support Specialist Team has fourteen members serving the Portland, Gorge, and Central Oregon areas. Devona Tefalla explained their team connects plan members with housing, food, transportation, and utility support. She added that they sometimes facilitate meetings between Aging and People with Disabilities (APD), home health providers, and care providers to discuss how to best serve the member.
- Theresa Olander asked how she can connect to a Member Support Specialist. Molly shared the phone number for the team, noting Specialists are assigned members by alphabetical last name.

Flexible Services

- Brad noted the meeting was out of time and asked that Flexible Services be added to the next agenda.
 - **ACTION:** MaCayla will add the Flexible Services to the next CAC agenda.

**Non-RHIP COHC
Investment**

\$340,102

**RHIP Workgroup
Investment**

\$197,467

Central Oregon Health Council **COVID-19** Mini-Grant Report

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

Non-RHIP COVID-19 Mini-Grants

MARCH

Creach Consulting, LLC COVID-19 Virtual Community Supports
Jefferson County Public Health Department Stay Home, Save Lives Outreach Campaign
Jefferson County Public Health Department Prevent COVID-19 for At-Risk Populations
Mosaic Medical COVID-19 Care Kits for the Homeless

APRIL

Central Oregon Pediatric Associates PPE Sterilization
Crook County Health Department COVID-19 Outreach Campaign
Family Access Network FAN COVID-19 Response
NeighborImpact Homeless Services
REACH COVID-19 Services for Homeless
Ronald McDonald House Charities COVID-19 Virtual Family Supports
Rugged Thread Outerwear Repair Inc. Manufacturing Surgical Masks
Sparrow Clubs U.S.A. Virtual Sparrow Clubs for 2020-21 School Year
The Latino Community Association COVID-19 Emergency Funds for Families

MAY

REACH Solar Chargers for Homeless
NeighborImpact Childcare Regional Emergency Fund
1017 Project Beef for Food Banks
Crook County Health Department Regional Spanish Substance Abuse Messaging

JUNE

Central Oregon Pediatric Associates PPE Respirators for COVID-19 Clinics
Healing Reins First Responder Fridays

JULY

Suttle Lake Camp COVID-19 Gap Housing
Deschutes County Health Services Tome Meds Con Seriedad Oregon
Wild Rose Ranch COVID-19 Homelessness Outreach
Shepherd's House Outdoor Experience for Improved Health During COVID-19
The Cottage Daycare Masks for Staff and Children

Continued on second page

AUGUST

- Central Oregon Pediatric Associates** Pediatric Masks for Back to School Safety
- NeighborImpact** PPE for Central Oregon Childcare
- Deschutes County Health Services** Grandpad Pilot Program
- MECCA Bend** Peer to Peer Emotional Coaching
- BendNEXT** COVID-19 Education and Mask Wearing Campaign

SEPT

- Friendometry** Reducing the Impact of Childhood Loneliness during COVID-19
- The Even Out Project** Pandemic Stress Relief
- Jefferson County Kids Club** Helping Jefferson County Youth during the Pandemic
- Redemption House Ministries** Homeless Services for COVID-19

(No non-RHIP COVID-19 applications were submitted during October or November)

DECEMBER

- Crook County Health Dept** Case Investigation and Vaccine Planning
- Jericho Road** Emergency Supplies
- The 1017 Project** Beef for Food Banks (Part 2)
- La Pine Community Health Center** The PPE Project
- Ronald McDonald House Charities** Meals from the Heart
- The Door @ Three Rivers** Warming Shelter Operations
- Mountainview Fellowship** Shelter Shower and Laundry Project
- NeighborImpact** Food Warehouse Pallet Jack
- Stroke Awareness Oregon** Stroke Education During COVID-19
- Building Hope** Basic Needs to Build Hope
- Shepherd’s House** Help COVID-19 Testing Project
- Parkinson’s Resources of Oregon** Vulnerable Senior Outreach
- Bethlehem Inn** COVID-19 Testing Project
- BestCare Treatment Services** Air Filtration for Residential Treatment Program
- Jefferson County Public Health** COVID-19 Vaccine Distribution
- The Child Center** School-Aged Childcare Gap Funding
- La Pine Parks & Recreation** School-Aged Childcare Gap Funding
- Sisters Parks & Recreation** School-Aged Childcare Gap Funding
- Bend Parks & Recreation** School-Aged Childcare Gap Funding
- Campfire Central Oregon** School-Aged Childcare Gap Funding
- High Desert Museum** School-Aged Childcare Gap Funding
- Better Together (Champion’s Program)** School-Aged Childcare Gap Funding
- Circle of Friends** School-Aged Childcare Gap Funding
- Boys & Girls Club** School-Aged Childcare Gap Funding
- Volunteers in Medicine** COVID-19 Testing for the Uninsured
- Kôr Community Land Trust** Homeownership Opportunities During COVID-19
- La Pine Community Health Center** Patient Healthcare Reminder Project
- Redemption House Ministries** Warming Shelter Supports
- Healing Reins** COVID-19 Cleaning Protocol Support

“Love is like paint, it does nothing unless applied.” An impact of this project is the incredible love that is felt by the homeless community, the joy that is brought to their hearts by knowing we sought them out to care for them.

-Staff, Building Hope

JAN	Friendometry Spanish Resources
	MECCA Bend Peer to Peer Emotional Coaching
	La Pine Community Health Center COVID-19 Vaccine Distribution
	Crook County Health Department Vaccine Distribution
	The Cottage Daycare Air Purifiers for Childcare
	Diversability Youth and Young Adult Advising Services
Bend Area Habitat for Humanity COVID-19 Family Grief Support	
FEB	ReVillage COVID-19 Startup
	Mountain Star Family Relief Nursery COVID-19 Test Kits
	BendNEXT Resilience, Self Care, and Stress Recovery Webinar
	Building Hope RV Homeless Support
MAR	Central Oregon Pediatric Associates COVID-19 Vaccine Distribution
	REACH Syringe Exchange Program Warming Project
	Sisters Habitat for Humanity Air Purification System

“The lives of so many hungry, confused and bewildered people are touched on a regular basis by people who care, providing necessities as well as critical, human contact. These supplies are the basic tools of survival: food, water, warmth and shelter. Nothing is more critical. You see it in their eyes. You hear it in their voices.”

-Tia L., Volunteer Program Coordinator, Jericho Road

“Food banks rarely receive adequate protein sources for their clients. The hamburger we provide is fresh-from-the-butcher and includes every premium cut from the entire cow. USDA-certified Butcher Boys in Prineville has been an incredible partner over the years, and they gave us additional butcher appointments to help more food-insecure families during the first months of COVID-19.”

-Staff, The 1017 Project

“The staff in the Crook County School District were very excited about receiving vaccinations. They provided a plaque to the health department and the staff were honored at the School Board meeting.”

-Staff, Crook County Health Department

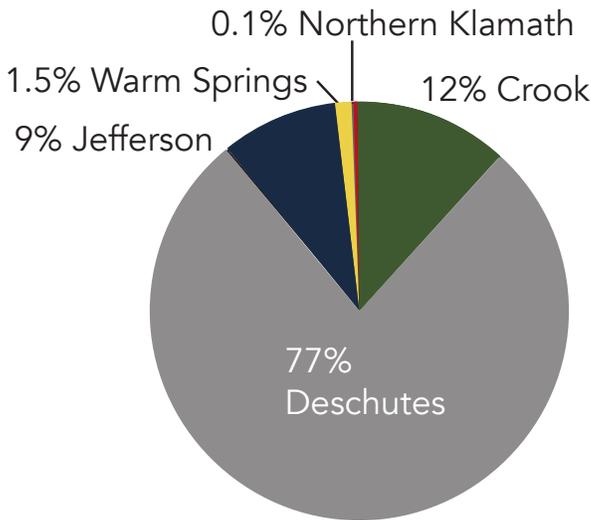
RHIP COVID-19 Mini-Grants (cont'd)

MEASURES	1	2	3	4	5	6	7	8	9	10
Increase high school graduation rates										
Decrease food insecurity										
Decrease percent of individuals living at poverty level and income constrained										
Decrease housing and transportation costs as a percent of income										
Increase availability of behavioral health providers in marginalized areas of the region										
Increase timeliness and engagement when referred from primary care to specialty BH										
Standardize screening processes for appropriate levels of follow-up care										
Decrease asthma, cancer, cardiovascular disease, and diabetes rates										
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 severely rent and mortgage-burdened households										
Accurately measure Central Oregonians experiencing homelessness										
Decrease binge drinking among adults										
Decrease vaping or e-cigarette use among youth										
Increase additional services for alcohol or drug dependence										
Increase letter name recognition at kindergarten										
Increase 3rd-grade reading proficiency										
Establish a resiliency measure										
MAY										
Healthy Families Oregon - High Desert Basic Needs										•
Crook County Health Department Tobacco Retail Licensure										•
JUNE										
Bend Habitat for Humanity Racial Disparities & Homeowners										•
Sunstone Recovery Connected Phase Two										•
New Priorities Family Services Scholarships for COVID-19										•
Seed to Table Oregon COVID-19 Food for All										•
Boys and Girls Club of Bend Education Scholarships for Youth										•
OSU-Cascades Cinematic Remote Learning Projects										•
St. Charles Health System Continuous Glucose Monitoring										•
<i>(There were no RHIP COVID-19 related applications July-September)</i>										
OCT										
NeighborImpact Emergency Food Box Storage										•
COCC Addiction Studies COVID-19 Student Scholarships										•
NOV										
The Child Center Outreach for Youth Mental Health Services										•
DEC										
Central Oregon Locavore Farm Education for Kids										•
Jefferson County Youth Org. Helping Youth During COVID-19										•

RHIP COVID-19 Mini-Grants (cont'd)

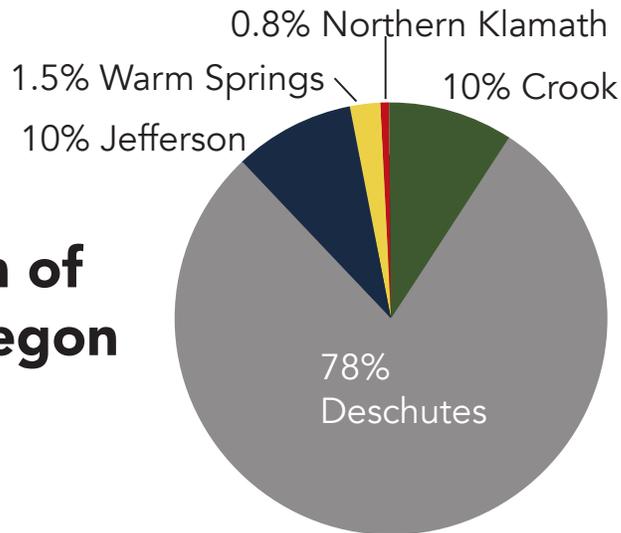
MEASURES	
	Increase high school graduation rates
	Decrease food insecurity
	Decrease percent of individuals living at poverty level and income constrained
	Decrease housing and transportation costs as a percent of income
	Increase availability of behavioral health providers in marginalized areas of the region
	Increase timeliness and engagement when referred from primary care to specialty BH
	Standardize screening processes for appropriate levels of follow-up care
	Decrease asthma, cancer, cardiovascular disease, and diabetes rates
	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 severely rent and mortgage-burdened households
	Accurately measure Central Oregonians experiencing homelessness
	Decrease binge drinking among adults
	Increase additional services for alcohol or drug dependence
	Increase letter name recognition at kindergarten
	Increase 3rd-grade reading proficiency
	Increase 2-year-old immunization rates
	Establish a resiliency measure
JAN	Wellness Through Horses Technical Assistance Support
	Council on Aging of Central Oregon Senior Drive-thru Meals
	High Desert Food and Farm Alliance Improving Food Access and Sovereignty
	La Pine Community Health Center Telehealth Patient Improvement
FEB	Friends of the Children Decreasing COVID-19 Barriers
MAR	Desert Sky Montessori Kindergarten Assistance during COVID-19
	BOOST Oregon COVID-19 Vaccine Information
	The 1017 Project Beef for Food Banks
	The Boys and Girls Club Promoting Physical and Mental Health for Youth
	Central Oregon Veteran's Ranch Veteran Outreach and Community Engagement
	Crook County Health Department Resilience Survey
	Seed to Table COVID-19 Fresh Food

COVID-19 Spending by Region



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 below.

Population of Central Oregon



“Dining Together” - Friends of the Children Central Oregon (FOTCCO) is partnering with local restaurants and a long-time donor to provide healthy family meals to all FOTCCO families twice per week. ‘We never get to sit down together and share a meal and we especially don’t get food from nice restaurants like this. We are so thankful to FOTCCO for bringing our family together in these really hard times.’

-Program Parent, Friends of the Children Central Oregon

**COVID-19 Final Report for Deschutes County Health Services (Non-RHIP)
“Tome Meds con Seriedad Oregon PSA creation and distribution”****Summary of Results:**

- Translated 30-second public service announcement script for Take Meds Seriously Oregon to Spanish and re-produced the PSA for a Spanish-language PSA.
- It is now available on the Spanish TMSO website and YouTube page.
- Purchased 2 months of advertising on La Bronca radio and Telemundo television and received a non-profit match from each vendor for a total of 416 spots on La Bronca and 1,250 spots on Telemundo.
- An additional grant match from the Deschutes County Board of County Commissioners resulted in doubling the number of total spots airing in Central Oregon (additional 416 spots on La Bronca and 1,020 spots on Telemundo), and extended the duration of advertising from two months to 18 weeks on Telemundo and 16 weeks on La Bronca.

Video PSA:

Video link: <https://youtu.be/nADvaFJR0AA>

RHIP and COVID-19 MINI-GRANT PROJECT SUMMARIES

COVID-19 Final Report for Jericho Road (Non-RHIP) “Emergency Supplies”



Summary of Results:

- The Emergency Supply Program and Homeless Camp Outreach programs have distributed 39 temperature rated sleeping bags and 23 Little Buddy heaters.
- 150 propane tanks filled and exchanged; 500+ KNa95 masks; 80+ reflective vests; 25-30 hot breakfast sandwiches distributed each week; thousands of gallons of water and hundreds of clothing items.
- 364 Propane Canisters(for camping stove and heaters); 47 shower passes (cancelled due to covid); 33 tents; 8 loads of firewood; 384 personal cleansing towel kits as alternatives to showers; 4 flashlights; 2 pair of winter boots and one 5 gallon water jug.
- 47 Bus Passes (for doctor visits). Bus passes were canceled due to Covid.
- The outcomes and results are that people living in extremely difficult conditions were given some level of relief and comfort to help keep them as healthy as possible and to relieve some small degree of their stress.

Quote:

"The lives of so many hungry, confused and bewildered people are touched on a regular basis by people who care, providing necessities as well as critical, human contact. These supplies are the basic tools of survival, food, water, warmth and shelter. Nothing is more critical. You see it in their eyes. You hear it in their voices".

Tia Linschied, Volunteer Program Coordinator.

RHIP and COVID-19 MINI-GRANT PROJECT SUMMARIES

COVID-19 Final Report for Redemption House Ministries (Non-RHIP) “Redemption House Warming Shelter 2021”

Summary of Results:

- Prior to this last winter, Redemption House Ministries normal emergency shelter hours of operation were from 4pm to 8am each day.
- This year, your \$5,000 mini grant allowed us to keep our shelter open during the daytime hours from December 28th, 2020 through March 31, 2021 in its current facilities.
- This provided a safe and sanitary location for those individuals experiencing homelessness to limit their exposure to the COVID-19 virus, as well as keep them out of the harsh winter environment.
- In addition, they were also fed meals at lunch and dinner times.
- Our goal was to provide shelter to 25 individuals, but in fact we exceeded that by almost 50% and were able to serve 35 homeless individuals throughout the winter.
- These individuals were also provided with case management services in hopes of finding them more stable housing opportunities.

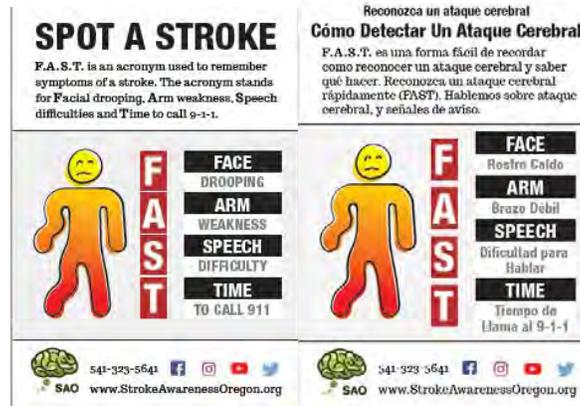
Story:

After losing her husband and having very limited income, Beverly found herself unable to maintain a home and all the expenses that are necessary. With no other resources available Beverly became homeless and challenged with health issues. Beverly came to RHM at the beginning of February 2021 and we were not only able to provide her with shelter and meals, but we were able to partner with DHS to find her stable housing where meals and good care are provided. Beverly is no longer homeless but is now happy and well cared for in her new surroundings at Regency Village.

RHIP Final Report for Stroke Awareness Oregon

“Stroke Education and Prevention”

Reviewed by the Promote Enhanced Physical Health Workgroup

**Summary of Results:**

- In spite of the massive lock downs due to the pandemic, we distributed 1,000 Spanish FAST postcards and 500 Spanish information brochures about stroke as well as 1,500 English postcards.
- The Senior Center placed FAST postcards in meals (Eng. and Span). Post cards were distributed through multiple businesses.
- Stroke 101 education presentation was unable to be accomplished because of COVID but we have six organizations waiting for a video to be produced.
- St. Charles is very engaged, is distributing postcards and waiting for Stroke 101 training.
- The Latino Community Association is interested in a Spanish version of the video.
- To help get out the word several radio and TV nations have been airing FAST information and La Bronca is airing that information in Spanish.
- Mosaic has become engaged and requested FAST information in poster size for placement in their exam rooms.
- English: <https://www.youtube.com/channel/UCWietixgzvJWXSMjDnp5bPQ>
- Spanish: <https://www.youtube.com/channel/UCSwKS5b-ZEUEiPvgTqEDOtW>

Story:

A Redmond couple reported learning about FAST from SAO. The lady woke one morning and was unable to speak and felt 'strange'. Her husband recognized the symptoms of stroke, using the FAST postcard and ascertained he needed to call 9-1-1. When talking with 9-1-1 he was able to articulate the signs of a stroke. An ambulance was dispatched and at the hospital it was determined she was having an inter-cranial bleed. His knowledge of FAST and quick action saved his wife's life.

RHIP and COVID-19 MINI-GRANT PROJECT SUMMARIES

COVID-19 Final Report MECCA Bend (Non-RHIP) “Peer to Peer Emotional Coaching”

Summary of Results:

- Peer to Peer (P2P) Emotional Coaching & Support Groups: A safe and private culturally responsive and adaptive Spanish/English emotional and mental support opportunity for those the system has left behind.
- This priority needs arrangement offers one-on-one sessions as well as group sessions (beginning January 2021) over the course of 6-12 weeks, or single sessions as desired for others.
- P2P is facilitated by an indigenous and trauma informed practitioner, Sareli Beltran of Central Oregon.
- P2P Participant self-disclosed identities: 8 cis females, 1 non-binary individual, 7 monolingual Spanish speakers
- 1-2 session (60-90 minutes each) indigenous, latinx or latina/o self-identified, and Black
- 9 of 10 are parents and leading their families
- 7 of 10 parenting resources (info) offered and received
- All 10 have been either diagnosed with a pathology, chronic illness, disability or suspect to have a condition that prevents their ability to fully function within our social systems. the participants with official medical diagnosis reached out and either are seeing a medical provider or in the process to do so.

Quote:

"It's no secret that rural Central Oregon lacks culturally competent programs that offer emotional support that fit the needs of those outside of the dominant culture. For many of us, emotional and mental health is not something we address in a clinical setting, or a yoga studio. Nor is it something commonplace in a culture often driven by survival instincts rather than a thriving existence where we are allowed to center our emotional needs. Access to these spaces and resources has historically been created for and by the privileged. Those among us with less means and time to devote to self-care suffer the greatest brunt's of a harsh reality."

Janet Sarai Llerandi

RHIP and COVID-19 MINI-GRANT PROJECT SUMMARIES

COVID-19 Final Report for Building Hope (Non-RHIP) “RV Hope”



Summary of Results:

- To provide homeless individuals, couples, and families with relief from the adverse weather, by providing them with an RV.
- We repair purchased and donated RV's, which offers immediate relief by providing them with a weatherproof shelter that is heated and can use electricity and water.
- The results are we provided homeless individuals, couples, and families with relief from the adverse weather, by repairing or providing them with an RV.
- The outcome is immediate relief by providing them with a weatherproof shelter that is heated and can use electricity and water.
- The benefits are immeasurable, improved health.

Story:

We met a 68-year-old woman who had been living alone, out in the BLM Land (the dirt) for 7 years, We were able to repair her RV by replacing windows, repair plumbing, repairing the body damage, and much more. The repairs to her RV allowed her to move out of the dirt and into an RV park where she now has showers and laundry facilities. The best that she received was a sense of pride in herself knowing she now has hope.

RHIP and COVID-19 MINI-GRANT PROJECT SUMMARIES

COVID-19 Final Report for Treehouse Therapies Associates (RHIP) “Treehouse Therapies Telehealth Program”

Reviewed by the Behavioral Health and Promote Physical Health workgroups



Summary of Results:

- Treehouse Therapies received the COVID-19 COHC Mini-Grant to help fund our Telehealth Program.
- Telehealth was initiated at Treehouse in March 2020 in order to continue to provide much-needed physical, occupational and behavioral health therapy services to children and families with special needs throughout the pandemic.
- In order to provide these services, Treehouse invested in a HIPAA compliant telehealth conferencing system, improved computer technology, and training for staff on using and providing telehealth services.
- Due to our Telehealth program, children with special needs in Central Oregon continued to receive the therapy they needed.
- All of our services transitioned to 100% telehealth from March 16-May 4, 2020. While we were able to see some clients in person after May 4, 2020, over 1/2 of our clients remained on telehealth until June 2020.
- Currently, we are able to see the majority of our clients in person but continue to provide about 200 telehealth treatment sessions per month in order to provide a safe alternative to in-person care for children, families, and our therapists who need it.

Story:

We see many children who are immune-suppressed and at high risk. We also see a number of children who travel to our clinics from several hours away. Through telehealth, we have been able to continue to serve children these children. Telehealth has helped us to keep children and therapists safe throughout the pandemic while still providing much-needed therapy to help them reach their functional goals. In addition, children who once had to travel several hours each way to receive care are now able to receive care in the comfort of their own home and spend more time being kids and implementing what they have learned instead of on the road!

COVID-19 Final Report for Rimrock Trails (RHIP)**“Telehealth Counseling Amidst the COVID-19 Crisis”****Reviewed by the Behavioral Health: Increase Access & Coordination Workgroup****Summary of Results:**

- During the period of April 1, 2020, through May 1, 2021, with funding from the COHC, we were able to provide uncompromised behavioral health Telehealth Counseling to 416 Central Oregon individuals.
- In addition, by COHC supporting our Telehealth Counseling infrastructure, we were able to support administrative costs, purchase equipment, install a secure Telehealth Counseling platform, and ensure all clients had access to internet services, a laptop, computer, or smartphone.
- During this same time frame, we have seen our referral trend steadily increase and have experienced fewer cancellations and no-shows due to transportation and health concerns.
- We believe the 262% increase in services provided from January 2020 is due to our opportunity to provide telehealth counseling to the community.
- We have found such success with Telehealth Counseling that going forward it will be a viable counseling option that breaks down barriers to persons seeking behavioral health services.

Quote:

“The moments that no one plans for, show a community’s strength. By providing funding to Rimrock Trails, the Central Oregon Health Council is supporting our ability to do what we do best, serve the wellbeing and mental health needs of our community even in the face of a pandemic. ”

– Michelle Duff, Rimrock Trails Community Relations Manager