



Provider Engagement Panel
May 12, 2021 from 7:00am-8:00am

Virtual Dial-In: Zoom

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

Join by phone only: 1-669-900-6833, code: 630619272#
775506

- 7:00-7:05** **Introductions – Divya Sharma**
- Approve Consent Agenda
 - Action Item Review (Kelsey)
- 7:05-7:20** **QHOC Report – Alison Little**
Attachment: QHOC report
- 7:20-7:40** **Connect Oregon/Unite Us Demo – Danny Stribling**
- 7:40-7:50** **Vaccine Update/Imms Subgroup investment \$\$ – Rob Ross (subgroup members)**
- 7:50-7:55** **Wrap Up – Divya Sharma**

Consent Agenda:

- April Minutes

Written Reports:

- COVID 19 Final Mini Grant Reports



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

April 14, 2021

A meeting of the Provider Engagement Panel (the “*PEP*”) of Central Oregon Health Council, an Oregon public benefit corporation (the “*Corporation*”), was held at 7:00 a.m. Pacific Standard Time on April 14, 2021, virtually via Zoom. Notice of the meeting had been sent to all members of the Panel in accordance with the Corporation’s bylaws.

Members Present:

Divya Sharma, MD, Chair
Michael Allen, DO
Muriel DeLaVergne-Brown, RN, MPH
Emily Harvey, MD
Keith Ingulli, PsyD
Alison Little, MD
Sharity Ludwig
Jessica Morgan, MD

Members Absent:

Carey Allen, MD
Gary Allen, DMD
Logan Clausen, MD
Matt Clausen, MD

Laura Pennavaria, MD

Robert Ross, MD

Guests Present:

Kate Hutchinson, PacificSource

Donna Mills, Central Oregon Health Council

Christina Lee, PacificSource

Tanya Nason, PacificSource

Kelsey Seymour, Central Oregon Health Council

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

WELCOME

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

CONSENT AGENDA

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

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

QHOC REPORT

Dr. Little shared the March QHOC report, noting that Johnson & Johnson COVID-19 vaccines are being temporarily taken out of use due to rare cases of blood clots in young women. She noted that it is unclear at this time whether CCOs are responsible for connecting with members for vaccine appointments.

Dr. Little shared the HERC update includes simplified telehealth guidelines, prenatal testing guidelines removing ethnicity-based clauses. She noted that weight loss is not required prior to bariatric surgery,

just a consult with nutrition. She explained future topics with the HERC will include the colon cancer screening starting age and platelet rich plasma for diabetic patient lower extremity wound healing.

Dr. Little added the specifications are being built now for the meaningful language access Quality Incentive Metric (QIM), and that it stipulates bilingual staff must be approved by OHA, which is a point of concern with clinics.

AIC UPDATE

Ms. Lee shared the Advancing Integrated Care (AIC) has established group objectives and logistics. Ms. Hutchinson noted the Behavioral Health Navigators (BHNs) from several clinics shared their strategies for referrals and how their positions are funded. Ms. Nason added that there are no billing codes specifically for BHNs at this time, but there will be in the future.

Dr. Sharma expressed concern for how roles vary between BHNs and Traditional Health Workers (THWs), noting the titles and responsibilities could be confusing both internally and to patients.

VACCINE UPDATE/IMMUNIZATIONS SUBGROUP INVESTMENT

Ms. Mills shared the subgroup of the Panel has decided to invest \$20,000 in scrubbing the ALERT database to reassign patients to their providers of choice in order to keep clinics in contact with families whose children need immunizations. She noted the position will be housed at Deschutes County Health Services, and a Memorandum of Understanding should be received soon.

Dr. Sharma asked which clinics are receiving COVID-19 vaccines. The group discussion revealed that some clinics are receiving vaccines from the federal government while others are not. Dr. Morgan shared the process of the vaccines will be too difficult to integrate into High Lakes primary care, and will instead remain as a standalone service. Ms. DeLaVergne-Brown announced the final prime doses for vaccines at the fairgrounds will be dispensed the first week of May, and the entire fairgrounds operation will close by May 31st.

ADJOURNMENT

There being no further business to come before the PEP, the meeting was adjourned at 7:43 am Pacific Standard Time.

Respectfully submitted,

Kelsey Seymour, Secretary

DRAFT

<p>OHA Quality and Health Outcomes Committee (QHOC) April 12, 2021 Webinar or conference line, 1-888-278-0296, code 310477</p> <p>Meeting Packet Agenda QHOC Website Slides</p>		
<p>Clinical Director Workgroup 10:00 a.m. – 12:00</p>		
Topic	Summary of Discussion/Impacted Departments	Materials/ Action Items
Welcome/ Announcements	<p>Presenter: Holly Joe Hodges/Lisa Bui</p> <ul style="list-style-type: none"> QHOC will be moving over to Zoom starting in May or June. In-person meetings for QHOC are still on hold. 	Pgs. 1-5
Minimum Standards for Opioid Prescribing	<p>Presenter: Dee Weston</p> <ul style="list-style-type: none"> On December 31, 2020 CMS published final rule changes that resulted in new categories for minimum standards. New proposed Minimum standards for DUR Programs are available on OHA's website. <ul style="list-style-type: none"> Requirements added for quantity dispensed MAT Patients at high risk of over dosing. Changes to Tapering Guidance: (See HERC section.) <ul style="list-style-type: none"> Long-term opioid therapy does not have to be tapered as long as members are engaging in other forms of therapy and conform to tapering guidelines. Tapering requirement to be determined by whether providers indicate it is clinically necessary. Collaborations and planning began with CCO Pharmacy Directors in February and March. New revised minimum standards are effective as of March 1, 2021. Revised minimum standards will go out to CCOs in May. New standards become effective July 1st. 	Pgs. 6-10
HERC	<p>Presenter: Ariel Smits</p> <ul style="list-style-type: none"> March VBBS/HERC Meeting: <ul style="list-style-type: none"> Complicated inguinal hernias are covered if they are resulting in pain and functional limitations. Inguinal and femoral hernias are going to be covered in women. HERC is aware of fiscal impact, has actuary to weigh in Will not go into effect until 2022 No change in the ventral hernia guidelines. Simplified telehealth guidelines. Removed the prenatal genetic testing guideline language pertaining to ethnic groups No required weight loss prior to bariatric surgery. Coding specifications are being removed; all coding will 	Pgs. 11-18

	<p>only be in guideline notes.</p> <ul style="list-style-type: none"> • May 20th next meeting topics: <ul style="list-style-type: none"> ○ Adding coverage for breast cancer index. ○ PET scans for classic Hodgkin's. ○ Platelet rich plasma (waiting for CMS recommendations.) ○ Ortho codes ○ Patellar subluxation ○ Review USPSTF cancer and other screening updates: <ul style="list-style-type: none"> ▪ Lung cancer ▪ Colon cancer screenings ▪ Carotid artery stenosis screening ○ Review tethered cords. ○ Clarifying rhinoplasty/septoplasty for chronic sinusitis (using sinusitis guidelines.) ○ Changes to opioid guidelines (note 60): <ul style="list-style-type: none"> ▪ Long-term (>90 days) does not require a taper if other treatment is going unless indicated by provider. • EBGs Updates: <ul style="list-style-type: none"> ○ Approved deep brain stimulation for epilepsy (tentative recommendations against coverage.) ○ High frequency chest oscillation devices. ○ PANDAS- changed scope statement based on public comment. 	
COVID-19: Vaccine updates	<p>Presenter: Rex Larson, Dawn Mautner</p> <ul style="list-style-type: none"> • Approximately 1/3 of the population in Oregon has been vaccinated. <ul style="list-style-type: none"> ○ 1.4 million total people have been vaccinated. ○ Still a long way to go before reaching herd immunity. • ~2.25 million total doses administered. <ul style="list-style-type: none"> ○ Majority of vaccines are still Pfizer and Moderna. ○ ~79,507 vaccines were Johnson & Johnson ○ Reduced orders from pharmacies for J&J vaccine. • Limited access to vaccine appointments in metro vs. urban areas. <ul style="list-style-type: none"> ○ Residents of other counties would be able to travel to other counties if appointments are needed. • Weekly Allocation updates: <ul style="list-style-type: none"> ○ Small increase with Pfizer (58,500 doses.) ○ Moderna allocation remains consistent (42,700.) ○ OHA is closely monitoring doses administered over the past few weeks. • Adolescent Vaccine Planning (ages 16-17) <ul style="list-style-type: none"> ○ As of 4/5/21 all 16-17 year olds with underlying health conditions are eligible to receive a vaccine. ○ Pfizer is the only vaccine authorized for 16 and 17 year olds. ○ OHA is working with local jurisdictions to make sure there is a plan for vaccine access. • Commercial Health Plans will be asked to identify members with underlying conditions and perform outreach. 	Pgs. 20-30

<p>Vaccine outreach to members with underlying conditions</p>	<p>Presenter: Dave Inbody</p> <ul style="list-style-type: none"> • OHA has 22 Regional Outreach Coordinators (ROCs.) <ul style="list-style-type: none"> ○ ROCs help build relationships with stakeholders, clinics, and hospitals in the community. ○ Provide education and information about testing and vaccines, including Spanish and English listening sessions. ○ Host vaccine events for agricultural workers and special populations. ○ Focused on improving health equity. ○ CCO coordinator is Jessica Deas: (Jessica.J.Deas@dhsosha.state.or.us) • Several events are held across different communities of color. • LPHA's and CCO's have been given access to lists with patients who have underlying health conditions. <ul style="list-style-type: none"> ○ OHA sent a list of unvaccinated members who meet underlying health conditions to CCO's, KEPRO, and Care Oregon. ○ Patients with a BMI >25, pregnancy, former smokers. ○ Lists of members vaccinated in previous week are sent to CCO's. ○ Historical vaccination information for new members in sent to CCO's. • How are CCO outreach to members with underlying conditions? <ul style="list-style-type: none"> ○ Per Governor's request CCO's to outreach to members with underlying conditions. ○ Would CCO's like to have future break-out sessions for this topic? ○ A meeting is being planned with CCO PIO's to coordinate outreach. ○ A performance metric is being explored related to vaccines. 	<p>Pgs. 32-52</p>
<p>Vaccine complaints process</p>	<p>Presenter: Sarah Dobra (Ombuds Program)</p> <ul style="list-style-type: none"> • OHA is working on mapping out the complaint process based on level of complaints received. • Tier 1: Urgent complaint (see examples below) <ul style="list-style-type: none"> ○ Person with a disability is not able to get access to a vaccine. ○ Issues related to limited English proficiency and vaccine access • Tier 2: Immediate (see examples below) <ul style="list-style-type: none"> ○ Eligible workers are turned away from vaccine sites ○ Individuals are not able to get 2nd dose within time frame. • Tier 3: Follow up as needed (See examples below) <ul style="list-style-type: none"> ○ General frustration over eligibility guidelines or access. • OHA is trying to ensure that an equity lens is taken during complaints and resolution process. • CCO's response to complaints: <ul style="list-style-type: none"> ○ Email: covidvaccine.complaints@dhsosha.state.or.us ○ Batch complaints received and contact OHA for help. 	<p>Pgs. 53-59</p>

Quality and Performance Improvement Session

1:00 p.m. – 3:00 p.m.

<p>QPI Intro/updates</p> <p>TQS updates</p>	<p>Presenter: Lisa Bui</p> <ul style="list-style-type: none"> • OHA SME's are currently reviewing TQS for scores. • OHA will write assessment then schedule a call with CCO's. <ul style="list-style-type: none"> ○ Calls are currently optional. • The TQS Section 2 and Section 3 are not scored. <ul style="list-style-type: none"> ○ OHA will review these sections to determine if there is need for future trainings or technical assistance to CCO's. 	<p>No slides</p>
<p>Statewide PIP development</p>	<p>Presenter: Lisa Bui</p> <ul style="list-style-type: none"> • OHA has scheduled 3 calls to discuss the Statewide PIP, in addition to QHOC. <ul style="list-style-type: none"> ○ Invites were sent out to CCO quality leads. ○ Meetings have been scheduled in last week of April, May, and June. ○ Meetings are held to allow CCO's to provide feedback during the development process. • The Quality Council approved population to be focused on children/adolescence. <ul style="list-style-type: none"> ○ Further refinement to come. ○ Metrics for the PIP will align with the Kindergarten Readiness metric. ○ Children's health complexity to be considered. • Next Steps: Further scoping for measures and population will occur over the next several months. <ul style="list-style-type: none"> ○ In July, OHA will create a summary document and send it to CCO's. ○ OHA will be working with HSAG and use the summary document during the validation process. ○ CCO' have to complete and submit the EQR validation form for the "design phase" in September. • OHA has hired Dawn Creach (Creach Consulting) to be the BH SME for State-wide PIP. <ul style="list-style-type: none"> ○ She will be working to understand and share what's currently happening in the community around BH Access. ○ She will help to facilitate conversations around BH Access and scoping conversations. • OHA is completing a BH environmental scan (that can be found in this month's meeting materials.) • CCO discussion around current efforts (What are CCO's measuring, community needs for child access?) <ul style="list-style-type: none"> ○ Monitoring Access through surveys (HealthShare and PCS) ○ Monitoring youth in foster care, and follow up with prior authorizations (HealthShare) ○ Several CCO's are working on BH Integration ○ Tracking BH utilization 	<p>Pgs. 60-68</p>

	<ul style="list-style-type: none"> ○ PCPCH and Collaborative Care Model (PCS) ○ Using dashboards for specific populations (Yamhill) • CCO discussion, feedback, and questions: <ul style="list-style-type: none"> ○ Focusing on early developmental supports. ○ Having a measure more focused on an outcome with interventions around access. ○ Workforce development ○ Having a multi-generational approach. ○ Ensuring that there are flexible interventions so CCO's implement best interventions for their community. ○ Can this be aligned with the Comprehensive BH Plan? • Lisa will be sending out poll to ask more targeted questions 	
QI Process for COVID-19 vaccines	<ul style="list-style-type: none"> • Continued discussion around how CCO's are organizing data and monitoring vaccine roll out. • Are CCO's tracking distribution? • Do CCO's outreach to determine if their members need a vaccine. <ul style="list-style-type: none"> ○ Is this a common occurrence? ○ How is outreach connected to Operational Outreach Plan? ○ Do you hear issues about supply and demand? 	No slides
Items from the floor	<p>March Follow up items and links:</p> <ul style="list-style-type: none"> ○ OHA shared access to a dashboard for enrolled vaccine providers. ○ OHA requirements for approved interpreter training programs. ○ Meaningful Access technical assistance page 	No slides
Adjourn		

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

**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
FEB	Bend Area Habitat for Humanity COVID-19 Family Grief Support
	ReVillage COVID-19 Startup
	Mountain Star Family Relief Nursery COVID-19 Test Kits
	BendNEXT Resilience, Self Care, and Stress Recovery Webinar
MAR	Building Hope RV Homeless Support
	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

MEASURES	Decrease food insecurity																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
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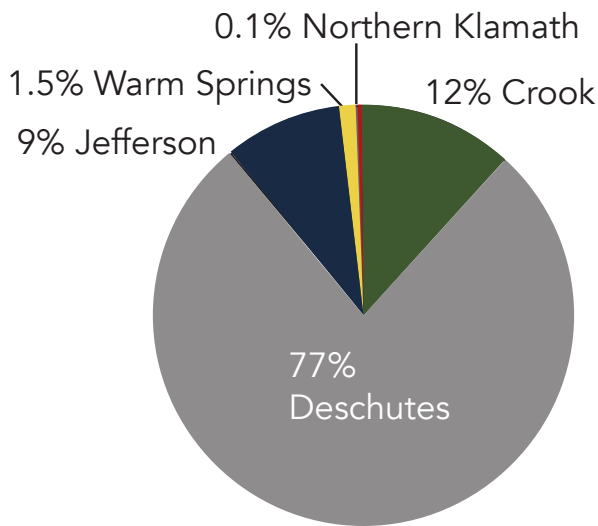
RHIP COVID-19 Mini-Grants (cont'd)

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

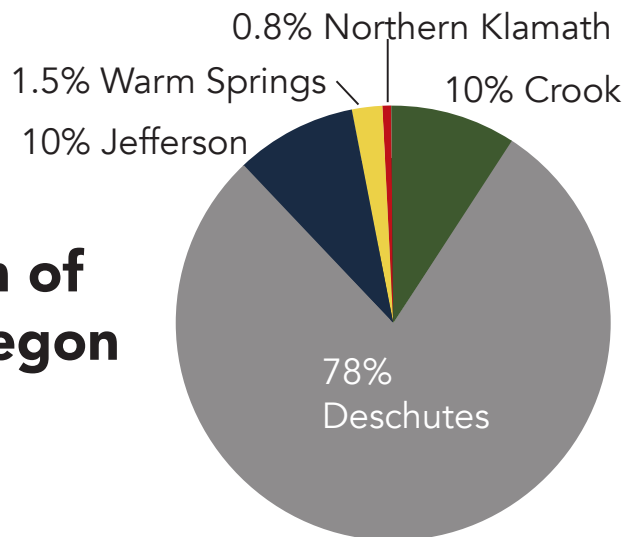
MEASURES	Increase high school graduation rates
	Decrease food insecurity
	Decrease percent of individuals living at poverty level and income constrained
	Decrease housing and transportation costs as a percent of income
	Increase availability of behavioral health providers in marginalized areas of the 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
JAN	Establish a resiliency measure
	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