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
Charity Ludwig
Jessica Morgan, MD

Members Absent: Carey Allen, MD
Gary Allen, DMD
Logan Clausen, MD
Matt Clausen, MD
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
# OHA Quality and Health Outcomes Committee (QHOC)

## April 12, 2021

Webinar or conference line, 1-888-278-0296, code 310477

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**Meeting Packet**

- [Agenda](#)
- [QHOC Website](#)
- [Slides](#)

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## Clinical Director Workgroup

10:00 a.m. – 12:00

<table>
<thead>
<tr>
<th>Topic</th>
<th>Summary of Discussion/Impacted Departments</th>
<th>Materials/Action Items</th>
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</table>
| **Welcome/Announcements** | **Presenter: Holly Joe Hodges/Lisa Bui**  
- 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** | **Presenter: Dee Weston**  
- 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.  
  - Requirements added for quantity dispensed  
  - MAT  
  - Patients at high risk of over dosing.  
- Changes to Tapering Guidance: (See HERC section.)  
  - 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** | **Presenter: Ariel Smits**  
- March VBBS/HERC Meeting:  
  - 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 |

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OHA contact info: lisa.t.bui@state.or.us
only be in guideline notes.

- **May 20th next meeting topics:**
  - 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:
    - 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):
    - Long-term (>90 days) does not require a taper if other treatment is going unless indicated by provider.
- **EBGS Updates:**
  - Approved deep brain stimulation for epilepsy (tentative recommendations against coverage.)
  - High frequency chest oscillation devises.
  - PANDAS- changed scope statement based on public comment.

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<thead>
<tr>
<th><strong>COVID-19: Vaccine updates</strong></th>
<th><strong>Presenter: Rex Larson, Dawn Mautner</strong></th>
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</table>
| - Approximately 1/3 of the population in Oregon has been vaccinated. | - **Weekly Allocation updates:**
| o 1.4 million total people have been vaccinated. | o Small increase with Pfizer (58,500 doses.)
| o Still a long way to go before reaching herd immunity. | o Moderna allocation remains consistent (42,700.)
| - ~2.25 million total doses administered. | o OHA is closely monitoring doses administered over the past few weeks.
| o Majority of vaccines are still Pfizer and Moderna. | - **Adolescent Vaccine Planning (ages 16-17)**
| o ~79,507 vaccines were Johnson& Johnson | o As of 4/5/21 all 16-17 year olds with underlying health conditions are eligible to receive a vaccine.
| o Reduced orders from pharmacies for J&J vaccine. | o Pfizer is the only vaccine authorized for 16 and 17 year olds.
| - Limited access to vaccine appointments in metro vs. urban areas. | o OHA is working with local jurisdictions to make sure there is a plan for vaccine access.
| o Residents of other counties would be able to travel to other counties if appointments are needed. | - **Commercial Health Plans** will be asked to identify members with underlying conditions and perform outreach. |
| | **Pgs. 20-30** |
**Vaccine outreach to members with underlying conditions**

**Presenter: Dave Inbody**
- **OHA has 22 Regional Outreach Coordinators (ROCs).**
  - 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@dhsoha.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.
  - 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 outreaching to members with underlying conditions?
  - 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.

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**Vaccine complaints process**

**Presenter: Sarah Dobra (Ombuds Program)**
- **OHA is working on mapping out the complaint process based on level of complaints received.**
- **Tier 1: Urgent complaint (see examples below)**
  - 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)**
  - 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)**
  - 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:**
  - Email: covidvaccine.complaints@dhsoha.state.or.us
  - Batch complaints received and contact OHA for help.
# Quality and Performance Improvement Session

**Presenter: Lisa Bui**

- OHA SME’s are currently reviewing TQS for scores.
- OHA will write assessment then schedule a call with CCO’s.
  - Calls are currently optional.
- The TQS Section 2 and Section 3 are not scored.
  - OHA will review these sections to determine if there is need for future trainings or technical assistance to CCO’s.

## QPI Intro/updates

### TQS updates

- **OHA** SME’s are currently reviewing TQS for scores.
- OHA will write assessment then schedule a call with CCO’s.
  - Calls are currently optional.
- The TQS Section 2 and Section 3 are not scored.
  - OHA will review these sections to determine if there is need for future trainings or technical assistance to CCO’s.

## Statewide PIP development

- OHA has scheduled 3 calls to discuss the Statewide PIP, in addition to QHOC.
  - 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.
  - 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.
  - 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.
  - 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?)
  - 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

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OHA contact info: lisa.t.bui@state.or.us
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<thead>
<tr>
<th>QI Process for COVID-19 vaccines</th>
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<tr>
<td><strong>CCO discussion, feedback, and questions:</strong></td>
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<tr>
<td>o Focusing on early developmental supports.</td>
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<td>o Having a measure more focused on an outcome with interventions around access.</td>
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<td>o Workforce development</td>
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<td>o Having a multi-generational approach.</td>
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<td>o Ensuring that there are flexible interventions so CCO’s implement best interventions for their community.</td>
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<tr>
<td>o Can this be aligned with the Comprehensive BH Plan?</td>
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<td><strong>Lisa will be sending out poll to ask more targeted questions</strong></td>
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<tr>
<td><strong>Continued discussion around how CCO’s are organizing data and monitoring vaccine roll out.</strong></td>
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<td><strong>Are CCO’s tracking distribution?</strong></td>
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<td><strong>Do CCO’s outreach to determine if their members need a vaccine.</strong></td>
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<tr>
<td>o Is this a common occurrence?</td>
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<td>o Hoe is outreach connected to Operational Outreach Plan?</td>
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<tr>
<td>o Do you hear issues about supply and demand?</td>
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<table>
<thead>
<tr>
<th>Items from the floor</th>
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<tbody>
<tr>
<td><strong>March Follow up items and links:</strong></td>
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<tr>
<td>o OHA shared access to a dashboard for enrolled vaccine providers.</td>
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<tr>
<td>o OHA requirements for approved interpreter training programs.</td>
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<tr>
<td>o Meaningful Access technical assistance page</td>
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Everyone is welcome to the meetings. For questions about accessibility or to request an accommodation, please call 971-304-6236 or write OHA.qualityquestions@dhsoha.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@dhsoha.state.or.us.
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*
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
“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
<table>
<thead>
<tr>
<th>Measure</th>
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<tbody>
<tr>
<td>Decrease food insecurity</td>
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<td>Decrease percent of individuals living at poverty level and income constrained</td>
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<td>Decrease housing and transportation costs as a percent of income</td>
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<td>Increase availability of behavioral health providers in marginalized areas of the region</td>
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<td>Increase timeliness and engagement when referred from primary care to specialty BH</td>
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<td>Standardize screening processes for appropriate levels of follow-up care</td>
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<td>Decrease asthma, cancer, cardiovascular disease, and diabetes rates</td>
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<td>Increase fruit/vegetable consumption and physical activity in youth</td>
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<td>Decrease risk factors for cardio-pulmonary and/or preventable disease</td>
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<td>Decrease severely rent and mortgage-burdened households</td>
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<td>Accurately measure Central Oregonians experiencing homelessness</td>
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<tr>
<td>Decrease binge drinking among adults</td>
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<td>Increase additional services for alcohol or drug dependence for individuals newly diagnosed</td>
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<td>Reduce mental health/substance abuse emergency department visits in Madras, Prineville and Warm Springs</td>
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<td>Increase letter name recognition at kindergarten</td>
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**AUGUST**

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### RHIP COVID-19 Mini-Grants (cont’d)

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<th>JULY</th>
<th>AUGUST</th>
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<tr>
<td>Healthy Families Oregon - High Desert</td>
<td>Bend Habitat for Humanity</td>
<td>Sunstone Recovery</td>
<td>New Priorities Family Services</td>
<td>Seed to Table Oregon</td>
<td>Boys and Girls Club of Bend</td>
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<td>Basic Needs</td>
<td>Racial Disparities &amp; Homeowners</td>
<td>Tobacco Retail Licensure</td>
<td>Scholarships for COVID-19</td>
<td>COVID-19 Food for All</td>
<td>Education Scholarships for Youth</td>
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<td>Crook County Health Department</td>
<td>Connected Phase Two</td>
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<td>OSU-Cascades</td>
<td>Cinematic Remote Learning Projects</td>
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<td>St. Charles Health System</td>
<td>Continuous Glucose Monitoring</td>
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(There were no RHIP COVID-19 related applications July-September)

- 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
- Accurately measure Central Oregonians experiencing homelessness
## 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
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- 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

<table>
<thead>
<tr>
<th>Wellness Through Horses</th>
<th>Technical Assistance Support</th>
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<tr>
<td>Council on Aging of Central Oregon</td>
<td>Senior Drive-thru Meals</td>
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<tr>
<td>High Desert Food and Farm Alliance</td>
<td>Improving Food Access and Sovereignty</td>
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<tr>
<td>La Pine Community Health Center</td>
<td>Telehealth Patient Improvement</td>
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### FEB

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<tr>
<th>Friends of the Children</th>
<th>Decreasing COVID-19 Barriers</th>
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### MAR

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<th>Desert Sky Montessori</th>
<th>Kindergarten Assistance during COVID-19</th>
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<tr>
<td>BOOST Oregon</td>
<td>COVID-19 Vaccine Information</td>
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<td>The 1017 Project</td>
<td>Beef for Food Banks</td>
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<tr>
<td>The Boys and Girls Club</td>
<td>Promoting Physical and Mental Health for Youth</td>
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<td>Central Oregon Veteran’s Ranch</td>
<td>Veteran Outreach and Community Engagement</td>
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<tr>
<td>Crook County Health Department</td>
<td>Resilience Survey</td>
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<tr>
<td>Seed to Table</td>
<td>COVID-19 Fresh Food</td>
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Updated 4.22.2021
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.

“Dining Together” - Friends of the Children Central Oregon (FOTCCCO) 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