



Provider Engagement Panel
August 11, 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 – Donna Mills <ul style="list-style-type: none">• Approve Consent Agenda• Action Item Review (Kelsey) |
| 7:05-7:20 | QHOC Report – Alison Little
Attachment: June & July QHOC reports |
| 7:20-7:40 | Accelerated Integrated Care Updates – Christina Lee
Attachment: .ppt |
| 7:40-7:55 | Q2 QIM Update – Therese McIntyre |
| 7:55-8:00 | Wrap Up – Donna Mills |

Consent Agenda:

- June Minutes
- Care Coordination Report

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**

June 9, 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 June 9, 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

Keith Ingulli, PsyD

Alison Little, MD

Sharity Ludwig

Jessica Morgan, MD

Robert Ross, MD

Members Absent: Carey Allen, MD

Gary Allen, DMD

Logan Clausen, MD

Matt Clausen, MD

Emily Harvey, MD

Laura Pennavarria, MD

Guests Present:

Donna Mills, Central Oregon Health Council

Kelsey Seymour, Central Oregon Health Council

Sarah Holloway, PacificSource

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. Ms. Mills reminded the Panel that there will be no meeting in July.

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; Mr. Inguilli seconded. All were in favor, the motion passed unanimously.

QHOC REPORT

Dr. Little shared the QHOC Report and HERC updates. She noted that catscans will now be available for Hodgkins through PacificSource. She noted that out of hospital births used to cause mothers to become disenrolled from the CCO and transition to Fee For Service (FFS). She explained that now these mothers are not automatically disenrolled, but the Oregon Health Authority will still cover the cost.

PCS CARE COORDINATION REPORTING DELIVERABLE

Ms. Holloway shared there is an annual care coordination report due in August to the Oregon Health Authority. She explained the report will be ready for the Panel to review mid-July, and that PacificSource will be requesting a formal recommendation from this body to the COHC Board of Directors.

Ms. Mills noted the report will be shared via email because there is no July meeting of the PEP or the Board of Directors. Dr. Sharma asked if there will be an opportunity for discussion of the report. Ms. Mills explained that the next PEP meeting will be the day before the Board meets in August, and there will be a chance to discuss it then.

VACCINE UPDATE/IMMUNIZATIONS SUBGROUP INVESTMENT

Dr. Ross shared that over \$20,000 has been dispensed to Deschutes County for regional updates to the ALERT immunization records for children. He added that he and Ms. Wendy Jackson of COPA plan to submit a proposal to the Physical Health RHIP Workgroup with a similar aim for more money.

Dr. Sharma suggested seeking out some paid promotion for the COVID-19 vaccine videos that were created in response to the fertility rumors.

ACTION: The COHC Staff will review the cost of a media campaign promoting the COVID-19 vaccine fertility rumor videos.

ADJOURNMENT

There being no further business to come before the PEP, the meeting was adjourned at 7:35 am Pacific Standard Time.

Respectfully submitted,

Kelsey Seymour, Secretary

OHA Quality and Health Outcomes Committee (QHOC)
6/14/2021
Zoom Conference ID: 160 -569-6965
Passcode: 52801
Phone: 1-669-254-5252

[Meeting Packet](#)
[Agenda](#)
[QHOC Website](#)
[Slides](#)

Clinical Director Workgroup

10:00 a.m. – 12:00

Topic	Summary of Discussion/Impacted Departments	Materials/ Action Items
Welcome/ Introductions/ Updates	<p>Presenter: Holly Joe Hodges</p> <ul style="list-style-type: none"> • See attendee list • Updated QHOC attendee list is attached in the packet. • CMS Oral Health Affinity group: <ul style="list-style-type: none"> ○ Oregon is one of 14 states working to advance efforts to reduce childhood caries and increase the use of topical fluoride varnish. ○ Kick off meeting will be held on July 14th. ○ Focus is on improving dental metric and will include IHI quality improvement training. ○ Contact sara.e.wetherson@dhsosha.state.or.us 	Pgs. 1- 7
HERC	<p>Presenter: Ariel Smits</p> <ul style="list-style-type: none"> • 2 New Covid-19 HCPCS codes will be released and added to line 399. <ul style="list-style-type: none"> ○ M0244- Intravenous infusion, casirivimab, and imdevimab infusion and post administration monitoring at home or residence. ○ M0246- Intravenous infusion, bamlanivimab, and etesevimab infusion and post administration monitoring in home or residence. • May HERC meeting updates: <ul style="list-style-type: none"> ○ Breast cancer index – extended endocrine therapy was discussed. Recommending only Oncotype DX. ○ PET scans have been added for monitoring Hodgkins. ○ USPSTF Lung cancer screenings continues to be covered. ○ Carotid artery stenosis screening is not covered. ○ Clarified coverage for tethered cords with a guideline note that will be effective 10/1/21 ○ Coverage for Port wine stain treatment in head and neck is covered. ○ No coverage for Patellar subluxation. ○ No coverage for Platelet rich plasma. ○ No change in intent for tendon tears ○ Deleted guideline notes D13 and D14 pertaining to screening for lung cancer and carotid stenosis (addressed in GN 106 (preventive screening)) 	Pgs. 7- 15

	<ul style="list-style-type: none"> • August VBBS topics: <ul style="list-style-type: none"> ○ PET scans for breast cancer are being considered in cases where there is a concern for metastatic disease in initial screening (but not for monitoring.) ○ Colon cancer screening age has dropped to age 45, and age group of 75-85 year olds should receive a “C-level” recommendation. Currently, there is no evidence that blood tests for screenings are useful. <ul style="list-style-type: none"> ▪ HERC would like feedback on these changes. ○ Occipital neuralgia is being moved to migraine headache line. ○ Further clarification of rhinoplasty guidelines, and when it can be covered as part of a repair. ○ Reviewing smoking cessation requirements for cataracts and carving it out from elective surgery. ○ Reviewing smoking cessation requirement prior to elective surgeries in general. Feedback was sent to a test group, and they indicated keeping cessation requirement. ○ Brachytherapy for liver cancer or other indications, ○ Review femoralacetabular impingement syndrome. ○ Radiofrequency ablation of uterine fibroids and LUTS. ○ Type 2 diabetes; test strips/ CGM coverage • June EGBS topics: <ul style="list-style-type: none"> ○ Coverage guidance language change for deep brain stimulation. <ul style="list-style-type: none"> ▪ Weak recommendation to cover when surgery is done at level 4 epilepsy center. The patient must have failed multiple antiseizure medications and failed or not be a candidate for respective surgery or vagus nerve stimulation. ○ High frequency chest oscillation devices are going to be covered for cystic fibrosis (only) when there is documented exacerbations evidence despite other therapy (out for public comment) • September meeting topics: <ul style="list-style-type: none"> ○ PANDAS/PANS • Email HERC.info@dhosa.state.or.us with questions and feedback. 	
Peer Recovery Support and Hepatitis C virus (HCV)	<p>Presenters: Ann Thomas, Todd Korthuis</p> <ul style="list-style-type: none"> • Oregon has the 4th highest prevalence rates for Hepatitis C. <ul style="list-style-type: none"> ○ Injection drug use is responsible for most new infections of HCV. ○ Increased number of chronic cases in people who use injection drugs. • OHA has piloted a peer recovery program focused on improving treatment for HCV patients. <ul style="list-style-type: none"> ○ Peer support specialists (who have gone through treatment) speak with injection drug users in rural communities. ○ 2 highlighted programs/studies (Prime+ Peer Program and Oregon Hope Study.) • Prime + Peer Program connects user members to HIV and HCV 	Pgs. 15-31

	<p>testing and linkages to treatment.</p> <ul style="list-style-type: none"> ○ Efforts are occurring in 22 counties. ○ Peer support specialist assist with OHP enrollment. ○ Navigation support to help connect patients to HCV testing and linkages to providers. ○ Community partners make referrals (Hospitals, Syringe services, SUD programs.) ○ Individuals can self-refer. <ul style="list-style-type: none"> ● Oregon Hope Study is a national rural opioid prevention and engagement program. <ul style="list-style-type: none"> ○ Operating in Lane and Josephine counties and using peers to connect to services. ○ Two intervention studies taking place: <ul style="list-style-type: none"> ▪ Engagement study (with peer support) ▪ TeleHCV randomized control trial with peer-facilitated telemedicine through OHSU and peer referral to local HCV prescribers. ○ 85% of participants assigned to peer facilitated tele-HCV have initiated treatment within 2-6 weeks. ● CCO's role in promoting HCV treatment: <ul style="list-style-type: none"> ○ Send letters to providers to provide accurate information about coverage. ○ Encourage HCV prescribing and offer HCV training. ○ Encourage provider participation in ECHO. ○ Allow treatment for HCV at Community Health Centers w/o reassigning primary care medical home. ● Next steps: <ul style="list-style-type: none"> ○ Share sample letter that CCO's can send to providers. ○ Meet with CCO's in areas with identified limited access to HCV treatment. ○ Contact ann.r.thomas@dhsosha.state.or.us 	
<p>Covid-19 Vaccine Updates and Covid-19 vaccine measure</p>	<p>Presenter: Rex Larson</p> <ul style="list-style-type: none"> ● Vaccination allocation updates: <ul style="list-style-type: none"> ○ 64% of the eligible populations have received at least one vaccine. ○ 7.3% are in progress ○ 56.8% have completed the series. ○ >90% of the 65+-age range have been vaccinated. ● The economy is supposed to re-open after 70% of people are vaccinated (have completed at least one shot.) <ul style="list-style-type: none"> ○ 87,702 more people 18 and older need to get vaccinated for Oregon to reach 70% vaccinated statewide. ● Vaccine Demand: <ul style="list-style-type: none"> ○ Demand for vaccines continues to decline. ○ This may lead to a delay in the Governors July 1st goal to re-open the economy. ○ Local vaccine events will begin to offer incentives to increase demand and get more people vaccinated. <ul style="list-style-type: none"> ▪ \$100 gift cards are being offered at mass vaccination events. ▪ Kaiser is having an ImmUNITY sweepstakes. ○ OHA is going to launch door-to-door outreach to apply more social pressure and improve vaccine rates. 	<p>Pgs. 33-50</p>

	<ul style="list-style-type: none"> ○ OHA is working on improving vaccine equity. • J&J vaccine updates: <ul style="list-style-type: none"> ○ The FDA has authorized an extension of the shelf life from 3 months to 4.5 months. ○ Vaccines produced at the Baltimore factory are currently on pause. <ul style="list-style-type: none"> ▪ The CDC has backordered all J&J vaccines until the Baltimore factory has been cleared. • COVID-19 vaccine CCO metric: <ul style="list-style-type: none"> ○ Emergency outcome tracking measure (EOT) ○ Improvement target is set at 70% (aligned with goal to reopen the economy) as of April 1st. ○ Age group is 12 years and older. ○ To satisfy the numerator requirements, only one dose can be received. ○ 4-month continuous enrollment requirement to be included in the metric. ○ Minimum population size of >50 members for race and ethnic groups. • OHA will be working on reaching out to members who are homebound and have not received a vaccination. • Health Share has been working with local public health to look at gaps in data in geographic areas. 	
State-wide PIP update (BH Integration PIP) (SUD PIP)	<p>Presenter: Lisa Bui</p> <ul style="list-style-type: none"> • CCO's have 4 PIPs total (one statewide PIP and 3 individual.) • New statewide PIP is being developed for behavioral health access/integration (from CMS 1115 Integration waiver.) <ul style="list-style-type: none"> ○ Currently in the design phase. ○ The previous statewide PIP focused on opioid use. • Beginning in 2022, there will be a 2nd statewide PIP focused on SUD (from CMS 1115 SUD waiver.) <ul style="list-style-type: none"> ○ Discussions will begin in the fall for designing the SUD PIP, and it is slated to be implemented in 2023. ○ Goal of the SUD waiver is to improve access to SUD treatment, reduce re-admissions, and may include housing supports. • Due to adding a second statewide PIP, the CCO's have to retire one of the other PIPs. <ul style="list-style-type: none"> ○ CCO's should meet with Lisa to determine timing and process for closing out their chosen PIP. 	Pgs. 51-56

Quality and Performance Improvement Session 1:00 p.m. – 3:00 p.m.		
QPI Intro/updates	<p>Presenter: Lisa Bui</p> <ul style="list-style-type: none"> • OHA Quality Strategy: <ul style="list-style-type: none"> ○ Federally required and includes OHA's 10-year goals to eliminate health inequities by 2030. ○ Aligns with other CCO 2.0 priorities and contract requirements. 	Pgs. 59-65

	<ul style="list-style-type: none"> ○ Aligns with 2020-2024 State Health Improvement Plan (SHIP.) ○ Alignment with CFR's and quality programs. • OHA is working on a timeline to develop and submit the Quality Strategy to CMS through the end of 2022. <ul style="list-style-type: none"> ○ This will include stakeholder input and tribal consultation. ○ It will be an iterative process based on ongoing discussions and direction from CMS and stakeholders. 	
State-Wide PIP development	<ul style="list-style-type: none"> • Statewide PIP feedback received from CCO's: <ul style="list-style-type: none"> ○ CCO's were asked to send Lisa feedback after the last statewide PIP meeting. <ul style="list-style-type: none"> ▪ 13 out of 16 CCO's responded. • Metric Feedback from CCO's: <ul style="list-style-type: none"> ○ The proposed "mental health treatment reach" measure had the strongest support from most CCO's. <ul style="list-style-type: none"> ▪ Some CCO's had suggestions for modifying the measure (including PCS.) ○ Having "workforce" as a primary topic and using the DSN report as a metric is still undecided among CCO's. ○ Using the Mental Health Statistics Improvement Survey was opposed by most CCO's. ○ Using the Collaborative Care Model was opposed by most CCO's. • CCO break out session to further discuss metric feasibility, PIP topic, and target population (age range.) <ul style="list-style-type: none"> ○ CCO's were split into groups to discuss feedback. ○ PIP age range: <ul style="list-style-type: none"> ▪ Some CCO's suggested alignment with Oregon Pediatric Improvement (0-24). ○ PacificSource's QIC's shared feedback that was previously sent to OHA about the statewide metric, and recommended having a broader mental health engagement metric. • Next steps: <ul style="list-style-type: none"> ○ Lisa is looking for volunteers to be involved in discussions as the specifications for the metric get developed. ○ CCO's will have to validate the chosen metric in September. ○ Lisa will compile and share discussions at the next Statewide PIP development meeting on June 30th. 	Pgs. 66-70
CCO PIP Sharing	<ul style="list-style-type: none"> • CCO's participated in additional break-out sessions to share one of the PIPs they are working on. See the CCO PIP Learning Session handout. <ul style="list-style-type: none"> ○ CCO's were split into 5 breakout rooms to share one of their other PIPs. One person from each CCO stayed in their assigned room to present and talk about their chosen PIP topic. ○ Breakout rooms were based around similar PIP topics. • Break out room 1 & 2 : Diabetes PIP topics <ul style="list-style-type: none"> ○ Advanced Health: 	Pgs. 71-73

	<ul style="list-style-type: none"> ▪ CM and THW's help to navigate from primary care to dental care. Gap lists are provided to THW's to do outreach (help make appointments etc. and do warm hand-offs.) ▪ Education is provided about the link between oral health and overall health. Advertising occurs through their website and through THWs in clinic settings. ▪ Provide opportunities for Clinical Quality staff to engage in LEAN training. Hopefully, they can take those tools and utilize them for initiation and engagement in treatment. ○ Cascade Health Alliance: <ul style="list-style-type: none"> ▪ Focusing on SDOH and working on connecting members to resources that otherwise might inhibit them from improving their A1C. Getting the Prepare survey. ▪ Health Information Exchange - target to get 50 organizations signed up (met). ▪ They are reporting out on the exchange to track referrals. ▪ Hired a pharmacist who focuses on MTM services - consulting with members and providers to ensure meds are being taken. ▪ Deep diving into members without recent A1Cs to get them seen. ▪ Outcome measure: Diabetes HBA1C poor control (trying to get people under 9), and the # of members involved with HIE. ○ Using Prometheus tool to reduce inpatient stays with type 1 or 2 diabetes as the primary dx. <ul style="list-style-type: none"> ▪ Building a taskforce to get data analysis completed. ▪ Looked at root-causes (out of 120 cases, 71 members had SUD, a SDOH, or a behavioral health condition co-occurring with diabetes, and were non-compliant with insulin.) ▪ Had an intervention and shared data with pharmacists to manage medications and raise compliance. ○ HBA1C and Oral Health Evaluation: <ul style="list-style-type: none"> ▪ Using outside vendor to offer web-based coaching sessions to member with diabetes. ▪ MEPP focused on a specific county with the highest diabetes related costs. • Breakout room 3: Upstream PIP topics: <ul style="list-style-type: none"> ○ Yamhill- Reducing Housing Instability PIP <ul style="list-style-type: none"> ▪ Interventions to increase the amount of funding, housing supports, and BH resources. ▪ Reducing negative social factors. ▪ Alignment with SHARE initiatives. ○ HealthShare: BHI Integration PIP 	
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	<ul style="list-style-type: none"> ▪ Setting up regional standards, payment structures, and reimbursement rates. ○ Columbia Pacific-Language Access PIP <ul style="list-style-type: none"> ▪ Improving the number of qualified certified interpreters. ▪ Providing technical assistance. • Breakout room 4: Maternal Health PIP topics <ul style="list-style-type: none"> ○ Jackson Care Connect –Maternal Child PIP ○ Trillium – Postpartum screening PIP • Breakout room 5: Population Health <ul style="list-style-type: none"> ○ PCS – HPV vaccine PIP (Sherri Sturko presented) ○ Umpqua – Readmission Reduction PIP <ul style="list-style-type: none"> ▪ PIP was created based on HSAG feedback in TQS. 	
Wrap up	<ul style="list-style-type: none"> • Discussion occurred around future breakout sessions and learning collaboratives. <ul style="list-style-type: none"> ○ There might be TQS breakout sessions in the fall. 	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.

OHA Quality and Health Outcomes Committee (QHOC)
7/12/2021
Zoom Conference ID: 160 -393-6298
Passcode: 380251
Phone: 1-669-254-5252

[Meeting Packet](#)
[Agenda](#)
[QHOC Website](#)
[Slides](#)

Clinical Director Workgroup

10:00 a.m. – 12:00

Topics	Summary of Discussion/Impacted Departments	Materials/ Action Items
Welcome/ Introductions/ Updates	Presenter: Holly Joe Hodges <ul style="list-style-type: none"> See attendee list 	Pgs. 1-2
COVID-19: Vaccine update (CCO-specific data, in-home vaccinations, and “Ground Game” Outreach)	Presenter: Dave Inbody <ul style="list-style-type: none"> Vaccination Progress Update: <ul style="list-style-type: none"> ~70% of the statewide population has been vaccinated. Urban CCOs have higher rates than rural CCO’s. Overall rate for dose 1, across all CCO’s, is about 45%. ~20% of 12-25 year olds are vaccinated. There is additional work needed to raise vaccination rates among Medicaid members. OHA is working to increase the rate of vaccinations by identifying urban/rural disparities and finding populations who still need vaccinations. Higher rates among Asian/Pacific Islander Population (~50%) compared to other populations. COVID-19 Tracking and Communications. (Presenter: Jane- Ellen Weidanz) Current State Process: <ul style="list-style-type: none"> Local Public Health Agencies (LPHA’s) continue to provide and direct vaccinations at the local level. LPHA’s can request state support through the Ops Center if they want to implement mobile vaccine efforts and events for the community. States will provide equity-based vaccine events and mobile vaccine clinics requested by CBO’s. CCO’s, doctor’s offices, and pharmacies are taking on a greater role coordinating, starting in the fall as vaccines become available statewide. CCOs and PCPs are taking a coordination role to help patients who have questions about comorbid conditions and vaccine safety. Initial needs/issues: <ul style="list-style-type: none"> Identify homebound individuals for vaccination outreach via mobile clinics. Homebound patients require more coordination to receive a vaccine. Homebound individuals can call in and be given specific access to the vaccine, and also discuss any concerns they 	Pgs. 3-29

	<p>have around safety of their vaccine.</p> <ul style="list-style-type: none"> ○ Youth ages 12 and above who have not received a vaccine and could be homebound. ○ Ageing and People with Disabilities. ○ Alignment with CCO vaccine quality measure development. ○ CCO data is needed for the Medicaid population for focused outreach to occur. <ul style="list-style-type: none"> • Home-bound data tracking for immunizations: <ul style="list-style-type: none"> ○ ALERT stores all immunization records. ○ OHA is working with the Oregon Department of Human Services (ODHS) to identify individuals in specific programs who may have not been vaccinated. <ul style="list-style-type: none"> ▪ CCO's will receive weekly files. • Vaccine rates for Aging and People with Disabilities (APD) <ul style="list-style-type: none"> ○ Patients with disabilities between the ages of 25-45 are least likely to be vaccinated. ○ Focus group results indicated that questions about comorbidity (wanting to speak with their PCP first) and transportation posed the greatest barriers. ○ A system was set up to allow these patients to call in to ask questions about their specific medical conditions and vaccine safety (run by retired practitioners). • CCO Coordination Opportunities: <ul style="list-style-type: none"> ○ Increased reimbursement to support providers. ○ Pulling data to share and reduce overlapping efforts. ○ Including CCO specific information when data is shared. ○ Align work with pediatric VPU work plan. • Next Steps: <ul style="list-style-type: none"> ○ CCO QHOC leads should work internally on data analysis for broad CCO APD and Homebound population to create focused outreach plans. ○ A survey was sent out to CCO's to collect information on efforts for this population. ○ Continue to work with ODHS and LPHA's for outreach to CCO members. • “Ground Game” Outreach. (Presenter Cathy Kaufmann.) <ul style="list-style-type: none"> ○ A grass roots campaign is being developed akin to the “Get Out the Vote” campaigns to improve vaccine rates. ○ This will include canvassing, calls and texts. ○ Outreach is expected to begin late July and continue through early fall. ○ The goal is to close equity gap. ○ Canvassers will be sent to certain geographic areas. <ul style="list-style-type: none"> ▪ Geographic areas will be strategically identified – starting in Multnomah, Marion, and Lane. 	
COVID-19: monoclonal antibody therapies	<p>Presenter: Shimi Sharief</p> <ul style="list-style-type: none"> • Hospitalization rates have continued to raise disproportionately (4xs) in Black communities – nationwide and in the Portland area. • New formulation can be used in a broader scale to treat COVID- 	

	<p>19.</p> <ul style="list-style-type: none"> • New variants are emerging with increased transmissibility. <ul style="list-style-type: none"> ○ The B117 variant continues to be the highest concern, with 50% of cases. ○ The Delta variant is 50% more transmissible. ○ Currently no evidence of increased disease severity with new variants. ○ Vaccines may have slightly lower efficacy. • Vaccine “breakthrough patients” case review: <ul style="list-style-type: none"> ○ “Vaccine breakthrough” patients are classified as patients who had a positive COVID-19 test with an onset within > 14 days following the completion of any COVID-19 vaccine series. ○ Vaccine breakthrough patients may or may not be associated with new variants of concern. ○ 1,790 total cases have been reported so far. <ul style="list-style-type: none"> ▪ Median age of cases is around 53. ▪ 1.7 fatality rate with median age of 75 years. ○ 172 cases are associated with variants of interest. • Monoclonal antibodies are formulated against specific targets of SARS-COV-2 spike protein to help neutralize and bind the virus to reduce disease progression. <ul style="list-style-type: none"> ○ Not available for patients currently hospitalized and who have present progressed state. ○ Anyone over age 12, outpatient, mild to moderate illness, confirmed COVID-19 along with other criteria are available to receive treatment. • Oregon has two antibody therapies available for distribution and utilization. • The state no longer plays a role in allocation of Monoclonal antibody therapy. • Any outpatient facilities are eligible to administer these products as long as they are able to store and administer them. • Products are now available in subcutaneous in addition to IV form. • Two single dose vials need to be prepared for infusion followed by an observation period. 	Pgs. 32-53
HERC update	<p>Presenter: Dawn Mautner</p> <ul style="list-style-type: none"> • COVID-19 Coding Updates: <ul style="list-style-type: none"> ○ October 1st there will be a new ICD-10 code for post-COVID-19 condition, unspecified. ○ This can be used for ongoing issues related to a prior COVID-19 condition. • New August VBBS Discussion topics: <ul style="list-style-type: none"> ○ Obstructive Sleep apnea guidelines for adults and kids to be reviewed and merged. ○ Moving thrush to a different coverage line (for infant feeding.) ○ CGM and test strips: no change recommended for type 2 diabetes mellitus. 	Pgs. 54-58
P&T update	<p>Presenter: Roger Citron</p> <ul style="list-style-type: none"> • Orphan drug policy updates: 	

	<ul style="list-style-type: none"> ○ Nulibry was added to the PA Criteria. • Oncology policy updates: <ul style="list-style-type: none"> ○ Fotivda, Abecma, Jemperli, Pepaxto, and Zynlonta added to the PA criteria. • Colony Stimulating Factors – literature scan: <ul style="list-style-type: none"> ○ Nyvepria preferred ○ Neulasta non-preferred • Antipsychotics in young children safety edit for children 5 years of age and younger: <ul style="list-style-type: none"> ○ Implement the proposed safety edit and retrospective provider outreach program. • Growth hormone abbreviated drug review: <ul style="list-style-type: none"> ○ Sogroya added to the growth hormone class. ○ Use limited to OHP-covered conditions through PA. • Hereditary Angioedema class update: <ul style="list-style-type: none"> ○ PA criteria updated to include Orladeyo. • MS class update and new drug evaluation: <ul style="list-style-type: none"> ○ PA criteria proposed for Kesimpta with limited use: <ul style="list-style-type: none"> ▪ Inadequate response to at least 2 disease modifying drugs approved for MS, and when prescribed by a neurologist. ○ Ponvory added to Oral MS PA criteria. • Focused heart failure class update with new drug evaluation: <ul style="list-style-type: none"> ○ Class name changed to “Inhibitors of the Renin-Angiotensin-Aldosterone Syndrome (RAAS). ○ PA criteria updated to include Entresto. ○ Require PA for vericiguat to ensure appropriate use in patients on goal-directed therapy with advanced symptomatic heart failure with reduced ejection fraction (HFrEF). ○ Entresto non-preferred. • Platelet inhibitor class update: <ul style="list-style-type: none"> ○ PA criteria updated to include new indicators for ticagrelor. ○ Prasugrel preferred and removed from PA criteria. • Migraine medications drug use evaluation: <ul style="list-style-type: none"> ○ Recommend providing education to increase migraine prophylaxis use in patients taking chronic triptans. ○ No policy changes. • Cystic Fibrosis PA update: <ul style="list-style-type: none"> ○ Manual review by medical director removed from PA criteria for LUM/IVA in patients less than 12 years old. ○ Link is being added to FDA labeling in the PA criteria. • Next P&T meeting is scheduled for 8/5/2021. 	Pgs. 59-72

Quality and Performance Improvement Session

1:00 p.m. – 3:00 p.m.

QPI Intro/updates		n/a
HSAG Validation Process for statewide PIPs.	<p>Presenter: Kris Hartman</p> <ul style="list-style-type: none"> • PIP Validation update: September 1st due date for new statewide PIP validation with HSAG. • Pip stages: • Design (2021): Select topic, frame aim statement, define pip population, define performance indicators, sampling techniques (if used), data collection methodology <ul style="list-style-type: none"> ▪ Steps 1-6 of the design phase are validated in September 2021. • Implementation (2022) – Analyze and interpret study results, create improvement strategies. <ul style="list-style-type: none"> ▪ Submit baseline data, and evidence of barrier analysis. ▪ Show evidence of improvement cycle. • Outcomes (2023) – <ul style="list-style-type: none"> ○ Submit re-measurement, analyze, and evaluate interventions. ○ NEW: – now 3 areas of measurement: <ol style="list-style-type: none"> 1. Statistically significant improvement in performance indicator rates (same as last year) 2. Clinically significant improvement (new requirement) 3. Programmatically significant improvement (new requirement) ○ CCO’s must still show statistically significant improvement in the PIP measures, and choose whether they would like to show clinically significant improvement or programmatically significant improvement. ○ Not necessary to demonstrate all 3 in each project, it will be left to the project team to decide and provide data to support rationale. ○ New scoring rubric might be developed in 2023. • HSAG is looking to see evidence of cyclical improvement strategies: <ul style="list-style-type: none"> ○ CCO’s need to aim at high priority barriers when designing interventions. • PIP Validation Process: <ul style="list-style-type: none"> ○ HSAG uses a 9-step process that aligns with CMS to capture regulatory requirements. ○ There is a NEW 2021 PIP submission form – CCOs will complete steps 1-6 for 2021 validation. (No • Evaluation Elements Scoring: <ul style="list-style-type: none"> ○ 13 critical elements. ○ 30 total evaluation elements ○ Graded as (Not Met, Partially Met, or Met.) <ul style="list-style-type: none"> ▪ Met – all critical elements were “met,” and 80% -100% of all evaluation elements were met across all activities. 	Pgs. 75-93

	<ul style="list-style-type: none"> ▪ Partially met- Low confidence in reported PIP results. <79% of other elements met, and one or more critical element were “partially met.” ▪ Not met- All critical elements were “met” and <60% of other elements were “not met.” ○ (also not applicable – i.e. if we are not using sampling, step IV is n/a) • 2021 Key dates for CCO PIP Activities: <ul style="list-style-type: none"> ○ SEPT 1st – CCOs submits steps 1-6 in the new 2021 PIP submission form to OHA. ○ SEPT 27th - HSAG scores returned. ○ October: CCO’s seek technical assistance on initial PIP feedback, as needed. ○ OCT 22 – CCO; s resubmit if needed. ○ Nov 15th- HSAG returns final PIP validation tools to CCO’s and OHA. • HSAG Tips for success: <ul style="list-style-type: none"> ○ Review updated 2021 resources (submission forms, instructions, and validation tool) on the HSAG site. ○ Contact HSAG for validation related technical assistance. 	
BH Access Statewide PIP Development	<p>Presenter: Lisa Bui</p> <ul style="list-style-type: none"> ▪ Statewide PIP Metric: Mental Health Service Access Monitoring <ul style="list-style-type: none"> ○ Description: Percent of member with a mental health service need who received outpatient mental health service in the measurement year. ○ Population: Members who turn 2 years and older as of December 2021. ○ Numerator: Members receiving at least one outpatient mental health service meeting in the 12-month measurement year. <ul style="list-style-type: none"> ▪ Codes included in the measurement were emailed to CCO’s. ▪ Value-set is being finalized by Lisa Bui • Telephone follow-up codes (longer than 15mn count) <ul style="list-style-type: none"> ○ TBD if 99371 and 99372 are covered (less than 15mn) • Next steps: <ul style="list-style-type: none"> ○ OHA to finalize measure specs and PIP value sets ○ OHA will compile design activities and send them to the CCO’s. ○ Summary Docs will be distributed at Augusts QHOC session. ○ CCO’ submit EQR validation form 9/1/2021. 	Pgs. 94- 100
Wrap up	<ul style="list-style-type: none"> • Survey will be sent out on future QHOC topics. • Learning collaboratives will resume in September/ November. Topics to be announced in August. 	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.

Advancing Integrated Care Update

Provider Engagement Panel

August 11, 2021



AiC Background

- 2018-2020 project grant-funded by the Central Oregon Health Council
- Overall goal of improving all aspects of behavioral health care in primary care settings
- After grant ended, the work transitioned to PacificSource



PEP Feedback Given in April

- **Consider creating a guide about Behavioral Health Navigator roles**
 - **Continue to focus on streamlining resource lists**

AiC Highlights April-June 2021

- Link made between BH Navigator role and mitigation of suicide risk - COSPA
- Emphasized youth services like IIBHT and Sagebrush day-treatment program
- Living Well program for people with chronic conditions received well
- Poignant discussion about widespread staff attrition in Central Oregon
- Deschutes County Behavioral Health presented on all BH services

AiC Mid-Year Evaluation

Significant AiC changes in 2021:

- Traditional Health Worker (THW) Tanya Nason transitioned to different role
- More THW representation in group
- Connect Oregon Community Information Exchange (CIE) platform rolled out
- Medicare focus and momentum increasing

AiC Mid-Year Evaluation

AiC Work for the next six months and beyond?

- Challenging to operationalize work with two facilitators
- How do we incorporate increasing Medicare focus?
 - Dawn Creach recommended a multi-payer meeting to build Medicare resources
- Health Council Request for Proposal (RFP) for timeliness and engagement tool
 - Between specialty behavioral health and primary care

We'd like to hear from you



Upcoming ideas:

- Ask Certified Community Behavioral Health Clinics (CCBHC) to present
- Share SUD privacy resource on 42 CFR Part 2
- Breakout groups to assess scope of Medicare work
- School-Based Health Centers

RHIP and COVID-19 MINI-GRANT PROJECT SUMMARIES

COVID-19 Final Report for La Pine Park & Recreation District (Non-RHIP) “La Pine Parks Rosland Elementary School Age Care Program”

Summary of Results:

- The project provided seven days a week in person support for students.
- The students were able to receive in person learning support, physical activity, creative outlet in games and crafts and social contact.
- It also provided support for the parents in the area that we working and unable to provide supervision for Comprehensive Distance Learning (CDL).
- The project/program ran from 7:30am to 5:30pm.
- The schedule included morning breakfast, CDL with tutoring, and physical activities such as outside play or indoor games.
- Afternoons included Lunch and a mid-afternoon snack, craft or art projects, reading time and physical activities indoor or outdoor games or free play.
- The benefits of this program provided high-need elementary students (1st-5th) with tutoring in academics, social interaction, and emotional support for confidence, self-esteem, and social emotional support and positive results in there in class CDL.

Story:

It is hard to provide just one story for this project. We had many parents that were concerned about the child's education and learning. CDL was a large obstacle that the parents were struggling with due to lack of internet service, funds for childcare and lack of understanding of technology. We had many parents tells us how much they appreciated the program as it not only helps their child stay focused and be successful, but the burden of trying to work and provide their child with educational support was overbearing. Having a program for their child at no cost helped them financially in a very demanding situation and help their child progress through CDL in a positive environment.

RHIP and COVID-19 MINI-GRANT PROJECT SUMMARIES

COVID-19 Final Report for Wellness Through Horses LLC (RHIP)

“Technical assistance support for Wellness Through Horses”

Reviewed by the Behavioral Health: Increase Access & Coordination Workgroup

Summary of Results:

- This project was aimed at increasing the use of technology to develop an electronic platform for client documents as well as to offer telehealth options.
- The outcome was to increase my ability to serve more clients in Central Oregon.
- Implementing the telehealth option allowed behavioral health sessions when childcare issues arose, illness of client or family member arose, concerns about COVID or "freeze" times, quarantine due to COVID exposure and when issues with transportation arose.
- I am pleased to report that by implementing this technology, I was able to increase the number of clients that I now see in my practice.
- I can now see an additional 3 to 5 clients per week consistently.
- I have also decreased substantially the number of hours that I spend on paperwork including my billing process.
- The added bonus is that as I decreased my paperwork, I experienced a decrease in neck pain as I spend less time on my computer.
- This technology increased timely access to specialty behavioral health care, increased the number of people successfully completing behavioral health treatment and increased the use of evidence based outcome oriented behavioral health treatment utilizing measurement based care.
- It also improved behavioral health delivery and access as well as achieve health equity.

Quote:

“Thanks so much for the funding to automate my practice through use of technology. I have been able serve 3-5 more clients weekly through this process an provide therapy to underserved populations in Central Oregon.”

RHIP and COVID-19 MINI-GRANT PROJECT SUMMARIES

RHIP Mini-Grant Final Report for REACH

“Homeless Management Information System - Data”

Reviewed by the Stable Housing and Supports Workgroup

Summary of Results:

- Funding from this project was used to hire a part time person to enter and maintain our HMIS data base.
- The Homeless Management Information System (HMIS) is a HUD requirement, the platform allows the user to enter contact information and demographics for the people they serve.
- The system is designed to provide information on where people are accessing service, services provided, case notes, demographics and improve communication with partnering agencies to provide useful tools to our unhoused community members and helps to reduce the rate of redundancy.
- Over the past year REACH has connected with over 600 unique individuals.
- We engage with clients approximately 400 times per month, each engagement is documented, and services provided are entered into the system.
- Through this data management system, we can ensure that clients are connected to service providers and highlight the point of contacts for each person and the services provided to each individual.
- It is our role to create a trusting, safe environment on which to build these relationships.
- Funding is a concern in any business or nonprofit,
- HMIS helps our region to highlight the need of services based on the data compiled in the HMIS database.

Quote:

“We encourage people to find their voice at a time in their life that silence and invisibility is all they seek, our hope is that at the end of the day we show a person the value they have in this world and that they deserve to be treated with worth, respect and dignity. This becomes the foundation on which to grow, the stability to seek change. I was once told that we are all broken and the cracks remind us of how broken we are, but what if those cracks allow the light to filter in. You count.”

RHIP and COVID-19 MINI-GRANT PROJECT SUMMARIES

COVID-19 Final Report for Circle of Friends (Non-RHIP) “Circle of Friends Sisters K-12 school age support programs”

Summary of Results:

- Circle of Friends school age support programs served students grades K-12 through mentoring, comprehensive distance learning (CDL) support, tutoring, and small group instruction/activities, tailored to student need in Sisters, where K-4 students attended in-person for most of the year and 5-12 were remote or hybrid for most of the academic school year.
- Programs impacted a host of short and long-term outcomes, including 3rd grade reading proficiency, on-time high school graduation, and other individual well-being for children and families, by engaging students in meaningful socialization, in-person learning support, and by structuring a well-supported day including adult support and guidance to students as they engage in supervised comprehensive distance learning.
- By giving low-income, working families free, supported tutoring and childcare, this program gave rent burdened households needed income for other key expenses while also supporting high-need children.
- Our project provided individualized tutoring and learning supports for the at-risk youth in our program.
- We also provided childcare options to families with limited options and limited resources to leverage options.
- We partnered with Sisters Park and Recreation District, Family Access Network and Sisters School District to ensure youth had access to equipment, internet access, supplies, and supervised, well supported, CDL.
- Circle of Friends also provided enhance programs which offered youth a chance to stay connected with their mentors, peers, and friends to support social/emotional well-being.
- We saw a 20% increase in youth accessing these programs.
- Teacher surveys reported youth more engaged in academic activities and parents reported, though informal interviews, that youth consistently engaged with mentors had a higher sense of self-esteem and self-worth.

Quote:

“I finally feel I like I'm getting on track with them (my children), thank you so much!”

COVID-19 Final Report for Central Oregon Pediatric Associates (Non-RHIP)
“COVID-19 Vaccination of Phase 1A Front Line Healthcare Workers”

Summary of Results:

- COPA assisted in COVID-19 vaccination efforts and administered vaccines to frontline healthcare worker who work in outpatient healthcare settings in Central Oregon.
- From January 7th, 2021, through February 5th, 2021, COPA administered 975 first and second COVID-19 vaccine doses to frontline healthcare workers in outpatient healthcare settings in Central Oregon.
- Of the total doses administered, 965 were Pfizer vaccine doses and 10 were Moderna vaccine doses.
- To ensure timely and efficient vaccination efforts, COPA input the doses administered directly into the state of Oregon's Alert system and did not bill healthcare provider or insurance for services.

Story:

Some healthcare organizations were not equipped to provide COVID vaccination services themselves and were extremely grateful to COPA for providing these essential services so they could continue to see patients in their facilities.

COVID-19 Final Report for MountainStar Family Relief Nursery (Non-RHIP)**“COVID-19 Test Kits”****Summary of Results:**

- Funding from the Central Oregon Health Council enabled MountainStar to purchase 20 COVID-19 self-administered test kits (@ \$105 each) for our staff.
- These test kits were used if staff exhibited any COVID-19 symptoms and/or if staff had been exposed to the virus.
- Administering these self-test kits helps to contain the spread of the virus.
- This project addressed the immediate health-related needs among Central Oregonians in that it helped to identify any COVID-19 cases among our staff quickly and efficiently, therefore helping to prevent the spread of the virus to other staff, the children and families we serve, and the community.
- Initially (early in the grant period), these test kits were in high demand, and it helped to reassure our staff that these test kits were available for their use.
- As time went on, testing (including rapid testing) became more readily available in our community and the need for these test kits within our organization was lower.

Quote:

Thank you so much for your support in helping to keep our community healthy!

RHIP and COVID-19 MINI-GRANT PROJECT SUMMARIES

COVID-19 Final Report for Boys and Girls Club of Bend (Non-RHIP) “Boys and Girls Clubs Bend Club + Full Day School Age Care”



Summary of Results:

- We opened our doors to serve 181 K-12th grade youth over the 2020-2021 school year, providing 1139.75 service hours to assist with comprehensive distance learning (CDL).
- Our two national programs, Power Hour and Project Learn, directly correlated to increasing third-grade reading proficiency.
- Project Learn is an evidence-based program that reinforces and enhances the knowledge gained from school through high-yield learning activities.
- Power Hour provided a quiet space for youth to complete their schoolwork, and encouraged Club members to become confident, self-directed learners by offering academic support and recognition throughout the school year.
- With our Club members from nearly each of the 30 schools in the BLPS, staff stepped up and provided direct academic support in conjunction with each student’s individual schedule.

Story:

“Sascha” and her mom were on the brink of homelessness. They had fled a domestic violence situation and needed help. On her first day at Club, Sascha was highly reactive and struggled to control her emotions. Using a trauma-informed care framework, our team created a stable environment for Sascha to encourage her to participate in distance learning. After a few weeks, she was thriving and caught up in school. Her outbursts lessened, and she had bonded with our staff and her peers. Her mom noticed a difference too, sharing how much happier she is at the end of each day. By Sascha being in a safe and stable environment, her mom’s stress was reduced, allowing her to focus on their recovery and finding a new home.

COVID-19 Final Report for Bethlehem Inn (Non-RHIP)
“COVID-19 Testing Project”

Summary of Results:

- Bethlehem Inn partnered with Shepherd's House to provide weekly COVID-19 rapid testing to individuals and staff participating in each of our programs.
- This regularly scheduled weekly screening was conducted by a Mosaic Medical healthcare worker and managed in conjunction with Deschutes County Health Department, an extension of the Health Department laboratory (CLIA waived testing), as an active member of the Deschutes County volunteer, Public Reserve Corps.
- The goal was to test the homeless shelter/congruent living populations weekly for early detection of asymptomatic and symptomatic residents, staff and volunteers.
- Data will be entered into the Oregon Health Authority COVID-19 testing portal and into the Inn's internal resident and human resources data bases.
- An algorithm was established to direct referrals and notifications.
- During this 4-month project, a total of 402 people (Inn staff and residents) were tested.
- Only one resident tested positive and required isolation.
- Early detection prevented any further spread of the virus to other residents or staff.
- Regular testing helped to reinforce the many protocols put in place to successfully keep the Inn population healthy and safe.

Quote:

"We would like to express our heartfelt gratitude for helping to keep us safe through weekly COVID testing. Getting through the year of the pandemic was extremely challenging, but the security of knowing we were being tested weekly until everyone was fully vaccinated was very reassuring for us and the community!" Bethlehem Inn Staff and Residents

COVID-19 Final Report for Central Oregon Pediatric Associates (Non-RHIP)
“Pediatric Masks (free) to meet new Governors orders and back to school safety”



Summary of Results:

- Blackstrap, a local Bend company, partnered with COPA to provide pediatric masks at below cost as a donation to help kids stay safe.
- They were individually wrapped for safety and distributed at multiple locations in the community.
- The funding allowed us to serve thousands of families by providing high quality, Oregon produced masks to their child to wear in public and in school.
- Wearing a mask has been proven to reduce the spread of COVID-19.
- The COHC funding was leveraged with other grant funding from Pacific Source, plus private funding from COPA to produce and distribute 15,000 masks to COPA patients and others through area nonprofits.
- COPA resources were used to contact and coordinate with Deschutes Children's Foundation to identify local nonprofits with direct access to families with children. COPA coordinated, allocated and delivered the masks.

COVID-19 Final Report for Sisters Habitat for Humanity (Non-RHIP)
“Sisters Habitat Air Purification”

Summary of Results:

- Thanks to the grant from Central Oregon Health Council Sisters Habitat for Humanity was able to install iWave-C air purifiers in our Thrift Store and offices.
- We were also able to purchase stand-alone Alen air purifiers for our ReStore.
- The air purifiers remove virus' and smoke and create a healthy environment for our volunteers, staff and customers.
- The air purifiers have created a healthier environment for our volunteers, staff and customers.
- It is wonderful that Sisters Habitat can provide clean and healthy air for our volunteers, customers and staff.
- Installing the air purifiers has created a confidence that we care and are doing all we can to provide a safe work and shopping experience.

Quote:

“Many volunteers were impressed by the strong COVID protocols we put in place. When we told them about the air purification, they let us know that they appreciated Habitat going above and beyond to provide a safe environment for them the work.”

COVID-19 Final Report for Shepherd's House Ministries (Non-RHIP)
"COVID-19 Testing Project"

Summary of Results:

- To perform regular COVID rapid antigen testing of all residents of both men's and women's congregate living recovery programs as well as volunteers and employees of all programs including the Bend and Redmond winter shelters.
- Weekly screening was performed on all individuals listed above, providing immediate data as to positivity rates and guided interventions to keep community residents, volunteers and staff safe from infection.
- This screening enabled us to continue to provide the services to the homeless with increased degree of confidence
- These grant funds were invaluable to funding the additional hours required for the COVID rapid antigen screening program that we developed and implemented to provide this service quickly and efficiently to staff, residents, volunteers and the homeless population we serve.

Story:

During our screening process, we discovered a resident who tested positive and were able to quarantine this individual to prevent further spread. Due to the availability of rapid testing, we were able to ensure the safety of the rest of our population. We also discover that two of our volunteers for the Redmond Shelter were positive and were able to take steps for confirmatory testing and quarantine to keep shelter guests and other volunteers safe.

COVID-19 Final Report for Sisters Park and Recreation District (Non-RHIP)
“Full Day School Age Program- CAMP SPRD”

Summary of Results:

- Our program provided full day care for middle school students who were on distance learning.
- We provided structured learning time in the morning and then an array of recreation activities after lunch.
- Students were able to socialize and be active with their fellow classmates while maintaining safety.
- Activities included giant four square, soap making, disc golf, nature walks, cooking and more.
- Students who joined our program were often very behind on their at-home assignments.
- Under the supervision of our staff and working directly with the school district, these students were able to get caught up in all classes.
- Parents were extremely grateful for this service as not all parents were able to work from home when distance learning was in place.
- By working with students to get caught up, we were able to reduce stress for parents during this challenging time.
- This also allowed us to strengthen our relationship with the middle school which will have long-term benefits for our community

Story:

Partway through the program, we shifted to being either a Mon/Wed or Tues/Thur program based on the student's new hybrid learning schedule at the middle school. We would have students who wanted to still come all four days because of how much fun they had with their friends and our staff team. We even had a student show up on one of the program closure days to make sure it wasn't going on without him and that he was not missing anything. It was so cute and made me so happy that the program was making such an impact.

RHIP and COVID-19 MINI-GRANT PROJECT SUMMARIES

COVID-19 Final Report for Mecca Bend (Non-RHIP)

“Peer to Peer Emotional Coaching: Part Two”

Summary of Results:

- Peer to Peer (P2P) is a private, safe, and 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 over the course of 6-12 weeks, or single sessions as desired for others.
- P2P is facilitated by an indigenous and trauma informed practitioner.
- There were no challenges in fulfilling the terms of the grant, however the funding is not sufficient to address the true disparities among our Latinx/BIPOC Peers and would hope for future funding to be more intentional and realistic in the needs of the community.
- Compensation to both the practitioner, and support staff at Mecca are required to scale this model accordingly.

Quotes:

"Every individual that has contacted me or has been referred has sought emotional support as they try to figure out how to navigate the systemic stressors caused by the social constructs around them. Each individual seeks to connect, to feel validated and affirmed, as well as reclaiming their sense of dignity robbed by everyday racism and prejudice. The common observation from this perception is that when we feel in connection to another human, we can start finding our innate medicine that we carry within, and as BIPOC, that which our ancestors have passed down to each of us. The work behind the peer to peer sessions is not to fix the perceived internalization of our “brokenness” but more so liberate the restricted thinking produced by white supremacy culture and therefore learn to counter it." - Sareli Beltran, Somatic practitioner

"As humans, we don't need any fixing. Our innate resilience is divine and access to our inner sense of self is one doorway towards healing and transformation, when we seek to explore it." - P2P participant

RHIP and COVID-19 MINI-GRANT PROJECT SUMMARIES

COVID-19 Final Report for Camp Fire Central Oregon (Non-RHIP) “Camp Fire Central Oregon’s Three Rivers School Day Program”



Summary of Results:

- To support elementary schoolers’ substantial and unaddressed need, Camp Fire Central Oregon launched an on-site, full-day program for students grades 1-5 at Three Rivers K-8 school: a supportive CDL learning environment with recreation programs and homework support.
- In-person literacy, reading proficiency and learning help for struggling students during CDL
- High risk students less likely to fall behind their peers during CDL
- Meaningful socialization for elementary-aged youth during a time of traumatic isolation
- Structure for at-risk youth during a time of uncertainty
- By giving low-income working families free, supported learning and childcare, this program gave rent and mortgage burdened households needed income for other key expenses while also supporting high-need children if in-person school was unavailable.

Quote:

"Camp Fire has been a lifesaver for our family. Before the program came to Three Rivers, I was scrambling to run my business and help my two sons with the challenge of distance learning. I was exhausted and spent physically and emotionally, as were my children. The Camp Fire staff is very compassionate and have a vested interest in the children that attend. My boys have a sense of normalcy in these trying times. I have so much gratitude for the program and the work the staff puts in for our children every single day. Thank you." -Three Rivers parent

RHIP and COVID-19 MINI-GRANT PROJECT SUMMARIES

COVID-19 Final Report for Healing Reins (Non-RHIP) “First Responder Friday Phase One”



Summary of Results:

- “First Responder Fridays” uses the special bond developed with a horse to focus on the emotional needs of the participant and address the occupational stress that first responders experience daily.
- First responders and their families were able to enjoy the activities, tour the 20 acre facility and learn about our services.
- While individuals gain horsemanship skills, the primary focus is to relieve the stress of working in trauma-related careers and develop tools to manage the occupational challenges that first responders experience.
- When forming a bond with a horse, participants experience a calming shift that allows them to adopt more coping mechanisms.
- Activities include learning to work with the horse, grooming, and picking out the hoof.
- Grooming includes chalk painting emotions on the horse and then brushing away the chalk.
- Braiding the mane keeps participants present with the animal.
- Secondary outcomes and benefits include exposure to our unique approach to therapy and healing through horses.

Quote:

“My Family and I attended the First Responders event at Healing Reins in March. The event provided a fun opportunity to learn more about the services Healing Reins offers in a safe, family friendly, non-intimidating environment. Our three-year-old son, Colson, had a blast interacting with the horses and doing different activities in the arena and outside on the property. It was so wonderful to be able to socialize in a safe, outdoor setting after a long year and a half of cancelled events due to the pandemic.”

-Becky Dorman and Family

COVID-19 Final Report for Crook County Health Department (RHIP)**“Crook County Resilience Survey”****Reviewed by the Upstream Prevention Workgroup****Summary of Results:**

- The content of the survey measured determinants of resilience such as social supports, access to material resources, sense of belonging, and self-efficacy.
- The survey itself was adapted from the Adult Resilience Measure (ARM), which was designed by the Resilience Research Centre.
- Individuals who participated in the survey were compensated through \$50 grocery or gas gift cards to ensure accessibility and to demonstrate the value of their input and time.
- Participating individuals had to be over the age of 18, make less than \$30,000 a year, and live in Crook County.
- The survey was available in both English and Spanish.
- Over the course of May 2021, the survey was self-administered in person in the conference room of the Prevention and Health Promotion Team building.
- We partnered with Mountain Star Family Relief Nursery to administer 19 of the 63 total surveys during their home visiting programs, which expanded survey distribution and participation.
- Overall, most responses were positive with most participants agreeing "quite a bit" or "a lot" with statements.
- The most common needs noted in the short answer section were medical care, Spanish resources, information access, and housing.

Quote:

“Multiple respondents mentioned that they really appreciated an opportunity like this. People noted that they wished there were more chances to be listened to and express what they are experiencing in the community. Their feedback suggests that we should have more activities aimed at listening to people's concerns and opinions even outside the context of a needs assessment. Additionally, everyone was very grateful upon receiving the gift card, so the impact of that was clear and immediate.”

COVID-19 Final Report for Healing Reins (Non-RHIP)
“Healing Reins’ COVID-19 Professional Cleaning Support”

Summary of Results:

- We used a COHC COVID19 mini-grant to hire a professional cleaning service from January - June 2021.
- The professional cleaners cleaned and sanitized the bathroom, viewing room, eight offices and one classroom, according to COVID19 guidelines, weekly from January - June, during the pandemic.
- COVID19 guidelines for check-in and sanitization created a burden that our small staff could not single-handedly cover to keep our staff and participants safe during the pandemic.
- The assistance of a professional cleaning service was a COVID19-related cost that was beyond our normal cost of doing business and not in our budget.
- Thanks to COHC’s COVID19 mini-grant, we were able to continue delivering excellent Therapeutic Horsemanship services while providing a COVID19 compliant environment for our participants to thrive.



Quotes:

“I don't know if you are told this enough, but you all are changing lives. To see Maeli smile and feel confident and have something that is hers makes my heart full. Thank you.”

“I suffer from severe anxiety and a huge trigger for me is cleanliness and germs. I cannot express enough how thankful I was when I saw the level of cleanliness at the Healing Reins facility as well as the clear dedication from the staff and volunteers to following proper Covid-19 health and safety guidelines. The opportunity to be around the horses has been a huge blessing for me and I can honestly say I would not have been able to overcome the challenge of leaving my house to have taken advantage of that blessing had Healing Reins not done the stellar job that they have in maintaining a clean facility and equipment for all of us. ... I am truly grateful for your commitment to the well-being of the participants and horses.”

RHIP and COVID-19 MINI-GRANT PROJECT SUMMARIES

RHIP Mini-Grant Final Report for Boost Oregon “Vaccine Toolkits for Healthcare Providers” Reviewed by the Upstream Prevention Workgroup



Summary of Results:

- This project strengthened our support for medical providers.
- We packaged and sent educational materials to local providers and community health organizations for in-house use and distribution to their clients.
- Each toolkit contained 5 “Counseling Vaccine-Hesitant Patients” guides, 8 “Parents’ Guide to Children’s Vaccines” guides, 2 pictorial guides, 15 Vaccine Fact Packs, 30 flu fact sheets and HPV fact sheets, and 10 facts sheets about vaccines for pregnancy.
- Toolkits had materials in both English and Spanish.
- We mailed toolkits and followed up with a survey via email to the contact who received a box to see what resources they were using and giving out.
- Non-response was followed up with a reminder email. Final follow-up was a phone call.
- We were able to distribute 20 vaccine toolkits to clinics and community organizations throughout Central Oregon.
- Boost Oregon will continue to offer these materials (and more) to the public.
- This project enabled us to get resources in the hands of those who will use them and need them most.
- Feedback received was positive and we had some requests for more materials.
- Through this project, community members were able to have access to accurate, easy to understand vaccine information.

RHIP and COVID-19 MINI-GRANT PROJECT SUMMARIES

RHIP Mini-Grant Final Report for Destination Rehab

“Outdoor-Based and Goal-Oriented Wellness Program”

Reviewed by the Promote Enhanced Physical Health Workgroup



Summary of Results:

- The goal of this project (officially called the PEAK Fitness Program) was to create an outdoor-based wellness and fitness program aimed at empowering participants with physical disabilities with the knowledge and means to execute a consistent exercise program and attend outdoor group exercise classes monthly.
- Participants were encouraged to track their progress toward goals and attend group exercise classes with other members.
- The PEAK Fitness Program has been very successful. We currently have 10 participants enrolled in the program with more joining each week.
- The greatest benefit that we have seen from this project is the increase in participant confidence at being able to participate in recommended exercise intensities and the resultant improvement in general health as a result.
- Additional benefits include building relationships and a sense of community with other members enrolled in the program.

Quote:

"Two words why PEAK works for me – motivation and accountability. But let me say more – I am fighting progressive MS and my body most days would be just as happy to sit. Because of PEAK, each day I am active is a day I win the battle. [My coach] has designed personal exercises for me with just the right degree of challenge and variety to not overwhelm or discourage me. And the group classes are fun and challenging! Thank you, PEAK." -Sally M., PEAK Member

COVID-19 Final Report for Stroke Awareness Oregon (Non-RHIP)
“Stroke Outreach/Education during COVID-19”

Summary of Results:

- During COVID 2020, Stroke Awareness Oregon (SAO) increased support group frequency via Zoom, held a Zoom Christmas party, distributed Spanish and English F.A.S.T. postcards with the COVID message and recruited and trained 6 volunteers to become stroke 'buddies' with outreach twice/month to check in on Stroke survivors and their families during the imposed isolation of lock-down.
- Thirty 'goodie' gifts were mailed in March and in May to break the boredom and loneliness of isolation.
- We created television and radio PSAs in English and Spanish educating about F.A.S.T. and the need to call 9-1-1 immediately at the signs of stroke.
- The postcard carried a message that hospitals and ambulance services had taken appropriate precautions and were safe.
- That message was constructed in partnership with the Neuro-hospitalist as St. Charles.

Videos in English and Spanish:

- https://drive.google.com/file/d/15ft4RGmuSm4FDNjtYOHo_t2dbneuz2a1/view
- <https://drive.google.com/file/d/1VO50xXsn763F8GR4fDVMuAvDaT2lu7nM/view>

Story:

The intention behind sending 'goodie' gifts, through the mail to stroke survivors was to brighten their day and 2. decrease the sense of isolation during COVID. Two packages were mailed--One in March with a St. Patricks' theme and one in May with a spring theme and acknowledging May National Stroke Awareness Month. The response from recipients was universally excited and positive.

Some comments were:

"We received your package today. Thank you for remembering us".

"I loved my present and the St. Patrick's socks. You made my week".

"My husband and I loved all the stuff in our gift box we got in the mail yesterday. This pandemic has us trapped and the present made us so happy."

RHIP and COVID-19 MINI-GRANT PROJECT SUMMARIES

COVID-19 Final Report for Ronald McDonald House Charities (Non-RHIP)

"Meals from the Heart"

Reviewed by the Behavioral Health and Substance & Alcohol Misuse Workgroups



Summary of Results:

- The purpose of this program, Meals from the Heart, was to be able to provide food and meals for families while staying at the Ronald McDonald House.
- Under normal times, we have volunteer groups that are in our house daily to support food needs for the families and cook meals for them.
- Without volunteers in the house, we were required to pivot and have our staff cook for families as well as ordering meals in.
- Because of this funding, we were able to provide meals and a full pantry and fridge for families during the first two quarters of 2020.
- Between January and June, we served over 215 individuals and provided over 720 complimentary night's stay.
- We were able to serve 220 meals to families staying at the Ronald McDonald House during that time and provided 814 hospitality items such as grab n go snacks, treats, toiletry kits and food support.

Quote:

This is a quote from the mom of a family from Central Oregon who stayed at our Bend Ronald McDonald House for 159 nights:

"When we had Amelie four months premature, the stress was nearly unbearable. Looking back, I often think to myself, "If it weren't for the Ronald McDonald House, I would've had a nervous breakdown". Being able to stay so close by with the ability to go back and forth day and nights was priceless, all while still spending time with the rest of my children. As if that alone wasn't enough, the staff went above and beyond to make our lives less stressful during an incredibly difficult season. They welcomed us with open arms into a beautiful home and we were treated like family."