Welcome Rick Treleaven
12:30–12:40 Introductions and Public Comment – Rick Treleaven
12:40–12:45 Action Items and Approve Consent Agenda ...................... vote
12:45–12:55 Patient Story – Brad Porterfield ....................................... info

Governance
12:55–1:00 Governance Committee – Linda Johnson ......................... info
Board Alignment with RHIP Future State Measures Survey
1:00–1:40 CODEI/COHC DEI Statement – Gwen Jones .......... discussion/vote
Attachment: Draft Commitment Statement
1:40–1:50 CCO Q3 Report – Tricia Wilder .......................... info/discussion
Attachment: CCO Q3 2021 Report
1:50–2:00 ED Recruitment Update – Justin Sivill ......................... info

Long-Term Systemic Change
2:00–2:30 2022–2027 Section 1115 Waiver – Rick Blackwell ........ info
Attachment: FYI materials

Executive Session: Personnel Discussion

RHA/RHIP
2:30 Adjourn
A meeting of the Board of Directors (the “Board”) of Central Oregon Health Council, an Oregon public benefit corporation (the “Corporation”), was held at 12:30 pm Pacific Standard Time on October 14, 2021, online via Zoom. Notice of the meeting had been sent to all members of the Board in accordance with the Corporation’s bylaws.

**Directors Present**
- Rick Treleaven, Chair
- Linda Johnson, Vice Chair
- Patti Adair
- Gary Allen, DMD
- Paul Andrews, EdD
- Tammy Baney
- Megan Haase, FNP
- Brad Porterfield
- Divya Sharma, MD
- Iman Simmons
- Justin Sivill
- Dan Stevens

**Directors Absent**
- Eric Alexander
- Seth Crawford
- Kelly Simmelink

**Guests Present**
- MaCayla Arsenault, Central Oregon Health Council
- Ignatius Bau, Health Care Policy Consultant
- Rebeckah Berry, Central Oregon Health Council
- Rebecca Donell, Oregon Health Authority
- Kathleen Hinman, Deschutes County Health Services
- Wendy Jackson, COPA
Mr. Treleaven served as Chair of the meeting and Ms. Smith served as Secretary of the meeting. Mr. Treleaven called the meeting to order and announced that a quorum of directors was present and the meeting, having been duly convened in accordance with the Corporation’s bylaws, was ready to proceed with business.

WELCOME
Mr. Treleaven welcomed all attendees to the meeting.

PUBLIC COMMENT
Mr. Treleaven welcomed public comment. No public comment was offered.

CONSENT AGENDA
The consent agenda included the August minutes, the June, July, and August COHC financials, Form 990, and the COHC 2022 budget.

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

PATIENT STORY
Mr. Sudahiro shared a story from his work with Mosaic Medical’s mobile clinic. They do a weekly popup with Jericho Road and Thrive, among others, where they encountered a couple from Redmond who had lost their home in 2010 during the economic downturn. They lived in a tent for several years and both began experiencing serious health problems. They were camping in an area not accessible by the van, but the team found a way to bring them in for treatment and also brought a specialist out to meet with them. A number of organizations, including REACH, Band of Brothers, and COVO, partnered with a local church to move the couple into a local hotel and then into an apartment. Mr. Sudahiro was able to enroll them in OHP, and they are now able to manage their life with the help of social services.
REALD REPORT
Ms. Jones reported on the REALD data survey the Board completed a few months ago. REALD is a priority for OHA and the State of Oregon. Extensive research proves that collection and analysis of demographic data helps us to identify barriers, understand who we serve, and create services to meet needs. It is also key to our Strategic Plan in that it helps to identify and address inequities—identifying gaps in partnerships, for instance. In the ensuing discussion, it was noted that legislation determines a number of seats on the Board but it could include more than two community representatives.

ACTION: Ms. Mills will create a proposal to add two new community representatives to the Board.

BOARD CODEI TRAINING
Mr. Bau shared a presentation on health equity, which is a priority and training requirement of CCO 2.0. He noted that in August Governor Brown issued the State of Oregon Diversity, Equity, and Inclusion Action Plan: A Roadmap to Racial Equity and Belonging. OHA ratified and adopted perhaps the broadest and most advanced definition of health equity in the nation, including not only race and ethnicity but also gender, class, and social determinants.

Mr. Bau recommended looking at the State Health Improvement Plan, which is very much in sync with the Central Oregon RHIP, as we begin thinking about our next community needs assessment to guide different methodologies moving forward. OHA did an Equity Impact Assessment and found many of the metrics were not driving equity forward. On October 5, a Health Care Workforce Committee Equity Framework Report was issued to the Oregon Health Policy Board as part of OHA’s Guiding Principles 2022–2027. Their goals include advancing health equity for OHP members, maximizing coverage, stabilizing transitions in care and churn, encouraging flexible spending, and finding new ways to structure investments. Central Oregon is strongly positioned to take advantage of opportunities.

Mr. Bau gave an overview of what’s taking place on the national level, including the executive order issued on day one of President Biden’s new administration to advance racial equity and support underserved communities; the CDC declaration that racism is a fundamental driver of health disparities and a public health crisis; the Innovation Center at the Center for Medicare and Medicaid’s statement that they would embed equity in every aspect of their models by seeking to include more providers serving low income, racially diverse, and rural populations; and the AMA’s remarkable apology to African American doctors for excluding them and their recent commitment to truth, reconciliation, healing, and transformation.

There was an engaged discussion revolving around actions that the Health Council can take to impact inequitable outcomes; using CCO data on disparities across populations to target strategies; inequities in healthcare, such as preventative, based on the types of care supported by insurers; acknowledging the long history of disparity in Oregon; and the need to create a space to unpack...
racial trauma due to the micro and macro aggressions that impact health and the ability to thrive. Ms. Simmons shared that St. Charles recently hired a DEI person on the HR team. Book recommendations included: *The Underground Railroad* by Colson Whitehead, *The New Jim Crow* by Michelle Alexander, and *The Spirit Catches You and You Fall Down* by Anne Fadiman, plus the Netflix documentary *13th*.

**GOVERNANCE COMMITTEE**
Ms. Johnson, having reviewed the minutes of the August meeting, remarked that several people had commented they were not sure about the Board’s role and actions. The Governance Committee planned to discuss the role of the Board, appropriate actions, respect, and transparency and bring some recommendations back to the Board.

**DESchUTES COUNTY SELF-INSURANCE**
Ms. Hinman gave a presentation on the Deschutes County health plan, a self-funded government multi-employer plan, which essentially pays claims out of pocket as presented instead of having predetermined premiums. Benefits include exemption from some government regulations and taxes, greater flexibility with plan design, direct contracting for specialized needs and services, and access to plan data. Paying costs only for their own employees allows them to maintain control over reserves and cash flow and minimizes profits and risk paid to insurers. Volatility and exposure to risk are some of the downsides. They need to carry stop-loss insurance for high cost claims and there are some requirements around contributions earmarked for the benefit of the plan. And they need staff to oversee the plan, manage vendors, and ensure compliance with federal and state laws. In periodic checks on what it would cost to be fully insured, they have found it would mean a 20–25 percent increase.

**STRATEGIC PLAN UPDATE**
Ms. Berry reminded the Board that a survey had been sent out a few weeks prior to collect information on Board Organizations’ alignment with the aim and future state measures of the RHIP. The Governance Committee planned to review results and provide recommendations at the November meeting. A second survey will be released in January to collect input on the Strategic Plan to ensure we are on track and cover Board member alignment with the Strategic Plan. Governance will review and provide recommendations in February.

**BOARD–CAC COMBINED MEETING**
Ms. Mills gave a brief on the combined Board and CAC meeting held in September. The top priorities identified in a poll taken during the meeting included inviting CAC members to share patient stories at Board meetings and having the CAC and Board convene more frequently. An optimal cadence had been determined as every four months: the first occurring in January of the coming year; then May, when the Board holds its accustomed retreat and would be examining the Strategic Plan, with CAC assistance, as we start year three of the RHIP; and then September, which is the usual combined meeting.
**Tri-annual RHIP Report**

Ms. Arsenault gave an overview on the RHIP workgroups and their equity work. Ms. Wirth shared that the 2020–2024 workgroups have increased their focus on diversity, equity, and inclusion, using data that prioritizes marginalized and rural geographic areas, applications that are now required to address health equity, and new scoring criteria that also focus on DEI. She reviewed major projects for the Physical Health and Stable Housing workgroups. Ms. Arsenault continued with highlights from the Substance and Alcohol Misuse and Address Poverty workgroups, and Ms. Jones shared projects from the Behavioral Health and Upstream Prevention workgroups. As of September, expenditures were just shy of $2 million, so they are on track to meet their investment commitment of $2.5 million per year. Funded initiatives can be found at cohealthcouncil.org/funded-initiatives. The following discussion brought up concerns about the current crises of the pandemic and homelessness as root causes impacting success in health care and employment and questions about our role in a greater way as these issues are outpacing the initiatives in which we’re investing. The suggestion was made to find out about efforts in other CCOs.

**Action:** Ms. Donnell will bring examples from other CCOs forward. Ms. Baney would be happy to help in this effort as well.

**Adjournment**

There being no further business to come before the Board, the meeting was adjourned at 3:00 pm Pacific Standard Time.

Respectfully submitted,

____________________
Camille Smith, Secretary
## Central Oregon Health Council
### Statement of Financial Position
#### YTD 9.2021 - Post Audit

### ASSETS

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<tr>
<th>General Fund</th>
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<td>Accounts Receivable</td>
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<td>COPA - Security Deposit</td>
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<td><strong>TOTAL ASSETS</strong></td>
<td><strong>$20,059,599</strong></td>
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### LIABILITIES & EQUITY

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<td>Accounts Payable</td>
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<td>Payroll Payable (PTO Accrual)</td>
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<td>RHIP 2020-2024 Payable</td>
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<td>Grants Payable</td>
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<td><strong>Net assets without donor restrictions</strong></td>
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<tr>
<td><strong>Net assets with donor restrictions (OABHI)</strong></td>
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<tr>
<td><strong>Net Income/(loss)</strong></td>
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<td><strong>TOTAL LIABILITIES &amp; EQUITY</strong></td>
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### Revenue

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<th>Actual</th>
<th>Budget</th>
<th>% Variance</th>
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<td>Operating Revenue</td>
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<td>$825,000</td>
<td>4%</td>
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<td>Community Impact Funds</td>
<td>2,373,484</td>
<td>2,025,000</td>
<td>17%</td>
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<td>Grants</td>
<td>101,682</td>
<td>37,500</td>
<td>171%</td>
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<td>Interest income</td>
<td>41,788</td>
<td>112,500</td>
<td>-63%</td>
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<td><strong>Total Revenue</strong></td>
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<td><strong>$3,000,000</strong></td>
<td>12%</td>
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### Expenses

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<td>Operating Expense</td>
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<td>Community Impact Funds*</td>
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<td>3,375,000</td>
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<td><strong>Total Expenses</strong></td>
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<td><strong>4,313,788</strong></td>
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<td><strong>Net Income</strong></td>
<td><strong>$775,054</strong></td>
<td><strong>(1,313,788)</strong></td>
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* Community Impact Funds - Top 4 funded 2021

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<th>Community Impact Funds</th>
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<tr>
<td>FUSE</td>
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<tr>
<td>COIC</td>
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<tr>
<td>COVID-19 Mini Grants (NTE $5k)</td>
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<tr>
<td>Crook County</td>
<td>100,000</td>
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<tr>
<td>High Desert ESD</td>
<td>100,000</td>
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<tr>
<td>All other</td>
<td>529,826</td>
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<td><strong>Total</strong></td>
<td><strong>1,460,292</strong></td>
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**Variances are due to timing of Community Impact Funds revenue and distribution of funds through Grants in different years.**

### CCO Financials

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<tr>
<th></th>
<th>May-21</th>
<th>Jun-21</th>
<th>Jul-21</th>
<th>Aug-21</th>
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<td>Recapture Board trigger</td>
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October 26, 2021

Donna Mills
Executive Director
Central Oregon Health Council

RE: St. Charles Director Position on COHC Board

Dear Donna:

As you are aware, Section 3.4(b)(4) of the Central Oregon Health Council (“COHC”) Bylaws provides that one director of COHC shall consist of an individual appointed by St. Charles Health System (“St. Charles”). Senate Bill 648 states that this position shall be held by the chief executive officer or a designee of the chief executive officer of St. Charles as the regional health system. As such, I am formally designating Iman Nazeeri-Simmons, MPH, Chief Operations Officer of St. Charles, who currently serves as an interim director on the COHC Board, to hereinafter serve as the St. Charles permanent representative on the COHC Board of Directors. I am highly confident that Iman will continue to effectively represent the views and perspectives of St. Charles.

This designation shall remain in effect until such time as it may be changed in writing by me or any future chief executive officer of St. Charles. Please let me know if you have any questions.

Thank you for your assistance with this matter.

Joseph Sluka
President and CEO, St. Charles Health System

cc: Iman Nazeeri-Simmons, MPH
The Central Oregon CCO Care Management team recently completed their review for the 2021 Care Coordination Report for quarter 3. Key findings are as follows:

The report covers the Intensive Care Coordination (ICC) Program only, which has rigorous requirements.

- Oregon Health Authority (OHA) requires CCOs to report on the ICC Program, the only OHA-mandated care management program.
- PCS data continues to reflect low engagement in the ICC Program due to the rigorous engagement requirements for members.
- PCS works with an interactive voice system vendor ("Eliza") to conduct initial outreach calls to all ICC Program prioritized population members. For the quarter 3 reporting period, the vendor made 5,186 unique member calls in an attempt to engage members eligible for ICC.
- Overall, for the quarter 3 reporting period, 12 members ultimately engaged in ICC.
- ICC assessments require member engagement and consent to participate. For quarter 3, PCS completed 57% of ICC assessments within 30 days. Reasons for some members not being fully assessed included:
  - Lack of response to outreach efforts;
  - Electing to leave services after initial engagement; and
  - Inability to assess members within the required timelines due to inpatient facility admission at time of referral.
- Additional successful efforts completed by Care Management for quarter 3 include:
  - 82% of eligible members were rescreened for ICC services within seven days based on a re-triggering event;
  - 100% of eligible members were assigned to an RN or behavioral health Care Manager within three business days; and
  - 92% of targets for members screened within required timeframes, members of prioritized populations assessed for ICC services within ten days, ICC assessment referrals being responded to within one business day.

In addition to ICC, PCS offers other Care Management programs. These other programs include Intermediate Care Management (ICM), Care and Community Coordination (CCC) and Transition of Care (TOC), and are not captured in the required OHA reporting. Overall, these other care management programs have far higher engagement rates and greater flexibility to meet member needs, than ICC.
- As a point of comparison, for quarter 3:
  - 1047 members were screened for care management services;
  - 356 care management cases were closed with 72 currently open cases (ICM or CCC); and

Opportunity to revisit the definition of ICC and outreach to ICC members.
- Is PCS over-identifying eligible members? As of quarter 3, 35.9% (23,212 actual members) of overall CCO membership is eligible for ICC per the PCS interpretation of OHA definitions.
• Do we have an opportunity for a better, more targeted approach to meet member needs including means of communication (i.e. telephonic, texting and/or email methods)?
  o We would like to explore new outreach strategies such as utilizing Traditional Health Workers, text messaging, and email outreach to improve overall engagement, as well as targeted efforts with respect to culturally-specific groups underrepresented in the ICC Program.
  o We need to continue to address access to care issues, particularly in behavioral health (e.g. Oregon State Hospital or SAIP for youth), by escalating concerns to community partners, OHA and PCS medical directors and working collaboratively to identify solutions. This includes exploring dedicated staffing models to support members in finding behavioral health care within the community.
  o We need to share the Care Management value story with OHA by discussing where and how members are best served by other care coordination interventions, aside from ICC.
Central Oregon Health Council
Commitment to Diversity, Equity, Inclusion & Justice

Every human deserves the basic right to health. Racism is a public health crisis.

As an organization created to improve the well-being of all residents across Central Oregon, the Central Oregon Health Council (COHC) has a responsibility to promote and protect that right to health. We know that health equity will never be achieved unless we address the racism and inequality resulting from biased policies, practices, and ideologies that helped shape Oregon and continue today.

People of color and tribal nations experience pervasive and deep health disparities because of historical and ongoing colonialism and the invalidation of cultural and traditional health practices. By focusing on race, we create a framework to address the impacts of further inequalities experienced by people who are also marginalized by ability, sexual orientation, gender, immigration status and people who live at the intersection of these and other identities. These persisting health inequities threaten the principles and priorities that the COHC was formed to address.

The Central Oregon Health Council is committed to diversity, equity, inclusion and justice in our work culture, grant making, and community partnerships. This is essential to achieving our purpose to build an equitable and integrated health ecosystem that improves the well-being of all Central Oregonians. As a community-led organization, we pledge to collaborate with our partners to address the racial inequities within our communities and organizations.

The COHC commits to:

- engaging and learning with our diverse Central Oregon communities, especially populations who have been excluded, underrepresented, and underserved;
- listening and elevating the voices of communities who are most impacted by our work;
- co-creating with communities throughout our region to achieve more inclusive decision making to meet their diverse needs;
- applying a health equity analysis to build and revise our programs, policies, practices, and grants to be more culturally responsive;
- striving to provide regional leadership and advocacy for health equity through shared governance and accountability with our Coordinated Care Organization, the Regional Health Assessment and the Regional Health Improvement Plan;
- publicizing and referencing this commitment in all appropriate communications;
• evaluating how we follow through on this Commitment to Diversity, Equity, Inclusion, and Justice, and publicly sharing both our successes and failures.

We recognize we have a lot to learn and much work to do. We ask our partners, members, and staff to support us, join hands with us, and hold us accountable to this commitment.

Call to Action
The COHC calls on all its members, partners and leaders to develop, adopt, and implement similar commitments to diversity, equity, inclusion and justice. Together, we must identify meaningful solutions to dismantle structural racism and other forms of oppression. We must ensure every person has the freedom to be healthy, to be safe, and to thrive.
Background (on CODEI page)

Health equity means that everyone has a fair and just opportunity to be as healthy as possible. Social determinants of health contribute to health disparities and inequities. These conditions affect a wide range of health, functioning, and quality-of-life outcomes and risks. Racism, discrimination, violence, and wealth inequities are examples.

Structural racism is a social determinant that has been fundamentally woven tightly into the fabric of American society. Structural racism has established and reinforces a legacy of racial oppression and differential distribution of goods, services, opportunities, and protections by race. These include safe and affordable housing, quality education, adequate income and wealth building capacity, accessible quality health care, access to healthy food, safe and healthy neighborhoods, social connectedness and belonging.

Since 2020, the Centers for Disease Control, American Medical Association, and American Public Health Association have declared racism a serious public health emergency and threat. More agencies and states continue to join this declaration.

The Oregon Health Authority and the Governor have prioritized health equity. The State of Oregon Diversity, Equity and Inclusion Action Plan aims to guide the still early efforts of the state enterprise to dismantle racism and establish a shared understanding. The purpose of Healthier Together Oregon: 2020-2024 State Health Improvement Plan is to advance health equity. Coordinated Care Organizations and Public Health Departments are implementing comprehensive health equity plans consistent with National CLAS Standards. Health equity is not just a strategic priority, but essential to the organizational mission and values of the Central Oregon Health Council.

Health equity is a cornerstone of the 2020-2024 Central Oregon Regional Health Improvement Plan (RHIP). Central Oregon strives toward an equitable health system where all people can reach their full health potential and well-being. Achieving health equity requires ongoing collaboration of all Central Oregon communities to address the inequitable distribution of resources, wealth and power; and to recognize, reconcile and rectify historical and contemporary injustices (2020-2024 RHIP).

Our Journey To Date Towards Health Equity

The COHC was founded in 2009 by medical and government leaders within our Central Oregon communities with the vision of improving health for every individual living in our region. Since then, the COHC has grown and the regional understanding of health, social determinants of health and health equity has evolved and developed. Out of our desire to better engage our communities, our partnerships have expanded outside the medical community to non-profit social services and education. Partnership remains an integral part of who the COHC is.

The Central Oregon Diversity, Equity, and Inclusion (CODEI) Committee was formed in 2019 to provide actionable strategies to advance diversity, equity and inclusion in support of the goals of
the Central Oregon Health Council (COHC) as articulated in the Regional Health Improvement Plan (RHIP). Since the inception of CODEI, the COHC has accomplished the following:

- Creation and implementation of CODEI Action Plan, and development of resources to support progress in advancing health equity
- Supported the COHC Board of Directors prioritization of health equity in the current strategic plan
- Highlighting opportunities to advance health equity in RHIP workgroups
- Inclusion of health equity priority in community grant programs
- Beginning to identify and share data to support health equity
## QUALITY & MEMBER EXPERIENCE

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<tr>
<th>Metric</th>
<th>Quarter 1</th>
<th>Quarter 2</th>
<th>Quarter 3</th>
<th>Quarter 4</th>
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<tbody>
<tr>
<td>Metric: G&amp;A health equity plan implementation</td>
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<td>This metric has been met for the year.</td>
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<td>Metric: Enhanced access to care monitoring</td>
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<td>Metric: 30-day all cause hospital readmission rate (2021 target: 10.5%)</td>
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<tr>
<td>Metric: Comprehensive Behavioral Health Plan meets all OHA requirements</td>
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<td>Metric: Monitor regional progress towards 70% of payments in a VBP arrangement</td>
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<tr>
<td>Metric: All projects meet OHA requirements</td>
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<td>Metric: Health Equity Plan implementation – Grievances &amp; Appeals (G&amp;A) among underrepresented populations</td>
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<td>Metric: Access to care surveys continue to be sent to physical, behavioral, specialist and dental providers at 2,500 per month, through 2021 -</td>
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## OPERATIONS

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<th>Quarter 4</th>
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<td>Metric: Develop reporting capabilities to stratify G&amp;A data by REALD (target: Q2 2021)</td>
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<td>Metric: All 2021 projects meet OHA requirements</td>
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<td>Metric: Achieve at least 100% bonus payment on QIM measures</td>
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<tr>
<td>Metric: Achieve at least 100% bonus payment on QIM measures</td>
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<tr>
<td>Metric: All projects meet OHA requirements</td>
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<tr>
<td>Metric: Inverse metric (i.e. the lower the better). Sept 2021: 5.6%</td>
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## VALUE-BASED PAYMENT ROADMAP

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<td>Metric: Value-Based Payment (VBP) Roadmap</td>
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## HEALTH INFORMATION TECHNOLOGY (HIT) ROADMAP

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<td>Metric: Applicable agreements must have meaningful downside risk per OHA</td>
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<td>Metric: Access to care surveys continue to be sent to physical, behavioral, specialist and dental providers at 2,500 per month, through 2021 -</td>
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## THW INTEGRATION & UTILIZATION PLAN

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## ENHANCED ACCESS TO CARE SURVEY MONITORING

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Central Oregon Health Council
Executive Director’s Report
November 11, 2021

- Facilitate PEP meeting
- Facilitate Finance meeting
- Multiple stakeholder/community meetings
- EL Hub as ex-officio member
- EL Hub Investment Steering Committee
- Central Oregon Suicide Prevention Alliance Leadership
- COHIE Board Officer – HIE
- System of Care Executive Team member
- Grant software management
- CCO 2.0 alignment and support and training
- Board Governance Committee support
- Manage Cost & Utilization Steering Committee
- Maintain office closure and provide for minimal disruption to staff, committees, workgroups, and community
- Manage Strategic Plan
- Transitioning Unite Us/Connect Oregon to PacificSource
- Manage monthly bookkeeping oversight
- Local Public Safety Coordinating Council member
- Participated in the Healthcare Congress/American College of Healthcare Executives (ACHE)
- Economic Recovery Plan/CEDS member
- Completed OABHI transition back to OHA
- New hire effective 8.12.2021 (Kelsey’s departure)
- Manage virtual onboarding
- Finalize 990 and file
- Finalize budget and upload/communicate
- Begin OHP contract discussions
- Manage community re-entry (Delta variant) - no progress
- Begin ED recruitment process with Board
- Begin Finance Committee/DEI conversation

Coming up:
- Back to the Strategic Plan (I hope)
CCO Director Report
Date: November 2021
To: The Central Oregon Health Council (COHC) Board of Directors
Prepared by: Tricia Wilder, Director, Central Oregon CCO

PACIFICSOURCE COMMUNITY SOLUTIONS (PCS) CENTRAL OREGON CCO UPDATES:

Central Oregon Care Coordination Report – Quarter 3
Under CCO 2.0, OHA requires CCOs to submit periodic care coordination reports focused on its Intensive Care Coordination (ICC) Program. In November, the Provider Engagement Panel (PEP) received a presentation from Sarah Holloway, Central Oregon, Portland and Columbia Gorge CCOs Manager of Care Management, on quarter 3 report findings.

2022 Value Based Payment (VBP) Programs for Patient Centered Primary Care Homes (PCPCHs)
PCS is offering a webinar on its updated/new 2022 VBP programs for PCPCHs including PCPCH+ (tier 3 and above), Behavioral Health Integration, and Community Health Workers. Please join us for a 60-minute virtual meeting on November 10 from 12:00-1:00pm to learn more. Note: If your clinic wishes to participate in one or more 2022 PCPCH VBP programs, your attestations are due no later than December 31, 2021. The attestation form will be available soon.

Emergency Outcome Tracking (EOT) COVID-19 Vaccine Measure
As of October 1, the Central Oregon CCO is 1.2 percentage points away from meeting the overall target for the 16+ age group and has met two of the seven race/ethnicity groups. Collaborative work between primary care providers and culturally specific community-based organizations continues to be fostered to help meet the remaining four race/ethnicity group targets. The 12-15 year old age band is currently 5.9 percentage points away from meeting the target of 42%.

2022 CCO Budget
We are in the midst of the annual budget season. Here is what the Board of Directors can expect for the budget process:

- **November 17, 2021**: PCS will provide the Finance Committee with a presentation of the 2022 CCO draft budget and assumptions.

- **December 1, 2021**: The Finance Committee will vote on a 2022 budget recommendation.

- **December 11, 2021**: The COHC Board of Directors will vote on the 2022 budget recommendation from the Finance Committee.

- **After December 11, 2021**: The PacificSource Board of Directors will vote on the 2022 budget recommendation from the COHC Board of Directors.
Annual Community Meeting
PCS, in partnership with the COHC, is hosting its annual community meeting on November 10 from 12:00-1:30pm. The topic of this year’s convening is the Joint Management Agreement, COHC Community Investments and an overview of the Connect Oregon/Unite Us Platform. All are welcome to tune in and participate. Meeting Registration - Zoom

Upcoming Provider Trainings

Gaining and Practicing Cultural Competency in Healthcare
November 10th, 17th and December 1st from 12:00pm to 1:30pm
Instructor: Tenisha Tevis, OSU DEI Lab
*This course meets the OHA Requirement for Cultural Responsiveness Training
(4.5) CME Available
Provider Registration: https://PacificSource.myabsorb.com?KeyName=CulturalResponsiveness

Dementia & Elder Abuse: A Call to Action
November 4, 2021 from 8:30am to 10:30am
Instructor: Nirmala Dhar, OABHI
(2) CME Available
Provider Registration: https://PacificSource.myabsorb.com?KeyName=OHAOABHI

QPR Suicide Prevention
November 18, 2021 from 12:00pm to 1:30pm
Instructors: Cheryl Cohen & Jacob Dilla
1 CEU Available
Provider Registration: https://PacificSource.myabsorb.com?KeyName=PreventSuicide

A Motivational Approach to Vaccine Hesitancy
Available online on-demand
No CME/CEU available
Provider Registration: https://PacificSource.myabsorb.com?KeyName=VaccineHesitancy

Motivational Interviewing: A Skillset for Patient Engagement & Activation
Available online on-demand
(12) CME Available
Provider Registration: https://PacificSource.myabsorb.com?KeyName=MotivationalInterviewing

Recovery Principles
Available online on-demand
*This course meets the OHA requirement for Behavioral Health Providers to take Recovery Principle training
No CEUs available currently
Provider Registration: https://PacificSource.myabsorb.com?KeyName=Recovery
PACIFICSOURCE COMPANY-WIDE UPDATES:
PacificSource Health Plans was recently honored with an Innovation Award at the Portland Business Journal’s 2021 Corporate Philanthropy Award ceremony. The annual award ceremony honors businesses with the highest charitable giving tallies in 2020 and to organizations with innovative philanthropic partnerships that make a difference in the communities they serve.

PacificSource was recognized for helping fund the University of Oregon’s and Oregon State University’s projects related to COVID testing, tracing and understanding of the movement and prevalence of the virus in the community. Both testing methods, known respectively as MAP and TRACE, began in spring of 2020 and are still currently active.
CAC Members Present:
Brad Porterfield, Chair, Consumer Representative
Regina Sanchez, Crook County Health Department
Tom Kuhn, Deschutes County Health Services
Elaine Knobbs-Seasholtz, Mosaic Medical
Elizabeth Schmitt, Consumer Representative
Mandee Seeley, Consumer Representative

CAC Members Absent:
Larry Kogosvek, Vice Chair, Consumer Representative
Natalie Chavez, Jefferson County Health
Lauren Kustudick, Consumer Representative
Jennifer Little, Klamath County Public Health
Ken Wilhelm, United Way of Central Oregon
Theresa Olander, Consumer Representative
Mayra Benitez, Consumer Representative
Conor Carlsen, Consumer Representative
Jolene Greene, Consumer Representative
Linda Johnson, Community Representative

COHC Staff Present:
Donna Mills, Central Oregon Health Council
MaCayla Arsenault, Central Oregon Health Council
Gwen Jones, Central Oregon Health Council
Renee Wirth, Central Oregon Health Council
Kelley Adams, Central Oregon Health Council
Camille Smith, Central Oregon Health Council

Guests Present:
Kristen Tobias, PacificSource
Tricia Wilder, PacificSource
Miguel Herrada, PacificSource
Buffy Hurtado, Tribal Liaison, PacificSource
Rebecca Donell, Oregon Health Authority
Tania Curiel, Oregon Health Authority
Carolyn Black, Oregon Health Insurance Marketplace
Federico Corzo Fernandez, Oregon Health Insurance Marketplace
Stacy Shaw, Community Member
Land Acknowledgement
- Brad Porterfield read the Land Acknowledgement (see October packet for statement). He suggested having a different CAC member read this every month.

Meeting Practices
- MaCayla Arsenault shared some of the changes that will take place during the monthly meetings. These changes are being made to create a warmer and more welcoming meeting atmosphere.

Introductions
- Introductions were made and Brad Porterfield welcomed all attendees.

Public Comment
- Brad welcomed public comment.
- No public comment.

Approval of September Meeting Notes
- One change to the meetings is using the 5 Finger Voting method for making decisions. Brad Porterfield asked the CAC members in attendance to vote on approving the notes from September. All 6 members who attended the meeting voted to approve.

CAC Member Small Group Breakout Session
- Another change to the meetings is to include time for CAC members to get to know each other better. 10 minutes will be set aside at each meeting for CAC members to go into a virtual break out room, answer icebreaker questions or chat about anything they’d like.

Emerging Issues Process Follow Up
- Gwen Jones reviewed the emerging issues spreadsheet and process details.
- Periodontal care was discussed, and Rebecca Donell from Oregon Health Authority provided some follow up from last meetings concerns. The member materials do not have a lot of specific detail. She has reached out to the new Dental Director asking for more specific information on periodontal coverage.
  o **ACTION:** Rebecca Donell reach out to the Dental Director to ask for more specific information on periodontal coverage. Also, set up a meeting with the DCO’s along with Kristen Tobias to get information on the 3 dental plans and what are the steps to accessing care through each organization.
  o **ACTION:** Kristen Tobias will check into the ID card listing of the DCO.

Combined Board and CAC Meeting Debrief
- Donna Mills reported to the group some of the ways that the COHC Staff is beginning to put in place all the things that both the BOD and CAC heard in the combined meeting.
  o Emerging Issues –CAC representative to inform the Board on the emerging issues each month.
  o Patient Story – The Board welcomes a CAC member or member of the community to share a story on a monthly basis.
Combined meetings – The Board and CAC will have some sort of interaction with each other to continue to build the relationships every 4 months (January, May, and September).

To continue to evaluate where BOD and CAC are in their relationship, everyone will take the survey again next year.

- CAC members were asked to vote on the changes – 5 finger vote, full support for changes.

**Culturally and Linguistically Appropriate Services (CLAS) Standards**

- Miguel Herrada from PacificSource presented an update on Health Equity Plan Progress and assessing the Culturally and Linguistically Appropriate Services (CLAS) Standards. He reported on the progress of 2 focus areas, language access and member education and accessibility.
- Miguel opened the discussion to the CAC members for suggestions or advice on improving the member handbook and materials.
- Suggestions included working with the local community colleges, provide more visuals, format for cell phones, and having a quick guide available.

**Diversity, Equity, Inclusion & Justice (DEIJ) Statement**

- Gwen Jones discussed COHC’s commitment to diversity, equity, inclusion and justice in their work culture, grant making, and community partnerships.
- BOD has prioritized formalizing the statement in their strategic plan.
- Look for an email with a survey link to provide your feedback, support, and concerns of the Diversity, Equity, Inclusion & Justice statement.

**2021 Community Health Projects Application Review**

- All CAC members will receive an email with links to view all 10 Community Health Projects applications. You are asked to submit your feedback by November 8th.

**Cover All People**

- Brad Porterfield provided information on the Cover All People legislation that passed this year. It addresses a segment of the community, undocumented individuals / immigrants who do not have access to the benefits of OHP. Cover All People will include them for Oregon Health Plan benefits.
- Rebecca Donell from Oregon Health Authority explained that Cover all People will be part of the waiver and will be submitted to the federal government to look over the requests in December 2021 or January 2022. If approved, state will be notified in the spring and go into effect in June or July 2022.
COVID-19 Final Report for The 1017 Project (RHIP)  
“Beef for Food Banks”  
Reviewed by the Address Poverty and Enhance Self-Sufficiency Workgroup

Summary of Results:

- By providing high quality beef to the approximately 17% of people living in poverty in Deschutes, Crook & Jefferson counties, The 1017 Project directly addresses the basic need for protein that greatly reduces an individual's risk for disease or pre-mature death.

- A total of 19,828 lbs. of fresh ground beef was donated by The 1017 Project to food banks and community kitchens throughout Central Oregon between 4/1/21 and 9/30/21.

- This equates to 79,312 protein servings.

- The 1017 Project donated 57 cattle directly to food banks, shelters, and pantries in Central Oregon between April - September 2021.

Quote:

"Reliance on community food assistance leads to poor nutrition because of "systemic minimization," whereby sub-par food products are being shuffled from grocery stores, based on "sell by" dates, to agencies that rely on donations to stock their shelves or plan menus. The 1017 Project has re-imagined the quality of protein products that local food banks have access to by building a sustainable system to donate fresh-from-the-butcher beef to entities serving food-insecure people. The 1017 Project's "first and best" beef is bypassing the grocery store shelves and being delivered straight to the most vulnerable citizens of our communities."

Holly McLane, Outreach Director, The 1017 Project

*Order of projects is by final report submission date  
Published November 2021
RHIP Mini-Grant Final Report for Children’s Forest of Central Oregon
“Jugamos Afuera Summer Program”
Reviewed by the Promote Enhanced Physical Health Workgroup

Summary of Results:

- Camp Fire Central Oregon and Vámonos Outside provided 13 days of outdoor recreation programming for a total of 135 participant days (serving 20 youth).
- The program reached low-income and Latinx youth, the majority who had participated in the Jugamos Afuera program during the 2020-2021 school year.
- Participant recruitment occurred through connections made with families during the Jugamos Afuera program, and through door-to-door outreach in local apartment complexes.
- Activities included visiting the climbing gym, hiking at Paulina Peak, visiting High Desert Museum, exploring a local cave, rafting the Deschutes River, floating the river, and visiting local parks for unstructured play and team building.
- Through the program, the students had a meaningful and healthy alternative to summer screen time, and experienced increased physical activity through various outdoor recreation activities.
- Through the program’s time together, students were also supported socially and emotionally, which is especially important after last school year.

Quote:

Carlos recently arrived in the U.S. before the program and was eager to participate on the trips. He was especially excited during the trip to the cave. With prior scouting, we let the students run ahead, allowing them to really experience the feeling of adventure. Carlos was in front and wanted to peek his head into any crevice he could find. He often turned and yelled out “esto es increíble”. This was a reminder that children find curiosity and joy when given the opportunity.
COVID-19 Final Report for Redemption House Ministries  
“Homeless Services”

Summary of Results:

- In previous years, Redemption House shelters only operated the months of November through April or May.
- Our primary objective for October 1, 2020, through September 30, 2021, was to keep both shelters and Craig’s Compassionate Cafe operating year round.
- We are happy to report that this goal was accomplished this year.
- This enabled us to continue providing shelter, nutritious meals and supportive services to the houseless men and women in Crook County.
- In the past year, RHM has served a total of 82 unique individuals even with shelter capacities reduced due to Covid restriction.
- From January through August of this year alone that was 6,955 nights that we provided shelter.
- From January to August of this year alone we have provided over 6,926 nutritious meals to our shelter guests and 858 meals to community members.
- As a bonus we were able to keep the cafe open to anyone needing daytime shelter during the extreme summer heat and so many individuals seeking daytime shelter with us that we have not seen before.

Quote:

“Thank you so much for your continued support of Redemption House Ministries! We are excited for what the future holds and how we can continue to make an impact for the houseless community in Crook County.”

*Order of projects is by final report submission date  
Published November 2021
COVID-19 Final Report for La Pine Community Health Center
“The Personal Protective Equipment Project - Masks”

Summary of Results:

- By providing masks for all providers, staff, patients and visitors, this project enabled us to continue to provide a safe environment for staff, patients and visitors during the COVID-19 pandemic.
- Medical masks are critical Personal Protective Equipment. Our protocol for wearing medical masks (we do not allow cloth masks for employees) has become much more involved as part of the State mandate and the costs of masks have increased dramatically.
- Every day staff begin their day with a new mask and cannot reuse it. If staff comes in direct contact with a sick patient, within 6 feet for more than 15 minutes they need a new mask. If a mask becomes dirty or soiled, staff needs a new mask.
- We have provided medical masks to all providers, staff and patients and visitors when needed and continue to enforce the comprehensive, rigorous COVID-19 safety protocols that have been in place since February/March 2020.
- From December 15, 2020, until September 15, 2021, over 12,000 masks were distributed to providers, staff, patients, and visitors at our clinic sites.
- By providing masks and a rigorous mask protocol, we have impacted all La Pine Community Health Center patients in our service area regardless of income, insurance, location, race, national origin, ethnicity, diverse-ability, age, faith, gender, gender identity and sexual orientation.
- La Pine Community Health Center has been a Federally Qualified Health Center since 2009.
- By providing masks to all providers, staff, visitors and patients we offer the highest level of safety for them as the COVID-19 pandemic continues.
- Without this grant it would have been a challenge to provide this many masks to keep our patients and staff safe.

Quote:

"We’ve been able to provide masks for the patients and visitors in our service area, so they remain safe at our clinic."
Erin Trapp, RN - Director of Nursing

*Order of projects is by final report submission date* Published November 2021
COVID-19 Final Report for NeighborImpact (RHIP)
“Emergency Food Box Storage”
Reviewed by the Address Poverty and Enhance Self-Sufficiency Workgroup

Summary of Results:

- This project allowed the NeighborImpact Food Bank to receive and store additional pounds of Farm to Family Food Boxes which was a USDA COVID response food program during the height of the pandemic.
- This grant helped pay for off-site refrigerated storage at Sno-Temp so that we could meet the food insecurity need of Central Oregonians.
- The NeighborImpact Food Bank received and distributed 513,078 pounds of Farm to Family Food Boxes.
- Without the aid of the additional off-site cold storage, we would have been only able to accept and distribute about half of that inventory.
- Those pounds resulted in serving an additional 6,000 individuals throughout Central Oregon when the demand for food was at its highest and before other federal programs set in.
- This resulted in serving approximately 32,000 individuals/month from March 2020-July 2020.

Quote:

As quoted from one of our Head Start families that received a Farm to Family Food Box, "Had to share! Evelyn was excited about the recipe in box today, she made it for lunch! Spaghetti squash spaghetti! We added onions, celery and tomatoes for the sauce. She had a lot of fun picking veggies and using the fork to shred the spaghetti squash to make noodles."

*Order of projects is by final report submission date  Published November 2021*
RHIP Mini-Grant Final Report for Samara Learning Center
“Samara Learning Center (SLC) Summer Achievement Camp”
Reviewed by the Address Poverty and Enhance Self-Sufficiency Workgroup

Summary of Results:

- We provided a Summer Achievement Camp to provide fun social opportunities to bolster academic skills/knowledge to prevent summer slide, as well as to bolster previously not acquired skills due to insufficient instruction/guidance because of distance learning programs enacted in response to Covid-19.
- The goal was to provide structure, strategies, and good habits to increase current success while guiding the students to independent long-term success.
- All the direct lessons and teachable moments of academics, social skills, and success attributes (self-awareness, proactivity, perseverance, goal setting, using resources, and emotional coping strategies) were balanced with arts, crafts, outdoor activities, and Friday field trips.
- Most of our attendees had been diagnosed with ADHD, dyslexia, anxiety, etc. The quantifiable proof of the accomplishments, but the smiles and kids saying they want to come back next year are always the biggest indicators for success for us.

Quote:

"Can my sister come next year?" The inconvenience of commuting from Redmond to Bend was worth the opportunities for this soon-to-be 8th-grade student to feel successful and welcomed. He plans to come back to next year’s Summer Achievement Camp as a junior counselor, wants his mom to enroll his younger sister, and has started attending our tutoring program under a scholarship available by another COHC grant.
COVID-19 Final Report for Friendometry
“Reducing the Impact of Childhood Loneliness in Central Oregon During COVID”

Summary of Results:

- Friendometry.com is a relatively new online service designed to address childhood loneliness and help parents find their children friends.
- This grant project provided a platform for parents to find friends for their children and allow free access to Friendometry.com, targeted at marginalized populations, and strive for equal access to this service in Central Oregon.
- This grant funded targeted marketing to Central Oregon and Southern Oregon (within COHC’s catchment areas).
- This included developing a marketing Facebook campaign, email communications, and magazine print and allowed for the service to be granted for free to users in this area.
- The project also increased awareness through direct communication with various medical, academic, and mental health outlets.
- Friendometry did increase parent and community partner awareness of Friendometry and the need for it.
- As a result of the marketing efforts, the number of users increased in Central Oregon.

Story:

Over the past year, Friendometry’s awareness and usage has increased in Central Oregon resulting in more children making friends. The awareness of Friendometry brings the importance of establishing friendships to the surface which results in parents and providers taking more action to establish friend connections in our youth that do not have friends. One could extrapolate that the youth who benefitted from the awareness and friendships had less of a negative impact on their mental health that similar kids without the awareness and friendships. However, Friendometry is far from accomplishing its' mission and will continue the service free of charge to all Central Oregonians using the free code: Friends

*Order of projects is by final report submission date

Published November 2021
COVID-19 Final Report for Central Oregon Locavore
“Farm Kids On-Farm Experiential Educational Series”
Reviewed by the Address Poverty and Enhance Physical Health Workgroups

Summary of Results:

- Farm Kids is an experiential program for young kids to learn about where their food comes from.
- Student participants visit a Central Oregon farm to get hands-on experience of farming in the high desert.
- The funds helped us to hire another staff member to ensure appropriate social distancing on the farm field trips, as well as begin reimbursing our staff members for their mileage.
- During May and June of 2021, Farm Kids field trips were offered at four different locations throughout Central Oregon – Windy Acres Dairy in Prineville, DD Ranch in Terrebonne, and Golden Eagle Organics and Juniper Jungle Farm, both in Bend.
- In August, Central Oregon Locavore partnered with Jefferson County Community Learning Center (JCCLC) to offer three field trips for Warm Springs and Madras first grade students at Cascade Family Farms.
- JCCLC provided a summer acceleration program for children in low-income schools with classroom instruction in the mornings and science focused enrichment activities in the afternoon.
- With support from this grant, we were able to host 45 students for an engaging afternoon of farm-based science activities.

Quote:

During the Spring farm visits, we heard from several parents that they were so grateful to have their children out on a field trip. Offering these field trips to kindergarten and first graders meant that many of these students had not experienced a field trip due to school being moved to distance learning for the 2020 and 2021 school years. The students benefitted greatly from being in a group of peers, working together and having an experiential farm visit. Two families chose to enroll their children at two different farms so that they could double the benefit.